



The Jed Foundation

Exploring Artificial Intelligence [AI]: Understanding Relationships between AI Use and Mental Health Among Middle and High School Students



Research Report October 2026

Acknowledgements

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About The Jed Foundation (JED)

JED is a leading nonprofit that protects emotional health and prevents suicide for our nation's teens and young adults. We're partnering with high schools, colleges, school districts, and youth-serving community-based organizations (CBOs) to strengthen their mental health and suicide prevention programs and systems. We're equipping teens and young adults with the skills and knowledge to help themselves and each other. We're encouraging community awareness, understanding, and action for young adult mental health and emotional well-being.

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Executive Summary

Background

Research on how young people are using generative artificial intelligence (AI) is growing rapidly. As of March 2026, nearly 9 in 10 young people aged 9-17 report interacting with AI, with two-thirds using AI chatbots.¹ In addition to broad AI use, increasing attention has been paid to how young people are using AI for emotional support, personal advice, and companionship. Despite the frequency of youth AI use, little is known about how it is associated with mental health, well-being, and risk for suicide.² Our research helps fill this gap by examining how AI use among middle and high school students is related to their mental health, well-being, and lifetime history of suicidal thoughts and attempts.

Purpose

JED examined how AI use relates to mental health, well-being, and history of suicidal thoughts and attempts among middle and high schools students, to inform the AI and technology industry, policymakers, and youth-serving professionals so they can so they can work to protect young people's emotional well-being, strengthen safeguards, and ensure access to effective human support.

Methods

This analysis draws on data from JED's Student Survey, collected between October 2025 and April 2026. Data for this analysis include 5,560 middle and high school students in 21 U.S. schools that began participating in JED's high school and school district programs in the 2025-2026 academic year. Data were weighted to adjust for non-response bias. Associations between AI use and mental health, well-being, and suicide indicators were analyzed using generalized mixed additive models to account for nested data that were adjusted for sex, race/ethnicity, and grade level.

Key Findings

1. Students use AI for a wide range of cognitive and emotional supports, including turning to AI when they're emotionally struggling.
2. Certain uses of AI are associated with worse mental health and well-being outcomes, and greater lifetime history of suicidal thoughts and attempts.
3. Students who use AI while emotionally struggling have worse mental health and well-being outcomes, and greater lifetime history of suicidal thoughts and attempts.
4. Patterns of AI use differ across demographics, with important implications for mental health disparities.

Recommendations

These findings reinforce the need for immediate protections against foreseeable harms, independent scrutiny of AI products, and investment in the human relationships and support systems essential to youth mental health and suicide prevention. Further research is critical, but action on known and foreseeable risks cannot wait. The recommendations below draw on this research and the broader evidence on youth mental health, development, and AI safety.

Recommendations for the AI and Technology Industry

Companies must take responsibility for the safety of their products, including how their design and use may affect young people's mental health, development, and relationships. This means addressing acute, psychological, and relational harms; ensuring designs are not manipulative and systems do not foster dependence; putting safety ahead of engagement and revenue; and requiring rigorous, independent safety evaluation and accountability.

Recommendations for Policymakers

Policymakers should establish and enforce strong youth AI safety protections, including legal accountability for foreseeable harms, restrictions on high-risk products and manipulative practices, privacy protections, and independent evaluation with meaningful consequences for safety failures. Governments must invest in independent research and the human and community supports essential to youth mental health and suicide prevention.

Recommendations for Youth-Serving Professionals

Youth-serving professionals play an important role in strengthening the relationships, skills, and support systems that protect youth mental health, ensuring access to trusted adults and appropriate mental health support, and bringing youth mental health expertise to technology standards and policy. It is also essential that schools and other youth-serving organizations establish clear requirements for AI use, and equip young people and caregivers to understand AI risks and make informed decisions.



Research Limitations

Because the data in this study are cross-sectional, inferences cannot be drawn about causation (e.g. whether specific uses of AI contribute to poorer mental health or whether students already struggling with their mental health are more likely to use AI in certain ways). Research designed to answer these questions is needed. This sample is also not nationally representative. However, AI use rates correlate well with nationally representative samples.

Conclusion

This research is part of JED's broader work to protect young people's emotional well-being and prevent suicide as AI changes how they learn, connect, and navigate their lives. JED will continue collecting data from approximately 20,000 middle and high school students annually, and pursue robust peer-reviewed research with collaborators to deepen our understanding of AI use and youth mental health. The signals we're seeing are concerning, and now is the time to act to protect young people. JED is committed to working with young people and partners across sectors to help shape how AI is designed, evaluated, governed, and used, while strengthening the real-world relationships and supports that young people need to thrive.

Background and Introduction

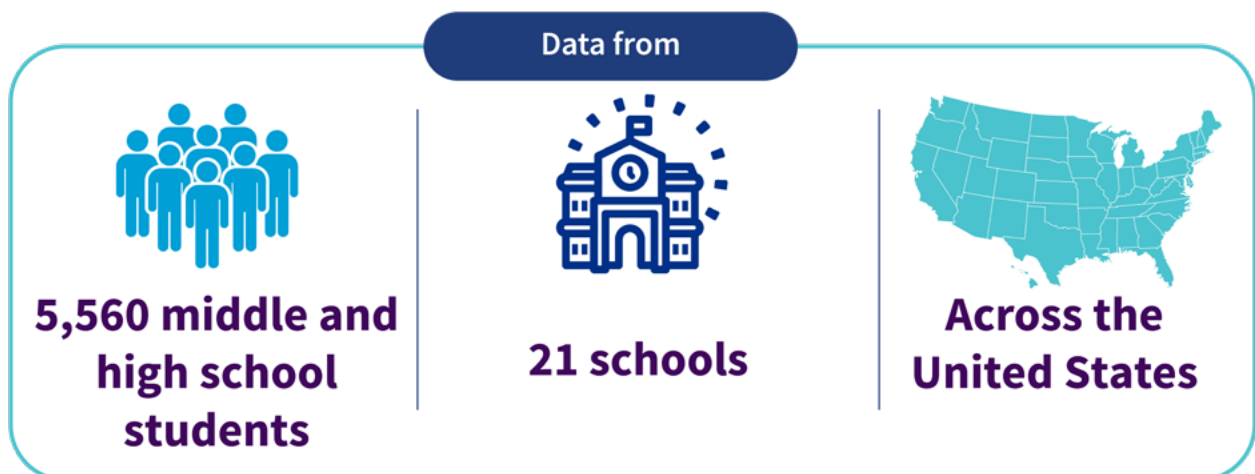
AI is becoming part of young people's everyday lives during a critical period for developing emotional, cognitive, and relational skills. Generative AI, including chatbots and tools that produce text, images, and other content, is increasingly widespread.³ While generative AI is likely to reshape lives across the lifespan, childhood and adolescence are critical periods for developing cognitive, emotional, and relational skills that will influence future health and well-being. As of March 2026, nearly 9 in 10 young people aged 9-17 report interacting with AI, with two-thirds using AI chatbots.¹ While young people commonly use AI for schoolwork, entertainment, and information,^{1,4} some also turn to it for emotional support, personal advice, and companionship. Population-based studies indicate that 12–21% of youth have used generative AI for emotional or mental health support.^{1,5,6} These uses raise important questions about young people's developing coping skills, independent judgment, and relationships with others. Yet relatively little is known about how AI use is associated with mental health, well-being, and risk for suicide.²

Understanding young people's experiences, perspectives, and how AI use relates to their mental health, development, and relationships is essential to informing how AI is designed, evaluated, governed, and used. This knowledge can help inform industry practices and policy protections, while supporting schools, youth-serving professionals, and families in promoting mental health, preventing suicide, and strengthening young people's connections to others. Our research helps fill this gap by examining how AI use among middle and high school students is related to their mental health, well-being, and lifetime history of suicidal thoughts and attempts. JED is committed to advancing research, informing AI standards and policy, strengthening accountability, and working with schools and communities to more effectively and comprehensively protect emotional well-being and prevent suicide.

Methodology

Every year, JED collaborates with the schools that are participating in our high school and district programs to collect data directly from young people about their experiences as part of JED’s Student Survey. Starting in the 2025-2026 school year, we began collecting data about AI use. The data presented in this report are from the 21 schools (from nine participating high schools and school districts) that enrolled in JED’s programs beginning in the 2025-2026 academic year. Data were collected between October 2025 and April 2026. All students at the participating high schools, and all middle and high school students in participating school districts, were invited to complete JED’s online survey following applicable procedures for parental consent and teen assent within that locality. Data were weighted to reflect the population of students that attend these schools and districts using data from the National Center for Education Statistics^{7,8} to account for non-response bias. We included students in this analysis if they had valid non-response weights (based on student sex, race/ethnicity, and grade level), complete data on AI use, and complete data on at least one outcome of interest (such as symptoms of anxiety and depression, resilience, or history of suicidal thoughts or attempts). This study included data from 5,560 students.

Validated research tools were used to collect data on indicators of students’ mental health, well-being, and lifetime history of suicidal thoughts and attempts. Items on AI use were developed in collaboration with experts given the rapid evolution of these technologies. We asked students about their general reasons for using AI and separately about their use of AI when feeling sad, stressed, lonely, or overwhelmed, including the reasons for that use. In addition to calculating descriptive statistics, data were analyzed using generalized mixed additive models that account for nested data collection (for example, schools within districts) and adjusted for student sex, race/ethnicity, and grade level. All analyses used poststratification weights, calibrated to school- or district-level enrollment characteristics.



Key Findings

Key Finding 1: Students use AI for a wide range of cognitive and emotional supports, including turning to AI when they're emotionally struggling.

Four in five middle and high school students (81%) reported using any AI. Students reported using it for many reasons (Table 1). Some of the most common reasons include using AI for schoolwork, relationship or problem-solving advice, and friendship or companionship. For example:

- ▶ The majority of students (58%) used AI for help with schoolwork.
- ▶ More than a quarter of students (28%) used AI for relationship or problem-solving advice.
- ▶ More than 1 in 10 (12%) used AI for friendship or companionship.

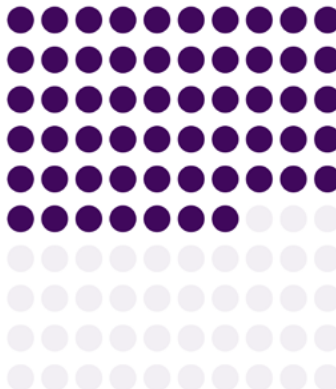
The majority of students (57%) used AI when they felt sad, stressed, lonely, or overwhelmed. However, many students didn't characterize this as using AI to "get help." When asked directly about whether they used AI to **get help** when they felt sad, stressed, lonely, or overwhelmed, only 8% of students said yes.

This gap shows why asking only whether young people use AI for help with their mental health misses much of their use during times of distress. While emotionally struggling, students most commonly were looking to AI for distraction or advice, to calm down, and to feel less lonely (Table 1). Some students also described turning to AI when they needed to talk but no one was available, were not ready to talk to another person, or wanted to feel less alone. These responses raise important questions about the role AI may be playing when young people are struggling to access or engage with human support. These findings also highlight why understanding AI's role in young people's emotional and relational lives requires looking beyond whether they explicitly report using it for mental health.

Most students used AI when emotionally struggling, but few called it "getting help"

57%

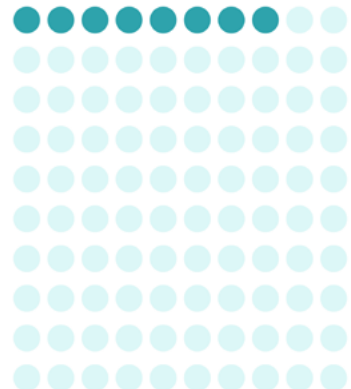
Used AI when feeling sad, stressed, lonely, or overwhelmed



Each dot is 1 in 100 students

8%

Said they used AI to get help when feeling sad, stressed, lonely, or overwhelmed



Key Finding 2: Certain uses of AI are associated with worse mental health and well-being outcomes, and greater lifetime history of suicidal thoughts and attempts.

We examined relationships between different reasons for AI use and students' reports of symptoms of anxiety and depression, loneliness, resilience, flourishing, and lifetime history of suicidal thoughts or attempts. **We found that how young people are using AI matters for mental health and well-being.**

Students who reported using AI for any reason did not significantly differ in their mental health, well-being, or lifetime history of suicidal behavior or attempts compared to students who did not use any AI. However, many **specific** reasons for AI use were linked to worse outcomes on at least one included indicator of mental health, well-being, or suicide risk (Table 2).

How and why young people use AI matters

Examples of reasons for AI use for cognitive and emotional supports that are linked to worse mental health outcomes

	Symptoms of anxiety and depression	Loneliness	History of suicidal thoughts	History of suicide attempts	Resilience	Flourishing
Any AI use	—	—	—	—	—	—
Schoolwork	—	●	●	—	—	—
Relationship or problem-solving advice	●	●	●	—	—	—
Friendship or companionship	●	●	●	●	●	●
Seeking help when emotionally struggling	●	●	●	●	●	●

● Worse outcome — No difference

A worse outcome corresponds to indicators of poorer mental health, well-being, or suicide risk. Data are correlational and do not imply causality; identified associations were statistically significant.

For example, compared to students that did not use AI for each specific reason:

- ▶ Students who used AI for schoolwork had higher levels of loneliness and greater history of suicidal thoughts.
- ▶ Students who used AI for relationship or problem-solving advice had greater symptoms of anxiety and depression, loneliness, and history of suicidal thoughts.
- ▶ Students who used AI for friendship or companionship, or who sought help from AI when emotionally struggling, had greater symptoms of anxiety and depression, loneliness, and history of suicidal thoughts and attempts. They also had lower levels of resilience and flourishing.

The most consistent findings were among students who used AI for friendship or companionship, or who sought help from AI when feeling sad, stressed, lonely, or overwhelmed. Both groups reported greater symptoms of anxiety and depression, more loneliness, a greater lifetime history of suicidal thoughts and attempts, and lower resilience and flourishing. Other reasons for AI use were related to some indicators of mental health, suicide risk, and well-being but not others. These findings raise particular concerns about how conversational AI may affect young people's emotional and relational lives.

Key Finding 3: Students who use AI while emotionally struggling have worse mental health and well-being outcomes, and greater lifetime history of suicidal thoughts and attempts.

Students who used AI when feeling sad, stressed, lonely, or overwhelmed had greater symptoms of anxiety and depression, loneliness, and lifetime history of suicidal thoughts and attempts. They also experienced lower levels of resilience and flourishing. These associations were generally the strongest among students who reported having no one to talk to, not being ready to talk to another person, or using AI to feel less alone (Table 3).

Students who use AI when emotionally struggling have poorer mental health outcomes

Students who used AI when feeling sad, stressed, lonely, or overwhelmed, compared to those who did not, had:

Mental health issues indicators

 **Higher**

Anxiety and depression symptoms

Loneliness

Suicide indicators

 **Higher**

History of suicidal thoughts

History of suicidal attempts

Well-being indicators

 **Lower**

Resilience

Flourishing

Indicators for suicide were measured using lifetime history of suicidal thoughts or attempts. Data are correlational and do not imply causality; identified associations were statistically significant.

These findings highlight the importance of understanding how AI use relates to young people's emotional well-being, relationships, coping, and access to human support. They also point to questions that cannot be answered by studies that look at a moment in time, including how AI product design and repeated interactions influence how young people cope with distress, seek reassurance, make decisions, or turn to people in their lives.

Key Finding 4: Patterns of AI use differ across demographics, with important implications for mental health disparities.

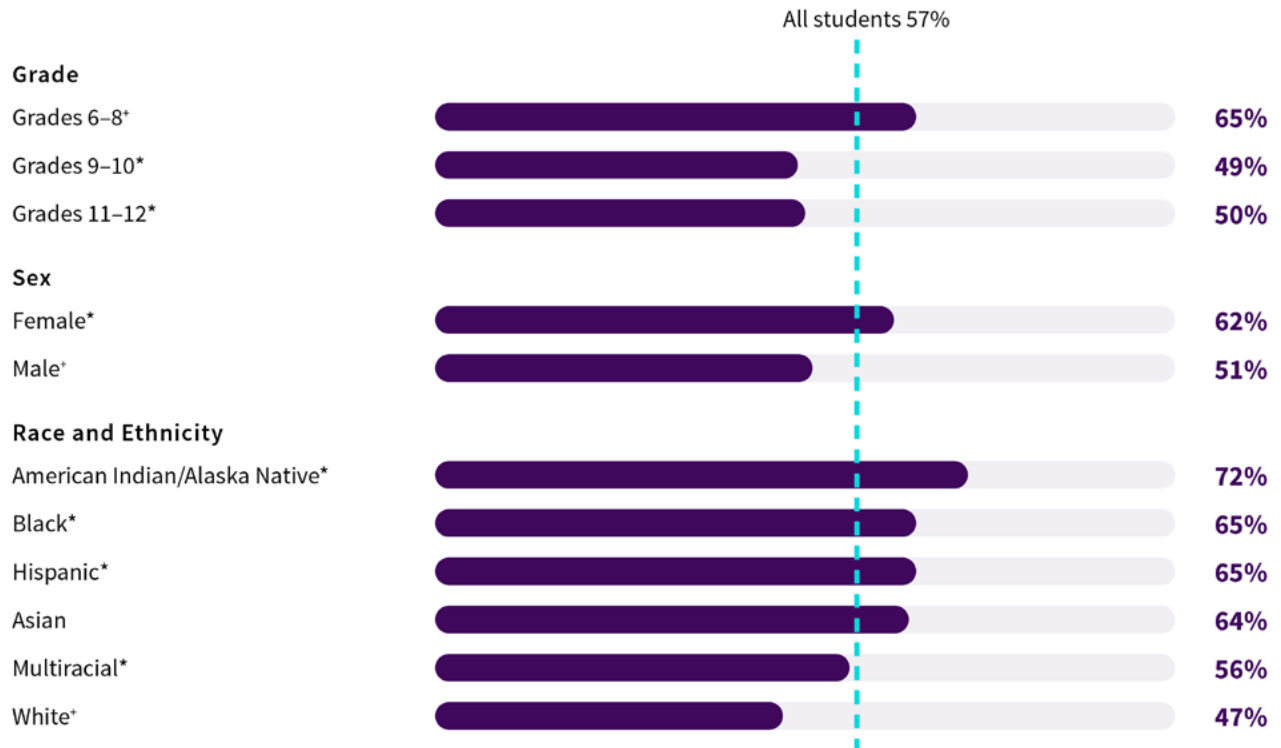
While AI use is widespread across student groups, important differences emerge in who uses AI when emotionally struggling, for companionship, and for relationship and problem-solving advice. Among students who reported AI use:

- ▶ Middle school students (65%) were significantly more likely to use AI when feeling sad, stressed, lonely, or overwhelmed compared to high school students (approximately 50%). This brings up real concerns about age-appropriateness and impacts on youth development. Late childhood and early adolescence are critical periods for developing coping skills, ability to understand and regulate emotions, problem-solving skills, and developing relationships.⁹ The earlier and more often that young people engage with AI, the greater potential for it to impact their lifelong health and development.
- ▶ Females were more likely than males to use AI for friendship or companionship (15% versus 9%), relationship or problem-solving advice (33% versus 24%), or getting help when emotionally struggling (11% versus 5%). Females were also more likely than males to use AI when feeling sad, stressed, lonely, or overwhelmed (62% versus 51%). This mirrors gender differences in mental distress and suicidal thoughts and attempts, where adolescent girls report greater distress than boys.^{10,11} While girls are more likely to report mental health support-seeking behaviors generally,^{10,11} they are more likely to report having unmet mental health needs^{11,12} and less likely to believe that they have the social support they need compared to boys.¹² This raises important questions about whether AI product design and use could reinforce or widen existing gender disparities in mental health and suicidal thoughts and attempts, especially given the important role that social support plays in reducing risk for distress.^{13,14}
- ▶ American Indian/Alaska Native (72%), Black (65%), Hispanic (65%), and multiracial students (56%) were more likely to use AI when feeling sad, stressed, lonely, or overwhelmed compared to white students (47%). This mirrors existing disparities in mental health care and treatment for many racial and ethnic minority youth.¹¹ AI has the potential to decrease or widen gaps in mental health care or treatment access, depending on how well AI supports connection to care.

These demographic differences matter because young people are using AI within the context of existing mental health disparities and unequal access to support. Given the associations between AI use during distress and poorer mental health, these patterns raise concerns that AI could compound existing challenges and displace effective mental health and suicide prevention supports. Addressing these risks requires stronger product safeguards and independent evaluations that account for differences in real-world use and risks across demographics, attention to how AI affects coping and relationships over time, and sustained investment in accessible, effective human support.

Use of AI when emotionally struggling differs across groups of students

Percent of all students who used AI when feeling sad, stressed, lonely, or overwhelmed

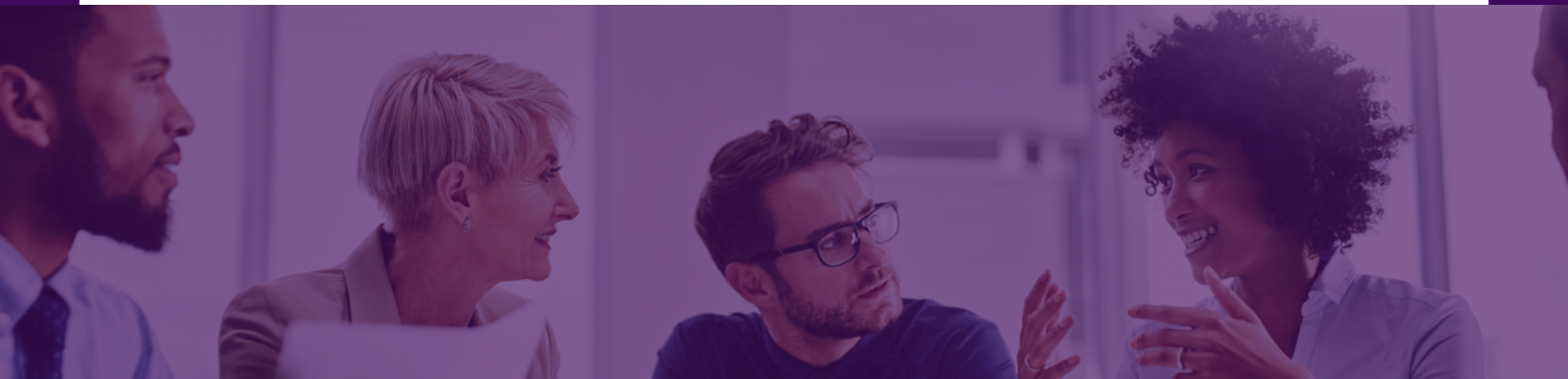


*Reference category; *Statistically significant difference compared to reference category. Racial groups are non-Hispanic.

Recommendations

How the AI and technology industry, policymakers, and youth-serving professionals can support youth mental health and well-being in a world with rapidly evolving AI.

We all have the potential to shape and support youth mental health, well-being, and reduce risk for suicide. These data continue to reinforce the importance of meeting young people where they are while working to positively shape the systems that influence their mental health, including technology. The recommendations below draw from this research as well as the broader evidence base in youth mental health promotion and suicide prevention.



Recommendations for the AI and Technology Industry

1. Design and test for real-world youth use and its effects on mental health and development.

Young people are turning to AI when they feel sad, stressed, lonely, or overwhelmed; for relationship or problem-solving advice; and for friendship or companionship. These uses are foreseeable, even for products that are not designed or marketed for mental health support. Companies must anticipate and be accountable for foreseeable youth use, and for how their own design choices encourage, shape, and sustain those interactions.

Product design, risk assessments, and evaluations need to account for these real-world uses from the outset. This includes considering developmental differences, individual vulnerabilities, and how interaction patterns and associated risks change with repeated use. Companies must incorporate these considerations into product features, safeguards, deployment decisions, and ongoing safety evaluation. Independent researchers must have privacy-protective access to examine real-world use, including unintended uses and harms that companies may fail to identify or adequately address.



2. Develop more comprehensive youth safety measures.

Preventing suicide, self-injury, and other acute harms is essential, but insufficient. AI systems can be sycophantic or excessively affirming, reinforce harmful beliefs or behaviors, encourage escalating personal disclosure, and foster increasingly intimate or emotionally significant interactions. Repeated use can contribute to emotional dependence and overreliance, undermine agency, critical thinking, independent problem-solving, coping, and the development of cognitive, emotional, and social skills. It can also interfere with human relationships and delay or discourage help-seeking.

Companies must build protections against these risks into product behavior. This includes preventing harmful reinforcement, simulated intimacy or reciprocity, exclusivity, secrecy, emotional manipulation, and representations of AI as uniquely understanding, indispensable, or a substitute for human support. Systems must maintain clear boundaries, avoid reinforcing repetitive reassurance-seeking or excessive reliance on AI for emotional regulation and decision-making, and support independent judgment, healthy coping, and connection to trusted people and appropriate services. Protections must work within individual responses, across conversations, and over repeated use, including when memory, personalization, or persistent interactions intensify risks. AI companions and companion-like products should not be available to minors, and relational safeguards must apply to all conversational AI accessible to them, regardless of how it is marketed.



3. End exploitative AI design and business practices.

Stop designing AI systems to maximize engagement at the expense of young people's mental health and development. Design choices that encourage prolonged interaction, personal disclosure, or emotional attachment can exploit vulnerabilities and foster dependence. The risks extend beyond individual features to the goals companies set for their products, the behaviors they reward, and the business models that profit from sustained engagement, personal disclosure, or emotional dependence. These are predictable consequences of how AI is designed, deployed, and monetized. Safety, agency, and healthy development must take precedence over engagement, retention, and revenue.

Set product goals and performance measures that prioritize young people's mental health, agency, and development rather than time spent, return visits, or emotional attachment. Build safeguards into decisions about things like memory, personalization, simulated intimacy and persistent identities, proactive messaging, rewards, and autonomous capabilities, including limits on how personal and emotional information can be used to shape interactions or undermine young people's relationships with others. Review growth strategies, marketing, and monetization practices for incentives to exploit young people's vulnerabilities, and give product and safety leaders the authority to change or discontinue practices that put young people at risk. Hold executive leadership accountable for these decisions.



4. Require independent safety standards, evaluations, and accountability.

Youth AI safety standards must be developed through credible, transparent processes involving independent experts in youth development, mental health, suicide prevention, and AI safety, with meaningful youth participation. Standards must address acute harms alongside psychological, cognitive, developmental, and relational risks, including harms that emerge or accumulate over time. Companies cannot define, measure, and certify their own safety.

Qualified independent evaluators must assess the products young people actually use, not just underlying models or isolated responses. Testing must include realistic multi-turn interactions, repeated use, personalization, developmental and demographic differences, and the effectiveness of protections against acute and cumulative mental health harms. Evaluators need meaningful, privacy-protective access to relevant systems and data, with clear requirements for independence, expertise, transparency, and management of conflicts of interest. Evaluation methods and findings must be sufficiently transparent to permit independent scrutiny and replication, rather than remaining exclusively within company-controlled processes.

Standards must establish explicit failure criteria, measurable performance thresholds, and consequences when critical requirements are not met. Companies must correct significant failures and demonstrate through independent verification that protections work. Products or features that fail essential youth safety requirements must be restricted, suspended, or withdrawn until those requirements are met. Material changes must trigger reassessment. Independent reporting and investigation mechanisms for real-world harms must complement formal safety testing, and companies must provide accessible reporting and remedies for affected young people and caregivers, alongside public reporting of safety results, limitations, significant failures, and corrective actions.



5. Strengthen safety across the larger ecosystem.

Independent research is essential to understanding AI's effects on mental health, cognitive, emotional, and social development, agency, help-seeking, as well as harms that emerge or accumulate over time. Industry has a responsibility to make that work possible by providing meaningful, sustained, privacy-protective access to deployed systems and data, supporting good-faith investigations, and investing in shared research infrastructure. That means opening products and data to independent scrutiny, protecting researchers' ability to investigate and publish unfavorable findings without interference or retaliation, and ensuring that industry funding or cooperation never gives companies control over the evidence of their products' safety or harms.

Safety also requires coordination and accountability across the AI ecosystem, including model developers, product developers, integrators, platforms, distributors, and organizations deploying or operating AI systems. These actors have distinct but overlapping responsibilities, including identifying and mitigating risks, sharing safety-critical information, implementing and maintaining effective protections across integrated systems and products, and coordinating responses to harms.

Requirements should reflect function and risk. General-purpose AI must address foreseeable emotional and relational use. Mental health AI requires appropriate evidence, clinical governance, and human oversight; education technology must demonstrate developmental appropriateness and provide schools with necessary safeguards. Social, gaming, and entertainment products must address relational risks within their engagement systems. Model-level safety does not establish product safety, and responsibility cannot be shifted elsewhere in the technology chain.

The AI industry can help shape a future in which technology strengthens agency, supports healthy development, and strengthens the human relationships essential to young people's emotional well-being and suicide prevention. Achieving that vision requires fundamental changes to product design, commercial incentives, and industry accountability.



Recommendations for Policymakers

1. Establish enforceable legal accountability for AI-related harms to minors.

Establish a legal duty of care requiring companies to anticipate and prevent foreseeable harms from product design and repeated interactions, not only individual responses, including suicide-related harms, manipulation, dependency, and displacement of real-world relationships and support.

Ban companies from using minors' personal data (including their emotional or mental health state during AI use) to target them with ads, gambling promotions, or personalized wagers, or to keep them hooked on a product. Make sure minors' personal data is explicitly named and protected when the government requires data-broker companies to register.

Require platforms to proactively detect AI-generated sexual content and deepfakes involving minors rather than removing it after a victim reports it, and create legal pathways for victims to sue for damages.

2. Mandate “safety-by-design” standards to protect minors.

Restrict minors' access to AI, and prohibit AI chatbots and companions designed to simulate intimacy, dependency, or sustained relationships for minors. Ban manipulative engagement tactics such as simulating distress when a user tries to leave a conversation, sending prompts to lure a minor back, or making it seem like a minor has to keep giving something (like time, attention, or money) to keep the “relationship” going.

Require age-appropriate design by default, with the strongest privacy and safety settings applied automatically and adjustable only by a parent or guardian, not the minor alone. Require reasonable, privacy-preserving age-assurance methods, with protective fallback defaults applied when a user's age cannot be confirmed.



3. Establish strong federal standards and strengthen government oversight and enforcement authority.

Set clear minimum federal standards for what platforms accessible to minors must do — including establishing mental health crisis-response protocols — while explicitly preserving states’ authority to enact stronger protections, so that federal law sets a floor, not a ceiling.

Establish a national center for youth and AI ethics to convene lawmakers, regulators, AI developers, clinicians, youth mental health organizations, and young people on an ongoing basis.

Fund a well-resourced federal consumer protection authority, with a dedicated office focused on AI’s effects on minors, as the primary body responsible for setting and enforcing these standards, while preserving existing state authority to lead civil actions.

4. Require independent evaluations and invest in rigorous, independent research.

Require independent evaluators, not the companies themselves, to test AI products against safety standards for minors, covering suicide/self-harm safety, relational and cumulative risks, manipulation, dependency, agency, help-seeking, and displacement of human relationships and support. Require evaluation of the products youth actually use, not only the underlying models, accounting for risks that emerge through repeated interaction over time.

Require companies to regularly report meaningful information about their own products, including safety risks, safeguards, known limitations, and safety performance, and require them to investigate and address serious safety failures once identified. Require public reporting of independent evaluators’ test results, so compliance is visible rather than self-attested.

Fund and authorize independent researchers’ access to privacy-protected safety data and systems, so they can study real-world effects over time rather than only checking compliance.



5. Invest in the human and community infrastructure that young people need.

Fund AI safety and digital literacy programs in schools and community settings that help youth and families build the skills necessary to more confidently make informed decisions around AI use. This requires a multi-generational approach, as parents and caregivers need to be educated on parental controls and digital literacy specific to AI platforms.

Fund independent longitudinal research on how AI use relates to mental health and suicide risk, coping, agency, relationships, help-seeking, belonging, and connection to care and support.

Invest in comprehensive youth mental health promotion and suicide prevention. This includes creating the conditions for youth to have trusted relationships, community and belonging, mental health care, and crisis support.



Recommendations for Youth-Serving Professionals

1. Invest in the real-world conditions that protect youth mental health and prevent suicide.

As AI use grows among young people and in the institutions that serve them, youth-serving systems (like schools and CBOs) have a critical role in strengthening the relationships, skills, and experiences that protect mental health and prevent suicide.

This means strengthening opportunities for meaningful human connection, belonging, and purpose with peers and trusted adults, including mentoring, arts, sports, and other community activities. These efforts should be part of a comprehensive approach that builds coping and relationship skills, identifies and responds to distress, and connects young people to effective support. Youth-serving systems can both support the protective factors necessary for comprehensive suicide prevention and mental health promotion, and counteract the negative impacts of AI use. [Learn more about what a comprehensive approach to youth suicide looks like.](#)



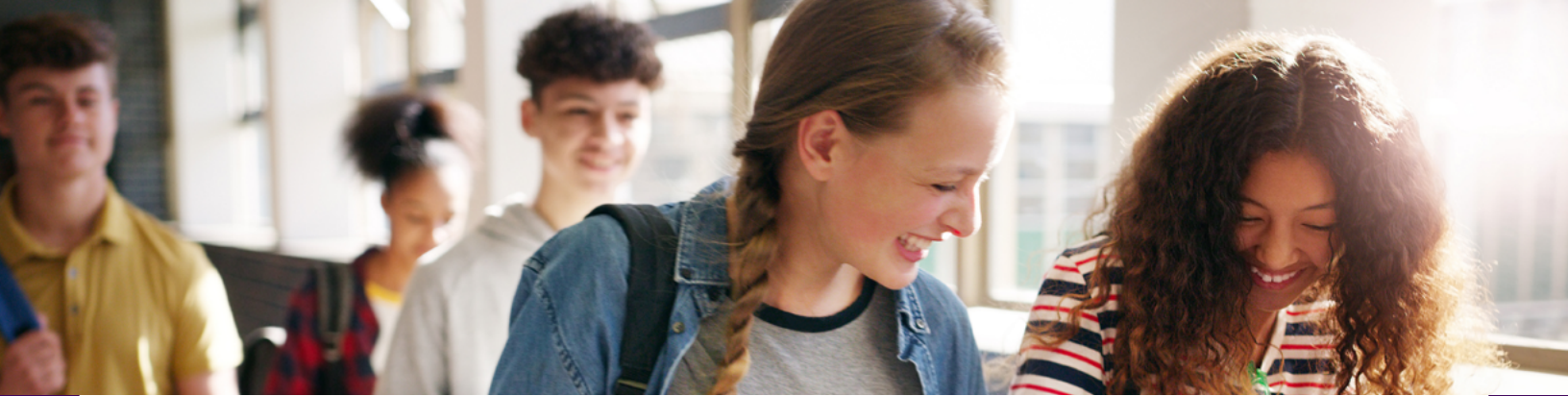
2. Establish clear guidelines for AI use in your institution.

Before adopting or allowing for an AI-enabled tool, schools and youth-serving organizations should consider what they hope to achieve, whether AI is an appropriate approach, and whether the evidence and safeguards justify its use. Distinguish among AI that supports adults or administrative functions, AI that young people interact with directly, and AI that is used for mental health screening, assessment, intervention, crisis support, or care navigation. Requirements for evidence, developmental appropriateness, human oversight, safety, and clinical governance should reflect the function and level of risk. AI should not substitute for human judgment or connection, and AI companions should not be available to minors.

Organizations should also assess privacy and security, access and fairness, and implementation fit before adopting an AI tool. Also consider how product or model changes will be deployed, communicated, and reevaluated.

Young people and parents/caregivers should have meaningful roles in identifying needs and shaping the selection, implementation, and evaluation of AI used in schools and CBOs. Their participation can help surface unintended uses, developmental considerations, privacy concerns, effects on relationships, trust, and help-seeking, and more.

Learn more about how institutions can think about AI decision-making and implementation in [AI-Enabled Mental Health Technologies in K-12 Schools](#).



3. Ensure the young people in your community can access human support.

Young people turning to AI while emotionally struggling could potentially circumvent connection to truly supportive and appropriate mental health care provided by a human professional. Organizations can counter this by making it very clear to all young people in their community how they can access mental health support through caring adults. This may include on-site staff or external referrals such as community mental health services, and hotlines like the [988 Suicide and Crisis Lifeline](#) and the [Crisis Text Line](#).

Access to mental health support from caring adults is also more than just providing referrals to mental health professionals or resources. Trusted adults should be equipped to recognize and respond to distress, pathways to care should be accessible and appropriate, and mechanisms to coordinate that care should be established.

4. Prepare young people and caring adults for real-world AI use.

AI literacy should address the situations young people are actually navigating, including using AI while emotionally struggling, seeking advice about relationships or personal problems, and sharing sensitive information. Young people and their parents/caregivers need practical guidance on when AI is and is not an appropriate source of support, as well as on AI's capabilities and limitations, privacy, relational risks, and when human support matters. Parents/caregivers and other caring adults also need guidance on how to discuss AI use with young people openly and without judgment. [Common Sense Media](#) offers AI literacy resources that may be helpful for schools and CBOs, youth, and parents/caregivers.

5. Build shared capacity across the field.

Schools, CBOs, mental health care providers, and families should not each have to independently assess rapidly changing AI systems and safety claims. Youth-serving professionals, including organizations like JED, can build shared guidance, evaluation tools, evidence, and implementation resources, and share best practices and strategies with each other. We can also collectively bring expertise in youth development, mental health, and suicide prevention to AI safety standards, research, and policy.



Research Considerations and Limitations

This research report is among the first to examine relationships between middle and high school students' use of AI and indicators of their mental health, well-being, and risk for suicide. While these data can help inform timely recommendations and resources for youth, their trusted adults, the technology industry, and policymakers, it is important to note that all research has limitations. Data in this report are not nationally representative, which means they may not represent the experiences of all teens. However, this research does correlate well with nationally representative data on how and why teens are using AI. In addition, the data are cross-sectional which means that causality and temporality cannot be established. This is an important limitation because it means that we cannot infer from these data whether specific reasons for AI use cause poorer mental health and well-being, or if students who are already experiencing mental health struggles may be more likely to use AI in certain ways. This is a critical question and one that needs to be examined with longitudinal research that follows young people over time or specifically asks these questions. Importantly, these data are clear that young peoples' mental health and AI use are intertwined.



Conclusion

Many young people are using AI to support their cognitive, emotional, and relationship development, including navigating their mental health and well-being. This points to the critical importance of ensuring AI spaces are safe and supportive for youth, with accurate, credible information on mental health, and designed to build skills rather than diminish them.

We all have a role to play in promoting youth mental health and reducing risk for suicide. Technology's role should be taken into account when building the supportive structures, relationships, and resources that help young people thrive in real life.

This research is part of JED's broader commitment to protecting young people's mental health and preventing suicide as AI changes the environments in which they live, learn, and connect. Alongside our research, we are working with technology companies, researchers, policymakers, schools, and youth-serving professionals to strengthen safeguards, advance independent evaluation and accountability, and bring youth mental health and suicide prevention expertise into technology design, standards, and implementation. We are also developing guidance and resources that help young people and the adults and institutions that support them navigate these changes.

Our research will continue to inform and strengthen this work. JED collects data from approximately 20,000 middle and high school students annually, including their experiences with AI. JED is committed to advancing our independent and collaborative research footprint to better understand the changing risk and protective factors that affect youth mental health and risk for suicide. This will also shape our ongoing technical assistance work with colleges and universities, high schools, K-12 districts, and CBOs to help them assess and strengthen their mental health and suicide prevention approaches.

This work calls for sustained collaboration and investment across research, technology, education, health care, policy, and philanthropy. JED welcomes partners committed to advancing independent evidence, strengthening technology safety and accountability, and investing in the relationships, skills, and systems that help protect young people. Our goal is not simply to respond to the risks of AI as they emerge, but to help shape a future in which technology and the environments around young people better support mental health and help prevent suicide.

Appendix

Table 1. Students' reported reasons for AI use, including general use and use when feeling sad, stressed, lonely, or overwhelmed

	Percentage of all students who reported this reason for AI use
Any AI use	81%
Reasons for AI use	
Getting help with schoolwork or homework	58%
Finding answers to questions	48%
Writing or editing something (like essays, stories, emails, or social media posts)	32%
Creating art, music, or videos	18%
Talking to a chatbot or AI friend/companion	12%
Getting ideas or advice (like how to text someone or solve a problem)	28%
Getting help when feeling sad, stressed, lonely, or overwhelmed	8%
Playing games or using fun app features	24%
Other	4%
	Percentage of all students who reported this reason for AI use
Use of AI when feeling sad, stressed, lonely, or overwhelmed	57%
Reasons for using AI when sad, stressed, lonely or overwhelmed	
When I needed to talk but no one else is around	11%
To get advice on how to handle a tough situation	18%
To help write a message to someone about how I'm feeling	13%
I wasn't ready to talk to anyone about how I was feeling	8%
I don't have anyone to talk to	7%
To protect my privacy	8%
To look up mental health tips and resources	7%
To distract myself with something fun or creative (like music, art, or games)	19%
To calm down	11%
To feel less alone	10%
Other reason	6%

Data interpretation footnote: Percentages reflect the proportion of all students who reported using AI overall and for specific reasons. Numerators were calculated as the weighted number of students who responded affirmatively to AI use overall or for specific reasons. Denominators were calculated as the weighted number of students. For the denominators, data quality controls were applied such that students were only included if

they had responded to survey questions at or after the questions of interest (i.e., to remove students for whom data were not available and where inclusion could be reasonably expected to bias percentages). Students who did not know if they had ever used AI (approximately 6% of students) were excluded from the denominator when reporting reasons for AI use.

Reasons for AI use were not mutually exclusive. Percentages may not round to 100% due to rounding.

Table 2. Relationships between AI use, overall and by reason, and indicators of mental health, well-being, and suicide risk

Mental health, well-being, or suicide risk indicators	Reasons for AI use	Coefficient [95%CI]* Bolded coefficients were significant at p<0.05
Recent symptoms of anxiety and depression	Any AI use	0.24 [-0.03, 0.50]
	Help with schoolwork or homework	0.17 [-0.01, 0.36]
	Finding answers to questions	0.33 [0.15, 0.51]
	Writing or editing something	0.44 [0.25, 0.63]
	Creating art, music, or videos	0.46 [0.24, 0.69]
	Talking to a chatbot or AI friend/companion	1.49 [1.23, 1.76]
	Getting ideas or advice (like how to text someone or solve a problem)	0.63 [0.44, 0.82]
	Getting help when feeling sad, stressed, lonely, or overwhelmed	2.86 [2.56, 3.17]
	Playing games or using fun app features	-0.05 [-0.25, 0.16]
Loneliness	Any AI use	0.06 [-0.09, 0.21]
	Help with schoolwork or homework	0.16 [0.05, 0.26]
	Finding answers to questions	0.15 [0.05, 0.25]
	Writing or editing something	0.27 [0.16, 0.37]
	Creating art, music, or videos	0.24 [0.11, 0.36]
	Talking to a chatbot or AI friend/companion	0.84 [0.70, 0.99]
	Getting ideas or advice (like how to text someone or solve a problem)	0.28 [0.17, 0.39]
	Getting help when feeling sad, stressed, lonely, or overwhelmed	1.14 [0.96, 1.31]
	Playing games or using fun app features	0.02 [-0.09, 0.13]

Mental health, well-being, or suicide risk indicators	Reasons for AI use	Coefficient [95%CI]* Bolded coefficients were significant at p<0.05
Flourishing	Any AI use	0.68 [0.19, 1.17]
	Help with schoolwork or homework	0.15 [-0.21, 0.50]
	Finding answers to questions	-0.22 [-0.56, 0.12]
	Writing or editing something	0.11 [-0.25, 0.47]
	Creating art, music, or videos	-0.10 [-0.53, 0.33]
	Talking to a chatbot or AI friend/ companion	-2.01 [-2.50, -1.51]
	Getting ideas or advice (like how to text someone or solve a problem)	-0.02 [-0.39, 0.34]
	Getting help when feeling sad, stressed, lonely, or overwhelmed	-2.66 [-3.26, -2.07]
	Playing games or using fun app features	0.62 [0.23, 1.01]
Resilience	Any AI use	0.05 [-0.01, 0.11]
	Help with schoolwork or homework	0.02 [-0.02, 0.07]
	Finding answers to questions	0.02 [-0.02, 0.06]
	Writing or editing something	0.02 [-0.02, 0.06]
	Creating art, music, or videos	0.00 [-0.05, 0.05]
	Talking to a chatbot or AI friend/ companion	-0.21 [-0.27, -0.15]
	Getting ideas or advice (like how to text someone or solve a problem)	-0.04 [-0.08, 0.01]
	Getting help when feeling sad, stressed, lonely, or overwhelmed	-0.39 [-0.46, -0.33]
	Playing games or using fun app features	0.05 [0.00, 0.09]

Mental health, well-being, or suicide risk indicators	Reasons for AI use	Adjusted Prevalence Ratios (aPRs, 95% CI)
Lifetime History of Suicidal Thoughts	Any AI use	1.04 [0.88, 1.22]
	Help with schoolwork or homework	1.17 [1.04, 1.32]
	Finding answers to questions	1.27 [1.13, 1.42]
	Writing or editing something	1.17 [1.05, 1.31]
	Creating art, music, or videos	1.20 [1.05, 1.37]
	Talking to a chatbot or AI friend/companion	2.01 [1.78, 2.26]
	Getting ideas or advice (like how to text someone or solve a problem)	1.29 [1.15, 1.44]
	Getting help when feeling sad, stressed, lonely, or overwhelmed	2.43 [2.15, 2.75]
	Playing games or using fun app features	1.09 [0.96, 1.23]
Lifetime History of Suicide Attempts	Any AI use	0.89 [0.68, 1.17]
	Help with schoolwork or homework	0.99 [0.81, 1.21]
	Finding answers to questions	1.14 [0.94, 1.39]
	Writing or editing something	1.02 [0.83, 1.26]
	Creating art, music, or videos	1.15 [0.90, 1.45]
	Talking to a chatbot or AI friend/companion	1.98 [1.58, 2.49]
	Getting ideas or advice (like how to text someone or solve a problem)	1.17 [0.95, 1.44]
	Getting help when feeling sad, stressed, lonely, or overwhelmed	2.70 [2.14, 3.40]
	Playing games or using fun app features	1.00 [0.80, 1.25]

Data interpretation footnote: Generalized mixed additive models were used to examine associations between each reason for AI use and specific indicators of mental health, well-being, and suicide risk. Models were adjusted for student sex, race/ethnicity, and grade level; models were also adjusted for nested effects (i.e., schools potentially nested within districts) and non-response weights. Symptoms of anxiety and depression (measured using the PHQ-4),^{15,16} loneliness (measured using the UCLA-LS),¹⁷ flourishing (measured using the Diener Flourishing Scale),¹⁸ and resilience (measured using the Brief Resilience Scale)¹⁹ were modeled using continuous outcomes. Higher scores on the PHQ-4 and UCLA-LS indicate greater mental health symptoms and loneliness, respectively; a positive relationship indicates AI use was associated with increased mental health symptoms or loneliness. Higher scores on the Diener Flourishing Scale and Brief Resilience Scale indicate greater flourishing and resilience, respectively; a negative relationship indicates AI use was associated with lower levels of flourishing or resilience. History of suicidal thoughts and attempts were modeled using binary outcomes (yes/no). Prevalence ratios greater than 1.0 indicate that AI use was associated with a greater lifetime history of suicidal thoughts and attempts.

*Coefficients (for continuous outcomes) and prevalence ratios (for binary outcomes of suicidal thoughts and attempts) in bold were statistically significant at $p < 0.05$ after false discovery rate [FDR] adjustment.

Table 3. Relationships between AI use when sad, stressed, lonely, or overwhelmed and indicators of mental health, well-being, and suicide risk

Mental health, well-being, or suicide risk indicators	Reasons for using AI when sad, stressed, lonely or overwhelmed	Coefficient [95% CI]* Bolded coefficients were significant at $p < 0.05$
Recent symptoms of anxiety and depression	Any AI use when sad, stressed, lonely or overwhelmed	1.24 [1.06, 1.43]
	When I needed to talk but no one else is around	2.35 [2.07, 2.64]
	To get advice on how to handle a tough situation	1.32 [1.09, 1.55]
	To help write a message to someone about how I'm feeling	1.16 [0.89, 1.43]
	I wasn't ready to talk to anyone about how I was feeling	2.60 [2.27, 2.93]
	I don't have anyone to talk to	2.77 [2.43, 3.11]
	To protect my privacy	1.70 [1.37, 2.02]
	To look up mental health tips or resources	2.43 [2.08, 2.78]
	To distract themselves with something fun or creative	0.34 [0.11, 0.57]
	To calm down	1.87 [1.58, 2.16]
	To feel less alone	2.70 [2.41, 3.00]
Loneliness	Any AI use when sad, stressed, lonely or overwhelmed	0.62 [0.52, 0.73]
	When I needed to talk but no one else is around	1.31 [1.15, 1.47]
	To get advice on how to handle a tough situation	0.66 [0.53, 0.79]
	To help write a message to someone about how I'm feeling	0.60 [0.45, 0.75]
	I wasn't ready to talk to anyone about how I was feeling	1.20 [1.01, 1.38]
	I don't have anyone to talk to	1.65 [1.47, 1.84]
	To protect my privacy	0.87 [0.69, 1.05]
	To look up mental health tips or resources	1.07 [0.87, 1.26]
	To distract themselves with something fun or creative	0.22 [0.09, 0.35]
	To calm down	0.87 [0.71, 1.03]
	To feel less alone	1.48 [1.32, 1.65]

Mental health, well-being, or suicide risk indicators	Reasons for AI use	Coefficient [95%CI]* Bolded coefficients were significant at p<0.05
Flourishing	Any AI use when sad, stressed, lonely or overwhelmed	-1.28 [-1.63, -0.93]
	When I needed to talk but no one else is around	-3.18 [-3.73, -2.64]
	To get advice on how to handle a tough situation	-0.76 [-1.20, -0.32]
	To help write a message to someone about how I'm feeling	-0.66 [-1.17, -0.15]
	I wasn't ready to talk to anyone about how I was feeling	-2.52 [-3.14, -1.89]
	I don't have anyone to talk to	-3.85 [-4.50, -3.21]
	To protect my privacy	-1.48 [-2.10, -0.86]
	To look up mental health tips or resources	-2.31 [-2.98, -1.65]
	To distract themselves with something fun or creative	-0.18 [-0.62, 0.25]
	To calm down	-1.75 [-2.30, -1.20]
	To feel less alone	-3.32 [-3.88, -2.75]
Resilience	Any AI use when sad, stressed, lonely or overwhelmed	-0.16 [-0.20, -0.12]
	When I needed to talk but no one else is around	-0.37 [-0.43, -0.31]
	To get advice on how to handle a tough situation	-0.18 [-0.23, -0.13]
	To help write a message to someone about how I'm feeling	-0.12 [-0.18, -0.06]
	I wasn't ready to talk to anyone about how I was feeling	-0.37 [-0.44, -0.30]
	I don't have anyone to talk to	-0.42 [-0.49, -0.34]
	To protect my privacy	-0.14 [-0.22, -0.07]
	To look up mental health tips or resources	-0.32 [-0.40, -0.25]
	To distract themselves with something fun or creative	-0.02 [-0.07, 0.03]
	To calm down	-0.28 [-0.34, -0.21]
	To feel less alone	-0.39 [-0.45, -0.32]

Mental health, well-being, or suicide risk indicators	Reasons for AI use	Adjusted Prevalence Ratios (aPRs, 95% CI)
Lifetime History of Suicidal Thoughts	Any AI use when sad, stressed, lonely or overwhelmed	1.75 [1.55, 1.97]
	When I needed to talk but no one else is around	2.60 [2.32, 2.92]
	To get advice on how to handle a tough situation	1.78 [1.58, 2.00]
	To help write a message to someone about how I'm feeling	1.78 [1.56, 2.02]
	I wasn't ready to talk to anyone about how I was feeling	2.52 [2.22, 2.86]
	I don't have anyone to talk to	2.85 [2.53, 3.22]
	To protect my privacy	1.93 [1.67, 2.23]
	To look up mental health tips or resources	2.34 [2.05, 2.68]
	To distract themselves with something fun or creative	1.35 [1.19, 1.53]
	To calm down	1.77 [1.55, 2.03]
	To feel less alone	2.54 [2.26, 2.86]
Lifetime History of Suicide Attempts	Any AI use when sad, stressed, lonely or overwhelmed	1.64 [1.33, 2.03]
	When I needed to talk but no one else is around	3.12 [2.52, 3.85]
	To get advice on how to handle a tough situation	1.87 [1.51, 2.31]
	To help write a message to someone about how I'm feeling	1.71 [1.34, 2.17]
	I wasn't ready to talk to anyone about how I was feeling	2.88 [2.28, 3.65]
	I don't have anyone to talk to	2.85 [2.24, 3.62]
	To protect my privacy	1.93 [1.48, 2.53]
	To look up mental health tips or resources	2.94 [2.31, 3.73]
	To distract themselves with something fun or creative	1.16 [0.92, 1.48]
	To calm down	1.91 [1.50, 2.45]
	To feel less alone	2.71 [2.16, 3.38]

Data interpretation footnote: Generalized mixed additive models were used to examine associations between each type of AI use and specific indicators of mental health, well-being, and suicide risk. Models were adjusted for student sex, race/ethnicity, and grade level; models also adjusted for nested effects (i.e., schools potentially nested within districts) and non-response weights. Symptoms of anxiety and depression

(measured using the PHQ-4),^{15,16} loneliness (measured using the UCLA-LS),¹⁷ flourishing (measured using the Diener Flourishing Scale),¹⁸ and resilience (measured using the Brief Resilience Scale)¹⁹ were modeled using continuous outcomes. Higher scores on the PHQ-4 and UCLA-LS indicate greater mental health symptoms and loneliness, respectively; a positive relationship indicates AI use was associated with increased mental health symptoms or loneliness. Higher scores on the Diener Flourishing Scale and Brief Resilience Scale indicate greater flourishing and resilience, respectively; a negative relationship indicates AI use was associated with lower levels of flourishing or resilience. History of suicidal thoughts and attempts were modeled using binary outcomes (yes/no). Prevalence ratios greater than 1.0 indicate that AI use was associated with a greater lifetime history of suicidal thoughts and attempts.

*Coefficients (for continuous outcomes) and prevalence ratios (for binary outcomes of suicidal thoughts and attempts) in bold were statistically significant at $p < 0.05$ after false discovery rate [FDR] adjustment.

Table 4. Reasons for AI use by demographics

	Grades 6-8	Grades 9-10	Grades 11-12	Male	Female	American Indian/Alaska Native, Non-Hispanic	Asian, Non- Hispanic	Black, Non- Hispanic	Hispanic	White, Non- Hispanic	Multiracial
	%	%	%	%	%	%	%	%	%	%	%
Any AI use											
Yes	78	83	84	78	83	73	88	81	76	84	84
No	14	12	11	15	11	16	6	12	16	11	12
Don't know	8	5	5	7	6	11	6	7	8	5	4
Reasons for AI use											
Getting help with schoolwork or homework	52	62	69	54	63	48	66	55	52	64	62
Finding answers to questions	42	50	59	47	49	32	60	46	42	53	56
Writing or editing something (like essays, stories, emails, or social media posts)	26	32	45	29	35	21	45	29	28	36	38
Creating art, music, or videos	19	16	18	19	17	20	12	21	16	17	18
Talking to a chatbot or AI friend/companion	13	10	12	9	15	19	13	13	10	12	16
Getting ideas or advice (like how to text someone or solve a problem)	25	31	34	24	33	23	41	24	25	32	28
Getting help when I am feeling sad, stressed, lonely, or overwhelmed	8	8	9	5	11	7	10	7	8	9	9
Playing games or using fun features in apps	28	22	18	26	22	31	22	28	24	22	26
Other	5	4	3	5	3	3	3	4	4	4	2
AI use when feeling sad, stressed, lonely, or overwhelmed											
Yes	65	49	50	51	62	72	64	65	65	47	56
No	35	51	50	49	38	28	36	35	35	53	44
Reasons for AI use when feeling sad, stressed, lonely, or overwhelmed											
When I needed to talk but no one else is around	13	8	10	7	14	17	13	11	12	9	11
To get advice on how to handle a tough situation	18	17	21	14	23	22	23	17	19	18	21
To help write a message to someone about how I'm feeling	11	15	16	8	18	19	14	12	13	14	14
I wasn't ready to talk to anyone about how they were feeling	9	7	8	4	12	6	11	6	9	8	8
I don't have anyone to talk to	9	6	6	5	9	7	8	7	8	7	8
To protect my privacy	9	7	8	6	10	8	8	9	10	7	9
To look up mental health tips or resources	7	7	8	5	9	7	13	6	8	7	8
To distract themselves with something fun or creative (like music, art, or games)	26	14	13	18	21	34	16	24	24	14	18
To calm down	13	8	8	9	12	14	11	11	13	8	11
To feel less alone	12	7	8	7	13	12	9	11	11	8	13
Other	7	5	5	8	5	7	8	7	7	5	4

Data interpretation footnote: Percentages reflect the proportion of all students within that demographic category who reported using AI overall and for specific reasons. Numerators were calculated as the weighted number of students within that demographic category who responded affirmatively to AI use overall or for specific reasons. Denominators were calculated as the weighted number of students within that demographic category. For the denominators, data quality controls were applied such that students were only included if they had responded to survey questions at or after the questions of interest (i.e., to remove students for whom data were not available and where inclusion could be reasonably expected to bias percentages). Students who did not know if they had ever used AI (approximately 6% of students) were excluded from the denominator when reporting reasons for AI use.

Reasons for AI use were not mutually exclusive. Percentages may not round to 100% due to rounding.

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