

Generative AI-Enabled Mental Health Help-Seeking Behaviors: A Scoping Review

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 5 August 2026 and was last updated on 5 August 2026.

INTRODUCTION

Review question / Objective The overarching objective of this scoping review is to map the nature, range, and characteristics of empirical research examining GenAI-enabled mental health help-seeking behaviours, and to identify gaps in the current evidence base. The review question, structured using the Population-Concept-Context (PCC) framework, is: What are the characteristics of GenAI-enabled mental health help-seeking, and how has this phenomenon been investigated with respect to user characteristics, mental health needs, motivations, experiences, influencing factors, outcomes, and study designs? Specifically, the review seeks to: (1) characterise the types of GenAI technologies used for mental health help-seeking (e.g., ChatGPT, large language models, and other conversational AI systems); (2) describe the characteristics of users, including their demographic characteristics and mental health-related needs; (3) summarise patterns of use, motivations, facilitators, and barriers

associated with GenAI-enabled mental health help-seeking; (4) map reported user experiences, perceived benefits, limitations, and potential risks; and (5) identify research designs, theoretical frameworks, measurement approaches, evidence gaps, and priorities for future research.

Background Mental health disorders are among the leading contributors to the global burden of disease, affecting people across all age groups and substantially impairing quality of life, educational attainment, employment, and social functioning. Despite increasing recognition of mental health needs, a large proportion of individuals experiencing psychological distress do not seek professional help because of persistent barriers, including limited service availability, high costs, long waiting times, geographical disparities, stigma, and concerns about privacy. Consequently, improving access to timely and acceptable mental health support has become an important public health priority.

Against this backdrop, the rapid development of generative artificial intelligence (GenAI), particularly

large language models (LLMs) such as ChatGPT, Claude, Gemini, and Copilot, has created a new pathway through which individuals seek emotional support, psychological guidance, and mental health information. Unlike traditional digital mental health services, GenAI offers anonymous, conversational, immediate, and low-cost interactions that are available at any time. These characteristics have led many users to consult GenAI for emotional regulation, self-reflection, stress management, anxiety, depressive symptoms, relationship difficulties, and guidance on whether to seek professional mental health care. Emerging studies have shown that people increasingly use GenAI not only as an information source but also as an initial source of psychological support, particularly among young adults and university students.

As public adoption of GenAI has accelerated, an expanding body of empirical research has investigated users' motivations, attitudes, experiences, preferences, perceived effectiveness, barriers, and ethical concerns related to GenAI-enabled mental health help-seeking. Studies have examined factors influencing the transition from traditional mental health services to GenAI, users' emotional experiences during interactions with large language models, comparisons between AI and human therapists, and public preferences for AI-assisted psychological support. At the same time, concerns have been raised regarding misinformation, inappropriate responses to high-risk situations, privacy protection, algorithmic bias, over-reliance on AI, and the potential impact on subsequent professional help-seeking.

Existing reviews have primarily focused on the clinical applications of GenAI in mental health care, the design and performance of AI-based mental health chatbots, or broader AI-enabled mental health interventions. However, existing reviews have not specifically synthesised evidence on GenAI-enabled mental health help-seeking, including why individuals seek psychological support through GenAI, the factors influencing these behaviours, and the associated benefits, risks, and evidence gaps. This review therefore adopts a public health perspective to map the emerging evidence on GenAI-enabled mental health help-seeking.

Rationale This review addresses a timely and rapidly evolving, yet insufficiently synthesised, area of research. Evidence on GenAI-enabled mental health help-seeking is dispersed across public health, psychology, psychiatry, human-computer interaction, digital health, communication, and information science, and is characterised by substantial heterogeneity in study populations,

GenAI platforms, mental health needs, help-seeking contexts, research designs, theoretical frameworks, outcome measures, and analytical approaches.

A scoping review, rather than a systematic review, was selected for several reasons. First, the primary objective is to map the breadth, nature, and characteristics of the available evidence, clarify key concepts, and identify major research themes, rather than to evaluate the effectiveness of a specific intervention or estimate pooled effect sizes. Second, the field encompasses quantitative, qualitative, mixed-methods, cross-sectional, longitudinal, experimental, and social media-based studies investigating diverse aspects of GenAI-enabled mental health help-seeking, including motivations, patterns of use, user experiences, perceived benefits and risks, and comparisons with traditional mental health services. This methodological heterogeneity precludes a meaningful quantitative synthesis or a standardised risk-of-bias assessment. Third, systematically mapping the evidence will identify where research has accumulated, where important knowledge gaps remain, and whether future systematic reviews or meta-analyses addressing more focused research questions are warranted.

The findings of this review are expected to provide researchers, clinicians, mental health professionals, technology developers, and policymakers with a comprehensive overview of the current evidence on GenAI-enabled mental health help-seeking. By identifying emerging research trends, methodological limitations, evidence gaps, and priority areas for future investigation, this review will contribute to the development of safer, more effective, and evidence-informed applications of GenAI for mental health support, while informing future research, clinical practice, and policy regarding the responsible integration of generative AI into mental health care and public mental health services.

METHODS

Strategy of data synthesis A comprehensive literature search will be conducted across six electronic databases: PubMed, Web of Science, Scopus, EMBASE, PsycINFO, and CINAHL. These databases were selected because together they provide broad coverage of biomedical, public health, psychological, nursing, and multidisciplinary literature, where the majority of empirical studies on generative artificial intelligence (GenAI) and mental health help-seeking are indexed.

The search strategy combines three conceptual blocks using the Boolean operator AND, with

synonyms within each block combined using OR, and will be adapted to the indexing system and search syntax of each database. Controlled vocabulary (e.g., MeSH terms in PubMed, Emtree terms in EMBASE, and thesaurus terms in PsycINFO and CINAHL) will be combined with free-text terms searched in titles, abstracts, and keywords to maximise retrieval sensitivity while maintaining specificity. Searches will be limited to articles published in English.

Block 1 (Generative artificial intelligence): “Generative Artificial Intelligence”, “Large Language Models”, “generative AI”, “generative artificial intelligence”, “large language model*”, “LLM”, “ChatGPT”, “GPT-3”, “GPT-4”, “foundation model*”, “gen AI”, and “genAI”.

Block 2 (Mental health help-seeking): “Help-Seeking Behavior”, “help-seeking”, “help seeking”, “treatment seeking”, “mental health service*”, “care seeking”, and “seeking mental health support”.

Block 3 (Mental health): “Mental Health”, “Depression”, “Anxiety”, “mental health”, “psychological”, “depression”, and “anxiety”.

The complete search strategies will be tailored to the requirements of each database while preserving the same conceptual framework. Reference lists of all included studies and relevant review articles will also be manually screened to identify additional eligible publications that may not have been retrieved through electronic database searches.

A narrative synthesis will be undertaken. The charted data will be grouped and summarised according to the characteristics of the study population, the type of GenAI platform, the purpose and pattern of mental health help-seeking, the reported motivations, facilitators and barriers, perceived benefits and risks, study design, and the maturity of the available evidence. Results will be presented using descriptive tables and narrative synthesis, supplemented, where appropriate, by an evidence-and-gap map to identify areas where evidence is well established and where further research is needed.

Eligibility criteria Inclusion criteria. Participants: Individuals of any age who have used generative artificial intelligence (GenAI) for mental health-related support or help-seeking, including members of the general population as well as specific population groups (e.g., students, patients, or other community-based populations). Studies conducted in community, educational,

workplace, healthcare, or online settings will all be eligible. **Concept:** The review focuses on mental health help-seeking through generative artificial intelligence, defined as the use of GenAI systems—including large language models (LLMs) and foundation-model-based conversational agents such as ChatGPT, GPT-3, GPT-4, Claude, Gemini, Copilot, and comparable systems—for obtaining emotional support, psychological guidance, mental health information, self-reflection, coping strategies, symptom interpretation, or advice regarding professional mental health care. Eligible studies should report at least one outcome related to mental health help-seeking, including but not limited to utilisation, behavioural intention, motivations, attitudes, preferences, perceived usefulness, user experiences, facilitators, barriers, satisfaction, trust, perceived effectiveness, or comparisons with traditional mental health services. **Context:** Studies conducted in any country and any setting (e.g., home, school, university, workplace, healthcare, community, or online environments) will be eligible. Quantitative, qualitative, and mixed-methods empirical studies published in peer-reviewed journals in English will be included.

Exclusion criteria. E1, Ineligible population: Studies focusing exclusively on healthcare professionals, mental health practitioners, AI developers, or other professional users without investigating public mental health help-seeking behaviours. E2, No eligible GenAI component: Studies evaluating conventional rule-based chatbots, non-generative conversational agents, or digital mental health interventions without generative AI or large language model capabilities will be excluded. Studies focusing solely on AI systems for diagnosis, prediction, screening, administrative support, or clinical decision-making without a GenAI-based user interaction component will also be excluded. E3, Irrelevant concept: Studies that do not investigate GenAI-related mental health help-seeking behaviours, experiences, or interactions. This includes studies focusing exclusively on AI performance evaluation, technical development, algorithm validation, clinician-facing applications, or general educational use of GenAI without examining users’ mental health-related use of GenAI. Studies evaluating GenAI-based therapeutic interventions will be excluded only when they do not report any user-level information related to GenAI use, help-seeking behaviours, experiences, engagement, or interactions. E4, Ineligible publication type: Reviews, systematic reviews, meta-analyses, protocols without results, editorials, commentaries, letters, conference abstracts without full texts, dissertations, book

chapters, preprints, and other non-peer-reviewed publications. E5, Non-English publication. E6, Duplicate publications or studies without accessible full texts.

Source of evidence screening and selection All records retrieved from the six electronic databases will be imported into Rayyan, where duplicate records will be identified and removed. Study selection will proceed in two sequential stages. First, titles and abstracts will be screened independently by two reviewers against the predefined eligibility criteria, with reviewers blinded to one another's decisions. Second, the full texts of all potentially relevant records will be retrieved and independently assessed for eligibility. For each excluded full-text article, the primary reason for exclusion will be recorded using the standardised exclusion codes (E1–E6). Records for which the full text cannot be obtained after reasonable efforts will be documented as reports not retrieved.

Prior to both the title-and-abstract screening and the full-text screening stages, a calibration exercise will be conducted on a sample of records to ensure consistent interpretation and application of the eligibility criteria. Any disagreements between reviewers will be resolved through discussion and consensus. When consensus cannot be reached, a third senior reviewer will be consulted to make the final decision. The complete study selection process will be reported using a PRISMA-ScR flow diagram, documenting the numbers of records identified, screened, excluded, assessed for eligibility, and ultimately included in the review.

Data management Bibliographic records will be managed and de-duplicated in Rayyan, which will also be used to document title/abstract screening decisions, full-text screening decisions, and reasons for exclusion. A standardised data-charting form will be developed in Microsoft Excel and piloted on a subset of included studies before full data charting to ensure consistency and completeness. The charting form will capture bibliographic information, study characteristics, participant characteristics, GenAI platform, mental health help-seeking characteristics, study design, key findings, and other information relevant to the review objectives.

Charted data, screening logs, search records, and the final dataset will be stored securely by the review team, with version control maintained throughout the review process to ensure transparency, reproducibility, and data integrity. Any modifications made to the data-charting form during the review will be documented and reported where appropriate.

Reporting results / Analysis of the evidence The review will be conducted in accordance with the JBI methodology for scoping reviews and reported following the PRISMA-ScR checklist. The study-selection process will be documented using a PRISMA-ScR flow diagram. A descriptive numerical summary will be used to characterise the included evidence by publication year, country, study population, sample size, study design, GenAI platform, mental health needs, and help-seeking context. Quantitative findings, such as patterns of GenAI use, frequency of help-seeking, preferences, and associations with influencing factors, will be summarised using counts, percentages, ranges, and other descriptive statistics where appropriate. Qualitative and mixed-methods findings will be synthesised narratively using qualitative content analysis to identify recurring themes related to motivations, user experiences, perceived benefits, barriers, risks, and other factors shaping GenAI-enabled mental health help-seeking.

The charted evidence will be organised thematically according to: (1) characteristics of GenAI platforms and modes of use; (2) characteristics of users and mental health needs; (3) patterns, motivations, facilitators, and barriers related to GenAI-enabled mental health help-seeking; (4) perceived benefits, limitations, risks, and ethical concerns; and (5) study designs, theoretical frameworks, measurement approaches, and maturity of the evidence. Areas of consistency and divergence across studies will be examined, and substantive, population, geographical, methodological, and measurement gaps will be identified. Meta-analysis is not planned because substantial heterogeneity is anticipated across populations, research designs, GenAI platforms, help-seeking constructs, and outcome measures. This approach is consistent with current JBI guidance, which recommends descriptive numerical summaries combined with qualitative or content-based synthesis for mapping heterogeneous scoping-review evidence.

Presentation of the results Results will be presented through a combination of tables, figures, and a descriptive narrative. A PRISMA-ScR flow diagram will document the study selection process, and the characteristics of the included studies will be summarised in tabular form. Where appropriate, additional tables or figures may be used to map the evidence according to the review's key dimensions, including GenAI platforms, mental health help-seeking characteristics, study populations, and study designs, and to highlight areas of evidence concentration and research gaps.

Language restriction English only.

Country(ies) involved China.

Other relevant information This work was supported by the National Natural Science Foundation of China [Grant Number 72442021].

Keywords Generative artificial intelligence; large language models; mental health help-seeking; psychological support; digital mental health; public mental health; scoping review.

Dissemination plans The findings will be submitted to a peer-reviewed international journal focusing on public mental health, digital health, psychology, or health informatics. Results may also be presented at relevant academic conferences.

Contributions of each author

Author 1 - Yulu Wang - Conceptualised the review, provided clinical mental health expertise, supervised interpretation of findings, and drafted and revised the manuscript.

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