Best For You
Digital Research Narrative Report

Research perspective

There is a growing mental health crisis amongst young people. In response, Best For You, an innovative approach to mental health care designed for – and in consultation with – young people and their families, launched in 2021.

The programme is run in partnership by Central and North West London NHS Foundation Trust, Chelsea and Westminster Hospital NHS Foundation Trust, West London NHS Trust, and CW+. It is being evaluated by academic experts at Imperial College.

Best For You Digital is one aspect of the overall Best For You programme. It brings together information and tried-and-tested resources on one website alongside dedicated social media channels and innovative digital partnerships, providing 24/7 support for young people. As such, it aims to provide adolescents (generally those aged 11-25), with quicker and easier access to age-appropriate and clinically assured support.

CW+ and Survation have worked together to conduct research that will inform the programme's efforts to reach 11-25-year-olds in north-west London and beyond and provide relevant information in formats they want to most engage with.

To inform the upkeep of relevant support, platforms, and messaging, the project used a mixed-methods design to understand the following:

1) Which 11-25-year-olds are most and least engaged with mental health support and what prevents them from accessing it.
2) Where can we reach the most young people in order to signpost them to Best For You Digital, considering both physical locations and online platforms.
3) Which mental health and wellbeing issues adolescents are encountering and what resource gaps there are.
4) In which ways 11-25-year-olds prefer to engage with information about mental health, and what barriers to engagement there might be.

Quantitative Research Design

The research began with a representative survey of 11-25-year-olds in London with a boost of 11-25-year-olds outside London but within the UK. The survey covered where young people spend their time online and offline, experiences with accessing mental health support, and what they'd like to see in mental health resources. Data were weighted to the age, sex, and region of 11-25-year-olds in the UK excluding London, the profile of 11-18-year-olds in London, and the profile of 19-25-year-olds in London. Overall, 2,002 participants completed the survey. Of these, 1,500 were from London. The survey ran from 26th February 2026 to 12th March 2026.

In this report, early adolescents are defined as those aged 11-14, middle adolescents are those aged 15-18, and late adolescents are aged 19-25. The report only contains male-female comparisons due to the sample of non-binary participants in the survey being too small to draw conclusions.

Because only a sample of the full population was interviewed, all results are subject to margin of error, meaning that not all differences are statistically significant. For example, in a question where 50% of respondents (the worst-case scenario as far as margin of error is concerned) gave a particular answer, with a sample of 2,002 it is 95% certain that the 'true' value will fall within the range of 2.31% from the sample result.

Subsamples from cross-breaks will be subject to higher margin of error. Conclusions drawn from cross-breaks with very small sub-samples (<100) should be treated with caution.

Qualitative Research Design

Focus groups:

Following the survey, six online text-based focus groups of four to six young people living in north, central, and west London were conducted, split by age and gender, as shown in the first table. Focus groups involved discussion of general views towards mental health amongst their age groups. Focus groups took place from 5th March 2026 to 12th March 2026.

The text-based online platform, VisionsLive, allowed young people to discuss mental health and share their views in a more confidential space without facing each other as mental health is a sensitive subject which might have been more difficult to discuss face-to-face with people they have not met.

Focus group design		
11-13 Male Lower socioeconomic grade All ethnic groups	14-17 Male Mixed socioeconomic grades Minority ethnic groups	18-25 Male Mix of socioeconomic grades All ethnic groups
11-13 Female Mixed socioeconomic grades Minority ethnic groups	14-17 Female Mix of socioeconomic grades All ethnic groups	18-25 Female Lower socioeconomic grade Minority ethnic groups

In-depth one-to-one interviews:

An additional three one-to-one online interviews were conducted with transgender and non-binary young people aged 25-26 from London to include their experiences related to gender and mental health in the development of Best For You Digital. The interviews were conducted from 19th March 2026 to 26th March 2026.

Summary of results

Where young people spend their time:

- Social media apps were most commonly ranked in the top three online platforms used. TikTok came first (54% ranked in the top three), then YouTube (52%), followed by Instagram (40%).
- 11-25-year-olds usually spend time at friends' houses (48% ranked in the top three), food outlets (38%), and family's houses (36%).

Current engagement with digital mental health support

- Almost half don't know anything about digital mental health support (48%) and of those who do, 16% have used it and 40% have considered using it. Focus groups show that this is because they tend to go to people they know (parents, friends, and teachers) instead. Those who use it usually do so less than once a week.
- Disabled people, autistic people, those with ADHD, and those from lower income households (<£20,000) are more likely to generally experience a lack of support. In-depth interviews suggest non-cisgender participants see their gender as an obstacle to obtaining help.
- Disabled people, autistic people, those with ADHD, and those from lower income households aren't less likely to be aware of, use, or consider using digital mental health support. Disabled people are actually more likely to have used or considered using digital mental health support.

Barriers to generally obtaining support

- The main barriers to seeking support were thinking the problem isn't serious enough (41%), preferring to cope by themselves or by talking to family/friends (38%), and not wanting to tell someone they don't know about their life (37%).
- Qualitative research showed social factors, such as concern about judgement or embarrassment, to be salient barriers to getting support.
- Disabled people, autistic people, those with ADHD, and those from a lower income household (<£20,000) experience a larger number of barriers than others.

Barriers to obtaining digital mental health support

- Barriers specific to digital mental health support include concerns that personal information might not be private (37%), not knowing where or how to access it (34%), and being unable to find resources specific to their problem (32%).
- Disabled people, autistic people, and those with ADHD are more likely to say a lack of privacy at home, thinking digital support won't be effective, and being

unable to find relevant resources would stop them from accessing digital mental health support.

What young people want to know

- Anxiety (50%), body image concerns (37%), and depression (33%) are the most commonly self-reported mental health problems.
- Friendship/relationship problems (46%), academic pressure (46%), and family and home life problems (31%) are the most common life challenges.
- Respondents were most interested in receiving information about recognising symptoms of mental health conditions and wellbeing problems (36%), what support/treatment involves (31%), and types of resources available (30%).
- Qualitative research shows young people feel there is not enough information about almost all mental health and wellbeing problems.
- The perceived lack of information is mainly attributed to the issues not being taken seriously enough and not being spoken about enough.

How mental health information should be received

- There was a preference for 1- to 10-minute-long videos (45%), videos less than a minute long (37%), and podcasts (28%).
- Focus groups showed further support for videos lasting one to three minutes and articles in the form of guides.
- The preferred sources for mental health and wellbeing information included family (38% ranked in the top three), websites of mental health organisations, such as Best For You (35%), and YouTube (33%). Young people's preferred sources appear to coincide with sources that are trusted by them for health information.

Current mental health landscape

Young people are experiencing anxiety, depression, body image concerns, and eating difficulties the most.

In the past 12 months, half of adolescents said they experienced anxiety (50%), over a third reported body image concerns (37%), a third said they have depression (33%), and a quarter said they experienced eating difficulties. These conditions were the most commonly reported among both males and females; however, the proportion of females reporting these difficulties is higher than the proportion of males. This was true for all mental health conditions apart from gender dysphoria and psychosis.

	Males (n = 969)	Females (n = 1,019)
Anxiety	42%	58%
Body image concerns	27%	47%
Depression	26%	40%
Eating difficulties	19%	32%

More middle and older adolescents say that they have experienced all the mental health conditions asked about than younger adolescents. For example, almost half of 19-25-year-olds reported experiencing depression (49% of 19-22-year-olds; 48% of 23-25-year-olds) compared to 17% of 13-14-year-olds and 15% of 11-12-year-olds. Furthermore, one in ten 11-14-year-olds reported experiencing OCD (9% of 11-12-year-olds; 11% of 13-14-year-olds) compared to one in five 19-25-year-olds (22% of 19–22-year-olds; 21% of 23-25-year-olds). That is not to say the number of 11-14-year-olds experiencing mental health struggles is always low; a third of young adolescents have experienced anxiety (35% of 11-12-year-olds; 39% of 13-14-year-olds) and a quarter have been concerned about how their body looks (27% of 11-12-year-olds; 27% of 13-14-year-olds).

Body image concerns were mentioned in almost every piece of qualitative research. Some young people suggested that social media and fear of judgement fuel young people's concerns about how they look: *"These social media influencers do not help…They all airbrush their pictures and only show you things when they are happy, I find it fake but most people get hooked on them"* – 11-13-year-old male.

Interpersonal dynamics and academic pressure impact young people the most

Three of the top five situations adversely affecting young people involve other people. Almost half experienced friendship/relationship problems, three in ten have problems at home or with family, and a quarter experience bullying or peer pressure. Females and older adolescents in particular tend to have experienced friendship/relationship and home/family problems, and recognise their peers do too: "*people my age are having relationship problems; we find it hard to trust*" (18-25-year-old female). A third of 11-12-year-olds reported experiencing this, compared to half of 23-25-year-olds; 50% of females said they experienced this compared to 40% of males. In comparison, bullying and peer pressure is felt across ages and genders. Focus groups suggest body image and bullying are linked: "*some people make fun of somebody's weight and they might be insecure*" (11-13-year-old female).

Academic pressure was another specified life challenge affecting many adolescents across different ages; 40% of 11-12-year-olds and 23-25-year-olds feel the toll from their studies. Percentages peaked at ages where individuals take their GCSEs and A-Levels (53% of 15-16-year-olds and 56% of 17-18-year-olds). This was attributed to external sources: "*There has been a rise of a will to be successful suddenly over the past few years so students feel behind with academic pressure even when they are not."* (14-17-year-old male).

Some life challenges affect specific groups. Substance use, including alcohol and drugs, are issues slightly more common in older age groups. Within the past year, around one in six 19-25-year-olds have used drugs, and again, one in six 19-25-year-olds have problems with alcohol consumption. This was noted in focus groups with middling and older adolescents rather than younger ones, consistent with survey findings. Moreover, qualitative research with minority ethnic groups, transgender, and non-binary individuals revealed discrimination is affecting their peers as well, specifically racism and transphobia.

"I think that drugs affect people my age badly as they don't understand what they are getting into and just see it as a bit of fun" – 14-17-year-old male

"A lot of people from my age group would fall into this criteria, especially around the drugs and doing illegal stuff" – 18-25-year-old female

"There is a lot [of discrimination] to do with race and religion coming from people my age and even sometimes teachers at school" – 11-13-year-old female

"Discrimination [towards transgender people] I would say is spoken about to an extent but it's equally getting worse in this country" – 25-year-old transgender male

Young disabled people, autistic people, people from a low-income household, or people with ADHD are more likely to suffer

	Disabled people (n = 304)	People with ADHD (n = 277)	Autistic people (n = 163)	Individuals from a low-income household (<£20,000) (n = 542)
Anxiety	81%	77%	80%	56%
Body image concerns	60%	59%	62%	38%
Depression	72%	57%	64%	40%
Eating difficulties	50%	41%	38%	30%
Self-harm	37%	28%	31%	19%
Suicidal thoughts or feelings	46%	35%	36%	24%
Family and home life problems	53%	51%	52%	39%
Friendship/relationship problems	65%	60%	63%	49%
Academic pressure	54%	56%	59%	41%

There appears to be an association between household income and experience of mental health conditions and some life challenges. Individuals from houses with low income (<£20,000) are more likely to struggle than those from a high-income household (>£40,000), with the middle-income band (£20,000-£39,999) consistently sitting in between. Specifically, 40% have experienced depression compared to 28% from high-income households, 39% have had family or home life problems (vs 27%), and the majority have dealt with anxiety (56% vs 44%).

Other groups at a higher risk of having mental health conditions and going through life challenges include disabled people, those with ADHD, and autistic people.

Anxiety and depression are prevalent in the majority in each of the aforementioned groups. As shown in the table above, they also experience self-harm and suicidality at a higher rate than the overall sample, of which 14% have self-harmed and 17% experienced suicidal thoughts or feelings. Furthermore, more than half of the young people in each of these groups reported experiencing family and home life problems, friendship/relationship problems, and academic pressure, unlike the total sample.

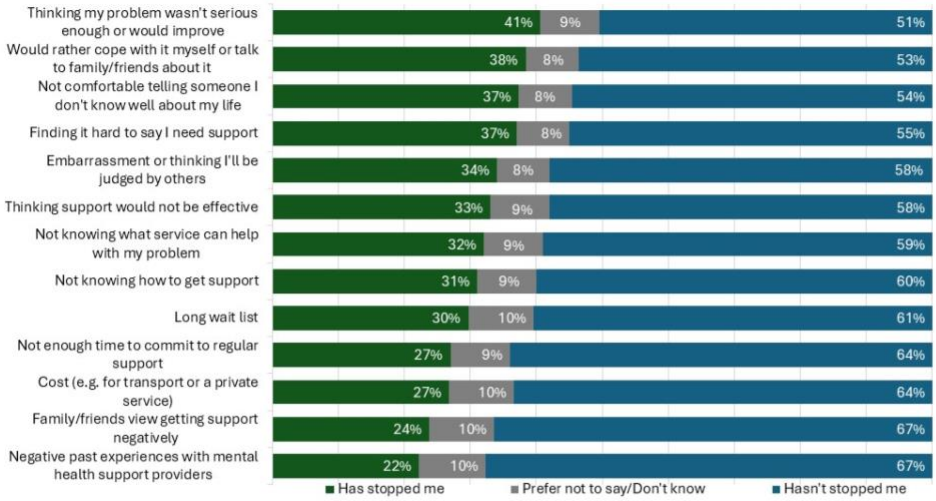
For each condition or life challenge, four in 10 adolescents seek help, apart from body image concerns

Depression (61%), self-harm (60%), and bullying/peer pressure (60%) have the highest proportions of adolescents seeking help but seeking support for body image concerns lags – only 36% tried to or did access help. The results show that those who are disproportionally affected (autistic people, those with ADHD, disabled people, and those from a low-income household) are equally likely to try accessing mental health support.

There were no clear age-based patterns for help seeking, but there were gender-based patterns for a minority of difficulties. Of males and females experiencing substance use and eating difficulties, a higher proportion of males sought support compared to females; +11% more males seek support for alcohol use problems, +10% more males do so for drug use, and +15% males seek help for eating difficulties.

However, not everyone who tried to obtain support managed to access it. Typically, for each mental health condition or life challenge, a fifth of those struggling tried to access support but couldn't get it. Of those who have sought mental health support, counselling or therapy was accessed the most (21%) followed by informal support from family (10%). Just 5% of survey respondents mentioned using digital mental health resources for the difficulties asked about. When they did, they typically referred to using online chats including Childline, SMS text-based chats such as Shout, forums, and AI for advice and information.

There isn’t a specific barrier preventing the majority of young people from obtaining mental health support, rather a series of different ones



Q9. Have the following stopped you from accessing mental health support or not? BASE: All respondents, Unweighted total: 2,002

CW+ Survation.

Insufficient information contributes to barriers preventing young people seeking support

During focus groups and interviews, a point frequently made was that there isn’t enough information about any kind of mental health condition, even ones more widely spoken about, such as anxiety. For that reason, respondents felt as though seeking support is not the norm and is stigmatised instead. Embarrassment, shame, and judgement arise from a perceived abnormality of obtaining support. When focus groups were asked what a person their age experiencing low mood and another experiencing issues due to a brother having alcohol problems might feel, participants mentioned perceptions of outsiders being a barrier:

- *“He might feel embarrassed and think he is the only one going through the situation so [will] not want to seek help”* – 18-25-year-old male.
- *“They might not take him seriously and take it as laziness*” – 14-17-year-old female

Participants also implied that limited information makes it difficult to know where and how to get help, something experienced by three in ten survey participants. On top of this, information available might not be what young people need.

- *“[Information on struggles] is not introduced…or published as much. I don't think any of my friends or my age group would know where to look for help, not the vast majority”* – 18-25-year-old female
- *“I think a lot of them are recognised but not handled in the right way, it’s more like control than understanding”* – 18-25-year-old female

Several groups are disproportionately affected by barriers to getting mental health support

Relative to males, females are less likely to know which service to go to (37% vs 27%), more likely to think their problem was not serious enough or would improve (48% vs 33%), and more likely to cope with it themselves or informally (45% vs 32%). Furthermore, the older the adolescents, the higher the likelihood of different factors stopping them from seeking support, particularly thinking the problem wasn't serious enough and preferring to cope alone or informally. This may mean older female adolescents are one of the most disadvantaged groups. As one 18-25-year-old female put it, "*we are not talking more about self-care for women my age, more needs to be done because it's affecting our mental health.*"

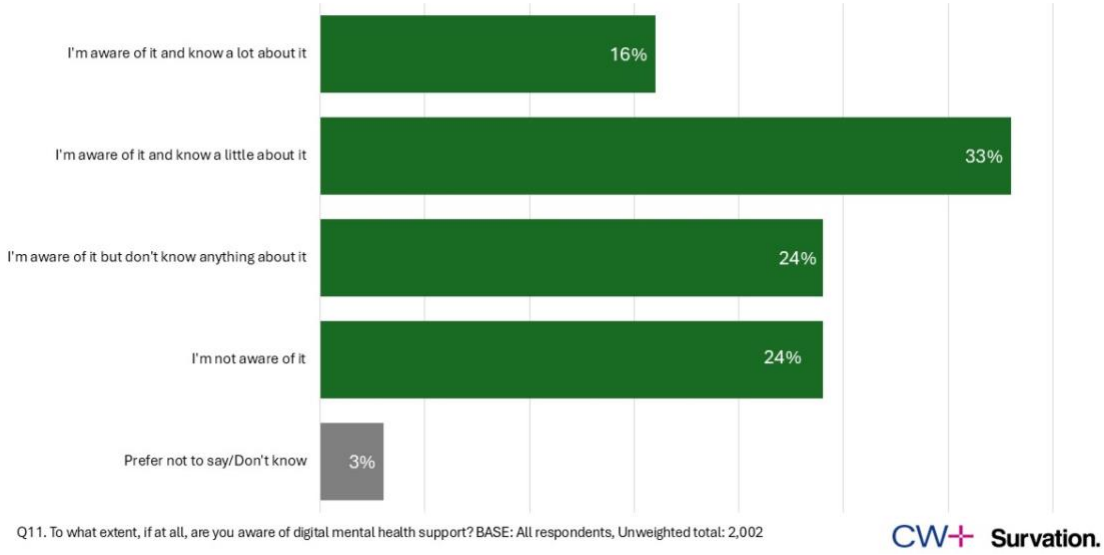
Regarding socioeconomic attributes, individuals from lower income households (<£20,000) reported finding it harder to say they need support than those from households with incomes higher than £40,000 (42% vs 32%) and experience cost as an obstacle (32% vs 23%).

Disabled young people and those with a neurodevelopmental condition are disadvantaged by many barriers. In particular, almost half of disabled people said not knowing what services can support them (49% of disabled people vs 29% non-disabled people) would stop them. The majority said they would be stopped by thinking their problem isn't serious enough (54% vs 38%) or preferring to cope with it by themselves or by talking to family/friends (57% vs 35%). Compared to the main sample, individuals with ADHD and autistic individuals feel less comfortable telling someone they don't know about their struggles (53% and 52% respectively vs 37% of the overall sample), find it harder to say they need support (54% and 54% vs 37%), and are more likely to not know how to get support (48% and 47% respectively vs 31%).

Use of digital mental health support and barriers to using it

Awareness of digital mental health support is high (73%) but few say they are highly knowledgeable (16%)

Though only 5% of young people seeking support spontaneously recalled seeking digital mental health support, both the quantitative and qualitative research found that young people are generally aware of digital mental health support and the different forms it can come in.



Specifically, they mentioned Childline, Samaritans, the NHS website, and ChatGPT unprompted. This reflects the survey's findings that the majority who have used digital mental health support (n = 236) have used mental health organisations' websites (67%), online chatlines/counselling (64%), dedicated apps (60%), and online forums (50%).

Childline was mentioned unprompted the most in the focus groups regardless of demographics, which is attributed to schools raising awareness through talks, posters, and resources in school planners, even from a young age: *"school workshops like when I was little"* (11-13-year-old female). This has led to high awareness: "*Childline because it's the most known one*": 14-17-year-old female. A few have also heard of online support through social media, mainly ads and influencers who focus on mental health: *"Some social media influencers / celebrities really do a good job on raising awareness" … "I agree especially those that document their struggles and experiences"* – two 18-25-year-old males. Only two influencers were mentioned as sources of information on digital mental health support. Both were mentioned by 14-17-year-old males.

Out of those aware of digital mental health support, less than a fifth have used it but two fifths have considered using it

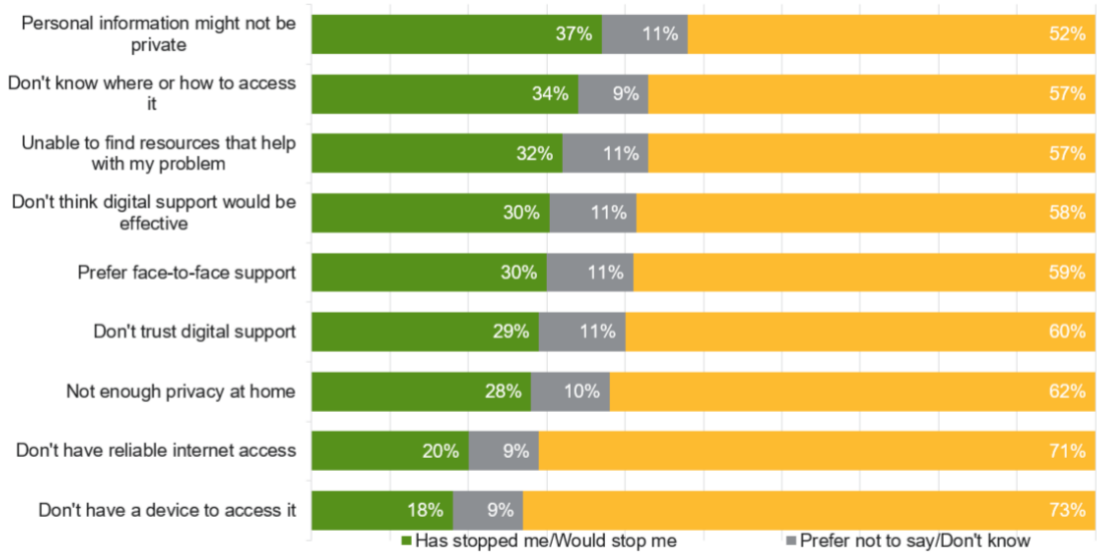
Survey results found awareness of digital mental health support is not translating to use. Of those aware, the proportion who have only considered using it (40%) is over double the number who have actually used it (16%). Out of those who have used it, a fifth (19%) are currently not using it, 30% use it once a week or more, and 34% use it up to three times per month. Focus groups and interviews did find that young people are aware that it can come through the media of online forums, chatlines, chat bots, and websites of mental health organisations, but few have used it themselves and feel that their peers are unlikely to use it.

Beyond the names of organisations that offer digital mental health support and the forms it can come in, adolescents typically don't know much else, resulting in online mental health support not being a salient option for support. This was sometimes put down to a lack of advertisement about these services. Limited knowledge is therefore a barrier to using digital mental health support, evidenced by three in ten being unsure where to find it or unable to find relevant resources. Instead, participants across focus groups and interviews primarily thought of a people-first approach by recommending parents, teachers, therapists, and school counsellors as sources of support first. This can be attributed to trust: *"talking to a trusted adult for tips [to get help]*" (11-13-year-old male) – and is further demonstrated by the majority of respondents in the survey (56%) trusting family for health information, followed by experts (44%), and friends (31%).

"I haven't heard of many [types of digital support] to be honest" – 14-17-year-old male

"I don't think anyone my age group would look for [digital mental health support] because they lack the knowledge. This is not introduced as it should [be] or published as much, I don't think any of my friends or my age group would know where to look for help, not the vast majority." – 18-25-year-old female

Alongside insufficient knowledge about digital mental health support, aforementioned obstacles to using digital mental health include concerns about privacy, efficacy, and trust



Q15. Have the following stopped you, or would they stop you, from accessing digital mental health support or not? BASE: All respondents, Unweighted total: 2,002

CW+ Survation.

Circumstances at home and of adversities may impede young people's access to online support

As expected, using support online may not be feasible for some due to the requirement of a device or internet access. The survey indicates a fifth of adolescents are affected by not having a device or reliable internet access to access digital support. Qualitative research demonstrated that young people are aware it might be harder for their peers to use this form of help. Participants suggested parents taking a child's phone away can limit access to support. Restrictions tend to pertain to social media, which may mean they can't spend as much time looking for or using resources as they might want to, and are usually set for younger adolescents. Restrictions are often absent once they reach middling teenage years: *"I only recently was allowed Instagram"* (14-17-year-old female).

Privacy is another problem, even if young people have their own devices. Younger participants may also have their parents checking through their phone. One 11-13-year-old male said *"my mum can see what I'm doing from her phone"*. Who life challenges involve and the severity can also add to privacy issues. When given the scenario of a girl whose family are fighting due to her brother's alcohol use, it was suggested that she may be *"scared [of] her family finding out or what will happen"* (14-17-year-old female).

The same groups disproportionally experiencing barriers to general mental health support are also disproportionally affected by barriers to digital mental health support

Specifically, older adolescents, disabled young people, young people from households with lower income (<£20,000), autistic people, those with ADHD, and non-cisgender people are more likely to be at a disadvantage.

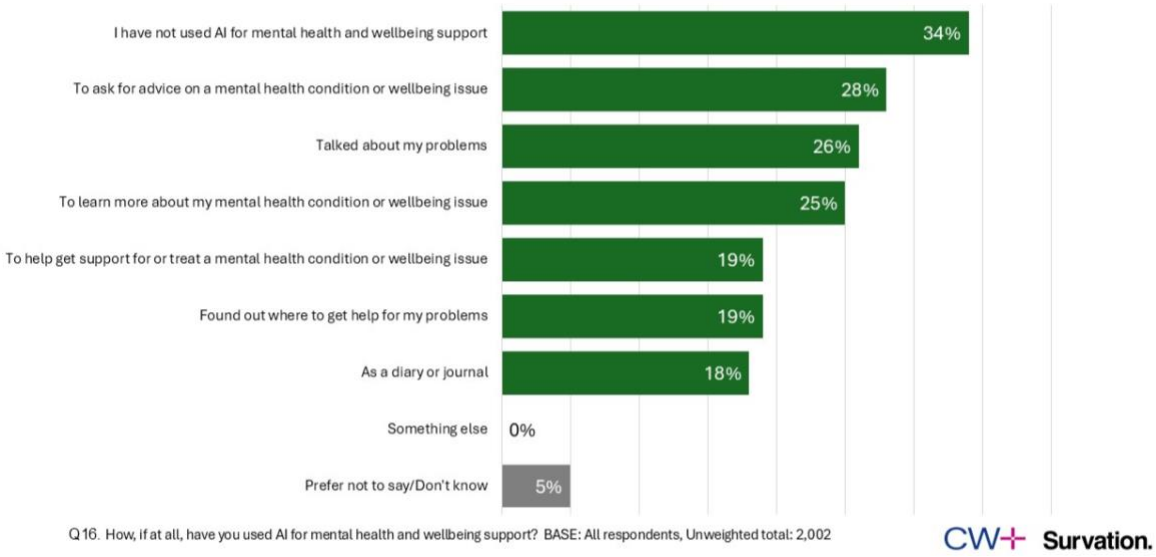
An association between age and likelihood to experience barriers was found. Older groups were more likely than younger groups to experience barriers to obtaining mental health support. This was most noticeable when respondents said they think digital support won't be effective (37% of 17-25-year-olds vs 19% of 11-12-year-olds) and prefer face-to-face support (40% of 19-22-year-olds and 34% of 17-18-year-olds vs 15% of 11-12-year-olds).

Disabled people are more likely than non-disabled people to be unable to find relevant resources (46% vs 30%), not trust digital support (40% vs 27%), and lack privacy at home (40% vs 26%). A third of the overall survey sample (32%) are unable to find resources that help with their problem but 41% of those with ADHD and 44% of autistic people said the same. Furthermore, a noticeably larger proportion of autistic people (45%) and young people with ADHD (40%) don't feel that digital support will be effective, compared to 30% of the overall sample. Qualitative research suggests that for ADHD, the format of information may not always be digestible.

Non-cisgender young people feel there aren't enough resources tailored to them. A non-binary interviewee said *"I think a dedicated resource [would make it more comfortable for non-binary people to get help]."* If the information is there, it isn't very accessible. A transgender interviewee said more needs to be done to *"[make] sure all of that [mental health] information is available for [young transgender people] to find because it's not that easy to find."*

Despite the barriers to using online support, three in five adolescents have used AI for help with their mental health

The survey indicated widespread use of AI as a source of support for various reasons, including advice and mental health information. More adolescents opt for general chat bots (67%) than bots designed to provide mental health support (29%). ChatGPT, Snapchat AI, and Grok on Twitter/X are examples given in qualitative research, with ChatGPT being mentioned most. One mental health-specific AI platform found through searching for AI therapy, Wellzy, was brought up in an in-depth interview. AI was typically endorsed for anonymity and an ability to circumvent embarrassment, as well as for being an alternative to getting professional help as there is a perceived lack of understanding by professionals: *"Talking to AI [might help]… they won't judge"* – 11-13-year-old male.



Those experiencing gender dysphoria trust AI as a source of wellbeing information more than the general survey sample (32% vs 23%). A non-binary interview participant explained *"it's because they're anonymous… if you're going to a therapist that may not have dealt with this before, so are less familiar."*

In a similar vein, chat bots can be a place to turn to for individuals without social support who are feeling isolated: *"If [non-cisgender people] haven't got a tight family support network or tight group of friends, then they might seek advice and help or even companionship elsewhere"* (25-year-old transgender male).

Several are dubious about using AI for mental health support

Across all demographics, hesitance to use AI for emotional support is unambiguously based on the fact that AI is not human. Three in ten who haven't used AI for support would rather talk to a person. Additionally, young people state that AI lacks the ability to understand the intricacies of mental health conditions and adverse experiences and cannot empathise with individuals' suffering: *"I think it can be unreliable and as it has no feelings it can be less useful than people… things like this are… better with human[s] than AI"* – 14-17-year-old male.

Consequently, AI is perceived to be unable to provide reliable support at the same level of expertise as professionals. A fifth of young people are concerned it could provide misinformation to those seeking support and a fifth feel it isn't the same as getting professional help. Qualitative research revealed there are concerns that AI will mislead individuals, causing their suffering to worsen through wrong information or through acquiescence bias (the tendency to agree regardless of what is being said). Noticeably, a quarter who haven't used AI for support generally don't like AI. Older and female adolescents are more likely to dislike it than younger and male adolescents; 39% of 19-25-year-olds dislike it compared to 14% of 11-12-year-olds. Two times more females than males said the same (31% vs 16%).

The majority who haven't used AI for mental health support said a recommendation from the NHS or another mental health organisation would encourage use (51%). Young people would similarly be encouraged to use AI platforms for support by mental healthcare organisations helping to develop them (46%), credible sources of information (45%), and knowing platforms were private and confidential (44%). These would target several of the aforementioned barriers. However, disabled people, those with ADHD, and autistic people are less easily encouraged by these improvements, suggesting it's best to use more traditional content.

"It's not real and it can only do so much that a real mental health team can." – 25-year-old transgender male

"It always gives you wrong info" – 14-17-year-old female

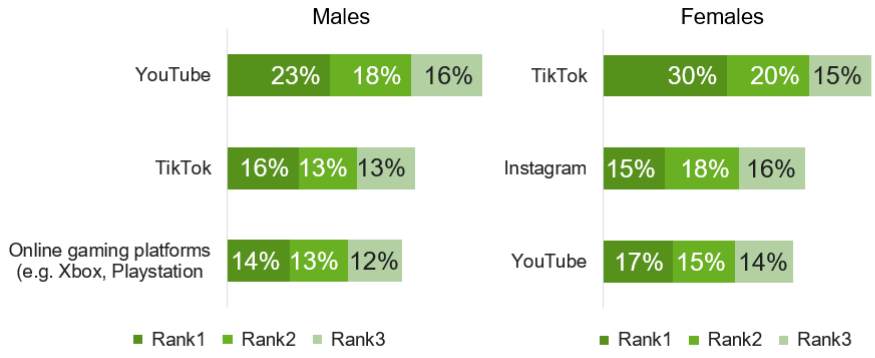
"I find that the AI is very agreeing and not what a health care professional would advise" – 18-25-year-old female

How to deliver information about digital mental health support and overcome barriers

When young people spend time online, they are mostly using social media, but the platforms they use vary by age and gender

TikTok (54%), YouTube (52%), and Instagram (40%) are where most time is spent and online forums (4%), streaming websites (6%), and AI chatbots (9%) are where they spend the least time. There were some variations by gender: two thirds of females (65%) said TikTok was one of the three places where they spent the most time online, followed by Instagram (49%). In comparison, two fifths of males (43%) spend most of their time on TikTok and 31% spend most time on Instagram. Individuals typically go to Instagram and TikTok because their friends use it and for the short-form content (*"I mostly watch videos such as TikToks and Instagram reels"* – 18-25-year-old male).

Males were most likely to say they spent time on YouTube (56%). While females rated Instagram as their third most used platform, males rated online gaming platforms (e.g. Xbox, Playstation) third when asked to rank where they spend the most time online. Males and females tend to use YouTube for similar reasons: to watch series, specific creators, or learn something new.



Q1. Please rank up to three platforms where you spend the most time online. BASES: Males, Unweighted total: 952; Females, Unweighted total, 1,011

CW+ Survation.

Use of YouTube also varied by age. Younger respondents are more likely to spend most of their time on YouTube rather than social media apps such as Instagram, TikTok, and Snapchat. Focus groups revealed that this is due to younger children's perceptions of Instagram and Snapchat being used by older age groups (*"I don't really like Snapchat honestly it's really for older people trying to get into relationships if I'm being honest"* – 11-13-year-old female) and parents of 11-17-year-olds setting restrictions on which apps they can use (*"I don't use Instagram as I am not allowed to use Instagram, Tik Tok, Facebook or Snapchat"* – 14-17-year-old male). Those

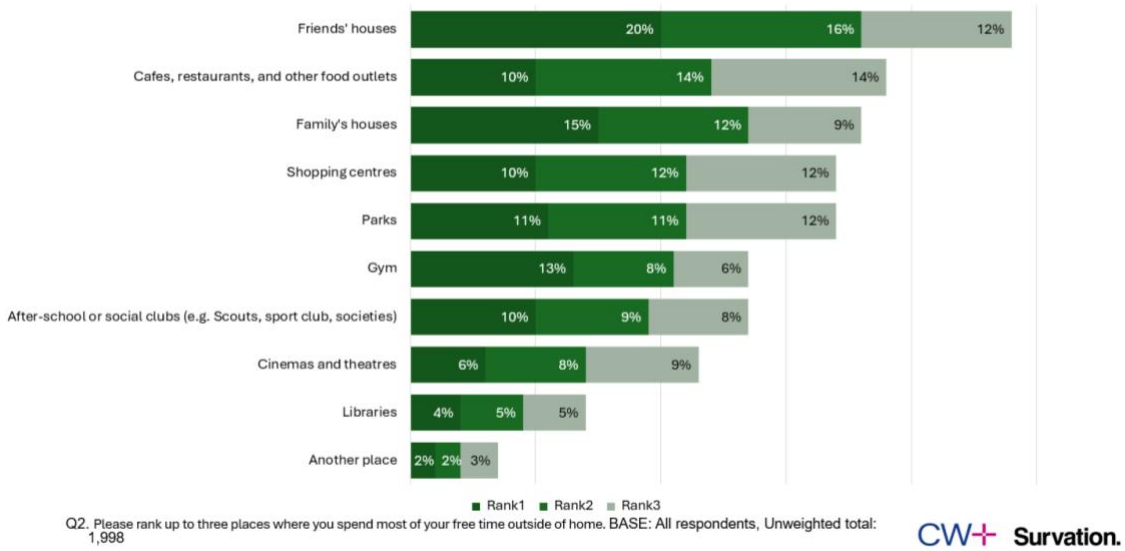
aged 18-25 still enjoy watching YouTube though (*"I'm usually watching a series on YouTube"* – 18-25-year-old female).

After friends' houses, there isn't a particular place young people spend most of their free time, though children and young adults usually spend their time in different places

Almost half of respondents spent much of their time at their friends' houses (48%). Beyond this, there wasn't a noticeable difference in how many spent most time at food outlets (38%), family's houses (36%), shopping centres (34%), and parks (34%). The key reasons for spending time in these places were to socialise (*"I also enjoy shopping with my sisters and friends."* – 18-25-year-old female) and do hobbies and activities they enjoy (*"I play a lot of sport, NFL, Hockey and netball"* – 14-17-year-old female).

Females were more likely than males to spend time in shopping centres (43% vs 26%) and food outlets (45% vs 32%) whereas males spend more time than females at parks (38% vs 30%) and the gym (31% vs 20%).

Though a similar proportion of males and females spend time at their friends' houses, the proportion decreases as individuals get older. Over half (56%) of 11-12-year-olds spend a lot of their time there compared to 41% of 23-25-year-olds.



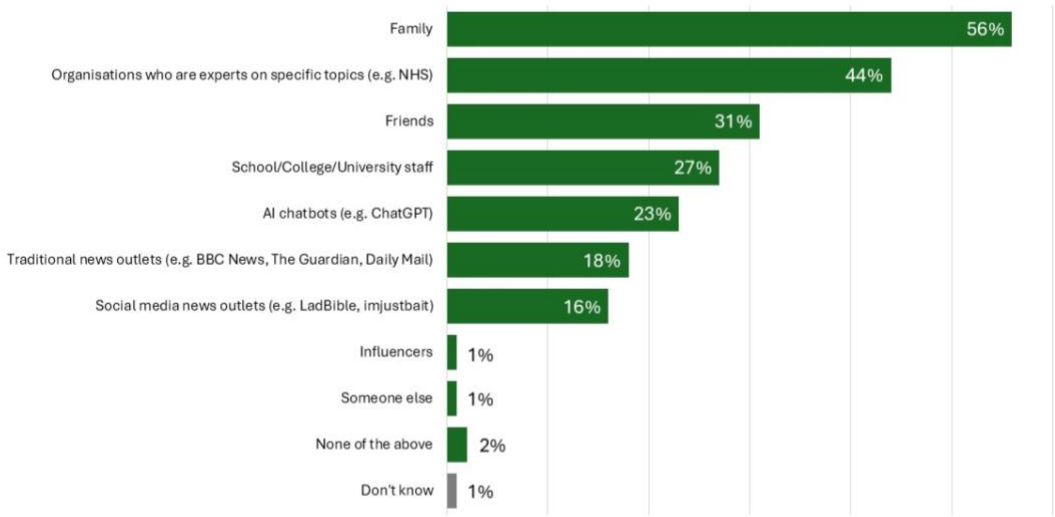
Those aged 19+ are more likely to spend time at food outlets and the gym than those aged 11-18, likely due to having a lack of parental restrictions and more disposable income. Young adolescents are more likely to be found at places where disposable income is not so important, such as friends' and relatives' houses, the park, and after-school/social clubs.

There appears to be a link between where or with whom they spend their time, whom/where they trust most for health information, and where/from whom they want health information

Young people prefer to receive information about mental health from their family, experts, and friends. They trust family and friends a lot, though it may be difficult to increase awareness through friends and family if they themselves aren't aware of digital mental health support.

Young people want information from mental health organisations, like Best For You, and they trust experts, such as the NHS. When looking at content, focus group participants used the NHS's association as a marker for credibility.

Though 11-25s spend much of their time at food outlets and other places of leisure after people's houses, there isn't a single clear type of leisure area in which programmes and services should advertise. However, over a quarter trust their place of education for health information and adolescents naturally spend much of their time at school, college, and university. Schools were also frequently mentioned as places where participants first heard about mental health.



Q4. Who do you trust most to get health and wellbeing information? Select up to three. BASE: All respondents, Unweighted total: 2,002

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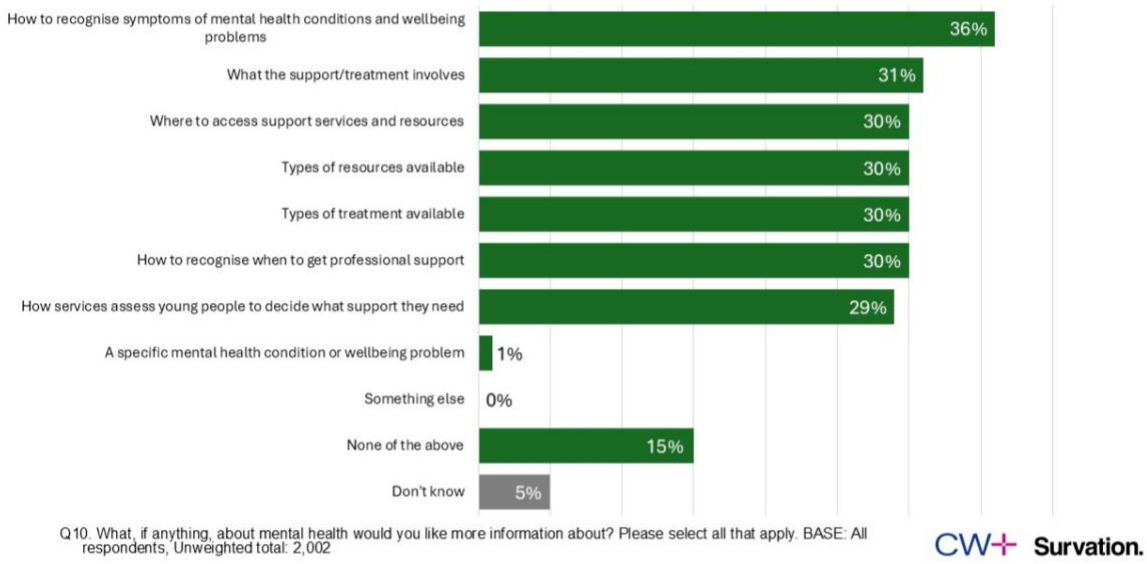
Young people want the information they are shown to focus on providing information about identifying mental health conditions and the resources to manage them to overcome several barriers simultaneously

Young people want a variety of information about mental health, which can be linked to a general insufficiency of available resources and the belief that nothing is spoken about or normalised enough. More publicised information about conditions and getting support will help to make going through difficulties feel normalised. In turn,

this may make it more comfortable for young people to get help and increase their use of digital support resources.

11-25-year-olds across all demographics feel that all types of mental health conditions aren't spoken about enough so it's hard to spot the signs, and they want to know more about the symptoms. Despite few respondents specifying a condition they would like more information about, this goes for a wide variety of mental health conditions ("*I would like to know more about the main reasons for anxiety across the population"* – 14-17-year-old male and *"[Referring to gender dysphoria, OCD, and eating difficulties] For me those are topics that are not talked about as much and usually brushed aside as a phase or not that big of a deal, or even just not generally known to people" – 18-25-year-old female).*



As few people were aware of the types of digital mental health support available and organisations offering it, it's not surprising that almost a third of young people want to know more about resources and treatment and where to access these.

To sum up…

The majority of young people have self-reported a mental health condition or life challenge. However, many experience barriers to seeking support, such as not knowing how or where to get help and believing that what they are experiencing is not serious enough to get support. Additionally, there is a gap between those aware of digital mental health support and those who actually use it. To address these barriers, Best for You Digital's social media channels and its newly refreshed website bring together a wider set of engaging and accredited resources for a range of conditions and challenges in places that are easy to access.