

Shifting focus to adolescent wellbeing and inclusive participation in the digital age

IN REPLY: We strongly agree with Bailie and colleagues¹ that the inclusion of young people with disability must be a focus of digital health research and policy. The authors' call aligns with emerging evidence that digital health interventions may reinforce disparities when equity considerations such as accessibility, affordability, and digital literacy are overlooked.² These digital determinants of health intersect closely with broader social determinants, highlighting the need to design interventions and policies that respond to both and actively reduce the risk of exacerbating health inequities.

In our perspective article, we highlighted two groups of young people facing systemic barriers as examples to draw attention to the digital divide.³ We welcome this opportunity to further emphasise the need to consider the lived experience of a broad range of young people who experience marginalisation, including, but not limited to, those who are Aboriginal and Torres Strait Islander; culturally and linguistically diverse (including from refugee and asylum seeker families); living with disability; identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and others (LGBTIQA+); in contact with the child protection and/or criminal justice systems; experiencing homelessness; young parents; born into poverty; facing socio-economic disadvantage; have experienced trauma;

have a parent or guardian with a mental health condition; or are living in rural and remote communities.⁴

We echo the authors' view that inclusion must be intentional, adequately resourced, and grounded in lived experience. This is critical not only for creating safe, supportive and equitable digital environments, but also for developing tools more likely to be adopted and implemented and to meet adolescents' needs. Digital collaboration offers opportunities to overcome communication barriers faced by some young people living with disability; for example, by enabling non-verbal communication through chat or assistive technologies. These features can help create more inclusive and welcoming digital spaces. Including the names and contributions of young people with disability, with permission, in research may reduce stigma and encourage others to participate. As we continue our work through the Health Hive (www.youthhealthhive.com), an initiative aimed at integrating young people into health research and decision making as best practice, we remain committed to learning from and alongside young people with diverse lived experiences, including those living with disability.⁵

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