ARTIFICIAL INTELLIGENCE (AI) CHATBOTS FOR MENTAL HEALTH SUPPORT

Targeted literature review and gap analysis

November 2026

MENTAL HEALTH FOUNDATION

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If you have questions about this research, please contact: research@mentalhealth.org.uk

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Mapping the evidence and research priorities

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Each of the five 'key findings' slides gives the overall answer to our research questions.

The ⊕ buttons open the appendix, where we've set out the facts and stats which support these conclusions.

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Background

Digital technologies increasingly shape how people seek information, advice and support for their mental health. Alongside social media and online communities, general-purpose Artificial Intelligence (AI) chatbots – such as ChatGPT, Google Gemini and Claude – are a growing source of mental health information and emotional support.

Unlike traditional mental health services, AI chatbots can be accessed immediately and freely at any time, allowing people to explore concerns, ask questions and discuss personal experiences in ways that are outside established care pathways.

As public adoption of general-purpose AI chatbots accelerates, questions are emerging about who uses these tools, why they are attractive, how they fit alongside existing support, and what risks and opportunities they may present to population mental health.

Searches for "AI therapist" rose by 1,505% in twelve months across 2024–2025 (Midland Health, 2025)

Abbreviations: AI: artificial intelligence.

What this review set out to do

This targeted literature review and gap analysis aimed to map the emerging evidence on the use of general-purpose AI chatbots for mental health-related support, identify where evidence is concentrated or absent, and highlight any gaps/uncertainties most relevant to future research and policy development.

What this review is intended to inform

This review supports the Mental Health Foundation's strategic focus on Online Worlds, aiming to inform the design of future research; recommendations to policymakers, developers and regulators; and evidence-based guidance for people using AI to support their mental health.

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Methodology
How the evidence was identified and synthesised

Targeted searches of academic and grey literature* were used to identify evidence on the use of general-purpose AI chatbots for mental health-related support. We focused on United Kingdom (UK) publications from 2023 to 2026 due to the rapidly evolving nature of this topic and the variation in AI regulation internationally.

In line with the Mental Health Foundation's focus on prevention, the review prioritized subclinical-to-moderate mental health difficulties (people without a formal diagnosis, or with symptoms below diagnostic thresholds). Some evidence on acute mental health crisis and more severe mental ill health was was included when encountered in the literature.

Relevant publications were reviewed and findings were extracted and mapped across themes to identify areas of evidence concentration, assess evidence strength and consistency, and characterise evidence gaps and uncertainties.

Results reflect evidence available at the time of searches (June–August 2026); more recent developments may not be captured.

1. Database Searches

Structured searches conducted in MEDLINE to identify peer-reviewed evidence.

2. Grey Literature Searches

Google searches to identify policy, regulatory, charity, polling, safety and developer evidence.

3. AI-Assisted Validation & Targeted Searches

Consensus and additional targeted searches to validate and extend initial research findings.

4. Screening & Data Extraction

Eligible sources reviewed and findings extracted against predefined fields aligned to targeted review objectives.

5. Evidence Mapping & Gap Analysis

Findings synthesised to identify evidence strengths, uncertainties and research gaps.

Gap analysis

* Academic literature refers to peer-reviewed journal publications, and grey literature refers to publications from non-academic sources such as third sector organisations and government departments. See Appendix for the eligibility criteria.
Abbreviations: AI: artificial intelligence.

Strengths and limitations of this review
How to interpret the findings

Strengths

- **Broad grey literature coverage.** Policy, charity, polling and safety sources captured evidence absent from peer-reviewed literature
- **Recency and triangulation.** Searches run June–August 2026 across databases, grey literature and AI-assisted validation
- **Structured, transparent method.** Predefined extraction fields, consistent mapping, and source flow

Limitations

- **Targeted, not systematic.** Designed to map the landscape rather than exhaustively identify all evidence; sources may have been missed
- **No formal quality appraisal.** Sources were not risk-of-bias assessed or graded
- **Immature underlying evidence base.** Mostly cross-sectional surveys and self-report, with little longitudinal or outcome data
- **Scope and timing.** English-language, UK-weighted, general-purpose chatbots only, and a point-in-time snapshot

Abbreviations: AI: artificial intelligence.

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230
Records identified via database search

121
Records identified via grey literature searches

243
Records identified via AI-assisted validation and targeted searches

23
Sources included in this evidence review

Total of 594 publications screened

Abbreviations: AI: artificial intelligence.

Evidence landscape: Composition

The evidence base we reviewed includes 23 publications, most of which were published in the UK in between 2023 and 2026.

We identified three key types of evidence:

Surveys, polling and interviews with people who are using AI chatbots, and analyses of user AI interactions form most of the evidence base. These sources provide insight into who is using AI for mental health support, how widespread this may be, and the motivations and experiences reported by users.

A smaller body of evidence examines how AI chatbots respond under test conditions, including mental health crisis scenario testing and developer safety evaluations. These studies provide information on AI model behaviour rather than on the experiences of real users.

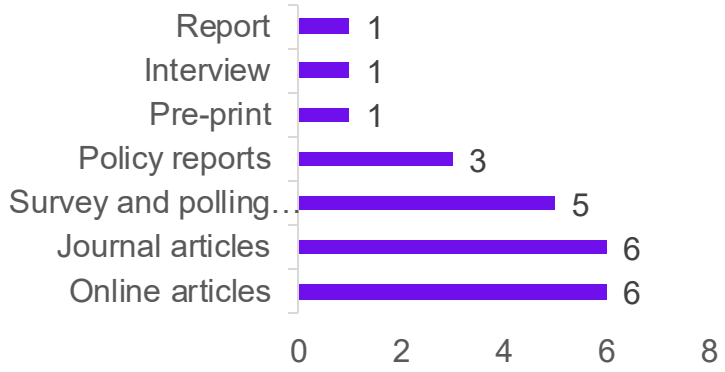
Another small body of literature includes clinician perspectives, discussion papers and expert commentary which help to frame emerging issues and risks. These papers provide valuable context on the current AI landscape and help guide interpretation of research evidence.

Notably, we did not find any studies designed to assess whether using AI chatbots leads to measurable changes in wellbeing, help-seeking or any other long-term outcomes.

Categories are not mutually exclusive; some sources report more than one type of evidence. **Abbreviations:** AI: artificial intelligence; UK: United Kingdom.

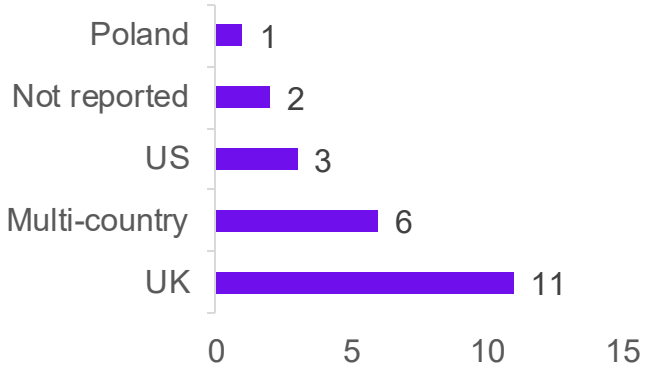
Evidence landscape: Composition

Source type



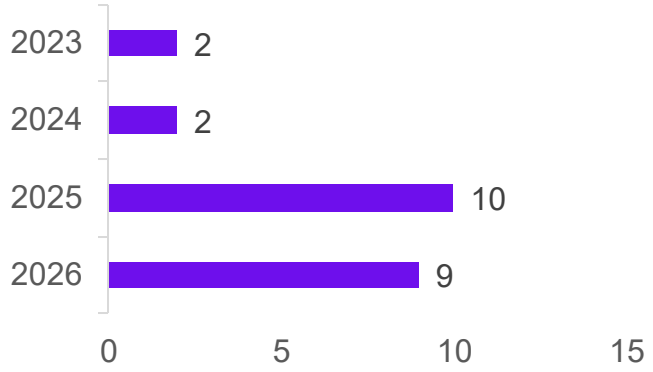
The 23 sources are diverse in type. However, the evidence base is small and mostly made up of grey literature. Only six sources are peer-reviewed journal articles, and only four of these examine real users of general-purpose AI chatbots.

Geography



The review focused on UK evidence, supplemented by international literature where relevant to strengthen and broaden the evidence base.

Year



19 of the 23 sources were published in 2025 or 2026, reflecting how quickly the field is growing. Little of this evidence has been replicated or undergone peer review, so findings should be interpreted cautiously.

No formal quality appraisal was undertaken. **Abbreviations:** UK: United Kingdom; US: United States.

Evidence landscape: Coverage by Population and Topic

Shading shows how many sources report data on each population for each topic

None
1
2
3
4
5
6

There is breadth, but limited depth

Columns follow the order of the 'key findings' sections

	Prevalence	Reasons for use	Support pathways	Experience	Patterns of use	Trust	Attachment	Safety & harms	Measured outcomes	Sources
Children	2	2	1	1	2	2	1	1	0	2
Teenagers	4	6	2	5	4	3	3	3	0	6
Young adults	1	1	1	2	0	1	0	0	0	2
Adults / general population	5	5	4	5	5	4	2	4	0	8
Older adults (65+ years old)	2	0	0	0	0	1	0	0	0	2
Vulnerable children	2	1	0	1	2	1	1	1	0	2
Mental health service users	2	0	3	1	0	0	0	0	0	3
Clinicians as proxy*	0	0	1	1	0	1	1	1	0	1
No users – testing*	0	0	3	0	0	1	1	3	0	3
Sources	10	12	12	13	12	9	8	12	0	23

No sources measure user outcomes

'Clinicians as proxy' = professionals reporting the experiences of their patients

'No users – testing' = AI model testing conducted without human participants

No formal quality appraisal was undertaken; one source is developer-authored with evaluation criteria undisclosed (OpenAI, 2025)
Age groups follow the underlying sources, whose ranges overlap: children 8–15 and 9–17; teenagers 13–17 and 13–18; young adults 19–22 and 18–24 subgroup; adults 16+ to 18–89. Older adults were included in adult samples but not analysed separately. A source

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Note on how to read this section: each question gets one slide with the overall answer. Links take you to the underlying evidence.

Key Findings

Five questions investigated

1. Who is using AI chatbots for mental health?
2. Why are people using AI chatbots for mental health?
3. How do AI chatbots fit in mental health support pathways?
4. What are the user experiences, benefits and patterns of use?
5. To what extent do users trust or rely on chatbots?

Abbreviations: AI: artificial intelligence.

Who is using AI chatbots for mental health?

Use is widespread, skews strongly towards younger users, and concentrates among people experiencing more mental health symptoms – many of whom are already in treatment.

- Between **one in five** and **one in three adults**, and a **quarter of teenagers**, report use
- Use and receptiveness **fall** sharply with age
- Users report **higher rates** of likely depression, anxiety and PTSD than non-users
- Use is **highest** among children already identified as vulnerable
- However, many people do not and would not use AI for mental health support

While prevalence estimates suggest broad uptake, use is not evenly distributed. Across the evidence base, **younger age** and indicators of **vulnerability** are more consistently associated with chatbot use than any other population characteristic.

Gaps: use among people who are not accessing mental health services · who the intensive users are · why the majority do not use them at all

Why are people using AI chatbots for mental health?

Chatbots offer immediacy, convenience and perceived privacy, while reducing concerns about judgement, stigma or burdening others.

- Reasons for use closely mirror the **barriers** people report to traditional care +
- **Availability and immediacy** are valued +
- Perceived **"non-judgement"** reduces the social cost of disclosure +
- **Companionship** and **relational needs** feature prominently among younger teens +

Reasons for use are measured consistently across sources, but always at a single point in time and from users at unknown stages of use. Across the evidence base, no source distinguishes new from established users, so whether reasons change as use continues is unknown.

Gaps: whether motivations change once use is established · whether motivations differ by AI type

How do AI chatbots fit in mental health support pathways?

AI chatbots can occupy several positions in mental health support pathways: they can be used instead of, alongside, or while waiting for formal support.

- Some users describe chatbots as **replacing formal support**
- Yet chatbot users are **more likely to be in therapy** than non-users, not less
- Uses other than replacement are more common, such as for **emotional support**
- Chatbots are also used as a **first step** or while on **waiting lists** for therapy
- Whether chatbots route people onward to human support is **untested**

Across the evidence base, chatbot users are more likely to be in treatment than non-users. No study is designed to establish which came first, so whether use displaces support or fills the space where support is unavailable is unknown.

Gaps: real-world evidence of whether chatbots signpost to appropriate resources and whether users act on this

What are the user experiences, benefits and patterns of use?

Most users say that chatbots help them, describing relief, feeling less alone and being able to express things they would otherwise keep to themselves. However, some report the opposite.

- A majority of users report **positive experiences** +
- A minority report **negative experiences**, and comparisons with human support are **mixed** +
- Chatbots are used for **coping, stress and symptom management** +
- **Regular use is common**, and a minority use chatbots daily +
- Whether chatbot companionship affects loneliness or social engagement is **unclear** +

Self-reported experiences are reported in detail. However, short- and long-term effects are not measured: no source examines whether a positive experience is accompanied by any change in mental health or wellbeing.

Gaps: whether reported benefits persist over time · who the benefits apply to · whether intensity of use is relevant

To what extent do users trust or rely on chatbots?

Trust is high among children and teenagers, whereas adult responses are more mixed. Users report concerns around dependency and privacy, although anonymity is itself a driver of trust.

- Trust is **high among children and teenagers**, while the largest group of adults is undecided +
- Only 12% of adults thoughts chatbots would be good therapists +
- What users value (availability, anonymity, non-judgement) is also what appears to **drive trust** +
- Some users report **emotional reliance**, and clinicians report observing **dependency** +
- Users and clinicians report **concerns** about privacy and potentially harmful responses +

Trust is measured in real users, whereas safety is measured in simulated ones. No study brings trust and safety together in the same people, so the relationship between them has been inferred rather than demonstrated.

Gaps: most evidence relates to children and teenagers · which users may be more vulnerable to harm is unclear

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Observations

Across the five questions, the same limitations reappear

Where the evidence is stronger

- Prevalence and reasons for use, particularly among children, teenagers and younger adults
- Self-reported experience and perceived benefit among people who use chatbots
- Testing of how systems respond to simulated risk scenarios

Where evidence is emerging

- Trust, anthropomorphism and attachment, mainly among teenagers using AI companions
- How chatbots sit relative to formal care (used both alongside and instead of services)
- Clinician-observed effects among patients already in treatment

Where evidence is limited or absent

- **Outcomes.** No source measures a change in mental health, wellbeing or help-seeking attributable to chatbot use
- **Direction of effect.** All evidence is cross-sectional, so whether use displaces, delays or facilitates help-seeking cannot be distinguished
- **Intensity.** No source reports session duration or cumulative time, so use cannot be related to reported benefit or harm
- **Populations.** Older adults appear mainly as a low-prevalence descriptive comparator group. Ethnicity is recorded in two sources and analysed in none. Income is described as a driver of use but not reported as a breakdown. Students, LGBTQ+ people and rural or digitally excluded populations are discussed in commentary rather than examined directly
- **Chatbot types.** General-purpose chatbots, AI companions and purpose-built tools are often combined within individual sources, which limits comparison between them
- **Harm.** Estimates vary widely depending on how harm is defined, from self-reported experience among users to platform-detected signals across all users
- **Protective factors.** No source examines what may make use safer, such as guardrail design, adult involvement, digital literacy or guidance from parents and schools

Abbreviations: AI: artificial intelligence; LGBTQ+: lesbian, gay, bisexual, transgender, queer and other identities.

Opportunity and risk sit in the same populations

Several groups identified as having most to gain are also those identified as most exposed to potential harm

Group	Potentially benefiting	Potentially exposed
Socially isolated people	Companionship and availability outside service hours	55% of psychologists agreed chatbots could reduce loneliness, while 93% said AI companionship could negatively affect social engagement (APA, 2026)
Children and young people	Low-barrier, non-judgemental, no adult gatekeeper	Highest reported trust, strongest anthropomorphic beliefs, and use below platform age minimums
Vulnerable children	53% say talking to AI makes them feel happy	71% used chatbots compared with 62% of peers, and were around three times as likely to use companion-style tools (Internet Matters, 2025)
People facing barriers to care	Support where cost or waiting times limit access	Of 29 chatbot agents tested against escalating suicide risk, none met the criteria for an adequate response (Pichowicz et al., 2025)
Teenagers affected by violence	An anonymous route to support	38–44% had used a chatbot for mental health support compared with 23% of peers, in a group where 73–81% had a diagnosed condition (Youth Endowment Fund, 2025)
Men	A route outside conventional help-seeking	42% used chatbots for mental health support compared with 33% of women; no source examines why or with what result (Mental Health UK, 2025)

For several groups, the evidence identifying potential benefits also identifies them as vulnerable to harm via higher AI use, alongside either positive perceptions or safety concerns.

Some high-use groups are underserved by existing mental health support, though this review did not assess service access directly.

The evidence does not establish which groups benefit most. Higher use, or more positive perceptions, should not be considered as evidence of greater benefit. **Abbreviations:** AI: artificial intelligence.

What the gap analysis tells us

Use is well established and reasons for it are well described. Whether use helps, harms or changes anything remains open.

What the evidence supports

- AI chatbot use for mental health support appears relatively widespread, particularly among younger populations
- Reported motivations for use are closely linked to accessibility and disclosure
- What users value and what may expose them to harm are often the same features

Where the evidence is more mixed

- Chatbot users are not necessarily people outside formal support pathways
- Reported benefit is consistent, though a minority of users report negative experiences
- Reported trust is highest among the youngest users

What remains open

- Four key questions are unresolved:
  - whether chatbots displace, delay or facilitate help-seeking
  - whether intensive or prolonged use is associated with harms or benefits
  - whether recent model changes reduce real-world harm
  - whether any of this differs by chatbot type or population group
- Where opportunity and risk concentrate in the same groups, guidance and policy may need to be specific about which populations and which circumstances, rather than about chatbots as a category

Abbreviations: AI: artificial intelligence.

Real-world implications

	Reasonably well evidenced	Not yet evidenced
Public information and guidance	Use is widespread across ages, and people turn to chatbots due to ease of access and disclosure. Trust is high among children and teenagers. Systems have difficulty recognising serious mental health presentations.	Which uses are safer than others. What advice would reduce risk in practice. Whether guidance changes behaviour.
Policy and regulatory engagement	Children below platform age minimums are using these tools. Age assurance is bypassable. Trust is highest where appraisal capacity is lowest (children).	Whether recent model changes reduce real-world harm. How risk differs between general-purpose chatbots and AI companions.
Service and system planning	Reasons for use closely mirror reported barriers to care. Many users are already in contact with services.	Whether chatbot use affects service demand, attendance or help-seeking in either direction.

The evidence does not establish which groups benefit most. Higher use, or more positive perceptions, should not necessarily be considered as evidence of greater benefit.

Where future research could add value

Question	Rationale	Possible approaches
Does chatbot use displace, delay or facilitate help-seeking?	Current evidence is cross-sectional and points in both directions: 60% of users in one survey reported using chatbots instead of formal support, while the best-sampled study found users were more likely than non-users to be in treatment	Designs that capture sequence rather than co-occurrence, such as online diaries alongside self-reported service contact
Who uses chatbots intensively, and what characterises this group?	Intensity of use may be relevant to dependency and to harm, but no source in the review reports session duration or cumulative time	Diary or experience-sampling methods capturing duration, timing and content type, with oversampling of frequent users
Are levels of trust associated with experience of harm?	Trust and safety are currently evidenced separately, and no study measures both in the same sample	Survey pairing trust and harm measures, with oversampling of 13- to 17-year-olds and groups identified as vulnerable. Existing trust-in-automation instruments would need review for suitability in a mental health context
What are the experiences of under-represented users?	Older adults, ethnic minority and lower-income users appear in the evidence base mainly as comparators or in commentary	Qualitative approaches such as in-depth interviews and friendship triads, with outcomes reported by subgroup as well as overall

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Appendix

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Scope and eligibility criteria
What this review included and excluded

Scope

This review identified and synthesised evidence describing the use of general-purpose AI chatbots for mental health-related support. The criteria below applied to eligibility screening of retrieved records at title/abstract and full-text stage. Search terms were designed to capture these concepts but were not restricted to them.

Inclusion criteria

- **Population.** General population, including people using a chatbot for themselves. The focus was personal use; sources describing use primarily on behalf of others (e.g. a parent or carer for a child) were excluded unless personal use was also reported separately
- **Concept of interest.** Use of general-purpose AI chatbots (broad conversational agents not designed specifically as mental health interventions) for mental health-related support, including implicit support-seeking such as chatting, venting, companionship, thinking through feelings, seeking advice or insight, and help articulating feelings
- **Topics of interest.** Evidence relating to one or more priority topics: use cases; users and prevalence; those at risk or with most to gain; experience and safety; patterns of use; outcomes and impacts; and guidance for safer use
- **Publication type.** Peer-reviewed literature indexed in MEDLINE and grey literature identified via Google and Google Scholar, plus reference-list checking of included sources where feasible

Abbreviations: AI: artificial intelligence.

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Scope and eligibility criteria
What this review included and excluded

Exclusion criteria

- **Purpose-built mental health tools.** Mental health apps and therapeutic chatbots, including CBT apps, regulated digital therapeutics and symptom checkers marketed as mental health tools
- **Non-human or preclinical-only evidence.**
- **Mixed-intervention comparative studies,** unless outcomes for the general-purpose chatbot were reported separately or could be extracted distinctly. Where eligible, data were extracted only for the general-purpose chatbot component; purpose-built tools were used for contextual comparison only
- **Trial records.** Test searches frequently retrieved RCT and trial records that were generally not relevant to the review focus, typically describing structured clinical interventions or purpose-built tools rather than real-world personal use. Trial terms were therefore applied as an exclusion filter to improve precision in this time-limited targeted review. Had early screening indicated relevant evidence was being missed, a sensitivity search without this filter would have been run and documented in the log

Pragmatic limitations

- **Date limits.** Focus on recent publications (2023 - 2026), unless landmark sources were identified
- **Extraction limit.** Detailed extraction for up to 50 priority sources across peer-reviewed and grey literature (only 23 were identified)

Abbreviations: CBT: cognitive behavioural therapy; RCT: randomised controlled trial.

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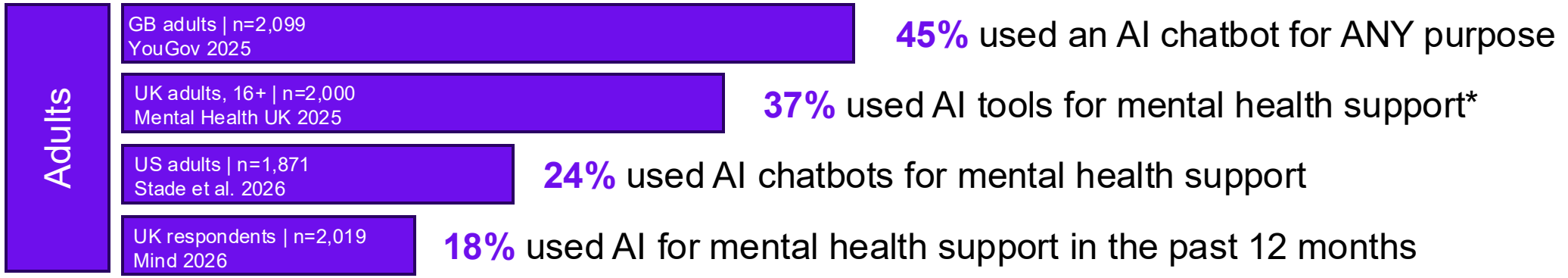
Who is using AI chatbots for mental health?

Use is widespread across adults and children (1/2)

Between one in five and one in three adults, and a quarter of teenagers, report use



41% of UK adults agreed they would use an AI chatbot to talk through a minor mental health challenge, against a 35-country average of 61%. UK respondents were among the least willing of the 35 countries surveyed (Yankouskaya et al., 2026; data collected 2023)

*This includes purpose-built mental health tools alongside general-purpose chatbots. **UK child chatbot users (Internet Matters, 2025).
Abbreviations: AI: artificial intelligence.

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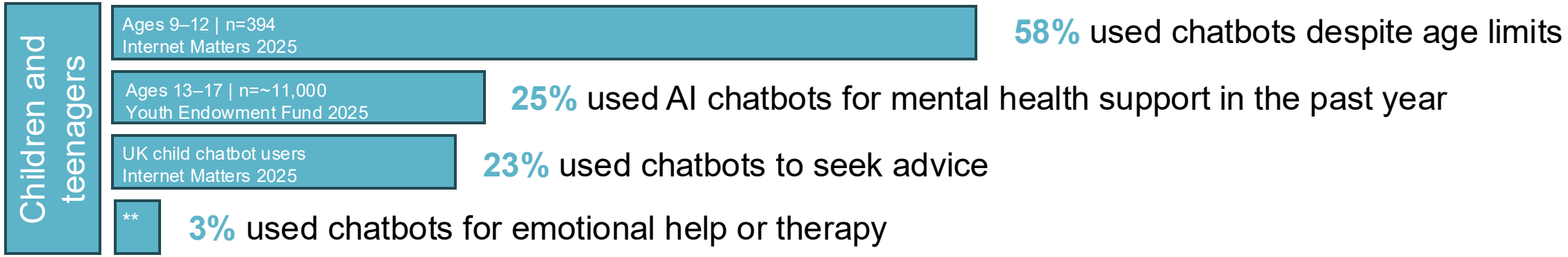
Who is using AI chatbots for mental health?

Use is widespread across adults and children (2/2)

Between one in five and one in three adults, and a quarter of teenagers, report use



*This includes purpose-built mental health tools alongside general-purpose chatbots. **UK child chatbot users (Internet Matters, 2025).
Abbreviations: AI: artificial intelligence.

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Who is using AI chatbots for mental health?

Use and receptiveness fall sharply with age

- Adults aged 25–34 were much more likely to use AI chatbots (64% of the group) compared with only 15% of those aged 55 or over (Mental Health UK, 2025)
- 22% of 18–24s surveyed thought chatbots would be good as a therapist or counsellor vs 6% of over-65s. Overall, 12% said good, 50% bad, 38% unsure (YouGov, 2025)
- 44% of 18–24s found chatbots an interesting conversation partner, against 10% of over-65s (YouGov, 2025)
- 67% of 15–17s use chatbots, against 53% of 9–11s (Internet Matters, 2025)
- Younger teens (13–15) were more likely than older teens (16–18) to believe AI companions can think (61% against 51%) or feel (21% against 6%) (McStay & Bakir, 2026)

Abbreviations: AI: artificial intelligence.

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Who is using AI chatbots for mental health?

Users report higher rates of likely depression, anxiety and PTSD than non-users

- People using large language models (LLMs) for mental health had higher rates of likely major depression (31% vs 16%), generalised anxiety (37% vs 22%) and PTSD (15% vs 7%) than non-users (Stade et al., 2026)
- The same users were more likely to be currently receiving psychological treatment (49% vs 39%) and to have ever received it (71% vs 50%) (Stade et al., 2026)
- Among self-selected regular users of ChatGPT for emotional and mental health support, 27% reported at least one mental health diagnosis, 45.6% had prior therapy experience and 12.6% were receiving therapy at the time of the study (Luo et al., 2025)

Abbreviations: AI: artificial intelligence; LLM: large language model; PTSD: post-traumatic stress disorder.

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Who is using AI chatbots for mental health?

Use was higher among children and teenagers already identified as vulnerable

- 71% of vulnerable children* (n=188) used AI chatbots vs 62% of their peers, and were nearly three times as likely to use companion-style tools such as Character.ai and Replika (17% vs 6%; Internet Matters, 2025)
- 26% of vulnerable children* would rather talk to a chatbot than a person vs 15% of children overall (Internet Matters, 2025)
- 38% of teenagers who had been victims of serious violence and 44% of those who had perpetrated it had used a chatbot for mental health support vs 23% of peers who had not. Between 73% and 81% of this group had a diagnosed mental health or neurodevelopmental condition (Youth Endowment Fund, 2025)
- Around nine in ten violence-affected teenagers had gone online for advice or support; this is approximately twice the rate of those who had not (48%) (Youth Endowment Fund, 2025)

*In this report, the vulnerable subgroup was defined as children with Education, Health and Care Plans (EHCPs), special educational needs (SEN) support, and/or physical or mental health conditions requiring professional support.

+1 point →

Abbreviations: AI: artificial intelligence; EHCP: Education, Health and Care Plan; SEN: special educational needs.

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Who is using AI chatbots for mental health?

Users report barriers to traditional care, and use is higher among men

- Among users, 79% cited treatment cost, 61% insurance coverage and 54% provider availability as barriers to traditional care. Of the 449 US adults who had used large language models for mental health, 56% did so at least monthly (Stade et al., 2026)
- A US study described users as disproportionately young, male and Black, with poorer mental health (Stade et al., 2026)
- Men were more likely than women to use chatbots for mental health support (42% vs 33%; Mental Health UK, 2025)
- Women were less willing than men to use AI for mental health support (63.6% vs 71.3%), consistent with the higher observed use among men (Yankouskaya et al., 2026; data collected 2023)

Abbreviations: AI: artificial intelligence; US: United States.

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Who is using AI chatbots for mental health?

Many people do not and would not use AI for mental health support

- 53% of GB adults have never used an AI chatbot for any purpose; a further 20% use them less than monthly (YouGov, 2025)
- 37% of UK adults said they would not consider using AI chatbots for mental health support in future (Mental Health UK, 2025)
- Only 12% of GB adults thought chatbots would be good as a therapist or counsellor; 50% thought they would be bad (YouGov, 2025)
- Among over-65s, 6% rated chatbots positively as a therapist and 10% as an interesting conversation partner (YouGov, 2025)
- 44% of teenage AI-companion users said they would never choose AI over a real person for a serious matter (McStay & Bakir, 2026)

No source asked non-users why they abstain from using AI chatbots for mental health, and no source identified people who tried chatbots for mental health support and stopped.

Abbreviations: AI: artificial intelligence; GB: Great Britain; UK: United Kingdom.

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Why are people using AI chatbots for mental health?

Reasons for use closely mirror the barriers people report to traditional care

- Among US adults using large language models for mental health, access to traditional treatment was reported as impeded by cost (79%), insurance coverage (61%) and provider availability (54%). On the other hand, the drivers of large language model use were convenience (85%), real-time availability (73%) and affordability (48%) (Stade et al., 2026)
- UK users cited long waiting times for mental health support and difficulty discussing mental health with friends or family (Mental Health UK, 2025)
- Among UK adults who had used chatbots for mental health, 18% said they could not access formal support and 11% said existing options did not meet their needs (Mind, 2026)
- AI chatbots were described as offering instant, anonymous support at any time of day, which may feel easier and safer than speaking to a professional (Youth Endowment Fund, 2025)
- One user described using chatbots for coping strategies, available 24 hours a day, while waiting for NHS talking therapy (BBC News, 2025)

Abbreviations: AI: artificial intelligence; NHS: National Health Service; UK: United Kingdom; US: United States.

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Why are people using AI chatbots for mental health?

Availability and immediacy are valued

- Young adults valued the immediacy, clarity and adaptability of responses in contrast to the volume and inconsistency of search results, and described using chatbots during acute emotional episodes for suggestions that helped de-escalate distress (Alvarado-Torres et al., 2026)
- Younger teens more often reported using AI companions because they are always available (25%, compared with 17% of older teens) (McStay & Bakir, 2026)
- The multilanguage capabilities of chatbots was noted as increasing accessibility (Alvarado-Torres et al., 2026)
- Conversations about depressive symptoms peaked between 7 and 8pm for Western users and between 9 and 10pm for Eastern users, with elevated frequency continuing into the early hours among Eastern users (Chin et al., 2023)

Abbreviations: AI: artificial intelligence.

← Back to summary

Why are people using AI chatbots for mental health?

Non-judgement and privacy reduce the social cost of disclosure

- 62% of users reported using large language models for social or emotional support; 48% attributed use to needing someone to talk to and 32% to fear of telling someone they were struggling (Stade et al., 2026)
- Chatbots were perceived as safe, anonymous and non-judgemental, and engaging privately reduced fears of stigma. Although young people recognised that chatbots lack human empathy, many described their neutrality as emotionally protective where opening up to peers or adults felt risky (Alvarado-Torres et al., 2026)
- Users sought emotional companionship and expression because they felt unable or unwilling to talk to others, citing stigma, fear of rejection, or not wanting to become a burden (Luo et al., 2025)
- Younger teens more often reported using AI companions because "they don't judge me" (17% vs 10% of older teens) and because they could say things they would not tell friends or family (16% vs 8%) (McStay & Bakir, 2026)
- Emotional vulnerability was expressed in 49.8% of chatbot conversations analysed, compared with 7.5% of comparable social media posts (Chin et al., 2023*)

*Chin et al. studied SimSimi, an open-domain social chatbot rather than a modern large language model. **Abbreviations:** AI: artificial intelligence.

← Back to summary

Why are people using AI chatbots for mental health?

Companionship and relational needs feature more prominently among younger teens

- 23% of 13–15-year-olds using AI companions did so to practise social skills, compared with 13% of 16–18-year-olds (McStay & Bakir, 2026)
- 9% of UK children who used chatbots did so because they had nobody else to talk to, rising to 23% of vulnerable children; 6% wanted a friend, rising to 16% of vulnerable children (Internet Matters, 2025)
- Chatbots were used for companionship, emotional disclosure, friendship and romantic interaction among young people using personified chatbots (VoiceBox, 2023)
- Teenagers described chatbots as therapists, confidants and companions, particularly when experiencing loneliness or social difficulties (Yu et al., 2024)
- Teenagers reported using AI companions because they help with loneliness, social skills and personal disclosure (McStay & Bakir, 2026)
- Some users reported dependency, frequent use throughout the day and fear of losing access (VoiceBox, 2023)

Abbreviations: AI: artificial intelligence.

← Back to summary

How do AI chatbots fit in mental health support pathways?

Some users engage with chatbots instead of traditional mental health support

- In a survey of 2,019 UK adults, 18% had used AI chatbots to support their mental health in the last 12 months. Of these people, 60% used chatbots instead of more formal support like NHS talking therapies and 31% said they preferred using AI to formal support (Mind, 2026)
- 28% of respondents used large language models to replace traditional therapy in a survey of the US population (n=1,871) (Stade et al., 2026)
- Teenage users described chatbots as therapists, confidants, and supportive companions, particularly when experiencing loneliness or social difficulties (Yu et al., 2024)
- No evidence was reported of children using chatbots alongside formal mental health treatment, therapy, counselling or clinical services (Internet Matters, 2025)

Abbreviations: AI: artificial intelligence; NHS: National Health Service; UK: United Kingdom; US: United States.

← Back to summary

How do AI chatbots fit in mental health support pathways?

People use AI chatbots alongside other therapeutic tools

- In a survey of the US population (n=1,871), LLMs were used to prevent future mental health problems (28%), replace traditional therapy (28%), supplement existing therapy (25%) and provide support between sessions (22%; Stade et al., 2026)
- Uses including social and emotional support, learning coping skills, relaxation strategies and symptom assessment were all more common than using LLMs to replace therapy (all $p<0.030$; Stade et al., 2026)
- Users of LLMs for mental health were more likely than non-users to be currently receiving psychological treatment (49% vs 39%) and to have ever received it (71% vs 50%; Stade et al., 2026)
- Among psychologists whose patients had developed a relationship with a chatbot, 71% said patients used it to discuss mental health and 68% noticed their patients felt validated or supported (American Psychological Association, 2026)
- 84% of UK adults (n=2,019) said it was important to have access to mental health support or advice from a human alongside AI tools (Mind, 2026)

Abbreviations: AI: artificial intelligence; LLM: large language model; UK: United Kingdom; US: United States.

← Back to summary

How do AI chatbots fit in mental health support pathways?

People use AI chatbots while waiting for mental health support or between sessions

- Participants used chatbots as a first step before seeking help from a real person, to establish whether their experiences were typical or to find coping strategies (Alvarado-Torres et al., 2026)
- Case studies have identified the use of AI chatbots because of long waiting times for mental health support, unaffordable therapy and periods of crisis (Centre for Mental Health, 2026)
- 22% of respondents to a US survey (n=1,871) used LLMs to provide support between therapy sessions (Stade et al., 2026); one user on an NHS talking therapy waiting list used chatbots for coping and anxiety management while waiting (BBC News, 2025)
- 15% of regular users turned to ChatGPT for mental health literacy and service access, including seeking information about causes of conditions or looking for services for themselves or others (Luo et al., 2025)
- Reasons for use included long waiting times for mental health support and discomfort discussing mental health with friends or family (Mental Health UK, 2025)

Abbreviations: AI: artificial intelligence; LLM: large language model; NHS: National Health Service; US: United States.

← Back to summary

How do AI chatbots fit in support pathways?

Evidence on help-seeking impacts remains limited

Some evidence suggests that chatbots may route users to appropriate resources

- 20% reported that chatbots helped them avoid a potential mental health crisis, and 21% reported that chatbots provided useful information on managing suicidal thoughts, including signposting to helplines (Mental Health UK, 2025)

Signposting evidence comes from simulated testing; user-reported signposting comes from self-report. Neither set of evidence outlines whether anyone acted on a signpost.

Evidence suggests that chatbots does not always signpost appropriately

- A study of chatbots responding to fictional personas with queries related to eating disorders identified that the chatbot would often identify itself as a source of support, with a lack of signposting to regulated resources such as the NHS (Sheen et al., 2025)
- Of 29 chatbot agents tested against escalating suicide risk, none met the criteria for an adequate response; 51.7% (n = 15) met the criteria for a marginal response and 48.3% (n = 14) were categorised as inadequate (Pichowicz et al., 2025)
- An assessment of four chatbots using conversations with fictitious teenagers found that they frequently prioritise user engagement over safety, asking follow-up questions rather than directing users toward human support. They often performed less effectively in extended conversations, which more closely reflects how young people use chatbots (Common Sense Media, 2025)

Abbreviations: NHS: National Health Service; UK: United Kingdom.

← Back to summary

What are the experiences, benefits and patterns of use?

A majority of users report positive experiences

- 66% of chatbot users found them beneficial; 27% felt less alone; 24% said chatbots helped them manage difficult feelings; and 20% said chatbots helped them avoid a potential mental health crisis (Mental Health UK, 2025)
- 37% of regular ChatGPT users rated it very helpful for emotional and mental health support and 36% helpful, a combined 73%; 56% specifically reported relief, emotional uplift and gratitude (Luo et al., 2025)
- Users reported high satisfaction with large language models for mental health, with a mean satisfaction of 4.0 out of 5 and moderate agreement that use was helpful and safe (Stade et al., 2026)
- 53% of vulnerable children said talking to AI chatbots makes them feel happy (Internet Matters, 2025)

Abbreviations: AI: artificial intelligence; UK: United Kingdom.

← Back to summary

What are the experiences, benefits and patterns of use?

A minority report negative experiences, and comparisons with human support are mixed

- 44% of teenage AI-companion users found conversations less satisfying than human interaction, 32% found them more satisfying and 24% about the same (McStay & Bakir, 2026)
- Alongside the 56% reporting relief and gratitude, 15% reported disappointment and disconnection, describing ChatGPT as formal and cold and as lacking the human touch (Luo et al., 2025)
- One user described chatbot support as being like an imaginary friend initially, but over time found replies unsatisfying as the chatbot would hallucinate or forget previously given information (BBC News, 2025)
- 50% of vulnerable children said talking to AI feels like talking to a friend (Internet Matters, 2025)
- Commentary has suggested that a system which draws on detailed personal disclosure and offers reassurance may be perceived as more helpful or more human than professional support, particularly where people mistrust professionals (Centre for Mental Health, 2026)

Abbreviations: AI: artificial intelligence.

← Back to summary

What are the experiences, benefits and patterns of use?

Chatbots are used for coping, stress and symptom management

- 68% of US adults using LLMs for mental health did so to learn skills or tools for addressing depression, anxiety or stress (Stade et al., 2026)
- 34% of use among regular ChatGPT users was for symptom management, most commonly anxious and depressive symptoms, and for distress reduction; a further 9% was for diagnostic evaluation and validation (Luo et al., 2025)
- Children described using chatbots for coping strategies around exams, including breathing exercises and advice on staying hydrated and taking walks (Internet Matters, 2025)
- One user described using chatbots for coping strategies and anxiety management, partly because they were available 24 hours a day (BBC News, 2025)
- The multilanguage capabilities of chatbots was noted as increasing accessibility (Alvarado-Torres et al., 2026)

Abbreviations: LLM: large language model; US: United States.

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What are the experiences, benefits and patterns of use?

Regular use is common, and a minority use chatbots daily (1/2)

- Eight in ten children aged 9–17 who use AI chatbots report using them at least weekly (Internet Matters, 2025)
- 31% of teenage AI-companion users interacted with them on most days, and 33% weekly or monthly (McStay & Bakir, 2026)
- 56% of the 449 US adults who had used LLMs for mental health did so at least monthly (Stade et al., 2026)
- Among regular ChatGPT users, 21% used it for mental health support a couple of times per week and 4% almost every day (Luo et al., 2025)
- Across GB adults overall, 4% used chatbots daily and 53% had never used one (YouGov, 2025)
- 299 of 1,037 children surveyed were classified as frequent users, though frequent use was not defined (Ofcom, 2024)

Abbreviations: AI: artificial intelligence; GB: Great Britain; LLM: large language model; US: United States.

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What are the experiences, benefits and patterns of use?

Regular use is common, and a minority use chatbots daily (2/2)

- Men were more likely than women to use chatbots for mental health support (42% compared with 33%), and adults aged 25–34 were more likely than those aged 55 and over (64% compared with 15%) (Mental Health UK, 2025)
- 53% of 9–11-year-olds used AI chatbots compared with 67% of 15–17-year-olds, and vulnerable children showed higher use than their peers (71% compared with 62%) (Internet Matters, 2025)

No source systematically measures session duration of cumulative time. The only available figure is a single case describing up to three hours a day and hundreds of messages exchanged (BBC News, 2025)

+1 intriguing point →

Abbreviations: AI: artificial intelligence; UK: United Kingdom.

← Back to summary

What are the experiences, benefits and patterns of use?

Whether chatbot companionship affects loneliness and social engagement is unclear

Some users report feeling less alone

- 27% of chatbot users reported feeling less alone as a result of use (Mental Health UK, 2025)
- 53% of vulnerable children said talking to AI chatbots makes them feel happy, and 50% said it feels like talking to a friend (Internet Matters, 2025)
- 26% of surveyed teenagers using AI companions believed AI was helping them make more human friendships (McStay & Bakir, 2026)

Others report displacement of human contact

- 7% of teenagers using AI companions said AI was replacing some human friendships (McStay & Bakir, 2026)
- Young people using personified chatbots described viewing AI companions as substitutes for human companionship, with some reporting dependency and fear of losing access (VoiceBox, 2023)

Clinicians report both potential benefits and concerns

- 55% of psychologists agreed that chatbots have the potential to reduce loneliness, while 93% said AI companionship could negatively affect users' social engagement, presenting a contrast within a single source (American Psychological Association, 2026)
- 83% were concerned that AI use could lead to reduced critical-thinking skills in patients, and raised concerns about a “sycophancy trap” in which AI reinforces maladaptive thoughts (American Psychological Association, 2026)

+1 key gap →

Abbreviations: AI: artificial intelligence; UK: United Kingdom.

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What are the experiences, benefits and patterns of use?

Reported experience is measured; change in mental health is not

Key gap for this question

- Across the 23 extracted sources, none used a before-and-after design, a comparator or control group (i.e. chatbot use vs no chatbot use), or a validated clinical outcome measure such as the Patient Health Questionnaire-9 (PHQ-9) for symptoms of depression or the Generalised Anxiety Disorder-7 (GAD-7) to assess change over time
- The evidence base reports cross-sectional self-report of perceived benefit or harm at a single point in time
- Four sources note this limitation themselves, citing an absence of validated outcome measures, longitudinal follow-up and evidence on who benefits or is most at risk (VoiceBox, 2023; Common Sense Media, 2025; Luo et al., 2025; Centre for Mental Health, 2026)

Reported benefit is a perception captured at one moment and not a measured improvement against a baseline. Therefore, short-term relief cannot be distinguished from lasting change. The evidence also cannot establish whether either short-term relief or lasting change is directly caused by chatbot use.

The closest available comparison suggests a gap: where therapeutic alliance* was measured, it was moderately positive at 3.67 (people reported a working-relationship-like connection with the tool). This value was below published benchmarks of 4.10–4.57 for virtual and blended care (i.e. therapy delivered by video or in hybrid formats with a human therapist; Stade et al., 2026)

*Defined as the working relationship between a client and a therapist, considering the sense of being understood, agreement on goals, and confidence in the process. **Abbreviations:** GAD-7: Generalised Anxiety Disorder-7; PHQ-9: Patient Health Questionnaire-9.

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To what extent do users trust and rely on chatbots?

Trust in AI chatbots is high among children and teenagers

- In a survey of 1,009 UK teenagers who use AI companions (e.g. ChatGPT, Google Gemini, Copilot, Character.ai, Claude, Replika), 53% expressed moderate to complete trust in AI chatbots, 34% were neutral and 13% expressed moderate or complete distrust (McStay & Bakir, 2026)
- An Ofcom survey of children aged 8–15 in Great Britain classified 197 respondents as “trusting users”, 272 as “neutral-trusting” and 63 as “non-trusting users”, making the largest group neither trusting nor distrusting (Ofcom, 2024*)
- Among UK children aged 9–17 who use AI chatbots, 51% were confident that the advice they received was true and 40% had no concerns about following chatbot advice, rising to 50% among vulnerable children (Internet Matters, 2025)
- 52% of teenage AI-companion users had confided something important or serious at least once, and 10% did so frequently (McStay & Bakir, 2026)
- Despite these levels of trust, 79% of UK adults said that stronger regulation of AI chatbots was important to them (Mind, 2026)

*Ofcom (2024) surveyed generative AI use generally rather than mental health use specifically. **Abbreviations:** AI: artificial intelligence; UK: United Kingdom.

← Back to summary

To what extent do users trust and rely on chatbots?

People trust chatbots less when they are framed as therapists

- When asked whether AI chatbots would be good at serving as a mental health therapist or counsellor, 12% of GB adults believed they would be good, 50% believed they would be bad, and 38% were unsure (YouGov, 2025*)
- 2% rated AI as a “very good” mental health therapist or counsellor and 10% as “fairly good”, compared with 19% who rated it “fairly bad” and 31% “very bad” (YouGov, 2025*)
- Younger adults aged 18–24 were more positive than adults aged 65 and over (22% considered AI chatbots as a mental health therapist or counsellor to be good, compared with 6%). But 61% of 18–24-year-olds also believed AI would be bad in this role (YouGov, 2025*)
- 44% of teenage AI-companion users said they would never choose AI over a real person for a serious matter (McStay & Bakir, 2026)

*YouGov surveyed GB adults generally rather than chatbot users, so these figures describe public perception rather than the views of people using these tools. **Abbreviations:** AI: artificial intelligence; GB: Great Britain.

← Back to summary

To what extent do users trust and rely on chatbots?

What users value about chatbots is also what appears to drive trust

- The perception of chatbots as safe, anonymous, and non-judgemental was described as a key aspect of their appeal. This sense of psychological safety was reported as making chatbots feel less intimidating than traditional sources of support, particularly for sensitive or uncertain concerns (Alvarado-Torres et al., 2026)
- Users viewed chatbots as attentive listeners and reported feeling comfortable sharing negative emotions (Chin et al., 2023*)
- Teenagers valued instant, anonymous support at any time of day, which was described as feeling easier and safer than speaking to a professional (Youth Endowment Fund, 2025)
- Repeat users often wanted the chatbot to remember their experiences (86%), and reported disliking generic responses and a lack of memory (Stade et al., 2026)

*Chin et al. studied SimSimi, an open-domain social chatbot rather than a modern large language model.

← Back to summary

To what extent do users trust and rely on chatbots?

Some users report emotional reliance, and clinicians report observing dependency

- Among 1,009 UK teenagers using AI companions, 7% said AI was replacing some human friendships (McStay & Bakir, 2026)
- Young people using personified chatbots reported becoming emotionally attached and viewing AI companions as substitutes for human companionship. Some reported dependency and fear of losing access (VoiceBox, 2023)
- 36% of psychologists whose patients developed a relationship with a chatbot reported noticing patients becoming dependent, and raised concerns about a “sycophancy trap” in which AI reinforces a patient’s maladaptive thoughts, cognitive distortions and avoidant behaviours (American Psychological Association, 2026)
- Developer reporting on one platform identified 0.03% of messages as indicating potentially heightened levels of emotional attachment (OpenAI, 2025)

Abbreviations: AI: artificial intelligence; UK: United Kingdom.

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To what extent do users trust and rely on chatbots?

Users, clinicians and the wider public report concerns about privacy

- Interviews with young people aged 19–22 raised questions about privacy and ethics, with participants expressing discomfort about how their personal information might be collected, stored, or used by AI chatbot platforms (Alvarado-Torres et al., 2026)
- In a survey of 1,200 US psychologists, 94% said that they do not trust technology companies to protect patients' private mental health data; of those, 77% said they felt strongly (American Psychological Association, 2026)
- Polling of 2,000 UK adults found 29% were concerned about data privacy in relation to AI chatbot use; 40% were concerned about the lack of human emotional connection and 27% about an inability to understand complex emotional needs (Mental Health UK, 2025)
- 79% of UK adults said stronger regulation of AI chatbots was important to them (Mind, 2026)

Abbreviations: AI: artificial intelligence; UK: United Kingdom; US: United States.

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To what extent do users trust and rely on chatbots?

Users and clinicians also report concerns about potentially harmful responses

- In a poll of 2,000 UK adults, 11% said chatbot use triggered or worsened symptoms of psychosis, 11% reported receiving harmful information related to suicide, 9% said chatbot use had triggered self-harm or suicidal thoughts, and 11% said it made them feel more anxious or depressed (Mental Health UK, 2025)
- 89% of respondents to a survey of 1,200 psychologists were concerned that chatbots may inadvertently encourage self-harm, and 83% that AI could lead to reduced critical-thinking skills in patients (American Psychological Association, 2026)
- Mind reported receiving no AI-related safeguarding concerns before 2026; since January, 22 such concerns have been recorded, representing nearly 10% of all concerns received (Mind, 2026)
- A study of voice assistants cited by Chin et al. found that a third of responses to health questions had the potential to cause harm (Chin et al., 2023)

+1 intriguing point →

Abbreviations: AI: artificial intelligence; UK: United Kingdom.

← Back to summary

To what extent do users trust and rely on chatbots?

Some users may be more vulnerable to harms than others, though this is unclear

Groups with measured higher use

- Children with EHCPs, SEN, or physical or mental health conditions requiring professional support: 71% used AI chatbots compared with 62% of their peers, and were nearly three times as likely to use companion-style tools (Internet Matters, 2025)
- Teenagers affected by serious violence: 38% of victims and 44% of perpetrators had used a chatbot for mental health support vs 23% of peers (Youth Endowment Fund, 2025)

Groups clinicians identify as potentially vulnerable

- Patients with undiagnosed or diagnosed mental health conditions, and those considered at risk of self-harm or mental health crisis (American Psychological Association, 2026)

Groups discussed as potentially vulnerable, with no data reported

- People experiencing loneliness, social isolation or financial disadvantage; people facing stigma or long waits for support; LGBTQ+ communities (Centre for Mental Health, 2026)

Measured differently, developer reporting identified 0.15% of weekly active users as having conversations containing explicit indicators of potential suicidal planning or intent, and 0.05% of messages as containing explicit or implicit indicators of suicidal ideation. A further 0.07% of weekly active users and 0.01% of messages showed possible signs of mental health emergencies related to psychosis or mania (OpenAI, 2025)

Abbreviations: AI: artificial intelligence; EHCP: Education, Health and Care Plan; LGBTQ+: lesbian, gay, bisexual, transgender, queer and other identities; SEN: special educational needs.

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