

REPORT OF A VIRTUAL ROUNDTABLE MEETING ON ONLINE MENTAL HEALTH CONTENT FOR YOUNG PEOPLE AND GUIDANCE ON COMMUNICATION, 4 OCTOBER 2023



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1. INTRODUCTION

This report presents a summary of a roundtable consultation whereby global experts convened to discuss and explore developmental appropriateness for youth mental health content and ways to communicate such content.

This virtual roundtable, organized by the World Health Organization (WHO) and facilitated by the British Medical Journal (BMJ) on 4 October 2023, delved into the challenges, opportunities, and guiding principles essential for addressing youth mental health within the digital realm.

The landmark WHO publication of 2022, *World mental health report: transforming mental health for all (1)* underscores the rationale for focusing on youth mental health in the digital domain. It explores issues around Internet use by children and young people and its positive and negative impacts on mental health, cognitive development and social connectedness.

It reports that while online environments can provide a space for social support, entertainment and learning, young people may also be exposed to risks for their mental health, such as misinformation, unhealthy role models, developmentally inappropriate content, cyberbullying, grooming or cyberstalking. The report outlines how digital technologies can be harnessed to improve mental health, while noting that digital interventions need to be implemented with an awareness of key areas of concern. These areas remain a priority for investigation.

The insights generated from the roundtable consultation are intended as a starting point to inform the approaches of social and digital media platforms to make mental health content more appropriate and accessible for young people. The meeting report also highlights potential areas for future actions, collaborations, and research in the field of digital mental health for young people, setting the stage for ongoing efforts and initiatives.

2. BACKGROUND

The COVID-19 pandemic significantly exacerbated mental health issues, particularly among adolescents. According to a survey conducted in the United States of America from January to June 2021 by the United States Centers for Disease Control and Prevention on adolescent behaviours and experiences (2), 44% of respondents reported feeling sad or hopeless almost every day for two or more weeks consecutively, with just under 20% seriously considering attempting suicide during the 12 months preceding the survey.

WHO's world mental health report of 2022 (1) highlights studies linking exposure to social media, particularly among young people with mental health conditions such as depression, anxiety, and psychological distress. The report explores opportunities provided by social media and digital technology to scale up mental health promotion, reaching adolescents who may otherwise be missed by services.

The data presented in the mental health report underscore the urgent need for interventions targeted at youth mental health. In October 2023, WHO, in collaboration with BMJ, convened experts for the roundtable consultation with the aim of providing insights into existing evidence on developmentally appropriate mental health content, specifically for young people aged under 13 years and 13–17 years. The roundtable focused on the challenges and opportunities to promote and protect young people's mental health through digital media platforms.

By targeting adolescents, the roundtable

contributes to WHO's mission of equitable health outcomes, ensuring that at-risk and vulnerable populations have access to necessary mental health resources and support. This meeting intends to build and expand on existing WHO publications including [*Global principles for identifying credible sources of health information on social media*](#); [*Preventing suicide: a resource for media professionals \(2023 update\)*](#); and the [*Helping Adolescents Thrive Toolkit*](#).

The WHO Digital Channels team is a part of the WHO Digital Health and Innovation Department, and is actively involved in promoting accurate health content, combating misinformation, and advocating for responsible technology sector practices and policies. The roundtable meeting's exploration of the views of experts on developmentally appropriate mental health content for digital platforms aligns with the objectives outlined in *WHO's Global digital health strategy of 2020–2025* (3) to improve the accessibility and quality of health information and services.

Funded by an unrestricted grant from YouTube to the WHO Foundation, the roundtable gathering served as a small but important contribution to the ongoing discourse on youth mental health on digital platforms. According to YouTube, more than 500 hours of content are uploaded to the platform every minute, with over 25 billion views of mental health content during 2021. YouTube intends to apply the findings of this roundtable meeting to their own policies, making mental health content more developmentally appropriate for the target audience.

2.1. MEETING ORGANIZATION

The online roundtable meeting was co-hosted by the WHO Department of Mental Health and Substance Use (MSD) and the WHO Digital Channels team; it was facilitated by BMJ.

Twenty-two global health experts with backgrounds in digital media, child and adolescent mental health and suicide prevention participated.

Participants were diverse in gender and geographic locations, joining online from Australia, Austria, Brazil, Canada, China, India, Indonesia, Ireland, Japan, Malaysia, Nigeria, Singapore, South Africa, Sri Lanka, the United Kingdom of Great Britain and Northern Ireland, and the United States. A list of participants is provided in Annex I.

Prior to the meeting, WHO commissioned Orygen¹ (a research and knowledge translation organization focusing on the mental health and well-being of young people) to conduct a rapid review to explore the existing literature and perspectives of young people through focus group discussions. The primary research question was: "What evidence exists about what online content can best promote young people's well-being and mental health, from the perspective of professionals and young people?". The review enabled informed and purposeful roundtable discussions; it also formed a background paper with the results presented during the meeting.

On 11 and 12 September 2023, two information calls for experts were set up by BMJ. The aim of these was to brief the participants on the aims, objectives and format of the October meeting; participants were also given the opportunity to ask questions and become familiar with how the roundtable would be conducted.

In addition, before the meeting, participants were requested to complete a survey. The purpose of this was to generate information on the topics to be discussed and to use the responses to guide the roundtable agenda. A second survey was conducted after the meeting to provide examples of existing work that may highlight some of the themes covered.

2.2. MEETING OBJECTIVES

The aim of the roundtable meeting was to discuss principles of developmental appropriateness for youth mental health content when delivered through social media and other means of communication. The objectives were to:

1. provide an overview of the background paper;
2. discuss what opportunities and benefits a set of principles might achieve;
3. consider the challenges and barriers to defining principles for online youth mental health content and communication; and to
4. explore which key themes play a role in applying the guiding principles.

The meeting agenda is provided in Annex II.

LIMITATIONS

An initial aim of this project was to understand the guiding principles for the development of online content relevant to young people aged under 13 years, and 13–17 years. However, due to the limited research on the principles relevant to those under 13 years and, furthermore, to the greater existing evidence base and experience of participants on those aged 13–17 years, the results of the meeting focus more on this older age group.

¹See: <https://www.orygen.org.au/>

3. MAIN PROCEEDINGS

3.1. OPENING REMARKS

Ashley McKimm, Director of Partnership Development at BMJ welcomed participants to the meeting. Ashley presented the names of all the participants, facilitators and organizers and presented the meeting agenda. He explained that the meeting was being recorded for internal purposes and that it was following Chatham House Rules. He mentioned that the meeting was made possible through an unrestricted educational grant from YouTube; and confirmed that because of BMJ's clear conflict of interest rules, YouTube had no input into the attendees of the meeting and would make no decisions on the final output.

Ashley's welcome was followed by a short introduction to the objectives of the meeting given by Mark van Ommeren, Head of the Mental Health Unit at WHO. Mark clarified that no formal WHO guidelines or recommendations would be established during the meeting; rather, agreed actionable points should be proposed that would benefit young people and inform further work in this area. He also mentioned that the meeting had been convened under a collaborative agreement between WHO and Google (YouTube) to provide credible health-related information to help people around the world respond to public health issues.

3.2. OVERVIEW OF THE RAPID REVIEW

Following Mark's introduction, an overview of the rapid review background paper was presented by Zsofia Szlamka from Orygen. A summary of the findings of the rapid review is provided in Annex III.

The rapid review was conducted to explore what is known currently on developmentally appropriate online content promoting mental health, and preventing mental health conditions for young people aged under 13 years and between 13 and 17 years. It investigated how digital media is used by young people to access mental health information, alongside examining existing principles and good practices for mental health communication online. The first phase of the rapid review was a literature review; the second phase included consultations with young people globally.

The literature review followed Cochrane Rapid Reviews Methods Group guidance,² and encompassed a search for peer-reviewed literature published from 2010 to July 2023 across databases including PubMed, Scopus, PsychArticles, and Google Scholar. The search terms spanned diverse mental health aspects relevant to young people aged under 17 years. Both quantitative and qualitative research

² See: <https://methods.cochrane.org/rapidreviews/>.

were considered, with a focus on systematic studies. In total, 20 studies were chosen for analysis, addressing digital mental health promotion and prevention programmes.

The youth consultations involved four semi-structured focus group discussions with young people which were conducted in English and Spanish. The 26 participants from 11 countries were identified through Orygen and WHO's networks of youth advisors in mental health, and included individuals from low- and middle-income countries. Each discussion lasted 60 minutes and was recorded, transcribed, and analyzed through thematic analysis, thereby adding a qualitative perspective to the study's findings.

Zsafia highlighted that, in general, in the literature, there was a lack of information on younger age groups, particularly those aged under 13 years, and a lack of developmentally staged information overall. A large proportion of studies had been conducted in high-income settings.

A recurring theme that emerged from the literature was the concept of co-designing mental health promotion and prevention content and online communications with young people directly. Zsafia also mentioned the rich data available on suicide prevention and online messaging to prevent suicide among young people.

The key themes that emerged from the consultation showed that young people prefer: i) mental health support and information tailored specifically to young audiences; ii) evidence-based trustworthy information; iii) content in their local language or dialect; iv)

culturally-adapted and culturally-relevant mental health information; v) digital mental health content that can support communication between young people and significant adults in their life; vi) creative and engaging mental health content online; vii) trigger warnings so that they can engage safely with content online; and viii) mental health campaigns that are attached to local services so that they know where to go if they struggle with their mental health.

Zsafia highlighted a list of major findings that explored how mental health information could be presented to young people. Notably, this included two frameworks that look into the developmental staging of mental health literacy (4, 5).

Zsafia concluded by providing recommendations on the importance of empowering young individuals to navigate mental health content effectively online, for example, by enhancing skills in peer-to-peer support and by using platforms that they already engage with. The need to facilitate communication between young people and trusted adults was also mentioned, with digital mental health content serving a supportive role.

Regarding the presentation of information, young participants in focus groups suggested innovative and engaging methods; they encouraged thinking creatively and finding unique ways for delivery. Integrating mental health information into online activities that young people already engage in as part of their daily routines emerged as a practical and effective approach.

3.3. RANKING OF THE GUIDING PRINCIPLES

A list of suggested guiding principles was developed from the rapid review, which had been shared with participants in the pre-meeting survey. Participants had been asked to rank the principles in order of importance (see Table 1). A total of 14 participants completed the ranking. The principles

were then discussed during the roundtable.

Ken Carswell, WHO MSD, shared the results of the pre-roundtable survey and the ranking of the guiding principles by the participants. The survey re-affirmed the importance of emotionally relevant content adapted for young people and practical strategies for support.

Table 1. Ranked guiding principles taken from the pre-roundtable survey*

PRINCIPLE	
1	Emotional relevance: The content's sensitivity and relevance to local contexts and in addressing emotional issues faced by the youth while considering their developmental level.
2	Practical strategies: How effectively the content provides practical advice and coping strategies suitable for the target age group.
3	Cognitive fit: How well the content matches the cognitive abilities and developmental stages of the target age group.
4	Language: Types of language that may be understandable and relatable to the target group (e.g., use of slang, profanity).
5	Inclusivity and diversity: The representation of diverse experiences and backgrounds in the content, which resonates with the youth's developmental understanding.
6	Lived experience: Inclusion of persons with lived experience in content development that the target group can identify with.
7	Visual engagement: How visually appealing the content is to the target age group.
8	Evidence-based clarity: The presence and clarity of evidence-based information tailored to the target age group.
9	Accessibility: The content is accessible to specific groups, e.g., young people with disabilities.
10	Human rights alignment: Alignment of content with international human rights conventions and national guidelines and laws.

* Ranking of principles: 1 = most important; 10 = least important.

3.4. BREAK-OUT SESSIONS

After the welcome, introductions, overview of the background paper and results of the pre-roundtable survey, participants were randomly assigned to one of four breakout groups. The groups were chaired and facilitated by BMJ experts and organized through Zoom. There were three breakout sessions, each lasting 20 minutes; notes were captured online using a virtual whiteboard.

The questions discussed by the four groups in the three breakout sessions were: i) "What opportunities and benefits might a set of principles achieve?"; ii) "What are the challenges and barriers we need to overcome?"; and iii) "What key themes play a role in applying the guiding principles?".

Following each breakout session, all group participants reconvened in the main session where the facilitators summarized their group's discussions.

BREAKOUT SESSION 1: WHAT OPPORTUNITIES AND BENEFITS MIGHT A SET OF PRINCIPLES ACHIEVE?

The several major themes emerging from breakout session 1 included:

- **Responding to the dynamic nature of digital landscapes:** Participants commented on the need for a set of principles that not only provided direction in how to create and provide content, but also served as a living document adaptable to the rapidly evolving environment. Session discussions addressed the importance of platforms to understand how much of their userbase engages with mental health content, why it is considered a priority topic, and how trends change over time.

- **Informing and supporting various stakeholders:**

One of the biggest opportunities identified in the session involved the potential benefits to various stakeholders of developing youth mental health content that is guided by a set of principles. This was considered particularly relevant for mental health practitioners, youth workers, teachers/educators, and parents or caregivers. These groups often lack adequate support in addressing the online safety concerns of young people. By defining principles, stakeholders would be supported in offering more reliable and appropriate resources; this would help address the issue that much of the current information online is irrelevant or unrelatable to young people's experiences.

- **Helping young people access support:**

Trustworthy information was highlighted as crucial in the initial stages of digital literacy, forming a vital component in helping young people access support. Establishing a set of principles would support the reduction of stigma associated with mental health, improve young people's digital literacy, and improve health outcomes by ensuring access to developmentally appropriate and credible information. From the perspective of a researcher and intervention designer, having a set of principles would be viewed as a time-saving measure, avoiding the reinvention of guidelines and creating a standard list to reference.

One participant mentioned that these principles could inform the creation and distribution of online crisis protocols or support systems which would be especially valuable for reaching large populations and communities with limited access to professional support,

and for those who prefer online interactions rather than traditional crisis telephone calls.

The potential impact of defining a set of guiding principles would extend beyond individual support to influencing policy at an institutional level. The principles could act as a foundation for accountability in the digital space, giving an opportunity for platform providers to demonstrate commitment to removing harmful content and providing high-quality resources. Furthermore, having a set of principles would offer an opportunity to coordinate efforts across platforms and provide inspiration for research studies in this area.

BREAKOUT SESSION 2: WHAT ARE THE CHALLENGES AND BARRIERS WE NEED TO OVERCOME?

The challenges and barriers to implementing guiding principles for online youth mental health content are multifaceted. Issues discussed during this session included:

- **Making content applicable:** This significant challenge of defining principles that are applicable across the globe was raised by many participants. Issues included language barriers; diverse cultural and religious perspectives on mental health conditions; technological barriers, including limited Internet access in some regions; and data privacy concerns. Also highlighted was the lack of data from low-resource settings; the need to raise concerns about digital inequity; and the exclusion of certain groups in developing principles based on the evidence available.

- **Ensuring relevance to different groups:** This, and the accurate identification of the age of users, posed further challenges. There are different legal requirements on the age at which young people can access online content, as well as differences between countries in the ease of accessing content regardless of age. Existing methods for confirming the age of users are easily bypassed, thereby complicating the task of ensuring that appropriate content reaches its intended audience. Another point made by participants was that the older the age of the young person, the more relevant these principles become, whereas for the youngest age category, caregiver influence is more of a dominating factor in promoting and protecting their mental health.
- **The complexity of engagement with online content:** This issue emphasized the point that young people are not passive recipients when viewing content. Content that is helpful for one person may be harmful to another, and the impact can vary depending on the user's mental state over time. The example of the complex debate over trigger warnings was raised, as opinions on their effectiveness and impact differ. Participants also noted the risk to individuals with severe mental health conditions of accessing online content designed for promotion and prevention, which could potentially delay access to necessary support. The principles should therefore include guidelines for communicating the limitations of online resources.
- **Disability inclusion:** This emerged as a challenge, with

technology companies struggling to accommodate individuals with visual, cognitive or hearing impairments, and those on the autism spectrum facing difficulties in engaging online.

- **Current and future technologies:** The need for guidance to address both active and passive interactions on online platforms was discussed, with emphasis on the challenge of providing control to young people in terms of the information they encounter was emphasized, especially in passive content scenarios.
- **Funding and resource allocation:** This was seen as critical, particularly in low- and middle-income countries where there is often minimal budget allocation for mental health services. Addressing stigma and lack of political will to provide local mental health initiatives were recognized as essential for the successful implementation of the principles.
- **Concerns about the future relevance of guidelines:** Participants acknowledged the relevance of guidelines in the rapidly evolving environment, along with the need for continuous updates and evaluation of the principles. This was considered particularly important in view of the growth of artificial intelligence in generating and disseminating information. However, participants noted that even evaluating the effectiveness of the principles would present a challenge as

this requires obtaining data from platform providers.

BREAKOUT SESSION 3: WHAT KEY THEMES PLAY A ROLE IN APPLYING THE GUIDING PRINCIPLES?

The final breakout session explored the guiding principles to be taken forward.

The 10 principles ranked highest by participants in the pre-meeting survey were used as a framework for discussion in the four breakout groups.

The 10 principles are listed below:

1. Emotional relevance
2. Practical strategies
3. Cognitive fit
4. Language
5. Inclusivity and diversity
6. Lived experience
7. Visual engagement
8. Evidence-based clarity
9. Accessibility
10. Human rights alignment

Each breakout group reviewed and discussed these top ranked principles and proposed additions. The resulting consensus was that the 10 selected should be prioritized.

Because of time limitations, it was not possible to consider each principle individually: instead discussions focused on identifying overarching and overlapping themes from available evidence and experience. The aim of this was to highlight the considerations necessary for the formalization or implementation of the guiding principles.

Theme 1: Active stakeholder engagement and contextualization

Participants underlined how the active engagement of young people and other key stakeholders is central to creating effective mental health content. The concept of co-design or co-production, discussed extensively during the roundtable, forms the core of this principle. Actively involved would be stakeholders such as young people, youth advocates, parents, educators, mental health professionals, legislators, and even platform owners and moderators in the development of online content. This approach of incorporating lived experiences leads to content that is more engaging, relevant, and reflects the experiences and perspectives of those it aims to support.

This theme encompasses contextualization, stressing the imperative to take into account cultural context, language, accessibility, and gender sensitivity. It calls for special attention to the needs of young people in low- and middle-income countries, acknowledging the resource constraints in these settings. It also acknowledges the vastly different contextual and cultural norms, societal expectations and stigma around mental health, and the opportunities for formal support. By considering these diverse factors, the active engagement of stakeholders allows co-design to be inclusive, comprehensive and tailored effectively to the varied needs of young people globally.

Also mentioned was evidence of the increasing desire among young people to talk about their lived experiences and share their stories to support others facing similar challenges. There

was a call to change the fundamental conversation around suicide, moving away from focusing on the tragedy and methods of suicide to safe discussions of personal lived experiences. One participant mentioned the importance of including diverse stories of hope and coping strategies for suicidal thoughts, especially for the 13–17 years age group. For younger groups, the inclusion of lived experience needs careful consideration due to a lack of evidence in this age range.

In another group, it was suggested that mental health content should not focus solely on serious crises like suicide. A broader sense of wellness needs to be promoted that recognizes mental health as encompassing a wide spectrum of experiences and needs. This approach addresses mental health more holistically, acknowledging the importance of overall psychological well-being rather than focusing exclusively on severe mental health crises.

In the post-meeting survey, participants suggested relevant initiatives, including Youth Participatory Action Research (YPAR) (6), which empowers young people to actively engage in the research process, ensuring that their perspectives shape mental health interventions. Platforms such as ReachOut.com (7) provide an online space for youths to access relevant mental health information and support. In discussing methods of co-design and user experience, two journal articles were suggested: one on the development of the Niggle application in Australia (8), and another on involving young people in the development of an e-platform for monitoring well-being in schools in the United Kingdom (9).

Theme 2: Evidenced-based information and impactful communication

During the roundtable discussions, the theme of evidence-based and impactful communication emerged. This involves creating digital mental health content that is not only grounded in scientific research and best practices, but also communicated in a way that resonates effectively with the audience. This requires the content to be accurate, reliable, and contextually relevant, as well as credible and relatable in different local contexts.

Participants mentioned the intertwining of online and offline support, particularly in the context of self-harm. It was noted that situations of self-harm following contact with harmful online content are not only about the harmful content itself, but also the limited availability of in-person support. The concern was raised that digital interventions may be insufficient or unavailable in the local language and context, potentially alienating users: young people may find information on mental health issues online, but lack guidance on where to go for in-person help if needed. An action point could involve creating a mechanism that connects online resources with offline, local support services. This would ensure that young people who identify mental health issues online have a clear, accessible path to real-world assistance.

A recognition of the complex interplay between online experiences and offline realities was discussed, with emphasis on the importance of not only addressing harmful online content but also understanding and supporting the offline, real-world contexts and experiences of individuals. Emerging

from the discussion was the need for a comprehensive approach that addresses online safety and mental health promotion, as well as greater access to local services and support. One participant noted that the digital realm can provide the “first step” or the initial point of contact for young individuals seeking mental health support from their wider community.

Participants highlighted the necessity for the tone and cognitive fit of the language to be thoughtful and supportive, for example through the use of dramatic arts and digital storytelling. This would involve crafting content that is not only scientifically sound, but also empathetic, engaging and relatable, capturing the attention of its audience. Mental health and digital literacy are integral components, ensuring that the content not only informs, but also empowers and educates users.

By combining rigorous, research-based content with strategic, empathetic communication, and taking into consideration local contexts and the seamless integration of support systems, the theme of evidence-based and impactful communication ensures that content is informative, engaging and effective in promoting mental health awareness and support.

It further accentuates the need for co-creation and content designed specifically for young people. In the post-meeting survey, participants highlighted platforms such as Headspace (10) and the Black Dog Institute (11), which offer scientifically-backed information and resources tailored to young people’s mental health. Initiatives such as Stronger Than Stigma (12) leverage storytelling backed by research to communicate

impactful narratives and reduce stigma surrounding mental health among young audiences.

Theme 3: Prioritize safeguarding, including the removal of causes of harm

The participants underscored the need for digital mental health content to prioritize well-being, ensure universal access, and address concerns about potential harm and exclusivity. The importance of including safeguarding and the concept of “do no harm” was also emphasized. This principle involves creating content that is protective, inclusive in its reach and impact, and that avoids narratives that may inadvertently cause harm. Even though these programmes may benefit some individuals, the top priority should be to avoid causing harm.

In alignment with the “do no harm” principle, the speaker stressed the need to be especially cautious about specific portrayals of suicidal behaviour which can inadvertently trigger self-harm, particularly among young people. This underscores the importance of prioritizing maximum safety in recommendations or content related to suicide prevention.

The discussion around trigger warnings brought to light their complex nature. One participant pointed out the lack of research on the effects of trigger warnings in the context of suicide; another mentioned that trigger warnings could increase attention and curiosity, particularly in young people. This led to suggestions about using the term “trigger information” rather than “trigger warnings”, to avoid simplifying the narrative and introducing a more thoughtful approach to content related to suicide. There are no

studies analysing the effects of trigger warnings in relation to suicide. Trigger warnings should never be used as a substitute for responsible handling of suicide-related information; rather, they should be applied thoughtfully and with a clear understanding of their potential impact on individuals.

A shift in societal communication about suicide was proposed, focusing more on coping strategies and cautioning against harmful narratives. There was insufficient time to discuss specific strategies; however, there was agreement around the need to enhance communication about practical actions during a crisis. This aligns with the idea of “ethical” content creation in digital mental health, which stresses the importance of safe, accurate, and considerate mental health information.

This theme collectively advocates for a responsible, inclusive, and thoughtful approach to creating and disseminating digital mental health content, ensuring it serves as a supportive and safe resource for all users.

Post-meeting, participants suggested the Safety by Design (13) framework which emphasizes incorporating safety features in online platforms to protect young users. The Ditch the Label campaign (14) actively works towards eliminating online bullying, providing resources and support for young people; moreover, online resources such as NetSmartz (15) educate young people about Internet safety and empower them to navigate online spaces responsibly.

Theme 4: Responsive to new developments

The discussions during the roundtable highlighted a significant theme in the

realm of digital mental health: the need for principles to be responsive, dynamic and ever-evolving. Participants acknowledged the constant and rapid changes in how mental health content is communicated online and emphasized the importance of regularly reviewing and revising the guiding principles.

This approach is essential to ensure that the content remains fit for purpose, relevant, and future-proof. Recognizing that the first set of principles may not be perfect, there was consensus on the need for ongoing iteration, with regular monitoring and evaluation of both the principles and the content.

An important aspect to being responsive and dynamic is the incorporation of user and creator feedback into the content development process. Participants recommended a dynamic feedback mechanism, where principles are continually reviewed and updated based on input from both users and content creators.

It was noted that a significant challenge in evaluating the impact of digital mental health initiatives and ensuring that they are responsive to new developments, arises from the lack of open access to corporate data. Companies hold substantial data that are not openly accessible, making it difficult to assess the effectiveness of digital mental health initiatives comprehensively. This underscores the need for greater transparency and access to data to inform and improve mental health initiatives effectively, while safeguarding user data privacy and confidentiality.

In the post-meeting survey, initiatives such as YoungMinds (16) were

highlighted which incorporate the latest research findings and innovations into their mental health resources to ensure materials remain meaningful and useful.

Theme 5: Cognitive fit and age appropriateness

This theme addresses creating mental health content that is age-specific and developmentally appropriate. It recognizes that young people come from diverse backgrounds and are at different stages in their growth and development. What is relevant for a young person aged 13 years may not be suitable for someone who is younger or from a different cultural setting. The essence of this principle lies in its acknowledgment that age, developmental stage and culture (i.e. norms related to age-appropriate roles and behaviours) significantly influence how individuals perceive and interact with mental health content.

There was significant discussion in the breakout sessions about the age groupings from the background paper and whether more clearly defined age groups were needed to provide guidance. Participants felt that by simply communicating the principle that all children and adolescents have different neurocognitive and developmental profiles, despite being approached similarly by many content producers and digital platforms, was a good start. However, it was concluded that establishing one overarching set of principles should be a first priority, although further elaboration by cognitive age would be valuable.

In the post-meeting survey, the KidsHealth (17) platform, which customizes mental health information to suit various age brackets, was suggested as a useful example for

this theme. Other online programmes and initiatives were mentioned; these included the BRAVE Program (18) which employs a modular approach, offering age-specific online resources to aid children and teenagers in managing anxiety; and initiatives that provide online counselling or therapy services tailored to adolescents.

Theme 6: Inclusivity, diversity, privacy and accessibility

This theme emphasizes the importance of ensuring that digital mental health content is accessible and relevant to all individuals, regardless of cultural, linguistic, gender, or socioeconomic background. This is essential in that it recognizes that mental health issues can affect any person, and everyone should have equal access to support and information.

Participants stressed that both the principles and content should include and acknowledge representation of diverse experiences and backgrounds. Additionally, they highlighted the need for sensitivity to the local context, including language considerations, and the importance of making content accessible to specific groups, such as people with disabilities and neurodivergent cognitive profiles, while using gender-sensitive language.

The need for guidelines on privacy, especially in relation to how digital media platforms, search engines, and other online platforms handle user data, was emphasized. Concerns were raised about where data are going and how they will be used in the future. Privacy concerns are particularly relevant for young children, especially in places where gadget-sharing is widespread. This raises questions about how privacy can be ensured while also

protecting children and adolescents in these settings. The importance of addressing privacy is relevant for legal and educational reasons, and platforms need to recognize this in order to build trust with users.

In the post-meeting survey, participants recommended platforms such as TrevorSpace (19) and the The Steve Fund (20) as examples of spaces that help to ensure inclusiveness and understanding amongst different groups. Initiatives such as Project LETS (21) were recognized for their efforts in enhancing the accessibility of mental health resources and support for individuals with various abilities; several other campaigns address the theme of body positivity which could be considered relevant.

Theme 7: Facilitate help-seeking behaviour

This theme emphasizes the need for digital mental health content to extend beyond mere information-sharing; it stresses the importance of actively promoting mental well-being and connecting users to vital mental health services. The theme is crucial because it recognizes that mental health content should be supportive and protective, offering a gateway to help when needed. It also acknowledges that while digital platforms may be powerful tools for information and awareness, they need to be part of a broader, integrated system of support to be truly effective.

Participants highlighted the importance of enhancing communication for people in crisis and their carers through digital mental health content. They emphasized that content should provide practical advice and coping strategies, such as advice on emotional regulation, as well as links to accessible and

affordable mental health support within a given context. Additionally, participants recommended tailoring content according to mental health issues and improving the visibility of positive health resources.

As an example, platforms could identify user searches related to specific mental health challenges, like bullying, and respond by providing information on how to report bullying, coping strategies, and links to supportive communities. These enhancements would ensure that digital mental health content not only disseminates information but also actively supports mental well-being.

During discussions, one participant highlighted how digital platforms could serve as both barriers and facilitators to accessing mental health services. Digital and social media platforms offer a powerful medium to disseminate information; they also have the potential to connect individuals directly with support services. However, young people who access services recommended by social media may encounter barriers such as data privacy and security, as well as differences in digital literacy.

In the post-meeting survey, text and telephone based helplines were noted as a resource that provide support to young people.

A research study conducted in 2021 (22) was also mentioned; this was based on a randomized control trial which found that suicide prevention videos should be carefully crafted to include relatable narratives, emphasize personal mastery of suicidal crises, and encourage proactive help-seeking

behaviours, while also considering gender-specific differences in response.

Theme 8: Reducing stigma and raise awareness

Participants agreed that an important principle was reducing stigma and supporting raising awareness of mental health. Addressing intimidation and reducing stigma around mental health is viewed as an opportunity to create a more supportive online environment for young people. This could help individuals feel more comfortable in seeking help and disclosing their mental health challenges without fear of judgement or discrimination.

In this context stigma reduction is closely related to mental health crises since it can positively impact how individuals experiencing such crises are perceived and supported. This can lead to improved access to mental health resources and support, and ultimately contribute to better outcomes for individuals experiencing mental health challenges.

Stigma can be multifaceted. It includes the stigma of disclosing suicidal thoughts; the stigma in seeking help; the stigma around mental health conditions; risk and problem behaviours, including substance use; and the stigma around suicidal behaviour. Participants highlighted the importance of being clear about the specific types of stigma that need to be reduced, and the potential positive impact of messages relating to these efforts. A thoughtful and detailed consideration of the different aspects of stigma related to mental health, mental health conditions and suicide, relevant to each context, is required by those

intending to implement principles for youth mental health content online. In addition, participants stressed the importance of considering cultural differences and variations in stigma surrounding mental health.

Participants referenced the work by David L Vogel and his team that can be drawn upon to improve messaging around the reduction of stigma and mental health (23).

In the post-meeting survey, participants suggested promoting campaigns such as Seize the Awkward (24) that focus on destigmatizing conversations around mental health and encourage friends to reach out to each other for support. Additionally, platforms such as Active Minds (25) engage students on college campuses, and foster dialogue to break down stigma surrounding mental health.

5. CONCLUSIONS

In summary, the exploration of guiding principles for online mental health content that is developmentally appropriate for young people reveals significant opportunities and benefits. Participants of the meeting highlighted the dynamic nature of the digital landscape and emphasized the need for adaptable principles that evolve with rapidly changing technology and environments.

The potential impact of such principles spans various stakeholders, including mental health practitioners, youth workers, educators, and parents. The principles further offer an opportunity to enhance the reach of mental health promotion and prevention efforts, as well as serving as a time-saving measure for researchers and intervention designers, offering a standard reference list.

However, challenges and barriers are multifaceted. Significant obstacles include the applicability of the guiding principles across diverse global contexts, language barriers, cultural and religious perspectives on mental health, technological limitations, data privacy concerns, and funding issues. Additional challenges include ensuring age accuracy; addressing the complexities of content engagement; disability inclusion; and both active and passive discussions on online platforms. Continuous updates and evaluation of the principles in the face of evolving technology, including the growth of artificial intelligence, pose ongoing difficulties.

Through the roundtable discussions, initial principles and themes were identified, along with actions to improve online mental health content for young people.

Such actions include the importance of co-design and contextualization in online content; the inclusion of the perspectives of people with lived experience; the use of evidence-based information, especially for different age groups; and thoughtful, responsible and supportive communication and digital literacy.

In addition, the seamless integration of online and offline support demonstrates the need to connect young people to in-person support. The emphasis on well-being, universal access, and the principle of “doing no harm” underscores the need to address concerns about potential harm and exclusivity. Finally, the need for a shift in societal communication around sensitive topics, such as suicide, was suggested, as well as the importance of focusing on coping strategies, stories that relate to hope and recovery, and the exclusion of harmful narratives.

The development of comprehensive principles requires a process extending beyond the scope of this roundtable meeting. The insights from this meeting can serve as a first step in helping to inform approaches to support young people’s mental health through online platforms, understanding that these may develop over time.

Further work and stakeholder collaboration are essential to build upon this foundation that supports the creation and dissemination of developmentally appropriate online mental health content for young people. Next steps may include further research, validation mechanisms for content, identifying examples of good practice, and the involvement of multiple stakeholder groups.

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ANNEX I. LIST OF PARTICIPANTS AND FACILITATORS

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ANNEX II. MEETING AGENDA

5 mins	Welcome, introductions and housekeeping Ashley McKimm, BMJ (moderator)
10 mins	Introduction from WHO Mark van Ommeren, Head of Unit, WHO Department of Mental Health and Substance Use
15 mins	Background Paper, Survey and Initial Reflections Zsofia Szlamka, Orygen Ken Carswell, WHO Department of Mental Health and Substance Use
25 mins	Breakout 1: What opportunities and benefits might a set of principles achieve?
25 mins	Breakout 2: What are the challenges and barriers we need to overcome?
25 mins	Breakout 3: What key themes play a role in applying the guiding principles?
10 mins	Summary and reflections
5 mins	Next steps and close

ANNEX III: SUMMARY OF THE RAPID REVIEW

This is a summary of findings from Orygen's "Developmentally Appropriate Online Mental Health Content for Young People under 13 Years-Old and 13-17 Years-Old: A Rapid Review," a paper commissioned by the WHO to act as a briefing document ahead of a global consultation in relation to developmentally appropriate online mental health content for young people under 13 years old and 13-17 years old. The full results are being prepared for a peer reviewed academic paper.

GOALS OF THE REVIEW

For the purposes of this briefing document, the primary research question was:

- What evidence exists about what online content can best promote young people's well-being and mental health, from the perspective of professionals, and young people?

The secondary research questions were:

- How do young people use social media to be informed about mental health?
- What are the existing principles to use online mental health information to promote mental health and well-being; prevent mental health concerns and self-harm in young people? How do these principles differ per culture and context?
- What are some of the best practices for communicating online mental health content for young people? How can lived experience be used as a communication tool?

METHODOLOGY

In Phase 1, a rapid review of existing literature on online content for mental health promotion and prevention was conducted. This included a comprehensive search of peer reviewed papers in English in many databases. Twenty studies were ultimately identified.

In Phase 2, youth consultations were conducted with the aims of further understanding the experiences of young people with mental health content online and their thoughts in designing developmentally appropriate mental health content digitally. Twenty-six participants attended four youth consultation sessions. Participants represented a number of countries of different income levels from around the world. Sessions were recorded, transcribed and analyzed using thematic analysis (1).

RESULTS

THE RAPID REVIEW

Overall, the studies suggested that there is a lack of guidance on how mental health literacy, mental health promotion and prevention can be developmentally staged. Studies argued for using digital technologies as a tool for mental health promotion but there is a paucity of research that considers different developmental milestones. This is especially true for those under the age of 13. All studies suggested that the involvement of young people in creating a strategy for developmental staging of information is crucial.

A paper by Kågström et al. provided insights that can serve as guidance for digital mental health content for young people. They offer a framework mapping mental health literacy-related content on developmental milestones and highlight the variation in development globally suggesting that culture and context should be considered when applying this framework in a given setting (2). It may serve as a base for adaptation and implementation to the digital space.

Newman et al. recommended that mental health services need to be responsive to developmental needs across the lifespan (3). The authors offer recommendations on aligning existing health services with developmental milestones:

- Infancy and pre-school period. For 0- to 4-year-olds, children's mental health services must work primarily with the parents as partners, often focusing on the parent-child attachment relationship and prevention of child maltreatment and trauma. Interventions should focus on relationships and promoting neurobiological and psychosocial development. Close

coordination is needed with primary health services.

- Primary school age. Mental health services must continue to work very closely with the parents of 5- to 11-year-old children, but may increasingly engage children themselves individually or in groups, as their language and cognitive abilities support direct psychotherapies. Family and parenting work may be used to address attachment, behaviour patterns and emotional regulation by engaging parents as 'co-therapists' to actively modify the social environment of the child. Close coordination is still needed with primary health services, paediatric services, primary school student support services, school nurses and welfare and family support services, when children have multiple concurrent needs.
- Secondary school age/adolescents. By early adolescence (11–14 years) into later adolescence (15–18 years), young people can take increasing responsibility for their behaviour and may participate in individual and group psychological therapies. However, adolescents generally need parental help to attend treatment or to set limits to create consequences to influence social learning and emotional development.

The link between social media and adolescent well-being was a recurrent theme across the papers included where results were mixed. Some papers highlighted that social media either had mixed or no effect on adolescent well-being (4), while others, identified that benefits were indirect and fuelled by perceptions regarding perceived social support. There were concerns about the association between increased intensity of time spent online and increased

risk of exposure to online harm, such as cyber bullying (4). This paper was in line with the growing body of literature highlighting that some adolescents are particularly vulnerable to negative online interactions and are consequently experiencing a worsening of their mental health. Understanding who those adolescents are and in what circumstances social media has a harmful impact on them is an important next step that needs to be explored.

About 95% of studies were conducted in high-income settings. Only one paper came from a low-and middle-income setting, overviewing digital health strategies in ten African countries (5). This did not include any specific consideration of children and youth in the development and application of digital technologies, the management of health data, or the development or monitoring of the strategy. No papers indicated that children and youth had been involved in the development of the strategy and six strategies make no reference to the inclusion of communities. Moreover, mental health was not mentioned in any of these digital health strategies – showing a clear gap in health policy in the included countries.

Some of the studies selected in the review report their co-design methodology with young people – such as Peck et al. (6) and Thorn et al. (7). These papers can be used as a methodological basis for co-designing developmentally staged information for young people.

The association between internet use and self-harm and suicide were discussed in various papers (8, 9). Both studies highlighted the need for monitoring online content and understanding viewers' engagement. One study suggested that young people

are highly receptive to professional support provided online and in addition peer support and self-help was also highly endorsed (10). A second paper argued for taking a theoretical approach where risk factors believed to place someone at risk of suicide (i.e., perceived burdensomeness, social connectedness and acquired capability) could be harnessed as protective factors on social media by increasing one's connectedness, support, and access to online information.

Four studies included in the review explored suicide prevention online using safe messaging – and were related to Australia's #chatsafe campaign. In summary, these studies found that social media-based suicide prevention messages developed with young people could be developed safely and were acceptable, feasible and effective. There were a number of positive results including young people feeling more able to communicate safely about suicide; less likely to share suicide related content and more like to monitor their posts for harmful content, to name a few (11, 12, 13). The co-design methods used during the development of #chatsafe were discussed by Thorn et al. (7).

PRACTICAL EXAMPLES OF MENTAL HEALTH PROMOTION AND PREVENTION ONLINE

Some studies discussed empirical work on developing digital resources for mental health literacy or mental health promotion in different settings (6, 14, 15).

Lastly, Nicholas et al. (16) present a programme called Reach Out!, whereby the authors aimed to establish a brand that is recognised by young people and that they associate with getting the help they need.

THE YOUTH CONSULTATIONS

Overall, young people highlighted the importance of inclusive and culturally responsive mental health content online. Young people underscored the need for reliable, evidence-based, and authentic information, and expressed a preference for short-form, personalized and youth-specific content on various digital platforms for mental health promotion.

Youth participants had mixed experiences with existing mental health promotion and prevention content on social media. Participants generally sought content on mental health and well-being practices through platforms such as Instagram, TikTok, Pinterest, and YouTube. TikTok, in particular, featured content related to depression and suicide, and many participants reported the content to be harmful sometimes. Instagram was considered more uplifting, providing a sense of comfort. While these platforms offered valuable information, there was a common desire for more self-care content, less general and more youth-target information.

Some participants expressed that content on the symptoms of different mental health concerns often led to young people self-diagnosing or self-identifying with concerns. They added that these young people were often left without information on how to access services and support, and worried about the implications or consequences of living with a condition.

Young people suggested that it was important to know that the mental health information on their feeds were from qualified professionals and evidence-based resources. An example of one platform which young people trusted for mental health information was OurHerd, developed in Australia.

OurHerd is an application dedicated solely to mental health, where content is filtered before being published. Some young people commented they never fully trust information they encounter online, while others said that they look out for logos and names of organizations they trust to evaluate whether they follow guidance from information online.

Participants discussed that the safety of mental health content online should be considered when building new mental health advocacy campaigns. Many thought that learning about other young people's lived or living experiences can be helpful for some, but may be a trigger to someone else. For example, a participant mentioned having encountered online a site where peers supported each other in having eating disorders (pro-anorexic websites). The participant also described that this content significantly and negatively impacted her mental health and thought that it was triggering. Some participants explained that while social media can support raising awareness and help young people open up about their mental health, stigma and mental health-related prejudice can still cause harm online.

A further challenge that many participants mentioned with existing content for mental health online was language. They explained that most content is only available in English, and some added that most content is developed in high-income settings, making it harder for young people from other settings to relate.

Some participants indicated a preference that mental health content be mainstreamed into other everyday activities online. As an example, a participant described how a make-up

artist influencer on Instagram talks about mental health in addition to make-up, therefore reaching a wide audience with mental health content. Other participants indicated they would use Google for searching information in everyday life, opening an opportunity for placing mental health-related information and campaigns on this platform. A number of participants expressed their desire to see information on where and how they can access psychological support for free, which was often hard to find.

Many participants expressed a preference for colourful and organic content that integrates mental health into other topics. Others highlighted that personalized content for mental health prevention is essential, this could be in the form of personalized WhatsApp messages, or tailored advertisements about mental health and well-being for specific regions. Some young people suggested the development of safe and ethical algorithms for platforms like Instagram. Lastly, participants emphasised the importance of terminology clarification for content creators.

Participants reflected on how their preferences for mental health content had changed over time. Some indicated there is information they actively seek out online, and there is information that they come across by chance on their social media feed. A number of young people said that when they were younger, they may not have understood that some information they saw online was based on algorithms or advertisements. They expressed that they could not have critically appraised what information was evidence-based and safe. They were of the view that younger children and adolescents may be at a higher risk of encountering unsafe content as they may not yet

know how to control what information they do or do not have access to.

Many noted a shift from earlier concerns about negative emotions and bullying to a more current focus on resources for navigating the challenges of being a teenager. Other participants said that when they were younger there was no discussion among their peers about mental health and explained that this has changed over time. Others stated that they had more responsibilities as time went by and this meant that their levels of anxiety may have increased. For example, they mentioned they started making choices about their future, including education and employment. They experienced these choices as having more and more control and responsibility in their life, which at times made them feel distressed. Some participants indicated that they were not previously aware of mental health topics but now actively sought information on communicating feelings, managing emotions, and living with individuals with mental health conditions or disabilities.

RECOMMENDATIONS ON FUTURE NEXT STEPS

Based on the findings of the included papers, it is clear that there is a need for online mental health promotion and that it can be an effective way to reach young people. However, there is a lack of guidance on how mental health promotion and prevention could be developmentally staged. There are some existing frameworks in the field of mental health promotion and mental health literacy offline that may inform the developmental staging of mental health content digitally.

The role that young people play in shaping mental health content and information that is relevant to them is critical. Utilizing their knowledge

and wisdom to shape content that is relevant to them, and their peers, is critical if we aim to provide accessible, evidence informed and reliable information. The literature on the development of the #chatsafe campaign can offer guidance on co-designing content with young people, and presenting mental health content in the form of online messaging (7, 12, 13, 17-19)

Kågström et al. (2) made a range of recommendations for building age-appropriate mental health content. While these recommendations were primarily designed for mental health literacy online, they can inform digital content creation as well.

Youth advisors in this consultation expressed various risks and benefits they have experienced with mental health content currently available online. This rich expertise by experience should inform mental health promotion going forward.

CONCLUSIONS

There is an abundance of research looking at mental health promotion and prevention for young people. However, little attention has been paid to building developmentally-informed content online for young people. Based on a rapid review of literature and consultations with young people globally, it is recommended that existing frameworks mapping mental health literacy curricula on developmental milestones are used to build developmentally appropriate mental health content. Co-designing with young people throughout this process is essential and will ensure that the content best represents young peoples' identity, social and emotional development.

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