

# FAQ: NAMI's Work on AI and Mental Health

## **Q: Why is NAMI undertaking this effort?**

**A:** NAMI is the largest grassroots mental health organization in the United States, and our nationwide lived experience community gives us both the responsibility and the credibility to help bring clarity and safety to AI in mental health. People are already using AI to ask questions about mental health, but the information they receive can range from helpful to confusing to unsafe, and there is no trusted way for the public to understand these differences. That is why NAMI is stepping in to develop independent benchmarks that help people understand what different tools can and cannot do. We will never endorse specific AI products, but we will provide clear, trustworthy information people can use to make their own choices.

## **Q. Why did NAMI choose to partner with Dr. Torous and BIDMC to do this work?**

**A:** Dr. Torous and the Division of Digital Psychiatry at Beth Israel Deaconess Medical Center are leaders in the field of digital mental health. Dr Torous and his team support mindapps.org (the largest database of mental health apps) and the Digital Navigator program to promote digital equity and access. Dr. Torous has published over 300 peer-reviewed articles and five book chapters on the topic of digital mental health. Dr. Torous is also part of NAMI's Scientific Advisory Council, providing guidance and expertise on emerging areas of scientific and research advancement. He chose to work with NAMI because our nationwide lived experience community brings an essential perspective on what safe, trustworthy support must look like.

## **Q: What does the public think about using AI for mental health?**

**A:** A recent NAMI/Ipsos poll\* shows that more than one in ten adults (12%) are likely to turn to AI chatbots for mental health treatment or therapy in the next six months. As AI does not represent a substitute for clinical care, these findings underscore the need for clear, independent information about how these tools behave when people look for help, which is why NAMI is undertaking this work.

## **Q: What is the scope of the work?**

**A:** The early phases of the project will look at three core areas that reflect what people with lived experience tell us matters most when they look for support:

### **1. Safety and crisis response.**

Whether tools recognize when someone may be in distress and offer appropriate, safe next steps.

### **2. Accuracy and quality of information.**

Whether responses are factually correct, consistent with evidence, and free of harmful or misleading claims.

### **3. Cultural relevance and human support.**

Whether AI tools respond respectfully across cultures, identities, and lived experiences and whether they offer supportive, human-centered language.

## **Q: Is NAMI developing a “seal of approval” for AI chatbots related to mental health, or endorsing any specific AI chatbots?**

**A:** No. NAMI and Dr. Torous are partnering to develop benchmarks that help people understand how different AI tools respond when asked about mental health.

**Q. Does NAMI think it's safe to use AI for mental health treatment?**

**A:** No. NAMI does not endorse AI for mental health treatment, for any age group or any mental health condition. AI may help people access general information or resources when the tools are developed safely and responsibly, but it is not a replacement for care. This is why clear, independent benchmarks are needed.

**Q: Is NAMI replacing HelpLine volunteers or staff with AI chatbots?**

**A:** AI will not replace human connection. This project is entirely distinct from the HelpLine, and all NAMI HelpLine operations will remain the same, with trained volunteers and staff available 10 AM to 10 PM EST, Monday through Friday.

**Q: Is NAMI replacing any programs or initiatives with AI?**

**A:** No. NAMI programs, presentations, support groups, and outreach activities remain central to how we support people and families. AI will not replace these efforts.

**Q: Is NAMI integrating information about AI into NAMI programs or initiatives?**

**A:** The benchmarks may be shared by NAMI State Offices and local NAMI affiliates, and as NAMI content is updated over time, information about AI and mental health may be integrated where it enhances participant understanding and support.

**Q. Who will be involved in creating the benchmarks?**

**A:** NAMI National staff, NAMI State Office and NAMI affiliate staff and volunteers, family members and peers, and the Division of Digital Psychiatry at BIDMC will all play a role in creating the benchmarks for this project.

**Q: How will NAMI make sure people with lived experience are part of shaping these benchmarks?**

**A:** Lived experience is central to this work. Peers, family members, volunteers, and affiliate leaders will help shape the scenarios, identify what “safe and supportive” looks like, and review AI-generated responses. This ensures the benchmarks reflect the realities of how people actually seek information and support.

**Q. How will people be able to use these benchmarks to make better choices?**

**A:** The benchmarks will allow people to look at a specific aspect of mental health support, such as whether an AI tool provides accurate information about crisis lines, and compare how different tools perform. Individuals can then determine what matters most to them and make informed decisions based on clear, accessible data.

**Q. What's the value of this work to AI chatbot developers?**

**A:** Responsible AI developers can use the information from this unbiased and expert evaluation to improve their products and make sure they provide safe, accurate, and appropriate information.

*\*The NAMI/Ipsos poll was conducted November 7–9, 2025 using Ipsos' probability-based KnowledgePanel® and is based on a nationally representative sample of 2,046 adults age 18 or older. The survey has a margin of error of ±2.3 percentage points.*