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Expanding Mental Health Access Through Culturally Responsive AI: Opportunities and Boundaries for Supporting Individuals with Anxiety

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Introduction

Anxiety disorders affect nearly one-third of U.S. adults during their lifetime (National Institute of Mental Health [NIMH], 2022), yet access to effective mental health care remains inequitable due to structural barriers, stigma, and provider shortages, particularly in communities of color, rural areas, and among low-income populations (Wang et al., 2005). Artificial intelligence (AI) offers innovative approaches to mental health support, but its effectiveness and ethical application require attention to cultural responsiveness and inclusion. Insight into the psychological and media-based dynamics that shape user experiences with AI tools is essential to understanding how individuals interact with AI mental health platforms, and how to use them effectively.

User Engagement with AI Mental Health Tools

Examining how people engage with AI mental health tools involves recognizing that these platforms are not neutral. Instead, they operate within a larger digital ecosystem that influences how users interpret their emotional experiences, understand their problems, and imagine possible solutions (Crawford, 2021; Edenberg & Wood, 2023). Additionally, these tools can act as mirrors, reinforcing users' existing self-perceptions, and as mentors, shaping behavior through subtle cues like prompts, feedback loops, and guided interactions (Nesi, 2020).

For some individuals, AI mental health tools can function similarly to parasocial relationships found in other media contexts, where users form one-sided emotional connections with media figures or digital tools that offer perceived safety, support, or validation (Giles, 2002; Liebers & Schramm, 2019). These emotional attachments are often intensified in moments of psychological vulnerability, especially when traditional mental health care has been experienced as invalidating, stigmatizing, or inaccessible (Metzger et al., 2022). In this context, such tools may create emotionally safe environments where users feel more comfortable exploring vulnerability, sharing thoughts or feelings they might otherwise suppress in interper-

sonal settings due to concerns about judgment, bias, or social risk (Noble, 2018; West et al., 2019).

AI Tools for Anxiety Management

AI-powered tools, including ChatGPT, chatbots, CBT-based apps, virtual reality platforms, and emotion-recognition software offer immediate support through mood tracking, psychoeducation, and coping exercises. These tools are increasingly used by both individuals engaged in therapy and those unable or unwilling to access traditional care (Fitzpatrick et al., 2017; Inkster et al., 2018). For those in therapy, AI can serve as a bridge between sessions, reinforcing coping skills and enhancing treatment engagement. For individuals not in therapy, AI offers a confidential, stigma-reducing entry point into mental health support.

However, mental health is relational, deeply contextual, and shaped by cultural, racial, and sociohistorical experiences. AI tools must be designed and implemented in ways that acknowledge users' intersectional identities and systemic stressors, including racial trauma, economic marginalization, and language differences. Failure to incorporate these factors risks reinforcing existing inequities in access and outcomes (Torous et al., 2020).

Therapeutic Benefits and Limitations

AI-based tools for mental health support present a range of therapeutic advantages, particularly for individuals managing anxiety, especially when traditional therapeutic support is unavailable or inaccessible. They offer 24/7 access to comfort, guidance, and emotional regulation, critical features for those experiencing acute stress or rumination during non-clinical hours. AI tools can provide grounding, offering structured, immediate interventions such as cognitive reframing, grounding exercises, and mood tracking (Fitzpatrick et al., 2017; Koenig, 2012). The continuous availability of AI allows anxious individuals to find reassurance and clarity in real time, particularly when navigating distress without the presence of a therapist.

AI-based platforms support practical decision-making and conflict resolution in ways that often feel more tangible and more culturally aligned than traditional talk therapy. For example, anxious individuals frequently use AI chatbots or mental health apps to ask structured questions about managing interpersonal conflict, workplace stress, or personal fears, receiving step-by-step guidance grounded in cognitive-be-

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havioral or mindfulness techniques (Inkster et al., 2018). This ability to externalize anxiety into action can feel empowering for individuals seeking clarity and direction in the midst of psychological overwhelm. Additionally, the anonymity of AI allows users to explore vulnerability without fear of stigma or performance, which can be exceptionally comforting for those navigating shame or internalized pressure (Koenig, 2012; Luxton, 2014). As mental health interventions evolve, incorporating culturally responsive AI tools may enhance holistic care for anxious populations, especially when embedded with ethics of inclusion, accessibility, and relational accountability.

Despite the advantages, there are therapeutic limitations to AI. Artificial intelligence systems cannot replicate the relational depth, emotional attunement, or clinical intuition of a trained therapist. This limitation is particularly pronounced when clients present with complex trauma, intersecting marginalized identities, or rapidly evolving crises that require nuanced, context-sensitive intervention (Torous et al., 2020). Overreliance on AI as a substitute for therapy may also delay or discourage individuals from pursuing necessary clinical care, primarily when AI tools do not clearly communicate their scope and limitations (Luxton, 2014).

Ethical and Cultural Considerations

Ethical considerations surrounding AI in mental health are complex and evolving. Data privacy is a primary concern, as many users are unaware of how their personal and emotional data are collected, stored, or shared. Artificial intelligence applications often operate under broad user agreements that may not meet the standards of informed consent required in traditional therapy (Whittaker et al., 2018). Additionally, the algorithms that drive AI responses are subject to the biases of their training data. If these datasets lack cultural diversity or reinforce dominant norms, AI tools may provide feedback that is misaligned or even harmful to users from marginalized backgrounds. For example, race, gender identity, sexual orientation, disability status, and language fluency are often overlooked or misrepresented in AI design, raising serious concerns about equitable service delivery (Torous et al., 2020).

Boundary issues must also be carefully navigated when integrating AI into therapeutic contexts. Users may anthropomorphize AI, developing an overreliance on bots as emotional confidants or misinterpreting them as qualified professionals. This is particularly relevant in emotionally vulnerable states, where users may seek validation, direction, or meaning beyond the scope of AI's capabilities (Inkster et al., 2018). Patterns of user interaction often include questions related to anxiety management, emotional regulation, interpersonal stress, self-esteem, and loneliness, areas where clients seek not only tools but connection (Fitzpatrick et al., 2017). Some users turn to AI for existential support, expressing uncertainty, fear, and even thoughts of self-harm, highlighting the importance of clearly communicating boundaries, risks, and appropriate uses of these tools.

Implications for Practice

Artificial intelligence presents a promising supplement to mental health care for individuals experiencing anxiety, with the potential to reduce barriers and extend support in culturally responsive ways. For both therapy clients and those without access to care, AI can provide immediate, skill-based interventions that honor users' autonomy and lived experience. However, to fully realize the potential of AI in mental health, these tools must be developed through an equity-informed lens grounded in cultural humility, inclusion, and justice. Clinicians, designers, and educators must collaborate in designing AI tools that are ethically sound, culturally responsive, and informed by the communities they intend to serve. Future research and policy development should focus on regulation, inclusive design, and accountability structures to ensure that AI enhances rather than undermines equity in mental health care. ▲

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