

<https://doi.org/10.1038/s44482-026-00025-7>

Barriers to understanding how many people use AI for mental health support: an estimate and narrative review



Rebekah Bodner¹, Katherine Lim¹, Steven Siddals¹, Simon Goldberg² & John Torous¹✉

Reports suggest 3–70% of AI users utilize AI for mental health. A more precise estimate is needed to guide public health policy, research, and to understand the limitations of producing an estimate. We approximate that 27% of AI users utilize AI for mental health support. However, we acknowledge that heterogeneous data sources and a lack of nosology standardization confound estimates. Consensus building will be key before better prevalence estimates are possible.

The recent surge in interest in artificial intelligence (AI) for mental health is unmistakable. Widely cited popular press reports note that activities like emotional support, companionship, and therapy may be the single most popular use of AI, and numerous academic editorials have noted a paradigm shift in action¹. Yet while there certainly is increased use and interest in AI, it is unclear exactly how many people are using it and for what. While there are well-known cases of overuse, overreliance, and addiction that have been reported in association with what is often reported as AI-psychosis and even deaths by suicide, these more extreme cases are hopefully rare and not representative of use patterns by the broader population. For the broader population, actual use patterns and harms are not well established². By some estimates, only 3% of AI users may be using AI for mental health-related support, and yet by others it may be as high as 70%^{3,4}.

The rapid expansion of AI, along with the impressive updates in clinical potential, presents a challenge in assessing use patterns. Simply put, what AI can do today is very different from what it could offer 12 months ago (and presumably what it may be able to offer 12 months from now), and so the use cases around therapeutic support will also be different. A further challenge to quantifying use patterns is the blurred lines between a therapeutic conversation with AI and therapy itself⁵. While formal definitions of therapy exist, they are less actionable with AI today as some chatbots may already be delivering what is defined as therapy and yet denying such to avoid regulatory scrutiny⁶. Others may be claiming to offer therapy and yet not delivery evidence based. All chatbots will change and evolve so that even if we could probe if they did or did not offer what is defined as therapy, such an assessment may not reflect what the chatbot does tomorrow. Against this challenge backdrop, there are reports that many AI users are turning to AI for companionship, psychoeducation, and various degrees of mental health support ranging from skills practice to perhaps even therapy-like interactions^{7,8}. Assessing the actual interest and uptake is important to assess how AI users are utilizing these tools, the extent of their reach, and the scope of their potential health impacts. While the rapidly changing nature of

AI and the lack of definitions around mental health support delivered by AI preclude a systematic review, this review offers a feasible and transparent methodology to provide an initial estimate while outlining the barriers to solve for achieving more precise estimates in the future.

Methods

Assessing the prevalence and use cases for mental health AI requires non-traditional methods as there are no well-established definitions of mental health AI and most reports and results are presented outside of the peer-reviewed literature, with large companies like OpenAI and Google sharing their AI research/results as blog posts. We thus used a snowball approach by searching for the terms ‘AI for mental health’, ‘Survey of AI therapy use’, and ‘AI therapy’ in Google, Google Scholar, and PubMed on August 25, 2025. We followed the references and citations of relevant papers in an attempt to assess sources of AI use for mental health across both academic and non-academic literature. Due to AI’s rapid development and increasing adoption, an updated search was conducted on April 20, 2026, using the same snowball approach and search terms. See Table 1 for specific Inclusion/Exclusion criteria. Of note, we excluded surveys conducted before January 1, 2024, given that changes in AI in the last 24 months make those prior results less relevant for understanding how AI may be used today in early 2026. Unfortunately, many AI use surveys do not follow scientific standards or basic reporting methodology, and as such are often difficult to interpret and preclude a search consistent with standard systematic review methods.

Any results reported in the popular press (i.e., non-peer-reviewed surveys of use), or data from scientific research studies found via these search strategies and which fit our inclusion criteria were included in this paper. The initial search conducted in August 2025 led to the screening of 61 papers from an original total of 27,000 records. After screening, only 13 records fit our inclusion criteria and were included in the final review. After the updated search in April 2026, an additional 6 records were found to fit the inclusion criteria and have been included.

¹Beth Israel Deaconess Medical Center & Harvard University, Boston, MA, USA. ²University of Wisconsin, Madison, WI, USA.

✉ e-mail: jtorous@bidmc.harvard.edu

Table 1 | Inclusion and exclusion criteria

Inclusion	Exclusion
• Surveys conducted between January 1, 2024 – April 20, 2026 • Surveys measuring AI use for Mental Health support, emotional support, companionship, wellness, and well-being • Surveys including respondents from any age group • Surveys measuring emotional support but calling it ‘companionship’	• Surveys conducted before January 1, 2024 • Preprints • Survey data regarding AI use for romantic or sexual roleplay • Surveys measuring use of AI for companionship but specific to romantic or sexual relationships • Surveys regarding use of AI for physical health only or combining data for physical and mental health • Surveys measuring AI use for “health”

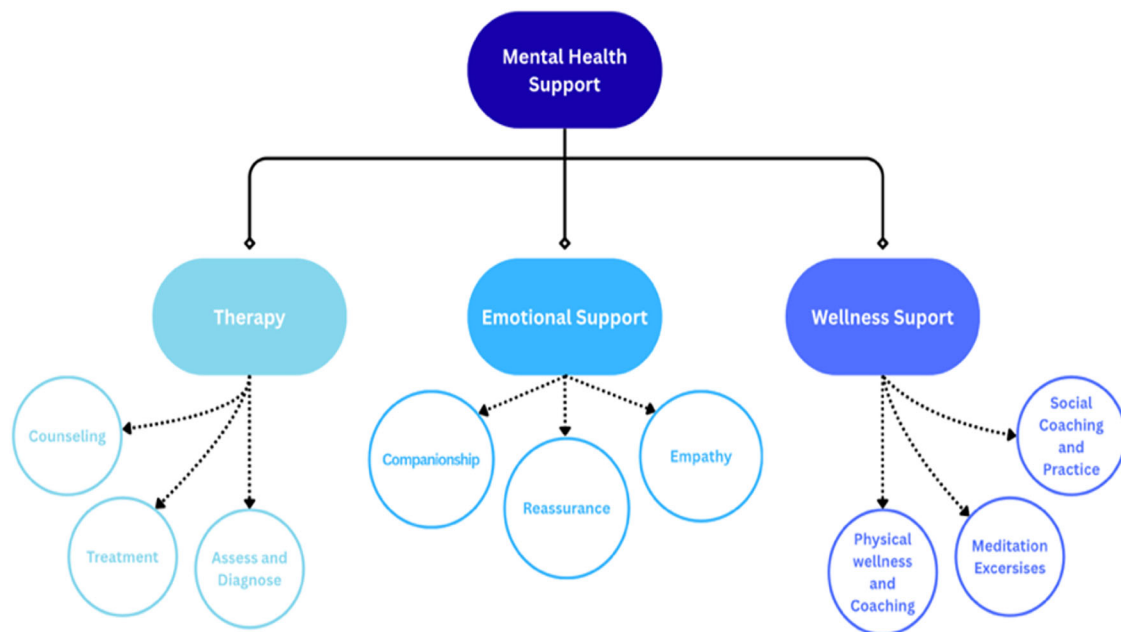


Fig. 1 | Terminology is categorized into three groups. Therapy, Emotional Support, and Wellness Support. All categories were considered to fall under the umbrella of Mental Health Support. Figure created using Canva.

Given the already discussed limitation of a lack of standardized nosology or even means to verify what aspects (if any) of therapy or well-being support are being offered, we found that many of the surveys created and followed their own definitions of AI use for mental health. Therefore, as part of our methodology, we collected a list of terms that have been used by the surveys identified in this paper and categorized them into groups (see Fig. 1). We developed these groups based on the work of Siddals et al. and the groupings characterized by Anthropic^{3,9}. Siddals et al. categorized AI uses into four groups under the larger umbrella of ‘mental health’: Joy of Connection, Emotional Sanctuary, The AI Therapist, and Insightful Guidance. In addition, Anthropic created groupings which included the following as ‘mental health’: Companionship, Psychotherapy or Counseling, Interpersonal Advice, and Coaching. Given that ‘companionship’ was often defined by the surveys as a form of emotional sanctuary, “Joy of Connection” or “Companionship” has been merged with ‘Emotional Support’ under our groupings, Therapy, Emotional Support, and Wellness Support⁹. We categorized papers/surveys based on this approach using these two sources as models and also considered harm (if reported).

Additionally, due to the variety of survey methods, population types sampled, sample size and specification of mental health uses, we present broad summaries of the data in a standardized format in Table 3a–d. Unfortunately, three papers/surveys varied in their methods to such an extent that we could not code them or include them in the table. These papers/surveys have been described separately in the results.

In addition to specific use cases, we examined willingness to use AI for mental health as many surveys and results shared data on this topic. This information can supplement the findings from actual use surveys, allowing

us to potentially elucidate a percentage range of AI users currently using AI for mental health support and who may want to. The inclusion/exclusion criteria used for the primary search were also applied to the willingness search.

Results

Based on our inclusion criteria, we have listed the surveys included from our search in Table 2.

The results of this study are presented in Table 3a, d. Mean use percentages were calculated for individual categories. For surveys in which questions regarding AI use case were free response, the largest value that fits as a mental health usage has been used in calculations.

Additionally, we present the weighted average for the estimated percent population using AI for mental health, as shown in Fig. 2 below.

In addition to using percentages, we also investigated willingness to use AI chatbots for mental health support (see Table 4).

Table 4. Willingness to use AI for mental health support. Surveys that did not list time of survey conduction have been dated based on time of publication and are listed with an (*).

Additional studies

Due to the variation in methods of measuring AI use for mental health, three studies could not be coded for in Table 2, thus we present a discussion of those two studies here.

Anthropic, the parent company of Claude chatbot, ran a 2025 study using their collection of 4.5 million conversations users have had with Claude³. Researchers first identified and flagged phrases and words that they

Table 2 | Variables from surveys included in this review

Source	Time of Survey	# Surveyed (n)	Method	Mental %Health Use	Results Able to Generalize	Human Identity Verified
Albikawi, et al. ²¹	Feb, 2025	176 undergraduate nursing students in northern Jordan	Online questionnaire	19.9% have used AI-driven MH support	No	No
Cross, et al. ²²	Feb-Apr, 2024	107 CMs, 86 MHPs (16 or older)	Qualtrics Surveys	47% CMs used for therapy	No	Yes
Rackoff, et al. ²³	2024	428 University Students, northeastern US	Qualtrics Survey	5% use for MH	No	Yes
Rousmaniere, et al. ²⁴	Feb, 2025	499 US Adults with MH disorder	Prolific Survey	49% of LLM users use for MH support	Yes, millions are being estimated for MH support	No
Common Sense Media ⁴	Apr-May, 2025	1060 Teens (13–17 yrs old)	Norc at the University of Chicago	12% used for emotional or MH support	Yes, national survey	Yes
Internet Matters ²⁵	Apr-May, 2025	1000 UK children (9–17 yrs old)	Internet Survey	23% advice seeking, 16% want a friend, 3% emotional help or therapy	Yes	No
Kantar ¹³	Apr-May, 2025	>10,000 respondents	Online Survey	54% used for emotional or well-being purposes	Yes, quota for generations and gender by country	Unspecified
Mint ²⁶	Jun, 2025	506 participants across India	Youth Pulse Web Survey	88% of students turn to AI for MH support during times of Stress	Unspecified	Unspecified
Norton ²⁷	Apr-May, 2025	11,006 Adults (18 or older)	Online Survey by Dynata	36% of parents report child is using AI for emotional support or companionship	Yes, conducted in 11 countries and weighted for gender, age and region	Unspecified
Snapcart ²⁸	Apr, 2025	3611 respondents in Indonesia	Online Survey	6% as friend	No	Unspecified
Just So Soul ¹⁴	2025*	3680 responses, 80% Generation Z	In-App Survey	39.9% use AI for emotional counseling/support, 40% use for companionship every day	Unspecified	Unspecified
Survey Monkey ¹⁶	Oct-Dec, 2024	25,030 US Adults	SurveyMonkey Survey	23% of Millennials, 8% Boomers use AI for emotional or MH support	Yes, weighted to represent US adult population	No
KFF ¹⁵	Feb 24 – Mar 2, 2026	1343 US Adults	Online and Telephone Survey	16% for MH or emotional well-being	Yes, weighted to represent the US adult population	Yes
JAMA ²⁹	Feb-Mar, 2025	1058 Youth(12–21)	Online	13.1% for MH advice or help when feeling sad, angry, or nervous	Yes	Unspecified
MHUK ¹¹	Oct 27 -Nov 7, 2025	2000 UK Adults (16+)	Unspecified	37% use for MH	Yes, nationally representative sample	Unspecified
MHRC ¹²	Aug, 2025	4666 Canadian Adults	Online Survey	10% use for MH support	Yes, weighted to represent the Canadian adult population.	Unspecified
George Mason ³⁰	Dec 5–8, 2025	507 Adults	Online and Mobile Survey	53.6% use to help manage stress, anxiety, or other MH needs	Yes, nationally representative sample	Unspecified
BPPC ³¹	Dec 10–15, 2025	1000 Adults	Online Survey	15% use for help with MH or wellbeing	Yes, nationally representative sample	Yes

MH Mental Health, Anx Anxiety, Dep Depression, CM Community Member, MHP Mental Health Provider, MHIP Mental Health Issue. Dates listed in the table represent the dates of survey conduction and response collection. Surveys that did not list the time of survey conduction have been dated based on time of publication and are listed with an (*).

determined would count as an “affective conversation.” Of 4.5 million, they found 131,484 affective conversations with Claude. From this, they identified that 2.9% of all Claude conversations were affective.

OpenAI in collaboration with MIT, conducted a 2024 survey investigating users’ experiences with ChatGPT¹⁰. The authors collected 4,076 responses, of which 2333 were power (frequent) users, and 1743 were control (average) users. The authors then created classifiers (loneliness,

vulnerability, self-esteem, problematic use, and potentially dependent), for which they would be able to identify which users perceived their conversations with ChatGPT to be emotional. The results show that of power users, $\geq 18\%$ reported using affectionate language with ChatGPT, $< 4.5\%$ expressed desire for feelings, and $\geq 5\%$ sought support. These same values among control users were $< 18\%$, $\leq 2.5\%$, and $\leq 12\%$, respectively.

A recent and widely read study was published by Harvard Business Review in 2025¹. The author of this study was contacted for more information regarding the methodology of this study, and additional details of the study were provided by personal communication. This study used Reddit Forums to track and collect uses of AI for mental health. In this most recent publication, the researchers noted that in 2025, mental health support is the most common use case of AI.

Table 3 | a Mean percent Use of AI for mental health by survey sample size; b % Use of AI for Mental Health by population type; c Use of AI by specific mental health use case; d Use of AI for Mental Health by survey method

a	
Sample size (n)	Mean % use
0 ≤ 1500	37%
1500 ≤ 5000	23%
5000 ≤ 30,000	38%
b	
Population type	Mean % use
Youth	21%
University or Graduate Students	12.3%
Adults	36%
c	
Use case	Mean % use
Mental health	36.2%
Emotional support or mental health	23.3%
Friend/Companionship	24.5%
Advice/Guidance	27.7%
d	
Survey method (n = surveys included)	Mean % use
Online Poll: unspecified or no identification procedure(14)	35.8%
Responder Identity Verified Poll (5)	19%

SurveyMonkey value of 23% was used for calculation. Any survey that reported a sample size has been included in the calculations. Note, these percentages summed do not add to 100% because individual surveys may not reference the same whole.

36% value from Norton survey and Internet Matters value of 23% were incorporated into the calculation for youth. Samples were grouped into age demographics based on individual survey classification of adulthood.

These percentages summed do not add to 100% because individual surveys may not reference the same whole.

Harm

Among the surveys that measured or asked respondents about harmful incidents with an AI chatbot, the most common concern and harm listed was data security and privacy. Albikawi et al. conducted a survey in February of 2025 and measured harm using a participant perception scale, which found that data storage and data privacy were listed as concerns by participants. Additionally, a study by Rousmaniere et al. noted that 9% of respondents reported harm or inappropriate responses from an AI chatbot and that in less than 1% of those cases did AI encourage harmful behavior. A more recent survey conducted in the UK reported that of individuals who use AI for MH support, 11% experienced triggering or worsening of psychosis symptoms, 11% were given harmful information about suicide, 11% felt more anxious or depressed after AI use, and 9% experienced triggering of self-harm or suicidal thoughts¹¹. An additional study also identified that 41.2% of respondents reported that a chatbot gave them wrong advice¹². Three surveys also note concerns about privacy and security, with the number of respondents reporting concerns ranging from 37–77%^{13–15}. Lastly, an additional survey mentioned that 27% of respondents expressed concern about AI, but did not clarify or define “concern”¹⁶.

Discussion

While an exact estimate remains impossible, our review of the popular press and academic literature on AI use for mental health suggests that ~27% of AI users may already be turning to AI for support (weighted total, 30% unweighted), and perhaps 40% are interested in and open to using it. Despite limitations in arriving at such an estimate, our results indicate that there is actual interest and use behind the current discussion about the impact of AI on the mental health space. Overall, use of AI for mental health appears to remain between 20–40% in sample sizes $\leq 30,000$. Additionally, our results demonstrate that of individuals who use AI for mental health, 24.5% choose friendship/connection, 27.7% list advice/guidance, and 23.3%

Fig. 2 | Estimated percent of population using AI for mental health by participant type and sample size.

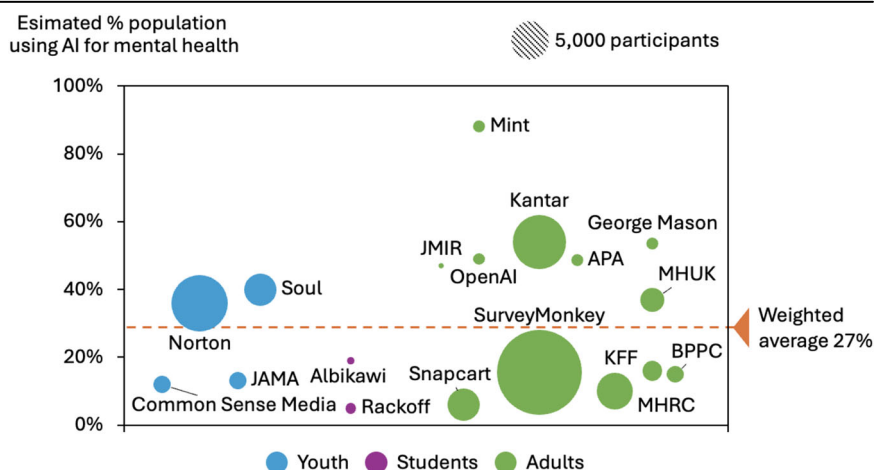


Table 4 | Willingness to use AI for mental health support

Source	Date	# Surveyed (n)	Population Type	Willingness
YouGov ³²	2024	1500	Adults Britons	20% would feel comfortable using AI for MH
Albikawi, et al.	Feb, 2025	176	Undergraduate Nursing Students in Northern Jordan	33% believe AI-driven therapy is most effective form of MH counseling
Harris Poll ³³	April, 2025	1076	US Adults	52% (18–34 yrs old) would use chatbot for MH, 54%, (34–54) 26% older adults
Just So Soul ¹⁴	2025*	3680	Generation Z	≥ 70% willing to be friends with AI virtual people
Oliver ³⁴	Jun–Nov, 2024	>25,000	People from 15 countries	25.6% would try generative AI therapy

Surveys that did not list the time of survey conduction have been dated based on the time of publication and are listed with an (*).

pick general emotional or mental support as the primary reason for using AI for (see Table 3c).

Our results are derived from studies conducted across the world and across a range of age demographics. Interest and use of AI appear high with results from Australia, Canada, India, Indonesia, Jordan, the UK, and the US suggesting the global nature of AI for mental health. We found that 21% of youth are using AI for mental health. This is consistent with previous research indicating that individuals of Generation Z are the largest population of AI users^{16,17}. While there is the strongest interest among younger generations, there is a notable lack of data on older adults and people with diagnosed mental illness. Extrapolating results of college students and teenagers to these other populations is tenuous and highlights the need for more targeted research exploring the interest and use of AI for older adults and people with mental illness. Although other generations are not clearly specified in most of the surveys, our research does, however, indicate that ~36% of adults using AI have, or are using it for mental health support (see Table 3b).

Beyond results suggesting rates of AI use for mental health, our paper highlights the fragmentation and decentralized nature of research on AI uses for mental health. Without consensus on what mental health AI is and what use entails, it will remain challenging to understand actual uptake and engagement, as well as regulate and improve it. The lack of consensus on basic metrics, for example, what engagement is, has significantly harmed the credibility of the mental health app space and has raised issues for both payers and users¹⁸. The mental health AI field has an opportunity to avoid similar mistakes by either unifying clear definitions of AI wellness vs AI mental health support and what constitutes meaningful engagement¹⁹.

Limitations and future directions

Data collection

As noted above, our results are limited by challenges around the available data. Most surveys define terms like “Mental Health”, “wellness”, “companionship” differently or not at all. For example, Anthropic defined “affective conversations” as ranging from psychotherapeutic conversations, emotional support seeking, practicing conversational skills, wellness, and well-being, while another survey did not specify a definition of “mental health”¹⁶. A related issue for defining AI use for mental health is that even users cannot agree on clear roles, with one study conducted by OpenAI indicating that heavy AI users may be more likely than control users to see ChatGPT as a ‘friend.’ These data are in line with other research which shows that generative AI use and its meaning vary by cohort and generation²⁰.

Survey methods also create barriers to interpreting our results. A lack of consensus among definitions and sample demographics makes it impossible to cross-check or compare the findings from one survey to those of another. Most studies we reviewed were results of online samples or social media-based polls, which do not verify human responders. This is notable as recent research suggests that 30–50% of responses in such online surveys may be AI bots, which raises issues around the veracity of these sources¹⁷. In addition to the novel challenges posed by a lack of consensus around definitions of AI, classical research issues like selection bias with many surveys recruiting on social media and smaller sample sizes that may

not generalize make it difficult to develop a single, representative number of AI usage among the public.

Because of the limitations of the data on mental health AI, as discussed above, a systematic review was not possible. Additionally, given the rapidly evolving nature of AI, there are likely papers that have been published since the writing of this work. For example, OpenAI recently released a paper that states that only 1.9% of ChatGPT conversations were about “relationships and personal reflection,” while Anthropic also published a report in September, citing “personal relationship advice and life guidance” are over-represented in the United States by 1.34x^{18,19}. As data continue to accumulate in this area, it is very likely that prevalence estimates will change, as well as the data summarized here (use, willingness, and harm).

Terminology and research

As discussed already, a core limitation of this study was the lack of consensus of what ‘mental health support’ means or looks like in practice. Although there are broad definitions of mental health support published by international health organizations such as the World Health Organization, there is no one definition that is universally understood or used in the AI mental health realm²⁰. Because of this, it is impossible to identify what definition of ‘mental health support’ survey authors intended when writing survey questions and what definition responders intended when answering questions. Thus, this review is limited in scope and ability to compare survey responses, further highlighting the difficulty in deducing a single value for how many AI users are using AI for mental health support. These issues exemplify the pressing need for a standardized meaning of mental health support and scientific research on AI chatbot use cases.

Finally, it is important to note that given the fast-moving nature of AI development, it is possible that new survey data have been published since our search was conducted.

Conclusion

The numerous issues discussed in this review, such as bot responses, no standardized polling method, and lack of consensus on an operationalized definition of mental health support, notwithstanding, a current estimate based on the available data suggests that ~27% of individuals who use AI have used it for mental health support. While our data is complex to interpret because of the aforementioned challenges, the expanding interest in AI uses for mental healthcare indicates its potentially broad reach and use.

Data availability

Data collected and used as presented in Tables 2 and 3 a–d are accessible via the provided DOIs listed in the references.

Received: 4 February 2026; Accepted: 21 May 2026;

Published online: 03 July 2026

References

1. Zao-Sanders, M. How People are Really Using Generative AI Now. Harvard Business Review. (2025).
2. Kusche, I. Possible harms of artificial intelligence and the EU AI Act: fundamental rights and risk. *J. Risk Res.* 1–14 (2024).

3. McCain, M. et al. How People Use Claude for Support, Advice, and Companionship. June 26, 2025. <https://www.anthropic.com/news/how-people-use-claude-for-support-advice-and-companionship>.
4. Robb, M. B. & Mann, S. Talk, Trust, and Trade-Offs: How and Why Teens Use AI Companions. Common Sense Media. (2025).
5. Lieberman, H. I'm a Therapist. ChatGPT is eerily effective. The New York Times. August 1, 2025. <https://www.nytimes.com/2025/08/01/opinion/chatgpt-therapist-journal-ai.html>.
6. Merriam-Webster. "Therapy". <https://www.merriam-webster.com/dictionary/therapy>. Accessed December 22, 2025.
7. Heritage, S. 'I felt pure, unconditional love': the people who marry their AI chatbots. The Guardian. July 12, 2025. <https://www.theguardian.com/tv-and-radio/2025/jul/12/i-felt-pure-unconditional-love-the-people-who-marry-their-ai-chatbots>.
8. Quiroz-Gutierrez, M. Gen Z is increasingly turning to ChatGPT for affordable on-demand therapy, but licensed therapists say there are more dangers many aren't considering. Fortune. June 1, 2025. <https://fortune.com/2025/06/01/ai-therapy-chatgpt-characterai-psychology-psychiatry/>.
9. Siddals, S., Torous, J. & Coxon, A. *It happened to be the perfect thing*: experiences of generative AI chatbots for mental health. *npj Ment. Health Res* **3**, 48 (2024).
10. Top Generative AI Statistics for 2025. Salesforce. Initial report published in 2023, updated report in February 2025.
11. George Mason University. New survey explores the promise and peril of using AI for managing stress, anxiety, and other mental health needs. December 16, 2025. <https://publichealth.gmu.edu/news/2025-12/new-survey-explores-promise-and-peril-using-ai-managing-stress-anxiety-and-other>.
12. Kwon, A., Draper, D., Sandalow, M., & Lewis, J. Survey Shows Widespread Use of Apps and Chatbots for Mental Health Support. Bipartisan Policy Center. April 16, 2026. <https://bipartisanpolicy.org/article/survey-shows-widespread-use-of-apps-and-chatbots-for-mental-health-support/>.
13. Wigmore, S. The rise of AI as a source of emotional support. Kantar. July 17, 2025.
14. How can young people create economic value and reap emotional value through AI? Let's take a look at this "2025 Generation Z AI Usage Report." Just So Soul Research Institute. March 31, 2025. <https://mp.weixin.qq.com/s/4eqv2HntKFex3lcHvbMpDQ> Smith, Wendy. How Americans Use AI by Generation. SurveyMonkey. February 18, 2025. <https://www.surveymonkey.com/curiosity/ai-trends-by-generations/>.
15. McBain R. K. et al. Use of Generative AI for Mental Health Advice Among US Adolescents and Young Adults. *JAMA Netw Open*. 2025. <https://doi.org/10.1001/jamanetworkopen.2025.42281>.
16. Montero, A. et al. KFF Tracking Poll on Health Information and Trust: Use of AI for Health Information and Advice. KFF. March 25, 2026. <https://www.kff.org/public-opinion/kff-tracking-poll-on-health-information-and-trust-use-of-ai-for-health-information-and-advice/> (2026).
17. Zhang, S., Xu, J. & Alvero, A. Generative AI Meets Open-Ended Survey Responses: Research Participant Use of AI and Homogenization. *Sociological Methods Res*. **54**, 1197–1242 (2025).
18. Chatterji, A. et al. How people use ChatGPT. NBER Working Paper No. 34255. (2025).
19. Appel, R. et al. The Anthropic Economic Index report: Uneven geographic and enterprise AI adoption. September 15, 2025.
20. Mental Health. World Health Organization. October 8, 2025. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.
21. Albikawi, Z., Abuadas, M. & Rayani, A. M. Nursing Students' Perceptions of AI-Driven Mental Health Support and Its Relationship with Anxiety, Depression, and Seeking Professional Psychological Help: Transitioning from Traditional Counseling to Digital Support. *Healthcare* **13**, 1089 (2025).
22. Cross, S. et al. Use of AI in mental health care: community and mental health professionals survey. *JMIR Ment. Health* **11**, e60589 (2024).
23. Rackoff, G. N., Zhang, Z. Z. & Newman, M. G. Chatbot-delivered mental health support: Attitudes and utilization in a sample of U.S. college students. *Digit. Health* **11**, 20552076241313401 (2025).
24. Rousmaniere, T., Zhang, Y., Li, X. & Shah, S. Large language models as mental health resources: Patterns of use in the United States. Practice Innovations. Advance online publication. <https://doi.org/10.1037/pri0000292> (2025).
25. Me, myself, and AI: understanding and safeguarding children's use of AI Chatbots. Internet Matters.org. July 2025.
26. Jeelani, G. 88% of Students turn to AI during stress, survey finds; ChatGPT the most popular tool. Mint. August 20, 2025. <https://www.livemint.com/technology/tech-news/88-students-turn-to-ai-during-stress-survey-finds-chatgpt-the-most-popular-tool-11755658354656.html>.
27. 2025 Norton Cyber Safety Insights Report. Norton. July 2025.
28. In AI, We Trust: Part 1. Snapcart. April 23, 2025. <https://snapcart.global/in-ai-we-trust-part-1/>.
29. Mental Health UK. Over one in three using AI chatbots for mental health support, as charity calls for urgent safeguards. November 18, 2025. <https://mentalhealth-uk.org/news-and-insights/over-one-in-three-using-ai-chatbots-for-mental-health-support-as-charity-calls-for-urgent-safeguards/> Mental Health Research Canada. Understanding the mental health of Canadians. March 31, 2026. <https://www.mhrc-rsmc.ca/sondage-national-25>.
30. Bansal, B. UK trials AI therapy: Young adults most open to talking to AI-powered chatbots about mental health. YouGov.com. May 20, 2024. Mental Health Awareness Month: Key Findings on U.S. Attitudes and Barrier to Care. The Harris Poll. May 7, 2025. Oliver Wyman Forum. How Generative AI Is Transforming Business And Society. 2024.
31. Phang, et al. Investigating Affective Use and Emotional Well-being on ChatGPT. OpenAI. March 2025.
32. Sidoti, O., & McClain, C. 34% of U.S. adults have used ChatGPT, about double the share in 2023. Pew Research Center. June 25, 2025.
33. Linardon, J. et al. Association between user engagement and clinical outcomes in smartphone apps for depression and anxiety: A systematic review and meta-analysis. *Psychiatry Res*. **25**, 116864 (2025).
34. Torous, J., Firth, J. & Goldberg, S. B. Digital mental health's unstable dichotomy: Wellness and health. *JAMA Psychiatry* **81**, 539–540 (2024).

Acknowledgements

This work is supported by a charitable grant from the Argosy Foundation.

Author contributions

J.T. and R.B. conceived the study. KL and RB ran the initial search. K.L and R.B. and J.T. wrote the first draft. SS created the figures. S.G. revised the paper and rewrote sections. All authors then revised and edited the paper and approved the final version.

Competing interests

The authors declare no competing interests.

Additional information

Correspondence and requests for materials should be addressed to John Torous.

Reprints and permissions information is available at <http://www.nature.com/reprints>

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Open Access This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

© The Author(s) 2026