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Adaptation, Innovation and Co-Production: Meeting the Mental Wellbeing Needs of a Digital Generation

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Abstract: In the aftermath of a global health pandemic, youth mental health is a public-health emergency. The acceleration of digital technologies, catalysed by COVID-19, has seen the growing significance of online support and social media for promoting health behaviours. This exploratory study utilised a participatory-action research (PAR) design to investigate adolescents' (N = 10; aged 16–18) perceptions and experiences of social media with respect to mental-wellbeing content. Data were collected using a focus-group method. Young people (YP) also evaluated digital resources adapted from the Super Skills for Life (SSL-A) intervention. Thematic analysis elicited three thematic categories: young people's relationship with social media, perceptions and experiences of support pathways, and cultivating mental-health and wellbeing provision for a digital generation. Findings revealed that YP were discerning digital citizens and willing to use technologies for support. Although exposure to social-media images and videos can convey social norms and shape normative perceptions of healthy wellbeing, mental-health literacy was a critical factor prompting change. Future co-production research is needed to design, develop, and evaluate digital resources adapted from evidence-based programmes to contribute to hybrid models of mental-wellbeing provision that can offer YP timely and appropriate support and a choice of delivery modalities.

Keywords: mental wellbeing; youth; digital resources; super skills for life; participatory-action research

1. Introduction

The COVID-19 pandemic has had a profound impact on mental wellbeing globally. Estimates from the World Health Organization [1] indicate that one in seven (14%) children and young people (CYP) worldwide experience mental-health difficulties, yet harrowingly, these conditions remain largely unrecognised or untreated. Although CYP's mental health was a public-health concern before the crisis struck, early research on the effects of COVID-19 identified post-traumatic symptoms along with increased levels of anxiety and depression [2]. The United Nations (UN) highlighted CYP as a group especially affected by mental distress from COVID-19 [3]. Furthermore, the pandemic did not impact communities equally and pre-existing inequalities have intensified, leaving the most vulnerable and marginalised CYP in society at particular risk of impoverished mental health.

Traditional support networks such as those provided by schools crumbled during COVID-19 restrictions and statutory lockdowns, whereas some existing face-to-face mental-health and wellbeing services were hastily adapted to online provision. Nonetheless, review evidence from nine countries [4] found several benefits of remote delivery for CYP such as increased flexibility, easier access—especially for marginalised groups, including LGBTQ+ youth and those with disabilities—and significantly reduced waiting times. In the aftermath of a global health pandemic, mental-health interventions, alongside early detection and treatment for CYP experiencing difficulties, are needed more than ever. The importance of reducing barriers to mental-health services and enabling equitable accessible and timely support has never been greater. Therefore, effective and meaningful ways that respect

CYP's right to have their views respected in decisions affecting them [5] are urgently needed to address these unprecedented challenges. A growing body of research [6–8] highlights the potential of digital resources that, alongside traditional in-person provision, can contribute to innovative, hybrid models of mental-wellbeing support for youth.

In line with the authors' commitment to embedding CYP's rights-based participation in their research, a participatory-action research (PAR) methodology was selected. Youth-focused approaches can be used to gather feedback on service users' progress as well as helping to design and develop provision, as in the current study. Nonetheless, although the value of working with CYP to inform and shape youth mental-health services is gaining recognition, there is still a long way to go to ensure genuine collaboration [9]. CYP have traditionally been seen as passive recipients of services targeted at them. A rapid review of the literature [10] revealed how studies often relied on the testimony of adult informants while CYP lacked agency in implementation decision-making: "Listen to us because we are the ones who really know what it's like. Make sure we are at the heart of planning, commissioning, and evaluating" [10] (p. 12). For mental-health and wellbeing interventions to be effective and meaningful they must be developed in collaboration with CYP. Therefore, PAR was utilised in the current study to help inform the design and development of feasible, youth-appropriate, and acceptable mental-wellbeing resources for a digital generation.

1.1. Literature Review

Calvo and Peters [11] (p. 2) champion "positive computing," which they describe as "the design and development of technology to support wellbeing and human potential," insisting that multi-disciplinary efforts to encourage human flourishing must continue to drive concerted thinking around the role of digital technology. This approach aligns with the rationale for the current study, which acknowledges that online activity and the use of social media has become an integral part of daily life for the majority of CYP, with access rates between 95% and 99% in youth populations within high-income countries [12]. Many CYP exercise considerable agency over their use of digital technologies and social media, and the online world typifies their natural learning environment [13]. Online platforms can provide a forum for CYP to learn about mental health and wellbeing, and the online realm can be a safe place to connect with peers and discuss issues that may be difficult to talk about in the physical spaces CYP occupy [14].

There is a burgeoning body of research highlighting the growing significance of social media in relation to promoting health behaviours in both adults [15,16] and youth. Research by Hawkins et al. [17] investigated how socially endorsed food images on social media influenced dietary habits among students (N = 169; mean age 20.9). Findings revealed that regular and heavy exposure to posts from peers and food influencers, as well as social-media images and videos, were effective in conveying social norms and influenced the eating behaviours of study participants.

A similar study with adolescents (11–19 years old; N = 1002) [18] supported the notion that social-media messages shape normative perceptions. Crucially, the researchers found that participants' responses to food messages were partially dependent on their "food literacy" (i.e., knowledge, attitude, and skills). They concluded that food literacy was the vital link between increased social-media exposure and improved dietary habits. This underlines the vast potential of social media to improve food literacy as well as its powerful influence on social norms influencing food intake. Importantly, this potential can be extrapolated to other domains including wellbeing and a range of health-related behaviours. Connor [19] highlighted the importance of embracing social media for communicating public-health messages and encouraging youth to engage with support services.

The dramatic Increase in online activity sparked by the COVID-19 pandemic has left a significant digital legacy, offering new ways of connecting with CYP, extending reach, and improving access to support. Furthermore, CYP are increasingly creating and posting their own content, with seven in 10 8–15-year-olds in the UK using video-sharing platforms

(VSPs) [20]. This illustrates how social media can empower CYP to generate their own digital content and share experiences that are meaningful to them with an online audience.

Bell et al. [21] examined YP's interest in digital mental-health technologies in research with service users (aged 12–25 years) and a community sample (aged 16–25 years). Findings showed that approximately 50% of all youth had used an app to support their mental health. However, a higher percentage of non-service users (77% compared to 62%) found these helpful. Pertinently, both groups reported at least some interest in technologies (e.g., self-help tools and web-based therapies) to support their mental health and wellbeing, whereas those currently accessing services were most interested in technologies integrated with in-person care (i.e., blended-support approaches).

Post-pandemic, nascent hybrid services are offering new ways of support and, crucially, greater choice for CYP. Although there are many examples of effective, evidence-based, socio-emotional interventions delivered in person in both school and community settings [22], harnessing technology must be at the forefront of new strategies to help ensure timely, appropriate, and cost-effective mental-health provision for a digital generation. Mounting evidence suggests that social media and digital interventions have the potential to prompt behaviour change in both adults and CYP. Social media provides a unique environment to communicate health-related content to adolescents who are more susceptible due to their larger social networks (compared to younger children) and decreased levels of parental mediation in their online activities. Arguably, social media has an increasingly important role in public-health strategies to reach and engage mass audiences and instil healthy lifestyle choices. Researchers should thus consider how best to engage CYP using social media.

1.2. Aims and Research Questions

The current study sought to elicit the perceptions and experiences of young people (YP) regarding their current use of social media and online platforms, with particular respect to mental-health and wellbeing content. Furthermore, it aimed to investigate the feasibility of digitalising the Super Skills for Life (SSL-A) socio-emotional intervention for adolescents [23].

The following research questions were addressed:

- How and in which ways do CYP engage with social media?
- What is CYP's perceived value of social media for mental-health- and wellbeing-related content?
- Which features of digital content focused on mental health and wellbeing are most/least appealing?

2. Methodology

2.1. Design

The current study utilised a participatory-action research (PAR) design. PAR was chosen as the most appropriate approach as it poses reflexive questions about whose voice matters in the research process, embracing methodological innovation and community expertise [24]. Rather than passive subjects of inquiry, participants become active partners in the whole research process. With a focus on action as the research driver, PAR aims to empower and support participants to have increased control over their lives [25]. It has been used in mental-health research with adults [26] in response to service users' demands to have a say in the planning and implementation of services, and to create greater choice in available treatments. PAR incorporates the principles of empowerment evaluation [27] by advocating that any evaluation of health promotion should include those individuals whose health is being targeted. As such, PAR strives to be more democratic and make evaluation and the research process less top-down and expert driven [25], and thus is particularly suitable for research involving marginalised groups such as CYP.

2.2. Participants and Co-Researchers

YP (N = 10) (16–18 years old; 10 female) were recruited by convenience sampling. This cost-effective, quick, and simple technique is widely used in qualitative studies and deemed appropriate for exploratory research such as the current study, which aimed to gain an understanding of the thoughts, beliefs, and experiences of a youth audience. According to Galloway [28], convenience sampling is useful for gathering a range of attitudes and opinions and in identifying tentative hypotheses that can be tested more rigorously in full-scale research. Findings therefore provide "a spring board for further research or allow links to be forged with existing findings in an area" [29] (p. 202). N = 3 YP participated in a preliminary scoping exercise and N = 10 in a single focus group. One YP (21 years old; male) was recruited by convenience sampling to create sample SSL-A digital resources and co-facilitate the preliminary scoping exercise and focus group.

2.3. Methods and Measures

Qualitative data were collected using a focus-group method. Participants also completed a brief, bespoke evaluation questionnaire developed by the YP co-researcher that comprised a rating scale for assessing each of the sample SSL-A digital resources. Participants were asked to rate each item on a Likert scale with scores ranging from 1 to 4 (with 4 representing the most positive response) and four criteria were assessed: content and key messaging (does the video clearly portray a mental-health/wellbeing issue?), originality and YP's perspective (is the video original and does it successfully incorporate the perspective of YP?), impact (does the video evoke an emotional response/does the video engage the viewer throughout?), and production (what is the overall quality of the production?). The maximum overall total score for the measure was 16 and the minimum was 4. Space was allocated for respondents to write any additional comments.

2.4. Materials

2.4.1. Digital Resources

The 12 digital resources (See Table 1) developed for this study were adapted from, or inspired by, the Super Skills for Life (SSL) intervention for adolescents (SSL-A) [23]. Individual resources were specifically designed for one or more of the three most popular social-media content-sharing platforms used by CYP: TikTok, Instagram, and YouTube (identified through the preliminary scoping research: see Procedure).

2.4.2. The Super Skills for Life Intervention

Super Skills for Life (SSL) [30] is a manualised socio-emotional programme for 6–18-year-olds, typically delivered in school settings by a trained facilitator. It is based on the principles of cognitive-behaviour therapy (CBT) and incorporates cognitive preparation, social-skills practice, and behavioural activation. There are two iterations: one for 6–11-year-olds (child version) and one for 12–18-year-olds (adolescent version). Face-to-face delivery of the SSL programme comprises eight sessions, once or twice a week (45-min sessions), either to small groups (6–8 CYP) or individual students.

The SSL programme provides CYP with skills to:

- enhance self-confidence, build emotional resilience, and improve social skills and competence;
- cope with stressful situations, including life changes such as the transition from primary to secondary school.

The SSL-A (adolescent version) also covers techniques to improve health through a nutritious diet, physical exercise, and sleep hygiene. The programme aims to foster social skills and improve adolescent mental wellbeing by embedding positive self-perceptions [31]. There is a growing body of international evidence to support the effectiveness of SSL-A for improving YP's self-esteem and coping skills, and enhancing positive mental wellbeing [32,33].

Table 1. Summary of digital content created for YP to evaluate.

Resource Type, Proposed Platform/s, and Link to SSL-A Workbook	Items of Digital Content Created and Brief Description
Infographics • Infographics are a quick and simple way to convey key messages. They can include example activities that encourage viewers to practice skills/coping and self-care exercises, e.g., creating your own stress bucket for managing stress. • Proposed platform: Instagram • Linked to SSL-A Workbook Session 5: Managing Stress and Session 4: Thoughts–Feelings–Behaviour	 These infographics introduce a key theme and suggest simple wellbeing activities
Video loops • Loops are short videos (often less than 30 s) that are designed to seamlessly repeat. • Proposed platform: TikTok • Linked to SSL-A Workbook Session 1: Healthy Lifestyle	Video 1 is a loop on sleep hygiene. A YP's voiceover introduces some key sleep facts (e.g., recommended number of hours per night) and tips for improving sleep hygiene (e.g., keeping phone away from bed and devising a personalised sleep schedule). Instrumental background music and changing images accompany the narrative (Duration: 46 s).
Expert interview video • These can comprise short, standalone 30–60 s interviews or be embedded in a longer montage. • Proposed platforms: TikTok, Instagram, YouTube	Video 2 is an under-a-minute interview with an academic with expertise in CYP's mental health and wellbeing. The interviewee is asked: Who are you? How does your work/research relate to young people and mental health? Is there an important message that you would like to share with young people? (Duration: 42 s).
Video with a gaming element/challenge embedded • Interactive videos that prompt a response to certain situations or ask questions • Proposed platforms: TikTok, Instagram • Linked to SSL-A Workbook Session 3: Feelings and Thoughts	Video 3, "Recognising feelings," comprises quick shots of individuals expressing different emotions (often associated with poor wellbeing) that viewers are invited to identify. The visual content is accompanied by an instrumental soundtrack. The last frame signposts viewers to the SSL website to find out more about recognising and managing emotions (Duration: 37 s).
Relaxation/Visualisation video • Video versions of in-person/audio relaxation exercises • Proposed platforms: Instagram, YouTube • Linked to SSL-A Workbook Session 5: Managing Stress	Video 4 is a visualisation/guided-relaxation activity. The image is a beach scene with gently lapping water; this remains the only visual imagery during the exercise. A female voiceover guides viewers through the steps (Duration: 2 min, 13 s).
Drawn or animated mini-tales • Mini-videos/visuals (can be only 5–10 s) focusing on a key message and can be incorporated into a short story • Proposed platforms: YouTube, TikTok • Linked to SSL-A Workbook Session 6: Relationships and Social Skills	Video 5A, "Scrolling break," shows a list of alternative activities to escape "doom scrolling" (mindlessly scrolling through negative online content) set against the background of a tranquil location accompanied by audio sounds from nature (Duration: 20 s). Video 5B is a short, animated clip featuring a YP in a typical social situation. They see people they recognise but experience negative thoughts and anxiety about approaching them, and then realise they are being welcomed over (Duration: 17 s).

Table 1. *Cont.*

Resource Type, Proposed Platform/s, and Link to SSL-A Workbook	Items of Digital Content Created and Brief Description
Video of a self-dialogue • Video with two characters (same person with different clothing to represent an inner conflicting voice) debating a topical theme • Proposed platforms: YouTube, TikTok • Linked to SSL-A Workbook Session 1: Healthy Lifestyle	Video 6, "Conversations with myself," switches between two characters (the same person in different clothing) who represent different perspectives (on sleep habits). Tips on sleep hygiene are introduced while potential difficulties in sticking to them are voiced, and then helpful solutions are suggested (Duration: 1 min, 51 s).
Video poetry • Short poems on pertinent topics, read aloud with background visuals; can include a wellbeing exercise • Proposed platforms: YouTube, TikTok • Linked to SSL-A Workbook Session 5: Managing Stress	Video 7, "A poem about stress," is read aloud by a YP and describes their personal experience of what stress feels like physically and emotionally. A third of the way through, the orator starts a breathing exercise (slow counting) to relax and then continues reciting the poem, which turns to describing simple ways of managing stress, including creative outlets (writing) and physical exercises (slow breathing) (Duration: 2 min, 34 s).
Abridged workshop video • Designed as a longer video; encapsulates the core content of a whole SSL session • Proposed platform: YouTube • Linked to SSL-A Workbook Session 1: Healthy Lifestyle	Video 8 is an abridged session on healthy lifestyles adapted from the SSL-A workbook. A YP facilitates the lesson throughout, introducing each of the three core themes: food, physical exercise, and sleep. The YP speaks directly to camera in a conversational tone while pertinent facts and supporting evidence are delivered in digestible chunks (e.g., the link between physical exercise and mental wellbeing), and videos and graphics are interspersed to complement the dialogue. Viewers are invited to participate in follow-up activities and signposted to further resources (Duration: 8 min, 11 s).

2.5. Procedure

Ethical approval for the study was granted by the University's ethics board. A young person was recruited as a co-researcher and lead on developing sample SSL-A digital resources. Preliminary searches were conducted in conjunction with a scoping exercise (discussion) with three YP (16–18 years old) to explore existing online resources/platforms with mental-wellbeing content targeted at YP. Data were used to inform the design of a range of SSL-A digital resources (e.g., infographics, video loops) and assess the most suitable platform/s (i.e., most popular and appropriate for a particular type) to share the materials. The young person co-researcher developed a total of 12 digital resources (see Table 1) adapted from, or inspired by, the Super Skills for Life (SSL) socio-emotional intervention for adolescents (SSL-A) [23]. A single focus group was conducted to explore YP's (N = 10) current use and perceptions/experiences of social media, and to gather feedback on the sample digital resources. This took place on the university campus and was facilitated by the three authors, and audio was recorded. Participants were shown each of the digital resources on a large video screen and requested to complete the brief bespoke rating scale and provide any additional comments. Descriptive statistics (mean and standard deviation) for the 12 sample digital resources were calculated. Audio data were transcribed verbatim and thematically analysed using a hybrid deductive–inductive approach [34].

3. Findings

3.1. Summary of Key Findings from the Preliminary Scoping Research

Findings from preliminary searches and the scoping exercise with YP revealed that the main social-media content-sharing platforms used by youth were TikTok, Instagram, and YouTube. According to Ofcom [20], 48% of CYP in the UK aged between four and 18 years old access TikTok, making it the most popular short-video-sharing platform among young users. For older teens and young adults (aged 15–24), Instagram ranked the highest, with 60% of respondents claiming to visit it daily, on average [35]. Although TikTok was the most popular for posting content, YouTube was the most widely used for viewing content created by others [36], especially among older youth (16- to 24-year-olds) [20]. This suggests that CYP's use of social media varies across different platforms. Findings also showed that the type and style of mental-health and wellbeing content were distinguishable across platforms; for example, TikTok was primarily associated with quickly created, fast-paced and fun clips and YouTube with longer videos including talks by mental-health professionals (See Table 2).

There is a vast amount of mental-health and wellbeing content across social media sites popular with CYP and it is beyond the scope of the current study to present an exhaustive account of what is readily available. Nonetheless, the indicative findings collated from this preliminary scoping research were used to inform the style of a range of SSL-A digital resources (See Table 1) and identify the most suitable platform/s for sharing them (See Table 2). Crucially, all social-media platforms operate using algorithms that curate personalised content for every user, prioritising material according to the likes and searches of specific individuals [37]. Therefore, identifying the most suitable social-media platform/s for disseminating specific SSL-A digital resources was imperative for developing effective strategies to extend reach and augment impact.

Table 2. Summary of online resources/platforms with mental-wellbeing content targeted at YP.

Name and Brief Description of Social-Media Site	Type of Mental-Health- and Wellbeing-Related Content	Recommendations for SSL-A Resources
YouTube is the largest online video-sharing site [36]. Content predominantly generated by individual creators (low cost) but also larger organisations. All users can upload but the majority typically view and comment on others' content.	- Videos posted by individual content creators about personal experiences [38]. Most are known for posting other content (e.g., makeup tutorials; gaming tips). - Health-information videos, e.g., expert and motivational talks (e.g., TedTalks) and relaxation/mindfulness videos.	- Suitable for longer videos: 6–10-min duration - Recommended for abridged SSL-A workbook sessions
TikTok is a social-media app associated with fast-produced short videos (typically 5–120 s duration). Users are encouraged to create and share their own content and have access to an assortment of filters/effects and a music library.	- Vast majority of content is very short and often aims to be humorous, e.g., video of a cat "saying" positive affirmations. - Visually engaging (can be animated) videos that share a positive wellbeing message and may invite viewers to interact/create their own content.	- Suitable for short videos (5, 10, 30, or 60 s duration) to deliver key messages via humorous sketches/animations - Recommended for disseminating a range of SSL-A key messages
Instagram is a free photo- and video-sharing app. Users produce and post their own content. Posts can be shared publicly, allowing followers to view and comment on the content.	- Posts from individuals and professional organisations that advocate positivity and share tips on healthy wellbeing practices (seen in part as a response to the proliferation of heavily curated images of celebrities and everyday users that can negatively impact viewers' body image and self-esteem) [39].	- Suitable for infographics and short positive-messaging videos - Recommended for disseminating a range of key SSL messages

3.2. Main Findings

Feedback from the bespoke evaluation questionnaires was integrated with focus-group transcript data and a hybrid inductive–deductive thematic analysis [34] was conducted. Findings are presented in Table 3 and the supporting narrative that follows (pseudonyms have been used). Three thematic categories: (1) "It's complicated…"—young people's relationship with social media, (2) perceptions and experiences of support pathways, and (3) cultivating mental-health and wellbeing provision for a digital generation were generated from the data. YP's voices have been prioritised throughout.

Theme 1. *"It's complicated…"—young people's relationship with social media.*

Although all participants were current users of social media, engagement levels varied and YP saw their own relationship with it as something unique and very personal: "It's complicated…I think it's so personalised, social media has become like a stimulant…some people lose themselves, but I really like that you be yourself" (Bea). The subtheme "consumers and drivers" refers to the agency that some YP demonstrated in their personal use of social media. Sita describes her typical response to content related to mental wellbeing she has encountered online:

> Say, for example, if you have an issue and I see something that comes across my page [from someone with a similar experience] and how they dealt with it and it

worked for them, and I see the comment section from around the world saying, 'Oh, this has helped me,' so maybe I'll go and find out... (Sita)

Table 3. Social-media use and mental health and wellbeing: YP's perceptions and experiences.

Thematic Category	Subthemes	Illustrative Quotation
"It's complicated..."—young people's relationship with social media	Consumers and drivers Scrollers and passengers	"If you see it [mental-health content] on social media, you could introduce it to a friend or teacher" (Bea). "Sometimes with social media you really want to leave but it's the only thing to distract yourself" (Amira).
Perceptions and experiences of support pathways	Traditional vs digital resources Risks, choices, and opportunities	"In schools sometimes teachers notice but it's mainly friends" (Katy). "I think most of us wouldn't like to look for solutions on social media 'cos it's risky" (Jo).
Cultivating mental-health and wellbeing provision for a digital generation	Key ingredients for effective online mental-health and wellbeing support WWA (whole-world approaches) to mental health and wellbeing	"It makes a difference how you present things... short, sharp messages" (Kiera). "It's the connection you get from it with people from around the world" (Aisha).

Here, social media is seen as a means to connect with a network of peers from across the globe, providing access to other YP who have shared their personal experiences of similar issues and how they dealt with them. Thus, social media was perceived by some participants as a potential source for mental-wellbeing support. Although most participants were aware of a prolific amount of content related to mental wellbeing on social media, they described how many YP made active choices about the materials they accessed based on individual circumstances: "If you're looking for something like that [mental wellbeing content], you're more likely to click on there" (Bea).

Participants were universally conscious of the influence social media can have on YP's thoughts, feelings, and behaviours and recognised their own individual power to help promote and disseminate digital content—for example, through posting comments and likes that they themselves were influenced by: "I normally look at the comments and also the likes as well [before I view]" (Amira). This was common practice and reflects both the exertion of, and susceptibility to, peer influence, which is a pervasive force during adolescence [40] and can be exercised at scale in the digital realm. Goodyear et al. [41] found that YP used the number of likes an image or video received to decide whether they would attend to health-related information.

Popular social-media platforms were perceived as fundamentally distinct by several participants, which influenced YP's engagement and online behaviours: "Instagram and Snapchat are way more direct than TikTok... on Instagram you can see who's liked it" (Sara). Alongside this revelation was a reluctance to be identified as showing a personal interest in mental-wellbeing content: "If you see a post [on Instagram], something on mental health, you might not want to follow it or go there because you know other people can see it" (Jo). This highlights a persistent stigma around mental health that pervades both the real and virtual realm.

Participants were generally complacent about the systematic use of algorithms by social-media companies: "I'll be sitting and scrolling, and it [unsolicited content] just comes up... it happens a lot and I know to my friends as well" (Amira). Although some YP were proactive in their online behaviours, others described more passive tendencies. The

subtheme "scrollers and passengers" encapsulates some YP's more passive relationship with social media. These participants described their tendency to spend time simply viewing content "which just comes up" or absently scrolling on their phone: "You can just sit there trying to distract yourself and scroll for hours and hours" (Maryan). Although this was largely regarded as a negative pursuit, a minority of participants expressed some inevitability about YP experiencing this aspect of social media: "You really want to leave but it's the only thing to distract yourself with as well" (Amira). To sum up, although most participants, typical of their age group, were avid social-media users, some demonstrated more self-regulatory behaviours and were more agentic in their online activity and consumption than others.

Theme 2. *Perceptions and experiences of support pathways.*

Participants' reflections on mental-health and wellbeing support encompasses both in-person and online pathways. The subtheme "traditional vs. digital resources" concerns YP's access to, and experiences of, existing networks. Parents, teachers, siblings, and friends were identified as key sources of support, but no specific interventions or organisations were mentioned by any participant, suggesting the primacy of valued relationships in support-seeking behaviours. For the majority, friends provided the main support: "People talk to their friends and when they have a close friend, that's their support" (Sara). Although parents' role was also recognised, friends were generally seen as more universally approachable: "I think I would talk to my parents as well, but there are issues you don't want to talk to your parents about" (Maryan). Trust emerged as an important motivating factor for all participants: "It's important to trust people... " (Bea); "It's better to go to someone you know than an outsider" (Sara).

Conversely, both positive and negative views on school-based support were held: "If you have a teacher, you feel comfortable with, you should share [any worries] with them" (Bea). However, not all education staff were approachable and services in some schools were limited: "Teachers are always criticising you…there's not much about mental health [in my school], I would just go to my friends for issues and stuff" (Katy); "They [school staff] talk about problems but don't always talk about the solutions" (Amira); "The last week of school is wellbeing week, but I haven't heard of any interventions" (Holly).

The online sources all participants had viewed (actively seeking or unsolicited) mainly comprised personal video stories (vlogs) and short clips (infographics) conveying positive wellbeing messages on popular social-media platforms (Instagram and TikTok). No one had used a specific wellbeing/self-help app or experienced web-based therapies. Participants' mixed views about accessing online support is encompassed in the subtheme "risks, choices, and opportunities." Some YP were sceptical and highlighted the risks associated with looking for solutions online. Trust emerged again as a pertinent factor–here for interpreting material encountered online. YP on the whole were keenly aware of fake content that they associated with specific sites: "I think it's the apps, like Instagram—everything is perfect, everyone portrays their life as perfect. I know no one's [life] is" (Katy). TikTok was generally seen as a more positive platform to use as there was less focus on social comparisons: "You could go to TikTok to distract yourself [if you were feeling worried or down]" (Jo). Despite the immediate attraction, the limited benefit of this tactic was acknowledged: "I think for young people, if they are struggling with their mental health, they will go on TikTok or YouTube to watch videos to distract them for some time but it's not really helpful for a long time" (Kiera). Furthermore, several participants highlighted how poor social-media habits (e.g., excessive use, viewing largely negative content, and engaging in constant social comparison) can have a detrimental impact on wellbeing:

> You can just sit there trying to distract yourself and scroll for hours and hours and it can have a negative impact and that's why some people delete social media…'cos they don't want to be surrounded by that negativity…I've done it for a bit before [deleted social media], when I've got overwhelmed with stuff. (Amira)

Certainly, most participants saw the potential of social media for mental-wellbeing support and promotion: "Say, if you have a problem it [social media] may not have the solution…but I think it is giving you some support, it is there for you" (Sita). "TikTok is a really good platform, it's growing as well…if you want to raise [mental health] awareness, it's the premium place to do so" (Bea). Whereas specific platforms (Instagram and TikTok) were considered useful for disseminating key wellbeing messages, TikTok was preferable for accessing/posting interactive content on mental-health topics: "No-one is scrolling you, TikTok's not going to judge you on what you say or don't say" (Jo). Overall, YP's experiences reflected a nuanced picture that aligns with Ofcom's findings [20], showing that despite 59% of YP in the UK claiming that social media, and messaging sites and apps, makes them happy all or most of the time, 89% felt pressure to be popular on social media, messaging, or VSPs, with 95% admitting that people were mean or unkind to each other on these platforms.

Theme 3. *Cultivating mental-health and wellbeing provision for a digital generation.*

This final theme encapsulates YP's contribution to what future mental-health and wellbeing provision might look like and embeds feedback on the SSL-A sample digital resources. The subtheme "key ingredients for effective online mental-health and wellbeing support" encompasses the most appealing and engaging features of online content. In keeping with the inherently fast-moving nature of the digital realm, brief, attention-grabbing materials—"fun and eye catching with lots of different images" (Holly)—were universally popular. For example, in relation to the SSL-A sample resources: "…the colours and patterns really catch your eye, if I saw this [stress bucket infographic] on Instagram, I would probably do the activity and it would help calm me down" (Jo). Conversely, the SSL-A "thoughts, feelings, behaviour" infographic was described as, "a bit boring" and furthermore, "the table is complicated, and the language is difficult" (Amira). This underlines the need for clear and simple messaging in effective online communications. Moreover, the risk of unintended negative effects was highlighted by the [take a] "Scrolling break" video: "It has a clear message, but it may cause the viewer to feel guilty over using social media, not always a great message online" (Keira).

Music was also a unanimously popular feature: "The music is really important, that can attract attention" (Holly). The most popular SSL-A short video was the sleep loop (highest overall mean rating: 12.41): "The music was good and calming, makes me want to sleep, loved it!" (Aisha). In terms of other desirable criteria, "It's clearly portraying the message, catches your eye and makes you want to watch to the end" (Kiera).

The least popular SSL-A digital resource was the expert interview (lowest overall mean rating: 8.5), which some YP found visually dull: "Use experts but have some interesting visuals relevant to the message" (Sita). Despite this, the key message and trustworthiness of the source were widely applauded: "Good message [reach out to someone if you need support]" (Sara); "It is trustworthy because it's a professional" (Maryan). This reiterates the importance that YP placed on having a trusted source for support. Furthermore, several participants agreed that they were more likely to view additional content if they believed a source was credible: "Once you have their attention, people would recognise you as someone who knows what you're talking about" (Katy) and "Like with all the videos, if you see it is the same [trustworthy source] then you're more likely to watch it" (Bea). For SSL-A digital resources, "Have something up [branding or logo] to identify it's something you can trust" (Holly).

Humour was seen by many participants as a good technique for keeping viewers' attention. The SSL-A "Conversations with myself" and the animated video were described as follows, respectively: "It was such a funny video, I loved it–well done! 10/10–it's very real and relatable" (Sita) and "It was funny but has an impact, I loved the animation and the idea" (Katy). Interactive features were useful for capturing an audience and prompting engagement. For example, the SSL-A "Recognising feelings" video incorporates

a game element (inviting viewers to guess the emotions): "[It] makes you think about your emotions...I think people would click the link for more info" (Amira).

A few participants suggested tweaks to some of the SSL-A resources—for example, the "Stress poetry" video, which embeds a deep breathing exercise: "I personally like the idea but 'breath 1,2,3...'–it's repeated too many times" (Sara). Similarly for the relaxation/visualisation video: "It was too long; the video was too slow" (Holly). Although counterintuitive for a relaxation exercise, this demonstrates YP's typical appetite for fast and easily digestible digital content. Although some participants saw the beneficial effects— "It's very relaxing and can calm people down when they're feeling burdened with their problems" (Sita)—for others, the exercise itself was more suited to a physical space: "This concept [relaxation practice] seems better in a face-to-face setting" (Maryan). These reflections highlight YP's myriad personal preferences and the need to offer a variety of support tools and options for both off- and online access.

The "Healthy lifestyle" video (abridged SSL-A lesson) received mainly positive feedback (overall mean rating: 10.92): "This does feel like a lesson and helps people understand themselves and their lifestyles better" (Katy) and "It's a good, engaging video and helps people change their choices" (Keira). The content was considered very good and informative, and the activities and links were useful: "The sports places he recommended which are free were really good" (Holly). However: "Don't make it too long because people might not watch all of it, although the message is clear, some parts can be more condensed" (Katy).

The subtheme "whole-world approaches (WWA) to mental health and wellbeing" represents evolving blended support pathways, driven by digital-consumer patterns coupled with the high demand for effective, timely, and cost-effective resources. Participants universally concurred that online content should be "short," "bold," and "free." Some YP reported feeling frustrated when they encountered a charge from providers to access further content after viewing free "taster" materials.

Peer-to-peer support was highly valued by all YP in both the physical and the digital realm: "If they're my classmates they will trust my advice" (Maryan), and "A young person can give the [healthy lifestyle] lesson totally–their experience is good" (Bea). Peers were credited with offering unique qualities: "You can relate to young people and you can trust they're more understanding...If you hear it from a young person and you get young people involved, you're more likely to get other young people's attention" (Sita). Nonetheless, most YP acknowledged how trusted adults, including parents, mental-health professionals, and teachers, also provide valuable support: "Sometimes, when you need help, you want someone older...they have more experience, and you can trust them" (Katy).

In sum, YP commonly recognised the global reach of social media and saw it as a natural vehicle for raising mental-health and wellbeing awareness: "You can connect to people worldwide...I think social media is a really good place to network, if people see the [SSL-A] videos, then they can start the [wellbeing} conversations" (Bea). Participants mutually advocated for online content that was inclusive and reflected a global audience: "Bring people from different backgrounds [to feature in the SSL-A videos] to make it more relatable for different people" (Maryan). For example, the need for subtitles was flagged: "I understand the message [sleep infogram], but subtitles would help people who are deaf" (Sara). Another recommendation was, "Use language which sounds less formal" (Aisha). YP consistently expressed high expectations regarding engaging and acceptable online content, and equality, inclusivity, and diversity issues emerged out of genuine concern for this generation of digital citizens.

4. Discussion

This exploratory study utilised participatory-action research (PAR) to investigate the authentic voices of YP with respect to their use of social media and mental-health and wellbeing support. The overall aim was to test the feasibility of digitalising the Super Skills for Life (SSL-A) socio-emotional intervention for adolescents, and participants provided feedback on sample SSL-A digital resources. Although YP expressed their willingness to

engage with mental-wellbeing content online, there is a prolific volume of material vying for their attention [42].

Findings revealed that YP's relationships with social media were complex and very personal. Active social-media use is associated with increased wellbeing [43], whereas passive social-media use can negatively affect wellbeing [44]. Dingli and Seychell [13] argued that YP are constantly making personal choices with the technologies they use. Some participants in the current study demonstrated high agency and were critical consumers of social media. Nonetheless, more passive engagement in the digital realm, sometimes for prolonged periods, was also reported, and moreover, these online behaviours were not mutually exclusive.

In line with Bell et al.'s [21] findings, which showed that most YP have some interest in using digital technologies for mental-wellbeing support, participants in the current study showed willingness to engage with social-media platforms providing such content. However, YP had high expectations and expressed strong views about how social-media content was packaged, as well as the most appropriate platform/s for sharing different materials (e.g., TikTok for infographics versus YouTube for lengthier content). Style and immediate appeal were integral to whether an item was viewed or swiped past—eye catching visuals, clear messaging, engaging audio/music, using humour, and inclusivity and diversity all emerged as important ingredients. The SSL-A sample digital resources that most closely aligned with these preferences (e.g., sleep loop video) received the highest ratings and most positive feedback. Durlak and DuPre [45] insist that for any intervention to be successful it has to be compatible with its recipients, and a fundamental consideration when extrapolating content typically delivered face-to-face to an online context is transferability. YP's feedback on the sample SSL-A digital resources was an essential first step in establishing social validity and the feasibility of developing a digital SSL-A intervention pathway. Thus, findings from the current study have provided valuable insights and support the proposition to pursue further research into the intervention's development and evaluation.

Although the main benefits and risks of social media for health promotion are well documented, our understanding of how to adapt and design evidence-based interventions to effectively reach mass online audiences and tailor these to specific groups is still in its infancy. Studies examining dietary habits [17,18] have demonstrated that exposure to social-media content can shape normative perceptions and influence food intake. Pertinently, adolescence is a life stage particularly associated with vulnerability to peer pressure. In the digital realm, social-media sites enable content sharing, as well as possible social-validation functions, such as liking and posting comments, which also communicates social endorsement. Adolescents are regularly and heavily exposed to targeted social-media content (based on their viewing history) and posts from peers, and this was reflected in the current study. In line with previous research, the current findings tentatively suggest that exposure to social-media images and videos can convey social norms and shape normative perceptions with respect to healthy wellbeing behaviours. Therefore, developers of online interventions should not only attend to the presentation of their content but also the ways in which such content is shared and perceived through the interplay of social media's interactive features—for example, likes and followers.

The notion of trust emerged as a critical factor in YP's decisions to seek in-person mental-wellbeing support and, likewise, credibility emerged as a key consideration in YP's assessment of online mental-wellbeing resources. Goodyear et al. [41] found that official organisations (e.g., the National Health Service) were the strongest influence on YP's health-related behaviours, whereas, conversely, celebrities were not regarded as credible sources of health information. Nonetheless, despite this scepticism, YP's understandings and behaviours were still influenced by health-related materials from celebrities. In Qutteina et al's study [18], food literacy was identified as an important mediator between social-media exposure and improved dietary behaviours. Wider literature emphasises the significance of social media as a tool to improve food literacy, and this rationale applies across other

domains, including mental health and wellbeing. In the context of the current study, concerted efforts to ensure SSL-A digital resources are deemed trustworthy and acceptable by a youth audience are needed. The adaptation of evidence-based interventions such as SSL-A to digital formats and optimising social-media exposure has the potential to both improve YP's mental-health and wellbeing literacy and facilitate healthier wellbeing behaviours to scale.

Over recent decades, schools have become the ideal setting for mental-health and wellbeing interventions. Certainly, they have considerable reach, with around 66% and 89% of children globally enrolled in secondary and primary education, respectively [46]. However, schools are diverse and complex institutions, and evidence of good practice is patchy [47], whereas for some pupils school is not a trusted setting. YP's voices in the current study mirrored these concerns. Pertinently, the COVID-19 pandemic has created fresh opportunities for digital mental-health pathways to combine with traditional services, and social media is emerging as a powerful tool for wellbeing education and support. Even so, popular discourse continues to focus on risk [48]—for example, a toxic "likes" culture that can negatively impact YP's body image and self-esteem [49]. Social-media risks should not be underestimated, and the increasingly private nature of CYP's online behaviours means that any attempts to isolate exposure are typically thwarted [50]. Nonetheless, in line with previous research [41], the current study revealed that YP could be discerning users of digital technologies and were aware of online risks and fake content. Furthermore, peers can encourage healthy wellbeing behaviours by curating and posting their own digital content—a growing trend, particularly with adolescent users [20]. Conveying positive mental-wellbeing messages to a large youth audience has the very real potential to influence healthy behaviours such as help-seeking [51]; whereas wider evidence supports the effectiveness of peer-to-peer engagement for spreading public-health messages [52].

This exploratory study has some limitations to consider when interpreting the findings and their transferability. YP, recruited by convenience sampling, were predominantly female, with the exception of one male. In addition, the age of YP focus-group participants did not reflect the full range of potential recipients of the SSL-A intervention (12–18 years old) and was skewed towards older adolescents (age 16+). According to Krueger [53], useful data can be more readily achieved within a homogenous group, as participants are more willing to fully engage in discussion; thus, focus-group participants should share similar characteristics, including gender. Nonetheless, the authors acknowledge that mixed-gender groups can improve both the quality of discussion and its outcomes [54].

The current study excludes the perceptions and experiences of male youth and future research should address this gap. The wider literature supports some gender disparities in social-media engagement; for example, adolescent girls are more likely than boys to share content about their emotions and feelings [55]. However, young males who reported speaking to online friends regarding personal problems were found to have higher levels of mental wellbeing [56]. This tentatively suggests that communicating online about emotions and feelings can be positive for male mental wellbeing, and their apparently lower engagement in such behaviours warrants further investigation. Other research indicates that although adolescent boys are not greatly affected by the number of online likes they receive (compared to girls), they are distressed by negative comments from peers [57]. Social media's impact on boys' wellbeing may be underestimated, as research attention has concentrated on girls', who show higher levels of online interaction. Furthermore, adolescent boys may face different challenges and pressures from social-media engagement, and therefore gender-specific issues and potential support pathways require greater scrutiny. For example, although young people have access to a wide range of online forums, boys are twice as likely as girls to report often spending time there [55]. These sites provide a forum for discussing health-related, political, or social issues, as well as a space for youth to explore their identity. The rise of the self-proclaimed misogynist Andrew Tate as a major online influencer for boys and young men joining such communities exposes a particular dilemma around social-media use among males.

Although the use of convenience sampling prevents generalisations from being made [29], this technique is recommended for initial research to gain valuable insights from which to generate an informed hypothesis. Feasibility studies such as this refine our understanding of interventions and facilitate ongoing adaptations and evaluation designs [58]. Findings from this preliminary work have established that future research into adapting the SSL-A intervention to a digital delivery mode is warranted. Furthermore, findings can inform the research questions and the design of a full-scale study that will consider a range of research methods.

The PAR design of the current study was a particular strength. Engaging intervention recipients at every stage of the research process is more likely to facilitate meaningful, effective, and sustainable provision [59]. It produces legitimate evidence for intervention development, and this applies to the current study. CYP's authentic views cannot be fully understood through inference and assumption on the part of the researcher [50], and their voices should be at the heart of programme design, delivery, and evaluation [60]. The legitimacy of research rests on its ability to minimise bias and empower groups who are often marginalised [61]. Empowerment lies in the co-construction of knowledge that gives prominence to YP's words throughout the research process [62], as was the case here.

5. Conclusions

In a climate of unprecedented demand and overstretched services, researchers and policymakers must explore innovative ways to provide timely and appropriate mental-wellbeing support for children and young people, offering choice to suit individual needs and preferences. Inevitably, this involves embracing traditional face-to-face services alongside emerging online modalities. The digital adaptation of evidence-based, preventative programmes (e.g., SSL-A [23]), typically delivered in school settings, offers one promising solution.

Co-production in intervention development and evaluation gives youth the opportunity to help shape and improve services targeted at them [63]. The current findings support further investigation of how SSL-A resources (and other evidence-based programmes) can be developed to meet the needs of a digital generation. This requires inclusive partnerships with youth and utilising both qualitative and quantitative research designs to gain a fuller understanding of how social media and digital technologies influence their lives and, moreover, how to harness those technologies to optimise healthy development, manage risk, and minimise harm. Post-pandemic, policymakers must embrace the opportunities presented by hybrid, blended models of mental-health and wellbeing provision rooted in robust research evidence that holds children's and young people's voices at its heart.

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