NCPS

NATIONAL COUNSELLING & PSYCHOTHERAPY SOCIETY

Filling the Gap?

Young People's Use of AI for Mental Health Support



BARNARDO'S

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Executive Summary

Artificial intelligence (AI) is changing how children seek help with their mental health and wellbeing. The policy question is no longer whether children will use AI for support, but how we ensure that the technology they are already using is safe, effective and does not become a substitute for the human relationships and the services that children want and need.

To gain a greater understanding of children's experiences and expectations, Barnardo's and the National Counselling and Psychotherapy Society (NCPS) commissioned Censuswide to survey 2,000 children aged 11 to 17 across the UK. The findings reveal a rapidly developing reality: 43% of children said they had used a mental health app or chatbot for emotional support or advice in the previous year. We found that children are using both general-purpose chatbots, and purpose-built tools to support their mental health, often alongside each other. **Children are therefore already using AI in ways for which much of the technology, and the system around it, was not designed.**

But children are also clear about what good mental health support looks like and the limitations of both general-purpose and even purpose-built AI models in delivering this. When asked who they would want to talk to if they were going through something difficult, 59% chose family or caregivers and 18% friends, while just 4% chose a chatbot. Almost 90% said trust and feeling understood and cared about were important to good mental health support, while 57% did not believe AI could provide empathetic support.

Our research exposes an important gap between the support children want and the support they can access. Of the 43% of children who had tried to access professional mental health support in the previous year, only 27% received the help they needed. That gap is particularly stark for children from lower-income households. 24% of those living in households earning under £15,000 described themselves as on a waiting list, compared with around 11% in the highest-income group. Yet children from lower-income households were also less willing to consider a purpose-built AI tool for their mental health and more likely to be unhappy about its increased use by schools, workplaces or the NHS.





There is a risk that using AI primarily to relieve pressure on services could entrench existing inequalities, with children who already face the greatest barriers to human support instead directed towards AI-based support that they may be less likely to want, and which has not been shown to provide an equivalent substitute for professionally delivered care.

AI is influencing children's decisions ***now***, and the safeguards around its use for mental health remain inadequate, creating an urgent need for political action. Across all children surveyed, 9% said an AI chatbot had influenced a decision they later questioned or regretted, while 19% were unsure whether an AI-influenced decision had helped them. Professional mental health support operates within systems of evidence, safeguarding, accountability, and escalation. Many of the AI tools children are encountering do not have an equivalent architecture around them, particularly where they were never designed to provide mental health support in the first place.

The choice facing policymakers is therefore not between embracing AI and banning it. It is about determining the role we want AI to play in children's mental health and putting the protections in place to make that role safe. Barnardo's and NCPS believe that general purpose AI has the potential to provide useful information, practical support and routes into human help, while purpose-built AI could sit alongside other interventions, supporting referral, triage and self-management under the supervision of clinicians. However, all use of AI tools for mental health should complement, not replace, the relational support children tell us they value.

General-purpose AI should be designed in a way that prevents children under the age of 13 from accessing it, and should be regulated to prevent tools from providing mental health support. Instead, tools must safeguard children and young people, be clear about their purpose, identify signs of distress, provide information, and signpost to support. Purpose-built tools providing mental health support to children should be appropriately regulated, safeguarded, transparent and accountable, with age-appropriate protections and clear routes to human support embedded in their design. Where purpose-built AI is used by schools, health services or other institutions, it should be optional and children should have timely access to a human alternative.

Most importantly, AI cannot be allowed to become the sole solution to the problem of access. Realising its potential safely requires stronger regulation and safeguards for the AI children are already using, alongside sustained investment in prevention, early intervention and accessible human mental health support. Governments across all four UK nations should harness what AI can offer children, while protecting the trusted relationships, professional judgement and human care that it cannot replace.

Barnardo's and NCPS recommend that government:

1. Establish specific regulation for purpose-built AI mental health support.

The UK government should introduce a regulatory and assurance framework for AI tools designed to provide mental health support to children and young people, with proportionate standards for safety, efficacy, safeguarding, transparency and accountability, and requirements for age-appropriate design and meaningful involvement of children and young people.

2. Regulate general-purpose AI used by children.

The UK government should establish and enforce age-appropriate standards for general-purpose AI, combining robust age assurance and progressive age-gating with minimum safeguards where platforms may be used by children between the ages of 13 and 16.

3. Protect access to human mental health support

Governments across all four nations should invest in prevention, early intervention and accessible community-based mental health provision, ensuring that AI complements rather than replaces the human support children and young people need and want.

4. Ensure institutions use AI only to supplement human support

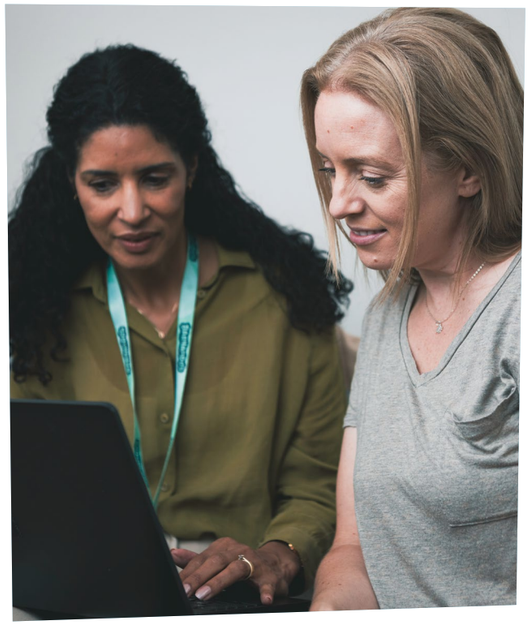
Governments across all four UK nations should ensure that schools, health services and other institutions should use AI for mental health support only as a supplement to human provision, with use remaining optional, based on informed consent and accompanied by timely, accessible human alternatives.

In this report, we use "advice or emotional support" broadly to mean information, advice, guidance, emotional support or intervention that a child seeks or receives in relation to their emotions, mental health or wellbeing. This includes situations where children ask general-purpose AI tools for help with how they are feeling.

We use "mental health support" to include more formal support, such as counselling or clinical services, and informal support.

Using these definitions does not imply that all forms of support are therapeutic, clinically effective, or equivalent.

A central purpose of this report is to distinguish between these different forms of support and consider the appropriate role, safeguards, and limitations of AI within them.



Introduction

Artificial Intelligence (AI) is an established technology that is developing at a rapid pace and becoming increasingly accessible. The emergence of generative AI models is shaping how children communicate, access services, and seek support. As usage of AI by children continues to rise, it is now outdated to discuss whether it should play a role in children's lives, and more relevant to ask how children can harness its potential safely and responsibly.

AI has proliferated too fast for systems of regulation or governance to stay ahead of it, and is now embedded in many digital services, supporting referral, assessment and triage, and offering options for mental health intervention and support. AI chatbots have emerged as a option for children in the UK who are looking for support with their mental health. The use of these chatbots by children broadly falls into two categories: general-purpose products designed to support with a wide range of enquiries, and purpose-built mental health chatbots that are designed to identify and respond to mental health needs.

Children and young people's mental health has reached a crisis point. In England, 1 in 5 has a probable mental health condition[1], and despite Governments in all four nations making commitments and investment, there are persistent and severe workforce shortages, waiting lists for Child and Adolescent Mental Health Services (CAMHS) remain long, with access varying sharply by geography, income, and the threshold criteria that local services apply.[2] The 10-Year Health Plan for England commits to a shift from analogue to digital support and advocates for digital-first models. This provides an opportunity to utilise AI based support in improving access to care, improving mental health outcomes, and meeting the government's ambitions.

Similar priorities can be seen across the devolved nations. In Scotland, the Digital Health and Care Strategy positions digital technology as a central component of modern health and care services and highlights its role in improving access, choice and service capacity.

In Wales, the Digital and Data Strategy for Health and Social Care includes a specific ambition to make services digital first and to use technology to transform the delivery of health and care.[1] In Northern Ireland, the HSC Digital Strategy sets out a vision for digitally enabled, personalised care, including new digital routes to accessing health services.[3] Together, these strategies demonstrate a clear UK-wide policy direction towards greater use of digital tools within health and care services, creating opportunities for AI-enabled support to play an increasing role in the mental health landscape.[4]

However, while all four nations are committed to increasing the use of digital technology in health and care, none have yet established a comprehensive policy framework specifically governing the use of AI-powered mental health chatbots for children and young people. There is limited evidence regarding the effectiveness and ethical use of AI chatbots among children and young people[4], and the impact of relationships with AI chatbots for children's developing brains is poorly understood.[5]

At present, no AI chatbots providing mental health support are regulated as medical devices. Increasingly, accreditation schemes have been developed that are designed to provide assurance and trust in a range of digital technologies.[6]

1 https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england
2 https://assets.childrenscommissioner.gov.uk/wpuploads/2026/06/Childrens-Mental-Health-Annual-Briefing-24-25.pdf
3 https://www.gov.wales/digital-and-data-strategy-health-and-social-care-wales-html
4 https://www.health-ni.gov.uk/publications/digital-strategy-health-and-social-care-northern-ireland-2022-2030
5 https://www.gse.harvard.edu/ideas/edcast/24/10/impact-ai-childrens-development
4 Ech-Cheikh, S., Kharmoum, N., Ziti, S. (2026). AI-Based Chatbots for Mental Health: Comparative Study. In: Rhalem, W., AL Idrissi, N., Lazaar, M. (eds) HealthTech "Global Summit of Digital Health". HealthTech 2025. Lecture Notes in Networks and Systems, vol 1587. Springer, Cham. https://doi.org/10.1007/978-3-032-01970-7_6
6 https://www.orchahealth.com/about-orcha

Additionally, some purpose-built AI tools have been recommended by the National Institute for Health and Care Excellence (NICE), but this should not be mistaken for regulatory approval. NICE considers the evidence for an intervention's use in healthcare, while medical-device regulation provides statutory assurance that products intended for a medical purpose meet relevant safety and performance requirements. General-purpose AI chatbots can fall outside medical-device regulation altogether if they do not claim a medical purpose, even where children use them for mental-health support. Significant gaps therefore remain in the regulatory oversight and assurance of these products, including their safety and suitability for children and young people. AI chatbots designed to support mental health are increasingly being developed and adopted across the public and private sectors. These range from purpose-built mental health products such as Wysa[7], which supports young people from the age of 13 and is currently used across a number of NHS Talking Therapies services, to platforms such as Koko[8], which embed support within digital environments that many young people already use, including TikTok, Pinterest and Snapchat.

Institutional interest in these technologies is increasing. For example, in 2025, NICE published its first Early Value Assessment guidance for AI-enabled mental health tools, recommending Limbic Access and the Wysa Digital Referral Assistant for use within NHS Talking Therapies for people aged 16 and over[9]. At the same time, significant investment is being made in developing and evaluating new approaches. For example, the Wellcome Trust has committed almost £5 million to a five-year South London and Maudsley research programme exploring the use of an AI chatbot to support 16–25-year-olds experiencing early psychosis and depression[10].

The Medicines and Healthcare products Regulatory Agency (MHRA) is currently developing a framework for AI-enabled healthcare technologies that would assess whether tools are safe, effective and appropriately monitored. Recent publications suggest that this framework will be incorporated within the Agency's broader regulatory approach to software and AI as medical devices, with digital mental health technologies subject to the same overarching qualification, classification and lifecycle requirements that apply to other healthcare applications. While supplementary guidance has been developed for digital mental health technologies, it remains unclear whether the wider framework fully addresses the distinct safeguarding, developmental and clinical risks associated with mental health applications, particularly those used by children and young people.[11]



7 Wysa - Everyday Mental Health
8 Free Mental Health Support for Young People | Koko
9 National Institute for Health and Care Excellence, 2025; Overview | Digital front door technologies to gather service user information for NHS Talking Therapies for anxiety and depression assessments: early value assessment | Guidance | NICE
10 Supporting our young patients with psychosis and depression using AI: Researchers awarded almost £5m in funding | Our blog - South London and Maudsley
11 Medicines and Healthcare products Regulatory Agency (2025) Software and artificial intelligence (AI) as a medical device. Updated 3 February 2025. Available at: https://www.gov.uk/government/publications/software-and-artificial-intelligence-ai-as-a-medical-device/software-and-artificial-intelligence-ai-as-a-medical-device.

AI chatbots may interact with and respond directly to children and young people who are experiencing a crisis. They may influence how users think about themselves, interpret their symptoms, or decide whether to seek professional help. For children and young people, these risks can be even greater because mental health problems may present differently across developmental stages and because younger users may be less able to recognise inaccurate, inappropriate or potentially harmful advice. For example, an AI tool that fails to recognise suicidal thoughts, responds inappropriately to self-harm disclosures, or reinforces harmful beliefs presents a risk that could result in serious harm or death. In addition, general-purpose chatbots may not be trained on accurate data and across all age groups, and there is low literacy regarding effective chatbot use.[12]

Concerns about children and young people's privacy and the handling of their sensitive personal information when using AI tools have been raised across the regulatory and safeguarding landscape. As have concerns that children may form emotional attachments to AI systems that are not capable of providing genuine care or clinical judgement. The ICO investigated Snap's My AI chatbot over child safety risks, which resulted in a warning to the industry; Ofcom opened a formal investigation into an AI companion chatbot provider under the Online Safety Act, which has not yet concluded; and the Children's Coalition for Online Safety, led by 5Rights Foundation has called for AI chatbots to be brought under age-appropriate design requirements. While privacy questions are not examined in depth within this report, they provide additional context about the landscape within which our research is situated.

As a result of these concerns, some stakeholders have argued that mental health AI applications require more tailored oversight, including stronger safety testing, ongoing monitoring of impacts on users, and specific safeguards for children and young people.[13] Without these measures, there is a risk that innovation could outpace the protections needed to ensure that these technologies are safe, effective and trustworthy.

The UK government recently announced a range of measures to better protect children online, including regular breaks for under 18s using chatbots, and addressing "dangerous, misleading, or unverified mental health advice".[14] While we welcome these steps, they do not go far enough to provide effective safeguarding. Existing measures focus primarily on content-related harms, but do not fully address the broader risks posed by AI, including inappropriate advice, failures to identify safeguarding concerns, over-reliance on AI support, and the potential impact on children's and young people's help-seeking behaviour and wellbeing.

We believe that new measures should be introduced to address issues such as clinical accuracy, safeguarding, privacy, accountability and the ability of AI systems to recognise and appropriately respond to vulnerable users.

Despite evidence to suggest varying access to, and views of digital tools, there is a commonly held assumption that children have a preference for a digital first approach and innate competency in their use.[15] This research, by Barnardo's and the National Counselling and Psychotherapy Society (NCPS), aims to explore what the reality is for children and young people today, and whether or not this assertion holds true. We commissioned Censuswide, to survey 2,000 children aged 11 to 17 across the UK on how they are using AI, what they think it can and can't offer, and how they feel about the prospect of schools, workplaces and the NHS expanding its use in mental health support.

12 AI Literacy Gap - The Decision Lab
13 Patient Safety Commissioner Annual Report, 2025/2026 Patient Safety Commissioner | Annual Report 2025–26
14 Department for Science, Innovation and Technology, 2026; Fact sheet: New rules to protect children online - GOV.UK
15 Janschitz and Penker, 2022; How digital are 'digital natives' actually? Developing an instrument to measure the degree of digitalisation of university students – the DDS-Index. https://doi.org/10.1177/07591063211061760

Our findings show:

- Children are increasingly turning to AI for emotional support and advice. More than four in ten (43%) children surveyed said they had used AI for advice or emotional support. This broad category includes seeking help with everyday worries, relationships, difficult emotions, decision-making and other personal concerns, as well as discussions relating to mental health.
- A smaller but significant proportion are using AI specifically for mental health support. More than one in ten (11%) children surveyed said they had used a mental health app or chatbot for mental health support in the past 12 months. The research found that this included the use of general purpose AI tools for emotional reassurance and guidance, while some are also engaging with AI systems designed or used as mental health interventions.
- Children have strong views regarding what AI can and can't offer to support mental health.
- Some children are not using AI out of preference, but because they are unable to access professional mental health support.

This report sets out the findings in detail, examines what they mean for commissioning and regulation, and proposes a set of principles for the appropriate use of AI in young people's mental health support.



How young people are using AI to support their mental health

Barnardo's and the National Counselling & Psychotherapy Society (NCPS) jointly commissioned Censuswide to conduct a nationally representative (by age, gender and region) survey of 2000 children aged 11 to 17 across the UK during April and May 2026. We asked about the type of support they currently access for their mental health, support that they would like to use in future, barriers and facilitators to receiving help, and their views on AI tools in health care, schools, and wider settings.

We also carried out interviews with four young people aged 17-24 who are involved in Barnardo's services and its voice and influence groups to understand their views on the survey findings, the use of AI within mental health support, and what governments across the UK can do to improve their access to mental health services.

We asked respondents whether they had tried to access support for their mental health in the previous twelve months and if so, what happened?

In the past 12 months, if you have tried to get mental health support from a professional but couldn't get it when you needed it, what happened?	**All**	**Count**
N	2000	
N/A - I have not tried to get mental health support from a professional	56.60%	1132
I was/am on a waiting list	13.90%	278
N/A – I have tried to get mental health support from a professional but got the help I needed when I needed it	10.70%	214
I was offered support, but it was too hard to access (e.g. cost, travel etc)	8.25%	165
I was told I didn't meet the threshold	6.30%	126
Prefer not to say	3.20%	64
Other please specify	1.05%	21

Nearly half (43%) of the children we surveyed had sought mental health support in the previous year, highlighting the scale of demand for help among children and young people. While not all those seeking support will have a diagnosable condition, this figure is double the prevalence rate of 1 in 5 children and young people with a probable mental health condition identified by NHS England.[20] Together, these findings point to a generation experiencing high levels of emotional distress and underline the need for accessible, timely and effective support.



We asked respondents to report on the range of support they had used for their emotions or mental health in the past 12 months.

In the past 12 months, what, if any, support have you had for your emotions or your mental health? (Select all that apply)	**All**	**Count**
N	2000	
Support from family or friends	50.05%	1001
Support from teachers, or school staff	33.65%	673
N/A - I have not had any support in the last 12 months for my emotions or my mental health	30.45%	609
Sessions from a trained counsellor or therapist	18.10%	362
Support from a mental health app or chatbot	11.25%	225
Prefer not to say	1.40%	28
Other	1.10%	22

Professional support reached less than 20% of children: informal support provided family, friends, and school staff is by far the most drawn on, and 11% sought support from AI and digital tools. Among children there is variation in chatbot use, according to age. Chatbot use rises among older teenagers, reaching 13% at age 17, and is higher among boys at 13% than girls at 9%.

We asked the 225 young people who had used a mental health app or chatbot about the range of support they had tried to use.

What mental health app or chatbot(s) did you use in the last 12 months for your emotions or your mental health? (select all that apply)	**All**	**Count**
N	225	
A general AI chatbot (like ChatGPT or Snapchat AI etc)	58.22%	131
A mental health app (like Headspace or Calm etc)	47.56%	107
A chatbot made for mental health support.	36.44%	82
An AI 'companion' app (Character.ai, Replika etc.)	25.33%	57
Cannot remember / Not sure	3.56%	8
Other, please specify	2.22%	5
Prefer not to say	0.44%	1

83% of children using AI for mental health accessed and used tools that were not designed for the purpose and carry no therapeutic underpinning or safeguards.

Children are therefore using a range of tools to support their mental health, often accessing multiple tools over the twelve-month period. Many of the chatbots used by children are not evidence-based, purpose-built mental health AI. They are using the same general-purpose chatbots they use for homework, conversation and entertainment: products marketed as general consumer technology.

"I have used AI for a lot of reasons. Once I used it to see what help I can get. It has given me some good answers, never anything bad. It did tell me to talk to someone close to me I can trust. This was about a year ago. It tells you step-by-step what to do. I don't really talk to anyone about how I feel, so I talked to AI. It told me to write it down in a book and then I moved on to the next thing. It has given me some good advice in that way."

Young person supported by Barnardo's

We asked children and young people how they use AI to receive emotional support or wider advice.

How often, if at all do you use AI chatbots for advice or emotional support?	All	Count
N	2000	
Every day	3.25%	65
4-6 days a week	5.40%	108
2-3 days a week	9.45%	189
Once a week	7.35%	147
Once every 2 to 3 weeks	6.10%	122
Once a month	10.40%	208
Less than once a month, please specify in months	1.00%	20
Never	57.05%	1141
Mean: (Times a month)	3.72	

These findings suggest that children's use of AI exists on a spectrum. At one end, many children are using general-purpose AI tools for advice, reassurance and emotional support in everyday life, with 43% reporting they had done so. At the other, a smaller but significant group (11%) reported using mental health apps or chatbots specifically for mental health support. Although the question was intended to capture use of AI tools created for this purpose, in fact we found that many children were talking about the use of general-purpose AI tools to support their mental health. AI is already playing a meaningful role in how some young people seek support, information and guidance. Daily or near-daily use was reported by almost 9% of respondents, suggesting that for some young people AI may be becoming an embedded source of support rather than an occasional tool.

"When it comes preferring to talk to a human; some people don't have the courage to do that, and they feel like AI is not going to judge them for what they say."

Young person supported by Barnardo's

Where young people turn for mental health support

The data shows us that young people's behaviour reflects what's available, while their preferences reveal what they would choose if the system were responsive to them.

When asked to imagine they were going through something difficult and wanted to talk, young people overwhelmingly preferred interaction with a person. 59% would turn to family or caregivers first; 18% to friends; 7% to a counsellor or therapist; 7% to a teacher or someone at their school. Just 4% would turn to a chatbot.

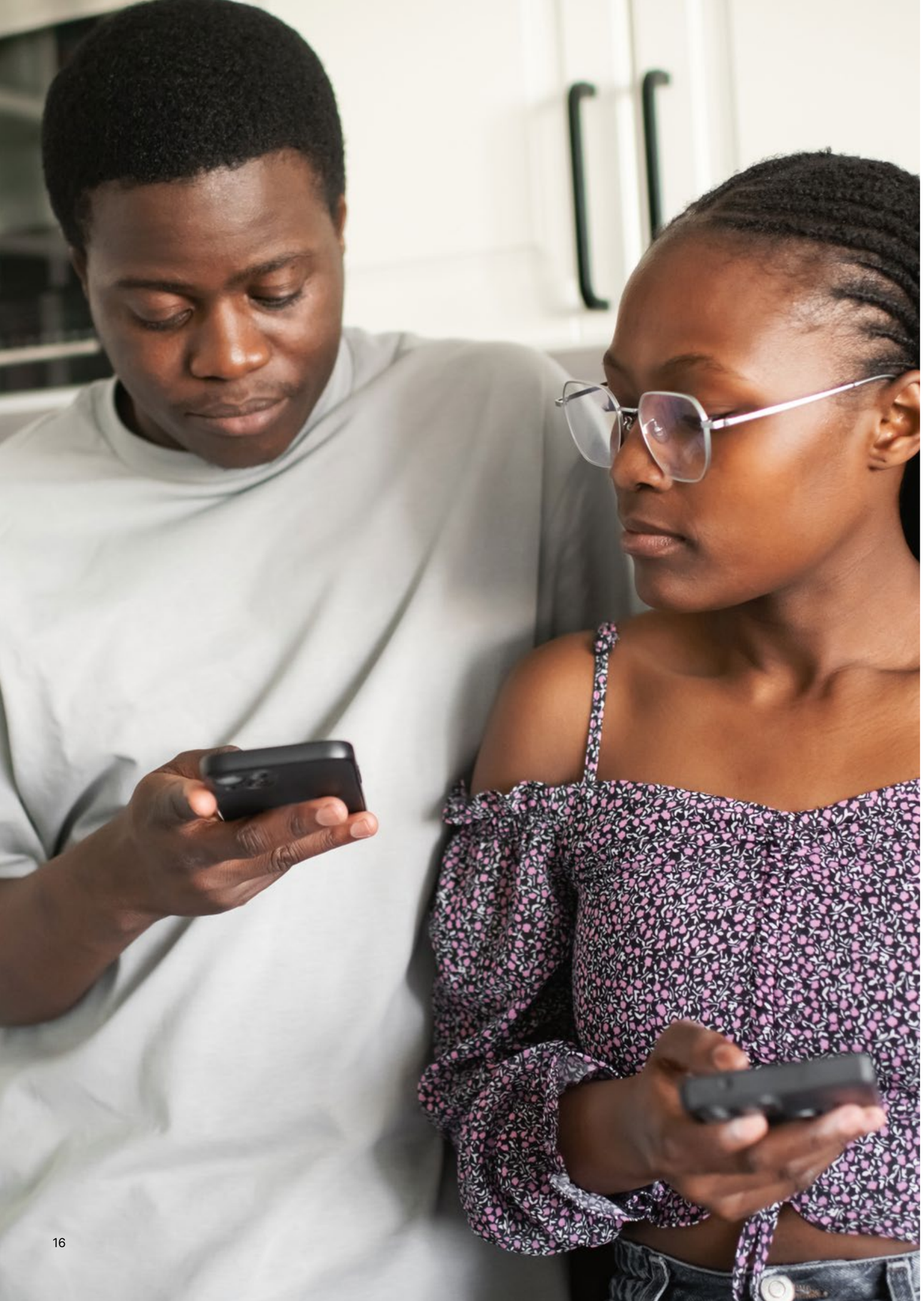
Imagine you were going through something difficult and wanted to talk about it. Who, if anyone, would you want to talk to first?	All	Count
N	2000	
Family or caregivers	59.10%	1182
Friends	17.85%	357
Counsellor or therapist	7.48%	148
Teacher or school	6.60%	132
A chatbot	3.85%	77
N/A – There is no one I would want to talk to.	3.55%	71
Other, please specify	1.65%	33

When asked how likely respondents would be to ask for help for their mental health from four different support options:

Imagine you wanted help with your mental health. How likely or unlikely would you be to try each of the following?		
Talking to a trained counsellor or therapist	**All**	**Count**
N	2000	
Likely (Net)	**54.50%**	**1090**
Very likely	19.95%	399
Somewhat likely	34.55%	691
Neither likely nor unlikely	25.35%	507
Somewhat unlikely	12.75%	255
Very unlikely	7.40%	148
Unlikely (Net)	**20.15%**	**403**
Getting support from another person (e.g. school nurse, mentor, support worker)	**All**	**Count**
N	2000	
Likely (Net)	**59.75%**	**1195**
Very likely	16.75%	335
Somewhat likely	43.00%	860
Neither likely nor unlikely	22.80%	456
Somewhat unlikely	11.40%	228
Very unlikely	6.05%	121
Unlikely (Net)	**17.45%**	**349**

Using a mental health app	All	Count
N	2000	
Likely (Net)	**43.65%**	**873**
Very likely	11.50%	230
Somewhat likely	32.15%	643
Neither likely nor unlikely	25.00%	500
Somewhat unlikely	16.20%	324
Very unlikely	15.15%	303
Unlikely (Net)	**31.35%**	**627**
Using an AI chatbot for mental health support	**All**	**Count**
N	2000	
Likely (Net)	**34.70%**	**694**
Very likely	10.65%	213
Somewhat likely	24.05%	481
Neither likely nor unlikely	22.80%	456
Somewhat unlikely	18.35%	367
Very unlikely	24.15%	483
Unlikely (Net)	**42.50%**	**850**

AI is the only one of the four options where young people are net-unwilling to use it. For every other support type, young people's willingness to use it exceeds their reluctance, often substantially. For AI alone, more young people would actively avoid it than would consider it.



Willingness to use AI varies according to several factors including age and income. Older teenagers were markedly more reluctant to use AI to support their mental health, 48% of 17-year-olds would be unlikely to try AI versus 27% who would. Willingness peaks at 14, where 41% would consider it. Young people from lower income households were less likely to consider using AI to help their mental health. For example, 26% of young people in households earning under £15,000 would consider trying AI, against 43% in households earning over £75,000.

> "Traditional methods, you know that they work, of course not 100%, but going through the NHS, you know you can get the right support and what you actually need. AI is only as good as the person who has written the script in the first place – so if they have not spoken to a psychologist or therapist, then they won't know what to put in the script and what to tell you.
>
> *Young person supported by Barnardo's*

What young people think AI can and can't do to support their mental health

Our survey asked young people what good mental health support looks like.

Being able to trust the person or service helping you	All	Count
N	2000	
Important (Net)	**90.85%**	**1817**
Very important	70.85%	1417
Somewhat important	20.00%	400
Neither important nor unimportant	7.55%	151
Somewhat unimportant	1.00%	20
Very unimportant	0.60%	12
Unimportant (Net)	**1.60%**	**32**

Feeling understood and cared about	All	Count
N	2000	
Important (Net)	**90.85%**	**1817**
Very important	68.85%	1377
Somewhat important	22.00%	440
Neither important nor unimportant	7.35%	147
Somewhat unimportant	1.15%	23
Very unimportant	0.65%	13
Unimportant (Net)	**1.80%**	**36**
Having the same person support you over time	**All**	**Count**
N	2000	
Important (Net)	**88.00%**	**1760**
Very important	51.10%	1022
Somewhat important	36.90%	738
Neither important nor unimportant	10.35%	207
Somewhat unimportant	1.20%	24
Very unimportant	0.45%	9
Unimportant (Net)	**1.65%**	**33**

We asked for their views on four therapeutic qualities: being able to trust the person or service helping you, feeling understood and cared about, being able to choose who helps you, and having the same person help you over time. All four were rated as important to children, with a majority believing them to be very important. These are near-universal values, held across age, income and gender.

The survey asked young people whether they thought an AI chatbot could provide two of those things: empathy (feeling understood and cared about), and consistency (the same helper over time).

Empathy (feeling understood and cared about)	All	Count
N	2000	
Could provide (Net)	**42.80%**	**856**
Completely	17.80%	356
Partially	25.00%	500
Not particularly	25.70%	514
Not at all	31.50%	630
Could not provide (Net)	**57.20%**	**1144**

Consistency (the same helper over time)	All	Count
N	2000	
Could provide (Net)	**61.30%**	**1226**
Completely	25.60%	512
Partially	35.70%	714
Not particularly	19.95%	399
Not at all	18.75%	375
Could not provide (Net)	**38.70%**	**774**

The majority of children surveyed reported that AI cannot deliver empathy. 32% said an AI chatbot could not provide empathy at all; 26% said not particularly; 25% said partially; just 18% said completely. Scepticism rises sharply with age: by 17, more than two-thirds say AI cannot provide empathy, with 37% saying 'not at all', 31% believing AI was not particularly empathetic, 20% that it could be partially empathetic and only 12% saying 'completely'. Girls were consistently more sceptical than boys (60% net 'could not provide' against 55%).

> "It is not really like a human but you could see that the AI tried to provide empathy. I feel like it did give me a little bit of empathy. But of course, at the end of day it is talking to a screen."
>
> *Young person supported by Barnardo's*

In contrast, the majority view was that AI chatbots can provide consistency. This view was reflected across every income band, rising modestly with household income but never falling below 56%, as well as across genders, with boys slightly more positive than girls.

AI chatbots are viewed as responsive and consistent but lacking empathy. This provides a different experience to human relationships which are less "on demand" but can provide a wide range of emotional responses and support.

> "Mental health is still so linked to human connection. Even things like loneliness has such an impact on mental health. A lot of the problems are created by a lack of human connection but at the same time the only way to resolve them is through human connection. I think this is where AI is an issue."
>
> *Young person from Barnardo's Voice and Influence group*

Young people's views on institutional deployment of AI for mental health support

When asked how they would feel if schools, workplaces, or the NHS started using AI chatbots more as part of their regular offer for mental health support, 17% of young people said they would feel very unhappy, 19% somewhat unhappy, 41% neither happy nor unhappy, 16% somewhat happy, and 6% very happy.

How much happier or unhappier would you feel if schools, workplaces or the NHS started using AI chatbots much more for mental health support?	All	Count
N	2000	
Unhappy (Net)	**36.50%**	**730**
Very unhappy	17.05%	341
Somewhat unhappy	19.45%	389
Neither happy nor unhappy	40.80%	816
Somewhat happy	16.45%	329
Very happy	6.25%	125
Happy (Net)	**22.70%**	**454**



Further work is needed to understand what children would think of AI used as a supplement to relational support, or as a signposting route into it. What the data does clearly indicate is that defaulting to AI as a replacement for relational human support isn't likely to be well-received by the children most affected.

At age 11, unhappy outweighs happy by 11 points; by age 17, that gap has widened to 28 points, with one in four 17-year-olds saying they'd feel very unhappy. As young people age into the cohort closest to adult and transition services, their opposition grows stronger, which is the opposite of what we'd expect if the scepticism was really about unfamiliarity.

In every income band from £15,000 or less up to £65,000–£75,000, opposition outweighs support, with the lowest band showing the biggest gap (41% unhappy against 16% happy). The only exception sits at the top: in households earning over £75,000, "happy" overtakes "unhappy" by 3 points, and "very happy" climbs to 12%, which is more than double any other band.

Girls are more opposed than boys (40% net unhappy against 33%), with 20% of girls saying they'd feel very unhappy. Given girls' higher rates of mental health service use, this could be informed scepticism rather than reflexive caution.

Equity in access to mental health support and views on AI

The data shows that young people from households earning under £15,000 are, by quite some margin, the most likely to have tried to get mental health support from a professional in the last 12 months: 64% have sought help, against 39% in the highest-earning households. As household income rises, young people are less likely to seek mental health support.

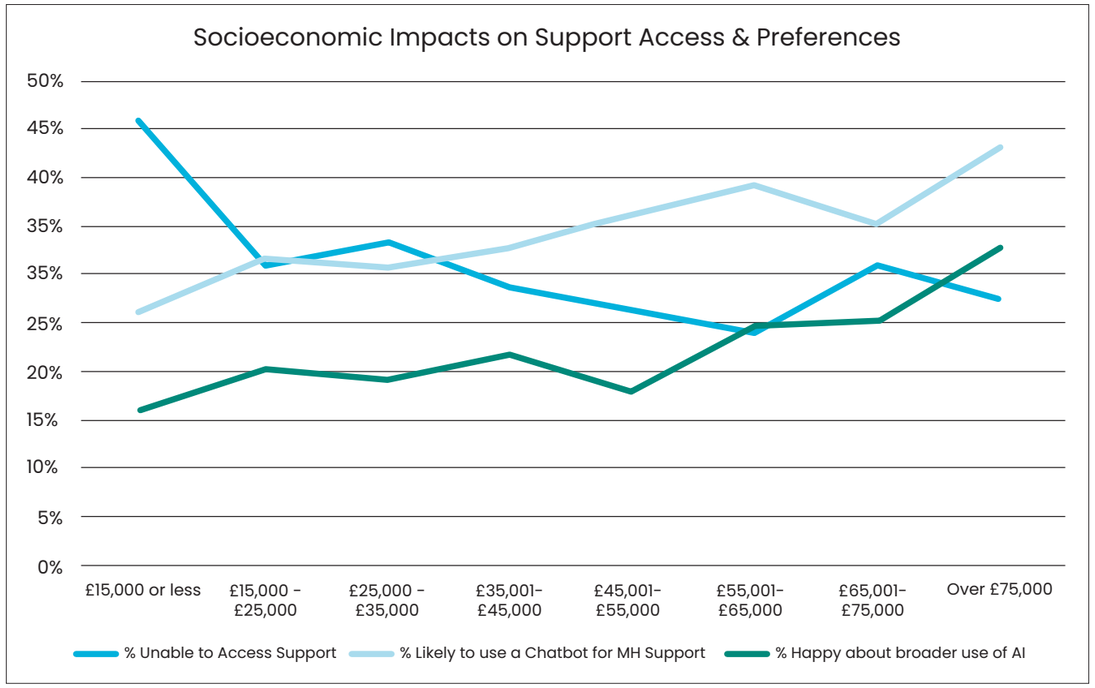
This is consistent with NHS Digital's Mental Health of Children and Young People in England survey, which shows that mental health difficulties are more prevalent in lower-income households, and that children from low-income families are around four times more likely to experience mental health problems than those from higher-income families.[16]

Our survey found that young people from lower-income backgrounds are looking for support more often and struggling against a system that doesn't meet their needs. 24% of young people in the lowest income band are on a waiting list, compared to around 11% in the highest.

Across the sample, of the 43% of young people who tried to get professional help in the last 12 months, just 27% got the help they needed when they needed it; 73% did not.

16 NHS England, 2023; Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital

To display this visually:



26% of children and young people in households earning under £15,000 would consider using AI, against 43% in households earning over £75,000. This may be because children in lower income households have less digital access or literacy. Or it may be that their needs are less well served by AI due to complexity, the importance of trusted relationships, or discomfort using AI tools.

41% of children and young people in households earning under £15,000 would feel unhappy if institutional AI use expanded, against 16% who would feel happy: a 25-point gap. Of those who responded to our survey telling us that they had sought support for the mental health in the previous 12 months, 35% were unhappy about the prospect of AI expansion within institutions such as schools and health settings, and 30% happy.

Opposition for broader deployment of AI in institutions outweighs support in every income band from £15,000 or less up to £65,000 - £75,000. The only group across the entire income distribution that is net-positive about institutional deployment sits at over £75,000, where 33% would be happy, against 30% unhappy, and 'very happy' climbs to 12%, which is more than double the rate in any other band.

We know that children in lower-income households are more likely to experience a mental health condition, and less likely to be able to access support due to lack of service provision, waiting lists, or wider barriers including cost and travel time. The children most likely to receive AI mental health support as their only offer (those in lower-income households, in areas with stretched CAMHS, in schools without resources for human counselling) are also the young people most strongly saying they don't want it. The children who would receive AI as a supplement to existing access are the only group expressing approval.

Among the young people most likely to use AI instead of a therapist, around 21% are on a waiting list, around 17% were offered support but found it too hard to access, and around 8% were told they didn't meet the threshold. Among the most reluctant to use AI, all three figures fall to single digits.

The young people with the greatest structural need, those in the lowest-income households, are the most opposed to AI.

Within the context of a lack of consistent, effective and accessible service provision, meeting frustrated demand with AI deployment could further embed a two-tier system, where wealthier young people, who can afford human support, would receive AI as a supplement, and lower-income young people, who cannot, would receive AI as a substitute.

The idea of 'digital inclusion' and AI-based tools to support children and young people's mental health could embed inequality by offering an additional form of support to the highest socio-economic group, while replacing relational support to the lowest socio-economic groups. The data should encourage us to move away from AI as a response to not being able to provide access, and towards repairing the reasons why access is failing in the first instance. The mechanisms producing frustrated demand (such as waiting lists, costs, travel, and distance barriers, threshold rejections), can all be reduced, and where they are reduced, the gap that unsafeguarded AI is currently filling will narrow.

Harm in the current, unregulated space

Of the children in the sample who have received advice or support from an AI chatbot, 75% have at some point felt worried, confused or uncomfortable about it. 19% feel this way often or always. No counselling service, no school-based intervention, or other public mental health service would be considered acceptable if one in nine of those who used it reported frequently or constantly feeling worried, confused or uncomfortable as a result.



How often, if ever, have you felt worried, confused or uncomfortable about advice or support from an AI chatbot?	All	Count
N	2000	
Often (Net)	**11.00%**	**220**
Always	2.90%	58
Often	8.10%	162
Sometimes	18.20%	364
Rarely	13.05%	261
Never	14.40%	288
Not often (Net)	**27.45%**	**549**
N/A – I haven't received advice or support from an AI chatbot	**43.35%**	867

"And then there is consent with young people. Usually parents are there to intervene, but with AI they are completely removed. Kids usually go through schools or parents – here nobody knows, it's isolating the child from the support system around them."

Young person from Barnardo's Voice and Influence group

"Also it's important where the AI gets its information from. Sometimes AI comes up with the most random sources. It would be good if the government came up with regulation that regulates it through better pathways; i.e. in England you should call 111 etc."

Young person from Barnardo's Voice and Influence group

It's important to note that these are the harms that young people themselves have noticed and articulated. Professional mental health interventions come with an architecture around them that most AI tools don't have, including an evidence base for the efficacy of the intervention, monitoring of outcomes, safeguarding processes and procedures, and practitioners who have been trained to identify issues and refer on when something more serious is going on, alongside an accountability framework that includes supervisors, regulatory bodies, and the broader ecosystem around the child. AI tools, especially those not designed for mental health support, do not have this architecture, and technologies are progressing at a pace that means existing and future regulation may not keep up.

There is currently no obligation for developers to gather evidence of efficacy, or to record adverse outcomes, or to identify when a young person needs a safeguarding intervention. Therefore, the harms captured in our survey are only the ones that are actually visible and identifiable by young people. Of the young people whose decisions have been influenced by an AI chatbot, only 37% report that the impact was positive. 21% later questioned or regretted it. 43% weren't sure if it helped them or not. Of those children and young people whose decisions were shaped by AI advice, around 20% now look back on those decisions with active regret. A further 40% are uncertain whether the advice helped or hindered.



If an AI chatbot has influenced a decision you made, how if at all did it impact you?	All	Count
N	2000	
N/A – An AI chatbot has never influenced a decision I made	55.95%	1119
I'm not sure if it helped me or not	18.80%	376
Impacted me in a positive way	16.10%	322
Impacted me in a way I later questioned or regretted	9.15%	183

"We have to think about people in crisis. Can those AI chatbots identify someone in crisis? Can they signpost them to the right services? Can it provide empathy? Can it actually prevent someone from doing something dangerous?"

Young person from Barnardo's Voice and Influence group

Across the whole 11 - 17 cohort, 9% have made a decision influenced by an AI chatbot that they later questioned or regretted, and 19% have acted on advice and weren't sure whether or not it was helpful.

Young people aged 11 to 13 are more likely than older teenagers to report often or always feeling worried, confused or uncomfortable about AI advice: 13% in the 11-13 cohort, falling to 9% at 16 and 6% at 17. The youngest users, who have the least capacity to critically evaluate AI advice and the least developed framework for distinguishing useful from misleading information, are the ones most often left feeling unsettled by it. This is the population subgroup where harm is most concentrated, and the one for whom unsafeguarded deployment carries the greatest risk.

"And then there are all these news stories about AI causing harm to people in crisis. At the end of the day technology doesn't really know what should be done or what should be said. It should not be trusted."

Young person from Barnardo's Voice and Influence group

We might expect data around harms to reflect the experience of reluctant users, while those who want to use AI are well-served by it, but our data doesn't support this assumption. 89% of children and young people most willing to use AI instead of a real therapist have already done so. However, their experiences have not been entirely positive. Around 80% of those users have at some point felt worried, confused, or uncomfortable about it. Nearly a third (29%) felt worried, confused or uncomfortable often, and 22% never felt unsettled by AI advice. The young people most willing to use AI as a substitute for a human therapist are those whose enthusiasm for it coexists with what they're reporting as frequent discomfort. They are reaching for the tools despite the unease, not in its absence.

Two limits should be acknowledged: first, that the data shows that discomfort and regret are widespread among AI users, but it does not show that experience of harm causes opposition to AI deployment. The relationship between use, discomfort and policy preference is more complicated, partly because non-users, who cannot register harm by definition, also tend to sit in the more opposed groups. Second, the data cannot tell us how serious any individual instance of 'worried, confused or uncomfortable' was. It could be a momentary unease about a chatbot's response or sustained distress with real-world consequences.

What good looks like

> "I think with all the chatbots and mental health, the government has to get there first. Because whoever gets there first, will fill the space. But I don't think they are fast or proactive enough."
>
> *Young person from Barnardo's Voice and Influence group*

As long as the unmet needs that lead children and young people to seek support from AI remain unresolved, many will continue to use AI in ways that may be inappropriate or unsafe, regardless of how well its role is defined. The best outcome for children and young people requires concurrent investment in therapeutic support and services.

Children and young people need timely access to appropriate human support, including those currently falling through gaps because of long waiting lists, costs, and travel barriers, high thresholds for support, limited provision or that which does not meet their needs. In line with the i-THRIVE approach, children and young people should be able to move between different forms and intensities of support according to their needs, goals and preferences, rather than having access determined primarily by thresholds or diagnosis. AI must not become a substitute for addressing these gaps or replace relational therapies and other forms of human support that children and young people have told us that they would prefer to access.

At the same time, AI is a technology that is here to stay and has the potential to provide benefits for young people if designed safely, and in response to what young people tell us they want from AI based support. Using an i-THRIVE lens and what children told us, we believe that AI could play a role within Thriving and Getting Advice and Signposting, and, with appropriate safeguards, as a route into Getting Help. It should not be used as a substitute for evidence-based interventions, greater intensity of support, or risk management required within Getting Help, Getting More Help or Getting Risk Support.[17]

Barnardo's and NCPS believe that AI could act to fulfil the following functions, but that their use should be curtailed beyond this until the current gaps in regulatory standards, safeguarding and evaluation frameworks are addressed:

- Thriving: A practical-support tool for issues young people themselves identify as appropriate for AI, such as school or exam-related stress.
- Getting advice and signposting: A 24/7 signposting and information resource that routes young people toward human support (the function 49% of young people open to AI cite as their main reason for using it).
- Getting help: An initial first conversational point for young people who find the disclosure of distress to a person difficult, provided referral to human support is built into the design.

AI should not be deployed as a substitute for therapy, a crisis response tool, a primary mental health intervention, or a means of 'reaching' young people in lieu of investment in human services.

Any AI tools intended to provide mental health support to children and young people should be designed for that purpose and subject to standards proportionate to the role it performs. This should include clinical and safeguarding input from the design stage, evidence of effectiveness, transparent limitations and clear routes to human support.

17 https://implementingthrive.org/wp-content/uploads/2020/12/7-Minute-Briefing-THRIVE-Conceptual-Framework-2020_final.pdf

We propose that any tool designed to be used for children's mental health support should be:

- Designed for mental health use, with clinical and safeguarding input at the design stage.
- Subject to regulation appropriate to its function. Where it operates as a health intervention, it should be regulated as one, with MHRA oversight where applicable and clear accountability for clinical outcomes.
- Transparent in its design: what it is, what it isn't, what it can and can't do, and the limits of the advice it provides. The current consumer-focused-technology under which most use occurs is incompatible with the clinical context in which young people are using these tools.
- Offered as an adjunct to complement existing therapeutic services.

General-purpose AI products should not be permitted to operate in this space without meeting the standards expected of designed-for-purpose tools, or alternatively without clear, prominent, and consistent restrictions on their use for mental health support. We know from the data that the reality is that most children will use the tools that find them where they are; Snapchat AI, for example, or the in-built AI within their phones, or the AI tool that they're using for other things.

> "I remember in primary school we had a different and restricted version of Google, where we were only allowed to use that, like a firewall almost. That worked. Of course, children can always find ways to access it but at the end of the day it still reduces access. I think it would be good to have legislation that prevents and reduces some access to AI."
>
> *Young person from Barnardo's Voice and Influence group*

Where an AI tool functions as a health intervention, it should be subject to appropriate health regulation, including MHRA oversight where applicable, with clear accountability for safety and outcomes. These standards should be comparable to those expected across the wider mental health workforce. While purpose-built mental health AI tools should be designed with clinical oversight, safety measures and clear routes for escalation, general-purpose AI tools should not be relied upon to provide mental health support beyond their intended purpose unless they can meet equivalent standards.

This is particularly important because children and young people will not necessarily seek out specialist mental health AI. They are likely to use the AI tools already embedded in the platforms and devices they use every day. Protections must therefore account for how young people actually encounter and use AI, rather than focusing only on products explicitly marketed for mental health.

There should be clarity about who is responsible in the event of harm occurring, accessible mechanisms for raising concerns or making complaints (not just further chatbots or support tickets that never get answered), actual, real-world evidence of effectiveness rather than evidence based on trials, and ongoing monitoring of harm, which at present is being absorbed by young people themselves with no record being made of it.

The Online Safety Act and the government's actions to ban social media for under 16's show that strong intervention is available where political will exists. Barnardo's and NCPS do not support a blanket ban on children's access to AI chatbots. We believe regulation should instead provide proportionate, age-appropriate protections: preventing access for children under 13 and restricting higher-risk features for those aged 13 to 16, while allowing access to appropriate functionality. This approach would better balance children's safety with their rights, needs and the potential benefits of AI.

To make this effective, providers should implement robust age-assurance measures that enable progressive age-gating, so that safeguards, functionality and support pathways reflect a child's age and development and evolve as they grow older.

Institutional AI use should be:

- Optional, with appropriate human alternatives available, and accessible within a reasonable time frame.
- Subject to young people's informed consent, with clear information about what the AI is, who is responsible for its operation, and how their data will be used.
- Co-designed with young people.

Taken together, our findings suggest that the fundamental principles of AI design, based on this data, are therefore as follows. AI support for children should be:

- Functional, not relational
- Designed for a specific purpose
- Regulated as health care tools
- Safeguarded
- Accountable, evidenced, and capable of redress
- Optional

Further to this, the NCPS have published six Principles for Relational Safeguarding in AI Mental Health Support, which speak to how AI tools could be designed to maximise efficacy and minimise harm within a mental health context. These principles are:

- Time-bound – tools should not operate as 'always on', with clear session opening and closing
- Supportive – can provide non-relational support, but should not create treatment plans or attempt to replace human therapy
- Safeguarded – tools should be explicit about their limits, and provide safeguarding support and human escalation
- Adjunctive – they should be used alongside real, human therapy
- Transparent – the tool should clearly communicate its boundaries, and the approaches and assumptions it's based on
- User-Autonomous – users should be able to opt in or out of features, have control over their data, and to be able to feedback on any data held about them.



Recommendations

1. Establish specific regulation for purpose-built AI based mental health support

The UK government should establish a regulatory and assurance framework for purpose-built AI tools that are designed or used to provide mental health support to children and young people, with requirements reflecting their intended purpose and level of risk. This should include setting minimum standards for safety, efficacy, safeguarding, transparency, data protection, accountability and redress, alongside appropriate evidence standards for AI products intended to deliver mental health intervention.

Providers should be required to design age-appropriate experiences, supported by effective age assurance, and prevent their tools from substituting for clinical assessment, diagnosis, crisis intervention or relational therapy. Children and young people should be actively involved in the design, testing and evaluation of tools intended for their use.

2. Regulate the use of general-purpose AI in supporting children and young people's mental health

The UK government should establish and enforce age-appropriate standards for general-purpose AI platforms used by children and young people. These should combine robust age assurance and progressive age-gating, including no chatbot access for under-13s and restrictions on higher-risk features for 13 to 16-year-olds, with minimum safeguards for mental health and emotional support, including appropriate responses to distress, clear information on AI's limitations, effective signposting and escalation, and protection from harmful or inappropriate responses, intervention or relational therapy. Children and young people should be actively involved in the design, testing and evaluation of tools intended for their use.

3. Protect access to human mental health support

AI must complement, not replace, the mental health support children and young people need and want. Governments across all four nations should invest in prevention, early intervention and community-based mental health support so that AI does not become a response to gaps in existing provision.

In England, this should include bringing CAMHS waiting times down to the four-week access standard, integrating counselling within every state secondary school through the MHST+ model, and expanding community-based counselling and early intervention across the therapeutic spectrum, with equivalent commitments across Scotland, Wales and Northern Ireland.

4. Ensure institutional AI supplements, rather than replaces, human support

Government across all four nations should require schools, health services and other institutions using AI for mental health support to commission it only as a supplement to human provision. Use should be optional, based on informed consent, and accompanied by accessible human alternatives within a reasonable timeframe.

About Barnardo's

At Barnardo's, our purpose is clear – changing childhoods and changing lives, so that children, young people, and families are safe, happy, healthy, and hopeful. Last year, we provided essential support to over 350,000 children, young people, parents and carers through more than 650 services and partnerships across the UK. For over 150 years, we've been here for the children and young people who need us most – bringing love, care and hope into their lives and giving them a place where they feel they belong.

Children and young people struggling with their mental health and wellbeing is a key focus area within Barnardo's Strategy and has been highlighted as a priority for our delivery across the UK.

Across England, Scotland, Northern Ireland and Wales, Barnardo's delivers a range of mental health and well-being services for children and young people, serving a culturally and socially diverse population.

About NCPS

The National Counselling & Psychotherapy Society (NCPS) is a leading professional body for counsellors and psychotherapists across the UK, representing close to 20,000 members working across every setting in which therapy is delivered; from the NHS, to schools, charities, community services, and independent practices. We hold a Professional Standards Authority Accredited Register, and our standards govern the ethics, training, supervision, and continuing professional development that make safe and effective therapeutic practice possible.

Children and young people's counselling is a significant part of our members' work. Through our Children and Young People's Therapist Accredited Register, we set standards for specialist training, maintain the ethical framework in which it's practised, and support members working in schools, CAMHS, youth settings, and the voluntary sector.

We see every day, through our members, what good mental health support actually looks like, and how important trust, being understood, a consistent, holding presence, and therapeutic skill are to those they work with. With decades of experience in shaping and promoting safe and ethical practice in counselling & psychotherapy, we hope to ensure young people can expect the same level of safety no matter the type of therapeutic intervention.



Changing childhoods. Changing lives.

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NCPS
NATIONAL COUNSELLING & PSYCHOTHERAPY SOCIETY