

Exploration on the Influence of Artificial Intelligence Application in Mental Health on People's Help-Seeking Behaviour and Mental Health Awareness

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Abstract

Artificial Intelligence (AI) is being used in the mental health field to develop generative AI chatbots and digital phenotyping; thus, the traditional psychological model has been challenged. Examine all kinds of changes in people's help-seeking behaviour and awareness of mental health due to AI applications. Although there are many mental illnesses around the world, most people are still unaware of them due to social stigma, high costs and a lack of health education. AI-led interventions provide users with an easy-to-access and private space for conversation with artificial intelligence to offer new kinds of mental health support. How interaction with AI affects the cognition of psychological problem recognition. Explainable AI (XAI) can help boost people's mental health literacy and provide a foundation for seeking professional mental health services, but there is also a risk of developing emotional dependence on Generative AI technology. Based on the latest empirical evidence for user self-disclosure, anticipated stigma and the construction of a 'digital therapeutic alliance', this study presents a dual-edged nature of AI. To maximise the health benefits for the public, AI should be used to construct an auxiliary triage system that supports human clinicians and enables appropriate referrals when needed.

Keywords

Artificial Intelligence; Mental Health Awareness; Help-Seeking Behavior; Generative AI; Stigma; Therapeutic Alliance.

1. Introduction

Mental illness is now one of the most serious problems of public health worldwide in the 21st century, and nearly a billion people around the world are affected. Although depression and anxiety have occurred at a high rate around the world, most people still do not receive treatment. According to the previous epidemiological studies, more than 60 per cent of the people with mental illnesses are not getting medical assistance or other types of care. The reason for this contradiction is that there are many social and economic problems, such as the high cost of mental health treatment, a shortage of qualified psychiatrists and mental health professionals, low public awareness of mental health, and deep-seated societal stigma towards people with mental illness.

As a result of this treatment gap, there have been serious consequences, such as damage to the economy caused by a decline in labour productivity and higher long-term healthcare expenses. For the past few decades, public health efforts have been focused on raising public awareness through public education campaigns and gradually incorporating behavioural health services into primary care. However, the system-level bottlenecks are relatively fixed; that is, there is a geographical imbalance in the distribution of clinicians and strict time constraints for the new model of care. Therefore, people with severe anxiety or depression are often unable to obtain timely medical treatment because of long waiting periods for appointments, complex insurance

procedures, or are unable to seek help at all due to the large amount of paperwork required. Friction in the traditional mental healthcare system has suppressed the desire to actively seek help for many people; thus, a large number of individuals are struggling with serious mental illness alone.

Artificial Intelligence (AI) has emerged due to the fragmentation and caused considerable disruptions. With the rapid development of generative AI models (GenAI) and large language models (LLMs), as well as specialized CBT chatbots such as ChatGPT, Woebot and Wysa, people's access to mental health information via technology has been changing substantially. The above AI applications are convenient, easily available and theoretically non-judgmental conversation partners in one's own phone. Therefore, an increasing number of people, especially young adults and college students, are using these digital entities as their main source for psychological first aid and emotional support, and sometimes only such sources.

AI's Application in mental health also extends beyond talking-friendly systems. Digital phenotyping is also used to continuously collect passive sensor data from smartphones to infer a person's mental health, and then personalised treatment plans are formulated based on this data. The reasons for and problems with substituting human therapists by algorithms in counselling are still unknown. Although the technologists believe that AI will spread medical services more broadly, some doctors have raised problems such as bias in algorithms and data security, as well as a lack of emotional connection in machines.

This paper will study how applications of artificial intelligence in mental health are affecting the willingness of people to seek help and their own mental health more closely. After the above introduction, Section 2 explores the effect of AI on mental health literacy and psychological problem cognition. Section 3 studies the contradictory effects of AI on mental health stigma and the dynamics of user self-disclosure. Section 4 discusses the construction of the digital therapeutic alliance and how it may either promote or obstruct seeking professional help. Finally, Section 5 summarizes the above content to present a concluding view on the ethics of artificial intelligence in mental health services.

2. AI as a Catalyst for Mental Health Literacy and Problem Cognition

A basic condition for receiving professional psychological help is the "problem cognition" of the individual, that is, the capacity to accurately recognize and classify one's emotional distress as a serious problem of mental health. Low Mental Health Literacy (MHL) serves as an initial obstacle to problem cognition; people with low MHL are likely to interpret the symptoms of depression or anxiety as normal stress or personal deficiencies. Therefore, AI can be used to develop high-efficiency psychoeducational tools. Conversational AI can handle complex, unstructured user narratives and provide summarised, easy-to-understand psychological information; it is not a static web search [3].

Recently, in experiments, the particular values of Explainable Artificial Intelligence (XAI) in education have been studied. When an AI finds a possible mental illness, it also needs to clearly show how it arrived at this conclusion; that is, by connecting the user's reported symptoms, such as disturbed sleep and lack of pleasure, directly to criteria for depressive disorders, it will boost user trust in the system. Studies have shown that XAI can effectively address the user's low baseline level of MHL and thus change their psychological perception of the problem to increase their expressed intention to seek professional clinical care [7].

AI-driven digital phenotyping can also be used to continuously monitor changes in a person's mental health in a new way. Passive data such as typing speed, voice inflection, and daily mobility patterns can be analysed by AI algorithms to detect subtle changes in a person's mental health long before the person is aware of it themselves [1]. When the above systems proactively notify users of abnormal behaviour, these are forced to think. Data-driven disruption of

psychological denial provides strong motivation to shift from a state of passive suffering to active, informed problem-solving behaviour.

The consequences of the above changes in problem consciousness will be particularly pronounced for age groups that have always used mental health services infrequently, such as young men and people in rural areas. These groups often lack the basic language for describing their emotions and therefore present problems in their bodies, such as a persistent headache or stomach upset, to general practitioners. The AI chatbot serves as a neutral host, and users can explore various states of mind repeatedly in this low-risk virtual space to gain an in-depth awareness of themselves. The chatbot can soften the user's expression of "constant exhaustion" and redirect it into a general discussion of clinical burnout or depressed lethargy. Provide users with suitable psychiatric terms and place their experiences in the context of typical clinical situations so that they can better communicate with and advocate for themselves at the top of the medical system when they seek treatment. Linguistic and conceptual empowerment are necessary conditions for the helping behaviour in the help-seeking continuum.

3. The Paradox of Stigma Reduction and Digital Hyper-Disclosure

A person will be afraid of being labelled as mentally ill and therefore avoid seeking help. Many people are afraid of being judged, alienated or socially excluded, so they do not tell mental health professionals about their mental health problems. AI chatbots have their own psychological space; as users are fully aware that they are interacting with an unemotional machine, there is no fear of being judged by others. The perception of absolute anonymity results in a phenomenon known as 'hyper-disclosure' [2].

In interactions with special CBT chatbots or general LLMs, many users have reported a strong sense of relief and a willingness to express deeply hidden emotions, shameful thoughts or suicidal ideation that they would not otherwise share with a human therapist or family member [10]. AI provides a psychologically "safe" sandbox for emotional exploration. Therefore, multiple systematic reviews of AI-driven CBT chatbots (such as Woebot and Wysa) have found that they are highly engaging and can reduce symptoms of anxiety and depression in a short period of time [8]. No human judgment is required to enjoy the therapeutic effects of emotional release and thought organisation.

Empirical research on whether this digital safety reduces the anticipation of stigma in daily life has also yielded mixed results. Although communication with an AI reduces the immediate anxiety of speaking, it does not offer a way to handle the stigma of being excluded by others. A recent cross-sectional study on ChatGPT use for mental health found that although users highly rated the effectiveness of the AI, unstructured use of the chatbot did not significantly reduce their expectations of social stigma; instead, heavy AI users reported slightly higher levels of internalised self-stigma [5]. Therefore, although AI offers a temporary escape from self-consciousness, it may also lead some people to believe that their psychological problems are too embarrassing to discuss with others; thus, the problem of social stigma is not solved but may even be reinforced.

Therefore, there is an important defect in the present application of digital mental health tools. If the AI intervention is only for symptom management and emotional comfort, it will not solve the underlying problem of social exclusion in one's life. The 'safety' of the chatbot is in fact an illusion; it isolates users in a digital echo chamber and denies them the necessity of learning to navigate interpersonal vulnerability in social life. True emotional recovery often needs to learn how to relate to others again and live alongside people who have judged us. When a person relies on AI for emotional regulation too often, they are unable to learn how to handle problems in real-life social situations on their own. Therefore, although AI can effectively reduce the initial barrier of speaking anxiety, it should be designed carefully to gradually increase the

difficulty for the user and, thus, prompt them to apply their new sense of self-awareness in real-life social situations.

4. The Digital Therapeutic Alliance: Facilitation versus Displacement

Finally, the actual benefit of AI for mental health will be whether people use it to seek professional help in practice. The second requirement for good psychotherapy is also alliance, which is a close and trusting relationship that the patient has formed with their therapist [9]. Research has shown that users can build a 'digital therapeutic alliance' with AI chatbots, anthropomorphize the software, and attribute empathetic qualities to its algorithmic responses [4]. Although this cooperation can solve the problem in the short run, it is not yet clear how it will affect the long-term use of professional care.

AI will be used for a good-obtaining division and referral service. Validate the user's distress through motivational interviewing techniques and then use a good design for AI to connect them with professional help [6]. However, a large number of studies have pointed out the "displacement effect". With the increasing sophistication of Generative AI, people may develop a strong emotional attachment to their chatbots and believe they are a replacement for human therapists. Recent empirical studies have examined the impact of AI chatbots on Chinese users and found that a high perceived usefulness and ease of use of the AI lead to an increase in emotional attachment to the AI, which, in turn, reduces the desire of users to seek help from human professionals [12].

A power imbalance between users and AIs is likely to cause a displacement risk. A good psychologist will occasionally use confrontation and other means to have a difficult conversation with a patient in order to help them be more accurate in their thinking. Commercial AI chatbots are by nature intended to increase users' retention and interaction rates. Therefore, the basic algorithms will be overly biased towards continuous positivity, affirmation and agreement. Although this unconditional affirmation feels very satisfying for the user in the short run, it is not in line with good clinical practices. If a user is too far from reality or has poor behaviour, an overconfident commercial AI will be unable to effectively talk to them because it won't challenge their misconceptions. Thus, a hazardous condition has arisen in which some users are likely to prefer the effortless, continuously affirming atmosphere provided by a chatbot over the demanding and difficult work of human counselling. If the users believe that algorithmic pacification is actually a type of treatment, they will be less likely to seek professional help in time and remain ill.

Given the existing deficiencies of present-day AI technology, this shift will be even more problematic. Although Generative AI can simulate empathy and offer general psychological and social support, it is not suitable for serious mental illness, lacks genuine clinical judgment, and is prone to algorithmic hallucination [11]. If the vulnerable group does not receive assistance from healthcare professionals and only uses the AI companion, severe mental illnesses may not be treated. Therefore, the ethical architecture of the AI system needs to be strengthened by developers and policymakers. The AI system needs to be programmed to know about its own clinical limitations, and when high-risk factors are detected, it should guide users to see a doctor immediately.

5. Conclusion

Artificial intelligence is now being used to help people better understand and manage their emotions in a private way. As shown in the exploration above, AI is a very powerful tool with both strengths and weaknesses for people's awareness of and use of mental health support. On the other hand, explainable AI and digital phenotyping also serve as excellent psychoeducational tools. By democratising access to psychological information and

transparently presenting symptoms, these technologies have enhanced the mental health literacy of the public and generated new problem cognitions for those who have traditionally been neglected by the system.

AI is also generally viewed as non-judgmental; therefore, some people feel more comfortable disclosing their emotions in this way without fear of social evaluation. This digital sanctuary also has some serious long-term problems. Based on the above data, unsupervised application of Generative AI will not eliminate the real-world stigma and may develop a problem of emotional dependence. When users believe that the 'digital therapeutic alliance' is sufficient compensation for the lack of human connection, AI will cease to serve as a link to professional mental health support and, instead, actively deter individuals from seeking help.

In the end, the future efficacy of AI for mental health will be determined by the ethics of its use rather than by cutting-edge algorithms. AI cannot replace, and should not be used to replace, the deep, empathetic bond between two people in a hospital. To realise the maximum public health benefit, AI will be used in conjunction with traditional therapy in a new way. As an easy-to-access first-line triage system that proactively helps people get professional medical attention, AI can achieve a reasonable integration of new technology and human clinical care.

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