(7/22/26) **This continuing education resource is from the national *Center for MH in Schools & Student/Learning Supports* at UCLA**

Featured

(1) About AI chatbots use by youth for mental health advice

***(2)* Follow-up question about a recent center report**

And, as always, you will find

(3) Links to more resources

This community of practice *Practitioner* is designed for a screen bigger than an phone.

For discussion and interchange:

>About AI chatbots use by youth for mental health advice

From: ***Nearly 1 in 5 U.S. Adolescents and Young Adults Use AI Chatbots for MH Advice****

"Use for mental health advice has risen sharply in the past year, and most young people say they have not told anyone about turning to chatbots for help.

Use of artificial intelligence chatbots for mental health advice among U.S. adolescents and young adults rose by more than 40% over the past year, with nearly 1 in 5 now reporting they have used AI tools for support, according to a new study.

The study found that 19.2% of young people ages 12 to 21 said they had used AI chatbots such as ChatGPT, Gemini, Character.AI and Meta AI for advice or help when feeling sad, angry, nervous or stressed. That is up from 13.1% in a similar RAND survey conducted a year earlier and is similar to the 19.8% who reported receiving counseling from a mental health professional.

Researchers estimate that the 2025 figure represents about 8.2 million young people nationwide, suggesting that AI chatbots are becoming an increasingly common source of emotional and mental health support.

The findings come as the United States continues to face a youth mental health crisis and AI chatbots have become widely available and heavily used by teens and young adults....

Among adolescents and young adults who reported using AI chatbots for mental health advice, nearly two-thirds (63%) said they had not disclosed that use to anyone. At the same time, nearly 43% of users said they sought that advice at least monthly. A large majority, 92%, said the advice was somewhat or very helpful, though the researchers note that this may reflect chatbots' tendency to flatter users rather than the actual quality of guidance provided.

The study found that use was more common among females than males and more common among young adults ages 18 to 21 than among younger teens ages 12 to 17. Youth who had spoken with a physician about their mental health in the prior six months also were more likely to report using AI chatbots for mental health advice.

Researchers say the results highlight the need for parents, clinicians, and other trusted adults to ask young people whether they are using these tools and to help them understand both their potential benefits and limitations...."

*The study is based on a nationally representative survey of 1,009 adolescents and young adults ages 12 to 21, conducted in November 2025 through RAND's American Youth Panel and was published in JAMA Pediatrics."

Center Comments

Artificial intelligence (AI) is rapidly transforming the mental health field, with growing applications in therapy, research, and education. Tools such as chatbots and mental health apps are designed to offer immediate emotional support, psychoeducation, and basic coping suggestions. Advocates highlight AI's potential to make mental health care more accessible and affordable, and some studies suggest chatbots can help reduce mild distress and increase access to support when services are unavailable.

For many young people, these tools certainly are appealing and are available 24/7. They provide immediate responses, are inexpensive, and may feel less stigmatizing than seeking help from adults or mental health professionals.

However, significant concerns have been raised. Current AI systems can generate inaccurate, inappropriate, or potentially harmful responses, particularly when addressing complex emotional problems, self-harm, trauma, or suicidal thoughts. Privacy and data security issues are also important, given the sensitive personal information that young people may disclose to chatbots.

In general, uses of AI come with significant technical risks (bias, misinterpretation) and ethical risks (privacy, autonomy). Additional concerns include the dissemination of inaccurate or harmful advice, particularly to vulnerable populations such as adolescents. A consensus view is that chatbots lack the judgment, empathy, accountability, and contextual understanding needed to assess risk and provide individualized care. They may also reinforce maladaptive thinking, foster emotional dependence, or discourage youth from seeking needed human support.

And all this raises questions about the potential impact on adolescent development. Adolescence is a critical period for learning interpersonal skills such as communication, conflict resolution, emotional regulation, and perspective-taking. Overreliance on AI companions may reduce opportunities to develop these skills through real-world relationships and interactions.

Some advocates support the use of AI chatbots as a potential supplemental service and, at the same time, acknowledge use of AI should not be a replacement for professional mental health services and other sources of human support (e.g., trusted adults, family members, peers).

Available research highlights an urgent need for clear standards for safety, oversight, transparency, and ethical safeguards in the development and deployment of AI in mental health contexts. Policymakers, educators, clinicians, technology developers, and families must work together on these matters now. And much more research is needed.

We used the following references and CoPilot (AI) in formulating the above comments:

American Psychological Association. (2025). ***Health advisory: Artificial intelligence and adolescent well-being.***

American Psychological Association. (2025). ***Health advisory: Use of generative AI chatbots and wellness applications for mental health.***

Child Mind Institute. (2026). ***AI chatbots and teens: What parents need to know – and how to talk about safety concerns.***

Ha, T., Figueroa, J., McGray, T., Ramirez, J., & Ortega, S. (2026). ***Replacing human connection: AI companionship risks teen development***. The Lancet Child & Adolescent Health.

Hswen, Y. (2026). ***AI chatbots and youth mental health***. JAMA, 335(15), e2524027.

McBain, R. K., Cantor, J. H., Breslau, J., et al. (2026). ***AI chatbot use and disclosure for mental health among U.S. adolescents and young adults.*** JAMA Pediatrics.

Wu, Y., Wu, T., Zhu, K., Liu, X., Liu, J., Wang, Y., Shi, R., Xiong, J., Xing, X., Lv, Y., Niu, Y., Peng, M., & Du, X. (2026). ***The impact of chatbots on adolescent mental health development: A comprehensive literature review***. Journal of Multidisciplinary Healthcare, 19.

And the following Center resources:

>***Artificial Intelligence and Improving Student Supports***

>***The Promise and Peril of AI in Mental Health***

A Follow-up Question About a Recent Center Report:

The report being referred to is:

>***Are Initiatives to Improve School-Based Mental Health Services Hindering Efforts to Transform Student/Learning Supports?***

The report's concluding comments stated:

"From a policy perspective, the implication is direct and unavoidable: initiatives such as California Youth Behavioral Initiative, the California Multi Tiered System of Supports, and the California Community Schools Partnership Program cannot achieve fundamental system transformation as long as they operate within an improvement framework that treats student/learning supports as secondary. Without restructuring the framework itself, these initiatives – individually and collectively – risk exacerbating the very fragmentation, marginalization, and inequities they are intended to resolve.

The need is for transformative system changes. These involve

- elevating the policy priority for addressing barriers to learning and teaching in a unified, comprehensive, and equitable way
- fully integrating the policy into school improvement strategic planning and daily practice
- institutionalizing mechanisms that facilitate effective development, implementation, scale-up, and sustainability of a unified, comprehensive, and equitable approach.

The central challenge, therefore, is not whether current initiatives are well intentioned, well resourced, or well implemented. It is whether school improvement policy is willing to authorize and institutionalize a system that treats addressing barriers to learning and teaching as a core function of schooling. Until that shift is made, initiative integration will remain an incomplete solution – and system transformation will remain the work of a few independent trailblazers.

Here's an inquiry we received from a colleague:

"Thank you for sharing the paper. ... Can you share more about your analysis and how you came to the conclusions/recommendations in the paper?"

Center reply: Thank you for your email. About methodology: This report builds on matters long-resolved by many intervention researchers (including us), such as the problem intervention initiative fragmentation can cause and the need for integration. (So many references could be cited; see Google scholar.)

As indicated in the preface, we used the conclusions from this literature to examine the design, implementation, and system level impacts of the three California's statewide initiatives as applied to improving student and youth supports.

We drew on multiple sources including:

>State statutes, program guidance, and administrative materials related to the California

Community Schools Partnership Program (CCSPP), California's Multi Tiered System of Supports (CA MTSS), and the Children and Youth Behavioral Health Initiative (CYBHI)

>Published research and policy analyses focused on system transformation, MTSS, community schools, and school-based mental health

>Implementation reports, evaluation findings, and technical assistance materials produced by state agencies, county offices of education, and intermediary organizations

>Syntheses of practitioner experience and field based observations reported in the literature and public documents function.

Our analyses focused on structural patterns and implementation dynamics across the initiatives, not evaluations of individual programs or sites.

As indicated in the preface. our early work, beginning in the 1980s and 1990s, sought to capture essential facets of interventions in psychology and education. In subsequent decades, our research and development efforts increasingly has focused on school improvement and implementation, e.g., see **Implementation Science and School Improvement**.

Through this work, we have come to appreciate how piecemeal initiatives further marginalizes the focus on student and learning supports in school improvement policy and practice.

As a result of all the previous work, our limited intent in this report was not to do yet another literature review, but hopefully to stimulate a discussion of what the title states: "Are Initiatives to Improve School-Based Mental Health Services Hindering Efforts to Transform Student/Learning Supports? – We hope you will join in the discussion."

And for more on this concern, we offer the following Center resources:

>***Improving How Schools Address Barriers to Learning & Teaching: Escaping Old Ideas and Moving Beyond Current Trends***

>***School Improvement Policy Needs to Move from a Two to a Three Component Guiding Framework***

>***Prototype Guide for Reframing Fragmented Student and Learning Supports into a Unified, Comprehensive, and Equitable Learning Supports System***

>***Frameworks for Systemic Transformation of Student and Learning Supports***

>***Student/Learning Supports: A Brief Guide for Moving in New Directions***

>***Transforming Student and Learning Supports: Starting the Process***

>Links to a few other relevant shared resources

>>Technology-Mediated Mental Health Programs and Interventions for Educators

>>Survey of America's school board members

>>The Cycle of Disinvestment in Public Schools: How Public-School Criticism Drives Policy and Disinvestment

>>How Changes in Foster Youth Classification Status Relate to Student Absenteeism and Discipline

>>Coordination of Services Teams: Bridging the Silos of School-Based Mental Health

>>Our off-track high school students weren't terribly interested in school until we dug into hands-on learning

>>Schools try to block kids from accessing dangerous content and games online. Little kids are outsmarting them

>>How School-Based Kindness Training Can Help Support Students' Mental Health

>>How Environmental Stressors Shape School Climate

A Few Upcoming Webinars

For links to the following and for more webinars, go to the Center's Links to *Upcoming/Archived Webcasts/Podcasts*
http://smhp.psych.ucla.edu/webcast.htm

7/22 Understanding Anxiety
7/22 Engaging youth voices to improve prevention
7/30 Connecting systems for effective prevention
7/30 Shifting environmental conditions to enhance prevention
7/30 Supporting students in the transition to college
8/3 Ethics in prevention
8/5 Support for kinship care
8/5 Building strong parent-teen relationships
8/5 Understanding depression
8/10 Supporting emotional regulation in kids
8/11 Reducing Chronic Absenteeism and Improving Continued Attendance at the Start
8/11 Choosing prevention programs that fit
8/12 Strategies for Supporting New Teacher Happiness and Success
8/25 Adapting prevention programs
9/16 Rethink Classroom Management
9/29 Leading Teams: Building Capacity for Teacher Leaders

How Learning Happens (Edutopia's series of videos explores guiding all students, regardless of their developmental starting points, to become engaged learners).
Unpacking the Impacts of Structural Racism on Youth (Webinar recording)

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The Case for Systemic Redesign of Student/Learning Supports

Fundamental, systemic redesign is urgently needed for how schools address factors interfering with learning and teaching. Immediate action is essential to move beyond crisis driven responses toward a cohesive, proactive, and equitable system of student/learning supports.

For guidance and resources on how to pursue this transformation, see the

>***National Initiative for Transforming Student and Learning Supports***.

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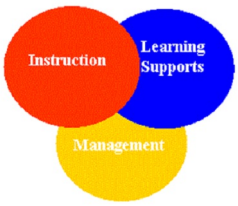
Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to promoting whole child development, advancing social justice, and enhancing learning and a positive school climate.



How many times have you chatted with that AI today?

Enough times that it just upgraded me to having premium concerns.

@#@#@#@#@#

To Listserv Participants

We hope you will share this resource with others who may find it helpful.

And let us know what's going on to improve how schools address barriers to learning & teaching and reengage disconnected students and families. (We can share the info with the over 140,000 on our listserv.)

THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!

Send resources ideas, requests, comments, and experiences for sharing to Ltaylor@ucla.edu

@#@#@#@#@#

For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu

>Looking for information? (We usually can help.)

>Have a suggestion for improving our efforts? (We welcome your feedback.)

We look forward to hearing from you! Contact: Ltaylor@ucla.edu

THIS IS THE END OF THIS ISSUE OF THE PRACTITIONER

Who Are We? Our national Center was established in 1995 under the auspices of the School Mental Health Project (which was established in 1986). We are part of the Department of Psychology at UCLA. The Center is co-directed by Howard Adelman and Linda Taylor and now is named the

Center for MH in Schools & Student/Learning Supports.