

# Exploring a Youth Mental Health Apps Database for Canadian Youth, Families and Service Providers:

Findings from Wisdom2Action and RBC Future Launch Engagement and Consultative Efforts



**RBC Future Launch**



Wisdom2Action  
Savoir pour agir

# Land Acknowledgement

Wisdom2Action started in K'jipuktuk (Halifax) in Mi'kma'ki (Nova Scotia), the traditional and unceded territory of the M'ikmaq people. Settlers and the M'ikmaq have lived in this territory under the provisions of the Peace and Friendship Treaties starting in 1725.

This project took place throughout Canada, across the traditional, unceded, unsurrendered and ancestral territories of many Indigenous nations.

Throughout this initiative and in all work taking place on this land, we must reflect on our ongoing complicity in the violent process of colonization. It is our responsibility, as guests on this land, to ensure we are engaging critically with the complex and interconnected nature of oppression. We encourage all reading this document to reflect on the Calls to Action of the Truth and Reconciliation Commission which calls us to reflect on our relationship to this land, and the historic and ongoing colonialism enacted upon the first peoples upon whose territories we reside. In reflection we are called upon to consistently work to become allies and uphold our treaty responsibilities as signors to the treaties of this land.

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# Executive Summary

Wisdom 2Action, in collaboration with RBC Future Launch, undertook a community and stakeholder engagement initiative to identify the needs and preferences of Canadians pertaining to a youth mental health apps database.

Throughout the initiative, Wisdom2Action, guided by a Steering Committee of national and regional youth mental health organizations, and a Youth Advisory Committee with youth from across Canada, consulted with service providers, youth, and parents and caregivers of youth, to capture different stakeholder perspectives on a database of youth mental health apps. Overall, Wisdom2Action conducted 31 key informant interviews and 7 focus groups and received 112 responses to an online public survey.

Wisdom2Action worked with the Steering Committee and Youth Advisory Committee to analyze and understand what we heard. This process identified 32 key findings and 12 recommendations for building a database of youth mental health apps that would meet the needs of Canadian youth, service providers, and family members. Notably, equity, ease of use, integration into existing services, and trust emerged as major themes throughout this consultation process.

The consultative process identified key gaps in youth, provider and family knowledge, comfort and confidence pertaining to youth mental health apps. The process also identified a range of factors that would influence the success and viability of a Canadian youth mental health apps database, including equity, ease of use, integration into existing services, and trust.

The key recommendations for a successful youth mental health apps database in Canada identified through this initiative are as follows.

## **Our Recommendations:**

1. Deep and Sustained Youth, Family and Community Engagement
2. An Informed-Choice Model
3. Search Features that Respond to Diverse Needs
4. Clinical Rigor and Evidence Baseline
5. Built with Equity from Day One
6. Integrated into Youth Mental Health Sector Infrastructure
7. Hosted by a Trusted Organization with Brand Recognition and Clinical Expertise
8. Modern and Streamlined Interface and Design
9. Integrated with Knowledge Sharing, Capacity Building and Implementation Support
10. Access to crisis support services if and when needed
11. Youth and families engaged in specific app review processes
12. A Critical Voice in the App Development Space

# About Wisdom2Action and RBC Future Launch

Wisdom2Action is a national social enterprise and consulting firm specializing in community engagement, creative facilitation, research and evaluation, knowledge mobilization, and EDI (equity, diversity, and inclusion).

Wisdom2Action was founded in 2011 as the Children and Youth in Challenging Contexts Network at Dalhousie University through the federal government's Networks of Centres of Excellence Knowledge Mobilization program. In 2018, Wisdom2Action incorporated as a social enterprise. As a social enterprise, we work with non-profits, health and social services, governments and other organizations to facilitate change and strengthen communities.

RBC Future Launch is dedicated to empowering the youth of today, for the jobs of tomorrow. To achieve this, RBC Future Launch is focusing on four opportunities to help youth: get work experience, grow their network, gain new skills, and enhance their mental well-being. RBC has committed to investing \$500 million in Future Launch projects over ten years.



**RBC Future Launch**

# Why Youth Mental Health Apps? Why Now?

The current generation of Canadian youth is the most technologically savvy yet. Young Canadians are growing up with phones in their hands and apps just a finger-press away. Many young Canadians are also struggling with mental health problems. Despite steps in the right direction, many young Canadians remain unable to find the mental health care and support that they need. Mental health apps present a unique opportunity to positively impact the mental health and well-being of young people across Canada. Many young people and adults already use mental health apps each and every day for a range of purposes – mood tracking, breathing exercises, reminders to take medication and more.

While mental health apps can have a positive impact on your well-being, the app marketplace is home to tens of thousands of apps that could be described as “related to mental health”, and there is no effective tool to ascertain which app is right for which young person or family, nor to determine the clinical effectiveness, inclusivity, contextual applicability or ‘fit’ for young people with different mental health problems or from different identities, communities or experiences.

Youth mental health apps are not the solution to all the issues in the youth mental health sector, nor will they be the right intervention for all young people. Apps do not work in all contexts, for all needs, or for all kinds of people. However, they are an effective solution for many. There are clinically sound apps that can help youth maintain their everyday mental health, others that can guide youth through clinician interventions, and still others that support specific activities, like mood tracking, anxiety management, or deep breathing.

In short, there are young people across Canada already using apps for their mental health, some of which have demonstrated clinical effectiveness, but many of which have not. Many young people, families and service providers have more questions than answers about youth mental health apps. Many are hesitant to use apps due to privacy, efficacy and health concerns. Others simply do not know they exist, or that they might be a viable option. With thousands of apps to choose from, and no effective means to assess which apps might be the right fit, young people, families



and service providers are stuck unable to use interventions that could make a world of difference.

RBC Future Launch and Wisdom2Action launched this project to better understand the ‘fit’ of a Canadian Youth Mental Health Apps database. We sought not only to understand if such an intervention would be viable and impactful in Canada, but to understand the landscape of youth mental health apps, and what diverse young people, families and service providers would need to see within a YMHA database for it to be a success.

This report outlines key findings from our stakeholder, youth, family and service provider engagement efforts, and identified recommendations essential to the success of a Youth Mental Health Apps database in Canada.

# Project Background

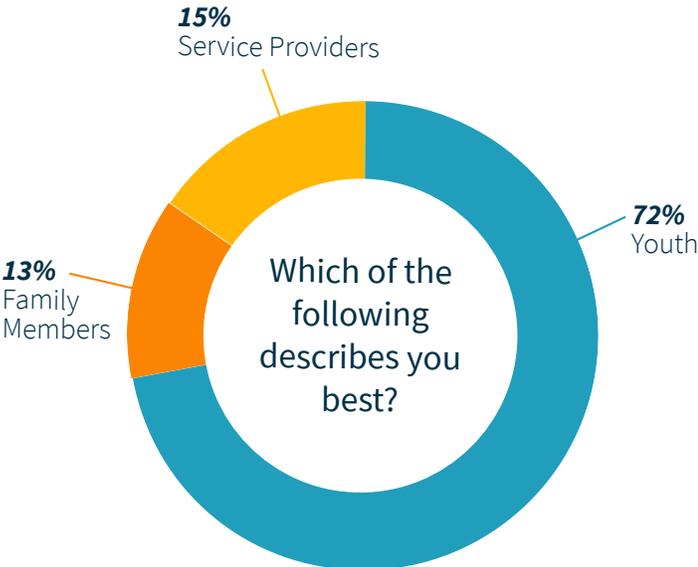
Mental health apps are a growing field with much potential to support youth mental wellbeing. However, this field is largely unregulated, and it is difficult to find out which apps are high-quality, or which are appropriate for a specific person in a specific situation.

In November 2020, Wisdom2Action was contracted by RBC Future Launch to lead a series of consultations to discover the needs and preferences of Canadians pertaining to a youth mental health apps database. The goal of the project was to determine what both the design and substance of an appealing, user-friendly database should be, including look and feel, key features, and organizational backing.

# Methodology

To determine the needs and preferences of Canadians when it comes to a youth mental health apps database, we conducted a series of consultations with different stakeholder groups. Some of these took the form of focus groups and others as key informant interviews, depending on participants' preferences. We consulted with youth, service providers, and parents/caregivers of youth. In addition to our general consultation, which was open to participants of all racial/ethnic backgrounds, we conducted closed focus groups for Black, Indigenous, and people of colour (BIPOC) participants in order to centre BIPOC experiences of mental health and allow for free discussion. Key informants were identified with an eye to highlighting equity-based considerations and capturing different intersectional needs and lived experiences, using a combination of insight from the Steering Committee and outreach to key sectors, organizations, and communities. Overall, we held 7 focus groups: 5 with youth (2 open to all youth, 2 specifically for BIPOC youth, 1 with our Youth Advisory Council), and 2 with parents and caregivers of youth (1 open to all parents and caregivers, 1 specifically for BIPOC parents and caregivers). We also held 31 additional one-on-one interviews with key informants: 28 with service providers, and 3 with parents/caregivers of youth.

We also created a bilingual online survey to hear from even more Canadian youth, parents/caregivers, and service providers on their needs and preferences for this database. We publicized the survey via social media and through our partner networks. Overall, the survey received 112 total responses (80 youth, 14 parents/caregivers, and 18 service providers).



The process was guided by two key committees. The first was a Steering Committee made up of representatives from key mental health and youth organizations identified in collaboration with RBC Future Launch. The Steering Committee advised on key changes and developments in the sector, and provided valuable perspectives informed by both professional and personal experiences regarding key features of a Youth Mental Health Apps Database.

## **The Steering Committee Included Representatives From:**

- Mental Health Commission of Canada
- Knowledge Institute on Child and Youth Mental Health and Addictions (formerly Centre of Excellence for Child and Youth Mental Health)
- Access Open Minds
- FRAYME
- The Royal Mental Health Centre
- School Mental Health Ontario
- Children’s Mental Health Ontario
- Jack.org
- LGBT Youth Line
- Foundry BC
- Black Health Alliance
- Kids Help Phone
- Humanov-is
- Youth Wellness Hubs Ontario

Additionally, university-based researchers, a parent/caregiver representative and youth representatives were involved in the Steering Committee.

As well, we convened a Youth Advisory Council, which included 8 youth from across Canada. Young people between the ages of 16 and 24 were eligible to join the committee, and the application form was shared with youth across Canada through steering committee members and partner organizations. The selection process included a review of applications received, screening to ensure a diverse representation of youth in Canada, and a brief interview process conducted by the Wisdom2Action team. The Youth Advisory Council proved invaluable throughout the project--youth were involved in co-creation of outreach, survey and focus group questions and data analysis.

We convened these groups monthly throughout the consultations process to engage in co-design and co-analysis, seeking their feedback and insights on interview questions, initial findings, database developer options, host organization selection process, and more.

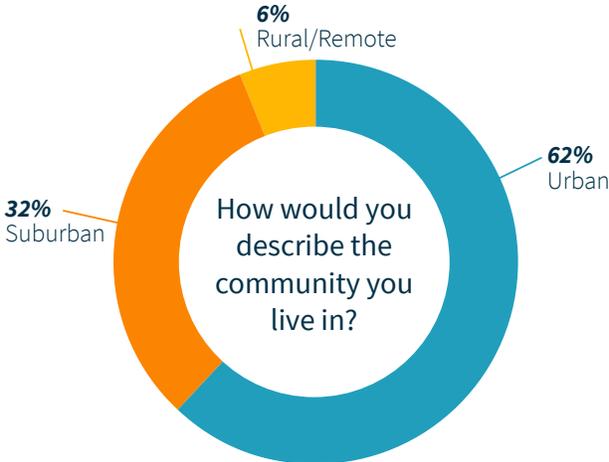
It is important to note that our data collection process had several limitations. First and foremost, the fact that participants for the survey, key informant interviews, and focus groups were recruited via convenience sample means that these findings cannot be taken to be representative of the entire population. As well, the number of respondents also limits the extent to which we can generalize these findings. Finally, while we did receive responses from every province and territory, certain provinces had much higher numbers of survey participants. Future consultation processes should focus on soliciting higher numbers of responses from underrepresented regions in order to gain a more comprehensive picture of needs and preferences across the country for a youth mental health apps database.

# Demographic Overview

To ensure an inclusive and equitable approach and recognizing the importance of a database the meaningfully engages with and responds to the unique needs of diverse young people and their families, Wisdom2Action collected demographic information on survey participants. By collecting precise demographic information, Wisdom2Action was able to analyze findings to highlight key considerations from different communities, and thereby ensure a future Canadian youth mental health apps database responds to the unique needs of young people and families from diverse identities.

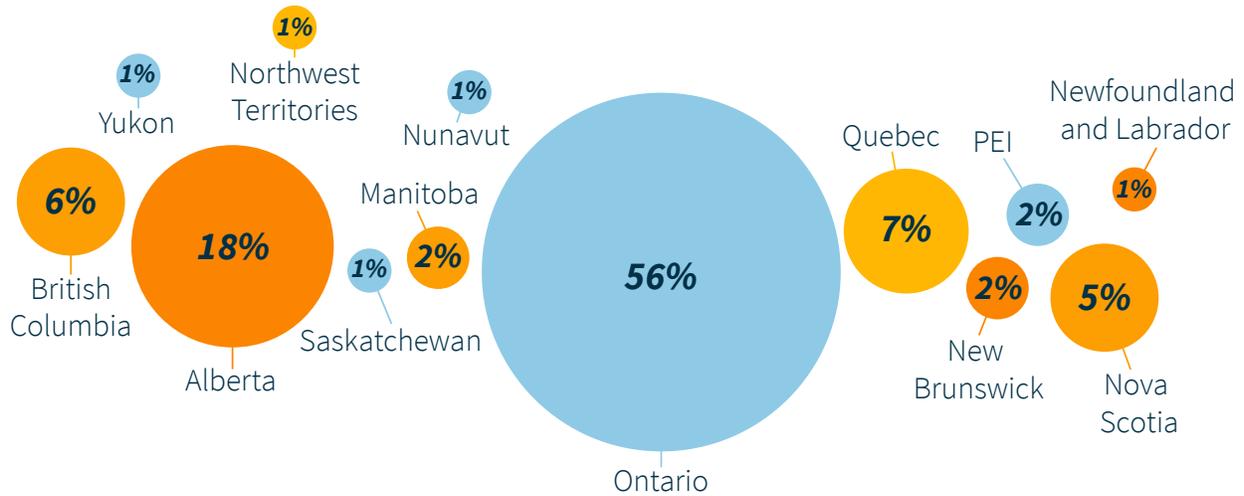
While focus group and key informants were not asked to provide demographic information, Wisdom2Action and RBC Future Launch worked alongside the Youth Advisory Committee and Steering Committee to ensure outreach to diverse communities, organizations, families and young people. Distinct engagement efforts were undertaken to ensure meaningful engagement with Black, Indigenous and otherwise racialized youth, providers and families.

The demographic breakdown of survey respondents is included below for your consideration.

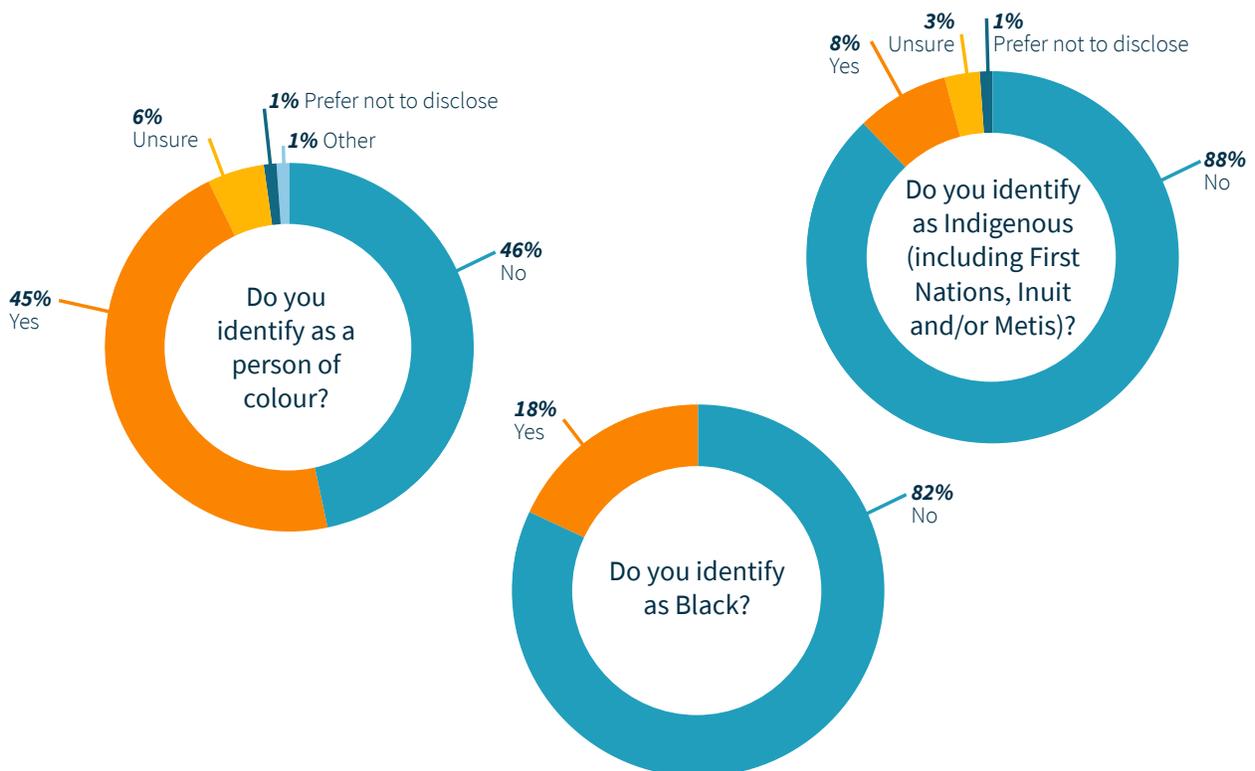


63% of respondents lived in urban communities, 31% in suburban communities, and 6% in rural or remote communities.

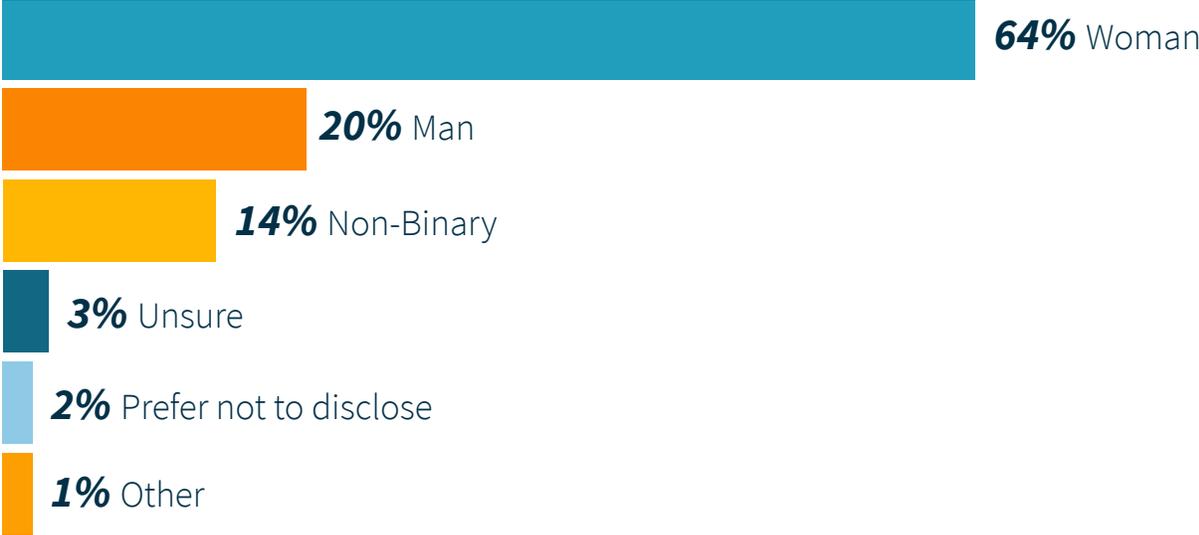
We received responses from every province and territory in Canada. We received the most responses from Ontario, followed by Alberta, Quebec, Nova Scotia, and British Columbia.



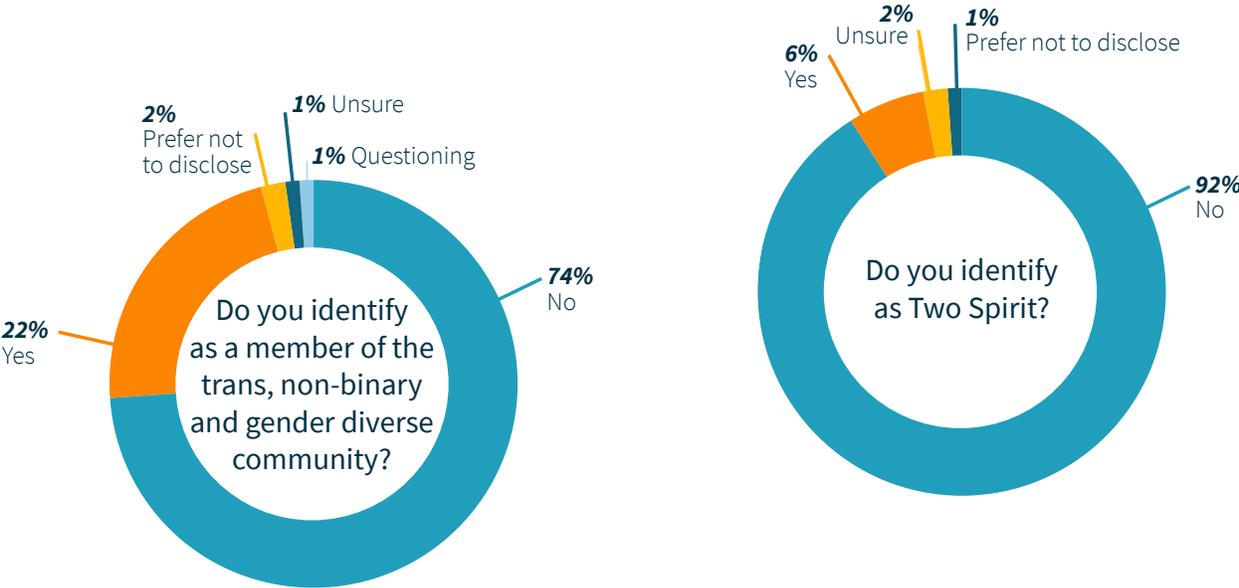
When asked their race/ethnicity, 45% identified as people of colour (and 19% as Black, 8% as Indigenous), while 46% did not, 5% were unsure, and 2% preferred not to say.



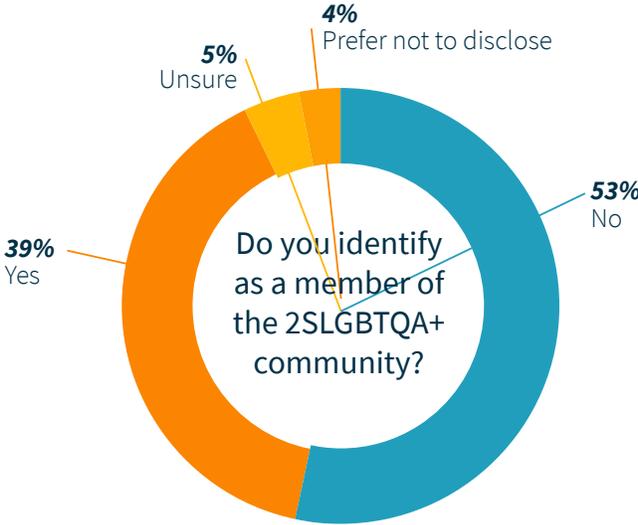
Out of all respondents, 63% were women, 20% were men, 14% were non-binary, 3% wrote in another gender option, 2% were unsure of their gender, and 2% preferred not to disclose.



Participants were also asked if they identified as trans—to which 23% said yes, 74% no, 2% preferred not to disclose, and 2% were unsure or questioning--and as Two Spirit--to which 6% said yes, 91% no, 2% were unsure, and 1% preferred not to disclose.



Finally, when asked if they identified as members of the 2SLGBTQA+ community, 38% said yes, 55% no, 5% were unsure, and 3% preferred not to disclose.



# Findings

## General Findings

Following an analysis of our focus group, key informant interview and survey data, we have identified the following findings pertaining to a Youth Mental Health Apps Database. These reflect key learnings from conversation with youth, service providers and families, and include findings from both general and BIPOC-focused engagement efforts.

### **Finding 1: Mental health apps are one of many needed interventions**

While mental health apps can have many benefits, our consultations also underscored the fact that mental health apps are not a “silver bullet” that will work on their own in all situations. Many participants in all groups discussed how mental health apps work best as part of a continuum of care, and alongside greater investment in more direct and acute mental health services.

### **Finding 2: There is a broad spectrum of needs when it comes to mental health apps**

Overwhelmingly, participants discussed how the field of mental health apps is very broad. For instance, what someone will need during a crisis is not the same as what they will need to keep up with daily meditations. As well, it is not clear what “counts” as a mental health app--participants brought up a variety of apps that might contribute positively an individual’s mental wellbeing but may not be considered as “mental health apps,” including mindfulness apps, sleep apps, habit trackers, gratitude journals, soothing games, and social media or chat apps when used for mental health support and learning.

### **Finding 3: There are many common issues with mental health apps**

Participants repeatedly brought up several of the same issues they had experienced with mental health apps. Many noted that a lot of apps give general information or are not clear on what they are for, and are not specific enough to be helpful. Some apps are badly designed and hard to navigate, which can put people off using them. Some apps have little evidence backing and may prioritize profit over effective interventions (one participant described these apps as “flash over substance”). Some apps cost money upfront or require in-app purchases, which presents financial barriers for many young people and families. And finally, many apps ask users to select their gender during set-up and only offer “Male” and “Female” as options, which can be alienating to those whose genders do not fit neatly within this binary.

### **Finding 4: Stigma could be a barrier**

Many participants discussed how mental health stigma may stop some young people from using apps. Stigma may make young people reluctant to seek out apps or ask for recommendations from people they know. Stigma also intersects with privacy concerns; young people may not be comfortable with their parents or friends seeing the apps they are using, or with asking parents for money to purchase paid mental health apps.

### **Finding 5: Accessibility is a priority, and means different things to different people**

Participants identified a variety of ways in which mental health apps should be accessible to different audiences. Participants discussed multiple disability-related accessibility needs, including screen reader compatibility, adjustable font size, and clear UX design. Many participants stressed the importance of making apps available in multiple languages. Others noted that apps that are available offline can be more accessible to youth in rural/remote areas and without reliable internet access than apps that require an ongoing internet connection. It was also clear from this consultation that any cost to an app, either an upfront cost or in-app purchases, makes that app significantly less accessible than free apps. Finally, many felt that apps should have simple interfaces that are intuitive to people with lower levels of tech literacy.

## **Finding 6: People have privacy concerns about mental health apps**

Across the board, but especially from parents and service providers, participants had privacy concerns around apps, including how much data they were collecting, how it was stored, and what it was being used for. Participants were concerned about app users being marketed to based on their behaviour in an app, and about personal information being insecure and vulnerable to hackers.

## **Finding 7: Trustworthiness comes from transparency and legitimacy**

All groups consulted had similar feelings about what would give a mental health apps database legitimacy or make them trust it: information on who funded the database, affiliation with a trusted organization, and information about the evidence base behind the database and the apps. When probed on what qualities as a “trusted” host organization, participants generally identified that it would be a non-profit or government agency, that it would be already well-known in the youth mental health space, and that it would have clear accountability processes in place.

## **Finding 8: The database should be promoted by trusted youth-serving organizations and services**

Two communications ideas emerged equally from all groups consulted: putting out information through schools or school boards, and having promotional materials about the database in health, community, and social services that serve youth.

## **Finding 9: People want mental health apps that speak to particular cultural contexts**

Participants discussed the need for apps that would reflect themselves and their friends and communities, with many mentioning previous negative experiences they or their clients had had with apps that did not speak to their particular cultural context and seemed to be assuming a default target audience of white, cisgender, heterosexual, and/or non-disabled youth. They had a variety of suggestions for culturally specific app filters or desires for culturally specific apps in general.

### **Culturally-Specific App Suggestions:**

- Apps grounded in Indigenous ways of knowing (without generalizing/collapsing distinctions between different Indigenous cultures)
- Apps geared towards different racial/ethnic communities
- Apps providing support on dealing with experiences of systemic oppression, such as racist microaggressions, and apps that understood that some mental health struggles have societal, as opposed to individual, causes and solutions
- Apps grounded in specific religious traditions
- Apps geared towards newcomers and refugees
- Apps geared towards 2SLGBTQ+ communities, and/or a filter for “2SLGBTQ+ • Approved” apps that meet certain criteria, such as not asking people to choose between Male and Female gender options during registration

## **Finding 10: A user-friendly design is essential to make people use the database**

An ideal interface is attractive, neat, and modern-looking. It is available in many languages, not just English and French. As well, an ideal interface is equally accessible through desktop and mobile browsers. Finally, an ideal interface is user-friendly, including using youth-friendly language and providing clear instructions. Some elements to avoid include a user interface that is difficult to navigate, that looks out of date, or that uses highly clinical or academic language.

## **Finding 11: Filters should allow users to narrow results by relevancy, access need, and more**

While different groups identified different filter priorities, there was broad agreement on desired filters across all groups consulted.

### **Commonly-Desired Search Filters:**

- Specific mental health issue, either by diagnosis and/or by symptom
- Specific therapeutic modalities, such as DBT, ACT, etc.
- Level of urgency (crisis support vs clinical monitoring vs. wellness)
- Location, in order to find local or province/territory specific resources
- Ads vs. ad-free
- Cost: free, paid, in-app purchases, free trial followed by paid subscription
- Requires internet connection vs. offline access
- Age ranges within the broad category of “youth”
- Language (beyond just English and French)
- Accessibility features, e.g. screen reader compatibility, epilepsy-friendly, etc
- Privacy/data security

## **Finding 12: Different groups are more likely to find apps in different ways**

When youth were asked how they searched for apps, their most common response was their phone's app store, followed by word of mouth, followed by internet searches. Conversely, when service providers were asked how they searched for apps or how youth might search for apps, they largely said internet searches or lists on the websites of trusted organizations.

## Findings Specific to BIPOC-Focused Consultations

In order to specifically capture the needs and perspectives of Black communities, Indigenous communities, and other communities of colour, we conducted consultations specifically with BIPOC youth, service providers, and parents/caregivers of youth. The following themes emerged from these consultations in particular.

### **Finding 13: Equity and culturally-specific mental health needs are not being addressed by mental health apps**

Overwhelmingly, participants in our BIPOC-focused consultations discussed the lack of attention in the mental health app space to equity and culturally-specific mental health needs. Specifically, participants noted that visuals in apps often depict mostly white people, that apps are often based around an implicitly white-centric “Western” model of mental health with few apps created by and for BIPOC communities, and that user testing needs to happen in different BIPOC communities.

### **Finding 14: Indigenous youth need apps to meet their needs**

Apps need to be culturally appropriate for Indigenous youth. This means apps that take into account different Indigenous ways of knowing and approaches to mental health and wellbeing. It is also important not to take a “pan-Indigenous” approach and assume that all Indigenous youth have the same culture or need the same things; different Indigenous nations have different cultural knowledge, experiences and histories, and are often reduced to single stories that don’t capture the diversity within and between Indigenous communities.

## **Finding 15: Black youth need apps to meet their needs**

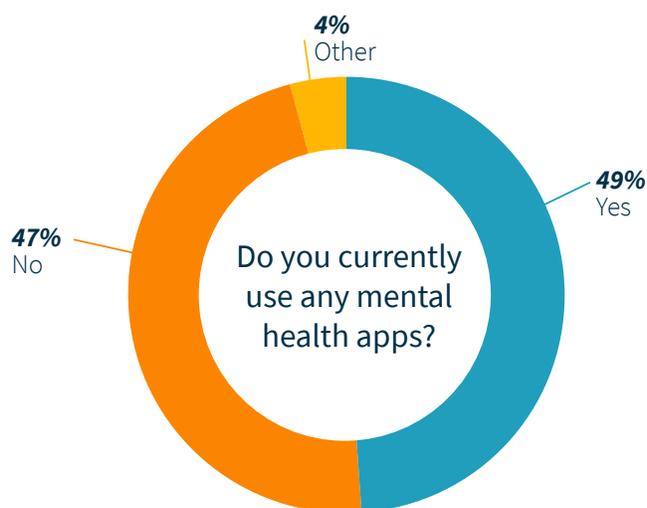
Respondents shared that having Black or Afro-centric apps is important, as it can make Black youth feel seen and understood. At the same time, respondents discussed the importance of making sure any general apps are relevant and accessible to all youth. In other words, respondents broadly agreed that Black youth should be able to choose between Black-specific apps or general apps that are not going to be alienating.

## **Finding 16: Meet people where they are at**

Many BIPOC parents in particular discussed the importance of meeting people where they are at when discussing mental health. For example, respondents emphasized mirroring the language people are using to talk about their experiences, which might differ from the “Western” biomedical model of illness. They also suggested making information on mental health apps and the database available in locations BIPOC communities are already congregating, such as schools, youth spaces, and places of worship.

## Findings Specific to Consultations with Youth

Youth focus group participants had wide-ranging answers when asked about their experiences using mental health apps. Many had used different apps, some they liked and some they didn't, while other youth reported never having used mental health apps before. Numbers from survey findings bear this out: about half (49%) of youth respondents reported that they do use mental health apps, while the other half (48%) don't.



### **Finding 17: Youth want to be engaged in the co-creation and co-implementation of a Youth Mental Health Apps Database**

Youth have a vital perspective for this work, and a strong desire to be meaningfully engaged. Youth who participated in these consultations were enthusiastic about shaping the future of this proposed database, and our Youth Advisory Board proved crucial to understanding how to move the consultation forward in a way that spoke to youth interests and concerns.

### **Finding 18: Youth have “brand recognition” of certain mental health apps**

Compared to other groups consulted, youth were most likely to mention specific apps by name. Most of the apps mentioned were wellness apps as opposed to apps for more acute mental health needs. Calm and Headspace were mentioned many times, and the following apps were also mentioned multiple times in focus groups and survey responses: 7 Cups of Tea, Happify, What's Up?, and MindShift. This indicates that youth are aware of mental health apps, but it is important to note that the apps they were aware of are not necessarily those with the most extensive evidence base, just those that have achieved popularity through marketing and/or word of mouth.

## **Finding 19: Perceptions of trustworthiness are linked to web design for many youth**

When asked about what would make them trust a database, in addition to the points listed in the General Findings section, many youth said clean and modern-looking web design would add legitimacy to the database. Conversely, youth identified design that appeared clunky or out-of-date as a sign that a database was not trustworthy.

## **Finding 20: Promote the database across multiple platforms**

For communications and marketing around the database, youth had a variety of suggestions. This included social media promotions on Instagram and TikTok specifically (it was noted that Facebook ads would not reach Gen Z), ads in podcasts, links to the database on the wellness sections of university syllabi, and interviews with Youth Advisory Council members in campus newspapers.

## Findings Specific to Consultations with Service Providers

Service providers overwhelmingly stressed the importance of evidence-- they want to know whether apps have a clinical basis and demonstrable impact, and are suspicious of apps that do not. In survey findings, a 39% of service providers reported that they use apps in their work with youth, but the majority (61%) currently do not.



### Finding 21: Apps need to be part of a continuum of care

Many service providers discussed how apps need to be part of a continuum of mental health care and support. They noted that currently, there are lots of apps and they are not well-integrated, and emphasized that there needs to be clarity on where apps fit into a stepped care model. It is important that apps don't become one more piece of an overwhelming and fractured landscape of disconnected resources.

### Finding 22: COVID-19 has caused big shifts for the child and youth mental health sector

Many service providers discussed how COVID-19 has changed the mental health landscape in both positive and negative ways. The COVID-19 caused programming to move online, and some youth have responded positively to this and increased service use, while other youth have become more disengaged. This has also pushed service providers to recommend more virtual services and apps to youth, in a way that is more integrated into their ongoing care. COVID-19 has also created challenges—disrupted support networks in young peoples' lives; exacerbated the digital divide, especially in rural/remote communities and for youth experiencing homelessness; and given abusive parents more control over youths' lives, including the apps or other mental health supports they are able to access.

## **Finding 23: Change is difficult for institutions**

Many service providers discussed how it was difficult to make changes in institutional contexts, how service providers would need training on any new procedures, and how there are concerns about ethical implications and legal liability which makes adopting new digital technologies difficult and fraught. To make change happen more smoothly, service providers discussed the importance of ongoing learning opportunities, institutional buy-in, and strong evidence for why a change should be implemented.

## **Finding 24: Service providers have ethical concerns about mental health apps**

Service providers discussed a variety of ethical considerations around mental health apps. Some were concerned that youth could use apps instead of accessing care when they needed it, or relatedly that the wrong resource could hurt someone, especially when they are in crisis. A few service providers also raised concerns about specific app features, such as peer counselling with no oversight or untested AI chatbots. As well, some service providers discussed the reality that apps are largely created by white folks and may not be as relevant or effective for BIPOC youth, which could widen gaps in mental health outcomes.

## **Finding 25: Perceptions of trustworthiness are linked to evidence for most service providers**

When asked about what would make them trust a database, service providers overwhelmingly stressed the need to know if apps were evidence-based and/or following best practices.

## **Finding 26: Promote the database through personal connections**

Service providers suggested a variety of communications and marketing tactics to promote the database, all of which were related to fostering personal relationships or targeted communications to different communities. These included presenting at conferences, influencer marketing, reaching out to youth agencies, working with student unions and university student services departments, and fostering word of mouth sharing--which several service providers said was especially important for rural engagement.

## **Finding 27: Service providers want trauma-informed and harm-reduction based apps**

Several service providers mentioned wanting to know if apps were trauma-informed, and several discussed wanting to know if apps were based in harm reduction models. Both of these questions relate to larger concerns around responsible and ethical use of apps; there is risk to suggesting apps that are not trauma-informed to youth with experiences of trauma, and harm reduction is a vital set of tools for many youth to manage their mental health and/or substance use.

## **Finding 28: Guided questions could be a helpful feature**

Several service providers suggested the landing page of the database be a survey that would ask guided questions and then recommend apps based on the user's answers, as a way to make the database less overwhelming and more usable for people who might not have the language to articulate their needs.

## **Findings Specific to Consultations with Parents and Caregivers**

### **Finding 29: Many parents and caregivers see apps as “impersonal”**

More than other groups, parents and caregivers described mental health apps as “impersonal.” This may indicate a concern that apps cannot provide the warmth or personalized care they want for the young people in their lives.

### **Finding 30: Parents and caregivers are concerned about online safety**

More than other groups, parents and caregivers stressed the importance of online safety and wellbeing when using or recommending apps to youth. Several parents discussed the importance of knowing whether there was a screening process if young people interact with strangers on an app. Others discussed wanting to know if there was moderation if users interact with peers on an app, to prevent cyberbullying.

### **Finding 31: Perceptions of trustworthiness are linked to brand trust for some parents and caregivers**

When asked about what would make them trust a database, in addition to the points listed in the General Findings section, many parents and caregivers reported that an affiliation with a trusted company, such as RBC, would add legitimacy to the database.

### **Finding 32: Parents and caregivers want to understand and support**

Parents and caregivers in focus groups and surveys stressed repeatedly that they would appreciate sections of the database geared towards them, to give them the tools and information they needed to understand what the youth in their lives were going through and what they needed.

# Recommendations

Based on the findings identified through consultation with youth, families, and service providers, synthesized and reviewed alongside the Youth Advisory Committee and Steering Committee, Wisdom2Action has identified the following 12 recommendations that are essential for the success of a Youth Mental Health Apps Database that responds to the diverse needs and experiences of youth, families and service providers across Canada.

## **Recommendation 1: Deep and Sustained Youth, Family and Community Engagement**

Youth, families and broader communities should be meaningfully engaged in the co-creation and co-design of the Youth Mental Health Apps Database. Through youth and family engagement structures, such as dedicated advisory committees, representation on key decision-making bodies and other means, both youth and families should be involved in every aspect of the Youth Mental Health Apps Database.

In recognition of the importance of an equity-based approach, and to ensure the database responds to the unique needs of diverse communities, the Youth Mental Health Apps Database should be built on active and reciprocal engagement with newcomer communities, Black and Indigenous communities, otherwise racialized communities, 2SLGBTQ+ communities, and rural communities. A successful Youth Mental Health Apps Database should embed engagement with these communities throughout, and through diverse means, including partnerships with community-based organizations and community-specific advisory committees.

The success of a youth mental health apps database is dependent upon co-creation and co-implementation alongside key stakeholder groups, particularly youth and families. Engagement and co-creation with diverse communities is equally integral to the success of the database.

## **Recommendation 2: An Informed-Choice Model**

A Youth Mental Health Apps Database should recognize young people and families have diverse needs, and that each young person or family member will have different goals when utilizing an app. Rather than recommend the ‘best’ app, the database should support young people and families to make informed choices about their apps.

While the database should include an evidence baseline, to ensure that all apps included on the database have some degree of demonstrated positive impact, and cause no harm, the ultimate objective of the database should be to equip young people and families to find the app that best meets their unique situation and needs, rather than the app with the highest degree of evidence.

## **Recommendation 3: Search Features that Respond to Diverse Needs**

Recognizing the diverse experiences and needs of young people and their families, a Youth Mental Health Apps database should prioritize searchability and empower users to identify key criteria for the app they are looking for from a range of options.

Acknowledging that the use of a wide range of filters may significantly limit available options, the search engine should enable users to broaden their search if the available options are insufficient.

The identified search functions below are not exhaustive, but are reflective of key features identified by young people, families and service providers. The implementation of a Youth Mental Health Apps Database should include ongoing consultation to further refine and define these functions.

## Suggested Search Filters:

- **Age Range:** In order to ensure apps are age-appropriate, the database should include filter options based on different age ranges, including early teens (13-16), late teens (17-19) and young adult (19-24).
- **Cost:** The database should provide filter options to distinguish between free and paid apps, as well as free apps with 'in app' purchases.
- **Level of Evidence:** To be refined alongside pertinent clinicians and researchers, this filter option should assess the quality of evidence on the practices embedded within the app, and/or the app itself.
- **App Type:** This filter option should include key features and functions of apps, such as gamification, journaling, medication schedules, and others.
- **General Mental Health Issue:** This search category should help users identify the specific mental health issue they are seeking support with (i.e., depression, anxiety, BPD, bipolar disorder, OCD, etc).
- **Symptoms/Issues:** This search feature should enable users to identify symptoms or behavioral issues, such as panic attacks, trouble sleeping, negative thinking, or lack of motivation, and find apps that touch on those topics.
- **Clinical versus Wellness:** This filter option would distinguish between apps with rigorous clinical practices versus more generalized wellness and mental health maintenance apps.
- **Language:** This filter should allow users to find apps in English, French and other pertinent languages.
- **Data Sharing and Privacy:** This filter should allow users to sort by quality of data and privacy protection embedded within the app.
- **Intended Audience:** This filter should enable key audiences – youth, families, and service providers - to find apps that meet their needs and contexts. An audience filter would enable targeted messaging at distinct audiences based on their goals and needs while using the database.

## **Recommendation 4: Clinical Rigor and Evidence Baseline**

There is a wide and growing range of mental health apps available for children and youth in Canada. Available apps include general wellness apps, educational apps, peer support apps, and apps with more rigorous clinical components. Among children, youth and service providers, there is insufficient knowledge about mental health apps. Many apps available for children and youth are not supported by clinical evidence, and some may in fact cause harm. A Youth Mental Health Apps Database should establish a clear evidence baseline, building on existing research efforts to assess the clinical efficacy of mental health apps. Apps that fail to meet the evidence baseline should not be included on the database. Within those apps that meet the minimum threshold, users should be able to search based on quality of clinical evidence.

The implementation of a Youth Mental Health Apps Database should consider a separate section dedicated to apps that failed to meet the minimum evidence threshold. By including information about these apps, and why they did not meet the threshold, parents, family members and providers would know which apps are best avoided, or if apps already in use in their lives may not in fact be recommended.

## **Recommendation 5: Built with Equity from Day One**

Given the diverse needs of young people, and the diverse ways in which race, gender, sexuality, class, ability, rurality and culture shape both experiences of mental health and mental health-related needs, a Youth Mental Health Apps database should be built with equity and inclusion integrated into every aspect, and at every level.

While this is not an exhaustive list, particularly consideration and engagement should be undertaken to ensure the database reflects the needs of 2SLGBTQ+ youth and families, Black youth and families, Indigenous youth and families, racialized youth and families, newcomer and refugee youth and families, and rural youth and families.

### **Key considerations for equity-based implementation:**

- Availability in multiple languages, beyond English and French, and including Indigenous languages.
- Search functions that enable users to screen for equity and inclusion of particular communities within the apps available to them.
- Use of non-Western and non-medical language, terms and concepts to ensure applicability to a wide range of audiences.
- Engagement with diverse people with lived experiences, including racialized, newcomer and refugee young people and family members, on relevant advisory and decision making tables.
- Partnerships with community-specific organizations to support design and implementation, alongside outreach and engagement efforts undertaken in partnership with their respective communities.
- Clear feedback processes to identify concerns with equity in particular apps and within the Youth Mental Health Apps database itself.

## **Recommendation 6: Integrated into Youth Mental Health Sector Infrastructure**

Clear pathways to care, wrap-around supports and integrated services are essential to effective care for children and youth within the Canadian youth mental health sector. A Youth Mental Health Apps Database should be developed with integration and collaboration as central tenets. The use of mental health apps as a component of treatment or wellness promotion must, if and when able, integrate into the existing service infrastructure, such that apps become an additional tool available to young people, families and service providers.

In order to achieve this, the database host should undertake education, capacity building and knowledge sharing activities with pertinent mental health service providers, and in partnership with provincial and/or regional mental health organizations. Through co-implementation, the database can build the capacity, trust and confidence of service providers to effectively use both the Youth Mental Health Apps database, and mental health apps, within their practice.

Implementation of the database should also consider portability and adaptability. If possible, empowering local youth mental health organizations to add versions of the database onto their own websites and other applicable platforms, with filters adjusted to their local context.

## **Recommendation 7: Hosted by a Trusted Organization with Brand Recognition and Clinical Expertise**

Trust and credibility are central to the success of a Youth Mental Health Apps database. Youth, families and providers emphasized the importance of a database hosted by a mental health charity or non-profit organization. In particular, stakeholders emphasized the importance of an organization with experience in care provision, with a deep commitment to family and youth engagement, and rigorously understanding and use of evidence-based practices.

Additionally, stakeholders recommended the database be hosted by an organization with a national brand and experience mobilizing new interventions on a national scale alongside regional and local partners. Leveraging existing name recognition, credibility and trust were cited as integral to the initial success and uptake of the database.

## **Recommendation 8: Modern and Streamlined Interface and Design**

A compelling and modern design and a streamlined user interface are essential to the success of a Youth Mental Health Apps Database. Users should be able to navigate between different sections of the database, add and remove filters and find more information with ease. Families, caregivers and service providers should equally be able to find family and provider specific information and resources with ease.

The use of various web features to facilitate ease of access, such as guided questions rather than search filters, and distinct sections with information that is particularly pertinent to providers or families, should be made available. In particular, the database should be easily viewable and usable across all screen sizes and formats, and align with the highest standards of web accessibility.

## **Recommendation 9: Integrated with Knowledge Sharing, Capacity Building and Implementation Support**

Many service providers and family members are hesitant about the use of mental health apps, and service providers are unsure of how these apps can, or if they should, be integrated into their practice. Insufficient knowledge and capacity limit the potential positive impact of mental health apps. Addressing the capacity, confidence and trust issues are integral to ensure the database meets the needs of service providers and family members, as well as young people.

The implementation of a Youth Mental Health Apps Database should be accompanied by a suite of resources, evidence briefs, information pamphlets and guides, targeted at different audiences and different issues - including the database itself, key information to know and look for in mental health apps, and other topics.

The rollout of the database should include learning and knowledge sharing events, alongside robust implementation support, made available to local and regional organizations, to support the effective integration of the database into localized contexts and service infrastructure. Ongoing efforts should be dedicated to education, knowledge sharing and implementation support beyond the initial rollout.

## **Recommendation 10: Access to Crisis Support Services If and When Needed**

Mental health is an urgent concern for many young people and families. While all precautions should be taken to ensure the safety and well-being of young people using the database, some young people may be in crisis while accessing the platform. As such, the database should include information about pertinent emergency resources, including 24/7 virtual and phone support that a young person may access from anywhere in Canada.

If possible, the database should consider integration with virtual care platforms, to ensure availability of additional services if a young person is in need of immediate care.

## **Recommendation 11: Youth and Families Engaged in Specific App Review Processes**

While it is important to embed meaningful youth and family engagement throughout database design and implementation, these perspectives are equally essential in the review of specific apps. In order to ensure youth and family perspectives, knowledge and expertise is embedded at the very core of the database, youth and families, alongside clinical and research experts, should be included in the review of specific apps.

## **Recommendation 12: A Critical Voice in the App Development Space**

Becoming a trusted repository of youth mental health apps means the organizations involved in creating and maintaining this database will be able to clearly identify gaps in the app development space. If the database reveals that there is a lack of apps built around certain cultural contexts, or certain therapeutic modalities, or certain life experiences, database administrators will be in a unique position to publicize these gaps and make concrete recommendations to increase diversity in the youth mental health apps sector.

# Envisioning for the Future: Where do we go from here?

Wisdom2Action and RBC Future Launch collaborated on this initiative to better understand the landscape in youth mental health apps, the viability of a Youth Mental Health Apps database, and key considerations and needs for diverse Canadian youth, families and service providers.

Over the course of this project, we heard from youth, families and service providers across Canada who highlighted the need for just such an intervention. We heard from young people, who wanted to better understand the apps they use, and find apps that more closely match what they need, and families, who wanted to better understand the apps their youth are using, to understand evidence, privacy and data considerations. We heard from service providers, who want to be able to recommend clinically sound apps to the youth they work with.

Every step of the way, we heard the need for a youth mental health apps database co-created, co-designed and co-implemented by young people, families and service providers, with a deep commitment to social justice and anti-oppression. We heard too that such a database must be accompanied by education and knowledge mobilization – that we need more evidence on and resources pertaining to youth mental health apps, so that youth, families, and providers can make more informed decisions and better understand the apps they are using or recommending.

Millions of young Canadians already use apps every day. Some are already using mental health apps. Youth mental health apps are a new technological opportunity, if leveraged successfully, to improve youth mental health and wellbeing in Canada. The case is clear for a Canadian Youth Mental Health Apps Database.

# Appendix 1: Youth Focus Group Guide

1. Land Acknowledgement
2. Introducing the W2A Team
3. About Wisdom2Action
4. Please introduce yourself with your: Name, Pronouns, Geographic location, One thing about you (work, school, interest, etc.)
5. Housekeeping/Group Agreements
6. Project Background
  - a. There are a number of mental health apps available to young people across Canada.
  - b. There are not enough independent and evidence-based evaluation (assessment) taking place to check the scientific performance of most youth mental health apps (YMHA).
  - c. There are only a few ways available to check the effectiveness of YMHA.
  - d. Families, service providers and young people continue to struggle to find apps that can be effectively used to improve young peoples' mental health and well-being.
  - e. Databases have been developed in other countries to help families, service providers and young people find the youth mental health apps they need.
  - f. We have an opportunity to create a Canadian database – but we need to connect with key communities and audiences to make sure we do this right – and that we create something that works for everyone who needs it.
  - g. And there's exactly where you come in.
7. Let's Begin With Mental Health Apps
  - a. Do you / have you used mental health apps?
  - b. What are some popular mental health apps?
8. Getting to Know You
  - a. What has your experience been using mental health apps?
  - b. What do you like/not like in the apps you've seen?
  - c. If you haven't used mental health apps: IWhy? What has your experience been?
9. Finding Mental Health Apps
  - a. If you're looking for mental health apps, how would you likely search or

discover them?

b. What do you look for when making a decision about using an app? How do you decide if you should download it? How do you decide if it's safe?

c. Have you had any issues finding or using mental health apps? Anything that would have been helpful to know before downloading a mental health app?

10. Exploring US and UK databases

11. Designing a Canadian Database: What filters would you like to search on a mental health app database?

12. Building Trust & Getting it out there

a. How would a new YMHA database gain your trust? What would make you feel confident about using a Canadian YMHA database?

b. How do you usually hear about new things?

c. Why would you want to share a YMHA database to your friend group? How can we help?

13. Equity, Tech and Mental Health

a. Creating a virtual database for YMHA is an opportunity to create something new that does justice to the needs and experiences of BIPOC communities. Consider the identities and experiences you hold, what are some of the challenges or barriers that should be considered when developing a mental health app database?

b. What does your YMHA database look like?

14. Thank you!

# Appendix 2: Key Informant Interview Guides

## Service Providers

Introductions: Hello, my name is \_\_\_\_\_ and I am a \_\_\_\_\_ with Wisdom2Action Consulting Ltd.

Context Setting:

Thank you for taking the time to speak with me today. Before we get into the questions, I want to take a moment to provide an overview of the project, and ensure we're both clear on how the notes from this conversation will be used.

Provide Project Overview

Privacy and Confidentiality: No identifiable data collected during this interview will be shared or made public. All data will be de-identified and anonymized to ensure participant confidentiality. You have the right to cease participation at any time. Participation is entirely voluntary and optional. You have the right to request that your contributions to this project be removed, within a period of up to two weeks (14 days) following this call, and all data collected during this conversation will be destroyed. Preliminary questions related to your name, place of employment and role are collected for internal use only.

Preliminary Questions

- What is your name?
- What organization do you work for?
- What is your role within said organization?
- What is the age range of the youth served in your organization (if applicable)
- What province do you live in?

Interview Questions

- Do you currently use mental health apps in your work with youth? Why or why not?
- What are your sources of uncertainty or anxiety related to youth mental health apps?

- If you were considering recommending an app to a young person, what information would you want to know about the app first?
- What would you want to see in a youth mental health apps database in order to trust it, and find it useful in your everyday practice?
- What kinds of search criteria would you want to see on a youth mental health apps database?
- How can we help make sure apps are integrated into our youth mental health services and sector? How can we make sure apps are a part of, rather than entirely separate from, in-person services?
- How can we ensure this app database is utilized in communities across Canada?
- Do you have any additional comments you would like to share at this time?

# Parents/Caregivers

Introductions: Hello, my name is \_\_\_\_ and I am a \_\_\_\_ with Wisdom2Action Consulting Ltd.

Context Setting:

Thank you for taking the time to speak with me today. Before we get into the questions, I want to take a moment to provide an overview of the project, and ensure we're both clear on how the notes from this conversation will be used.

Provide Project Overview

Privacy and Confidentiality: No identifiable data collected during this interview will be shared or made public. All data will be de-identified and anonymized to ensure participant confidentiality. You have the right to cease participation at any time. Participation is entirely voluntary and optional. You have the right to request that your contributions to this project be removed, within a period of up to two weeks (14 days) following this call, and all data collected during this conversation will be destroyed. Preliminary questions related to your name, place of employment and role are collected for internal use only.

Preliminary Questions

- What is your name?
- How old are your child(ren)?
- What province do you live in?

Interview Questions

- Impression of youth mental health apps?
- Do you or your family currently use any mental health apps? Why/why not?
- What would you as a parent want to be able to know about the apps your youth might be using?
- What kinds of filters do you want to be able to search for?
- How can we effectively reach parents with a YMHA database?
- Do you have any additional comments you would like to share at this time?

# Appendix 3: Text of Survey

Exploring a Youth Mental Health Apps Database in Canada

## Overview

Wisdom2Action and RBC Future Launch are working together to explore the implementation of a Canadian youth mental health apps database. Such a database would allow youth, families and service providers to use a virtual platform to search for and find apps that meet their unique needs.

As a key part of this process, we need to connect with youth, families and service providers to better understand what they would want to see in a Canadian database. We need to explore what criteria matters most when looking for an app, how to ensure the database is relevant to youth, families and service providers, and other key questions to inform a database that truly meets the diverse needs of young people and communities across Canada.

What do we mean by a ‘youth mental health apps database’?

There are tons of mental health apps out there, created by all sorts of people and organizations. It can be hard to find information about different apps, or to find the specific kind of apps you’re looking for. A database would help with that. Through a database, we would be able to identify and evaluate youth mental health apps, and help you search for one that works.

At the end of the day, our objective is to help young people, families and service providers find the apps that work for them, through a virtual database. Our intention is not to endorse specific apps, but to help people identify apps that meet their needs.

Where do you come in?

As a young person, family member, caregiver or service provider, you have a unique and important perspective on what you want and need from a youth mental health apps database. By sharing your thoughts, ideas and priorities, you are helping us build a database that is truly reflective, relevant and useful to all.

## Privacy and Anonymity

All personal or identifiable information provided throughout this survey will be kept confidential. All responses will be anonymized. You have the right to cease your participation at any time.

## Contact Us

If you have any questions or concerns about this initiative, please do not hesitate to contact our project lead, Fae Johnstone, at [fae@wisdom2action.org](mailto:fae@wisdom2action.org). For additional project information, please review the appropriate page on our website: [www.wisdom2action.org/YMHA](http://www.wisdom2action.org/YMHA)

Which of the following describe you best?

Service provider (Go to Service Provider section)

Youth (15-29) (Go to Youth section)

Family member/caregiver (Go to Family and Caregiver section)

# Youth Survey

Do you currently use any mental health apps?

If you answered yes to the previous question, why do you use mental health apps?  
If you answered no, why don't you use mental health apps?

What information do you want to know when you're choosing a mental health app?  
What do you look for?

What helps you decide whether or not you will use a particular mental health app?  
What factors influence your decision?

If you were helping create a youth mental health apps database, what key criteria would you want to be able to filter by? Please rate the following criteria by degree of importance to you.

1. Age (i.e., what is the target age of the app)
2. Clinical support (i.e., is there clinical support provided by an individual through the app)
3. Cost (i.e., if it is free, has a cost, or has in-app purchases)
4. Co-created with youth (i.e., youth were involved in developing the app)
5. Type of mental health issue the app addresses (i.e., stress, anxiety, depression, etc.)
6. Evidence-based (i.e., if there is scientific evidence that the app does what it says it does)
7. Inclusivity (i.e., is the app inclusive of particular communities, such as 2SLGBTQ+ youth or racialized youth)

Please rate the following criteria by degree of importance to you.

1. Is the app available in multiple languages (i.e., English, French, Mandarin, etc.)
2. Peer support (i.e., is there peer support built into the app)
3. Privacy (i.e., what is its privacy policy for data collection and sharing)
4. Type of app (i.e., clinical, wellness focused, education-oriented)
5. Who it was developed by (i.e. a private company, a non-profit, an individual)
6. What platform it is on (i.e., Iphone, Android, web)

It's one thing to create a virtual platform, and another to make it useful. How can we make sure youth know about and use our database?

# Service Provider Survey

Do you currently use youth mental health apps in your work with youth?

If you currently use youth mental health apps in your work, why and for what purpose?

Many service providers use apps as part of treatment or support for youth accessing their services. However, we know service providers have a hard time identifying trustworthy apps to recommend to youth. What information do you need to know about an app in order to recommend it to a young person?

What different criteria do you use to assess if an app is the right fit for a young person? What information matters most to you before you'll recommend an app to a young person?

Please rate the following criteria by degree of importance to you.

1. Age (i.e., what is the target age of the app)
2. Clinical support (i.e., is there clinical support provided by an individual through the app)
3. Cost (i.e., if it is free, has a cost, or has in-app purchases)
4. Co-created with youth (i.e., youth were involved in developing the app)
5. Type of mental health issue the app addresses (i.e., stress, anxiety, depression, etc.)
6. Evidence-based (i.e., if there is scientific evidence that the app does what it says it does)
7. Inclusivity (i.e., is the app inclusive of particular communities, such as 2SLGBTQ+ youth or racialized youth)

Please rate the following criteria by degree of importance to you.

1. Is the app available in multiple languages (i.e., English, French, Mandarin, etc.)
2. Peer support (i.e., is there peer support built into the app)
3. Privacy (i.e., what is its privacy policy for data collection and sharing)
4. Type of app (i.e., clinical, wellness focused, education-oriented)
5. Who it was developed by (i.e. a private company, a non-profit, an individual)
6. What platform it is on (i.e., Iphone, Android, web)



What do you think are the most important things for service providers to know about an app before recommending it to a young person?

What do you want to be able to see and know about a youth mental health app to trust that it is evidence-based?

How can we help service providers integrate apps as another aspect of care? How can we ensure youth mental health apps are integrated into existing services and supports?

# Family and Caregiver Survey

Imagine a young person in your life is struggling with their mental health. You know they use their phone a lot, so you try and find a mental health app that might help a bit. What information do you need to know to find an app that works?

Families need sources of information they trust in order to make important decisions when it comes to the mental health and well-being of young people. What do you need to see to trust a youth mental health apps database?

If you were helping create a youth mental health apps database, what key criteria would you want to be able to filter by?

Please rate the following criteria by degree of importance to you.

1. Age (i.e., what is the target age of the app)
2. Clinical support (i.e., is there clinical support provided by an individual through the app)
3. Cost (i.e., if it is free, has a cost, or has in-app purchases)
4. Co-created with youth (i.e., youth were involved in developing the app)
5. Type of mental health issue the app addresses (i.e., stress, anxiety, depression, etc.)
6. Evidence-based (i.e., if there is scientific evidence that the app does what it says it does)
7. Inclusivity (i.e., is the app inclusive of particular communities, such as 2SLGBTQ+ youth or racialized youth)

Please rate the following criteria by degree of importance to you.

1. Is the app available in multiple languages (i.e., English, French, Mandarin, etc.)
2. Peer support (i.e., is there peer support built into the app)
3. Privacy (i.e., what is its privacy policy for data collection and sharing)
4. Type of app (i.e., clinical, wellness focused, education-oriented)
5. Who it was developed by (i.e. a private company, a non-profit, an individual)
6. What platform it is on (i.e., Iphone, Android, web)

How can we ensure that the youth mental health apps database is useful and relevant to parents, caregivers and families?

# Demographic Questionnaire

Demographic data is collected for the purpose of ensuring diverse perspectives are reflected in survey responses, and as a mechanism to explore the specific needs and perspectives of different communities regarding a youth mental health apps database. Please note that all responses are optional, and no identifiable information will be shared.

What Province/Territory do you live in?

Alberta  
British Columbia  
Manitoba  
New Brunswick  
Newfoundland and Labrador  
Nova Scotia  
Ontario  
Prince Edward Island  
Quebec  
Saskatchewan  
Northwest Territories  
Nunavut  
Yukon

Do you identify as a person of colour?

Yes  
No  
Unsure  
Prefer not to disclose  
Other...

Do you identify as Black?

Yes  
No  
Unsure

Prefer not to disclose  
Other...

Do you identify as Indigenous (including First Nations, Inuit and/or Metis)?

Yes  
No  
Unsure  
Prefer not to disclose  
Other...

How would you describe your race/ethnicity?

Which of the following best describes your gender?

Man  
Woman  
Non-Binary  
Unsure  
Prefer not to disclose  
Other...

Do you identify as a member of the 2SLGBTQA+ community

Yes  
No  
Unsure  
Prefer not to disclose  
Other...

Do you identify as a member of the trans, non-binary and gender diverse community?

Yes  
No  
Unsure  
Prefer not to disclose

Other...

Do you identify as Two Spirit?

Yes

No

Unsure

Prefer not to disclose

Other...

How would you describe the community you live in?

Urban

Suburban

Rural / Remote

# Appendix 4: Preliminary Qualitative Analysis

- Youth Mental Health Apps Engagement Initiatives - Preliminary Analysis of Findings
- General Findings
- Overwhelmingly, people brought up the fact that there is a broad spectrum of needs when it comes to mental health apps
- What someone will need during a crisis is not the same as what they will need to, for example, keep up with daily meditations
- What “counts” as a mental health app? Does mindfulness count? Sleep apps? Habit trackers? Gratitude journals? Soothing games? Social media or chat apps when used for mental health support and learning? etc
- Common issues brought up with apps:
- A lot of apps give general information or are not clear on what they are for, and are not specific enough to be helpful
- Some apps are badly designed and hard to navigate, which can put people off using them
- Some apps have little evidence backing--they’re “flash over substance,” or more interested in making a profit than really being effective interventions
- Some apps cost money upfront or require in-app purchases, which presents barriers
- Many apps ask users to select their gender during set-up and only offer “Male” and “Female” as options
- It’s hard to find the right app for you
- There are an overwhelming number of apps out there
- It’s hard to search for something when you don’t know what you need or how to put what you’re experiencing into words
- Mental health stigma may stop some young people from using apps
- Access considerations for apps
- Apps should be available in multiple languages
- Apps that are available offline can be more accessible to youth in rural/remote areas and without reliable internet access than apps that require an ongoing internet connection
- Any cost to an app, either an upfront cost or in-app purchases, makes that app less accessible than free apps

- Apps should be accessible to disabled people--eg screen reader compatible, with adjustable font size, etc
- Apps should have simple interfaces that are intuitive to people with low tech literacy
- Across the board, people had privacy concerns around apps, including how much data they were collecting, how it was stored, and what it was being used for
- All groups consulted had similar feelings about what would give a mental health apps database legitimacy or make them trust it: information on who funded the database, affiliation with a trusted organization, and information about evidence behind the database and the apps
- For communications and marketing around the database, all groups consulted suggested:
  - Putting out information through schools/school board
  - Having promotional materials about the database in health, community, and social services that serve youth
- Database filters suggested by all groups consulted were:
  - Specific mental health issue, either by diagnosis and/or by symptom
  - Specific therapeutic modalities, such as DBT, ACT, etc
  - Level of urgency (crisis support vs clinical monitoring vs. “everyday good vibes app”)
  - Location, in order to find local or province/territory specific resources
  - Ads vs. ad-free
  - Cost: free, paid, in-app purchases, free trial followed by paid subscription
  - Requires internet connection vs. offline access
  - Age ranges within the broad “youth” category
  - Language (beyond just English and French)
  - Accessibility features, e.g. screen reader compatibility, epilepsy-friendly, etc
  - Privacy/data security
- Idea for culturally specific app filters or desires for culturally specific apps in general:
  - Apps grounded in Indigenous ways of knowing (without generalizing/collapsing distinctions between different Indigenous cultures)
  - Apps geared towards different racial/ethnic communities
  - Apps providing support on dealing with experiences of systemic oppression, such as racist microaggressions
  - Apps grounded in specific religious traditions

- Apps geared towards newcomers and refugees
- Apps geared towards 2SLGBTQ+ communities, and/or a filter for “2SLGBTQ+ Approved” apps that meet certain criteria, such as not asking people to choose between Male and Female gender options during registration
- Preferences for user interface
- An ideal interface is attractive, neat, and modern-looking
- An ideal interface is available in many languages, not just English and French
- An ideal interface is equally accessible through desktop and mobile browsers
- An ideal interface is user-friendly, including using youth-friendly language and providing clear instructions
- The vast majority of people consulted preferred the ORCHA interface to the MIND interface in terms of visuals/aesthetics--ORCHA was described as user-friendly and aesthetically pleasing
- However, there was no clear preference between MIND and ORCHA in terms of the content and filters of the database, with some preferring MIND and others preferring ORCHA
- Findings Specific to BIPOC-Focused Consultations
- There’s a lack of attention in apps to equity and culturally-specific mental health needs
- Visuals in apps often depict mostly white people
- There are few apps created by and for BIPOC communities
- User testing needs to happen in different BIPOC communities
- Apps need to be culturally appropriate for Indigenous youth--but it is important not to be pan-Indigenous and assume that all Indigenous youth have the same culture or need the same things
- Having Black or Afro-centric apps is important, but it’s also important to make sure all apps are good for all youth--Black youth should be able to choose between Black-specific apps or general apps that are not going to be alienating
- Many BIPOC parents discussed the importance of meeting people where there are at when discussing mental health
- Through mirroring language
- Through location--coming to community spaces such as Black churches, schools, youth spaces
- Mental health stigma can be greater in some BIPOC and/or newcomer communities
- Some BIPOC youth discussed wanting resources on how to speak to their parents about mental health as part of the database

- Findings Specific to Consultations with Youth
- Youth were most likely to mention specific apps by name
- Calm was mentioned in every youth focus group, and the following apps were also mentioned multiple times: Headspace, 7 Cups of Tea, Happify, What's Up?, MindShift
- When youth were asked how they searched for apps, their most common response was their phone's app store, followed by word of mouth, followed by internet searches
- Youth had similar privacy concerns to other groups, but also suggested that privacy policies should be explained in youth-friendly language
- When asked about what would make them trust a database, in addition to the points listed in the General Findings section, many youth said clean and modern-looking web design would add legitimacy to the database
- For communications and marketing around the database, youth suggested:
- Social media promotions on Instagram and TikTok specifically, and noted that Facebook ads would not reach Gen Z
- Podcast ads
- Linking to the database on the wellness sections of university syllabi
- Campus newspapers could interview YAC members
- Findings Specific to Consultations with Service Providers
- When service providers mentioned apps by name, they were often paid services purchased by institutions, such as SOS and GuardMe, or web apps and other internet tools, such as the Kids Help Phone website, I'm Alive, Healthy Minds NS, and Bridge the Gap
- Many service providers discussed how apps need to be part of a continuum of care
- Currently, there are lots of apps and they are not well-integrated
- There needs to be clarity on where they fit into a stepped care model
- It is important that apps don't become one more piece of an overwhelming and fractured landscape of disconnected resources
- Many service providers discussed how COVID has changed the mental health landscape in both positive and negative ways:
- COVID caused programming to move online, and some youth really liked this and increased service use, while other youth became more disengaged
- This has also pushed service providers to recommend more virtual services and apps to youth, in a way that is more integrated into their ongoing care
- COVID has also created challenges--disrupted support networks in young

peoples' lives; exacerbated the digital divide, especially in rural/remote communities and for youth experiencing homelessness; and given abusive parents more control over youths' lives, including the apps or other mental health supports they are able to access

- Many service providers discussed how it was difficult to make changes in institutional contexts, how service providers would need training on any new procedures, and how there are concerns about ethical implications and legal liability which makes adopting new digital technologies difficult and fraught
- Common ethical risks discussed:
  - Worries around folks using apps instead of accessing care
  - The wrong resource could hurt someone, especially when they are in crisis
  - Concerns about specific app features, such as peer counselling with no oversight or untested AI chatbots
  - The reality that apps are largely created by white folks and may not be as relevant or effective for BIPOC youth, which could widen gaps in mental health outcomes
- In addition to the privacy considerations discussed by all groups, some service providers also discussed the need to balance parents' desire to know about their kids' lives with youth need/right to autonomy
- When asked about what would make them trust a database, service providers overwhelmingly stressed the need to know if apps were evidence-based/ following best practices
- Many service providers discussed needing to make the database youth friendly in terms of language, especially the need to balance using accessible language with not infantilizing youth either
- When service providers were asked how they searched for apps or how youth might search for apps, they largely said internet searches or lists on the websites of trusted organizations
- For communications and marketing around the database, service providers suggested:
  - Presenting at conferences
  - Influencer marketing
  - Word of mouth, fostering personal relationships--which several service providers said was especially important for rural engagement
  - Reaching out to youth agencies
  - Working with student unions and university student services departments

- When discussing age-related filters, several service providers discussed how age was not a total predictor of maturity or life stage, especially when it came to young parents who might have more responsibilities than other youth their age
- Several service providers discussed wanting to know if apps were trauma-informed
- Several service providers discussed wanting to know if apps were based in harm reduction models
- Several service providers suggested the landing page of the database be a survey that would ask guided questions and then recommend apps based on the user's answers, as a way to make the database less overwhelming and more usable for people who might not have the language to articulate their needs
- Findings Specific to Consultations with Parents and Caregivers of Youth
- More than other groups, parents and caregivers described apps as “impersonal”
- More than other groups, parents and caregivers stressed the importance of online safety and wellbeing when using or recommending apps to youth, such as:
  - Screening if young people interact with strangers on an app
  - Moderation if they interact with peers, to prevent cyberbullying
- When asked about what would make them trust a database, in addition to the points listed in the General Findings section, many parents and caregivers reported that an affiliation with a trusted company, such as RBC, would add legitimacy to the database



**RBC Future Launch**