CENTRE FOR MENTAL HEALTH

TACKLING THE MENTAL HEALTH CRISIS

HEAD ON



DIGITAL AND AI TOOLS IN MENTAL HEALTH CARE

THE EVIDENCE, WHAT'S EMERGING AND EVIDENCE GAPS

INTRODUCTION

Head On is a coalition of over 20 leading UK mental health charities, looking to create a mental health system fit for the modern day. This briefing is designed to draw together evidence from Head On members, to inform debates in the run up to the cross-government Mental Health Strategy. This is a selective evidence summary of digital and AI tools in mental health care rather than a comprehensive review. Several organisations are working to inform this area including Mind, the Mental Health Foundation, Rethink Mental Illness, the Royal College of Psychiatrists and Centre for Mental Health, to name but a few.

Ahead of a comprehensive Head On policy paper to be published in Spring 2027, this briefing aims to summarise the evidence that supports use at the time of publication and considers what questions remain about digital and AI tools used to assist, deliver or improve mental health care. This includes discussion of AI enabled tools but also digital tools that do not use AI such as online therapies. Evidence for digital tools that don't use AI cannot automatically be extended to tools that do, and evidence on purpose-built AI tools cannot be extended to general-use AI chatbots - further research is needed.

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WHY THIS MATTERS NOW

Over one in three adults use AI chatbots to support their mental health or wellbeing (Mental Health UK, 2025). This is no surprise given long waiting times across the mental health system. By the end of June 2026, 2.37 million people had an open referral with mental health services (NHS Digital, 2026). In this reality, digital and AI tools have enormous potential to improve access to support and treatment. They could also free up clinical capacity and improve staff experience, which would help with workforce retention (Gardiner and Mutebi, 2025) and, in turn, patient outcomes. Government is already harnessing this through the NHS ten-year plan, and digital and AI tools are expected to be a central lever for change and reform in the upcoming Mental Health Strategy (Department of Health and Social Care, 2026) as reflected in the most recent Budget.

However, use of AI tools across all areas of life has led to debates around the ethical and social implications, as well as concerns around transparency, security and bias (Gardiner and Mutebi, 2025). This frames and shapes the conversations around AI and digital use in mental health care, with the additional concerns that these tools could exacerbate mental health risks and safety. This technology is developing faster than regulation is keeping up, and there is fear around how it is used and what the future of mental health care will look like as a result.

THREE CATEGORIES OF DIGITAL, AI TOOLS, MODELS AND SERVICES

In describing the different areas, we have used three categories to aid discussion. It should be noted that as technology develops fast, and use grows, the picture is changing rapidly. The effectiveness of digital interventions is often dependent on a person and their diagnosis, and the development of technology must also recognise this.

Category	What this means	Implication
Where evidence supports use	Use in NHS or commissioned pathways, National Institute for Health and Care Excellence (NICE) recommended or supported by robust trial evidence. Evidence supports defined intervention for a particular population, purpose and relevant conditions.	Support appropriate implementation and scale with continuous post implementation monitoring of outcomes, safety and inequalities.
Where there is indicative or emerging evidence	Initial findings suggest benefit, but questions remain about effectiveness, safety and use in routine services.	Evaluate through structured research or where appropriately conditional implementation with oversight and ongoing safety monitoring.
Where evidence is insufficient to support use	Available evidence does not establish effectiveness and safety for proposed use.	More evidence and regulation needed. Address risks arising from existing use.



1. WHERE EVIDENCE SUPPORTS USE

There is an established evidence base for digital and AI tools which *support* but *do not replace* human interaction. These tools are used alongside human support and respond to an identified need by a support worker or clinician to fill gaps in provision (techUK, 2026).

Hybrid services where evidence supports their use are ones where digital tools, some which may incorporate AI, are combined with human support. This includes:

- Digital support delivered alongside face-to-face services
- Guided self-help supported by trained facilitators
- Digital peer support communities with professional moderation
- Online interventions integrated with routine clinical review.

Services such as Kooth, The Mix and 42nd Street integrate digital support into wider community services and enable young people to access information, peer support and low-intensity interventions online, while connecting them to additional offline or in-person support where needed (Centre for Young Lives 2026; Gilbert, 2026). They may use AI to help triage or for signposting, for example, but they do not use AI in their counselling messaging or peer community platforms (WEB, 2026; Mental Health Innovations, 2026).

Interventions approved by NICE
NICE has conditionally recommended eight technologies for anxiety and three for depression (NICE, 2024). These tools have therapeutic intent with their grounding in already existing clinical models. This includes models based on Cognitive Behavioural Therapy (CBT), where users undertake structured exercises and mood tracking and are already used in health care pathways. Digital guided self-help-based CBT has a growing evidence base for a range of mental health problems. Eating disorders, including bulimia nervosa and binge eating disorder (BED) are among those showing promise (Allen et al., 2024).

There are three NICE-recommended technologies for managing symptoms of psychosis and preventing relapse. These include ‘Avatar therapy’ which enables people who hear distressing voices to engage in structured dialogue with an avatar representation of that voice, and SloMo, a blended digital therapy for paranoia, which helps people to recognise and slow down fast-thinking patterns that fuel distressing thoughts (Ward et al., 2022).

Currently, digital and AI tools that have been NICE-recommended or procured by the NHS aren’t reaching the people who need them (Gardiner and Mutebi, 2025). To close this gap, they need to be scaled up and properly integrated into NHS care pathways, with continuous monitoring of outcomes, effectiveness and safety.

2. WHERE THERE IS INDICATIVE OR EMERGING EVIDENCE

The following tools and models discussed are using AI and show real promise, with evidence emerging from pilot, or international contexts. These developments would address waiting and workload considerations for the NHS including easing administrative burdens faced by staff, predictive capabilities, and treatment matching (the process of aligning people's needs, diagnosis, and goals with the most appropriate care). Early evidence suggests tools can help people get timely support and find the treatment right for them.

Supporting the workforce to provide the right mental health treatment
Interesting results with AI triage chatbots in referral settings are showing promise in helping people access the right services for them. Treatment matching tools are created, using AI, to help clinicians identify the most appropriate intervention more quickly and support more personalised care. These developments could help people get the most effective help for their needs, and reduce how many times they need to return to a service (Anathem, 2026).

Purpose built AI tools also exist to support the health care workforce. For example, Ambient Voice Technology (AVT) uses AI to turn conversations between clinicians and patients into clinical notes and other documentation for clinicians to review and approve. It can also provide workflow support (NHS England 2026). When implemented correctly, AVT can contribute significantly to improving clinical capacity and experience, with benefits to patients (Stanton et al., 2025; Digital Health 2026).

Predicting future needs of the population and mental health services
Emerging evidence shows that AI tools can be useful in detecting, classifying, and predicting the risk of mental health conditions in current or future populations. These tools could also be useful in predicting a treatment response and monitoring mental health conditions (Cruz-Gonzalez et al., 2025). This includes projects such as eLIXIR, which links maternal data with neonatal, mental health and primary care data (King's College London, n.d.). AI models are also being developed to help researchers predict the future needs of the NHS, including the forecasting and simulating of future risk and alternative diagnosis (Kraljevic, 2023).

These are not yet in routine use in the NHS but there is immense potential in supporting effective and efficient access to services for people who need mental health support. There is a need to do further testing and develop how to roll services out widely, alongside regulation to protect privacy, ensuring that sensitive personal data is collected, stored, used and shared securely and transparently.

3. WHERE EVIDENCE IS INSUFFICIENT TO SUPPORT USE

Some digital and AI tools sit outside clinical settings, are promoted for use and widely rolled out faster than they are reviewed for effectiveness and safety. Absence of evidence is not evidence of harm, but wide rollout without testing risks exposing people to unknown risks and wasting resources. With widespread use, there are concerns that many people are using AI tools instead of accessing clinical services. High uptake of these tools demonstrates the huge amount of need, particularly among people who make up the 'missing middle', those who need support but may not meet the thresholds for NHS treatment (techUK, 2026).

Standalone smartphone apps

There are an estimated 10,000 -20,000 mental health apps available (Torous et al., 2020). Mental health apps are generally viewed positively by consumers, in relation to ease of use and usefulness of content (Chan and Honey, 2022). Some standalone mental health apps have shown benefits in clinical trials, but the evidence varies between apps and conditions, with meta-analysis studies showing there is still limited evidence of effectiveness (Kulke, 2025; Gardiner and Mutebi, 2025). There are a combination of AI and non-AI apps on offer and findings from non-AI apps should not be automatically applied to AI tools.

More evidence is needed on their longer-term effectiveness and there is currently a lack of regulatory frameworks to ensure consistency and safety (Torous et al., 2020). They are commercial products, and privacy needs to be considered. Commercial products aim to maximise and sustain app engagement which blurs the line between patient and consumer (Chan and Honey, 2022). Overall, the picture is unclear as there is a lack of high-quality research in this field (Linardon et al., 2025).

General-purpose chatbots

There is an urgent need to research and regulate general-purpose chatbots. These chatbots such as ChatGPT, Claude and Gemini are built on large language models and represent 'informal mental health use': they weren't designed or regulated for mental health care but are increasingly being used for it (Gilbert, 2026). Recent surveys show that 18% of people use chatbots to support their mental health, and 60% of that group have used chatbots instead of formal mental health support (Mind, 2026a). Other research finds that 10% use them for mental health support instead of seeing a trained professional (King's College London, 2026).

Beyond this, there are wider uses of general-purpose chatbots that have a psychological impact. These include emotionally significant conversations, where the person feels understood by the chatbot, where they may come to rely on it emotionally, disclose a crisis, or engage in a therapeutic relationship (Diel et al. 2026). There are growing concerns around general-purpose chatbots which are designed to keep you engaged but were not designed with therapeutic intent (Morrin et al. 2026). Currently, they fall outside of medical regulation; their use is currently invisible to health systems, but users are increasingly attributing therapeutic authority to these models (Gilbert, 2026). There is now growing evidence of harm, particularly for those who experience severe mental illness including people who are vulnerable to psychosis (Morrin et al. 2026) and obsessive-compulsive disorder (Mind, 2026b).

Considering the wide use of these tools, there is limited regulation and unlike medical devices, health apps or medicines, these tools can currently be released with no safety testing or regulatory oversight. There is an urgent need for more research, regulation and public guidance on smartphone apps and the use of general-purpose chatbots with clear and transparent safety standards, transparency and public guidance (Mental Health Foundation, 2026).

PRIORITISING CHOICE AND HUMAN CARE – NOT DIGITAL BY DEFAULT

There are opportunities to increasingly integrate digital tools into mental health support. However, this must not drift into a mental health system that is 'digital by default'. Human relationships should always be a part of and central to mental health services. People with lived experience have reported that they value online support but stressed that face-to-face contact still mattered, particularly for people who tend to withdraw or isolate (Rethink Mental Illness and Nuffield Council on Bioethics, 2022). Emerging lived experience insights and survey evidence show that there is no one size fits all when it comes to digital and AI applications, as different people experience support to varying levels of success. For some people, the prospect of digital care can be upsetting, annoying, or distressing.

At a time when loneliness is increasing and services at large are being automated, chatbots becoming the default can be difficult for people with mental health problems (White and Lees, 2026). People with lived experience have questioned whether digital tools will be offered or imposed, and whether they would feel confident declining (Rethink Mental Illness and Nuffield Council on Bioethics, 2026). Recent polling also showed that 58-63% of people surveyed wanted to be told in advance and be able to opt out (King's College London, 2026).

Current use of digital and AI tools is particularly high for people facing barriers to care; people with accessibility considerations who struggle to travel and who find in-person meetings distressing (House of Commons 2023). Digital tools show better engagement among younger people, people who are socially isolated, LGBT+ and some racialised communities (Habicht et al., 2024; Gilbert, 2026). The development of any hybrid or digital service must centre people who are digitally excluded, to avoid entrenching existing inequalities.

Many of those at higher risk of mental health problems, including people living with long-term conditions, disabled people and those from socio-economically disadvantaged groups face barriers to effective mental health support and efforts need to be made to address the inequalities they face (NHS Alliance, 2026). All too often, new tools make services easier to reach for people who are already well served, while people who struggle most to access care are left behind, deepening existing inequalities, particularly for people who experience severe mental illness (Jerjes et al., 2025).

Understanding lived experience expertise and codesigning tools and services with these communities, whilst continuing to monitor and evaluate inequalities, is critical to avoid entrenching inequalities. This must be developed alongside investments in implementation, including in the workforce and the wider care economy, both now and into the future.

RECOMMENDATIONS

Digital and AI tools can widen access, help people who experience stigma access services and offer flexible, early support. There is potential for tools to help people identify appropriate support, access information more quickly and find relevant services. Current evidence supports use as a complement to human delivered support rather than a replacement for clinically led, or peer services. Tools should respond to identified needs and gaps in provision, and always aim to get people effective and timely support.

Where there is sufficient evidence and existing use within the NHS, we want to see widespread funding and roll out, alongside continued monitoring, evaluation, review and evidence building. This must happen alongside both regulation of smartphone apps and general-purpose chatbots, and public guidance on the risks.

The Head On campaign is calling for the UK Government to accelerate access to new, innovative treatments, so people with mental health problems can access what is most effective. This includes using digital and AI safely and fairly (Head On, 2026), based on high-quality evidence. We have ten recommendations for the Government. These should be considered in the Mental Health Strategy as well as future policy.

1. Roll out and scale digital and AI interventions where evidence supports their use, including NICE-recommended therapies in line with any conditions attached to those recommendations, while continuing to build the evidence base.

2. Prioritise need-driven, regulated, and evidence-based digital and AI tools and only those developed with strong clinical expertise and governance.

3. Support hybrid models that combine digital interventions with human care and community outreach.

4. Fund digital technologies that are proven to support clinicians in their day-to-day practice with patients. Funding should not only encompass purchase of the technology but also investment in the capabilities and digital literacy to change services.

5. Invest in implementation to roll out new and emerging technologies. Support the workforce to ensure health care professionals are equipped with digital infrastructure that is fit for purpose, including working IT and systems that use a common language between services.

6. Fund structured testing of digital and AI tools before any wide rollout, codesigned with people with lived experience.

7. Ensure post-implementation evaluation, including monitoring across demographic groups to assess the impact on inequalities or potential risks.

8. Ensure that people with mental health conditions, especially people with severe mental illness, benefit from AI and emerging technology in other parts of the health service.

9. Regulate general-purpose AI including chatbots with clear safety standards, transparency requirements and accessible public guidance on risks.

10. Invest in reforming and strengthening mental health services, including adequate funding and staffing so that in-person support is easier to access, recognising that digital tools should complement rather than replace human care.

WHAT'S NEXT?

This technology is developing and being adopted at a rapid pace. In Spring 2027, Head On will publish a more comprehensive report on digital and AI and mental health care. This will explore use of digital and AI tools, scan the horizon for emerging and important developments and discuss key questions for government.

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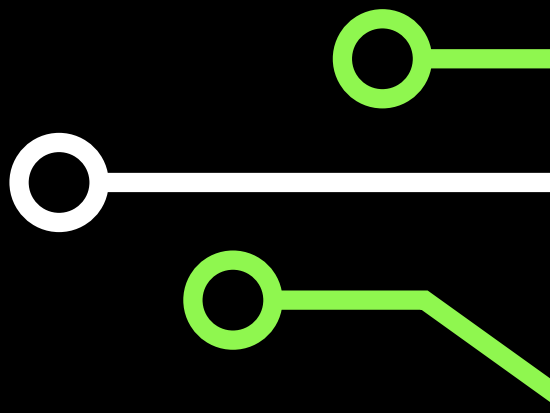
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By Leia Clifton, Centre for Mental Health | Published November 2026.

The report is published by Centre for Mental Health on behalf of the Head On campaign, a coalition of over 20 leading UK mental health charities that bring together frontline expertise, lived experience and practical solutions.



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