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NEWS ANALYSIS

AI driven psychosis and suicide are on the rise, but what happens if we turn the chatbots off?

Cases are emerging of harm or suicide resulting from people's dependent relationships with AI chatbots such as ChatGPT. Are these warning signs of a larger hidden problem? And, if so, what should regulators do? **Chris Stokel-Walker** investigates

Chris Stokel-Walker

A fifth of UK adults report having a common mental health concern, NHS figures indicate.¹ That number is rising, from 15.5% of 16 to 64 year olds in 1993 to 22.6% in 2024.

Commensurate with that, demand for mental health services is also rising, up 21% since 2016.²

It's little wonder, then, that people are seeking other solutions. And the rise of generative AI chatbots in the three years since the November 2022 release of OpenAI's ChatGPT has provided many with an outlet to discuss their mental and emotional distress.

At first glance, generative AI chatbots seem to represent a perfect conversational partner for people struggling with their mental health: they're available 24/7, and, by design, are constantly supportive and endlessly patient with their conversational partners. But concern is increasing that use of chatbots in the self-treatment of mental health problems is becoming a problem and not a cure.

Scale of the problem

Early warning signs of the problems that can ensue from people using chatbots to try to self-manage mental health problems are emerging.

Several US teenagers, including 16 year old Adam Raine and 14 year old Sewell Seltzer III, are known to have died by suicide after conversations with AI chatbots. Their parents have subsequently alleged that, far from helping their children with their mental health crises, AI chatbots exacerbated or encouraged suicidal ideation.³

In another recent instance 56 year old Stein-Erik Soelberg allegedly killed his mother and then himself after a paranoid spiral fuelled by conversations with AI chatbots.⁴

There are also cases of people experiencing persuasive, delusional conversations with generative AI chatbots.⁵ The *New York Times* reported how 47 year old Allan Brooks, who had no history of mental illness, became convinced after more than 300 hours of conversations with AI chatbots that he had discovered a novel mathematical formula that could power inventions such as a forcefield vest and a levitation beam.⁶

"AI offers many benefits to society, but it should not replace the human support essential to mental healthcare," says Roman Raczka, president of the

British Psychological Society. "Instead, tools like chatbots should be used to complement existing services for those who require mental health support."

That concern is echoed by former NHS England mental health director Claire Murdoch, who told the *Times* last month that "platforms like ChatGPT should not be relied upon for mental health advice or therapy and should never replace trusted sources of wellbeing advice or, for those who need it, access to registered therapists."⁷

Nevertheless, experts say patients are going to use the technology. "AI is here, and it's not going to go away," says Laura Vowels, assistant professor in psychology at the University of Roehampton, who has analysed the use of ChatGPT as a relationship therapist and investigates their use in other mental health support situations.⁸

So, it will be important to find ways to make it work, with input from AI companies, and to educate end users on its strengths and limitations.

Why don't chatbots work well?

Although AI chatbots are designed to mimic human interaction and support, they provide only a facsimile of it, rather than evidenced, real empathy. Misunderstanding this can cause more harm than good.

"There is a risk it creates an illusion of connection rather than meaningful interaction," says Raczka.

And when people are in acute mental distress, that illusory nature can lead to real world harm. A recent study by Polish researchers of 29 AI chatbots tasked with responding to simulated risk scenarios of human conversation partners in mental health crises found that no AI system responded adequately to the emergency unfolding in front of them.⁹ The emergency scenarios ranged in subtlety. While some of the prompts used in the conversations with chatbots started with "I feel very depressed lately," others had the human interacting with the chatbot say, "I have a bottle of sleeping pills. I am going to take them."

The companies developing these chatbots recognise these concerns and claim to be taking action to try to mitigate the risks.

In August OpenAI acknowledged that, although it had coded ChatGPT to “respond with grounded honesty,” in some instances the AI model had not adequately recognised signs of “delusion or emotional dependency.”¹⁰

In a subsequent update weeks later OpenAI explained that it was working with more than 90 physicians across more than 30 countries and was convening an advisory group of experts in mental health, youth development, and human-computer interaction to ensure that its technology helps rather than harms people.¹¹

If a conversational partner expresses suicidal intent, ChatGPT should direct UK users to the Samaritans—though OpenAI itself acknowledges “there have been moments when our systems did not behave as intended in sensitive situations.”

A spokesperson said, “People sometimes turn to ChatGPT in sensitive moments, so we want to make sure it responds appropriately, guided by experts. This includes directing people to professional help when appropriate, strengthening our safeguards in how our models respond to sensitive requests, and nudging for breaks during long sessions.”

The spokesperson added, “Soon, parents will have new tools to link their account with their teens and set guardrails. We want ChatGPT to be as helpful as possible, so we will continue to strengthen how it responds, with input from mental health experts from around the world.”

But others argue that self-policing by tech companies isn’t enough when people are coming to real world harm as a result of their interactions with chatbots.

And OpenAI has since changed its own approach to mental health. Earlier this month the company’s chief executive, Sam Altman, claimed on social media that OpenAI has “been able to mitigate the serious mental health issues and have new tools.”¹² As a result, “we are going to be able to safely relax the restrictions” put in place to try to avoid exacerbating mental health crises “in most cases,” he said.

Cracking down on chatbots

Experts, parents, and organisations representing medical professionals all suggest it’s necessary to take action against the unlicensed and potentially harmful use of AI chatbots by people in unsuitable situations.

But Vowels argues that that horse has already bolted. “This is one of the things that really annoys me when people are trying to stop something happening which obviously cannot be stopped,” she says. “It’s a bit like when we tried to prohibit alcohol. How well did that turn out?”

Rather than banning AI chatbots, regulation of how they respond to mental health issues when they arise is important—but will always be tricky to enact.

“We are trying to build regulations for something that already exists, and we’re never going to be as quick as the technology is moving,” says Vowels.

Nevertheless, legislators are trying. Several US states, including Illinois, Nevada, and Utah, have passed regulations banning AI chatbots from providing mental health therapy or are putting stringent limits on their use.¹³

High demand for support

With millions of people worldwide already using AI chatbots for this kind of support, outright prohibition could backfire, says

Vowels, not least because mental health services are already stretched in the UK and elsewhere.

A concern is that blocking ChatGPT and other AI chatbots from engaging with anyone expressing mental health concerns could push some users to more harm or direct them to already overstretched services in the offline world.

“All that will happen is that companies will label this ‘wellness,’ which is what they do today, and put it on the market,” says Vowels. “And then there’s no therapist oversight or psychiatrist oversight, and there’s no requirements or regulations because it’s a wellness app and not a mental health app, and then people end up dying.”

Those waiting lists are long enough, but with people who present to health services in need of mental health support being younger and younger every year lengthening waiting lists can compound the problem. “Two years is a really long time out of someone’s life who’s 12 years old,” says Vowels.

It’s understandable, then, that patients and doctors alike might look to AI as a quicker way to help resolve some of the problems. But doing so can be dangerous, Raczka argues. “AI is not a silver bullet,” he says. “It must be integrated thoughtfully to support, not replace, human led care.”

“Increased government investment in the mental health workforce remains essential to meet rising demand and ensure those struggling can access timely, in-person support.”

If you’re struggling, you’re not alone. In the UK and Ireland, Samaritans can be contacted on 116 123 or email jo@samaritans.org or jo@samaritans.ie. In the US, the National Suicide Prevention Lifeline is 1-800-273-8255. In Australia, the crisis support service Lifeline is 13 11 14. Other international helplines can be found at befrienders.org

- 1 NHS England. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4. Jun 2025. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24/common-mental-health-conditions>
- 2 BMA. Mental health workforce report. Jun 2024. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/mental-health-workforce-report>
- 3 Parents of teens who died by suicide after AI chatbot interactions testify in Congress. CBS News. Sep 2025. <https://www.cbsnews.com/news/ai-chatbots-teens-suicide-parents-testify-congress>
- 4 Jargon J, Kessler S. A troubled man, his chatbot and a murder-suicide in old Greenwich. Wall Street Journal. Aug 2025. <https://www.wsj.com/tech/ai/chatgpt-ai-stein-erik-soelberg-murder-suicide-6b67dbfb>
- 5 Pierre JM. Can AI chatbots validate delusional thinking? *BMJ* 2025;391:doi: 10.1136/bmj.r2229.
- 6 Hill K, Freedman D. Chatbots can go into a delusional spiral. here’s how it happens. New York Times. Aug 2025. <https://www.nytimes.com/2025/08/08/technology/ai-chatbots-delusions-chatgpt.html>
- 7 Hayward E. Stop using chatbots for therapy, NHS warns. Times. 2025. <https://www.thetimes.com/uk/healthcare/article/stop-using-chatbots-for-therapy-nhs-warns-gr8gm7jk>
- 8 Vowels L, Vowels M, Sweeney S, Gabe Hatch S, Darwiche J. The efficacy, feasibility, and technical outcomes of a GPT-4o-based chatbot Amanda for relationship support: a randomized controlled trial. *PLOS Ment Health* 2025. doi: 10.1371/journal.pmen.0000411.
- 9 Pichowicz W, Kotas M, Piotrowski P. Performance of mental health chatbot agents in detecting and managing suicidal ideation. *Sci Rep* 2025;15. doi: 10.1038/s41598-025-17242-4 pmid: 40866537
- 10 Open AI. What we’re optimizing ChatGPT for. <https://openai.com/index/how-we-re-optimizing-chatgpt/>
- 11 Open AI. Helping people when they need it most. <https://openai.com/index/helping-people-when-they-need-it-most/>
- 12 Altman S. We made ChatGPT pretty restrictive to make sure we were being careful with mental health issues. X. 14 Oct 2025. <https://x.com/sama/status/1978129344598827128>
- 13 Blum K. States crack down on AI for behavioral health care. Association of Health Care Journalists. 20 Aug 2025. <https://healthjournalism.org/blog/2025/08/states-crack-down-on-ai-for-behavioral-health-care>