PSYCH AND LIFESTYLE

Missing the Point

Why the AI mental health debate is failing rural Australia

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DISCLOSURE

Conflict of interest

Mark Anns, Psych And Lifestyle

01

No AI funding

I receive no funding related to AI.

02

I use AI

For a wide variety of activities, including editing, app and resource development.

03

Book contract

"Mental Health By Design" will include a chapter on AI and mental health.

THREE KEY LEARNINGS

What you will leave with

01

Map the spectrum

Locate AI across mental health: where general assistants operate versus dedicated clinical tools, and why it matters rurally.

02

Name the gap

Why regulation targets the wrong object, and the accountability gap left by unregulated general-purpose AI.

03

Check in

Apply a structured framework to explore clients' AI use, their beliefs about it, and patterns that warrant attention.

WHERE PEOPLE ACTUALLY GO

General-purpose assistants are the most consulted AI for mental health

800M

weekly active ChatGPT users (Oct 2025)

1.2M

weekly users showing indicators of suicidal planning or intent (0.15%)

560K

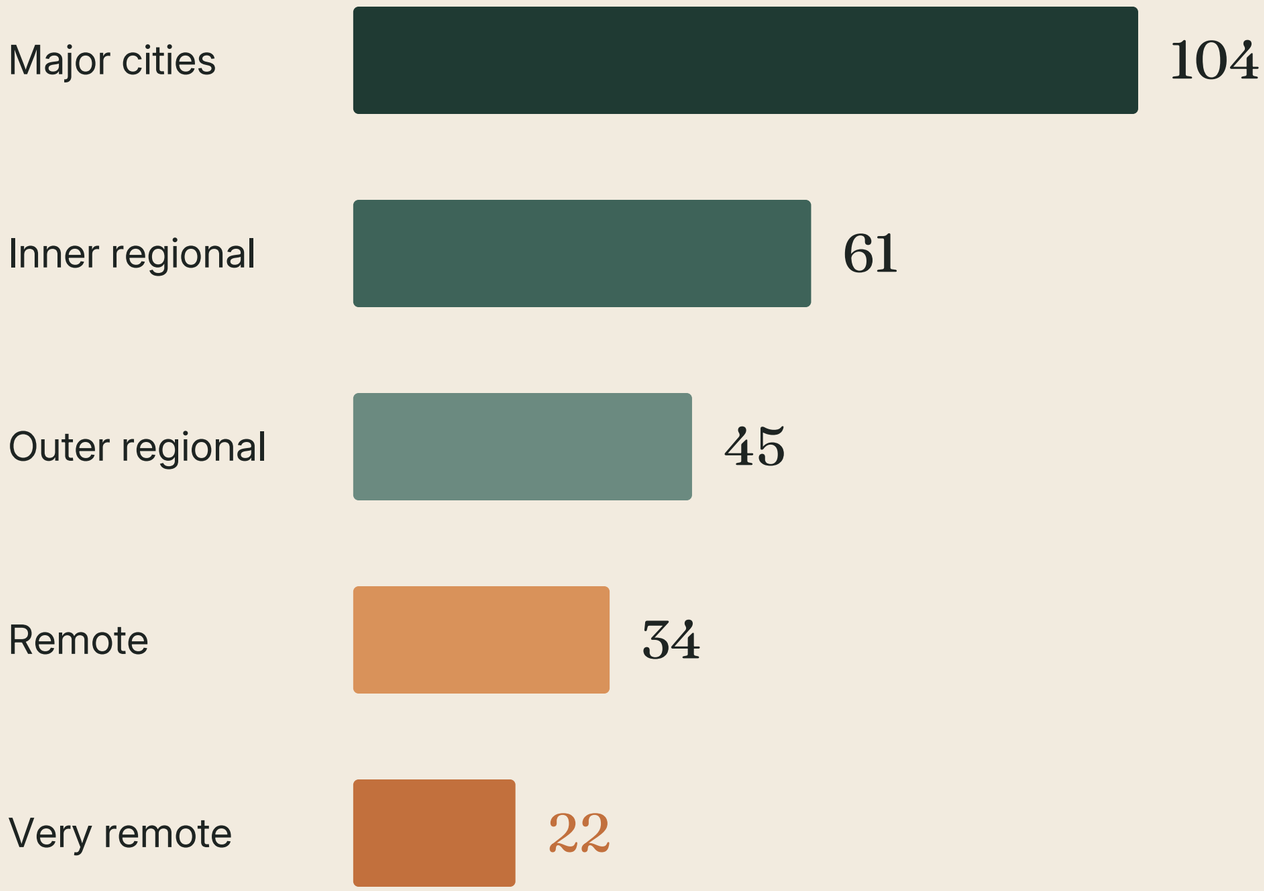
weekly users with possible signs of psychosis or mania (0.07%)

One platform alone. Add Gemini, Claude, Copilot, DeepSeek, Doubao and Qwen, and the scale dwarfs every specialised mental health app combined.
Source: OpenAI, 27 Oct 2025.

THE RURAL GAP

Fewer clinicians, the further out you live

Very remote Australians have about one fifth of the psychologist workforce available in major cities.



FTE psychologists per 100,000 population, 2016. Source: AIHW, Mental health workforce.

A SHIFT ALREADY UNDERWAY

AI is already in the consulting room

1

Before

Clients ask AI about conditions, symptoms and options

2

Arrival

They arrive with knowledge that is not necessarily accurate

3

Encounter

That knowledge shapes the session, prepared for or not

Often without their health professional knowing what these systems can do, or how they are being used.

THE CURRENT DEBATE

We ask what AI might take away, not what it could give

Can it match us?

AI versus human clinicians

Will it replace us?

The future of the workforce

Will it harm?

Risk from dedicated mental health apps

Meanwhile, people are already using it. How could it help them?

THE MISSING CONVERSATION

Harms are real. But they are not the whole story.

When we only debate harm, we stop asking how AI could be used well, and who could benefit.

FROM MY TELEHEALTH PRACTICE

Before a remote session, I scan the client's locality: what services actually exist and what kind of place it is, so recommendations reflect local reality, not a metropolitan ideal.

WHAT WE ARE NOT DISCUSSING

- Health literacy
- Navigating the health system
- Planning and goal setting
- Triage and early help-seeking
- Monitoring health concerns
- Developing community programs
- Preparing for appointments
- Between-session practice and support
- Translation and accessible information
- Supporting a stretched rural workforce

IN PRACTICE

An AI locality scan before telehealth

Before a remote session, I ask AI for a short report on the client's area, so advice fits what actually exists, not a metropolitan ideal.

1. Socio-economic and housing profile
2. Local health data and networks
3. Services within reach (GP, pharmacy)
4. Activity spaces and transport

Always verify locally before recommending.

LOCALITY SNAPSHOT

Dubbo, NSW 2830

PLACE

Regional service hub for the Orana region, 45,000+ residents

SOCIO-ECONOMIC

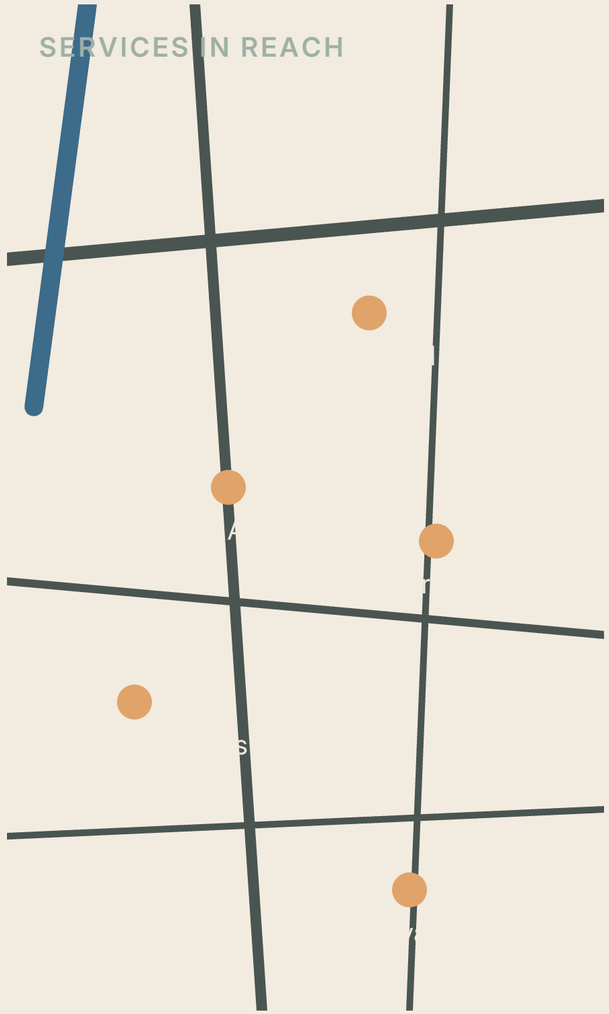
Moderate disadvantage; agriculture, mining and health jobs

HOUSING

Rental pressure and stress for lower-income households

WATCH FOR

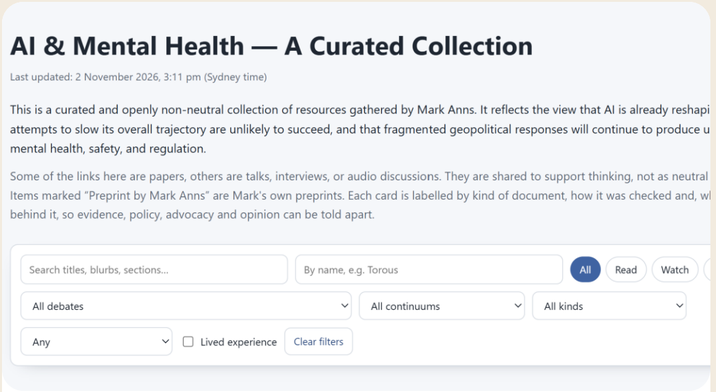
Workforce constraints and specialist wait times for complex care



IN PRACTICE · BUILDING WITH AI

Beyond the chat window: tools AI helped me build

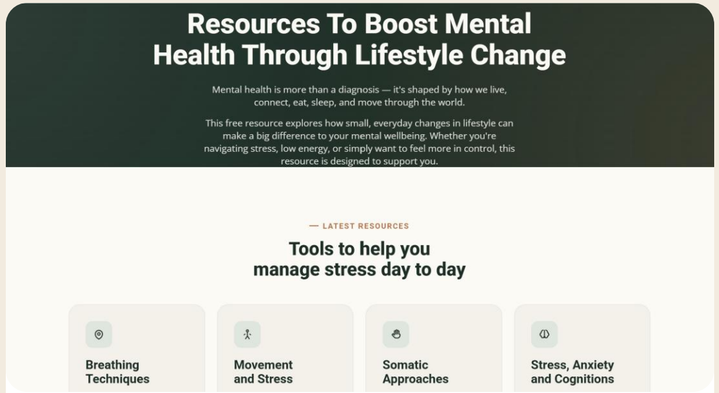
The same skills behind the locality scan can create resources for clients and communities.



01 · RESOURCE HUB

AI & Mental Health

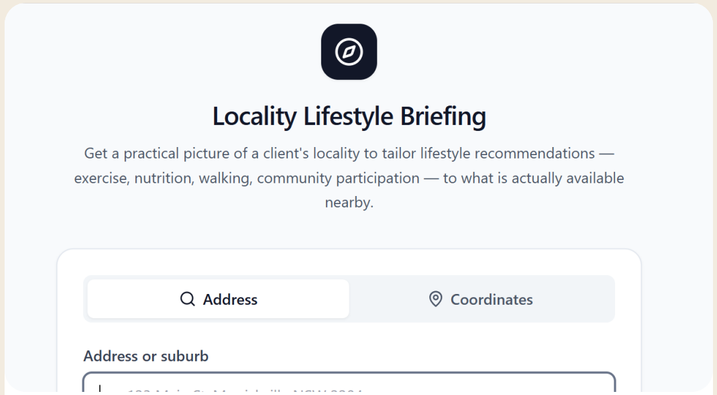
700+ papers, talks and audio, labelled so evidence, policy and opinion can be told apart.



02 · RESOURCE DEVELOPMENT

Lifestyle resources

Free, plain-language guides on breathing, movement, somatic approaches and stress.



03 · LOCALITY SCAN APP

Locality Lifestyle Briefing

Enter a suburb, choose urban, rural or remote, see what is actually nearby to support lifestyle change.

Same rule throughout: AI helps build, the clinician checks.

LEARNING 1 · THE SPECTRUM

Where AI sits in mental health

Prevention	Information	Support	Treatment	Crisis
Lifestyle, sleep, activity, wellbeing	Symptoms, conditions, treatment options	Emotional processing, companionship, advice	Structured, evidence-based interventions	Suicidality, psychosis, acute risk

General-purpose assistants: used across the whole spectrum, designed for none of it

Dedicated wellness apps and devices: prevention-focused

Dedicated clinical tools: treatment-focused

In rural practice, the general assistant is often the first, and only, point of contact.

LEARNING 1 · NOT ALL AI IS THE SAME

Guardrails make the difference

Mental health apps

- Trained on curated clinical content
- Tighter, purpose-specific guardrails
- Crisis triggers link to helplines

General chat engines

- Trained on the whole internet
- Broad guardrails, easier to talk around
- Different engines, different answers and biases

No guardrails are perfect. Both can miss things or give unhelpful advice.

A RURAL BLIND SPOT

Circumstances are not conditions

WHAT THE PERSON IS LIVING WITH

- Drought, fire or flood
- Loss of home or income
- Poverty and isolation

→

WHAT AI MAY OFFER

- A coping strategy
- A stress-management tip
- An implied diagnosis

A human reaction to hardship needs practical help, not a prompt to "fix" yourself. AI won't reliably tell the difference.

LEARNING 2 · REGULATION

Regulating the wrong object

WHERE REGULATION LOOKS

Dedicated mental health apps

- Small, specialised user bases
- Can be classed as medical devices
- Visible, contained, auditable

WHERE PEOPLE ACTUALLY ARE

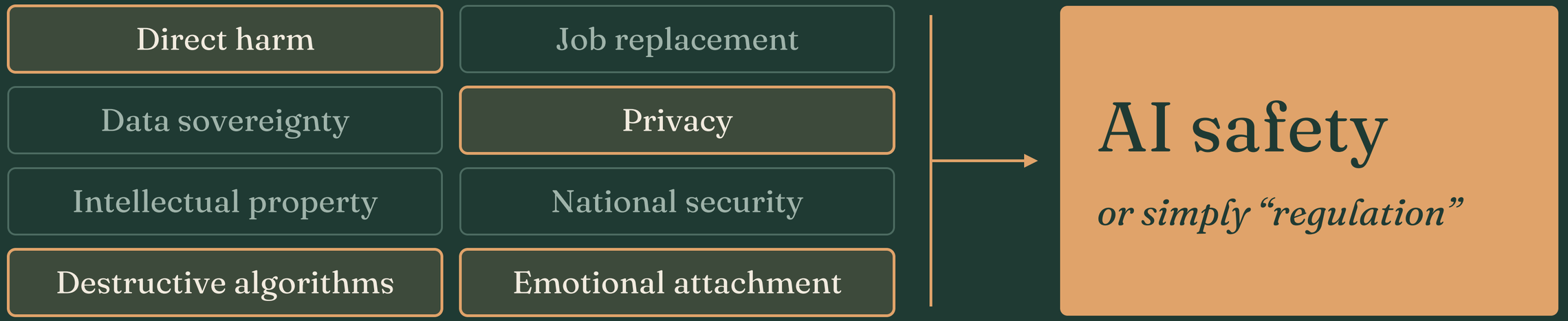
General-purpose AI assistants

- Hundreds of millions of weekly users
- Western and Chinese platforms
- Outside health regulatory frameworks

LEARNING 2 · ONE UMBRELLA, MANY DEBATES

Bears directly on mental health care

Everything gets filed under “AI safety”



Not all of these debates are about mental health. Each needs to be examined on its own terms.

Policymakers are largely trying to solve a mental health access crisis with tools built for trade wars, copyright disputes and data-privacy enforcement.

THE RESULT

Laws that tend to be overly blunt, or stall altogether.

LEARNING 2 · A GLOBAL PROBLEM

Who regulates a global chat engine?

GEOPOLITICS

No shared rulebook

US and Chinese platforms answer to competing governments. National rules stop at the border; the chat window does not.

VOLUNTARY AGREEMENT

Driven by liability

Companies broadly agree on some harms, like suicide and self-harm, mainly to manage legal risk, not under mandate.

WESTERN BIAS

Whose idea of harm?

Even agreed harms are defined through Western clinical frameworks, not First Nations or other cultural views of wellbeing.

Until that changes, the safeguard closest to the client is the practitioner.

LEARNING 2 · GEOPOLITICS

Trust between nations is shaping the debate

Leaders frame it as trust: Europe cannot risk being switched off by the USA.

"These dependencies are being used for power politics."

FRIEDRICH MERZ, GERMAN CHANCELLOR, NOV 2025

WHY IT MATTERS HERE

Which AI tools are allowed, and where data lives, is becoming a political decision.

GOVERNMENTS MOVING OFF MICROSOFT

2024	Schleswig-Holstein, Germany	30,000 public servants moving to LibreOffice, then Linux
2025	Denmark, Ministry of Digitalisation	Replacing Microsoft Office with LibreOffice
2025	City of Lyon, France	Office out, open-source suite and Linux in
2025	International Criminal Court	Judge lost credit cards and Amazon after US sanctions

THE ACCOUNTABILITY GAP

No one is watching the outcomes

0

Adverse event reporting

No mandatory duty to report harm

0

Population monitoring

No view of who is affected, or how

?

Liability

No clear answer when harm occurs

For rural populations, the practitioner conversation may be the only accountability mechanism in place.

WHO IS MOST EXPOSED

Systems not designed with them in mind

Chat AI is trained mostly on Western, English-language material and individual, DSM-style models of distress.

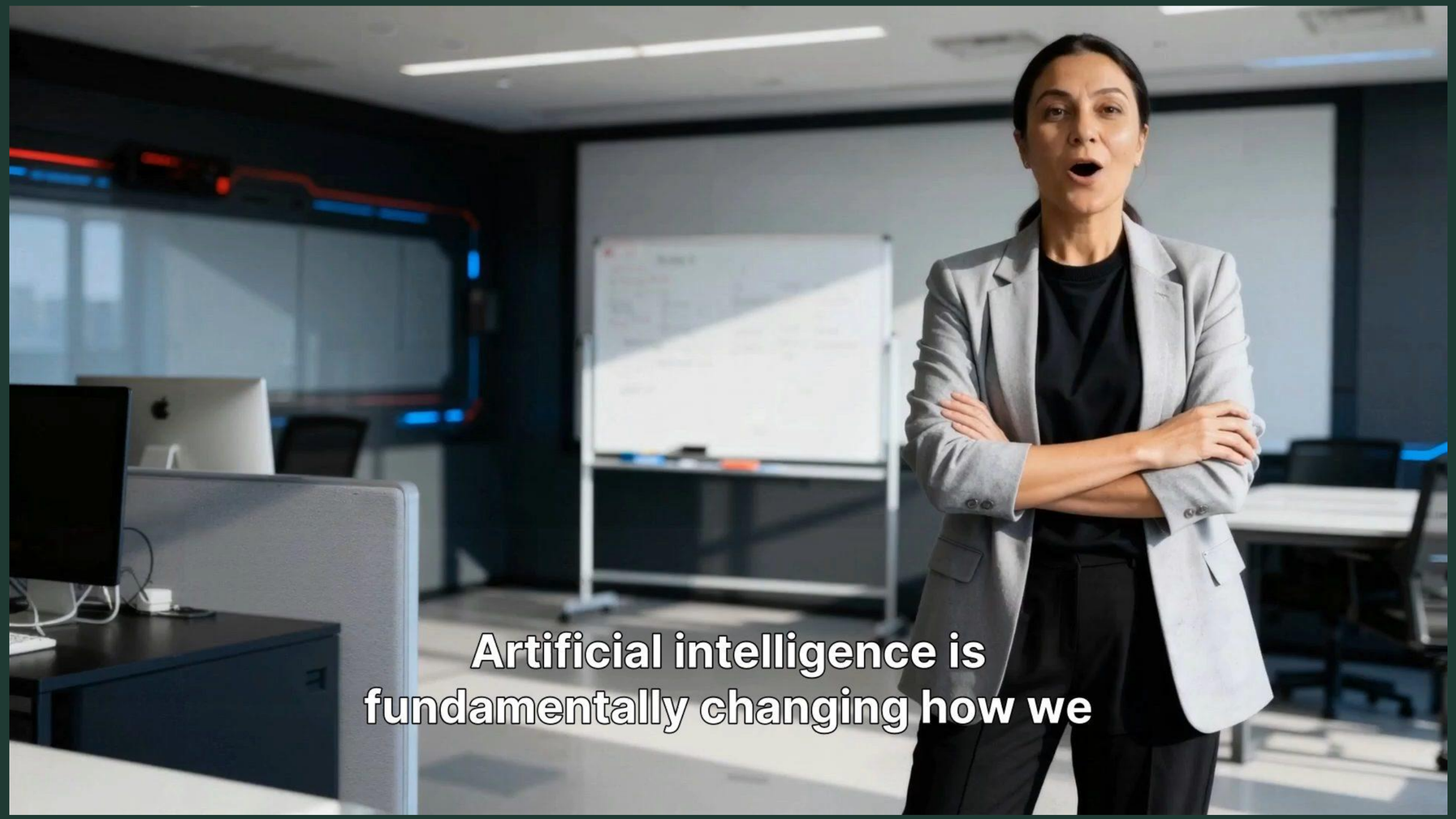
TENDS TO FOCUS ON	OFTEN UNDER-EXAMINES
Individual symptoms	Social determinants
DSM-style diagnosis	Social action
Self-help coping tips	Community support
Assumes help is available	Rural service gaps

Greatest risk: First Nations and culturally diverse communities, whose healing frameworks sit outside Western clinical models.
Better guides: an Elder, community leader or local worker.



IN PRACTICE

A short Video AI and You



The Role of AI in Mental Health · 55 sec · Watch on Vimeo

LEARNING 3 · WHY PEOPLE TURN TO AI

"I am using it because..."

...it's 2am and no one else is awake	...the nearest psychologist is hours away	...the waitlist is months long
...it's free and I can't afford sessions	...in a small town, everyone knows everyone	...it doesn't judge me
...I want to understand what my doctor said	...I'm not sure if this is serious enough	...it helps me practise between sessions

Ask the reason first. It tells you what need the tool is filling, and what is missing locally.

LEARNING 3 · THE CHECK-IN

A four-part clinical check-in

Assume Use

HOW

"Which AI tools do you use, how often, and for what?"

Belief

UNDERSTANDING

"What do you think it can do? Could it be wrong?"

Value

USEFULNESS

"What has been helpful? What hasn't?"

Pattern

ATTENTION

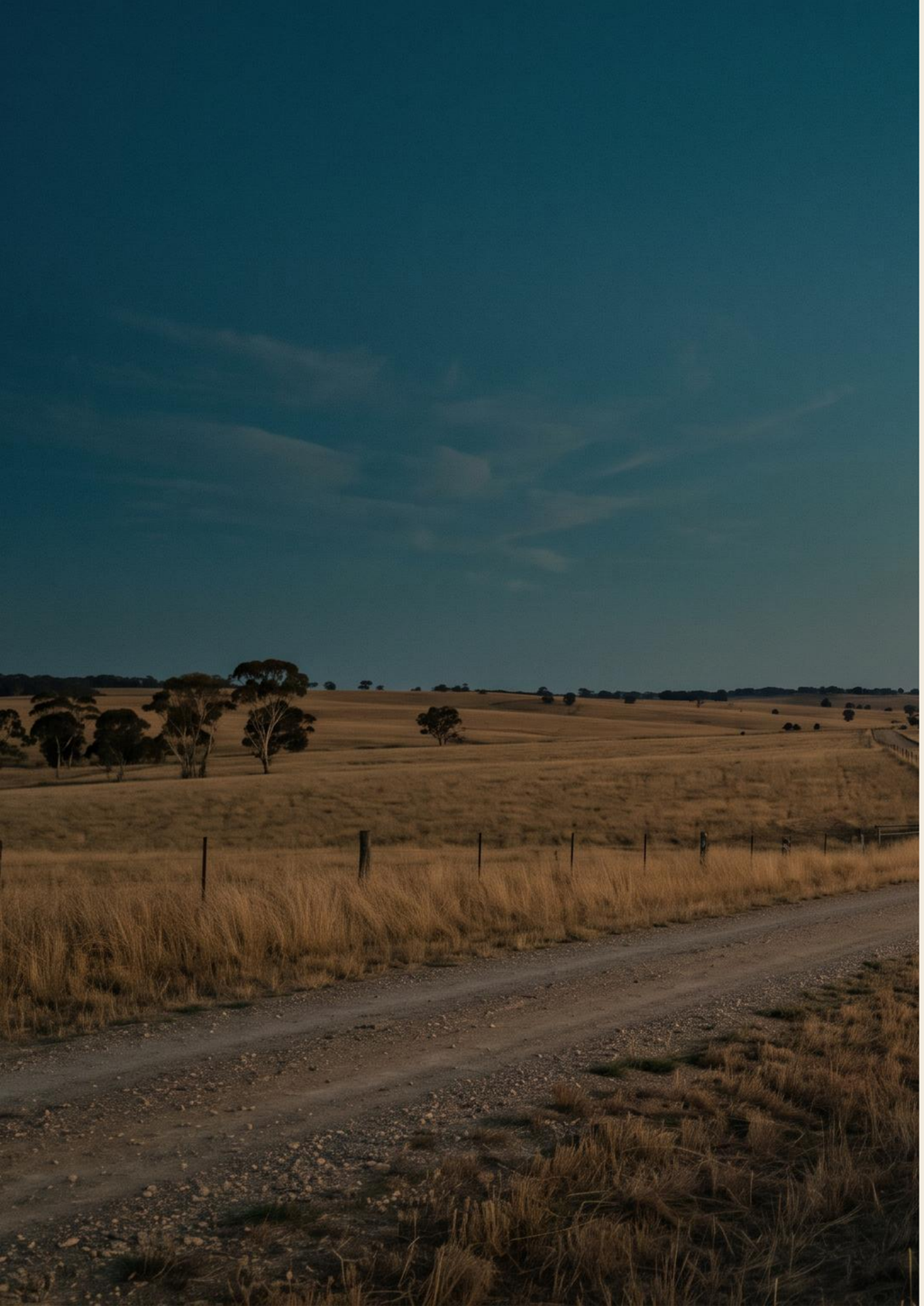
"Has it changed how you feel, act, or connect with others?"

PATTERNS THAT WARRANT ATTENTION

When to look more closely

Use is not the problem. Watch for signs AI is replacing care, connection, or judgement.

- Reliance: turning to AI ahead of people or services
- Withdrawal: less contact with family, friends, community
- Misplaced trust: treating outputs as diagnosis or treatment
- Changed plans: stopping medication or care on AI advice
- **Risk content: self-harm, psychosis or mania discussed with AI**



WHEN THERE IS NO ONE NEARBY

A bridge, not a destination

In isolated areas, AI can help hold the gap while people keep looking for human support.

Point to telehealth and rural-specific services

Aim for at least one real person, even occasionally

Privacy: talk to AI like you're in a busy café

THE POINT

Ask the question. Your conversation may be the only safeguard they have.

Mark Anns · Psych And Lifestyle

psychandlifestyle.com

Crisis support (24/7): Emergency 000 · Lifeline 13 11 14 · 13YARN 13 92 76 · Beyond Blue 1300 22 4636 · Kids Helpline 1800 55 1800 · 1800RESPECT 1800 737 732

Client handout: AI, Mental Health & You

REFERENCES

Sources

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- Senate Community Affairs References Committee (2018). Accessibility and quality of mental health services in rural and remote Australia.
- Seeking emotional and mental health support from generative AI: ChatGPT user experiences. PubMed Central, PMC12661908.

More resources, including the video, can be found at Mark Anns' website: **www.psychandlifestyle.com**