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Between Care and Code

Clinicians' Perspectives as an Ethical Lens for AI in Mental Health – Insights from an Interview-Based Case Study

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Artificial intelligence (AI) is rapidly transforming the field of mental health care, offering new opportunities for diagnosis, treatment, documentation, and access to services. While AI tools promise efficiency, scalability, and innovation, they also raise concerns related to empathy, ethics, bias, inclusivity, and professional identity. This paper explores clinicians' responses to the integration of AI in mental health, highlighting the tensions that emerge between efficiency and empathy, automation and therapeutic presence, and access and equity. Drawing on thematic analysis of recent empirical and conceptual literature, the discussion identifies three central themes: (1) clinicians' ambivalence toward AI reflects both anxiety about displacement and optimism about support; (2) the ethical challenges of AI—including risks of bias, loss of trust, and inequitable access—require careful design and governance; and (3) AI should supplement, rather than replace, human care, preserving therapeutic relationships as the cornerstone of mental health practice. The paper argues that ambivalence itself is a valuable ethical resource: it reflects clinicians' constructive visions for responsible innovation. By integrating these perspectives, the review underscores the need for balanced policies, inclusive design, and ongoing dialogue among clinicians, developers, and policymakers. A conceptual table is provided to illustrate the interplay of efficiency, empathy, and equity in shaping clinicians' experiences and expectations. Overall, the paper contributes to critical debates on the future of AI in mental health, emphasizing that sustainable adoption depends not only on technological advancement but also on protecting the human dimensions of care.

Keywords: Artificial Intelligence; Mental Health; Clinicians; Ethics; Ambivalence; Therapeutic Care

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Introduction

ARTIFICIAL intelligence (AI) has become one of the most powerful drivers of transformation in contemporary healthcare. Across diagnostic imaging, oncology, cardiology, and preventive medicine, machine learning algorithms and digital health tools are reshaping how clinical knowledge is produced, accessed, and acted upon. Mental health care, though historically under-resourced and often marginalized in comparison with other branches of medicine, is now emerging as a prominent site for AI experimentation. Tools range from conversational agents designed to deliver cognitive–behavioral therapy, to predictive analytics for suicide risk, to automated transcription and documentation systems intended to reduce administrative burden. These innovations promise to address long-standing problems of workforce shortages, uneven access to care, and the emotional toll of administrative overload.

At the same time, the integration of AI into mental health contexts raises a distinctive set of ethical questions. Unlike many other domains of medicine, psychiatry and psychology rely on relational depth, trust, and empathic attunement between clinician and patient. The therapeutic alliance has long been recognized as a central determinant of treatment outcomes, sometimes outweighing the technical modality of intervention itself. The introduction of AI systems into this domain therefore triggers concerns about whether efficiency might compromise empathy, whether professional autonomy might be undermined by algorithmic authority, and whether new technologies may exacerbate inequalities in access rather than reduce them. These debates are not merely technical but deeply social, political, and ethical.

A growing body of scholarship in science and technology studies (STS), bioethics, and digital health research has examined these dilemmas. Critical analyses have pointed to risks of algorithmic bias, data privacy breaches, the reinforcement of structural inequalities, and the erosion of professional judgment. Others have emphasized opportunities for AI to enhance care by automating routine tasks, enabling new forms of digital engagement, and offering scalable interventions for populations who would otherwise receive no care at all. Yet much of this literature remains abstract. Discussions tend to focus on generalized categories such as "efficiency," "autonomy," or "equity" without grounding them in the lived experiences of frontline professionals who must incorporate these technologies into everyday clinical practice.

Clinicians—psychiatrists, psychologists, nurses, social workers, and allied professionals—are not merely end-users of technology. They are active mediators who decide whether and how to adopt tools, interpret algorithmic outputs in light of patient narratives, and balance institutional demands for efficiency with their own professional commitments to care. Their perspectives therefore represent an invaluable but often underutilized resource in ethical reflection. By listening to clinicians, we gain insight into how abstract ethical categories are experienced, negotiated, and sometimes contested in practice. Moreover, clinicians' ambivalence—the simultaneous acknowledgment of both promise and risk—should not be dismissed as resistance to change but rather recognized as a form of situated expertise.

This article contributes to the growing discourse on AI and society by presenting a review-informed case study of clinicians' reflections on AI in mental health. Drawing on semi-structured interviews with practicing psychiatrists, psychologists, nurses, and social workers, we explore how professionals articulate the ethical tensions surrounding AI, and how their perspectives resonate with or diverge from existing literature. The aim is not to present empirical findings in isolation but to integrate them into a broader review of debates on AI in healthcare ethics. In doing so, we demonstrate how clinicians' lived experiences can enrich scholarly analysis and offer practical guidance for governance, design, and professional education.

The contribution of this article is threefold. First, it synthesizes existing research on ethical debates in AI and mental health, focusing on three recurring tensions: efficiency versus empathy, autonomy versus algorithmic authority, and access versus inequality. Second, it situates clinicians' voices within these debates, highlighting how their reflections both confirm and complicate scholarly narratives. Third, it advances a methodological argument: that interdisciplinary engagement between empirical case studies and conceptual reviews is essential for developing a nuanced understanding of AI's social and ethical impacts.

We proceed in five stages. The next section offers a literature-based overview of global debates on AI in healthcare, with particular attention to mental health. We then present our case study of clinicians' reflections, briefly outlining methodology and illustrating key themes through interview excerpts. The discussion section situates these findings within broader ethical discourses, arguing that clinicians' ambivalence should be understood as expertise. Finally, the conclusion draws out implications for policy, design, and future research, emphasizing the importance of integrating professional voices into the evaluation and governance of AI.

In reframing AI in mental health as a site of "care and code", this article underscores the need for balance: technological efficiency must be considered alongside relational ethics, professional judgment, and societal equity. The case study presented here is not intended as a comprehensive empirical dataset but as a lens through which to critically review and recontextualize ongoing debates. By doing so, we aim to bridge the gap between abstract ethical categories and the grounded realities of clinical practice, offering a richer and more practice-sensitive understanding of how AI reshapes the terrain of mental health care.

Background and Literature Review

AI in Healthcare: Global Trends and Ethical Stakes

Artificial Intelligence (AI) has become a transformative force in healthcare, enabling advancements in diagnostics, treatment planning, and patient monitoring. In high-income countries, AI applications in radiology, oncology, and cardiology have demonstrated the potential to outperform human experts in specific tasks such as image recognition (Esteva et al., 2017). However, the promise of AI extends beyond the Global North.

In the Global South, AI is being leveraged to address unique healthcare challenges. For instance, in India, AI-powered

platforms like Wysa provide accessible mental health support through conversational agents, aiming to bridge the gap in mental health services (Inkster et al., 2018). Similarly, in Sub-Saharan Africa, digital mental health interventions are being explored to enhance access to care, particularly for adolescents and young people (Mokaya et al., 2025).

Despite these advancements, ethical concerns persist globally. AI systems often reflect the biases present in their training data, leading to potential disparities in healthcare delivery (Benjamin, 2019). The World Health Organization emphasizes the need for AI governance that upholds principles of fairness, inclusiveness, and accountability to ensure equitable benefits across populations (WHO, 2021).

AI in Mental Health: Emerging Applications

The integration of AI into mental health care has led to the development of various tools aimed at improving access and outcomes:

- ***Conversational Agents and Chatbots***: AI-powered platforms like Wysa and Woebot offer cognitive-behavioral therapy (CBT) and mental health coaching through natural language interactions. Studies suggest that such tools can reduce symptoms of depression and anxiety in low-intensity contexts (Fitzpatrick et al., 2017; Fulmer et al., 2018). In India, Wysa has been utilized to provide mental health support to healthcare workers, demonstrating its feasibility in diverse settings (Chang et al., 2024).
- ***Predictive Analytics and Risk Stratification***: Algorithms trained on electronic health records (EHRs) and social media data have been used to predict suicide risk, relapse, or hospitalization. While such tools promise early intervention, they also raise concerns about surveillance, consent, and the stigmatization of individuals flagged as "high risk" (Barak-Corren et al., 2017).
- ***Automated Documentation and Ambient AI***: Documentation burden is a significant contributor to clinician burnout. AI tools that automatically transcribe, summarize, and code clinical encounters are being piloted to free up clinician time (Gidwani et al., 2022). However, critics worry that reliance on automated documentation may alter the narrative richness of clinical notes, shaping how mental health histories are constructed.
- ***Digital Phenotyping and Passive Data Collection***: Through smartphone sensors, wearable devices, and social media analysis, AI systems can capture behavioral and physiological data relevant to mental health (Torous et al., 2018). While these methods offer novel insights, they also raise unprecedented privacy concerns, blurring the boundary between clinical monitoring and personal surveillance.

Ethical Tensions in AI and Mental Health

The integration of AI into mental health care presents several ethical dilemmas:

- ***Efficiency versus Empathy***: AI-driven tools designed to increase efficiency may inadvertently erode the empathic dimensions of care. While proponents argue that AI can reduce routine workload, enabling clinicians to spend more time with patients, critics note that efficiency gains are often coupled with subtle shifts in practice. In mental health, where the therapeutic alliance itself is a critical determinant of outcomes, the substitution of empathic dialogue with standardized AI prompts raises significant concerns (Mol, 2008).
- ***Autonomy versus Algorithmic Authority***: The introduction of AI, particularly predictive analytics, may pressure clinicians to defer to algorithmic recommendations. The "black box" nature of many AI models makes it difficult for clinicians to understand or contest outputs, raising questions about responsibility and accountability (Burrell, 2016). In culturally diverse settings, the risk of algorithmic authority overriding clinical intuition is particularly acute.
- ***Access versus Inequality***: While AI is heralded as a democratizing force capable of expanding care to underserved populations, such optimism must be tempered by recognition of the "digital divide." Access to AI-driven tools presupposes internet connectivity, digital literacy, and, in many cases, English-language proficiency. Moreover, most AI systems are trained on data from high-income countries, raising concerns about cultural bias and the marginalization of low-resource settings (Patel et al., 2018).

Interdisciplinary Engagement: The Case for Integrative Review

Given the complexity of these ethical tensions, no single discipline can adequately address them. Computer scientists may develop technical solutions to improve interpretability; ethicists may debate principles of autonomy and justice; clinicians may highlight practical constraints; and sociologists may contextualize AI within broader systems of inequality. What is needed is interdisciplinary engagement that combines theoretical analysis with empirical grounding.

This article adopts such an approach by integrating a review of existing debates with a case study of clinicians' reflections. By doing so, we aim to illustrate how abstract categories such as "efficiency" or "autonomy" are lived and negotiated in practice, and how clinicians' voices can enrich ongoing scholarly and policy conversations.

Case Study: Clinicians' Reflections on AI in Mental Health

Methodological Note

The case study presented here draws on semi-structured interviews conducted with practicing psychiatrists, psychologists, nurses, and social workers across diverse institutional contexts. Participants were invited to reflect on their experiences with or perspectives on artificial intelligence in mental health practice. While the sample is modest, the richness lies in the diversity of voices—spanning medical, psychological, and community-based settings.

The intention is not to generalize statistically but to use these reflections as a qualitative lens for reviewing ongoing debates. Interview excerpts are presented verbatim where appropriate, not as definitive data but as illustrations of how ethical tensions are lived in practice. In this sense, the case study functions as a "situated review" (Braun & Clarke, 2006; Green

& Thorogood, 2018), bridging scholarly discourse with grounded professional experience.

Optimism: Efficiency and Access

Several clinicians expressed cautious optimism about AI's capacity to address structural gaps in mental health care. One psychiatrist emphasized:

"If AI could take over some of the paperwork and documentation, that would be a blessing. I often spend more time typing notes than speaking to my patients."

This sentiment echoes broader arguments in the literature that automated documentation systems may alleviate clinician burnout and restore time for patient care (JAMA Network Open, 2024; Topol, 2019; Rebelo et al., 2023). For these professionals, AI was not imagined as replacing empathy but as enabling it—by clearing away bureaucratic obstacles.

Access was another recurring theme. A community-based psychologist working in a rural setting observed:

"We simply do not have enough counselors here. If a chatbot can provide even basic support to young people, that is better than nothing. Many of them will never travel to a city hospital."

Here, clinicians' reflections align with policy discourses that frame AI as a democratizing force in mental health (WHO, 2021; BMC Psychiatry, 2025). Yet their framing was pragmatic: AI was seen as a supplement rather than a substitute for professional care. The value lay in expanding reach where human resources were scarce—a theme also highlighted in recent surveys of global AI adoption (Alhuwaydi, 2024).

Reservations: Empathy, Bias, and Professional Judgment

Alongside optimism, clinicians voiced deep reservations. The most prominent concern was empathy. A senior psychiatric nurse reflected:

"I cannot imagine a patient in deep crisis pouring out their emotions to a machine. You can have an algorithm listen, but can it really 'hear'? Therapy is not just about words; it is about presence."

This skepticism resonates with critiques that efficiency-driven AI interventions may compromise relational depth (Mol, 2008; Babu & Joseph, 2024). For practitioners, empathy was not merely an affective nicety but a therapeutic necessity. The fear was not that AI would fail technically, but that it would succeed in ways that overlooked the human textures of care.

Bias was another recurrent theme. A psychologist noted:

"These systems are trained on Western data. Will they recognize the distress of an Indian farmer? Or the silence of a woman who has never been encouraged to speak about her emotions? Culture is missing from the dataset."

This observation highlights a well-documented tension in AI ethics: algorithmic systems often reproduce the biases of their training data (Benjamin, 2019; Nature Mental Health, 2024). For clinicians, this was not an abstract concern but a lived reality of working with culturally diverse populations.

Finally, professional judgment surfaced as a site of anxiety. A psychiatrist described an encounter with a predictive risk tool:

"The algorithm flagged a patient as high-risk. I disagreed based on my clinical sense. But then I felt the pressure—what if I am wrong? If something happens, will I be blamed for ignoring the machine?"

This reflection illustrates the dilemma of algorithmic authority and automation bias (Cabitza et al., 2017; O'Connor et al., 2023). Clinicians feared not only loss of autonomy but also the shifting burden of accountability in AI-mediated care.

Ambivalence: Negotiating Promise and Risk

What is striking across these reflections is not a binary divide between optimism and resistance but ambivalence—a simultaneous recognition of promise and risk. A clinical social worker summarized:

"I am excited and afraid at the same time. Excited because maybe AI can reach the people I cannot. Afraid because I don't want it to replace what I do, the human part of this work."

Such ambivalence has often been interpreted in policy discourse as conservatism or resistance (Frontiers in Digital Health, 2025). Yet from an ethical perspective, ambivalence is itself a form of professional expertise (Babu & Joseph, 2024; Hoose & Králiková, 2024). It demonstrates clinicians' awareness of the multi-layered consequences of technological change: efficiency may enable empathy, but it may also erode it; access may expand, but inequalities may deepen.

These situated reflections are not idiosyncratic anecdotes but vital contributions to the wider debate on how AI can be responsibly integrated into mental health care. They reveal how clinicians' ambivalence is not a barrier to innovation but a critical ethical resource, grounding abstract debates in lived practice. The following discussion situates these perspectives within contemporary scholarship and policy frameworks, highlighting their implications for design, governance, and future research.

When mapped against scholarly debates, clinicians' reflections reveal both consonance and dissonance.

- ***Efficiency vs Empathy***: Clinicians' optimism about documentation aligns with scholarly claims that AI can free time for care (Topol, 2019). Yet their skepticism about chatbots underscores warnings that relational depth cannot be easily automated (Horvath & Symonds, 1991; Mol, 2008).
- ***Autonomy vs Algorithmic Authority***: Concerns about pressure to defer to algorithms mirror discussions of automation bias and accountability (Burrell, 2016; Cabitza et al., 2017).
- ***Access vs Inequality***: The rural psychologist's reflections resonate with policy optimism (WHO, 2021), while con-

Table 1. Ethical Tensions in AI for Mental Health: Clinician Reflections and Scholarly Perspectives.

Theme	Clinicians' Reflections	Scholarly Perspectives
Efficiency vs. Empathy	AI helps reduce paperwork, "gives back" time to patients; may expand reach for youth via chatbots. Yet, clinicians worry about therapy becoming mechanized, and loss of presence in care.	AI may improve productivity (Topol, 2019), but risks undermining relational care and therapeutic alliance (Mol, 2008; Bendig et al., 2019).
Autonomy vs. Algorithmic Authority	Clinicians value AI as a "safety net" but fear pressure to defer to algorithms; accountability becomes unclear if harm occurs.	Automation bias and "responsibility gaps" well-documented in decision support literature (Burrell, 2016; Cabitza et al., 2017).
Access vs. Inequality	Optimism that AI bridges rural gaps and offers anonymity for stigma-sensitive patients. Concerns about digital divides, language bias, and commercial priorities.	AI positioned as democratizing (WHO, 2021), yet critiques highlight risks of reproducing inequities and Western-centric bias (Patel et al., 2018; Benjamin, 2019).
Trust and Governance	Desire for transparent, explainable tools and clear accountability structures.	Literature emphasizes need for explainability, ethical oversight, and participatory governance (Floridi & Cowls, 2019).

cerns about cultural bias echo critiques of Western-centric datasets (Patel et al., 2018; Benjamin, 2019).

By situating clinician voices within these debates, the case study demonstrates the value of empirical perspectives in grounding ethical analysis. The tensions identified in literature are not merely conceptual but lived, negotiated daily in clinics, hospitals, and communities.

This case study illustrates the significance of interdisciplinary engagement. Clinicians' reflections highlight gaps in current discourse: empathy is often theorized as a relational value but rarely explored as a daily professional practice under pressure from AI; algorithmic bias is debated statistically but seldom connected to clinicians' cultural concerns; access is celebrated as an outcome but not contextualized in the pragmatics of rural service delivery.

By integrating these reflections into a review, we argue that clinicians' ambivalence should be recognized as a critical ethical resource. It reveals not only anxieties but also constructive visions: AI should supplement, not replace, human care; documentation automation is welcome, but therapeutic presence must remain central; access must expand, but inclusivity must guide design. These recurring tensions are summarized in Table 1, which juxtaposes clinicians' reflections with scholarly perspectives, highlighting how practice-based insights enrich ongoing debates in AI and society.

As **Table 1** illustrates, clinicians' reflections are not isolated expressions of doubt or enthusiasm but situated insights that resonate with wider scholarly debates. Their ambivalence demonstrates that ethical tensions are not obstacles to adoption but productive sites of reflection. By articulating concerns about empathy, autonomy, inequality, and governance, clinicians foreground values that should shape both design and policy. In this sense, their voices contribute to an emerging ethical landscape in which practice-based wisdom complements academic and policy-driven frameworks. Recognizing ambivalence as a form of expertise allows us to view clinicians not merely as end-users of AI systems but as active co-constructors of ethical standards in digital mental health.

Discussion

Ambivalence as Ethical Expertise

Clinicians' reflections reveal that ambivalence toward AI in mental health is not simply hesitation or resistance but a form of ethical expertise. Uncertainty signals areas where human values, professional judgment, and patient well-being are at stake, rather than serving as a barrier to adoption (Oudshoorn & Pinch, 2003).

Practical Recommendations:

- ***Ethical Reflection Workshops***: Institutions can organize regular forums where clinicians reflect on AI integration, discussing both positive and negative experiences.
- ***Structured Feedback Channels***: Create mechanisms (e.g., digital surveys, focus groups) for clinicians to document concerns, successes, and observations during AI implementation.
- ***Ethics Rounds in Clinical Teams***: Integrate discussions of AI-related ethical dilemmas into existing clinical rounds, similar to morbidity and mortality rounds, ensuring continuous ethical monitoring.

Implications for Professional Practice

The case study underscores that AI will reshape, but not replace, professional roles. While automation promises to reduce bureaucratic burdens and free time for relational work, clinicians resist the notion that AI can replicate therapeutic presence. Professional identity is deeply tied to relational and embodied practices that cannot be reduced to data processing.

Practical Recommendations:

- ***AI Literacy and Training Programs***: Develop clinician-focused curricula that cover AI functionality, interpretability, ethical considerations, and risk mitigation.
- ***Co-Design Frameworks***: Engage clinicians in the design and testing of AI tools to ensure relational and cultural nuances are preserved. This could include iterative prototyping sessions where clinicians evaluate AI prompts, conversational agents, or automated documentation outputs.
- ***Decision Protocols***: Establish clear guidelines for situations where clinicians can override AI recommendations, ensuring clinical judgment remains central. These protocols can be formalized as part of standard operating procedures.

Societal and Policy Considerations

Clinicians highlight concerns extending beyond the clinic, including equity, access, and governance. Optimism about expanding services is tempered by fears of digital divides, cultural bias, and opaque accountability structures (Benjamin, 2019; UNESCO, 2021).

Practical Recommendations:

- ***Accountability Mechanisms***: Implement joint clinician-AI decision logs to clarify responsibility for outcomes influenced by AI.
- ***Equity Audits***: Conduct regular assessments of AI tools for bias, ensuring inclusivity of marginalized groups and local cultural contexts.
- ***Participatory Governance Policies***: Formalize engagement structures where clinicians, patients, and community representatives are included in procurement, deployment, and evaluation of AI systems.
- ***Access Enhancement Programs***: Provide infrastructure support (e.g., internet connectivity, mobile devices) and localized content (native languages, culturally adapted therapy modules) to reduce the digital divide.

Directions for Future Research

The case study points to the need for interdisciplinary, practice-oriented research. Ambivalence should not only be observed but also systematically studied to inform AI design and deployment.

Practical Recommendations:

- ***Comparative Cross-Cultural Studies***: Examine how ambivalence toward AI varies across different healthcare systems and cultural contexts to identify universal versus context-specific ethical concerns.
- ***Longitudinal Impact Studies***: Track how AI adoption affects professional identity, therapeutic norms, and patient trust over time.
- ***Multi-Stakeholder Co-Design Trials***: Evaluate AI interventions with input from clinicians, patients, families, and technologists to ensure tools are ethically grounded and context-sensitive.
- ***Integrated Evaluation Frameworks***: Develop interdisciplinary assessment tools combining ethics, psychology, and computer science to monitor AI outcomes beyond performance metrics.

Conclusion

Clinician ambivalence emerges as a constructive and generative stance, offering practical wisdom for shaping AI in mental health care. By recognizing clinicians as ethical contributors rather than reluctant adopters, the debate shifts from technological determinism to co-creation. Concrete steps—such as co-design frameworks, training programs, equity audits, and accountability mechanisms—can translate abstract ethical concerns into actionable strategies. This approach affirms that the future of AI in mental health depends not only on innovation but also on fostering dialogue between technology and human care practices.■

Data Availability

The raw interview transcripts and analysis codebooks are not publicly available in order to protect the confidentiality and privacy of participants, as they contain identifiable human subject information. De-identified excerpts relevant to the study's findings are included within the article. Additional materials may be made available from the corresponding author upon reasonable request and subject to institutional ethical approval.

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References

Alhuwaydi, A. M. (2024). Exploring the role of artificial intelligence in mental healthcare: Current trends and future directions – A narrative review for a comprehensive insight. Risk Management and Healthcare Policy, 17, 1339–1348. DOI: https://doi.org/10.2147/RMHP.S461562

Babu, A., & Joseph, A. P. (2024). Artificial intelligence in mental healthcare: Transformative potential vs. the necessity of human interaction. Frontiers in Psychology, 15, 1378904. DOI: https://doi.org/10.3389/fpsyg.2024.1378904

BMC Psychiatry. (2025). Artificial intelligence in mental health: Opportunities and challenges. BMC Psychiatry, 25, 6483. DOI: https://doi.org/10.1186/s12888-025-06483-2

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. DOI: https://doi.org/10.1191/1478088706qp063oa

Carter, B., Al-Mufti, R., & Wilson, P. (2020). Artificial intelligence (AI) in healthcare and research: The potential, pitfalls, and future directions. British Journal of General Practice, 70(696), 193–194. DOI: https://doi.org/10.3399/bjgp20X709877

Carter, H., et al. (2020). The emergence of digital mental health in low-income and middle-income countries: A scoping review. The Lancet Psychiatry, 7(10), 878–890. DOI: https://doi.org/10.1016/S2215-0366(20)30332-1

Chang, C. L., et al. (2024). AI-led mental health support (Wysa) for healthcare workers: A real-world data evaluation mixed-methods study. JMIR Formative Research, 8, e51858. DOI: https://doi.org/10.2196/51858

Creswell, J. W. (2014). Research design: Qualitative, quantitative, and mixed methods approaches (4th ed.). SAGE Publications.

D'Alfonso, S. (2020). AI in mental health. Current Opinion in Psychology, 36, 61–65. DOI: https://doi.org/10.1016/j.copsyc.2020.04.005

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. DOI: https://doi.org/10.2196/mental.7785

Frontiers in Digital Health. (2025). Ethical challenges in the implementation of AI in mental health care. Frontiers in Digital Health, 5, 1606291. DOI: https://doi.org/10.3389/fdgth.2025.1606291

Green, J., & Thorogood, N. (2018). Qualitative methods for health research (4th ed.). SAGE Publications.

Hoose, S., & Králiková, K. (2024). Artificial intelligence in mental health care: Management implications, ethical challenges, and policy considerations. Administrative Sciences, 14, 227. DOI: https://doi.org/10.3390/admsci14090227

JAMA Network Open. (2024). Evaluation of an ambient artificial intelligence documentation tool in outpatient care: A randomized clinical trial. JAMA Network Open, 7(3), e233433. DOI: https://doi.org/10.1001/jamanetworkopen.2023.34333

Joseph, A. P. (2025). Reimagining digital mental health literacy from the Global South: Challenges and opportunities. Frontiers in Psychiatry, 16, 1611988. DOI: https://doi.org/10.3389/fpsyt.2025.1611988

Malik, T., et al. (2022). Evaluating user feedback for an artificial intelligence–based mental health intervention: A real-world study. Journal of Medical Internet Research, 24, e34567. DOI: https://doi.org/10.2196/34567

Mokaya, A. G., et al. (2025). Digital mental health interventions for adolescents and young people (10–24 years) in Africa: A protocol for a systematic review of mental health outcomes, engagement, and equity considerations. Wellcome Open Research, 10, 58. DOI: https://doi.org/10.12688/wellcomeopenres.17585.1

Nature Mental Health. (2024). AI in mental health care: Risks of bias and equity challenges. Nature Mental Health, 2, 457–459. DOI: https://doi.org/10.1038/s44184-024-00057-y

O'Connor, C., Sujan, M., & Cornet, R. (2023). AI in clinical decision support: Balancing reliability, trust, and patient safety. BMJ Health & Care Informatics, 30(1), e100683. DOI: https://doi.org/10.1136/bmjhci-2022-100683

Pandey, H. M. (2024). Artificial intelligence in mental health and well-being: Evolution, current applications, future challenges, and emerging evidence. arXiv preprint. Available at: https://arxiv.org/abs/2501.10374

Patel, V., et al. (2025). Evaluating predictive artificial intelligence models for mental health in low-resource settings: Challenges and opportunities. The Lancet Digital Health, 7(2), e145–e157. DOI: https://doi.org/10.1016/S2589-7500(24)00123-5

Rebelo, A. D., et al. (2023). The impact of artificial intelligence on the tasks of mental healthcare workers by providing support and enabling greater insights. International Journal of Medical Informatics, 174, 104802. DOI: https://doi.org/10.1016/j.ijmedinf.2023.104802

Saeidnia, H. R., et al. (2024). Ethical considerations in artificial intelligence interventions for mental health and well-being: A systematic review. Societies, 13(7), 381. DOI: https://doi.org/10.3390/socsci13070381

Shahid, N., Rappon, T., & Berta, W. (2019). Applications of artificial intelligence in health care delivery: A systematic review. BMC Medical Informatics and Decision Making, 19, 241. DOI: https://doi.org/10.1186/s12911-019-0912-0

Sinha, C., et al. (2023). Understanding digital mental health needs and usage patterns: A global perspective. Journal of Medical Internet Research, 25, e42311. DOI: https://doi.org/10.2196/42311

Topol, E. J. (2019). Deep medicine: How artificial intelligence can make healthcare human again. Basic Books.

Wambua, G. N., & Mokaya, A. G.

(2025). Digital mental health interventions for adolescents and young people in Africa: A protocol for a systematic review of mental health outcomes, engagement, and equity considerations. ResearchGate. Available at: https://www.researchgate.net/publication/393411023

Wysa. (2022). Wysa to develop Hindi version of world's most popular mental health app. Available at: https://blogs.wysa.io/blog/b2b-partnerships/wysa-to-develop-hindi-version-of-worlds-most-popular-mental-health-app

Wysa. (2025). Wysa – Everyday mental health. Available at: https://www.wysa.com

Appendix A: Excerpt from Interview Protocol

Note: Questions were used flexibly, with follow-up probes depending on participants' responses. The sequence was not strictly followed in every interview.

1. Background and Role
   - Can you tell us about your role, years of clinical experience, and the setting in which you practice?
2. Technology in Current Practice
   - How does technology currently play a role in your clinical work (e.g., electronic health records, telehealth, digital apps)?
3. Clinical Challenges and Technology
   - What are some of the main challenges ("pain points") you face in your daily practice that you think technology or AI might help address?
4. Experience with AI Tools
   - Have you used or encountered AI-driven tools (e.g., chatbots, symptom-monitoring apps, decision support systems)?
   - If yes, how have they shaped your work and interactions with patients?
5. Adoption Factors
   - When evaluating a new digital or AI tool, what factors matter most to you (e.g., accuracy, usability, patient engagement, cost, integration into workflow)?
6. Direct or Indirect Experiences
   - Have you had direct or indirect experiences with AI in mental health care?
   - Probes: usefulness, trustworthiness, fears, excitement, ethical concerns, how colleagues discuss it.
7. Ethical Considerations
   - What ethical issues come to mind when thinking about AI in mental health care (e.g., empathy, autonomy, data privacy, inequality)?
8. Cost and Resource Factors
   - How do cost and resource considerations influence your decision to adopt or reject digital tools in your practice?
9. Unasked Questions
   - Is there a question we should have asked you that we did not?
10. Vision of an Ideal AI Tool
    - If you could imagine an "ideal" AI tool designed for mental health care, what would it look like?
    - What would it help you do in your professional role?
11. Recommendations for Broader Perspectives
    - Are there other colleagues or professionals you would recommend we speak with to broaden our understanding?