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Publication: Sunday Independent
Date: 19 Jul 2026
Page: 14

Media Value: 78,225
Reach: 160,285
Size: 1,091

THE RISE OF THE AI THERAPIST

People struggling with their mental health are turning to technology to cope as traditional services can be hard to access, writes Danielle Barron

Would you rather open your heart to a chatbot or a human being? What if you've spent six months on a waiting list to see a human being? What if it's 3am?

This is the ethical and practical dilemma posed by the use of generative AI (GenAI) in mental health consultations.

Just like an increasing proportion of people use AI assistants such as ChatGPT, Claude and Gemini to choose paint colours for their home or create slideshows for work, those with mental health difficulties are turning to anonymous chatbots for support.

And why wouldn't they, when mental health professionals are also utilising these tools to inform how they treat their patients?

This is according to Charlotte Blease, a philosopher and health informatics researcher at Uppsala University in Sweden and Harvard University, who has just published a survey on the use of GenAI in psychotherapy practice.

More than half (55pc) of the mental health professionals surveyed across 30 countries had used at least one GenAI tool in their clinical practice.

While some were using these tools to reduce their administrative burden or generate materials for patients, the most common use was to assist with treatment planning.

For Professor Blease, from Northern Ireland, this presents a moral conundrum.

"This survey is the largest of its kind, so it gives a good indication of what is happening," she says.

While clinicians across disciplines are increasingly using AI tools, Prof Blease says her survey findings suggest they are being adopted at a higher rate among mental health professionals.

She points out that the discussion often focuses on the perceived problems of people using these tools for mental health support.

"But what's been less examined is, well, even if you get to speak to a human, they're not pristine either. They're using these tools very often without patients' knowledge."

"What clinicians very often say is, 'We are needed for our clinical judgment'. But if they're relying on AI, who's doing the job? So it's really inviting a lot of serious questions."

Prof Blease notes that the most commonly used AI tool by far is ChatGPT, which is not designed for clinical use.

In March, the Irish Association for Counselling and Psychotherapy (IACP), the College of Psychiatrists of Ireland, and the Psychological Society of Ireland, issued a statement calling on the Government to ban AI "therapy".

They said AI has legitimate uses, including providing information and signposting, and administrative support, and their position does not oppose the use of AI in training and educational contexts.

IACP chief executive Lisa Molloy tells the *Sunday Independent* that as AI tools become more widely available, they present "both opportunities and challenges".

"Although we understand that AI functions may be used by many professionals, including counsellors and psychotherapists, for administrative purposes, we do have concerns about the replacement of human therapists with autonomous AI systems in the delivery of counselling and psychotherapy to the public," Ms Molloy says.

These concerns are well founded. A survey by Axa and Ipsos, published in June, found that more than six in 10 people seek mental health advice through AI, but 32pc have "felt uncomfortable" with the advice it provides.

The fundamental problem is access. "More than 28,000 children are waiting to see a primary-care psychologist in Ireland, many for over a year," Prof Blease says.

"When people lack access to crucial services, they will find them elsewhere — including from commercial chatbots on their smartphones at three in the morning."

Maurice Mulvenna, a professor of computer science at Ulster University, has researched the intersection of AI and mental health.

His team developed a "rules-based" chatbot known as ChatPal to support positive psychology and wellbeing during Covid-19. It provided users with coping mechanisms, self-assessment tools and guided wellness exercises.

"Fast-forward to ChatGPT being released and suddenly we are in a new world order, which is generative AI in a box, usable by everyone, very democratised," Professor Mulvenna says.

"So we know that people are already using, at scale, generative AI for a purpose for which it was not really designed."

He says this points to a significant need which isn't being met.

"Is it ethical to say, well, people shouldn't be using this because they should be using qualified psychiatric and psychological supports? Yet at the same time, there is a demand for these [AI tools]."

Prof Mulvenna is involved in the all-island Atlantic Futures research project, which recently published a policy brief focused on strengthening digital mental health support for young people.

The message is that digital tools can play a meaningful role "but only when they are trusted, simple, culturally relevant, and embedded in everyday settings where young people already feel safe".

A study, published at the beginning of July in Child and Adolescent Mental Health, found open-ended "AI as pseudo-therapist" chats within chatbots like ChatGPT carry clear and unacceptable risks, "including missed suicidality cues, reinforced distortions, and responses optimised to feel good now instead of helping over time".

"Ethical AI design should prioritise safeguards, empirical testing, and pathways to evidence-based care," the authors wrote.

Prof Mulvenna believes we are in the "Wild West" when it comes to the use of these tools in delicate situations, and highlights "horror stories" of people being encouraged to take their own life.

"If you're using ChatGPT right now, and you ask it to do something, it would give you the answer, but then it would nudge you for, 'Do you want some more?So it's always perniciously trying to extend the conversation.

"They had to tone down the sycophancy in ChatGPT, but it's still nudging, and all the generative AI tools are more or less the same. Previously this has had tragic consequences, but they're ironing those issues out.

"If I type into Google now that I'm feeling suicidal, it comes up with the link to the Samaritans and the resources I need. So the cowboys in the Wild West are realising they need to regulate themselves a bit more, while law and policymakers need to find a sheriff."

As for the use of GenAI by mental health professionals, the waters remain muddy.

"There's almost been a kind of lethargy among the professions," Prof Blease says. "So they don't know what to do about these tools, and they're not issuing concrete guidance to their members."

The majority of the professionals in Prof Blease's survey had no training or were unclear about whether they were allowed to use these tools or not.

Even more unsettling, Prof Blease says, is the fact that some of these tools may provide better care than the professionals, at least in some situations.

"The machine, unlike a clinician at the end of a brutal week, never has a bad day," she says. "We know from research that, sometimes, the commercial tools are superior to these bespoke, locally designed tools.

"But the point is not that AI is bound to be worse than us. It is that no one is measuring either way."

Prof Mulvenna says the genie is out of the bottle. "The pessimist in me thinks, 'Well, what are we doing spending all this time and energy developing digital mental health apps?' If perfection is the enemy of the good, and if 'good enough' for people is ChatGPT, why are we striving for perfection?"

The IACP says it will be conducting a survey of itsmembers in the coming months, with several questions centring on the use of AI in the profession.

"If a patient is not having access to any treatment at all, what might be the harm in them deriving at least some benefit?" Prof Blease says.

"And if clinicians are telling people 'don't use these tools' but their very own rank-and-file members are using them, there is a level of hypocrisy, which really deserves to be interrogated."

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Professor Charlotte Blease was involved in a new survey on the use of GenAI in psychotherapy