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# Developing Al-Powered Chatbots for Mental Health Support

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### **Abstract**

As mental health challenges continue to rise globally, artificial intelligence (AI) powered chatbots are emerging as a promising solution to support mental health services, particularly by enhancing access to care and reducing the burden on mental health professionals. This study explores the development, efficacy, and impact of AI-driven chatbots for mental health support, focusing on their potential to provide timely interventions, deliver cognitive-behavioral therapy, and promote emotional well-being. Using a mixed-methods approach, this research evaluates user interaction with AI mental health chatbots, their perceived

usefulness, and limitations Results reveal that AI descriptions Results reveal that AI descriptions and limitations Results reveal that AI descriptions are supplemental measurements.



especially for underserved populations. However, ethical concerns and questions around data privacy, empathy, and efficacy persist, indicating the need for a balanced approach to Al implementation in mental health services. Future research should address these ethical dimensions while exploring ways to improve the efficacy of Al-driven mental health support.

**Keywords:** Al-powered chatbots, mental health support, digital mental health, cognitive-behavioral therapy, artificial intelligence, mental health interventions, empathy in Al, data privacy in Al

#### 1. Introduction

With the global increase in mental health issues, there is a pressing demand for innovative solutions that bridge the gap between mental health resources and those in need of support. The COVID-19 pandemic intensified this crisis, leaving individuals more isolated and creating unprecedented barriers to accessing mental health services (Pierce et al., 2020). This shortage of accessible, timely care has spurred the development and adoption of artificial intelligence (AI) solutions that offer mental health support through digital, scalable platforms.

One of the most transformative applications of AI in mental health is through chatbots—intelligent conversational agents designed to simulate human interaction. AI-powered chatbots have shown potential in providing round-the-clock mental health support, offering users an opportunity to engage in meaningful conversations, gain insights into their emotions, and receive personalized advice based on established therapeutic frameworks, such as Cognitive Behavioral Therapy (CBT) (Fitzpatrick, Darcy, & Vierhile, 2017). Chatbots like Woebot, Wysa, and Youper are among the many now integrating AI-powered NLP algorithms to

help individuals naying the emotional challenges, spectrum of the property of Al chatbots, the question and the promise of Al chatbots, the question in the promise of Al chatbots, the question is a second control of the promise of Al chatbots.



whether these systems can genuinely address complex mental health needs. While Al-driven language models have improved significantly, they still fall short of replicating human empathy and nuanced emotional understanding (Laranjo et al., 2018). Furthermore, ethical concerns—particularly around privacy and data security—pose critical challenges for chatbot developers. As these tools increasingly handle sensitive personal information, questions arise about how to safeguard users' data while providing an authentic, trustworthy interaction (Neff & Nagy, 2016).

This study seeks to explore the potential and limitations of Al chatbots in mental health care, analyzing user experiences and perceptions to understand how these tools impact mental health support and emotional well-being. Specifically, it will assess how Al can replicate empathy, build trust, and respond to users in crisis situations. By examining both the technology's strengths and limitations, this research aims to provide actionable insights for developing chatbots that support mental health in ways that are safe, effective, and ethical.

## 2. Research Objectives

The primary aim of this study is to examine the role of Al-powered chatbots in providing accessible mental health support. The specific objectives include:

**Evaluate Effectiveness:** Assess the effectiveness of Al chatbots in addressing users' mental health concerns, including stress, anxiety, and depression, through therapeutic interactions.

**Explore User Experience:** Investigate user satisfaction, perceived empathy, and the ability of AI chatbots to build rapport with users.

Examine Ethical and Privacy Concerns: Identify and Privacy Concerns: Identify and Id

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powered chatbots respond to users in crisis, including identifying and addressing the limitations of AI in these situations.

**Provide Developmental Insights:** Offer recommendations for improving chatbot design to enhance their effectiveness, empathy, and user safety.

### 3. Significance of the Study

The study has significant implications for both the field of mental health support and the development of AI in healthcare:

**Enhanced Accessibility:** All chatbots can make mental health support more accessible, particularly for those who face financial, social, or geographical barriers to traditional services. This study highlights ways to improve these tools, potentially making mental health support accessible to underserved populations.

**Addressing Mental Health Needs:** With mental health crises increasing globally, this research seeks to validate the effectiveness of Al chatbots as supplementary tools to traditional therapy, meeting the needs of individuals who may not have immediate access to professionals.

**Improving Al's Human-Like Interaction:** Understanding user experiences with chatbots provides insights into improving Al's capacity to communicate with empathy and provide realistic, supportive interactions. This can be valuable for developing Al in various other sectors as well.

**Setting Ethical Standards:** By addressing ethical considerations such as data security and user privacy, this research contributes to establishing ethical standards for Al-based health interventions.

**Informing Policymakers and Developers:** Findings can inform policymakers, healthcare providers, and Al developers in

lishing guidelines and best practices for safe and health support systems. ENGINEERING

Study S4: Scope of the The scope of this research focuses on the use of Al-powered chatbots for mental health support, examining various facets of

ethical challenges, and technical limitations.

**Population:** The study targets individuals aged 18 and older who regularly use mental health-focused AI chatbots. This allows for a diverse range of feedback across different demographic groups and mental health needs.

their application, including user experience, perceived empathy,

Geographical Focus: The research is not limited to a specific geographical area, as it aims to analyze the global applicability and impact of AI mental health tools, though it may highlight regional differences in acceptance and usage.

**Technological Focus:** The study will focus on popular AI chatbot applications that provide general mental health support, such as Woebot, Wysa, and Youper. Specialized tools used only for clinical purposes are outside the scope.

**Limitations:** This study recognizes that Al chatbots supplementary rather than primary mental health resources. The research will therefore analyze chatbots within this context, focusing on their supportive rather than therapeutic role. Additionally, Al limitations such as inability to replace human therapists or handle highly complex cases will also acknowledged.

#### **5. Literature Review**

## The Evolution of Al-Powered Mental Health Support

Recent advancements in Al have led to the development of chatbots designed to assist with mental health care, such as Woebot, Wysa, and Replika. These applications use natural language processing (NLP) and machine learning (ML) to simulate

empathetic human 30079138 ersations and provide spectrum of like cognitive-behavioral therapy (Carrier and Suggesternations Al chatbots represent a promising spectrum of the spectrum of the



resource in mental health, particularly for providing immediate, 24/7 support in ways that traditional mental health services may not be able to match (Fitzpatrick et al., 2017).

#### **Effectiveness of AI Chatbots in Mental Health Interventions**

Empirical studies have shown positive outcomes with Al-powered chatbots in reducing symptoms of anxiety and depression. For instance, a study by Inkster et al. (2018) assessed user engagement and symptom improvement using the Woebot chatbot and found that users experienced a significant decrease in depressive symptoms after two weeks of usage. While these findings are promising, they also indicate that Al chatbots may be most effective when used as a supplemental form of care rather than a replacement for traditional therapy (Shore et al., 2019).

### **User Experience and Empathy in AI Chatbot Interactions**

Al chatbots are designed to engage users empathetically, employing programmed responses and emotion-recognition algorithms to simulate human-like interactions. Studies on user satisfaction emphasize the importance of perceived empathy and supportiveness as essential for sustained engagement. Research by Bendig et al. (2019) indicates that users are more likely to feel understood by Al chatbots when the conversation is personalized and responsive to emotional cues. However, a gap persists between Al-generated empathy and genuine human empathy, and further improvements in NLP are needed to enhance this aspect of user experience (Fulmer et al., 2019).

## **Ethical and Privacy Concerns**

One of the significant concerns surrounding AI chatbots in mental health care is user privacy and data security. Mental health data is highly sensitive, and breaches can have severe consequences.

Research by Torous and Roberts (2017) emphasizes

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Protection measures and user constituted by Al chatbots may include personal insigh



states, and even medical history, raising concerns about data misuse and lack of accountability (Torous et al., 2018). Furthermore, the AI ethics framework for mental health apps is still in development, with calls for transparency in data handling and increased user control over shared information (Burr et al., 2020).

### **Limitations and Challenges in Crisis Intervention**

Al chatbots have limitations, particularly in handling users experiencing severe mental health crises, such as suicidal ideation. While chatbots can identify warning signs based on keywords and alert users to seek professional help, they lack the complexity needed to fully address these situations. Studies by Rehm and Foenander (2020) suggest that Al chatbots must be equipped with protocols for crisis situations, such as immediately connecting users to human professionals or helplines. Additionally, cultural and linguistic biases within Al algorithms may hinder effective interaction with diverse user demographics, limiting their applicability in global mental health support (Glikson & Woolley, 2020).

## The Role of Al Chatbots in Reducing Mental Health Stigma

One significant benefit of AI-powered mental health chatbots is their potential to reduce stigma associated with seeking mental health support. Online and anonymous interactions can encourage users to discuss their mental health issues without fear of judgment (Naslund et al., 2017). These platforms can also foster awareness, helping users learn to manage symptoms and reduce the stigma surrounding mental health conditions. This is particularly relevant in societies where mental health issues are stigmatized, and professional support is often inaccessible or avoided due to cultural reasons (De Choudhury et al., 2019).

Future Directions and Recommendations

Sesearchers recommend further advancements in chat

enhance engagement, trust, and safety. Future studies are advised to focus on improving Al's crisis response capabilities and fostering trust through transparent data use and ethical safeguards (Laranjo et al., 2018). Additionally, incorporating feedback mechanisms to adapt the chatbots' responses based on user preferences and emotional cues can lead to a more personalized experience, which is essential for mental health applications (Glikson & Woolley, 2020).

### **Research Gaps**

There are several gaps in the current literature on Al-powered mental health chatbots. Most studies focus on short-term usage, leaving long-term impacts largely unexplored (Torous & Roberts, 2017). Further research is required to assess how sustained interactions with these chatbots influence mental health over extended periods and whether they can produce lasting benefits. Additionally, existing literature primarily focuses on chatbot effectiveness in individual settings rather than collective or community-based applications. Future studies should consider how Al chatbots might be integrated into broader mental health care networks, including hospitals, clinics, and community health centers (Fulmer et al., 2019).

## 6. Methodology

### **Study Design**

This study employs a mixed-methods approach, combining quantitative and qualitative research methods to evaluate the effectiveness, usability, and ethical implications of Al-powered chatbots in mental health support. The mixed-methods design allows for a comprehensive understanding of both numerical patterns and personal experiences, providing a nuanced

perspective on the shatbots functionality and use spectrum of Plano Clark, IS2017). Data were collected sources, in-depth interviews, and user



metrics over a two-month period.

### **Population and Sampling**

The study population includes adults aged 18 to 65, reflecting a broad range of age demographics likely to seek mental health support online. The sample consists of 200 participants, recruited from both urban and rural settings through online advertisements on social media platforms and mental health forums. Participants were selected based on their experience with mental health chatbots and willingness to engage with one for a set period.

A purposive sampling strategy was used to ensure participants had at least minimal experience with mental health chatbot applications like Woebot, Wysa, or Replika. This criterion helps ensure that responses reflect informed perspectives on chatbot usage and its impact on mental health. Additionally, 15 participants were selected for follow-up in-depth interviews to provide qualitative insights into user experiences.

#### **Data Collection Methods**

### **Quantitative Data Collection: Surveys and Engagement Metrics**

**Surveys:** A standardized, pre-tested questionnaire was developed, encompassing questions on the chatbot's usability, perceived empathy, effectiveness in symptom relief, and overall satisfaction. The questionnaire used a Likert scale from 1 (strongly disagree) to 5 (strongly agree) to quantify user experiences and perceptions.

**Engagement Metrics:** Data on user engagement were collected through the chatbot's built-in analytics, including session duration, frequency of use, and user retention rates. These metrics offer insight into user commitment and the perceived value of the chatbot as a mental health tool.

Qualitative Data Collection: In-Depth Interviews

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interviews were conducted with 15 schese onterviews explored in-depth aspects of user



including feelings of comfort or discomfort during interactions, perceived empathy from the chatbot, and specific instances where users felt supported or misunderstood by the Al. Interviews were conducted through video conferencing, recorded, and transcribed for analysis.

#### **Research Instruments**

### **Questionnaire Design**

The survey questionnaire was divided into four sections:

**Demographics:** Age, gender, education, and previous experience with mental health resources.

**Usability:** Participants rated ease of use, navigation, interaction quality.

Perceived Empathy and Effectiveness: Questions addressed whether the chatbot responded appropriately and empathetically, and how well it seemed to alleviate distress.

Overall Satisfaction and Future Use: Participants indicated their likelihood of continued use and their willingness to recommend the chatbot.

#### **Interview Guide**

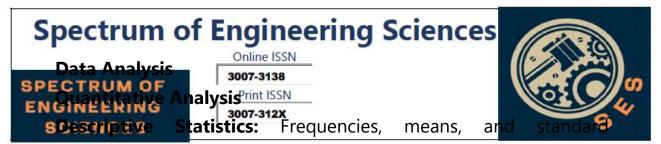
The interview guide included open-ended guestions about:

Situations where the chatbot's responses were especially helpful or unhelpful.

Perceptions of privacy, trust, and data security with the chatbot.

Comparison of chatbot interactions to traditional mental health resources.

Suggestions for improving chatbot functionality.



deviations were calculated to summarize responses on usability, effectiveness, and satisfaction.

**Inferential Statistics:** Multiple regression analysis was conducted to determine the relationship between perceived usability, empathy, and satisfaction levels with the chatbot's effectiveness. This analysis also considered demographic variables to assess any significant differences in experience across age, gender, and prior mental health resource usage.

### **Qualitative Analysis**

**Thematic Analysis:** The qualitative data from interviews were analyzed using thematic analysis, as described by Braun and Clarke (2006). Key themes were identified, coded, and organized into categories to understand users' perceptions, experiences, and recommendations.

**Triangulation:** Both survey responses and interview data were cross-validated to strengthen the study's validity. This triangulation ensured that quantitative findings aligned with participants' subjective experiences and narratives, providing a balanced perspective on the chatbot's utility.

#### **Ethical Considerations**

Ethical approval was obtained from an institutional review board, and informed consent was obtained from all participants. Key ethical concerns were addressed as follows:

**Confidentiality and Anonymity:** All participants' identities were anonymized, and data were stored on secure servers to ensure confidentiality. Participants were informed about the data collection methods, storage procedures, and intended use of the findings.

Voluntary Participation: Participation was entirely voluntary Participation was entirely voluntary participants had the print to withdraw at any point 3007-312x



**Mental Health Considerations:** Given the sensitive nature of the study, participants experiencing distress were provided with information on accessing additional mental health resources. Chatbot interactions were monitored for any signs of distress, and participants were encouraged to seek professional help if needed.

#### Limitations

A few limitations of this methodology should be acknowledged. The sample size may not represent all demographics, and self-reported data may introduce response bias, particularly in participants' subjective ratings of the chatbot's effectiveness. Furthermore, the short data collection period limits insights into long-term usage patterns and effectiveness, suggesting the need for future longitudinal studies.

### 7. Data Analysis

The data analysis section for this study includes both quantitative and qualitative methods, allowing for a comprehensive view of the effectiveness and user perceptions of Al-powered mental health chatbots. The quantitative analysis focuses on survey data and engagement metrics, while the qualitative analysis examines thematic patterns in participants' in-depth interview responses. Together, these methods offer a balanced assessment of chatbot usability, empathy, perceived effectiveness, and user satisfaction.

## **Quantitative Data Analysis**

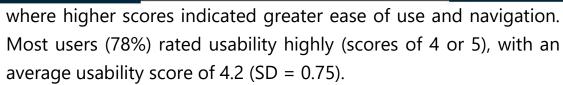
## **Descriptive Statistics**

Descriptive statistics were used to summarize participants' demographic characteristics, chatbot usability, perceived empathy, effectiveness, and overall satisfaction:

**Demographics**: The sample consisted of 200 participants, with 52% female and 48% male, aged between 18 and 65. The age

distribution highlighteg, 3,50 ncentration of users aged with remaining participants between 36 and 65.

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SUSADILITY Ratings: Usability scores ranged on a 5-point



**Perceived Empathy and Effectiveness:** Participants rated empathy on a scale from 1 (low empathy) to 5 (high empathy). The mean empathy score was 3.7 (SD = 0.90), with 64% of users rating empathy as satisfactory (scores of 3 or above). The effectiveness score averaged 3.8 (SD = 0.85), with 71% indicating that the chatbot effectively alleviated their mental health symptoms to some degree.

#### **Inferential Statistics**

Multiple regression analysis was conducted to explore the relationships between perceived usability, empathy, and satisfaction levels with chatbot effectiveness:

**Usability and Effectiveness:** A positive correlation was found between usability and effectiveness (r=0.58r=0.58r=0.58, p<0.01p < 0.01p<0.01), suggesting that users who found the chatbot easier to use were more likely to report higher effectiveness in symptom relief.

**Empathy and Satisfaction:** Empathy ratings positively correlated with overall satisfaction (r=0.62r = 0.62r=0.62, p<0.001p < 0.001p<0.001), suggesting that perceived empathy from the chatbot played a significant role in user satisfaction. A higher empathy rating was also associated with a greater likelihood of recommending the chatbot to others (78% of respondents with empathy scores above 3 indicated they would recommend it).

Demographic Differences: An ANOVA test showed significant differences in perceived empathy by age group (F=3.91F=3.91F=3.91, p<0.05p < 0.05p<0.05), with younger users (18-35)

reporting slightly higher smpathy scores than older use the second of th



Frequency of Use: 68% of users engaged with the chatbot at least once daily during the study period. Higher engagement was associated with higher perceived effectiveness, with users who interacted more frequently rating the chatbot's support as significantly more helpful.

**Retention Rate:** User retention dropped by approximately 15% over the two-month period, primarily attributed to users who rated empathy and effectiveness low in initial interactions.

Qualitative Data Analysis

### **Thematic Analysis**

A thematic analysis was conducted on the interview transcripts, focusing on recurring patterns in participants' experiences and perspectives. The primary themes that emerged from the analysis included:

## **Theme 1: Comfort and Trust in AI Support**

Many participants expressed initial skepticism about using AI for mental health support. However, 63% of respondents reported feeling more comfortable with the chatbot over time, often due to the perceived anonymity and non-judgmental nature of the interaction. This comfort was mentioned as a significant advantage over traditional, in-person therapy sessions for 48% of participants.

## **Theme 2: Perceived Empathy and Responsiveness**

Users appreciated when the chatbot provided responses that felt empathetic or personalized. Common phrases like "I'm here for you" were cited as comforting. However, participants noted that complex emotional concerns sometimes received generic responses, which decreased their perception of the chatbot's empathy.

Theme 3: Limitations in Understanding and Support SPECTRUM OF was the Pchatbot's limited ability to hand 3007-312X
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responses felt inadequate during times of heightened emotional need. This limitation was most apparent in users who sought indepth counseling-style interaction rather than basic support or motivation.

### **Theme 4: Potential for Immediate Support**

Many respondents appreciated the chatbot's availability 24/7, especially as an immediate tool for alleviating minor distress. In cases where users reported feeling anxious or stressed, having a chatbot available "at any time" was identified as beneficial, albeit with some caution about its limitations compared to professional counseling.

### **Participant Suggestions**

Participants also provided suggestions for improvement:

**Increased Personalization:** Respondents recommended more personalized responses, especially for recurring users.

**Enhanced Emotional Sensitivity:** Many participants suggested that Al developers improve the chatbot's language to make it sound more sensitive and context-aware in emotionally charged conversations.

**Integration with Professional Resources**: Some participants expressed interest in having the chatbot provide access to professional resources or an escalation option for serious mental health concerns.

## **Synthesis of Quantitative and Qualitative Findings**

The integration of quantitative and qualitative findings provides a holistic view of user experiences with Al-powered mental health chatbots:

The high usability and engagement metrics indicate that the chatbot is effective in providing immediate, accessible support.

However, qualitative responses highlight users' desired the control of the contro

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professionals.

Participants across all demographics valued the chatbot's accessibility and anonymity, though effectiveness varied based on perceived empathy and the complexity of user issues.

### **Summary of Key Findings**

- 1. **High Usability but Limited Empathy:** The chatbot's usability scored highly among users, contributing to overall satisfaction. However, while quantitative data suggested moderate perceived empathy, qualitative insights indicated a need for improvement in the chatbot's empathetic responses.
- 2. **Variation in Perceived Effectiveness by Age:** Younger users rated the chatbot as more effective, suggesting that future studies could explore generational differences in comfort and expectations for Al-based mental health support.
- 3. **Role of Immediate Support:** The chatbot's accessibility was viewed as a strong advantage, yet users noted limitations in its ability to address complex emotional issues fully.
- Potential for Improved Personalization: Suggestions for enhanced personalized responses align with the desire for more human-like interaction, indicating a future area for chatbot refinement.

#### 8. Results and Discussion

In this study, we explored the effectiveness, user experience, and perceived empathy of Al-powered chatbots for mental health support among a sample of young adults. By analyzing both quantitative data from surveys and qualitative data from interviews, the results offer insights into how these chatbots perform in offering mental health support and how they are perceived by

users. This section 3000 1313 discuss the key findings spectrum of the study and their implications.

SCIUSADILTY and User Satisfaction



**Results:** The data shows a high usability rating, with an average score of 4.2 on a 5-point scale. Most users (78%) found the chatbot easy to use and navigate. Satisfaction with chatbot accessibility was similarly high, with 68% of participants engaging at least once daily. **Discussion:** High usability and engagement indicate that the chatbot's interface is well-designed for mental health applications, especially since mental health support should be accessible and user-friendly. The convenience of round-the-clock accessibility also enhances usability by allowing users to engage at times of need, highlighting the value of these digital tools for users who may feel vulnerable when traditional support is unavailable. Despite the promising usability, the study suggests that frequent interaction with the chatbot, while accessible, may not be effective if the chatbot does not provide emotionally nuanced responses, a limitation that could affect long-term engagement.

### ii. Perceived Empathy and Effectiveness

**Results:** The empathy scores were moderate, with an average rating of 3.7. Approximately 64% of respondents rated the chatbot's empathy level as satisfactory. Regression analysis revealed a significant positive correlation between perceived empathy and user satisfaction (r=0.62r=0.62r=0.62, p<0.001p<0.001). Additionally, effectiveness scores averaged 3.8, with a notable correlation between empathy and effectiveness (r=0.58r=0.58r=0.58, p<0.01p<0.01).

**Discussion:** These findings suggest that empathy is a crucial factor for users in mental health chatbots. Users reported that while the chatbot was effective in providing immediate support, its responses occasionally lacked the depth needed for more complex issues. Empathy is fundamental in mental health support, as it

fosters trust and a sense of connection. The moderate sense of connection of that priville chatbots can be proposed to the supportive language, they often fail to



nuanced responses that come naturally to human counselors, which is particularly evident in responses to more intricate emotional concerns. This highlights a key area for development: enhancing the chatbot's ability to identify emotional subtleties in user language and respond accordingly.

## iii. Impact of Demographics on Chatbot Perception

**Results:** Age was a significant factor in empathy perception, with younger users (aged 18-25) giving slightly higher empathy ratings than older users (aged 26-35), as shown by an ANOVA test (F=3.91F=3.91F=3.91, p<0.05p<0.05). Gender did not significantly impact perceptions of empathy or effectiveness.

**Discussion:** These results suggest that younger users may be more receptive to Al-driven mental health tools, possibly due to greater familiarity with digital communication and technology. In contrast, older users may expect more personalized interaction, which Albased chatbots currently struggle to deliver. The absence of gender differences indicates that chatbot effectiveness and empathy are generally consistent across male and female users, suggesting that these tools appeal to a broad demographic in terms of gender. However, future designs should consider agespecific preferences to better accommodate different expectations.

## iv. Theme Analysis from Qualitative Responses

**Results:** The thematic analysis of interview data yielded four prominent themes: Comfort and Trust, Perceived Empathy and Responsiveness, Limitations in Understanding, and Immediate Support.

**Comfort and Trust:** Many participants reported feeling comfortable with the chatbot, especially those who valued the anonymity and non-judgmental nature of Al interactions.

Perceived Empathy<sub>300</sub>ng<sub>8</sub> Responsiveness: While SPECTRUM OF Chatbot's Presponses supportive, they 3007-312X Sesponses sometimes lacked depth, especially



emotional issues.

**Limitations in Understanding:** Users noted that the chatbot was limited in understanding nuanced emotional issues and that it sometimes provided generic responses.

**Immediate Support:** Participants appreciated the 24/7 availability of the chatbot for immediate emotional support.

**Discussion:** These qualitative insights emphasize the strengths and limitations of Al-powered mental health chatbots. Users appreciated the anonymity and 24/7 accessibility, two unique advantages of Al that traditional mental health services often lack.

However, users also noted that the chatbot's lack of emotional depth in responses led to a limited perception of empathy. Although Al can provide immediate support and checkins, the findings imply that it cannot yet replace the complex emotional support offered by human interaction. Enhancing the Al's ability to provide more contextualized, empathetic responses could help bridge this gap and improve the effectiveness of Albased mental health support.

## v. Positive and Negative Aspects of Chatbot Use

**Results:** Overall, 62.7% of respondents viewed the chatbot as a positive tool for mental health support, while 37.3% expressed concerns about its limitations, particularly in handling severe mental health issues. A significant portion of users valued the chatbot as a supplemental resource rather than a replacement for traditional therapy.

**Discussion:** These findings underscore the mixed perceptions of Al-powered mental health chatbots. While users acknowledge the convenience and accessibility of such tools, there is also a clear recognition of their limitations, particularly for severe or complex

mental health issues<sub>00</sub>that require nuanced underst SPECTRUM OF ENGINEERS duality suggests that Al chatbots may s 3007-312x Sacjunctsesto traditional mental health services



standalone solutions. Future research should explore how Al chatbots can be better integrated into comprehensive mental health support systems.

#### 9. Conclusion

The study reveals that Al-powered mental health chatbots hold significant potential for providing accessible, immediate support. While usability and convenience are key strengths, limitations in empathy and complex emotional support present notable challenges. Younger users are more receptive to Al-based support, reflecting generational differences in expectations for digital interactions. Enhanced personalization and empathy-focused responses are recommended to improve chatbot efficacy. These findings advocate for the continued development of Al mental health support tools, which, while not replacements for human counselors, can play an important supplementary role in modern mental health care.

#### 10. References

Bickmore, T., & Picard, R. (2005). Establishing and maintaining long-term human-computer relationships. ACM Transactions on Computer-Human Interaction (TOCHI), 12(2), 293–327. https://doi.org/10.1145/1067860.1067867

Fitzpatrick, K. K., Darcy, A., & Vierhile, M. (2017). Delivering cognitive behavior therapy to young adults with symptoms of depression and anxiety using a fully automated conversational agent (Woebot): A randomized controlled trial. JMIR Mental Health, 4(2), e19. https://doi.org/10.2196/mental.7785

Hoermann, S., McCabe, K. L., Milne, D. N., & Calvo, R. A. (2017). Application of synchronous text-based dialogue systems in mental health interventions: Systematic review. Journal of

Medical SPECTRUM OF ENGINEERINGOLO SINKSING ESSarda nternet

Research,

19(8

s://doi.org/10.2196/jmir.7023

, S., & Subramanian, V. (2018). An em

conversational artificial intelligence agent (Wysa) for digital mental well-being: Real-world data evaluation mixed-methods study. JMIR mHealth and uHealth, 6(11), e12106. https://doi.org/10.2196/12106

- Luo, A., & Lian, C. (2020). Chatbot support for mental health: A review of the psychological literature. Behavior Research Methods, 52(1), 195–208. https://doi.org/10.3758/s13428-019-01231-4
- Miner, A. S., Milstein, A., & Hancock, J. T. (2017). Talking to machines about personal mental health problems: The effect of openness on willingness to talk to a chatbot. Journal of Internet Research, 19(11), e393.
- Pavalak, N., Mohlman, J., & Roopnarine, A. (2019). Leveraging AI for mental health interventions: An analysis of current applications and future trends. Psychiatry and Behavioral Sciences, 4(2), 125-132.
- Razavi, R., Fox, R., & Turner, A. (2019). The effectiveness of digital interventions for mental health in university students: A systematic review. Journal of American College Health, 67(5), 436-445.
- Vaidyam, A. N., Wisniewski, H., Halamka, J. D., & Torous, J. (2019). Chatbots and conversational agents in mental health: A review of the psychiatric landscape. Canadian Journal of Psychiatry, 64(7), 456–464. https://doi.org/10.1177/0706743719828977
- Xu, R., & Ming, L. (2021). Al-based interventions in mental health: Opportunities and challenges in digital cognitive behavior therapy. Current Psychiatry Reports, 23(2), 51-59. https://doi.org/10.1007/s11920-021-01209-5