Demand for mental health support is rising, and waiting times remain unacceptable. People are already turning to digital tools, with over 20,000 digital or AI-based mental health tools available across major app stores or in our web browsers.

This is driven by need (long waiting lists, unable to afford private support, shame and stigma as barriers to seeking and obtaining help) as well as by the appeal of digital and AI tools (immediate access, free, no risk of vulnerability or judgement, can be done from anywhere in complete privacy*).

As AI becomes a more common form of mental health support, it raises an important question: **what are the long-term implications when people increasingly turn to machines rather than other people to process emotional distress?**

AI Use in the Long Term

AI mental health support can work well for some people in the short term, as many studies show, although it does come with risks and ethical issues that are part of a broader discussion (see resource 4 for research papers and analysis, showing opportunities and risks). For the purposes of this briefing, we will limit our points purely to the mental health implications, particularly in the longer term.

Resilience, agency, and relational capacity

Resilience increases someone's capacity to tolerate distress without collapse, avoidance, or escalation. It reduces the number of times people will require crisis interventions, and lowers the risk of self-harm or visits to A&E. It makes people more likely to adhere to a treatment plan, be it for their mental or physical health, and through doing so improves their long-term recovery trajectories. It also reduces economic inactivity. All things we are collectively looking to improve.

Resilience develops through processes that involve tolerating difficult emotions, reflecting on experiences, and gradually building internal coping resources. When people repeatedly rely on AI systems to regulate distress, there is a risk that emotional processing becomes externalised to the technology rather than internalised by the individual. AI tools are typically designed to respond with rapid reassurance, validation, or problem-solving, which can ease discomfort but may reduce opportunities to practice distress tolerance and independent emotional regulation over time.

Resilience is also strongly shaped by relationships. Human support involves mutual recognition, negotiation, and the possibility of misunderstanding and repair, all of which help people develop trust, agency, and relational confidence. AI systems, by contrast, are designed to adapt to the user and avoid interpersonal friction, meaning they cannot replicate the relational dynamics that contribute to long-term psychological growth.

We have '**agency**' when we feel capable of influencing our own lives; when we understand our patterns, make conscious choices, and take responsibility for ourselves. When a person has agency, it predicts things like reduced relapse, better long-term outcomes, higher engagement in work and education, and improved physical health.
When someone interacts with a system that always validates them (such as an AI chatbot), never challenges them, never pushes back, and adapts entirely to them, they may feel supported but they're not practicing agency in a social context.

Relational capacity is hugely important when we talk about why therapy is effective. Mental health difficulties are often intertwined with our relationships

(or lack of) to others: attachment issues, social isolation, interpersonal conflicts, shame, trauma etc.

Relational capacity is diminished by overuse of AI chatbots as they lack the relational dynamics through which interpersonal skills normally develop, as well as the inherent risk and vulnerability that makes positive relational interactions so rewarding. AI chatbots are designed to adapt to the user, minimise friction, and provide consistently validating responses. While this can feel supportive, which is appealing for many, especially those that already experience relational struggles, it removes the negotiation and reciprocity that help people practice relating to others in the real world.

On the other hand, human relationships involve mutual recognition, emotional responsiveness, and the possibility of misunderstanding and repair. Relational capacity is, therefore, strengthened through experiences of vulnerability with another person. Speaking to a friend, family member, or even a counsellor, asks people to sit with uncertainty, learn how to express their needs and feelings, and tolerate the possibility of disagreement or imperfect understanding. These interactions build confidence in social connection and help people develop the ability to manage complex interpersonal situations.

Over time, overuse of AI chatbots could contribute to greater emotional reliance on technology, whilst simultaneously reducing confidence in human connection, which is a key factor for long-term mental wellbeing.

A person can feel temporarily soothed by an AI chatbot, but still lack emotional regulation, distress tolerance, and a capacity to cope with things.

How do we build resilience, agency, and relational capacity?

Relational therapy, also known as counselling & psychotherapy, builds resilience through staying with discomfort, being supported while dysregulated, learning how to co-regulate, learning how to safely self-soothe, and experiencing rupture and repair in a safe, contained environment. It builds agency when people have to work together to negotiate meaning, clarify their own goals, practice asserting their needs, and experience accountability. These are all integral parts of the therapeutic relationship.

Working relationally in therapy provides a structured, safe relationship in which people can explore, experience, and practice new ways of relating to others. Many mental health difficulties are shaped by past relational experiences, such as loss, trauma, conflict, or unmet emotional needs. In therapy, the relationship between the practitioner and the client becomes a place where these patterns can be recognised and understood.

Through consistent empathy, trust, and unconditional positive regard or non-judgement, people can experience a healthy, boundaried relationship, which will gradually reshape expectations about connection and communication.

Clients have opportunities to express vulnerability, navigate moments of misunderstanding, and repair relational ruptures when they occur. These experiences help develop skills such as trust, emotional expression, boundary setting, and tolerance for difference. Research shows that the quality of the therapeutic alliance (the collaborative bond between client and practitioner) is a key factor in positive outcomes across different therapeutic approaches.

*N.B. Privacy does not include data privacy, which is a significant issue posed by the use of AI chatbots as therapeutic services, but is outside the scope of this briefing.

Useful resources:

1. Principles for Relational Safeguards in AI Mental Health Tools
2. NCPS Submission to MHRA National Commission into the Regulation of AI in Healthcare
3. Digital Mental Health Tools and AI Therapy Chatbots: A Balanced Approach to Regulation
4. NCPS Submission to 10 Year Workforce Plan – Section 1 – Analogue to Digital
5. Public Perceptions of AI and Counselling & Psychotherapy in Mental Health

Asks:

- Support our Principles for Relational Safeguards in AI Mental Health tools
- Support proportionate regulation of AI tools marketed as mental health support (see resource 2)
- Continue to call for improved access to counselling & psychotherapy as relational support that improves the nation's long-term wellbeing
- Call for independent research into the long-term impacts of AI-based mental health support

Suggested Written Questions:

To ask the Secretary of State for Health and Social Care what assessment his Department has made of the potential long-term impact of AI-based mental health chatbots on resilience, relational skills, agency, and wider wellbeing?

To ask the Secretary of State for Health and Social Care what evidence standards are required for digital or AI-based tools that are marketed as mental health support services in the UK?

To ask the Secretary of State for Health and Social Care whether his Department plans to commission or fund research into the long-term psychological impacts of AI-based mental health support tools.

To ask the Secretary of State for Health and Social Care what safeguarding standards apply to AI-based chatbots that are used or marketed as mental health support tools.

To ask the Secretary of State for Health and Social Care whether guidance exists requiring AI mental health tools to make clear to users that they are interacting with an automated system rather than a human professional.

To ask the Secretary of State for Health and Social Care what role AI-based mental health tools are expected to play within NHS mental health services.

To ask the Secretary of State for Health and Social Care what safeguards are in place to ensure that AI-based mental health tools do not replace access to human-delivered psychological support where this is clinically appropriate.

To ask the Secretary of State for Health and Social Care what steps his Department is taking to ensure that people seeking mental health support are able to access human-delivered talking therapies alongside digital mental health tools.