The Changing Face of Mental Health Access:

How AI Is Streamlining the Path to Support

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Intro

People seeking mental health care want to talk to a real person, and they are open to technology making that easier. For example, more ways to get in touch, better flexibility, and help that fits their personal needs and situation.

Many people have started turning to AI for mental health support on their own. The **American Psychological Association (APA)** surveyed more than 1,200 licensed U.S. psychologists for its 2026 Chatbots and Mental Health Survey. More than three in four said their patients had talked about using AI chatbots, such as ChatGPT, for mental health support, to figure out what condition they might have, or for companionship. About one third (35%) said patients were using AI as if it were another mental health professional.

According to the APA, chatbots are readily available, easy to use without insurance, and "supportive to a fault." For someone who needs help right away, they're the easiest option. But they come with real risks. Among the psychologists surveyed, **89% worry** that chatbots could encourage self-harm or fail to recognize when someone is in crisis. **APA's position** is that AI should not replace care from a qualified professional.

The **National Library of Medicine** reached a similar conclusion in its review of published studies on AI in mental health care, finding there are too few mental health providers for the number of people who need care. It cites Mental Health America estimates that, in 2019–2020, more than half of U.S. adults with a mental illness didn't receive treatment.

AI can also be a way to take paperwork off providers' plates, such as notes, scheduling, and filing, so they have more time to spend with patients. The research noted that conversational AI is unlikely to replace human therapists. They warn that chatbots, which weren't built for clinical care, raise privacy and accuracy concerns.

Those findings reflect what psychologists and researchers see. CTM's 2026 Behavioral Health Survey asked consumers how they want to connect with providers. Their answer? They still want to talk to a person. But they want to choose how they make contact, whether by phone, text, email, or another way, and they want to hear back quickly.

Three in four people surveyed (75%) said they're comfortable talking with a live person by phone about a mental health or addiction concern, up from 64% in 2025.

Yet one in five said they had tried to contact a mental health or addiction treatment provider and never heard back. That number hasn't improved since last year.

This eBook looks at how AI helps people find care and the circumstances in which they still want a human. It also explains what behavioral health providers can do to ensure everyone who reaches out gets a response.

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Chapter 1: Consumers want more control over how they access mental health care

Seeking mental health or addiction support can feel scary and vulnerable. Many people are battling outdated stigma and shame. Giving them the power to decide how their first conversation with a provider happens can provide a comforting sense of control.

The rise of choice

We asked consumers what matters most to them when they reach out to a provider. The top answer, chosen by 39%, was speaking with someone trained to understand their unique situation. Next, at 30%, was being able to reach someone through the contact method they prefer, whether it's phone, text, email, video or another way. That ability to choose was ranked higher than getting an immediate response (24%) or privacy (23%).

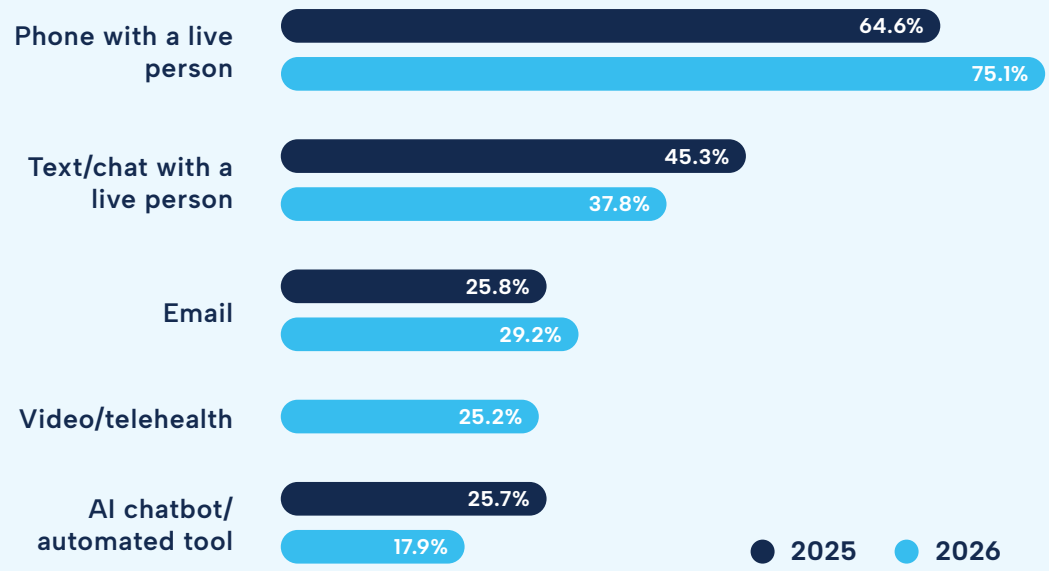
Reaching out for help for the first time is often the hardest step. Someone who has spent weeks working up the courage to ask for help, or a parent seeking help for a teenager, will choose whatever feels least intimidating. For one person, that's a phone call on their lunch break. For another, it's a text sent at 11 p.m.

Phone still matters, but consumers are using multiple channels

75% would call a live person; only 18% would use an AI chat bot

Share of consumers who would use each channel to seek behavioral health support

Video/telehealth was first asked in 2026. Respondents could choose more than one channel. Source: CTM 2026 Behavioral Health Survey



The phone is still the most popular way to reach a provider. Three in four consumers say they would call and speak with a live person, more than any other option. But many people would also use other methods. More than a third would text or chat with a live person, about three in ten would email, while a quarter would use a video visit.

We saw the same pattern when we asked people how they'd prefer to take their first step toward finding treatment:

Preferred first step:

42%
Speak directly with a live person

17%
Text or chat with a live person

15%
A combination of options

14%
Browse websites and reviews

13%
An AI chatbot or automated assistant

What is an omnichannel front door?

An omnichannel front door means people can reach you however they choose. Whether it's phone, text, chat, email, web forms, or video, they all work together so the experience feels like one continuous conversation. Here's what that looks like in practice:

— **Every contact method leads to a real person who can help.** A call, text, chat, email, web form, or video request all reach a trained team member.

— **People don't have to start over when they switch methods.** If someone texts first and calls later, the person who answers can see the earlier text.

— **People reach the right team the first time.** Someone asking about admissions, a current patient trying to reach their counselor, a billing question, and a person in crisis are each sent to the right place.

— **Missed calls and messages get an automatic follow-up.** No one has to remember to check the voicemail.

— **Staff can see the full history.** They know who reached out, how they reached out, and what has already been discussed.

To test whether your omnichannel door is working well, make sure someone can move from one contact method to another without explaining their situation again.

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Chapter 2: AI-ready doesn't mean human-averse

As we say across many other industries, in behavioral health, people are comfortable letting AI handle certain administrative tasks like scheduling an appointment, but they still want a person to provide their care.

Where consumers are comfortable with AI

We asked about two ways a provider might use AI. The first is responding to a first inquiry, scheduling an appointment, or recommending a next step. The second is helping assess symptoms or what kind of support someone needs. In both cases, AI is helping someone reach the right person faster. We found that the level of comfort with both was similar across each generation.

Where they still want human expertise

When we asked what matters most when contacting a provider, the top answer (39%) was speaking with someone trained to understand their situation. Empathy and compassion came in at 11%. These are things people want from a human, not from software.

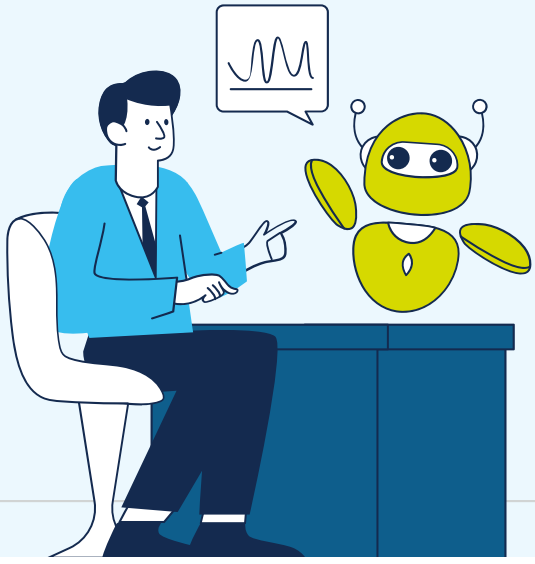
Psychologists have similar concerns. In the **APA survey**, 39% said patients had used AI to try to diagnose themselves. Among psychologists whose patients have ongoing conversations with chatbots, 36% saw some degree of dependency on them. AI can help someone find care, but a trained person still needs to provide it.

AI chatbot preference is on the decline

The share of consumers who say they would use an AI chat agent or automated tool to seek support dropped from 26% in 2025 to 18% in 2026. Over the same year, the share of people comfortable talking with a live person by phone rose from 64% to 75%.

One possible explanation is that as AI tools like ChatGPT became part of everyday life, people got a clearer sense of what they want AI to do. Many are fine letting it book an appointment or point them to the right team. Fewer want a chatbot to be the one they talk to about their mental health.

39% said patients had used AI to try to diagnose themselves.



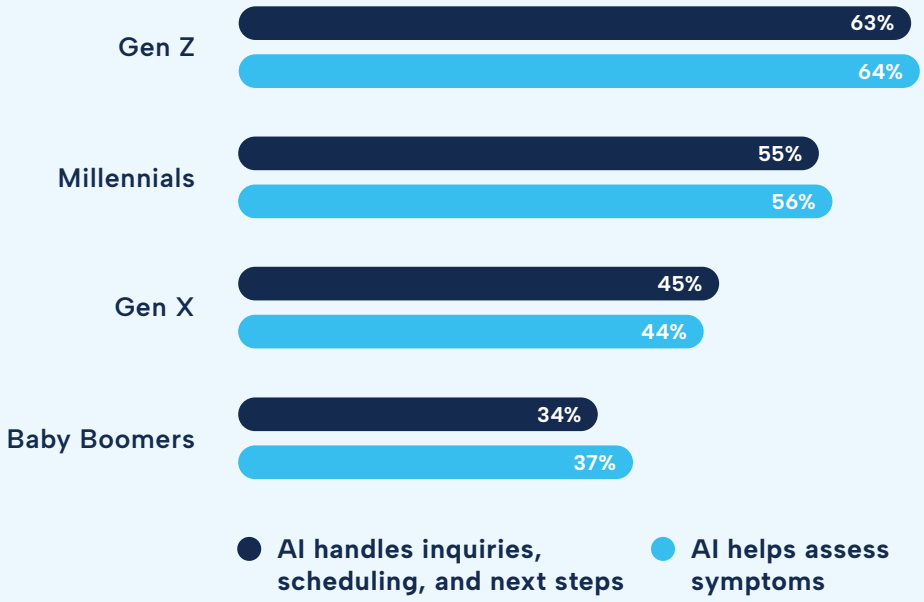
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The Gen Z/Boomer divide

63%–64% of Gen Z are comfortable with AI vs. 34–37% of Baby Boomers

Share comfortable with a provider using AI for each task, by generation

Source: CTM 2026 Behavioral Health Survey, generational crosstabs



Treating all consumers as one big cohort obscures major differences between age groups. Most Gen Z and Millennial consumers are comfortable with a provider using AI for these early steps, while the majority of Baby Boomers are not. As younger people make up a larger share of those seeking care, AI's role in how people first contact providers could grow, even though most people don't prefer it today.

Consumers still prefer human connection

People strongly prefer speaking with a human (75%), and it's the most popular first step toward treatment (42%). Consumers most value a trained person who understands their situation. Even Gen Z, the generation most open to AI, still uses phone calls and texts with real people alongside it. **The best approach is to use technology to help people reach a human, and to get better care once they do.**

75% of people strongly prefer speaking with a human.



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Chapter 3: The behavioral health access paradox

The access paradox is that the consumers most comfortable with AI are also the ones most likely to contact a provider and never hear back.

Gen Z is most likely to report trying to reach a provider and not hearing back

Among Gen Z consumers, 63% are comfortable with AI answering their first question or booking an appointment, and 64% with AI helping them figure out their symptoms and what kind of support they need. They're also more likely than older generations to consider reaching out by text, chat, or other online options.

Yet, 37% of Gen Z consumers say they have contacted a mental health or addiction treatment provider and never got a response, compared to only 3% of Baby Boomers. When we look across all ages, one in five reports not receiving a response. Despite a year of new technology and changing communication preferences, that number stayed the same.

When patients can't reach their provider, what they do next often determines whether they get care at all:



About one in five give up on that provider and look for another one, and **6% give up on seeking treatment altogether at that time**. Each of these is a lost patient for providers, and it may mean missing a moment when that person was ready to accept help.

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How AI can help bridge technology adoption and provider access

Having more ways to reach a provider doesn't help if no one responds. If texts, chats, emails, and web forms go into inboxes no one checks, they just become more places for a request to get lost. The 25% who try a different contact method when they can't get through show the risk: if those methods aren't connected and monitored, one unanswered request becomes two.

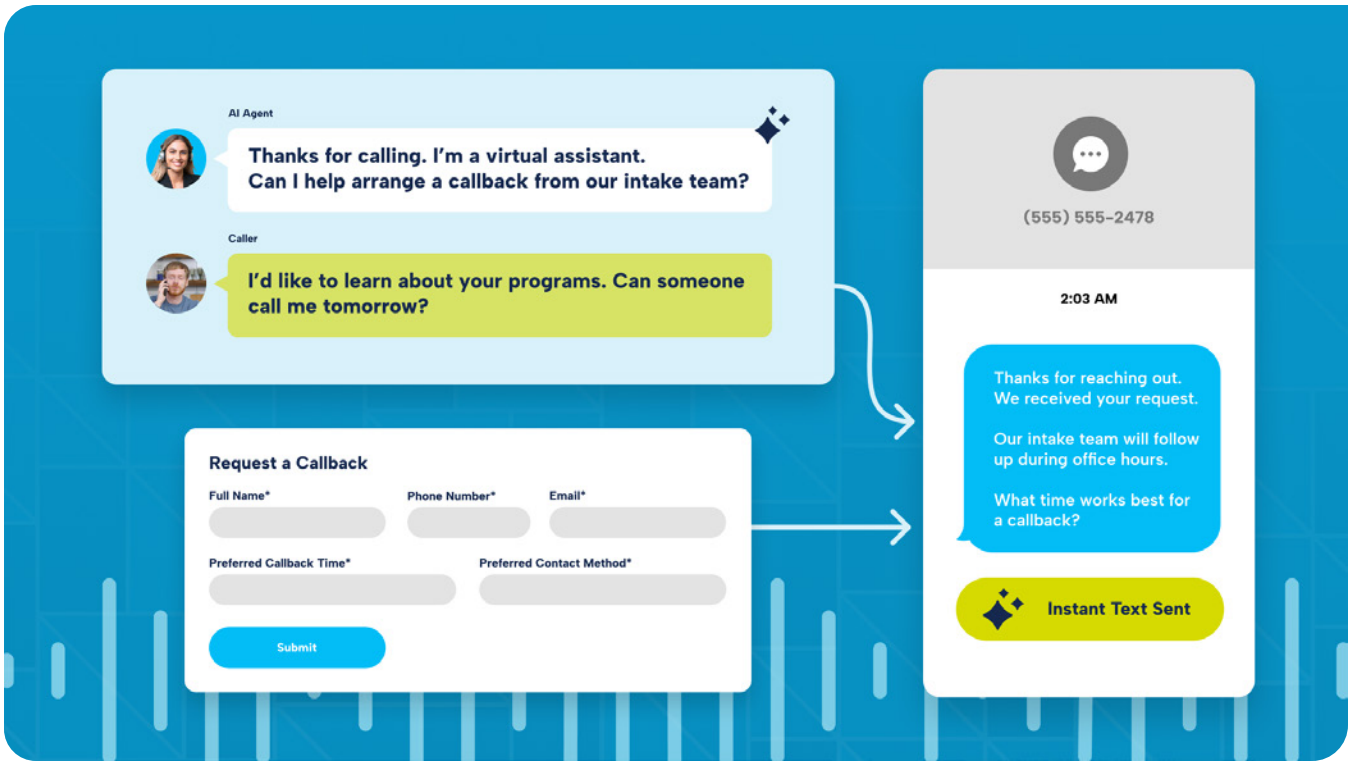
This is where AI can help most: covering the time between when someone reaches out and when a trained person can talk with them. For example, AI can let people know their message was received, collect basic information, book a callback, and send the request to the right staff member. The counselor still provides the care.

Access to help is still more important than speed

People expect a quick reply. About one third (32%) expect a response right away, another 33% within a few hours, and 21% within a day. Only 14% have no particular expectation.

That means a total of 65% expect to hear back within a few hours. And 17% say long waits or slow responses are the biggest barrier to treatment, up from 15% in 2025.

But speed only helps if the reply comes from someone who can actually help. Consumers value talking to a trained person (39%) more than getting an immediate response (24%). If a quick reply can't answer an insurance question or direct the caller to the right team, the caller still has to wait for real help. People want a quick response from the right person.



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The biggest barriers to care are still cost and insurance

↑ 2.8% 2026

32.1%

Cost or insurance coverage

2025: 29.3%

↓ 1.5% 2026

24.2%

Not knowing where to start or who to trust

2025: 25.7%

↑ 2.1% 2026

17.4%

Long waits or slow responses

2025: 15.3%

↓ 0.3% 2026

12.3%

Fear of judgment or stigma

2025: 12.6%

↓ 4.7% 2026

9.1%

Difficulty finding someone who understands my needs

2025: 13.8%

↑ 1.6% 2026

4.9%

Lack of comfortable technology or support options

2025: 3.3%

Cost and insurance remain the biggest barrier to treatment, rising slightly over the past year. The second largest barrier is not knowing how to start, with nearly one in four saying they don't know where to go or whom to trust.

While providers can't change what insurance covers, they can answer cost questions early. That means asking about insurance during the first conversation, checking coverage quickly, and pointing people to payment options or other providers when a program isn't the right fit. **Clear answers on the first call address two of the top three barriers: cost and not knowing where to start.**

Consumers want better experiences, not necessarily better tech

When it comes to the experience of trying to get care, the barriers people name are: how much it will cost, where to start, and how long it takes to hear back. New technology is only worth adding if it fixes one of those problems, for example, by getting someone a faster callback, telling them clearly what happens next, or answering their insurance question during the first contact.

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Chapter 4: Where technology like CTM comes in

The survey points out where technology can have the biggest impact: shortening the time between the moment someone reaches out and the moment a trained person responds. CTM helps **nearly 1,000 behavioral health organizations** do just that. The following are best practice recommendations based on that work:

1 Make sure everyone who reaches out hears back.

Unanswered calls and messages are an access problem providers can fix. A large **network of mental health and addiction treatment centers** worked with CTM to redesign how incoming calls are sent to staff. Within six months, it cut missed calls in half while handling 350,000 calls and nearly 200,000 requests for treatment. Managers also used CTM's live view of staff activity to rely 60% less on outside answering services, so more callers now reach the network's own trained staff.

Discovery Institute, an addiction treatment center in New Jersey, automatically calls back anyone whose call was missed within two minutes. For people who can't or don't want to talk on the phone, staff use secure texting that meets HIPAA privacy rules.

2 Keep each person's history in one place.

Southeastern Recovery Center keeps each person's contact information, past conversations, and how they first found the center in one record. When someone calls back, they're sent to the right staff member, who can see what's already been discussed, so the caller doesn't have to repeat themselves. On average, people go from first call to admission in three days.

Banyan Treatment Centers, which has 16 facilities and handles more than 20,000 calls a month, connected CTM to Salesforce, the system where it tracks patient inquiries. Admissions staff can now manage calls, contacts, and notes in one place instead of switching between programs.

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3 Use AI where consumers are open to it.

Many consumers, especially younger ones, are open to AI helping with first questions, scheduling, and next steps. AI phone assistants such as **CTM VoiceAI** can answer calls, gather basic information, and send callers to the right person at any hour, so nobody reaches voicemail at 2 a.m. Conversations about a person's mental health still happen with a trained human.

4 Know which ads bring people in.

About 75% (74.9%) of new patient inquiries in behavioral health come in by phone, according to **Liine's 2024 Behavioral Health Marketing Benchmark Report**, which analyzed 25,000 new patient inquiries.

Yet many providers can't tell which ad or campaign led someone to call. **Call tracking** solves this by showing a different phone number for each ad or campaign, so providers can see which ones lead to calls, while keeping patient information protected under HIPAA.

Southeastern Recovery Center used it to identify its four best-performing types of advertising, including Google search ads and video ads on Facebook, Instagram, and YouTube, and **shifted more of its budget to them**.

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Conclusion: Use technology to get people to a person faster

When behavioral health consumers take the step to reach out for support, they want multiple options to reach a provider. They are open to AI for some tasks, but they still want to talk to a person. And they're open to technology that makes the process faster.

Providers need to ask themselves one important question: when someone reached out, did they quickly hear back from someone who could help?

Use this checklist to see where your organization stands:

- [ ] Every way people can contact you (phone, text, chat, email, web forms, video) leads to a real person or a guaranteed follow-up.
- [ ] Missed calls and messages get an automatic callback or reply.
- [ ] Staff can see each person's full contact history, no matter how they reached out.
- [ ] Callers reach the right team on the first try, including someone who can answer insurance and cost questions.
- [ ] AI handles the logistics people are comfortable with, like scheduling and first questions, then passes them to a trained person.
- [ ] You know which ads and campaigns lead to calls that turn into admissions.

About the survey

The CTM 2026 Behavioral Health Survey was fielded by kNOW Instant Insights among 1,000 U.S. adults 18+ between August 31–September 3, 2026. The 2025 survey included 1,000 U.S. adults 18+respondents. Some 2026 questions were reworded or offered new answer choices compared with 2025. Year-over-year comparisons should be limited to questions asked the same way in both years.

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