The world can look grim through the window of a smartphone screen. At its worst, the Internet is a stream of depressing headlines, cyberbullies, trolls and political rants—and our data plans keep us constantly connected. One mental health author recently referred to smartphones as “nightmare rectangles.”

But what if the LCD screen keeping you up nights could also be your gateway to better mental wellness?

With the growing strain on Canada’s health care system, mobile mental health offers patient-driven solutions, potentially relieving the system and its overworked staff.

Resources are wide-ranging, from guided mediation apps like Headspace to check-in apps for reaching out to friends in distress to FaceTime sessions with licensed therapists and digital PTSD counselling through the U.S. Department of Veterans Affairs.

These services look promising, especially for rural communities where mental health risks are higher and care options are fewer. Mental wellness apps also have the power to reach youth, an at-risk demographic, where they already live—on their phones.

Research shows that online treatment can help remove barriers to health care access, giving clients an experience on-par with in-person therapy. Many apps offer self-assessment to help patients seek early intervention before a condition escalates and requires more time, energy and resources to tackle.

“These apps have a significant place at the table,” says Sean Kidd, chief of psychology at the Toronto-based Centre for Addiction and Mental Health (CAMH) and creator of A4i (App4Independence), an app for patients with schizophrenia or psychosis.

Kidd’s app was inspired by a former patient with schizophrenia who used his phone to track appointments and detect audio to determine whether or not the sounds he heard at home were real or hallucinations. The finished platform includes medication tracking, sleep data, curated newsfeeds featuring positive peer-to-peer discussions, as well as patient diaries to encourage self-care and prediction tools that alert care providers if red flags in user’s habits mark a potential relapse in recovery.

Kidd spent three years testing the app in development with CAMH. He warns that many privately funded apps focus more on slick marketing campaigns than research and quality control.

As with all of the Internet’s offerings, these apps are a case of user beware. If someone in your life is seeking to improve their mental health, the right resource could be a milestone in their journey, but the wrong one could be a setback. Help them do their research. That dream journaling app with the cute graphics could burn their limited energy for recovery, and distract from meaningful progress.

“You’ve got a certain amount of gas in the tank for a coping activity,” says Kidd. “It’s not Angry Birds.”

If the app isn’t offering results, find a new option. Leave honest feedback for developers and reviews for future users.

And if your phone is still causing anxiety, try Moment, which tracks how your use of apps affects your mood. Or Thrive, a boundary-setting app to foster healthier online habits.

There’s no replacing professional mental health care, but given how much time we spend on our phones, mobile mental health apps could be worth the screen time.

Craig and Marc Kielburger are the co-founders of the WE movement, which includes WE Charity, ME to WE Social Enterprise and WE Day. For more dispatches from WE, check out WE Stories.