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Artificial Intelligence–Assisted Mental Health Screening, Healthcare Accessibility, and Early Intervention Outcomes: A Comparative Public Health Analysis of University-Based Digital Mental Health Systems in the United Kingdom and South Korea

Jisoo Kim[1]

Jisoo Kim

College of Medicine
Seoul National University
Email: jisoo.kim@snu.ac.kr

***Corresponding Author:** jisoo.kim@snu.ac.kr

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ABSTRACT

Abstract
The global rise of anxiety, depression, psychological distress, and suicide risk among university students has intensified demand for scalable and accessible mental health systems. This study examines how artificial intelligence–assisted digital mental health screening influences early detection, healthcare accessibility, treatment engagement, and institutional mental health governance through a comparative public health analysis of university-based digital mental health systems in the United Kingdom and South Korea. The article argues that AI-assisted mental health systems are effective only when algorithmic screening is integrated with clinical referral pathways, institutional governance, behavioral support, and ethical safeguards. Using comparative health systems analysis, epidemiological interpretation, digital mental health evaluation, and interdisciplinary public health synthesis, the study compares two higher-education mental health environments characterized by different healthcare structures, social stigma patterns, digital adoption cultures, and institutional support systems. The findings indicate that AI-assisted screening may improve early identification of psychological distress and reduce barriers to help-seeking, particularly among digitally

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engaged populations. However, algorithmic systems may reproduce inequities when language bias, cultural stigma, privacy concerns, and unequal access to mental healthcare remain unresolved. The comparative evidence demonstrates that digital mental health technologies cannot substitute for comprehensive clinical care but may strengthen population-level prevention and early intervention when embedded within accountable healthcare governance frameworks. This article contributes to medical and health sciences scholarship by integrating epidemiology, behavioral health, digital psychiatry, healthcare governance, and institutional mental health systems into a comparative analytical framework.

Keywords: digital mental health; artificial intelligence; mental health screening; university students; healthcare accessibility; depression; behavioral health; public health governance; South Korea; United Kingdom

INTRODUCTION

Mental health disorders constitute a major global public health challenge with profound clinical, social, economic, and institutional implications. Depression, anxiety disorders, self-harm, substance misuse, and suicide contribute substantially to disability-adjusted life years and reduced quality of life worldwide (WHO, 2024). Young adults and university students represent a particularly vulnerable population due to academic pressure, financial stress, social transition, employment insecurity, identity-related challenges, and increased exposure to digital environments. The COVID-19 pandemic intensified these pressures by increasing social isolation, uncertainty, disrupted routines, and psychological distress across educational settings (OECD, 2023).

International epidemiological evidence indicates rising prevalence of depressive symptoms, anxiety, sleep disorders, and psychological distress among university students across diverse regions (Auerbach et al., 2021). Mental health conditions in this population are associated with impaired academic performance, reduced social functioning, increased dropout risk, substance use, and suicidal behavior. Despite growing need, university mental health services often remain under-resourced, fragmented, reactive, and difficult to access. Long waiting times, stigma, limited workforce capacity, and uneven awareness continue to restrict timely intervention.

These pressures have accelerated interest in digital mental health technologies, including telepsychiatry, mobile mental health applications, online cognitive behavioral therapy, remote counseling, and artificial intelligence–assisted screening systems. AI-assisted mental health screening refers to the use of machine learning algorithms, natural language processing, predictive analytics, chatbot-based assessment, and digital behavioral monitoring to identify patterns associated with psychological distress, depression, anxiety, suicidal ideation, or emotional deterioration. Such systems are increasingly used in educational institutions and healthcare systems to support early identification and triage.

The scientific and institutional relevance of this development is substantial. Mental health disorders

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often remain undetected because symptoms are underreported, stigmatized, or difficult to recognize in early stages. AI-assisted systems may identify behavioral and emotional signals before severe deterioration occurs, potentially improving preventive intervention. However, digital mental health technologies also generate ethical, clinical, and governance concerns related to algorithmic bias, overdiagnosis, privacy, data security, clinical accountability, informed consent, and unequal access to care.

The United Kingdom and South Korea provide analytically valuable comparative contexts. The United Kingdom has expanded digital mental health initiatives through the National Health Service (NHS), university wellbeing systems, and national mental health policy emphasizing early intervention and digital accessibility. However, demand for services frequently exceeds institutional capacity, especially among young adults and university populations. South Korea possesses highly advanced digital infrastructure and high rates of technology adoption, but also experiences significant social stigma surrounding mental illness, intense educational pressure, and elevated suicide-related public health concerns (OECD, 2023). These contrasting institutional and sociocultural conditions create an opportunity to analyze how digital mental health systems function across different healthcare and behavioral environments.

The academic and healthcare problem extends beyond technological efficiency. AI-assisted screening systems may identify individuals at risk, but detection alone does not ensure improved health outcomes. Effective mental healthcare requires referral pathways, counseling availability, psychiatric assessment, crisis intervention, behavioral support, and continuity of care. Without institutional integration, digital systems risk becoming surveillance-oriented technologies disconnected from therapeutic care. Therefore, digital mental health should be understood as a healthcare governance intervention rather than merely a computational innovation.

Existing medical and behavioral health literature provides important insights. Torous et al. (2021) argue that digital mental health technologies can improve accessibility and engagement but require rigorous clinical validation and ethical oversight. Inkster et al. (2020) emphasize that AI-supported mental health systems may expand preventive care capacity, particularly in underserved populations. Other scholars highlight that digital mental health interventions are more effective when integrated with evidence-based therapy and clinician supervision rather than functioning independently (Firth et al., 2020). Research also demonstrates that young adults may prefer digital entry points to mental healthcare because of convenience, anonymity, and reduced stigma (Lattie et al., 2019).

However, current health sciences literature remains limited in several respects. While previous studies emphasize digital intervention effectiveness, existing scholarship often underestimates institutional governance and healthcare system capacity. Other medical scholars argue that AI technologies may increase accessibility, yet current evidence remains fragmented regarding long-term clinical outcomes and equity implications. Many studies focus on application usability or algorithmic performance while neglecting healthcare integration, cultural context, and behavioral determinants of help-seeking.

Several gaps remain. First, the theoretical gap concerns insufficient integration of behavioral medicine,

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healthcare governance, and digital psychiatry within a unified framework. Second, the empirical gap concerns limited comparative evidence explaining how AI-assisted screening performs across different sociocultural and institutional environments. Third, the comparative healthcare gap concerns differences in stigma, digital literacy, and mental healthcare accessibility between countries. Fourth, the institutional governance gap concerns insufficient attention to privacy regulation, referral systems, clinical accountability, and ethical oversight. Fifth, the implementation gap concerns uncertainty regarding whether digital mental health systems improve equitable access or reinforce disparities among vulnerable populations.

The novelty of this article lies in its comparative integration of epidemiology, behavioral health, digital psychiatry, institutional healthcare governance, and public health ethics. Rather than evaluating AI-assisted screening solely through technological accuracy, this article conceptualizes digital mental health as a multilevel intervention linking institutional capacity, behavioral adaptation, clinical pathways, and population mental health resilience.

The analytical framework follows the causal pathway: institutional mental health governance → digital accessibility and AI-assisted screening → behavioral help-seeking and early identification → treatment engagement and continuity → mental health outcomes and public health resilience. Institutional governance influences privacy protection, referral integration, clinician oversight, and funding structures. Digital accessibility affects whether students can use systems safely and confidently. Behavioral adaptation mediates effectiveness because stigma, trust, literacy, and emotional readiness shape engagement with care.

This study aims to analyze comparatively how AI-assisted digital mental health screening systems in university settings influence early identification, healthcare accessibility, treatment engagement, and institutional mental health resilience in the United Kingdom and South Korea.

METHODOLOGY

This study employs a comparative interdisciplinary public health research design integrating epidemiological interpretation, behavioral medicine, digital mental health evaluation, and healthcare governance analysis to examine how AI-assisted mental health screening systems influence early intervention pathways in university settings in the United Kingdom and South Korea. These countries were selected because they represent technologically advanced but institutionally and socioculturally distinct mental healthcare environments. The United Kingdom combines publicly funded healthcare, expanding digital mental health policy, and increasing emphasis on university wellbeing systems, whereas South Korea combines advanced digital infrastructure, intense educational pressure, high technology adoption, and persistent mental health stigma within a rapidly evolving psychiatric care environment. The unit of analysis consists of university-based AI-assisted digital mental health systems, including screening platforms, symptom monitoring tools, referral mechanisms, and integrated counseling pathways. Analytical variables include mental health accessibility, digital engagement, psychological distress detection, stigma-related barriers, treatment initiation, continuity of care, privacy governance, institutional response capacity, clinician oversight, digital literacy, and mental health outcome pathways.

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The empirical foundation consists of peer-reviewed mental health and digital psychiatry literature, WHO mental health reports, OECD health and wellbeing indicators, university mental health policy documents, digital health governance evidence, and epidemiological studies on anxiety, depression, and suicide risk among university students. No fabricated patient data, interviews, or clinical records were used. Comparative analysis was conducted through structured synthesis of institutional evidence, digital health implementation studies, and behavioral health research. Triangulation was achieved by comparing public health reports with peer-reviewed evidence across psychiatry, health systems, behavioral science, and digital medicine. Validation was strengthened by prioritizing convergent findings from longitudinal and systematic-review evidence. Ethical considerations include privacy protection, algorithmic bias, informed consent, suicide-risk escalation procedures, data governance, and safeguarding vulnerable populations. The study is limited by heterogeneity in digital mental health definitions, varying national reporting systems, and limited long-term evidence regarding AI-assisted intervention outcomes, but it provides analytically robust insight into institutional and behavioral mechanisms shaping digital mental healthcare effectiveness.

Findings and Discussion

1. Institutional Mental Health Governance and Digital Transformation

The comparative evidence demonstrates that AI-assisted digital mental health systems function differently depending on institutional healthcare governance. In both the United Kingdom and South Korea, universities increasingly face pressure to address rising mental health demand among students. However, institutional responses differ due to variations in healthcare financing, mental health policy, stigma, and digital governance structures.

In the United Kingdom, universities increasingly collaborate with NHS-linked services, digital counseling platforms, crisis support systems, and online wellbeing resources. AI-assisted screening tools are often integrated into broader mental health ecosystems emphasizing early intervention and referral triage. Institutional frameworks increasingly recognize mental health as a core educational and public health issue rather than solely an individual clinical problem. However, long waiting times and workforce shortages continue to constrain service continuity.

South Korea possesses strong digital infrastructure and high technological familiarity among young adults, making digital screening potentially scalable. However, social stigma surrounding mental illness remains a substantial barrier to help-seeking. Educational competition and social expectations may intensify psychological distress while discouraging formal psychiatric care. Under these conditions, anonymous or semi-anonymous AI-assisted systems may reduce initial barriers to screening, particularly among students reluctant to seek face-to-face support.

The comparative evidence reveals that digital mental health technologies are more effective when institutional governance legitimizes psychological care and provides integrated referral pathways. AI-assisted systems that identify risk without ensuring access to counseling or psychiatric care may increase unmet demand rather than improve outcomes.

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These findings align with WHO guidance emphasizing that mental health systems require integration across prevention, early intervention, treatment, and social support (WHO, 2022). They also extend digital psychiatry scholarship by showing that institutional legitimacy and service capacity mediate technological effectiveness.

Clinically, this suggests that digital mental health tools should operate within coordinated care systems involving psychologists, psychiatrists, academic support staff, and crisis-response mechanisms. Public health policy should therefore focus not only on digital innovation but also on workforce expansion, institutional coordination, and equitable mental healthcare governance.

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2. AI-Assisted Screening, Early Identification, and Behavioral Help-Seeking

AI-assisted mental health systems are often promoted for their ability to identify psychological distress earlier than conventional healthcare pathways. These systems may analyze self-reported symptoms, behavioral patterns, language use, digital engagement, sleep indicators, or emotional expression to identify potential mental health risk.

In university settings, early identification is especially important because many students delay seeking care until symptoms become severe. Digital systems may reduce psychological barriers associated with stigma, embarrassment, scheduling difficulty, or fear of judgment. Students who avoid conventional counseling may still interact with screening platforms, symptom checkers, or AI-supported chat systems.

In the United Kingdom, digital screening systems may support triage by identifying students requiring urgent intervention, low-intensity support, or self-guided resources. Universities increasingly use online wellbeing assessments to identify anxiety, depression, burnout, and self-harm risk. However, effectiveness depends on whether students trust the confidentiality and purpose of the systems.

In South Korea, AI-assisted systems may be particularly relevant because stigma and social pressure often discourage direct psychiatric consultation. Anonymous digital interfaces may create psychologically safer entry points into mental healthcare. However, students may still avoid escalation to formal care if they fear academic, familial, or social consequences associated with mental illness.

Behavioral adaptation is therefore central. Digital systems do not directly improve mental health outcomes; they influence pathways to recognition, help-seeking, and treatment engagement. This aligns with behavioral medicine theory emphasizing that healthcare utilization depends on perceived need, social norms, emotional readiness, and accessibility (Michie et al., 2011).

The comparative evidence suggests that AI-assisted systems are strongest as preventive and triage mechanisms rather than independent therapeutic interventions. Screening may improve recognition of distress, but outcomes depend on counseling access, clinician review, peer support, and continuity of care.

Public health implications include the importance of integrating digital screening with psychoeducation,

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anti-stigma campaigns, and campus-based support systems. Universities should evaluate not only platform usage but also referral completion, treatment initiation, crisis prevention, and long-term wellbeing outcomes.

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3. Comparative Matrix of Healthcare Governance, Clinical Intervention, and Health Outcomes

Table 1. Comparative Matrix of Healthcare Governance, Clinical Intervention, and Health Outcomes

Variable	Case 1: United Kingdom	Case 2: South Korea	Empirical Evidence	Analytical Interpretation
Institutional mental health structure	NHS-linked university wellbeing and counseling systems	Digitally advanced but stigma-sensitive mental health environment	WHO and OECD mental health reports	Institutional culture shapes digital mental health uptake
Primary rationale for AI screening	Early intervention, triage, service demand management	Anonymous access and reduction of stigma-related barriers	University digital health literature	Sociocultural conditions influence implementation goals
Digital accessibility	High smartphone and online service utilization	Very high digital connectivity and technology familiarity	OECD digital indicators	Infrastructure facilitates scalability
Major implementation challenge	Workforce shortages and waiting times	Mental health stigma and reluctance toward formal care	Behavioral health and psychiatry literature	Technology alone cannot eliminate systemic barriers
Clinical mechanism	Early symptom detection and referral prioritization	Anonymous screening and behavioral engagement	Digital psychiatry studies	Screening effectiveness depends on referral integration
Equity concern	Students with low digital literacy or marginalized identities	Students avoiding psychiatric labeling or formal treatment	Public health equity evidence	Vulnerable groups may remain underserved
Privacy and ethics issue	Data governance and confidentiality concerns	Fear of surveillance or reputational consequences	Digital health ethics literature	Trust is central to participation
Population	Expanded	Potential	WHO	AI systems

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health implication	preventive mental healthcare access	normalization of help-seeking through digital pathways	mental health strategy	may support resilience when institutionally integrated

The table demonstrates that AI-assisted mental health systems operate through different institutional and behavioral pathways across the two countries. In the United Kingdom, digital mental health systems primarily respond to rising service demand and the need for earlier triage. In South Korea, digital systems additionally function as mechanisms for reducing stigma-related barriers to initial engagement.

Analytically, the comparison reveals that digital mental health technologies should not be evaluated solely according to algorithmic accuracy. Their effectiveness depends on sociocultural trust, institutional capacity, and healthcare integration. A technically sophisticated screening algorithm may have limited public health value if students distrust data use, fear stigma, or cannot access follow-up care.

This interpretation extends previous digital psychiatry literature by linking AI-assisted screening to healthcare governance and behavioral adaptation. The same screening platform may produce different outcomes depending on institutional legitimacy, mental health literacy, privacy regulation, and availability of counseling services.

Clinical implications include the need for clinician-supervised escalation pathways. AI systems should support—not replace—professional assessment, especially for suicide risk, severe depression, psychosis, or crisis situations. Public health governance should require transparency, explainability, bias monitoring, and emergency referral protocols.

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4. Health Equity, Algorithmic Bias, and Ethical Governance

The comparative evidence indicates that digital mental health technologies may either improve or undermine health equity depending on implementation quality. AI systems are shaped by training data, language processing, cultural assumptions, and healthcare access conditions. Consequently, algorithmic screening may fail to recognize culturally specific expressions of distress or may misclassify risk among underrepresented populations.

In the United Kingdom, students from minority ethnic backgrounds, LGBTQ+ communities, international student populations, and economically disadvantaged groups may experience unequal engagement with digital mental health systems if cultural adaptation and trust-building are insufficient. Language framing, accessibility design, and institutional inclusion strongly influence participation.

In South Korea, social stigma and concern about social reputation may discourage disclosure of psychological symptoms even in digital environments. Furthermore, students may fear that digital mental health data could affect academic or employment opportunities. These concerns highlight the importance of transparent

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governance and strict confidentiality protection.

Ethical governance is therefore fundamental. AI-assisted mental health systems involve highly sensitive personal data related to emotional state, psychological vulnerability, and suicidal ideation. Data misuse, unauthorized sharing, or algorithmic opacity may undermine trust and reduce participation.

The findings align with digital ethics scholarship emphasizing transparency, fairness, accountability, and informed consent in AI-supported healthcare systems (Torous et al., 2021). They also support broader public health ethics frameworks emphasizing autonomy, nonmaleficence, beneficence, and justice.

The comparative evidence suggests that equitable digital mental healthcare requires culturally adaptive screening tools, multilingual support, accessibility accommodations, human oversight, and strong privacy governance. Institutions should also ensure that digital interventions do not become substitutes for broader investments in counseling, psychiatric services, and community wellbeing.

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5. Public Health Resilience, Prevention, and the Future of Digital Mental Healthcare

Mental health resilience refers to the capacity of individuals and institutions to prevent, detect, respond to, and recover from psychological distress and mental illness. AI-assisted digital systems may strengthen resilience by expanding early detection, increasing accessibility, supporting continuous monitoring, and normalizing preventive mental healthcare.

In the United Kingdom, digital systems may improve resilience by reducing delays in identification and supporting stepped-care models linking low-intensity support with specialist referral. Universities may use aggregated anonymous data to identify population-level stress patterns and allocate resources more effectively.

In South Korea, digital mental health systems may help reduce barriers to help-seeking among populations reluctant to engage with traditional psychiatric care. Over time, normalized digital engagement may contribute to broader cultural acceptance of mental healthcare.

However, resilience requires more than technological scalability. Preventive mental healthcare also depends on social support, academic policy, financial stability, sleep health, anti-bullying initiatives, and reduction of structural stressors affecting students. AI-assisted systems cannot compensate for institutional environments that produce chronic psychological strain.

The findings therefore support a systems-oriented approach to mental health. Digital tools are most effective when embedded within preventive public health strategies integrating counseling, peer support, educational reform, crisis services, and behavioral health promotion.

This article contributes to medical and health sciences scholarship by demonstrating that AI-assisted mental health systems are fundamentally sociotechnical interventions. Their effectiveness depends not only on

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computational capability but also on healthcare governance, ethical legitimacy, cultural trust, and institutional support capacity.

Clinical/Public Health Propositions

Proposition 1: Institutional mental health governance strengthens the effectiveness of AI-assisted digital mental health systems.

Digital screening systems produce stronger outcomes when integrated with referral pathways, counseling access, clinician oversight, and ethical governance structures.

Proposition 2: Behavioral help-seeking mediates the relationship between digital mental health accessibility and clinical engagement.

AI-assisted screening improves outcomes only when students trust systems, recognize symptoms, and engage with follow-up care.

Proposition 3: Sociocultural stigma significantly influences the effectiveness of AI-supported mental healthcare.

Anonymous and digitally mediated pathways may reduce initial barriers, but stigma can still inhibit treatment continuity.

Proposition 4: Ethical governance and equity-sensitive implementation are essential for sustainable digital mental healthcare.

Privacy protection, transparency, algorithmic fairness, and culturally adaptive systems determine long-term institutional legitimacy.

CONCLUSION

This study analyzed comparatively how AI-assisted digital mental health screening systems in university settings influence early identification, healthcare accessibility, treatment engagement, and institutional mental health resilience in the United Kingdom and South Korea. The findings demonstrate that digital mental health technologies are not standalone technological solutions but governance-dependent healthcare interventions shaped by institutional capacity, sociocultural context, behavioral adaptation, and ethical legitimacy.

The comparative evidence indicates that AI-assisted systems may improve early recognition of psychological distress, reduce some help-seeking barriers, and support preventive intervention among university populations. In the United Kingdom, digital systems are increasingly integrated into university wellbeing and NHS-linked mental healthcare pathways, although workforce shortages and waiting times remain major constraints. In South Korea, advanced digital infrastructure creates strong implementation potential, but stigma and concerns regarding social reputation continue to shape mental healthcare

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engagement.

The theoretical contribution of this article lies in integrating epidemiology, behavioral medicine, digital psychiatry, healthcare governance, and public health ethics into a unified analytical framework. The empirical contribution lies in explaining how institutional structures and sociocultural conditions mediate the effectiveness of AI-assisted mental health interventions.

Clinically, AI-assisted screening should function as a triage and preventive support mechanism rather than a replacement for professional psychiatric care. Institutions should ensure clinician-supervised escalation pathways, culturally adaptive screening tools, and continuity of counseling and crisis services. From a public health perspective, digital mental health strategies should prioritize equity, privacy protection, anti-stigma interventions, and community-centered mental health promotion.

The study is limited by reliance on secondary evidence and by uneven longitudinal data regarding AI-supported mental health outcomes. Future research should evaluate long-term clinical trajectories, suicide prevention outcomes, patient trust dynamics, and algorithmic bias across diverse cultural and linguistic populations. Additional research is also needed on hybrid models combining AI-supported screening with peer support, psychotherapy, and community-based prevention systems.

Ultimately, this article argues that AI-assisted digital mental health systems can strengthen population mental health resilience only when embedded within equitable, ethical, and clinically accountable healthcare governance frameworks.

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