

# Digital Mental Health Interventions (Youth/Young Adult)

**The CEBC defines Digital Mental Health Interventions (DMHIs) (Youth/Young Adults) as interventions that use digital technologies for mental health support, prevention, and treatment.** DMHIs provide behavioral and psychological strategies through technological features, including websites, mobile applications (i.e., apps), games, wearable devices, online platforms, and virtual and augmented reality. Some DMHIs allow users to self-manage symptoms, while others use some form of human support either to increase engagement or to provide additional intervention. DMHIs can be preventive resources that support those with less acute needs and potentially reduce the need for more intensive mental health services, as well as providing support while users are waiting for access to these services. DMHIs can also be used as therapy extenders while receiving these services, as well as after treatment to maintain and reinforce gains.

There has been an increase in mental health needs among children, adolescents, and young adults over the past decade, with the COVID pandemic resulting in a rapid growth in need, particularly in anxiety and depression. Many youth with mental health concerns do not access care due to barriers such as stigma, cost of services, lack of parental support or understanding, lack of insurance coverage, and lack of treatment providers. In many communities, the need for mental health support exceeds the available supply of treatment providers and requires considering opportunities to expand capacity for meeting these needs. DMHIs provide one such opportunity. They are especially appealing to adolescents and young adults, who are more comfortable with technology and its use for communication than older populations, and often have devices that can be used to access DMHIs. They may be especially useful for reaching underserved communities, such as young people of color and those in the LGBTQ+ community, who are already accessing online therapy services at higher rates than their peers. However, concerns about privacy, confidentiality, and consent for services by minors need to be addressed. Thousands of DMHIs are publicly available, and many are free, but few have any research evidence that they are effective.



## Digital Mental Health Interventions (DMHIs) (Youth/Young Adults) topic area criteria:

- **Target population:** Children, adolescents, and young adults (up to 25 years)
- **Services/types that fit:** Self-help tools and therapy extenders. Services can be self-guided (i.e., use on their own), supported (i.e., digital tools that include some human support to help complete the program), or digital plus solutions (i.e., digital tools that include human support to provide peer support, coaching, and/or therapeutic support). Note: This does not include standard communication technologies that are only being used to provide traditional counseling through a technology platform (e.g., Zoom, Doxy.me, GoToMeeting, etc.), as well as virtual care platforms that solely provide access to therapists through technology (e.g., BetterHelp, Talkspace, Brightline, etc.).
- **Delivered by:** Digital technology, including websites, mobile applications (i.e., apps), games, wearable devices, online platforms, and virtual and augmented reality
- **In order to be included in this topic area on the CEBC:** Program must be provided via digital technology and address mental health support, prevention, and/or treatment for children, adolescents, and/or young adults (up to 25 years).
- **In order to be rated in this topic area by the CEBC:** There must be research evidence (as specified by the CEBC [Scientific Rating Scale](#)) that examines either of the following:
  - Mental health-related outcomes, such as child, adolescent, and/or young adult symptom levels, behaviors, and/or functioning
  - Mental health prevention-related outcomes, such as child, adolescent, and/or young adult knowledge and/or preventative behavior

The table below provides a summary of the rated programs currently listed in the [Digital Mental Health Interventions \(DMHIs\) \(Youth/Young Adults\)](#) topic area. More detailed information can be found on the CEBC website.

Program	Overview	CEBC Scientific Rating	CEBC CWS Relevance Level
<a href="#">moodgym</a>	Provides training in cognitive behavioral therapy (CBT) to prevent and manage symptoms of depression and anxiety and is delivered in five sequential modules, which include quizzes, interactive exercises, and workbooks	2	Medium
<a href="#">Calm</a>	A mental health app designed to help manage stress, sleep better, and live a happier, healthier life. Includes a library of meditation and wellness content	3	Medium

Program	Overview	CEBC Scientific Rating	CEBC CWS Relevance Level
<a href="#"><u>Headspace</u></a>	An app designed to be a lifelong guide to better mental health. Through meditation and mindfulness tools, sleep resources, mental health coaching, and more	3	Medium
<a href="#"><u>Spark Direct</u></a>	A smartphone app designed to reduce low mood and enhance emotional well-being. Guides adolescents through cognitive-behavioral techniques that aim to help them better understand their relationship with mood and behavior through tailored and interactive exercises	3	Medium
<a href="#"><u>SuperBetter</u></a>	Designed to improve mental health, resilience, self-efficacy, and success in an easy-to-teach mindset intervention that uses the psychology of game play in all of life. It can be implemented using a curriculum, a tech-enabled solution for classrooms/groups, or a mobile/web app	3	Medium
<a href="#"><u>TalkLife: Mental Health Support Groups Online</u></a>	A mental health app that is designed to offer a way to get instant support through communities that are there when a person needs it and for as long as they need it	3	Medium

The CEBC is operated by Rady Children's Hospital-San Diego (RCHSD): Chadwick Center for Children & Families. The CEBC is made possible with funding from the California Department of Social Services (CDSS): Office of Child Abuse Prevention. Any opinions, findings, conclusions and/or recommendations expressed are those of RCHSD and do not necessarily reflect the views of the CDSS.