

Perspective Piece

Considerations about the proliferation of large language model chatbots and youth mental health

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Abstract

Young people are experiencing worsening mental health and a growing reliance on online tools and services to address mental health difficulties. At the same time, next-generation large language models (LLMs) that are deployed through ‘chatbot style interfaces’, using deep learning artificial intelligence akin to interacting with a human appear to mark an opportunity for mental health therapeutics when designed specifically for clinical intervention. However, emergent evidence suggests the use of more generic LLM chatbots may pose a risk of providing misinformation, bias, or over reliance for some individuals when used outside of clinical contexts for mental health. This perspective paper examines the intersection of youth mental health and the rapid adoption of LLM chatbots. It first contextualises rising mental health challenges among young people alongside their increasing reliance on digital solutions. The paper then explores the potential benefits of LLM chatbot style interfaces in clinical mental health interventions. Following this, we discuss the evidence surrounding adverse mental health outcomes from the use of generic LLMs to support mental health at population level, describing complex system-level and human-level factors noted from the evidence. Finally, we outline considerations for public health and youth mental health discourse, purpose built LLM platform design, and a supporting research agenda. While current evidence on benefits and risks from generic LLMs is emergent and not youth-specific, this perspective highlights a need for research focused on young people to ensure safe and effective use of widely available LLMs for mental health support.

Keywords: AI; Large language model; Mental health; Youth mental health

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The context to large language model and youth mental health

The ubiquitous influence of the internet, particularly among youth, has implications for mental health and cognition that are not yet fully understood (Firth et al., 2019; Mansfield et al., 2025). Large language models (LLMs), often deployed as online ‘chatbots’, are deep learning artificial intelligence (AI) platforms trained on textual data to provide conversational style responses akin to interacting with a human. Typically, LLMs centre on a user ‘prompting’, with the application then ‘responding’ (Chatterji et al., 2025). The use of LLMs now represent a third generation of AI applications with dynamic human-like fluency and contextual understanding beyond rule-based responses (Hua et al., 2025). The scale of LLM use in a short amount of time is extraordinary, with up to 700 million weekly users of one widely used platform *ChatGPT* (Chatterji et al., 2025). These technologies are increasingly being used to support mental health among young people, thus there is a need to highlight opportunities and inherent challenges of AI based LLMs in this domain.

It is important first to differentiate between LLM chatbots designed for clinical mental health interventions (e.g. *Headspace*, *Youper* and *Wysa*) and powerful, generic, and widely available LLMs (e.g. *ChatGPT* series and *Google’s Gemini*) (Torous et al., 2021). Not surprisingly, mental health contexts are cautiously embracing AI technology in many forms (Torous et al., 2020). Out of clinical contexts, AI is also increasingly used for mental health support, most notably among youth who demonstrate a predilection for such technologies on account of their perceived accessibility and anonymity (Mcbain et al., 2025). However, emergent evidence indicates an apparent mental health risk among certain populations when using generic LLMs outside of clinical contexts (Morris et al., 2025). It is the coalescence of these phenomenon, an increasing adoption of LLMs among youth to manage mental health, and a new manifestation of risk through third generation LLM platforms which we argue makes for a unique youth mental health phenomena. We therefore set out to contextualise this developing issue, first outlining the context of LLM chatbot style interface use among youth and the simultaneous emergent mental health challenges for this group. We then describe the broad potential for LLM conversational agents and chatbots in a clinical context and the hypothesised risks of generic LLM applications when used to support mental health difficulties.

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The relevance of youth mental health and LLMs

There is a notable changing trend in population level mental health among young people, where low to moderate mental health problems have been shown to increase in many contexts over the past decade (Mcgorry et al., 2025). As an example, the second iteration of the *My World Survey* showed that rates of low to moderate level depression and anxiety have increased among young people in Ireland between 2012 and 2019 (Dooley et al., 2019). The global COVID-19 pandemic has further marked a change in increasing online digital platform engagement, concurrent social isolation, and mental health challenges among youth (Solmi et al., 2025). The underlying reasons for this youth mental health challenge are multidimensional, with many changing global trends implicated. Online and social media influence is one such trend that has been identified as a key proximal factor driving changes in youth mental health (Mcgorry et al., 2025).

Indeed, young people are widely acknowledged as adept users of digital technologies such as LLM powered applications. For instance, up to half of all *ChatGPT* users are reportedly under 26 years of age (Chatterji et al., 2025). Moreover, many recent AI innovations and developments are increasingly targeting youth. For example, there is an emergence and increasing influence of embedded AI conversational agents and companions within widely used social media applications targeted at young people (Sun, et al., 2026). Reflecting a propensity for digital solutions, young people may be increasingly turning to online spaces to manage a range of mental health difficulties outside of the clinical context, this includes the use of generic LLM driven platforms and applications (Firth et al., 2024). For instance, a US based survey of 1,058 young people showed that 13% had used generic LLMs for informal mental health support, with this number increasing to >22% among 18 to 21 year old respondents. Among persons that used such technology for support, more than half reported using it regularly (Mcbain et al., 2025). Additional recent survey data from 10,835 13–17-year-olds in the UK similarly found 25% of the sample had used generic LLMs to support their mental health, showing such technologies are being increasingly relied upon by young people to manage their mental health (The Youth Endowment Fund 2025).

The potential benefit of artificial intelligence and LLMs in mental health

Broadly, AI technologies may be an opportunity for the augmentation of mental health care, including therapeutics (Hua et al., 2025; Torous et al., 2021, 2025), diagnoses (Graham et al., 2019), and referral (Habicht et al., 2024). A 2023 narrative review describes AI development as an opportunity to expand capability, improve productivity, and to support the work of practitioners across domains with promise for young people in particular (Balcombe 2023). An additional review not specific to youth services indicated that specific mental health chatbots can offer a level of acceptability, usefulness, and attractiveness among people that are using mental health services (Abd-Alrazaq et al., 2021). Indeed, ease of access, associated low cost, and inherent anonymity make such platforms an intuitive support tool for young people and adults (Lawrence et al., 2024). Early literature, predominantly focused on ‘rule-based’ (if/then logic, scripts, decision trees) chatbots demonstrates potential in addressing mental health problems in clinical contexts (Abd-alrazaq et al., 2019). The ‘digital exhaust’ which is the by-product of an

individual’s interactions with digital systems, can be used by LLMs to profile individuals, and respond accordingly in a therapeutic manner (D’Alfonso 2020). A recent small scale case series intervention showed promising outcomes from a specifically designed rules based platform among youth in Australia with anxiety and depression, where distress and symptoms of anxiety were found to meaningfully reduce following chatbot interaction (Wrightson-Hester et al., 2025).

Looking to the third generation of AI applications that utilise adaptive systems and LLM driven applications, small sample research shows that an immersive multimodal AI driven therapy leveraging spatial computing, virtual reality along with a digital AI therapy avatar assistance may be both safe and acceptable among adults with mild to moderate anxiety and depression (Spiegel et al., 2024). A recent randomised trial of a four-week ‘*Therabot*’ intervention with personalised capability shows therapeutic potential with reductions in symptoms of major depression, general anxiety, and feeding and eating disorder in over 200 adults with these respective diagnoses when compared to controls (Heinz et al., 2025). Powerful generic LLMs may also play a role in mental health support at a population level. As already noted, one UK survey shows that many young people already use LLMs for mental health support (The Youth Endowment Fund 2025). Another global survey of >1,000 users of the AI platform *Replika* indicated $N=30$ case examples where the platform is reported to have prevented a suicide attempt (Maples et al., 2024). Given the newness of this phenomena, robust data from research on youth populations is urgently warranted to determine the extent and value of AI LLMs in supporting mental health both in clinical and non-clinical settings.

Concerns about LLMs and mental health

Outside of clinical contexts, there are emergent reports of adverse mental health phenomena from human interaction with generic LLMs that give rise for concern (Morrin et al., 2025). The underlying risk appears linked to inherent system-level features of the LLM and the human-level risk profile of the user (Dohnány et al., 2026). These phenomena also occur within the context of inherent human attributes such as confirmation bias, motivated reasoning, and anthropomorphism, which may further explain the preponderance of risk among some users (Dohnány et al., 2026; Peter, et al., 2025). Reflecting the newness of the phenomena, much of the evidence underpinning recent catastrophic events highlighted in the media are notably emergent or theoretical (Morrin et al., 2025), and not yet identified as youth specific. Key risk phenomena across these system and human levels are outlined below. It is also relevant to consider that the discussed phenomena below appear to pose a complex, linked, and or bi-directional risk to certain persons.

System-level risk

In examining the system-level, it is clear that many generic LLMs learn through probabilistic models from human generated and publicly available text during pre-training, which is followed by post-training that involves human input. Within these widely available LLMs, human cognitive biases (e.g. cultural or political) are inherently encoded into the learning and subsequent LLM behaviour (Dohnány et al., 2026). Indeed, many LLMs are highly adaptable which allows in-context learning and emulation by the AI, in addition to some platforms being immersive conversational systems which may also pose as a risk among certain populations

(Hudon and Stip 2025). It is the aforementioned development characteristic which may be responsible for empathetic and uncritical validation of systems that risk the entrenchment of delusional beliefs implicated in incidence of 'AI psychosis', a newly propositioned term among certain persons (Hudon and Stip 2025). Further related to the system development process, many AI algorithms in widely used LLMs also have an in-built preponderance to *Sycophancy*, which is an inbuilt agreeableness or confirmatory tone which can take precedence over comprehensive objective truth (Sharma et al., 2024). A recent review published as part of conference proceedings postulates that inbuilt sycophancy is further potentially dangerous in being confirmatory to people experiencing intrusive thoughts, including during psychosis (Moore et al., 2025).

Another widely described phenomena is that of *AI Hallucination*, which is an output that is untrue or false, but yet delivered with a high degree of confidence by an LLM (Farquhar et al., 2024). AI hallucinations can be implicated in a negative feedback loop built on iterative interactions between human and the AI algorithm, reinforcing or leveraging cognitive biases, which again appear concerning where a person has existing delusional experiences.

An additional and related system level risk is the perpetuation of mental health stigma by LLMs. There is some evidence that generic widely-used LLM chatbots may in some instances be stigmatising towards users with existing mental health difficulty (Moore et al., 2025). Preliminary experimental evidence documented in conference proceedings shows that there is variability in the approach taken across LLM models and platforms, where some can approach mental health topics with a degree of inflexibility with stigmatising results (Cui et al., 2024).

Human-level risk

Whilst undoubtedly linked to system-level, the human-level risk phenomena are similarly complex. Underlying risk factors, namely trauma history, prior psychosis, prodromal state or schizotypal traits, in addition to nocturnal and/or solitary use patterns have been postulated as risk factors underlying AI psychosis from generic LLMs. Moreover, the previously highlighted advantage of widespread accessibility of LLMs has been implicated in excess risk of AI psychosis when considered in the context of repeat maladaptive appraisal, psychosocial stress and disturbed sleep pattern among at risk individuals, as outlined in a recent evidence review (Hudon and Stip 2025). Related to the prior discussed phenomena of system sycophancy, at risk persons for AI psychosis may experience disturbance of theory of mind where intentionality or empathy can be projected on to the LLM, reflecting a perception of the AI being sentient. Concerns have also been raised within editorials for the potential for LLM to exacerbate delusional experience across a range of domains (Østergaard 2023).

Beyond psychosis, another recent editorial hypothesises a role of LLMs in exacerbating mania through reinforcement of elated mood, pacing of racing thoughts, driving hypersexuality, and sleep deprivation (Østergaard 2025). There is also literature documenting at risk users of LLMs intentionally using Jailbreaks in pursuit of self-injurious behaviour. A Jailbreak is where a human user can circumvent the safety features of an LLM by concealing user intent within the input. Preliminary case research shows 'successful' Jailbreak feedback from a number of widely used LLMs (Schoene and Canca 2025). In the context of suicide intention, Jailbreaks pose a potential danger to persons where critical in-built safety nets may be circumvented.

Conclusions

This perspective piece highlights how AI technology and associated LLMs present both opportunity for accessible and wide scale intervention that may help arrest worsening trends in youth mental health. Yet outside of clinical contexts, widely available LLMs also appear to carry inherent risk due in part to a complex interplay between system and human-level features. The understanding of the true nature of this risk, in particular to youth mental health is still largely unclear due to the newness of the phenomena. Its seemingly ubiquitous adoption will undoubtedly lead to increased use for managing mental health problems across sectors of society, impacting young people in particular due to their preponderance for technological solutions. Large scale population studies seem warranted to understand at risk groups and risk factors. Promisingly, many LLM developers are reportedly engaged with application safety advancement (Clegg 2025). In this regard, clinicians, public health experts, and system developers ought to be cognisant of the multidimensional risk, engaging person with nuanced levels of lived experience in addition to clinical expertise. This seems an important step to improve safety and efficacy of generic LLMs in line with promising examples shown in mental health specific LLMs. In this clinical area, there is a need for more robust experimental evidence focusing on youth.

At present, early evidence suggest that such commonly used LLMs may not be appropriate for providing mental health support at the population level due to inherent design features. It seems that mental health professionals have a role to play in education on the likely limitations of common LLMs for mental health support, and a potential need for AI LLM use screening in some contexts (Hudon and Stip 2025).

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