* Torous, John, et al. "Creating a digital health smartphone app and digital phenotyping platform for mental health and diverse healthcare needs: an interdisciplinary and collaborative approach." *Journal of Technology in Behavioral Science* 4.2 (2019): 73-85.
  + “A second challenge of the digital health space is that very few are truly accessible, editable, and reusable. The hallmark of science is reproducibility and the simplicity of sharing app code should make this highly feasible.”
  + “As the potential of smartphone apps and sensors for healthcare and clinical research continues to expand, there is a concomitant need for open, accessible, and scalable digital tools. While many current app platforms offer useful solutions for either clinicians or patients, fewer seek to serve both and support the therapeutic relationship between them. Thus, we aimed to create a novel smartphone platform at the intersection of patient demands for trust, control, and community and clinician demands for transparent, data driven, and translational tools.”
  + “The healthcare system will continue to adapt, as will the technology and capabilities of apps, but the intersection between patient needs for digital health (i.e., trust, control, community) and clinical research needs for digital health (i.e., transparent, data driven, translational) will likely remain constant.”
* Torous, John. "“WHAT IS THE APP FOR THAT?” HOW MENTAL HEALTH CLINICIANS CAN MAKE INFORMED MENTAL HEALTH APP RECOMMENDATIONS FOR YOUTH." *Journal of the American Academy of Child and Adolescent Psychiatry* (2021): S45-S45.
  + “Many mental health apps are not evidence-based, particularly for the pediatric population. Moreover, some apps may not only be ineffective, but also harmful, with many sharing health data with third parties.”
  + “Our young patients and their families are increasingly asking providers about mental health apps, and accessible digital tools to augment existing treatment options are increasingly available. However, not all apps carry the same evidence base and risk, making it important that mental health professionals be informed before making any recommendations.”
* Federation of Families for Children’s Mental Health. *The Treatment Experiences of Youth with Co-Occurring Substance Abuse and Mental Health Disorders and Their Families*. Federation of Families for Children’s Mental Health, https://permanent.fdlp.gov/lps120599/KEN02-0129.pdf.
  + Need for easy access to information
    - “Deliver usable and helpful information on illness, treatment, after care, and funding to youth as well as to parents.”
    - “Develop public awareness of mental health issues and positive models of treatment to disseminate in schools, to families, and through youth groups.”
* Department, Prince George's County Health. “PGC Health Zone.” *Prince George's County Health Department*, http://www.pgchealthzone.org/.
  + Adequate social and emotional support severely lacking relative to rest of Maryland
    - “Social and emotional support refers to the subjective sensation of feeling loved and cared for by those around us. Research has shown that individuals with social and emotional support experience better health outcomes compared to individuals who lack such support. For example, when individuals are exposed to stress, emotional support has been shown to decrease stress hormones and reduce blood pressure. In addition, it has been shown that social and emotional support have beneficial effects on recovery time post cardiac surgery, coping with cancer pain, and overall longevity.”
* Ng, Sok Hui, et al. "A systematic review of youth and teen mental health first aid: improving adolescent mental health." *Journal of Adolescent Health* 69.2 (2021): 199-210.
  + “Approximately half of mental disorders begin before 14 years of age. According to the World Health Organization, mental disorders account for 16% of the [global burden of disease](https://www.sciencedirect.com/topics/medicine-and-dentistry/global-disease-burden) in adolescence. However, adolescent mental illness often goes undiagnosed and untreated because of low levels of help-seeking behavior.”
  + “Adolescents do not frequently seek help from mental health professionals, their peers, parents and teachers are key to detect the signs.”
* Olsson, Dudley P., and May G. Kennedy. "Mental health literacy among young people in a small US town: recognition of disorders and hypothetical helping responses." *Early Intervention in Psychiatry* 4.4 (2010): 291-298.
  + “Mental, emotional and behavioural (MEB) disorders are a serious health threat among young people in the US and ‘should be considered as commonplace as a fractured limb: not inevitable but not at all unusual’, according to a 2009 report by the National Research Council and the Institute of Medicine.”
  + “Most of the students (71.2%) said they believed there was little or no professional help available in their community for young people with mental health problems or were unsure about such help. About a quarter of the respondents (26%) could name a professional resource in the community, and about the same percentage (25.8%) said it was easy to get professional help. Although mental health is a mandated topic in health education in Virginia schools, less than a third of the respondents (27.7%) said they had discussed mental health in PE or health classes in the past 12 months. The students were divided in their feelings about the ease of talking about mental health with their friends or the adults they felt close to (47.9% said it was easy, while 52.1% said it was hard or they were unsure).”
* “Digital Mental Health Care Needs to Be More Accessible | CBC Radio.” *CBCnews*, CBC/Radio Canada, 5 Nov. 2021, https://www.cbc.ca/radio/spark/digital-mental-health-care-needs-to-be-more-accessible-1.6234721.
  + “We haven't totally remedied disparities in the accessibility of various technologies. So when we rely upon technology to provide health and healthcare-related interventions, we're still seeing some problems there, and some incongruity between the amount of care, especially mental health care services, that we would like people to have…upwards of 200,000 available[apps]—aren't regulated in any meaningful way. "And so they can label them and make largely whatever claims they want about them and say that they should be housed and marketed as health apps."
  + “Bedor Hiland said there's a real issue of accessibility, where often people who may need guidance most urgently don't have the ability to pay for what are often quite expensive apps. This creates a vicious circle, she pointed out: the people most likely to use them are young, largely white women, which means that's who they're marketed to, and designed for. Moreover, they are profit-driven enterprises, so they naturally focus on the issues faced by people who can afford to pay the most for the apps, she said.”