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Rethinking Help-Seeking Among Young Adults: The Role of Digital Technologies and Artificial Intelligence in Mental Health

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Abstract

In the context of rising mental health problems among young people and emphasis on prevention and early intervention within European mental health policies, the increasing presence of digital technologies and artificial intelligence applications in young people's daily lives has created new opportunities for self-assessment, monitoring, and early intervention in mental health. The present study aims to explore how young adults aged 18–24 in Greece perceive and use digital mental health technologies and AI-based tools for self-assessment and early help-seeking. This study adopts a cross-sectional quantitative design using an online survey. The research instrument includes questions on patterns of use of digital mental health tools and AI applications, young people's attitudes toward these technologies, their perceived usefulness in enhancing self-awareness and well-being, as well as perceived risks and benefits associated with their use. In addition, standardized instruments will be employed, to assess emotional distress, psychological well-being, and attitudes toward artificial intelligence. Data will be analyzed using descriptive, correlational, and multivariate regression analyses. The study is expected to contribute to a better understanding of how young people in Greece use digital tools to manage their mental health, while also identifying acceptance, perceived benefits, and ethical concerns. The findings will be discussed in relation to the development of safer, more inclusive, and developmentally appropriate digital mental health interventions for young people. This work was conducted within the COST Action CA23153 YouthDMH – Digital Mental Health for Young People, supported by COST (European Cooperation in Science and Technology)

Keywords: digital mental health; artificial intelligence; young adults; self-assessment; early intervention; help-seeking

1. Introduction

Young adulthood is a period in which mental health difficulties are common, while formal help-seeking may remain limited or delayed. Barriers such as stigma, a preference for self-management, uncertainty about whether a problem is serious enough to warrant professional help, and practical difficulties accessing services may shape how young people respond to psychological distress (McGorry et al., 2024; Pretorius et al., 2019; Jenkins et al., 2026).

At the same time, digital environments have become embedded in young people's everyday lives. Mental health information and support can now be accessed through websites, social media, mobile applications, online platforms, wearables, and AI-enabled systems. Digital resources may offer immediacy, accessibility, convenience and a degree of anonymity, potentially reducing some barriers to support (Pretorius & Coyle, 2021; Xu, 2025). Increasingly, young people may also use general-purpose conversational AI systems such as ChatGPT, Gemini or DeepSeek to reflect on symptoms, ask questions about emotional experiences, or seek suggestions for coping.

This expansion of digital mental health creates both opportunities and concerns. Digital tools may support self-assessment, psychoeducation, self-management and early engagement with care. However, questions remain regarding their effectiveness, reliability, privacy, over-reliance, inaccurate or misleading information, and their relationship with professional support (Butorac et al., 2026; Huang et al., 2024; Xian et al., 2026). Importantly, the tools that young people actually use may not be those designed specifically for clinical or mental health purposes.

Understanding use therefore requires more than asking whether young adults use digital technologies. It is also necessary to identify which tools they use, for what purposes, how frequently, how much they trust them, whether they perceive them as useful, and what influences their intention to continue using them. Perceived usefulness is a central construct in technology acceptance research and has repeatedly been linked to adoption intentions across digital health and other technology contexts (Kaklamanou et al., 2024; Hussain et al., 2025).

The broader YouthDMH WG3 survey included 1,398 young adults aged 18–24 across 11 participating countries. The present report focuses on the Greek subsample and on the findings presented in the accompanying conference presentation.

2. Aim and Research Questions

The aim of the research was to examine how young adults perceive and use digital technologies with and without AI for mental health self-assessment and support/management, and to explore factors associated with future use.

The following research questions were addressed:

RQ1. What are the patterns of help-seeking and use of digital mental health tools among young adults?

RQ2. How do young adults use AI tools and non-AI digital technologies for self-assessment and management of mental health difficulties?

RQ3. Do AI and non-AI digital mental health tools differ in frequency of use, trust, and perceived usefulness?

RQ4. Which factors are associated with the intention to use digital technologies in the future for managing mental health difficulties?

3. Method

Participants and recruitment

The Greek sample comprised 194 young adults aged 18–24 years. Mean age was 20.15 years (SD=1.52), and 82.4% of participants were women. The sample consisted predominantly of university students. Convenience sampling was used, with recruitment through university courses, e-learning channels, and social media.

Survey and measures

The anonymous online questionnaire included demographic information; mental health difficulties experienced during the previous 12 months; help-seeking and sources of help; and detailed sections on digital mental health tools with AI and without AI. The Greek version was developed through collaboration between the Greek and Cypriot research teams.

Procedure and ethics

Participation was anonymous and voluntary. The study received ethical approval from the Research Ethics Committee of the School of Primary Education, Aristotle University of Thessaloniki (Decision No. 25ΔΣ3/5-12-2025).

4. Results

4.1 Mental health difficulties, help-seeking and digital tool use (RQ1)

Of the 194 participants, 114 (58.8%) reported a mental health difficulty during the previous 12 months. Among these 114 participants, the most frequently reported difficulties were anxiety/worry (94.7%), difficulty coping with stress (68.4%), low mood/lack of energy (64.9%), strong mood changes (51.8%), repetitive or intrusive thoughts (48.2%), eating/body-image difficulties (45.6%), and difficulty focusing or sitting still (39.5%). Multiple responses were permitted.

Among participants who reported a difficulty, 93 (81.6%) sought some form of help and 21 (18.4%) did not. Help-seeking was predominantly informal and social: 36.6% of help-seekers reported family and 29.0% friends. Professional mental health support was reported by 14.0%, while 6.5% reported digital or online mental health tools as a source of help.

When the full sample was asked separately whether they had ever used digital mental health tools for information or support, 78 participants (40.2%) responded yes and 116 (59.8%) responded no. Those who responded yes proceeded to the detailed AI and non-AI sections.

Indicator	n	%
Reported a mental health difficulty in previous 12 months	114 / 194	58.8%
Sought help among those reporting a difficulty	93 / 114	81.6%
Did not seek help	21 / 114	18.4%
Family as source of help	34 / 93	36.6%
Friends as source of help	27 / 93	29.0%
Mental health professional as source of help	13 / 93	14.0%
Digital/online tools as source of help	6 / 93	6.5%
Ever used digital mental health tools for information/support	78 / 194	40.2%

Table 1. Key descriptive findings for RQ1. Denominators differ because of survey branching.

4.2 How AI and non-AI tools were used (RQ2)

General-purpose AI chatbots were the dominant AI tools. Among digital mental health users, 82.1% reported using general AI chatbots for self-assessment and 78.2% for managing difficulties. Purpose-built AI mental health tools were uncommon: AI-based self-assessment tools were reported by 5.1% for self-assessment, emotional support/psychoeducation assistants by 2.6%, and AI assistants by 3.8% for management; AI companions were not reported for management.

For non-AI digital technologies, mental health content on social media was the most frequently reported category (50.0% for self-assessment and 53.8% for management). Other non-AI self-assessment tools included mental health apps (24.4%), websites/symptom checkers (21.8%), and wearables (14.1%). For management, websites were reported by 23.1%, apps by 17.9%, virtual/augmented reality programs by 7.7%, and online professional interactions by 6.4%.

These findings indicate that real-world digital mental health use in this sample was driven primarily by everyday, general-purpose technologies—especially general AI chatbots and social media—rather than by specialized digital mental health products.

Purpose	AI: most common tool	%	Non-AI: most common tool	%
Self-assessment	General AI chatbots	82.1	Mental health content on social media	50.0
Management of difficulties	General AI chatbots	78.2	Mental health content on social media	53.8

Table 2. Most frequently reported AI and non-AI tools by purpose.

4.3 AI versus non-AI comparisons (RQ3)

For self-assessment frequency, AI tended to be used more frequently than non-AI tools, but the difference did not meet the prespecified α=.005 criterion (N=63, Z=-2.25, p=.025). For management of mental health difficulties, AI was used significantly more frequently than non-AI tools (N=59, Z=-2.90, p=.004).

Trust did not differ between AI and non-AI tools (N=68, Z=-0.13, p=.893). Perceived usefulness, however, was significantly higher for non-AI tools (M=5.45) than for AI tools (M=4.80; N=55 paired cases, Z=-3.67, p<.001). Thus, more frequent AI use in the management context did not correspond to greater trust or greater perceived usefulness.

Outcome	Paired N	Statistic	p	Interpretation
Frequency – self-assessment	63	Z=-2.25	.025	Not significant at α=.005

Outcome	Paired N	Statistic	p	Interpretation
Frequency – management	59	Z=-2.90	.004	AI used significantly more often
Trust	68	Z=-0.13	.893	No difference
Perceived usefulness	55	Z=-3.67	<.001	Non-AI tools rated as more useful

Table 3. Wilcoxon signed-rank comparisons of AI and non-AI digital mental health tools.

4.4 Predictors of intention for future use (RQ4)

The AI regression model was statistically significant, $F(5,56)=11.08$, $p<.001$, explaining 49.7% of the variance in future-use intention ($R^2=.497$; adjusted $R^2=.452$). Perceived usefulness was the only predictor that met the prespecified significance threshold ($\beta=.604$, $p<.001$). Concern about dependence showed a positive coefficient ($\beta=.291$, $p=.011$) but did not meet the $\alpha=.005$ criterion. Trust, privacy concern and concern about negative effects were not significant independent predictors.

The non-AI regression model was also statistically significant overall, $F(5,47)=5.00$, $p<.001$, explaining 34.7% of the variance ($R^2=.347$; adjusted $R^2=.278$). However, no individual predictor met the $\alpha=.005$ criterion. Perceived usefulness had the largest positive coefficient ($\beta=.368$, $p=.013$), while privacy concern had the largest negative coefficient ($\beta=-.277$, $p=.063$), but neither reached the prespecified significance threshold.

Predictor	AI β	AI p	Non-AI β	Non-AI p
Perceived usefulness	.604	<.001*	.368	.013
Trust	-.058	.603	.191	.161
Concern: dependence	.291	.011	.129	.336
Concern: personal data	-.142	.209	-.277	.063
Concern: negative effects	.055	.609	.095	.501

*Table 4. Standardized regression coefficients predicting intention for future use. *p<.005.*

5. Discussion

The Greek findings suggest that help-seeking for mental health difficulties remains primarily informal and social. Family and friends were the most common sources of help, whereas professional and explicitly digital sources were reported much less often. At the same time, 40.2% of the full sample reported having used digital mental health tools for information or support. These findings support the view that digital support is becoming an additional layer within young adults' broader mental health practices rather than a simple replacement for interpersonal or professional help.

An important interpretive question concerns whether young people always conceptualize digital practices as "help-seeking." Only 6.5% of help-seekers identified digital/online tools as a source of help, whereas a much larger proportion of the full sample reported ever using digital tools for mental health information or support. These percentages are not directly comparable because they use different denominators and question wording. Nevertheless, the pattern raises the possibility that some young adults may use ChatGPT, social media, apps or websites for self-assessment and self-management while viewing these activities as something they "do themselves" rather than as seeking help. This possibility warrants direct investigation in future research and is consistent with broader work on online help-seeking and digital coping practices (Pretorius et al., 2019; Pretorius & Coyle, 2021; Jenkins et al., 2026).

A second key finding is that AI use was dominated by general-purpose conversational systems rather than specialist mental health AI. This has practical importance because general-purpose chatbots are

not designed primarily as clinical tools, even when users apply them to mental health questions. The finding therefore shifts attention from the development of specialist products alone to the actual digital environments in which young people are already operating.

Third, AI was used more frequently than non-AI tools for management of difficulties, yet it was not trusted more and was perceived as less useful. This distinction between frequency of use and perceived value is important. One possible explanation is that general AI chatbots are highly accessible, immediate and familiar, which may encourage repeated use even when users remain cautious about their suitability or effectiveness for mental health. This interpretation was not directly tested and should therefore be treated as a hypothesis rather than a conclusion.

Finally, the regression findings indicate that perceived usefulness is especially important for future AI use. After accounting for trust and several concerns, usefulness remained the only independent predictor meeting the stringent $\alpha=.005$ criterion. This is consistent with technology acceptance perspectives in which perceived usefulness plays a central role in intention to adopt or continue using technology (Kaklamanou et al., 2024; Hussain et al., 2025). The absence of a similarly clear predictor for non-AI tools suggests that future use in that category may depend on a more distributed combination of factors.

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