

## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

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### ABSTRACT

This study aims to explore the interest, trust, perception of AI chatbot as a substitute for licensed professional like counsellors or therapists. It was also to identify their concerns (safety, privacy, data security) when using it for counselling. Attempt is made to understand perceived benefits including ease of use, accessibility, availability and positive impact if any on improving mental health. Study explored how these perceptions vary by age, gender, digital familiarity. The aggregate results will help in increasing awareness towards ethical and careful use of AI chatbots for mental health. Online survey with 40 questions was administered which had 101 respondents. Hypothesis 1 was that Adolescents will report moderate overall acceptability of AI Chatbot for therapy (mean acceptability score > midpoint). Result was that Adolescents reported low acceptability of AI Chatbot for therapy purpose with overall 2.64 mean core on the Likert scale. Hypothesis 2 was that Adolescents will find AI chatbot easy to use with better accessibility. Result was that ease of use, accessibility and 24 by 7 availability was a major benefit reported by the 69.3% respondents. Hypothesis 3 was that Adolescents would trust AI Chatbot if used in conjunction with a trusted professional. Result showed that professional backing is the single most important factor for trusting AI Chatbot as reported by 46.5% respondents, but on its own, AI chatbot had low trust factor. Hypothesis 4 was that privacy and safety concerns will impact willingness to use. Study showed that safety and ethics clearly stands out with respondents clearly identifying the risk attached to harmful advice, lack of responsibility, privacy concerns, data usage concerns and potential long-term mental health impact.

**Keywords:** AI Chatbot, Therapy, Adolescents, India

According to a report by *Times of India* (December 29, 2025), a 16-year-old Adam Raine, USA started seeking help from AI for homework and this dependency turned with terrifying speed into seeking help on mental health related issues. This became an addiction with five hours spent on ChatGPT and finally the bot directed him to suicide, to the extent that Adam sent a photo of a noose to the ChatGPT asking, “Could it hang a human?”. The chatbot’s response was affirmative and after few hours, his body was found by his mother at their home in September 2024.

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## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

Incident Database (2025) highlighted risks associated with AI with a report of a 14-year-old, Sewell Setzer III, USA, who died by suicide after reportedly becoming dependent on Character. ai's chatbot personified as Dany (Game of Thrones fictional character) who engaged him in a romantic way, leading to obsessive attachment. When his mental health declined, the mother tried to limit the use of chatbot. This led to him committing suicide in February 2024.

There are many such cases which indicate growing dependence on AI Chatbot for therapy, counselling or other mental health support.

Adolescence is a crucial developmental stage marked by significant biological/ physical, emotional/ psychological changes. During this period, many adolescents experience stress related to academic pressure, peer relationships, family expectations, and identity is being formed along with ethical dilemma. Although professional counselling and therapy can provide effective support, several adolescents hesitate to seek such help due to stigma, lack of awareness, cost, parental consent, or limited access to mental health services in India. Adolescents end up reaching out to trusted peers, trusted adults and even strangers which has its perceived limitations and impact.

With rapid advancements in AI, chatbots have become widely accessible and are increasingly used for learning, entertainment, and even emotional support. What chatbot offers is anonymity, immediate responses, and continuous availability, which may make them appealing to adolescents. As a result, AI chatbots are being explored as potential tools for mental health support, either as a substitute for or a supplement to human counsellors and therapists.

However, the use of AI chatbots for therapeutic purposes raises important concerns regarding trust, safety, effectiveness, privacy, and ethical responsibility. Questions remain about whether AI chatbots can adequately address complex emotional issues or respond safely during mental health crises.

Despite their growing use, there is limited research in the Indian context examining adolescents' perceptions of AI chatbots for therapy. This study aims to explore the interest, trust, accessibility, experiences, and concerns of adolescents in India regarding the use of AI chatbots for counselling and emotional support.

### LITERATURE REVIEW

Recent research has explored the role of artificial intelligence in mental health from pre-treatment, treatment, post treatment, clinical education and general improvement prevention conditions (Abd-Alrazaq et al., 2025; Boucher et al., 2022). AI Chatbots have shown potential to improve accessibility to mental health support, especially for individuals who may hesitate to seek traditional therapy due to stigma or lack of resources especially in developing countries. Several studies have demonstrated that AI chatbots have positively resulted in improving mental health including symptoms of anxiety and depression (Fitzpatrick et al., 2025; Inkster et al., 2022). Additionally, chatbot-based interventions have been found to be particularly useful for young people, offering scalable and accessible support for preventive and early-stage mental health care (JMIR mHealth and uHealth, 2025). In recent years, research communities are promoting well-being among children and adolescents through AI interventions which have age-appropriate tools, virtual reality experiences, interactive games, personalised virtual companions, AI powered virtual mentors for stress reduction, time

## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

management and decision making. They are also curating resources for coping with transitioning into adulthood, act as a virtual therapist offering confidential space for discussing emotional concerns (Anoushka Thakkar, Ankita Gupta, Avinash De Sousa, *Frontiers in Digital Health*, 2024)

At the same time, the literature highlights several limitations and concerns associated with the use of AI in mental health. There are algorithm bias, transparency, data privacy risk, ethical design, human oversight, accountability issues, liability issues, lack of regulations and standards, lack of cultural sensitivity. Studies emphasize that AI models may produce biased or inappropriate responses, which can negatively impact vulnerable users (JMIR, 2025). Too much reliance or over-dependence on AI Chatbot can pose risks such as isolation and insufficient assistance during times of crisis. Furthermore, there is concern that chatbots may not adequately handle high-risk situations, such as severe depression or suicidal ideation, where human intervention is critical (PubMed, 2022). Moreover, emerging research suggests that while AI chatbots can offer short-term benefits, their long-term effectiveness and reliability remain uncertain. Some studies report mixed outcomes and highlight the need for stronger clinical validation and sustained user engagement (IJSSSR, 2024; PubMed Central, 2025). The growing integration of AI into mental health care thus presents both opportunities and challenges, requiring careful evaluation of its clinical, ethical, and psychological implications.

Despite the increasing body of research on AI-driven mental health tools, there is limited empirical evidence on their impact in high-risk or sensitive psychological contexts, particularly among adolescents. Additionally, few studies have examined the potential negative consequences of AI interactions, such as emotional dependence or harmful responses.

### ***Research Gaps:***

Existing research on AI-assisted mental health support primarily focuses on adults, with limited attention to adolescents. Studies in India socio-cultural context are un-explored. Most studies emphasize technical effectiveness of AI chatbots, rather than adolescents' perceptions and experiences. There is insufficient research exploring trust, safety, and privacy concerns, including fears of data misuse, over-dependence on AI, and ethical boundaries. Adolescents' views on AI chatbots as a substitute versus a supplement to human counsellors or therapists remains under-explored. Limited literature examines how adolescents differentiate between minor emotional issues and serious mental health concerns when considering AI support. Few studies investigate adolescents' expectations regarding human oversight, crisis escalation, and parental involvement in AI-based mental health tools.

### ***Purpose of the Research:***

This study explores how adolescents view the use of AI chatbots for therapy or counselling as a substitute for counsellors or therapists.

1. Describe adolescents' trust/ perception of AI as a substitute for licensed professional like counsellors or therapists.
2. Identify concerns (privacy, safety) of using AI chatbot for counselling.
3. Features that increase acceptability including ease of use, accessibility.
4. Arrive at perceived benefit/ impact by adolescents on improving mental health.
5. Explore how perceptions vary by age, gender, mental health history, family background and digital familiarity.

## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

The aggregate results will help in increasing awareness towards ethical and careful use of AI chatbots for mental health.

### *Hypothesis*

1. **Hypothesis 1:** Adolescents will report moderate overall acceptability of AI Chatbot for therapy (mean acceptability score > midpoint).
2. **Hypothesis 2:** Adolescents will find AI chatbot easy to use with better accessibility.
3. **Hypothesis 3:** Adolescents would trust AI Chatbot if used in conjunction with a trusted professional.
4. **Hypothesis 4:** Privacy and safety concerns will impact willingness to use.

## **METHODOLOGY**

### *Introduction to the Method*

- Primary Research through online survey and its analysis.
- Secondary Research: studying academic journals and research in this field.

### *Scoping*

- The focus of the study was adolescents and hence age category chosen was 13 to 18 years of age.
- Gender data was collated to evaluate the differences between gender. Sensitivity was maintained for those who don't classify themselves as male or female gender or prefer not to say.
- Use AI chatbot in any form for any use.
- The study was focussed on Indian region only as socio-cultural differences across geographies may extend the scope too wide which may need much wider sample size.
- The questionnaire was created in English language only, hence comfort with the language was essential

### *Type of Survey:*

Participation involves an online questionnaire. Detailed questionnaire with almost 40 questions was elaborate enough for the study. It took estimated 20 minutes to finish the survey by the respondent. Questions were quantitative using Likert Scale, Open Ended and Multiple-Choice questions This was created by the author who belongs in the same age group as the target group and brainstormed with a guide.

### *Sample Size and Data Collection:*

There were 101 respondents, out of which 44 were males, 55 females, 2 preferred not to share. 47 respondents were in the age bracket of 13-15 years old and 54 were in the age bracket of 16-18 years of age. Data was collected on parental education and income to check correlation with the results, however due to insufficient validation, was not used. Data collection was done through online questionnaire using Instagram, WhatsApp channel, school setting and coaching centres.

### *Ethical Standards:*

- In the survey, it was clearly stated how the information shall be used, which was as below:
  - There are no anticipated physical or psychological risks, and no deception is involved.
  - Participation is voluntary and without compensation.

## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

- These findings may be used in academic publication. All results will be presented in aggregate form to ensure confidentiality.
- No commercial use will be made of the data.
- Data privacy: anonymous, data would be cleaned up once study is published.
- Informed Consent was taken from the participants with self-declaration indicating that
  - 
  - “I understand that this survey is anonymous, my identity will not be linked to my responses, and my data will be used solely for research purposes.
  - I understand that I may withdraw my participation at any time without any consequences.
  - I understand that no financial compensation will be provided”
- Check on mental state and helpline information: It was checked if the respondent had any suicidal thoughts in the last 2 weeks and helpline number was given to support as a Standard Operating Procedure.

### **Limitations**

Results could be skewed due to online data collection and mostly from urban cities and economically similar class of the society.

## **RESULTS**

### **Baseline Information for ‘as is’ current situation on forms of support:**

Results showed that 42.6% respondents had engaged with a counsellor/ therapist and 57.4% had no such experience.

87.1% respondents had used AI chatbot for some form of help, learning or fun. Overall, 65% of respondents had used AI chatbot atleast once purpose of therapy/ counselling/ emotional support, atleast once.

As seen in Table 1 on frequency of approaching AI chatbot for mental health related issues, 11.9% use it one or two times a month, 14.9% use it once or even more than once a week.

**Table 1 Frequency of approaching AI for mental health issues/ stress**

Frequency	Percentage (%) of Respondents
More than once a week	8.9%
Once a week	6%
One or two times a month	11.9%
Rarely	37.6%
Never	35.6%

Looking at gender differences on the usage of chatbot for help, learning, fun, showed significant difference in the usage pattern with female scoring higher than male with  $p=0.011$ . However, no significant difference was found when respondents were asked if they have used an AI chatbot for therapy/counselling/ emotional support) with  $p=0.094$ . Refer Table 2. Those who did not wish to be identified were removed from the gender analysis (2 respondents)

**Table 2 Gender differences in the usage of AI**

Usage	Male Mean	Female Mean	p-value	Result
Used of an AI chatbot for help, learning, or fun	0.773	0.945	0.011	Significant difference
Used an AI chatbot for therapy/ counselling/ emotional support	0.273	0.436	0.094	No difference

Considering the age differentiation, respondents were divided into two groups- 13 to 15 years old and 15 to 18 years old. 16-18 years old have a higher preference for using AI chatbot for therapy/ counselling/ emotional support as compared to 13-15 years old with p-value= 0.08.

**Perception of AI Chatbot for emotional needs**

Almost half of the respondents (49.5%) are looking at AI Chatbot for mental health purpose unfavourably (disagree/ strong disagree), reference Table 3. Around 2/3<sup>rd</sup> respondents (76.2%) prefer talking to a trusted person instead, reference Table 4. Sizeable 22.8% respondents are viewing chatbot favourably (agree/strongly agree). 27.7% are unsure about trusting AI as compared to 17.8% who are unsure about trusting a human being.

**Table 3 Respondents considering using an AI chatbot for emotional support**

Response Category	Percentage (%) of Respondents
Strongly Agree	5%
Agree	17.8%
Unsure	27.7%
Disagree	29.7%
Strongly Disagree	19.8%

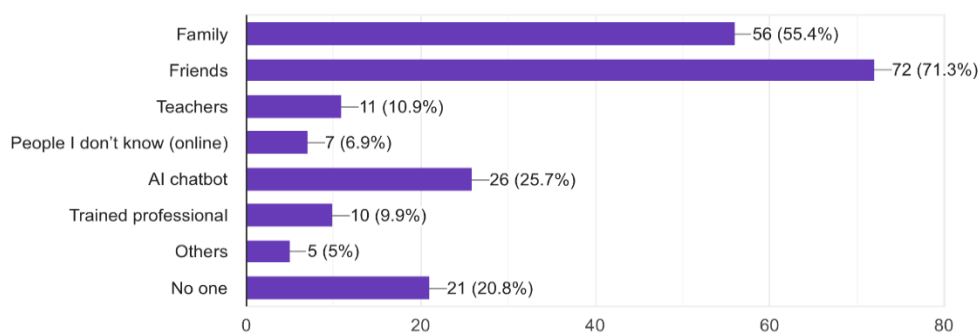
**Table 4 Preference talking to a trusted person rather than an AI chatbot**

Response Category	Percentage (%) of Respondents
Strongly Agree	45.5%
Agree	30.7%
Unsure	17.8%
Disagree	0.29%
Strongly Disagree	0.29%

Preferred point of contacts for most respondents when in need for help are friends (71.3%) followed by family- 55.4%. Still, 1/4th go to AI chatbot (25.7%).

When I'm upset, I prefer to go to (tick all applicable)

101 responses



**Figure 1 Preferred point of contact for support**

## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

Top five reasons for being hesitant to seek support from a counsellor/ therapist are: Accessibility and fear of judgement are top two barriers with exactly the same score. 36.6% respondents said that they are not sure where to go and fear of judgement is a barrier for 36.6% respondents. Third factor is financial constraint, as reported by 25.7%. Fourth factor is parental disapproval as reported by 19.8% respondents. Finally, it is system related barriers like long waiting time (9.9%).

There are multiple other factors which included: hesitancy, need for managing on own, lack of belief and awareness, discomfort, preference for alternate help seeking methods.

### *Perceived Benefits and Risks of AI Chatbot for mental health*

#### **Benefits:**

Thematic study of the comments received by the respondents on perceived benefit of AI chatbot showed three big benefits- top benefit as seen by this age group is on academic help with around 40% respondents, followed by variety of emotional needs or mental health related needs as shared by 23%. These could include- listening, isolation, stress handling, overthinking. Another 14% view AI chatbot useful for problem solving, information seeking.

#### *What AI Chatbot is not helpful with-*

52% of respondents stated explicitly highlighted the lack of empathy and human touch as a major limitation of AI chatbots which is needed for understanding their emotions before supporting their mental well-being. Another 11% said, it's not helpful for providing practical solutions for complex life problems that need emotional understanding and human judgement and human wisdom.

#### *Professional Therapists vs. AI Chatbot suitability*

Overall, only academics came up as a theme where AI chatbot could help better by 12% respondents. 12% felt AI chatbot can handle certain issues better mainly due to accessibility, availability and immediate response. Another 10% feel better comfort, lack of judgement engaging with AI chatbot.

Roughly 74% of respondents believed that professional therapists are better suited to handle deep emotional issues or complex psychological problems including mental health disorders. There is an inherent trust in their ability and value the empathy demonstrated by the helper as stated by respondents.

Overall, the data indicates that AI chatbots are viewed as initial or short term, instant support, while human therapists are considered essential for long-term and serious mental health care as in Table 5.

**Table 5 Thematic Interpretation of AI Chatbot vs. Professional Therapist**

<b>Theme</b>	<b>% of Responses</b>	<b>Interpretation / Insight</b>
<b>AI helps in academic and informational problems</b>	40%	AI chatbots are primarily viewed as study aids, information and knowledge provider for academic use.
<b>AI helps with general emotional support (stress, overthinking)</b>	23%	AI viewed as a safe, non-judgmental space for sharing minor emotional concerns.

## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

Theme	% of Responses	Interpretation / Insight
<b>AI cannot solve personal or real-life problems</b>	52%	Belief that complex personal issues need live experience and understanding of humans.
<b>AI better than therapists for accessibility and anonymity</b>	12%	Accessibility, availability, quick response, low-cost, and anonymity of AI are benefits seen for small concerns.
<b>Professional therapists better for deep mental health issues</b>	74%	Human therapists are trusted and valued for deeper level diagnosis, empathy, human touch in serious emotional problems, which help in long-term.
<b>Overall perception: AI as support, not replacement</b>	Majority trend	Adolescents demonstrate clear awareness that AI should complement, and not replace, professional mental health support.

### *Ease of Use-*

Almost 70% (69.3%) find AI chatbot's advantage as ease of use, while 21% feel somewhat easy to use and 10% not easy to use. On Ease of use, significant difference was found with females scoring high with p value= 0.018, refer table 6.

Usage	Male Mean	Female Mean	p-value	Result
<b>Ease of Use</b>	2.409	2.727	0.018	Significant difference

**Table 6 Gender Analysis on ease of use**

### *Trust on AI Chatbot for counselling/ therapy, Safety concerns*

27.8% respondents trust AI chatbot to give safe advice when upset as compared to 31.6% who disagree/ strongly disagree. 40.6% respondents are on the fence unsure on trust aspect. Large section of the respondent (78.2%) was concerned about privacy aspect and felt that AI chatbot could share their personal data without permission with another 12.9% being unsure, leaving a small minority being unconcerned about data privacy.

Sizeable section of adolescents (30.7%) worried about AI chatbot not having guard-rails to stop them from getting real help if needed while 42.6% disagreed/strongly disagreed and believed that AI chatbot will not prevent or stop them from getting help.

Almost half (46.5%) would like to use AI chatbot for mental wellbeing purpose only if a real counsellor could check it.

Parental disapproval or being bothered if parents were to see chat transcripts was an area of concern for 57.4% respondents.

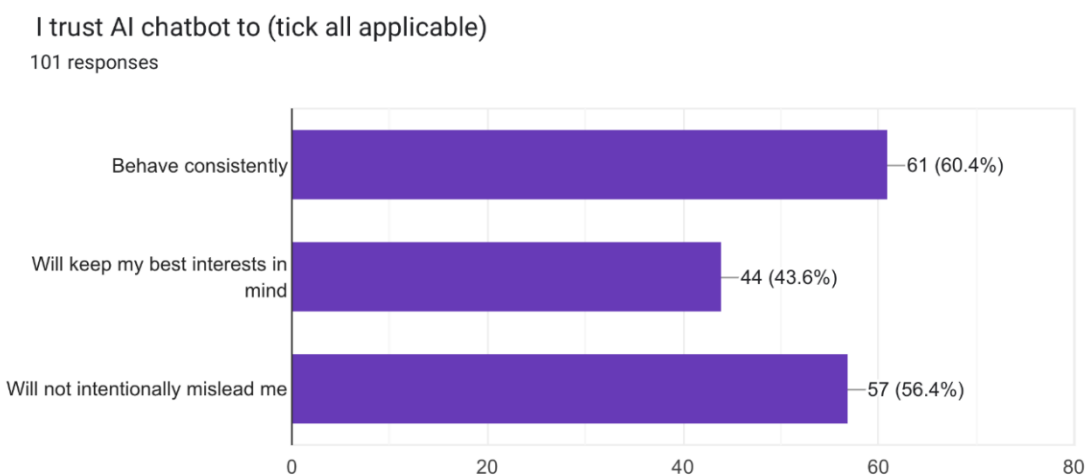
A large majority of respondents (86.1%) wanted a real person to be notified if an AI chatbot spoke to them about suicide, reflecting fear from the artificial intelligence platform.

## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

**Table 7 Safety Concerns**

Safety Concerns	Strong Agree	Agree	Unsure	Disagree	Strongly Disagree
Trust AI to give safe advice when upset	6.0%	21.8%	40.6%	15.8%	15.8%
Concerned about AI sharing data without permission	35.6%	42.6%	12.9%	7.9%	1.0%
Worry about AI chatbot stopping the person from getting real help when needed	8.9%	21.8%	26.7%	39.6%	3.0%
Would use AI chatbot if real counsellor could check it	7.9%	38.6%	23.8%	15.8%	13.9%
Bothered with parents seeing chat transcripts of AI	29.7%	27.7%	17.8%	20.8%	4.0%

This was despite the fact that most respondents as reflected in figure 2 trusted AI chatbot to behave consistently, keeping their best interest in mind and not something which will intentionally mislead them.



**Figure 2- Trust in AI to act for benefit of respondent**

Age analysis as done in Table 8 shows that those in the age group of 16-18 would also use AI chatbot only if specialises in mental health as compared to those in 13-15 years bracket and it shows p-value of 0.04. 13-15 years old have higher trust on AI chatbot and are more likely to recommend it to a struggling friend as compared to 16-18 age group and here the p-value=0.04.

No significant difference was found between different age groups when it comes to trust on chatbot which includes aspects like- talking to a trusted person rather than an AI chatbot, trusting AI chatbot to give safe advice, considering it for small problems but not serious problems.

**Table 8 Age wise mean and correlation between two age groups**

Question	Age 13-15 Mean	Age 16-18 Mean	p- value	Interpretation (P<0.05 significant diff, p>=0.05-no significant diff)
Q1 (Using AI chatbot for therapy/counselling/emotional support)	0.277	0.444	0.08	Significant difference
Q2 (prefer talking to a trusted person rather than an AI chatbot)	4.149	4.111	0.85	No significant difference
Q3 (trust AI chatbots to give safe advice when upset)	2.894	2.833	0.79	No significant difference
Q4 (would use AI chatbot only if it specialises in mental health)	3.319	2.833	0.04	Significant difference

***Attitude and Perception of those who used vs. those who did not use AI chatbot for therapy/counselling-safety***

Both categories (users and non-users of AI chatbot for therapy) preferred talking to a trusted person rather than AI chatbot with mean score of greater than 4, and no significant difference was found with p-value as 0.720. In both categories (those who used and those who didn't), there was no significant difference on the aspect that AI chatbot might stop them from getting real help if needed (p-value=0.083), or wanting a real person to be notified if AI chatbot spoke about suicide (p-value=0.772). There was a significant difference between the users and non-users of AI for therapy on trusting it without counsellor check (p-value=0.023). Those who have used AI for therapy believe more strongly that AI chatbot to be used only if a real counsellor checks it (mean of users- 3.243, non-users- 2.688, p-value=0.023).

This was irrespective of the fact if the AI chatbot specialises in mental health and the p value here was 0.106 with mean score of users at 3.189 and non-users as 2.405. There was also no significant difference between the two groups of respondents on AI chatbot being seen as helpful for small problems but not serious ones (p-value=0.976). Having said that, mean score for recommending to a friend was 2.541 for those who had used it, and 2.703 for those who didn't use it with no significant difference in the p-value at 0.561.

Users of AI for therapy believed more strongly that an AI chatbot could help feel less alone with mean score of 3 against 2.422 for those who didn't use it. Users also felt AI chatbot are easier to help compared to non-users (mean score of users was 2,838, non-users= 2.453 and p-value=0.005).

Both set of respondents (users and non-users) showed significant difference on trust on AI chatbots to give safe advice though mean score of both was low (mean of users=3.351 and non-users as 2.406, p-value=0).

There were concerns around data protection with mean of users at 2.243 and non-users at 1.797, p- value at 0.022 and significant difference showed with p-value= 0.022.

## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

There was a concern about parents being able to see chat transcripts with mean score of both groups being low (users= 1.919, non-users=2.703 and the difference was significant with p-value= 0.002).

Besides, those who used felt that they would be emotionally closer to AI chatbot if their details were remembered (mean of users= 3.135 vs non-users at 2.438 and the difference between the two groups was significant with p-value at 0.003

**Table 9 Safety aspects among those who used AI for Therapy/ counselling/ emotional support vs. those who did not use.**

Q	Used AI for Therapy/ counselling/ Emotional support- Mean	Not used AI for Therapy/ counselling/ Emotional support- Mean	p-value	Interpretation (P<0.05 significant diff, p>=0.05-no significant diff)
Q1 (prefer talking to a trusted person rather than an AI chatbot)	4.081	4.156	0.720	No significant difference
Q2 (believe an AI chatbot could help feel less alone)	3.000	2.422	0.019	Significant difference
Q3 (AI chatbots are easy to use)	2.838	2.453	0.005	Significant difference
Q4 (trust AI chatbots to give safe advice when upset)	3.351	2.406	0.000	Significant difference
Q5 (concerned that an AI chatbot might share data without my permission)	2.243	1.797	0.022	Significant difference
Q6 (worry that using AI chatbots might stop from getting real help if needed)	3.297	2.922	0.083	No significant difference
Q7 (would use an AI chatbot only if a real counsellor could check it)	3.243	2.688	0.023	Significant difference
Q8 (would be bothered if parents could see transcripts of chats with an AI chatbot)	1.919	2.703	0.002	Significant difference
Q9 (If an AI chatbot spoke about suicide, would want a real person to be notified)	0.838	0.859	0.772	No significant difference
Q10 (would use AI chatbot only if it specialises in mental health)	3.189	2.405	0.106	No significant difference

## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

Q	Used AI for Therapy/ counselling/ Emotional support- Mean	Not used AI for Therapy/ counselling/ Emotional support- Mean	p-value	Interpretation (P<0.05 significant diff, p>=0.05-no significant diff)
Q11 (think AI chatbots can be helpful for small problems but not serious problems)	2.135	2.243	0.976	No significant difference
Q12 (would recommend an AI chatbot to a friend who is struggling)	2.541	2.703	0.561	No significant difference
Q13 (would feel emotionally close to an AI chatbot if it remembered details)	3.135	2.438	0.003	Significant difference

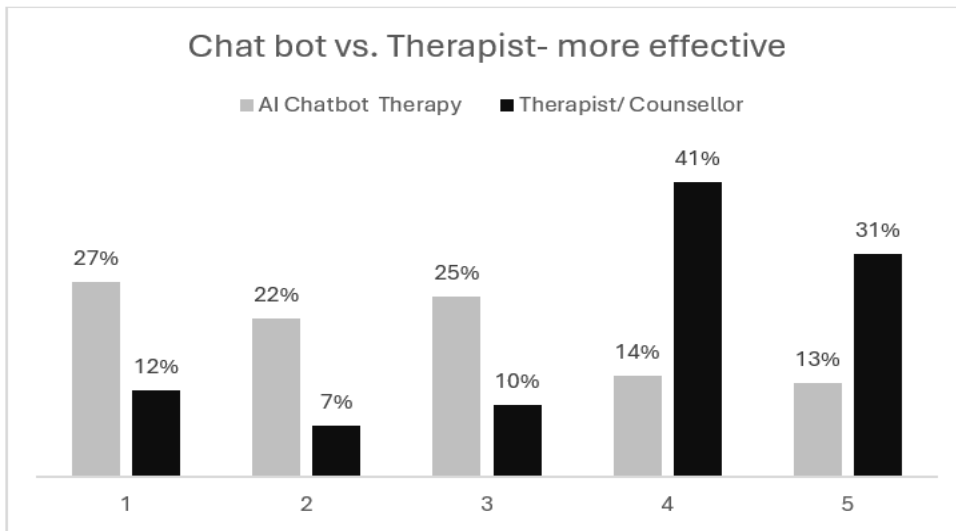
### *Effectiveness of AI Chatbot in Mental health*

- Safety, Wrong/ Harmful Advice (56%): Respondents expressed fear of harm (encourage suicide, harmful advice and no accountability for the same), especially for vulnerable group of respondents. Some expressions were, “If it gives a wrong decision, a person’s life is in danger”, “Cases of AI prompting users to kill themselves”, “Giving unrealistic treatments for complex mental health issues”.
- Ethical issues were recognised by adolescents and there were concerns around bias and validation loops along with scepticism that AI agrees to everything being spoken to by the user, including negative thinking instead of correcting the person with feedback. Representative expressions were, “Just validates you”; “Will not actually call you out”; “Say anything based on wording”.
- There is also lack of context as advice cannot be standard for all people and depends upon personal history. Representative expressions were, “Context matters”; “Advice for one person may be useless for another”; “Generic answers”.
- Data Privacy (23%): Key concerns were around data leakage, its misuse and long term implications of the same. Representative expressions were- “Knowing too much about me... using it against me later”; “Selling data on the black market”, “If you’re not comfy telling your parents, why billionaires?”. AI Chatbot is perceived as an unsafe storage.
- Empathy not being genuine or authentic (11%): Respondents distinguish between sounding supportive and being supportive. AI doesn’t feel human with emotions, can’t read non-verbal cues. Representative expressions were, “They don’t actually understand emotions”; “Cannot see physical emotions or factors”, “They’re AI, not human”.
- 23.7% respondents said they will feel emotionally close to an AI chatbot if it remembered details about them while 42.6% disagreed/ agreed and 33.7% were unsure.
- 37.6% are willing to use AI if it’s a mental health specialised bot. Others are unsure and disagree. Reference Table 10.

**Table 10 Usage of AI chatbot if its specialised in mental health**

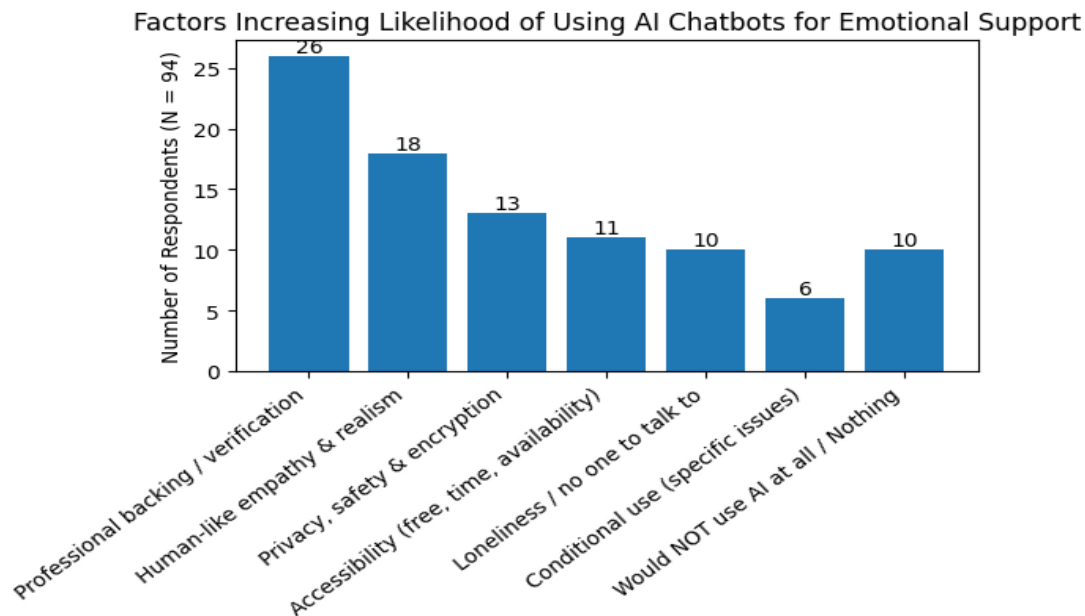
Likert Scale	% Respondents
Strongly Agree	7.9%
Agree	29.7%
Unsure	22.8%
Disagree	27.7%
Strongly Disagree	11.9%

Overall, mean score on effectiveness of AI chatbot as perceived by adolescents is 2.64 vs. 3.71 of Therapist/ Counsellor. Figure 3 shows percentage of respondents in each category.



**Figure 3: Effectiveness of AI Chatbot vs. Humans in Therapy/ Counselling**

Top three aspects if enhanced that would made AI chatbot more likely to be sought for counselling includes- professional backing, empathy and safety as seen in figure 4.



**Figure 4: Increase likelihood of using AI chatbot for emotional support**

### *Secondary Research*

Feasibility and acceptability are high, but effectiveness perception is currently on the lower side. Several research reports have shown that chatbots especially relational agents (designed to build and maintain relationship like humans do over a longer time) are feasible for adolescents and can reduce symptoms like depression and anxiety in some short-term trials, but effect sizes are typically small-to-moderate and depend on whether the agent is guided or fully automated.

AI is commonly used along with human counselling rather than stand-alone therapy; hybrid models (AI + clinician oversight) show better safety and uptake.

User characteristics matter and studies report that those with greater distress seek chatbots more and have more variable outcomes. This raises questions about self-selection with confounding variables.

Safety, ethical, and governance concerns remain. Research highlights inaccurate clinical advice or even harmful advice. Suicide risk with no safeguards, data privacy, high emotional dependency, and weak clinical validation as there is a lack of follow up and inadequate reporting or time study. Regulatory attention is being given but no accountability rests. Design/reporting weaknesses are common.

## **RESULTS**

- Hypothesis 1: Adolescents will report moderate overall acceptability of AI Chatbot for therapy (mean acceptability score > midpoint). Result was that Adolescents reported low acceptability of AI Chatbot for therapy purpose with overall 2.64 means core on the Likert scale.
- Hypothesis 2 was that Adolescents will find AI chatbot easy to use with better accessibility. Result was that ease of use, accessibility and 24 by 7 availability was a major benefit reported by the 69.3% respondents.
- Hypothesis 3: Adolescents would trust AI Chatbot if used in conjunction with a trusted professional. Result showed that professional backing is the single most important factor for trusting AI Chatbot as reported by 46.5% respondents, but on its own, AI chatbot had low trust factor.
- Hypothesis 4: Privacy and safety concerns will impact willingness to use. 78.2% were concerned about privacy aspect.

## **DISCUSSION**

Purpose of the study was to evaluate the perception of adolescents towards AI chatbot for therapy and counselling purpose. The relevance of this study is emerging from the rapid pace at which AI is developing and creating a dependence on human beings and also its potential impact on an age group which is vulnerable. Adolescents being in an identity formation stage have been shaped by nature as well as how they are nurtured. When they face identity conflict, AI is emerging as a source of defining their personality and their choices. Existing research shows rapid development in this field including specialised mental health apps which is learning how to read body language, non-verbal cues, remember history, build relationship over long timeframe with human like engagement through relational agents. It also has an ability to engage in the preferred style of the user and include gamification for high engagement to support mental well-being. Added advantage of accessibility, availability, speed of response and cost are acknowledged in the study of adolescents collected through

## Perception and Attitude of Adolescents in India towards AI Chatbots Usage for Therapy Purpose

survey. As per secondary research, hybrid method with interface of humans and AI is emerging as a trusted space. This too is perceived by the respondents in the survey. Sample survey indicates that there is a growing awareness in adolescents need for therapy or counselling apart from friends and family who are still the top two help-seeking contacts. There is an awareness on potential safety risks, validation loop, data privacy, lack of context, lack of memory and lack of safety guardrails. This has been deduced from existing research too where additional risks highlighted were on lack of governance, regulation, accountability, ethics, lack of clinical evidence and study over a longer period of time. Overall trust on AI chatbot emerging from existing studies as well as survey of the respondents is low despite the perceived benefits with overall score to professional therapist at 3.7 mean vs AI chatbot at 2.6 mean.

With growing advancement and attractiveness in future towards AI, it is important to educate, create awareness of 'at risk' vulnerable group of the society especially adolescents who are trying to form their own identity. There is a need for parental training on the role of family and mindful access to technology, and access to professional therapist, removing judgement and stigma. There is a need for ethical restriction on therapy by AI Chatbot till it reaches maturity state by the State.

The study was conducted in an urban set up with economically middle class and upper middle class and upper class of the society where education and awareness are likely to be higher. The data was not analysed of family background due to lack of validation. India is a diverse country with change in social context including language, cultural nuances, role of family especially nuclear vs joint family setup, role of community, access to resources including professional therapist, perceived openness and stigma attached to counselling and therapy from those around this study group. Study could be extended to different social and economic strata of India and also compared with the western developed countries to evaluate the perception and attitude of adolescents towards AI for therapy and counselling. Continued surveys of adolescents would help in understanding mindset, and preferences

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***Conflict of Interest***

The author(s) declared no conflict of interest.

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