Characterizing the Policy Problem: AI in Youth Mental Health

Alizea Alvarez-Sookram

Arizona State University

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Kenichi Maruyama, PhD, MPA, GPC

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The policy problem I am examining is the rapid integration of artificial intelligence (AI) tools into youth mental health care. These tools appear in two primary forms: early warning systems that attempt to detect crises such as suicidality before they occur, and chatbots marketed as therapeutic companions that provide immediate support. This assignment explores the magnitude and distribution of this problem by synthesizing academic evidence and public policy frameworks. Understanding both the scale of youth mental health needs and the uneven reach of AI tools helps sharpen the policy questions around safety, equity, and governance.

Magnitude: Widespread and Growing Need

The scale of the youth mental health crisis is immense. In 2024, nearly 2.8 million adolescents ages 12–17 experienced a major depressive episode with severe impairment, and close to 3 million reported frequent suicidal thoughts (Reinert et al., 2025). The majority received no treatment at all. At the school level, counselor shortages are profound, with some states reporting ratios as high as 700 students per one counselor (Inseparable, 2025). This lack of access drives young people toward alternative supports, including AI-based apps and platforms.

Academic literature confirms both the promise and the limitations of these tools. A systematic review and meta-analysis of 29 studies found that chatbot-delivered interventions significantly reduced psychological distress but had limited impact on broader well-being (Li et al., 2025). Similarly, a scoping review of AI in adolescent mental health care emphasized that while diagnostic and predictive tools are proliferating, most lack rigorous evaluation or evidence of effectiveness (Sharma et al., 2025). This gap highlights what Kraft and Furlong (2021)

describe as a magnitude problem: a public issue that impacts millions and carries profound costs for education, health, and society at large.

Distribution: Who Is Most Affected?

The distribution of this crisis is not equal. Youth from low-income families, youth of color, and LGBTQ+ adolescents are disproportionately affected by mental health challenges and least likely to access professional care (Reinert et al., 2025). These inequities extend to the tools themselves. Wealthier districts or families are more likely to adopt subscription-based, vetted AI programs, while marginalized youth often encounter free but poorly regulated chatbots available online.

Research confirms this uneven reach. The qualitative study *Designing Chatbots to Treat Depression in Youth* found that adolescents valued chatbots for their anonymity and accessibility but raised concerns about cultural responsiveness and accuracy (Inkster et al., 2022). Without thoughtful design and regulation, the distribution of AI tools may widen existing gaps in access and safety. As Furlong and Kraft (2021) note, equity is a central policy criterion, and when problems are unevenly distributed, policy interventions must account for those disparities.

Policy Implementation Challenges

Beyond access, there are challenges around oversight and governance. While states such as Illinois and Nevada have restricted certain AI therapy tools, policies remain fragmented (Ortiz, 2024). At the same time, news coverage of tragic cases, such as the lawsuit involving a 14-year-old's suicide after chatbot use (*Washington Post*, Harwell, 2024), has heightened public concern.

Academic literature echoes these challenges. Garg et al. (2021) argue that chatbots designed for sensitive adolescent health issues must be held to stricter standards of safety, data privacy, and accountability. Yet as the scoping review shows, most AI interventions in youth mental health have been deployed without legal clarity on liability, data handling, or integration into crisis systems (Sharma et al., 2025). This reflects what Kraft and Furlong (2021) describe as institutional fragmentation: a lack of coordination across agencies and sectors that undermines policy coherence.

Evolving Understanding and Policy Framing

Reviewing this literature has reshaped my understanding of AI in youth mental health. Initially, I saw the policy challenge primarily as a question of whether AI tools were effective. Now, I see that the real issue lies in how we define their role and regulate their use. If we frame AI as a complement to human care, then governance strategies should emphasize safety audits, bias testing, and direct integration with human crisis response systems. But if AI is framed as a low-cost replacement, we risk normalizing inequitable, unsafe practices. As Furlong and Kraft (2021) remind us, how we define a problem "goes a long way toward shaping the solutions offered" (p. 210).

This assignment deepens my conviction that AI in youth mental health is not just a technological development but a public problem requiring thoughtful governance. The magnitude of the need makes innovation inevitable, but the uneven distribution of both the crisis and the tools reinforces the urgency of equity-centered policy solutions.

References

Cha, A. E. (2025, August 19). *Mental health experts say 'AI psychosis' is a real, urgent problem.* The Washington Post. https://www.washingtonpost.com/health/2025/08/19/ai-psychosis-chatgpt-explained-mental-health/

Fowler, G. (2024, October 25). *Despite uncertain risks, many turn to AI like ChatGPT for mental health.* The Washington Post. https://www.washingtonpost.com/business/2024/10/25/ai-therapy-chatgpt-chatbots-mental-health/

Garg, S., et al. (2021). Toward safe evolution of AI-based conversational agents to support adolescent mental and sexual health knowledge discovery. *Frontiers in Artificial Intelligence, 4,* 617762. https://doi.org/10.3389/frai.2021.617762

Harwell, D. (2024, October 24). *Her teenage son killed himself after talking to a chatbot. Now she's suing.* The Washington Post. https://www.washingtonpost.com/nation/2024/10/24/character-ai-lawsuit-suicide/

Inseparable. (2025). *2025 School mental health report card.* https://inseparable.org

Inkster, B., et al. (2022). Designing chatbots to treat depression in youth: Qualitative study. *JMIR Human Factors, 9*(2), e33333. https://doi.org/10.2196/33333

Kraft, M. E., & Furlong, S. R. (2021). *Public policy: Politics, analysis, and alternatives* (7th ed.). CQ Press.

Li, J., et al. (2025). Chatbot-delivered interventions for improving mental health among young people: A systematic review and meta-analysis. *Worldviews on Evidence-Based Nursing, 22,* e70059. https://doi.org/10.1111/wvn.70059

Mental Health America. (2025). *The state of mental health in America 2025.* https://mhanational.org

Ortiz, A. (2024, August 28). *Regulators struggle to keep up with the fast-moving and complicated landscape of AI therapy apps.* AP News. https://apnews.com/article/dfc5906b36fdd1fe8e8dbdb4970a45a7

Sharma, G., et al. (2025). Use of artificial intelligence in adolescents' mental health care: Systematic scoping review of current applications and future directions. *JMIR Mental Health, 12,* e70438. https://doi.org/10.2196/70438