



ARTIFICIAL INTELLIGENCE AND YOUNG PEOPLE'S MENTAL HEALTH

**An environmental scan of available
apps and real-world use**

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AUTHORS

Alicia Randell, Research Assistant,
Knowledge Translation, Orygen, Centre
for Youth Mental Health, University of Melbourne

Alan Bailey, Research Fellow, Knowledge Translation, Orygen,
Centre for Youth Mental Health, University of Melbourne

Zoe Nikakis, Senior Project Officer,
Knowledge Translation, Orygen

Dr Cali Bartholomeusz, Senior Academic Specialist,
Knowledge Translation, Orygen, Centre for Youth
Mental Health, University of Melbourne

ADVISORY COMMITTEE

A/Prof. Caroline Gao (she/her),
Data Science & Analytical Methods (DSAM), Orygen

Dr David Baker (he/him), Strategy and Policy, Orygen

A/Prof. Dom Dwyer (he/him), Dom's Lab, Orygen

Dr Imogen Bell (she/her), Orygen Digital

Dr Isabelle Scott (she/her), Orygen Digital

Peta Humphreys (she/her),
Youth Advisory Council (YAC), Orygen

Dr Shane Cross (he/him), Orygen Digital

Dr Shaunagh O'Sullivan (she/her), Orygen Digital

Steeley Shortland (he/him), Parkville Youth Mental Health
and Wellbeing Service (PYMHWS) Specialist Program

William Cook (he/him), Digital Youth Advisory Group, Orygen

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EXECUTIVE SUMMARY

This environmental scan was developed alongside a [living systematic review](#) on the effectiveness of artificial intelligence (AI) tools and applications (apps) for youth mental health treatment. The purpose of the scan was to understand how young people are using AI apps for their mental health, identify which apps are readily accessible, and explore which features and information important to young people the apps provide.

Thirteen AI mental health and wellbeing apps were identified by searching the Apple App Store and Google Play Store using the term 'AI mental health'. In addition, ChatGPT, a general-purpose AI platform, was frequently reported by young people as being used for mental health support and was included in the analysis. Key features examined were AI architecture, regulatory status, age safeguards, crisis escalation pathways, privacy and data sharing practices, evidence support, youth involvement, and accessibility. Information about each app was sourced from the app stores, developer websites, privacy policies, terms of service and the apps themselves.

The findings revealed that despite the availability of AI mental health apps, young people predominantly turn to ChatGPT for mental health support, which is a general-purpose AI app. The findings also highlight a mismatch between how AI mental health apps are designed and regulated and how young people are using them. Furthermore, features important to young people are often unavailable, and relevant information is often not reported.

The apps position themselves as wellbeing or self-help tools rather than intended to treat a mental health condition. As a result, none of the apps included in this scan are regulated as medical devices in Australia, despite some being marketed to clinicians or used by young people in ways that resemble mental health treatment.

Transparency about AI technologies and system design was limited, with most developers providing little information about how their AI models generate responses. Safeguards also varied widely. Age restrictions were generally weak and easy to bypass, typically relying on self-reported age. All apps had some form of crisis escalation pathway; however, these were automated and usually limited to directing users to external crisis helplines. None offered real-time human oversight in crisis situations.

Privacy and data practices were inconsistent. The existence of a privacy policy does not guarantee that users will understand how their data is used. All apps used third-party data trackers, with risk levels ranging from low to very high depending on the type of data collected and the purpose for which it was shared with external partners. Given the sensitivity of mental health information, these practices raise concerns about user privacy, autonomy and data security, particularly for younger users.



Evidence supporting the effectiveness of the apps is limited. Several apps reported involving mental health clinicians or experts in their development and most claimed to use evidence-based psychological techniques, such as cognitive behavioural therapy or mindfulness. However, only one app had controlled trial evidence examining mental health outcomes in young people. No apps reported direct involvement of young people in their design, development or testing. Accessibility information was also sparse, with few developers clearly communicating supported accessibility features or assistive technologies.

Taken together, these findings suggest that young people are already engaging with AI for mental health support. The apps and the way they are being used by young people outpaces existing regulatory frameworks, evidence generation, and safety standards. While AI tools may offer opportunities for scalable and accessible support, the current landscape raises concerns related to safety, privacy, transparency, and equitable access.

Greater governance, transparency, youth co-design, and evidence-informed guidance are needed to ensure AI mental health tools are safe and appropriate for young people. This includes clearer designation of a regulated or unregulated device, improved data protection practices, stronger evidence of effectiveness, and guidance for clinicians, policymakers, and young people on the appropriate use of these technologies.





PURPOSE

This environmental scan accompanies a [living systematic review](#) of research on the effectiveness of artificial intelligence (AI) tools and apps in youth mental health treatment. The Australian Government Department of Health, Disability and Ageing commissioned the project in response to the rapid growth of AI tools and apps used for mental health support.

During the development of the living systematic review, subject matter experts noted that many of the apps evaluated in research studies are not publicly available. They also highlighted that use in strictly controlled research conditions does not reflect how young people engage with these apps in real-world contexts. These gaps prompted the need for an environmental scan.

The scan provides a snapshot of how young people currently use AI for mental health. It will:

- **map** readily available mental health AI products;
- **identify** general purpose AI platforms that young people use for mental health, despite not being designed nor regulated for this purpose;
- **compare** how AI-assisted mental health apps are designed and intended to be used, as well as their regulation status versus how young people actually use them, and;
- **examine** whether popular AI-assisted mental health apps and general-purpose AI platforms include the information and features that matter to young people.

For more general information about AI in youth mental health treatment see the [fact sheet](#).





SCOPE AND METHODS

The Apple App Store and Google Play storefronts were searched during October 2025 for the first 10 apps appearing in the search results using the terms ‘AI mental health’. Apps that appeared in the top 10 results for both stores were included once. Two of the search results (Smiling Mind and Finch) were excluded as they did not claim to use AI and they did not meet the definition of AI for the purpose of this environmental scan. Apps that learn patterns from data using machine learning or statistical methods were included. Exclusively ‘rule-based’ systems in which all decisions and outputs are pre-programmed and the system cannot learn, adapt or create new output were excluded.

The search identified 13 AI apps for mental health, emotional support or companionship. Two apps (Sintelly and Youper) could not be downloaded so could not be fully assessed. While Sintelly appeared on the app stores at the time of the search, it was no longer available during data extraction. Youper was not compatible with newer operating systems.

As part of the environmental scan, a group of 11 young people from Orygen’s Youth Advisory Council (YAC) were asked what AI apps or tools they use for mental health support. These included either formal (designed for mental health and wellbeing) or informal (general AI platforms not specifically designed for mental

health and wellbeing). Eight participants reported using ChatGPT. Therefore, although ChatGPT is a general-purpose AI app not designed specifically for mental health, it was also included in the data extraction process. Participants also identified other digital interventions, but these did not use AI. The only exception was Wysa, which had already been identified through the app store searches. In total, the environmental scan identified 14 AI apps, seen in Table 1.

The type of information extracted was determined based on the literature (1, 2) and in consultation with subject matter experts and two youth advisors. Furthermore, young people from the Orygen YAC were asked to choose their five most important design and safety features when it comes to AI apps from a list. The top three were included for data extraction.

The information was extracted by consulting the Australian Therapeutic Goods Administration (TGA) website, the Apple App Store and Google Play stores, and by downloading each app. The websites for the apps, primarily the Privacy Policies and Terms of Use/Terms and Conditions pages were also reviewed. Appendix 1 links to key documents for each app.

Table 1: AI apps identified by the environmental scan

PRODUCT/PLATFORM	DESCRIPTION
 Wysa (Touchkin)	Conversational chatbot for emotional support, mood tracking and to guide users through self-help tools and mindfulness meditation exercises.
 Mental (Dig Deep, Inc)	AI-led self-help and therapy-style app offering guided exercises, journaling with prompts, and CBT-based modules.
 Ash (Talk to Ash/Slingshot AI)	AI chatbot for emotional support, check-ins, and personalised insights.
 Elomia (Elomia Health, Inc)	AI chatbot for emotional support, self-reflection and CBT-based interactions. Paid subscription required.
 Youper (Youper, Inc)	Conversational AI for mood checks, CBT techniques, daily check-ins and tracking symptoms.
 Onsen (Onsen AI Limited)	AI companion for journaling, reflective exercises, guided self-help and mindfulness.
 Yana (YANA APP S.A.P.I de D.V)	AI chatbot and companion for emotional wellbeing, mood tracking, resources and information, and CBT-style tools.
 Mentat AI (Filin Solutions Fze)	AI chatbot with CBT-style techniques, mindfulness exercises, goal-setting and mood tracking.
 Sintelly (Sintelly)	AI chatbot with tailored CBT exercises, insights, and conversational support. Note: no longer available to download, available only to existing users.
 Replika (Luka, Inc)	Conversational AI avatar for social support, companionship and informal emotional support. Paid premium subscription unlocks romantic partner option.
 MindDoc (MindDoc Health GmbH)	Monitoring and self-management app. Symptom and mood tracking, journaling, personalised feedback and recommendations, guided self-help CBT-based courses and exercises.
 Stoic. (Stoic App Inc.)	Journaling and mental health companion app for reflection, mood tracking and habit-building. Provides structured prompts and guided journaling. Paid 'premium + AI' subscription required to access AI features.
 Ahead (Ahead solutions GmbH)	Interactive coaching focused on emotional intelligence and stress management via interactive exercises, emotion and progress tracking, and CBT-based skill-building exercises. AI advice chatbot for reflection. Paid subscription required.
 ChatGPT (OpenAI)	AI system that understands and generates human-like text (and other media) to answer questions, have conversations, and help with tasks. It is a large language model, similar to Gemini (Google), Claude (Anthropic) and Copilot (Microsoft).



RESULTS

AI framework/technique, response generation approach and modality

This environmental scan sought to understand how the AI apps process user input and generate responses. It focused on the extent to which each app relies on AI that learns from data and adapts (machine learning), versus following fixed rules (rule-based), or a combination (hybrid). Broadly, the AI tools can produce either: 1) pre-scripted or structured responses; 2) generative systems which create new responses; or 3) a hybrid of fixed and freely created responses. The scan also classified the system modality – how the AI interacts with the user, also thought of as what the user experiences. Conversational agents (e.g., chatbots or digital companions) use spoken or natural language. Recommender systems mainly suggest content, exercises or resources based on user data, for example, recommending coping strategies or wellbeing activities. Some systems combine both approaches.

Table 1 in Appendix 2 displays the input paradigm, response generation approach and the system modality of each of the apps identified by the environmental scan.

For most of the apps, the type of AI used to interpret user input and generate output could not be determined. App developers rarely publicly publish details about their technological architecture, likely to protect intellectual property and system security in a competitive market. Many systems also function as ‘black boxes’, meaning users can see what goes in and what comes out, but the way they work is unknown. It was also difficult to identify which type of AI operates at different stages.

Of note, for response generation among apps with available information, none – including ChatGPT – use fully generative systems (i.e., AI that learns patterns from data and uses them to produce something completely new) without constraints. Guardrails reduce the risk of inappropriate or harmful outputs and are regularly used in the industry.

The lack of transparent information limits the comparison of apps identified by the environmental scan with those described in the [evidence review](#). Furthermore, without clarity about how these apps generate responses or manage risk, it is difficult to evaluate how suitable they are for mental health and wellbeing support.

Regulatory status

Is the app regulated by the Australian Therapeutic Goods Association?

At present, none of the apps included in this environmental scan are regulated in Australia. In Australia, a medical device can include any app, website, program, internet-based service or package, including those that use AI. A product qualifies as a medical device if its intended purpose includes the diagnosis, prevention, monitoring, prediction, prognosis, treatment or alleviation of disease, injury or disability.⁽³⁾ Products that meet this definition fall within the regulatory scope of the TGA and must be listed on the Australian Register of Therapeutic Goods (ARTG). Assessment of international regulatory status (e.g., by the United States Food and Drug Administration or under the European Union Medical Device Regulation) of each app was outside the scope of this project.

Based on their stated purposes, 12 of the 13 mental health apps, plus ChatGPT, fall outside of the TGA's medical device framework and do not require regulation.⁽⁴⁾ They describe themselves as wellbeing, emotional support, companion or self-help tools. Currently there are no AI medical devices that are used for mental health treatment on the ARTG.⁽⁵⁾

Only one app (MindDoc) positions itself as a medical device and has regulatory approval in Europe. Its stated intended purpose is to enable users to log symptoms of common mental illnesses over time and support self-management.

However, MindDoc also states that it does not replace clinical assessment or treatment and may not be suitable for people with severe mental illness.⁽⁶⁾ Despite its international regulation and intended purpose, MindDoc is not listed on the ARTG. When contacted, the TGA could not provide an explanation without undertaking a detailed review.

Two apps identified in the scan explicitly target clinicians or health insurers. Elomia Health has a 'private practice' tab on their website, advertising that by using Elomia, clinicians can give their clients 24/7 AI-powered emotional support between sessions, along with progress insights and crisis alerts.⁽⁷⁾ Wysa also targets clinicians, positioning itself as a tool to support clients between appointments or while on waitlists, and markets scalable mental health coaching that complements clinical care to insurers and health platforms.⁽⁸⁾ This suggests a therapeutic purpose that may be inconsistent with exemption from medical device regulation.

All apps state that they are not a substitute or replacement for professional mental health care and they deliberately do not have an intended

purpose of preventing or treating mental ill-health. However young people are using AI-assisted apps in this way, as seen in responses from the Orygen Youth Advisory Council. Among six YAC members with lived or living experience of mental ill-health, three reported that they would use, or have used, AI for their mental health before seeking professional treatment, care or support. Furthermore, two said they would use, or have used, AI instead of professional support.

This reflects a gap between how apps are framed by developers and how they are used in practice. By positioning themselves as wellbeing or self-help tools, most apps fall outside of Australia's medical device regulatory framework. They are not subject to the same oversight, evidence requirements, or safety standards as regulated medical devices. However, their design, marketing and real-world use complicate this distinction. Many apps incorporate features that young people use to manage symptoms of mental health challenges or seek support beyond their intended purpose, and some are marketed to clinicians as clinical support tools. This suggests that some level of oversight or additional safeguards may be warranted.



Implications and future directions

Safeguards should be considered to address discrepancies between intended purpose and actual use. In 2025, the TGA reviewed the legislation, regulation and guidance surrounding medical device software, including AI. It found that the current exclusion criteria for digital mental health tools is no longer appropriate, and an urgent review is needed. It also highlighted that ongoing monitoring and review are required for health and wellness apps with claims or functionality that may meet the definition of a medical device.⁽⁹⁾

The scan also highlighted the rapidly evolving nature of AI apps. For example, during the writing of this report (July 2025–April 2026), five new GPT model versions were released.⁽¹⁰⁾ Regulatory approaches may need to shift from static pre-market assessment to more adaptive post-market surveillance.

Greater international alignment in regulatory standards and processes may also help to ensure consistent quality and safety across jurisdictions.

‘Age gating’

Does the app restrict access for users under a certain age?

This environmental scan examined the intended users of each app and any barriers that may limit access for underage users. Each app was downloaded to assess ease of access. Detailed results are presented in Table 2 in Appendix 2.

There can be differences between app store age ratings and age requirements set by the app developers. For example, some apps are listed on the Apple App Store and Google Play Store as suitable for users as young as three years old, but none are designed for children under 13 according to their Terms of Use and Privacy Policies. This includes ChatGPT. This aligns with international privacy laws around the collection and storage of children’s personal information,⁽¹¹⁾ which requires parental consent and limitations on collecting personal data from children under 13.

Age guidance varied. Three apps (Mentat, Stoic, Ahead) specify a minimum age of 16+, while four (Replika, MindDoc, Youper, Ash) target 18+. Three apps (MENTAL, Onsen, Sintelly) each listed a different minimum age on their usage policies compared to what was shown on their sign-up processes.

Age assurance measures are generally non-existent or weak. Two apps (MindDoc, Mentat AI) had no barrier beyond agreeing to terms, and nine relied on self-reported age or date of birth. None of the five requiring parental consent appeared to verify this requirement. For example, Wysa’s terms indicated that parental consent for users aged 13-17 must be provided via email, however the app could be downloaded and used without doing so.

One exception was Replika, which appears to actively enforce age restrictions through technical controls. It reacts to user mentions of being underage, prompting users to re-enter their birthday or temporarily suspending access. OpenAI has stated that when ChatGPT identifies a user as under 18, it automatically applies age-appropriate policies and in some cases, requests ID verification. Parental controls are also available.⁽¹²⁾

In practice, weak age assurance measures allow underage users to access apps and features not intended for them, a finding consistent with those of the eSafety Commissioner.⁽¹³⁾ This may expose young people to content and advice not designed for them and which may be inappropriate. It also enables the collection and storage of personal, sensitive and health data without a clear understanding of the risks. Developers may also limit liability by citing breaches of the terms of use.



In March 2026 while this environmental scan was being written, the eSafety Commissioner (eSafety), the Australian Government’s independent online safety regulator, introduced six new Age-Restricted Material Codes.⁽¹⁴⁾ These codes require certain generative AI services and chatbots operating in Australia to verify that users are aged 18 or older before providing access to sexually explicit or high-impact violence content, or content that may encourage suicidality, self-harm, or disordered eating. In practice, app stores and some online services must verify age before allowing access to such material. However, these requirements do not apply to all apps identified in this scan.

Implications and future directions

App developers and governing bodies should:

- Strengthen age assurance and parental consent requirements, including consideration of whether current approaches to age verification and parental consent (e.g., self-report) are sufficient.
- Ensure age requirements are consistent across app store listings, onboarding, terms of use and in-app behaviour.

Crisis pathway

Does the app have a clear process if a user indicates distress, self-harm or suicidal thoughts?

If a user indicates serious distress or risk of harm, apps that have an in-app crisis pathway can direct them to real-world support. See Table 3 in Appendix 2 for details.

Eleven of the 13 mental health apps included disclaimers stating they are not intended for use in crisis or emergency situations. It is considered an oversight if apps did not have a disclaimer.

All the apps – including ChatGPT – have some form of in-app crisis escalation pathway. When risk is detected via chat or journaling features, nine mental health apps, plus ChatGPT, respond with empathetic language and provide contact details for crisis helplines and/or emergency services. However, not all of them had an Australian option. In addition, six apps also have a dedicated button or menu option for crisis support. Of these, five link or refer to crisis intervention services, while one provides self-help strategies only. None offer in-app human support during crisis situations.

It is worth noting that OpenAI's usage policies state that its services must not be used for suicide and self-harm content.⁽¹⁵⁾ However, it is not programmed to discontinue these conversations. Wrongful death lawsuits related to ChatGPT's alleged role in people dying by suicide have been filed⁽¹⁶⁾ but these claims remain unproven and are currently being contested in court. OpenAI has indicated plans to apply different rules to teens using ChatGPT, including not engaging in discussions about suicide or self-harm. OpenAI has stated that if a user under 18 expresses suicidal ideation, it may attempt to contact a parent, guardian, or authorities if there is imminent risk.⁽¹⁷⁾ Conversations indicating plans to harm others may be reviewed by a specialist team and referred to law enforcement if an imminent threat is identified.

Media reports have also described cases of emerging or worsening mental health problems, including symptoms of psychosis, associated with use of large language model-based apps such as ChatGPT.⁽¹⁸⁾

While these findings show all apps provided some form of crisis escalation pathway, these were automated and did not include in-app human oversight and had variable escalation pathways.

Implications and future directions

Developers should consider implementing a mechanism for users to easily report unusual or potentially harmful responses.



Data clarity

Are the app's privacy and data use policies transparent and understandable for young people?

Privacy laws require any entity that handles personal information to have a privacy policy. The Apple App Store and Google Play Store also mandate this. Personal information includes details such as a user's name, email address and location. In Australia, an organisation or agency's privacy policy needs to tell users:

- who the organisation is and how to contact them
- what kinds of personal information they collect and store
- how they collect personal information and where it is stored
- the reasons why they need to collect personal information
- how they'll use and share personal information
- how users can access their personal information, or ask for a correction
- how to make a complaint, and how the complaint will be handled
- whether information is shared outside of Australia and, if practical, with which countries.(19)

None of the apps reviewed as part of this environmental scan are Australian-based, but they must comply with applicable data protection and privacy laws in the countries where they operate. All apps provided a privacy policy, but alignment with the Australian Privacy Principles varied. Most policies reflect United States or European frameworks. Links to all the privacy policies can be found in Appendix 1.

The clarity of the privacy policies varied. Some were user-friendly. For example, Wysa provided a child-friendly version. Elomia included simplified key points in its FAQs. Youper presents summaries of key points at the start of their privacy policy and of each section. There were also gaps. Mentat AI stated that its privacy policy applies only to information collected via its website, leaving its relevance to the app unclear. Yana offers an English-language

website but does not provide an English privacy policy or terms and conditions, which appears to be an oversight. A Google Translate link was supplied on request, but its compliance with Australian privacy requirements is unclear.

Having a privacy policy meets legal requirements, but it does not ensure user understanding. Young people may not be able to interpret complex policies and provide informed consent. Clear, accessible privacy information supports informed consent and trust, while vague or inaccessible policies can limit transparency and accountability.



Implications and future directions

App developers could consider:

- Moving beyond compliance to meaningful transparency by considering whether current privacy requirements support user understanding, particularly when it comes to complex AI services and when young people are a core user group.
- Using developmentally appropriate formats (e.g., plain language summaries, child-friendly versions) for privacy communication to support informed consent.
- Ensuring compliance with the privacy laws in all jurisdictions in which their apps are available.

Digital literacy and psychoeducation campaigns regarding privacy and potential risks of sharing personal, sensitive or health information with AI apps could also be delivered to young people to support informed use, potentially led by the eSafety Commissioner.

Third party trackers

Does the app use third-party trackers, and how much control do users have?

Third-party trackers are tools embedded in apps or websites that send user data to external companies. They typically collect data about user activity, such as how often the app is opened, what features are used, device or location information and behaviour patterns or inferred interests (e.g., mood).

All the apps identified by the environmental scan used third-party trackers. As all reviewed apps are accessible to young people and positioned as mental wellbeing tools, any third-party tracking carries inherent risk.

These trackers can collect excessive data and share it without fully informed consent, posing risks to privacy, autonomy and security. In sensitive contexts, such as when a user is sharing information about their mental health, this can increase the risk of profiling, manipulation or harm if it is misused or breached. Young people may be particularly vulnerable due to limited understanding of data privacy risks.

A risk classification scale was developed as part of this environmental scan to reflect the degree and nature of tracking, rather than its presence alone:

- **Low risk:**

- limited to core functionality or security (e.g., crash reporting);
- non-identifiable or aggregated data (e.g., anonymised usage metrics);
- explicit statement that data is not used for advertising, profiling or sold/shared;
- clear data minimisation statements (e.g., “only necessary for app functionality”);
- user opt-out or deletion mechanisms clearly explained.

- **Moderate risk:**

- third-party analytics or telemetry tools (e.g., product analytics software kits which collect and send user behaviour data such as clicks and page views);
- collection of pseudonymous identifiers (device ID, cookies, IP address);
- used for service improvement or research, not marketing;
- data shared with third parties acting as processors, but potential for re-identification exists;
- some transparency in privacy policy, but details are generic or high-level.

- **High risk:**

- used for marketing, advertising or profiling;
- collection of persistent identifiers (advertising ID, account ID, precise location);
- combination with third-party datasets (to deliver personalised content/ads);
- limited user control or opt-out mechanisms;
- privacy policy disclosures are broad or unclear about partners and purposes.

- **Very high risk:**

- sharing of sensitive mental health data (e.g., mood logs, chat content);
- used for advertising, resale or unspecified commercial purposes;
- cross-app or cross-service tracking (data brokers, social media platforms);
- lack of meaningful consent, opt-out or deletion rights;
- privacy policy admits that data may be transferred internationally without safeguards;
- no list of third parties.

The apps and their third-party tracker risk classification can be seen in Table 4 in Appendix 2.

Across the apps, most fall between moderate and high risk, mainly because they collect sensitive mental health information alongside persistent identifiers, and often share this with third parties for analytics or AI features. A smaller group (such as Wysa, Elomia, and Stoic) take a more privacy-focused approach, with clearer controls and less reliance on advertising, keeping their risk lower. In contrast, higher-risk apps tend to have less transparency, fewer user controls, and broader data sharing practices. The highest-risk apps stand out for combining sensitive personal data with advertising or cross-platform tracking, which increases the likelihood of data being linked or reused in ways users may not expect. Some apps named external service providers and explained what data was shared, while others used broad, non-specific descriptions. Overall, limited transparency and control were common issues across many apps.



Implications and future directions

App developers could consider voluntarily strengthening transparency around third-party data sharing. For example, they could use more standardised and specific disclosure requirements, including naming third parties and explaining the types of data shared and the purpose in user-friendly terms.

Evidence based

Is the app grounded in established psychological principles, clinical input or supported by evidence?

As can be seen in Table 5 in Appendix 2, all except one of the AI mental wellbeing apps (Replika) claimed they were developed with input from mental health experts and clinicians or used established psychological techniques. However, the extent of this input is unclear, including whether professionals were deeply embedded in design and decision-making or acted as occasional consultants.

Apps identified in the scan were cross-checked against those included in the systematic review, which used a carefully designed method to identify controlled trials that assessed the effectiveness of AI tools for treating mental health challenges in young people. The review focused on participants with elevated symptoms or diagnosed mental illness. To identify evidence in the general population, developer websites were checked, as many had a research/evidence section that listed publications. The name of each app was also entered into Google Scholar and the first page of results was screened.

Only one app (Elomia) had controlled trial evidence in young people. After four weeks of use, Elomia was associated with improved symptoms among young people with subclinical depression, anxiety or low mood. However, the differences compared to a control group were not statistically significant. (20) In a separate study of young people with elevated psychological distress, after two months users of GymBuddy and Elomia showed significant reductions in somatic symptoms, anxiety and insomnia, social dysfunction and severe depression compared to a control group. (21) However the effect of Elomia could not be separated from the effect of GymBuddy. Furthermore, the sample size was small and consisted of Chinese high school students, so the findings might not be applicable to all young people.

ChatGPT, a general-purpose AI app, does not claim effectiveness for mental health outcomes and no controlled trials in young people were identified (however, extensive database searches were not conducted). This contrasts with its widespread reported use for mental health support.

Overall, most AI-assisted mental health apps identified by the environmental scan lack peer-reviewed controlled trial evidence in young people. While this does not preclude benefit, these tools are not intended as treatment interventions and evidence of effectiveness for youth mental health is currently limited. See Orygen's [living systematic review](#) about AI mental health apps and tools that have been evaluated by research trials.

Implications and future directions

The requirements for high-quality controlled trials do not align well with the rapid pace of AI innovation. Partnerships between developers and researchers could support ongoing, real-world evaluation of publicly available tools. This could allow the tools to be extended beyond their intended use cases (i.e., mental health treatment) in controlled environments, generating evidence post-release. This approach could help keep evaluation responsive to innovation while maintaining oversight of safety, effectiveness, and real-world use, and may support future eligibility for regulation by the ARTG.



Young people's involvement

Were young people involved in creating, designing or testing the app?

Research shows young people aged 16–24 are more likely than any other age group to use mental health apps.(22) No publicly available information indicated that the apps evaluated involved young people in their design, development, or testing. This doesn't mean developers never incorporate user feedback, including from young people, but no evidence was found to confirm that they do. It is worth noting that this environmental scan was not limited to apps designed specifically for young people.

The apparent lack of youth involvement, including from those with lived or living experience of mental health challenges, suggests that young people's needs, risks and preferences may not be adequately considered. This may limit the apps' relevance, usability, appropriateness and safety for this population.

Implications and future directions

App developers should include the perspectives of young people, and people with lived and living experience of mental ill-health, in the development, design and testing of mental health AI apps. This engagement could also include the perspectives of those with intersectional experiences.

Accessibility

Does the design meet the needs of young people with disabilities, accommodate different languages and follow standard accessibility principles?

This section examines how well the design of identified apps supports accessibility, including for young people with disabilities and diverse language backgrounds. It also captures developer-reported compliance with accessibility guidelines, such as the Web Content Accessibility Guidelines (WCAG).(23) See Table 6 of Appendix 2 for details.

Seven of the 13 AI-assisted mental health apps offered languages in addition to English. ChatGPT is available in 59 languages in addition to English. In addition to text input, many apps also support voice input, but fewer offered voice output.

Only one app (Wysa) provided an accessibility statement explaining how it adhered to app design standards and WCAG.

Information about accessibility features or assistive technology was limited. On the Apple App Store, most developers did not report whether their apps supported assistive technologies for people with disabilities. Only three specified which built-in Apple accessibility features their apps supported. The Google Play Store did not include an accessibility section. None of the apps had in-app accessibility menus or settings.

This does not mean that the apps are inaccessible or do not meet accessibility guidelines. Rather, developers did not clearly communicate this information, making it hard for users with a disability to know whether the apps would meet their needs. As a result, users may avoid AI mental health apps, have difficulty using them or rely on tools that aren't appropriate, potentially widening existing mental health inequities.

Implications and future directions

App developers and publishers should explicitly communicate accessibility features in app store listings and within apps, prioritising transparency and usability rather than introducing entirely new functionality.





CONCLUSION

Digital interventions, including those that use AI, can help overcome barriers to mental health support. They offer flexible, free or low-cost access, along with anonymity and reduced sense of stigma. They provide support where and when a young person seeks it, and their features may appeal to young people who feel uncomfortable with, or cannot access, in-person care.(24-26)

This environmental scan highlights a clear gap between how AI apps are designed, regulated and evaluated and how young people use them. Young people already use AI tools for mental health support, including those not designed or tested for clinical care, raising concerns about safety, accuracy and privacy. Many mental apps remain under-researched and lack transparency.

Across the app ecosystem, transparency about AI systems is limited, age safeguards are inconsistent, crisis escalation pathways vary, and third-party data tracking is widespread. These issues raise concerns about safety, privacy, and accountability in a context where young people are sharing sensitive mental health data. Although most apps position themselves as wellbeing tools, falling outside medical device regulation, some market to clinicians, blurring the boundary between wellness support and clinical intervention.

Evidence of effectiveness for young people is limited, with only one app supported by controlled trial evidence – and results were inconclusive. Despite being key users, young people are rarely reported as involved in app design or testing, which may reduce relevance, usability, and safety. While about half the apps were available in languages other than English, information on accessibility features and compliance with guidelines was limited.

Overall, young people's use of AI for mental health support is outpacing regulation, evidence and safety standards. This creates both opportunities for scalable support and risks related to harm, privacy and inequitable access. Clearer governance, greater transparency, youth involvement, and more evidence is needed. Similarly, developers need to have responsibility for their tools. These findings also have implications for clinical practice, including whether clinicians should recommend such tools, and if psychoeducation to support safe and informed use is needed.

APPENDICES

Appendix 1: app key documents

APP	TERMS OF SERVICE	PRIVACY POLICY	DATE EXTRACTED
Wysa	https://legal.wysa.in/terms last updated 21/10/21 https://legal.wysa.uk/changelog#termsOfService ChangeLog last updated 08/01/26 Child friendly Terms of Service https://legal.wysa.io/children/terms last updated 08/01/26	https://legal.wysa.io/research/privacy-policy last updated 21/10/21 https://www.wysa.com/cookie-policy last updated 23/01/26 https://legal.wysa.uk/wysa-service-providers last updated 13/02/26 https://legal.wysa.uk/changelog last updated 13/02/26 Child friendly Privacy Policy https://legal.wysa.io/children/privacy-policy last updated 08/01/26	15/12/25
Mental	https://www.getmental.com/legal/terms/ last updated 27/12/22	https://www.getmental.com/legal/privacy/ last updated 23/05/24	16/12/25
Ash	https://www.talktoash.com/terms last updated 17/01/24	https://www.talktoash.com/privacy last updated 24/10/25	16/12/25
Elomia	https://legal.elomia.com/terms-of-use last updated 16/10/25	https://legal.elomia.com/privacy-policy last updated 16/10/25	09/01/26
Youper	https://www.youper.ai/policy/terms-of-use-website last updated 08/11/22	https://www.youper.ai/policy/privacy-policy last updated 24/02/24	09/01/26
Onsen	https://www.onsenapp.com/legal/terms-of-use last updated 01/04/26	https://www.onsenapp.com/legal/privacy last updated 01/04/26	04/05/26
Yana	Google translate link: https://www.yana-ai.translate.goog/en/terms-and-conditions?_x_tr_sl=es&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=nui last updated 08/09/23	Google translate link: https://www.yana-ai.translate.goog/en/privacy-policy?_x_tr_sl=auto&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=wapp last updated 09/09/2023	13/01/26
Mentat AI	https://www.mentat-ai.com/eula last updated 15/04/25	https://www.mentat-ai.com/privacy-policy no date	13/01/26
Sintelly	https://sintelly.com/terms-of-service/ last updated 11/10/23	https://sintelly.com/privacy-policy/ last updated 11/10/23	14/01/26
Replika	https://replika.com/legal/terms last updated 30/03/26	https://replika.com/legal/privacy last updated 02/03/26 https://replika.com/legal/cookies last updated 22/03/23	04/05/26
MindDoc	https://minddoc.com/de/en/app-agb no date	https://minddoc.com/de/en/self-help/privacy-policy last updated 22/09/25	14/01/26
Stoic.	https://www.getstoic.com/terms-and-conditions No date	https://www.getstoic.com/privacy-policy No date	15/01/26
Ahead	Not available	https://www.ahead-app.com/privacy last updated 15/04/26	29/04/26
ChatGPT	https://openai.com/policies/terms-of-use/ last updated 01/01/26	https://openai.com/policies/privacy-policy/ last updated 27/06/25	19/01/26

Appendix 2: results tables

Table 1: Input paradigm, response generation approach and AI modality.

APP	INPUT PARADIGM (ML-based, rule-based or hybrid)	RESPONSE GENERATION APPROACH (pre-scripted, generative, retrieval augmented generation)	MODALITY (conversational agent, recommender system)
Wysa	Hybrid(27)	Pre-scripted + retrieval augmented generation (grounded) + limited generative(28)	Conversational agent
Mental	NR	NR	Conversational agent
Ash	NR	NR	Conversational agent
Elomia	ML-based(29)	Pre-scripted	Conversational agent
Youper	ML-based(30)	Pre-scripted + retrieval augmented generation (grounded)(31)	Conversational agent
Onsen	NR	NR	Conversational agent + recommender
Yana	NR	NR	Conversational agent
Mentat AI	NR	NR	Conversational agent
Sintelly	NR	NR	Conversational agent
Replika	ML-based(29)	Generative (ungrounded)(29, 32)	Conversational agent
MindDoc	NR	NR	NR, likely conversational agent + recommender
Stoic	NR	NR	NR, likely recommender system
Ahead	NR	NR	Conversational agent
ChatGPT	ML-based	Generative (ungrounded)	Conversational agent

Note: ML-based = machine learning based. Machine learning often underpins Natural Language Processing (NLP), a more specific subfield of AI that understands and interprets human language. NR = not reported. This table should be interpreted with caution, as categorisations are based on limited publicly available information and, in some cases, informed assumptions.

‘Input paradigm’ describes what kind of information the AI tool receives from the user (for example, text, voice or image data) and how that information is then processed by the AI tool or model. It may be processed using fixed rules (created by developers) or statistical machine-learning models (building upon its own design).

‘Response generation approach’ describes how the final output is created. It might be pre-written/scripted or retrieved from a limited library of content, generated in real-time by a large language model (LLM), or produced using a combination of both, which is known as retrieval-augmented generation (RAG). It may also be created based on its interactions from other users, external web sources and information it has been previously fed.

Table 2: Age gating

APP	INTENDED USER AGE	BARRIER TO ENTRY
Wysa	Not to be used by children under 13 years. Users between 13 and 18 should read the PP and ToS with their parents or guardian and ask for their consent to use the app, which is to be emailed to Wysa.(33, 34)	Acknowledgement that by continuing, user confirms they are 13 or older. Select 18 and older or 13-17.
Mental	Unclear and inconsistent information. ToS states 13+ with parental/guardian consent needed if under 18.(35) PP states service is not directed to children who are under the age of 16.(36)	Enter age.
Ash	18+	By continuing, user confirms they are at least 18 years old. Select age range.
Elomia	13+(37)	Select an age.
Youper	18+(38)	Unable to download to verify age gating process.
Onsen	16+(39)	Enter DOB.
Yana	13+ with parental consent required for users under 18.(40)	Acknowledgement that by continuing user accepts the T&Cs.
Mentat AI	13+(41)	No request for age info.
Sintelly	Unclear and confusing. PP states 13+.(42) ToS states intended for users 18+, and under-18s may only use it with parental/legal guardian consent.(43)	Unable to download to verify age gating process.
Replika	18+(44)	Must select age after download, will reject users if under 18. System reacts to any mentions of being underage. If detected, the user is prompted to re-enter their birthday or temporarily suspend their access to the app.(45)
MindDoc	18+(46)	No request for age info.
Stoic	16+(47)	Select an age range.
Ahead	16+(48)	Selected age from a list.
ChatGPT	13+(49) Under-18s need parent or guardian permission	Enter DOB. Users aged under 18 may be asked for ID.

Note: DOB = date of birth; T&Cs = terms and conditions; ToS = terms of service; PP = privacy policy.

Table 3: Crisis escalation pathway.

APP	CRISIS ESCALATION PATHWAY
Wysa	Disclaimer that Wysa is not recommended in crisis situations. In app, has a “crisis help” button, with an option to create a safety plan. When thoughts of risk to self are presented, Wysa provides a supportive message and provided contact information for international and local suicide prevention helplines and chat lines, plus emergency services with option to call directly.
Mental	Disclaimer that Mental cannot replace emergency help. In app, when thoughts of risk to self are presented, directs user to call US-based crisis service or go to emergency.
Ash	Disclaimer that Ash is not designed to be used in crisis situations. In app, when thoughts of risk to self are presented, directs individuals to crisis hotlines through an in-app pop-up, with a link to find a helpline in 175 countries.(50, 51)
Elomia	Disclaimer that Elomia cannot replace crisis support. In app, has an “SOS” button that directs the user to “find a helpline website”. Pop up if it detects the user is at risk, asking “Are you in crisis?” with the option to call a helpline.
Youper	Unable to download to verify in-app crisis escalation pathway. However, Youper has developed an assessment framework for ten mental health safety scenarios (including suicide and self-harm) for LLMs and chatbots that are powered by those models.(52) As Youper is powered by LLMs, it should provide suicide prevention hotlines and encourage the user to seek professional help.
Onsen	No disclaimer re: crisis. In app, when thoughts of risk to self are presented Onsen detected location and provided crisis services and link to find a crisis service in 175 countries. Directs users to contact emergency if in immediate danger.
Yana	Disclaimer that Yana is not designed to act in crisis situations. In app has a “lifebuoy” icon. If Yana detects signs that a user is in crisis, it will immediately ask them to confirm the situation. If confirmed, Yana will provide contact information for external local crisis hotlines.(53)
Mentat AI	Disclaimer that Mentat AI users should contact a professional or local emergency services if they are experiencing a crisis.(54) A key feature listed on the app stores of Mentat AI is “Emergency Relief: when emotions rise quickly, access fast support to help you settle and regain stability.” In app, when clicking the “emergency help” button and selecting “self-harm urges” or “suicidal thoughts”, the app provides self-help strategies but no resources or hotlines.
Sintelly	Disclaimer that Sintelly is not intended for crisis support.(55) Unable to download to verify in-app crisis pathway.
Replika	Disclaimer that Replika is not for emergencies. Replika uses a data-retrieval model as opposed to generative responses in response to any detection of self-harm. There is a curated dataset of responses to any notions of self-harm to avoid the potential risks of an unhelpful or harmful generated message.(44) In app, when thoughts of risk to self are presented, provided a link to international suicide hotlines.

Table 3: Crisis escalation pathway. (continues)

APP	CRISIS ESCALATION PATHWAY
MindDoc	Disclaimer that the app is not a replacement for crisis intervention. Within the app, there is a “mental health hotline” option to be connected to a local crisis hotline. There did not appear to be functionality to detect risk from the free text entry. The app also contains information about additional options for help with crisis and offers a course on dealing with suicidal thoughts.(56)
Stoic	Disclaimer that if a user is at risk of harming themselves or another person to seek urgent medical advice or to call emergency services.(47) In app, premium subscription (without AI) does not detect risk, subscription with AI must have AI feature selected by user. When thoughts of risk to self are presented, provides self-help strategies and encourages user to contact local emergency services of US based crisis service.
Ahead	Disclaimer that Ahead is not a crisis service.(57) When thoughts of risk to self are presented, it provides a supportive message and grounding techniques and encourages the user to contact a crisis service or mental health professional. Provides US, Canadian and UK numbers.
ChatGPT	Designed to switch to “safety support mode” in which it will respond with empathy but avoid giving instructions or details about self-harm. In app, when thoughts of harm to self are presented, ChatGPT encourages the user to seek real-world support and provides local crisis hotlines or emergency services. It uses a rule-based safety layer combined with machine learning detection.



Table 4: Third party trackers risk classification.

APP	TRACKER PURPOSE	DATA TYPE	IDENTIFIABILITY	TRANSPARENCY AND CONSENT	OVERALL RISK
Wysa	Cloud hosting, analytics/ performance monitoring, security, fraud, prevention and operations, limited marketing.	Usage/ behavioural data, device ID, IP address, chat content, mood-related inputs, demographics.	Persistent identifiers (device ID, IP address).	Partial list of third party trackers, some opt-out options, explicit statement that Wysa does not sell personal data and data is not used for advertising or profiling within the app.	 Moderate
Mental	Core functionality, analytics/usage, marketing, research/ product improvement.	Personal (name, email, phone, billing), behavioural, device and network, cookies, user-provided inputs.	Direct identifiers (name, email, contact), persistent identifiers (cookies, IP address), behavioural tracking.	No list of third party trackers, no clear in-app tracking opt-out (browser settings only), no granular consent controls. No explicit statement about selling data.	 High
Ash	Core functionality and service delivery, analytics, marketing, conversation data (if opted in) to train models and for research.	Conversation data (if opt-in), personal data (name, email), behavioural/ usage data, device ID, IP address, general location.	Direct identifiers (name, email, contact info), persistent identifiers (IP address, device data, usage patterns), sensitive content (conversation).	Third parties not listed. No explicit opt-out mechanism beyond generic browser settings, opt-in for sharing conversational data. No explicit statement about selling data.	 High
Elomia	Core functionality, analytics/ performance, hosting, optimisation, payments, communications, link tracking.	Chat data, personal data (email, user ID, account info), behavioural data, device info, IP address, subscription/ financial metadata.	Persistent identifiers (user ID, IP address, device info), direct identifiers (email), sensitive content (conversation, but explicitly minimised).	List of third-party trackers, limited granular consent controls, some opt-out options, explicit statement that data is not sold and not used for advertising.	 Moderate
Youper	Core functionality, analytics/ improvement, diagnostics, marketing.	Personal identifiers (email, user ID), usage/ behavioural data, diagnostics, user content (chat inputs/journaling content), advertising-related data (non-linked).	Persistent identifiers (user ID, email), behavioural linkage, user content (mental health), some data may be used across apps for tracking purposes.	List of third-party trackers (tools disclosed but not exhaustively detailed), some opt-out options, no granular consent controls, explicit statement that data is not sold for advertising/ marketing.	 Moderate - high
Onsen	Core functionality, analytics, authentication, cloud storage, personalised marketing, notifications.	Activity data, device ID, general location, chat conversations and journal entries, name/email, preferences.	Direct identifiers (name, email), persistent identifiers (user ID and event-level tracking), sensitive content (chat data stored and use for personalisation).	Third party trackers listed, some consent and opt-out language. No explicit statement about not selling data.	 High

Table 4: Third party trackers risk classification. (continues)

APP	TRACKER PURPOSE	DATA TYPE	IDENTIFIABILITY	TRANSPARENCY AND CONSENT	OVERALL RISK
Yana	Core functionality, AI processing, security, error handling, AI model training/improvement.	User-generated content (chat conversations), personal data (account-related information), technical data, sensitive data (emotional wellbeing content within chatbot conversations).	Limited information provided, suggests pseudonymous or internally identifiable processing.	No list of third-party trackers, basic opt-out options, no granular consent controls, no explicit statement about selling data.	 High
Mentat AI	Core functionality, analytics/usage monitoring, marketing/communication, security/debugging.	Not clearly reported. Personal data (email), technical data (IP address, browser device and log data), usage, user-provided content.	Email, persistent identifiers (IP address, device info).	No explicit opt-out mechanism beyond generic browser settings. Third parties not listed. No explicit statement that data is not sold.	 Moderate-high
Sintelly	Not clearly reported. Hosting, customer service.	Not clearly reported. Personal data, conversational trends, device ID, approximate location.	Not clearly reported.	No list of third-party trackers, no clear opt out for tracking or analytics, no granular consent controls. No explicit statement about selling data.	 Very high
Replika	Core functionality/ AI processing, analytics/improvement, marketing, targeted advertising, social media integration.	Personal data (name, email, account), sensitive data (chat conversations), behavioural data, technical data (IP address, device information cookies), identifiers (advertising identifiers, account ID)	Direct identifiers (name, email), persistent identifiers (device IDs, IP address, cookies, advertising ID) cross-service linkage (e.g., Facebook), user conversations stored and processed.	Cookie banner, opt-out options, but broad default tracking. Third parties not listed (categories and examples), policy allows sharing with partners for advertising/marketing.	 Very high
MindDoc	Analytics/usage tracking, crash reporting/performance monitoring, advertising/marketing, infrastructure/functionality	Personal data (email, account), device/technical data (Android Advertising ID, Android ID, IP address), usage/behavioural, sensitive mental health data (mood tracking, symptom logs) metadata.	Persistent identifiers (Android Advertising ID, Android ID, IP address), direct identifiers (email, account), evidence of linking app usage with Facebook account for advertising purposes, sensitive content (mental health data tied to usage profile).	List of third-party trackers, some opt-out mechanisms, no clear category0bbased consent system, no clear statement about selling data.	 Very high

Table 4: Third party trackers risk classification. (continues)

APP	TRACKER PURPOSE	DATA TYPE	IDENTIFIABILITY	TRANSPARENCY AND CONSENT	OVERALL RISK
Stoic	Analytics/ improvement (optional 'send behavioural data' option), core functionality, AI processing (optional), analytics.	Behavioural data (app usage), technical data (device info, approximate location), sensitive data (journal entries – stored locally, not accessible to app), AI feature data.	No direct identifiers required for use, pseudonymous/ technical data (device/usage).	No full explicit vendor list (categories only), analytics can be disabled in-app, granular consent controls, explicit statement that data is not sold or used for advertising, clear statement about data minimisation and local storage.	 Low – moderate
Ahead	Core functionality, analytics/ improvement, AI processing, marketing and advertising, behavioural insights.	Sensitive data (emotional responses, psychometric inputs) behavioural data, device and network data, persistent identifiers, personal identifiers, inferred data.	Direct identifiers (name, email), persistent identifiers (device ID cookies, IP address), sensitive data (emotional/ mental health-related inputs).	Lists third-party trackers, users can opt out of advertising-related sharing, states it does not sell data.	 High – very high
ChatGPT	Core functionality/ service delivery, analytics/ improvement, AI training (opt-out available), security/fraud prevention, communication.	Personal data (name, contact details, account, payment info), user content (prompts, chats, uploaded files), usage behavioural data, technical data (IP address, device info, browser), approximate location.	Direct identifiers (name, email, account details), persistent identifiers (IP address, device identifiers, usage logs) sensitive content (user provided chat content).	No full list of third-party trackers (categories only), some opt-out options, some granular consent controls, no explicit statement about not selling data.	 Moderate – high

Note: There are several common types of third-party trackers. For example, analytics trackers are used to understand how people use an app. Advertising and marketing trackers are used to target or measure ads. Crash and performance trackers are used to fix bugs and improve the stability of apps. Profiling/attribution trackers track users across apps and websites. The data is sent to third parties such as Google, social media companies, analytics companies and ad networks.

Table 5: Research base

APP	ESTABLISHED TECHNIQUES, EXPERT AND CLINICAL INPUT	PUBLISHED RESEARCH
Wysa	Grounded in established techniques – uses CBT, SFT, DBT and mindfulness exercises. Wysa’s content is built by clinical teams.	Peer reviewed research has been published about Wysa but no controlled trials in young people are reported.(58)
Mental	Store listing claims mental is built by PhDs in neuroscience and counselling psychology and that it is evidence-based and science-backed.(59)	No peer reviewed controlled trials in young people.
Ash	Therapist and experts involved in app development. Claims that Ash is trained on large-scale dataset of expert data.	No peer reviewed controlled trials in young people.
Elomia	Elomia is designed with evidence-based intervention strategies and clinician involvement.(60)	Elomia collaborate with independent researchers and Elomia has been investigated in a number of peer-reviewed studies.(61) There are two peer-reviewed controlled studies that have investigated how well Elomia works among young people. In a sample of young people who reported sub-clinical levels of depression, anxiety or low mood, users of Elomia reported significantly lowers levels of depression, anxiety and negative affect, and higher levels of positive affect after 4 weeks. However there was no significant difference between the group that used Elomia compared to a control group.(20) In a sample of young people with elevated symptoms of psychological distress, the group who used the AI-integrated apps GymBuddy and Elomia showed a significant reduction in somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. All measures were also significantly lower after the intervention in the group that used the AI apps compared to a control group who received no intervention.(21)
Youper	Youper uses CBT, ACT, DBT, PST and mindfulness techniques. The co-founder and CEO is a Psychiatrist. Claims Youper’s strategy is driven by mental health experts and that it is ‘clinically validated’.	While several studies investigating the feasibility, acceptability and effectiveness of Youper exist, there are no peer-reviewed controlled studies among young people.
Onsen	Onsen uses evidence-based techniques such as CBT, mindfulness and personalised coaching.(62)	No peer reviewed controlled trials in young people.
Yana	The app is described as using psychological tools based on CBT and other scientifically validated methodologies.(63)	No peer reviewed controlled trials in young people.
Mentat AI	Claims the app uses evidence-based CBT techniques and mindfulness exercises.(54)	No peer reviewed controlled trials in young people.
Sintelly	Sintelly’s CBT exercises developed by mental health professionals and are based on evidence-based practices.	No peer reviewed controlled trials in young people.

Table 5: Research base (continues)

APP	ESTABLISHED TECHNIQUES, EXPERT AND CLINICAL INPUT	PUBLISHED RESEARCH
Replika	No claims about evidence-based techniques or strategies.	No peer reviewed controlled trials in young people.
MindDoc	The recording of symptoms, problem areas, and resources is based on the principle of Ecological Momentary Assessment (EMA). All courses and other resources are based on the principles of CBT. Content is developed by psychological psychotherapists. The app claims to closely follow the treatment guidelines of the Association of the Scientific Medical Societies in Germany and well-evaluated treatment concepts.(56)	One published randomised controlled trial, no peer reviewed controlled trials in young people.
Stoic	Claims breathing exercises are science-backed.	No peer reviewed controlled trials in young people.
Ahead	Claims to have been developed by leading behaviour-change scientists. Uses CBT-based techniques. Claims that it uses science-backed techniques.	No peer reviewed controlled trials in young people.
ChatGPT	To improve how ChatGPT responds to a user showing signs of mental or emotional distress, OpenAI works with medical professionals (including psychiatrists) to create a framework for evaluating conversations. They also work with human-computer-interaction researchers and clinicians who give feedback about how ChatGPT identifies concerning behaviours, its evaluation methods and safeguards.(64) OpenAI have assembled an Expert Council on Well-being and AI to advise.(65)	No peer reviewed controlled trials in young people.

Note: ACT = acceptance and commitment therapy, CBT = cognitive behavioural therapy, DBT = dialectical behaviour therapy, PST = problem solving therapy, SFT = solution-focused therapy.

Table 6: Accessibility

APP	LANGUAGES	ACCESSIBILITY
Wysa	English only.	The developer has not indicated which accessibility features the app supports. Accessibility statement on website and in-app. Users can input using voice or text. No in-app tabs or features.
Mental	English only.	The developer has not indicated which accessibility features the app supports. Users can input using voice or text, output as voice or text. No in-app tabs or features.
Ash	English only.	Users can input using voice or text, output as voice or text. The developer has not indicated which accessibility features the app supports. No in-app tabs or features.
Elomia	The store listing shows English, plus 31 other languages.	Users can input using voice or text, output as voice or text. The Elomia app on Google Play Store and the Apple App Store does not list its own unique, internal accessibility features. However on the Apple App Store it lists VoiceOver and voice control as features supported by the app.(66) No in-app tabs or features.
Youper	English only.	Does not list its own unique, internal accessibility features. However, on the Apple App Store, supported features listed include larger text, dark interface, differentiation without colour alone and sufficient contrast. Unable to download to verify in-app tabs or features.
Onsen	English only listed on storefronts. However, in-app there are 27 options other than English.	The developer has not indicated which accessibility features the app supports. Users can input using voice or text. Output as voice or text – “read aloud” feature. No in-app tabs or features.
Yana	English, French, Spanish and Portuguese.	The developer has not indicated which accessibility features the app supports. Users can input as voice or text. No in-app tabs or features.
Mentat AI	English only.	The developer has not indicated which accessibility features the app supports. Text only input/output. No in-app tab or features.
Sintelly	English only.	The developer has not indicated which accessibility features the app supports. Unable to download to verify in-app tabs or features.
Replika	English, French, German, Spanish and Portuguese.	The developer has not indicated which accessibility features the app supports. Users can input using voice or text. Output as voice or text. No in-app tab or features.

Table 6: Accessibility (continues)

APP	LANGUAGES	ACCESSIBILITY
MindDoc	English and German.	The developer has not indicated which accessibility features the app supports. Text only input/output. No in-app tab or features.
Stoic	English, Dutch, French, German, Italian, Polish, Spanish and Swedish.	Stoic supports native iOS accessibility tools such as VoiceOver, dynamic Text, and Dark Mode. Within the app you can also enable High Contrast and turn on the Dyslexic Font. Text only input/output.
Ahead	English only.	The developer has not indicated which accessibility features the app supports. Users can input using voice or text, output as voice or text. No in-app tab or features.
ChatGPT	Available in 59 languages in addition to English.	The developer has not indicated which accessibility features the app supports. Users can input using voice or text, output as voice or text. No in-app tab or features.



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