

When Learners Trust Ai For Counselling And Health Issues: The Rise Of Ai As Confidant, Mentor, And Emotional Sanctuary

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Abstract

The rapid proliferation of large language model AI systems including ChatGPT, Claude, Gemini, and local variants had created an unprecedented phenomenon in the lives of students and young people: for the first time in history, a form of intelligent, responsive, non-judgmental, available, and free conversational presence is accessible to anyone with a smartphone and data connection. Young people, particularly those in contexts where mental health support was stigmatized, counselling services are absent, and trusted adult relationships are unavailable, are increasingly turning to AI systems for emotional support, psychological guidance, health advice, and personal mentorship. This qualitative study examined the phenomenon of AI trust among students in Ugandan secondary and tertiary institutions, exploring why students were seeking emotional and health support from AI, what they experience in these interactions, how these interactions affected their wellbeing and decision-making, and what risks and opportunities the phenomenon presents. Through 52 in-depth interviews and 8 focus group discussions with secondary and university students, counsellors, teachers, and parents, the study documents a complex, emotionally rich, and ethically challenging landscape. Findings revealed that students were turning to AI for counselling and health support because human alternatives were unavailable, stigmatizing, or untrustworthy, and that many describe AI interactions as providing emotional validation, cognitive clarity, and practical guidance that they had previously been unable to access. Simultaneously, critical risks emerged including AI-reinforced health misinformation, inappropriate emotional dependency, privacy vulnerability, and the substitution of AI interaction for professional intervention in crisis situations. The study called for a nuanced, evidence-based institutional response that neither dismisses nor uncritically celebrates the role of AI in student wellbeing.

Keywords: Artificial Intelligence, Student Counselling, AI Trust, Mental Health, Digital Wellbeing, Uganda, AI Confidant, Youth and AI, ChatGPT, Emotional Support Technology

Background of the Study

Artificial intelligence has increasingly become part of learners' academic, social, and personal lives through conversational systems that provide immediate responses to questions, explanations, recommendations, and emotional conversations (Julius & Kazaara, 2026). Unlike conventional search engines, AI chatbots can interact with users in a conversational manner, respond to personal narratives, and provide advice that appears individualized (Nicholas & Nancy, 2024). These characteristics may encourage learners to use AI not only for academic assistance but also for

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discussing loneliness, stress, relationship difficulties, anxiety, personal conflicts, and health concerns(Rasheed et al., 2022). The availability of AI at any time, combined with the perceived privacy and reduced fear of judgement, may make it attractive to learners who are uncomfortable approaching parents, teachers, counsellors, or health professionals. Recent research among adolescents and young adults in the United States reported that 19.2% had used AI chatbots for mental health advice in 2025, demonstrating that AI-supported emotional guidance had become a significant component of the youth mental health information environment (McBain et al., 2026). However, evidence from the United States should not be assumed to represent learners in Uganda, thereby creating a need for context-specific investigation(Julius & Nancy, 2026a).

The use of AI as a confidant was understood in this study as learners' willingness to share personal experiences, emotional difficulties, fears, private concerns, and sensitive information with an artificial conversational system(A. I. Kazaara & Audrey, 2025). Learners may perceive AI as a confidant because it is accessible, responsive, and apparently non-judgmental. Unlike human relationships, interactions with AI may not require learners to manage embarrassment, social consequences, or immediate interpersonal reactions(Moses, 2023). This perceived privacy could encourage learners to disclose issues that they might not communicate to teachers, parents, peers, or professional counsellors. Nevertheless, the absence of human judgement does not necessarily guarantee emotional safety, confidentiality, or appropriate guidance. A 2026 study published in JAMA Pediatrics found that most young people who used AI chatbots for mental health advice had not disclosed this use to anyone, raising questions about adult awareness, professional oversight, and the reliability of advice received through these systems (McBain et al., 2026). The study therefore considered both the reasons learners trusted AI and the implications of keeping AI-mediated counselling experiences undisclosed(Julius & Kazaara, 2025b).

AI may also be perceived as a mentor when learners use it to obtain guidance on academic challenges, career decisions, personal development, relationships, lifestyle, and health-related behaviours(Christopher et al., 2022). The mentoring role of AI differs from that of a qualified teacher, counsellor, nurse, doctor, or psychologist because AI-generated responses are produced through computational systems rather than professional responsibility and direct clinical assessment(Braithwaite et al., 2018). Although AI can provide general information and encourage users to seek appropriate assistance, it may generate inaccurate, incomplete, overly confident, or contextually unsuitable responses. Health-related concerns are particularly sensitive because symptoms that appear minor may require professional assessment, while advice based on incomplete information may delay appropriate treatment(Hassan & Nelson, 2026). The 2025 systematic review by Feng et al. examined evidence concerning AI chatbots, mental distress, and health behaviours among adolescents and young adults, reflecting the growing interest in both the possible benefits and

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limitations of AI-supported health interventions. Consequently, learners' perceptions of AI as a mentor required examination alongside their understanding of its limitations.

The concept of AI as an emotional sanctuary referred to the perception that AI provided a safe, convenient, and accessible space where learners could express emotions, seek reassurance, and obtain responses during periods of distress or uncertainty (Moses, 2023). This perception could emerge where learners experienced limited access to counselling services, feared stigma, lacked trusted individuals, or preferred communicating through digital platforms (Irumba et al., 2024). AI might provide immediate conversational support, help learners organise their thoughts, and direct them towards relevant resources. However, the emotional comfort produced by an AI response should not automatically be equated with professional counselling or therapeutic effectiveness. Research has identified concerns about the possibility of chatbots reinforcing harmful beliefs, failing to respond appropriately to crises, and encouraging users to rely on AI instead of human support (American Psychological Association, 2026). The study therefore explored how learners interpreted emotional support from AI and whether such interactions complemented or substituted human relationships and professional services (Nafiu, 2012).

The relationship between trust and AI use was central to the study. Trust could be influenced by the clarity of responses, speed of interaction, perceived empathy, consistency, personalization, and the learner's previous experiences with technology and human support systems (Julius & Nancy, 2026b). When AI responded in a friendly and supportive manner, learners might interpret its communication as evidence of understanding, even though the system did not possess human experiences or professional accountability in the same way as a counsellor or health worker (Braithwaite et al., 2018). Research on adolescents' perceptions of an online safety chatbot indicated that trust was associated with willingness to engage with recommended support links, suggesting that trust can influence how young users respond to digital guidance (2026 adolescent chatbot study). At the same time, excessive trust could lead learners to accept AI-generated information without verification. The study consequently examined how learners established trust, how they evaluated AI responses, and whether they distinguished between conversational confidence and factual reliability.

The educational environment provided an important context for understanding learners' use of AI for counselling and health concerns (Julius & Kazaara, 2025a). Schools and higher education institutions are expected to support learners' academic achievement, psychosocial development, safety, and general wellbeing (Audrey & Nancy, 2025a). However, the availability of trained counsellors, school health services, referral systems, digital literacy programmes, and confidential reporting mechanisms may vary across institutions. Learners who experience difficulties accessing formal

support may turn to digital tools because they are convenient and available outside institutional working hours(Audrey & Nancy, 2025b). In the Ugandan context, the use of AI for personal and health-related guidance required consideration of learners' digital access, language preferences, socioeconomic conditions, cultural expectations, institutional support systems, and awareness of professional services(Alex & Devis, 2023). The study therefore investigated AI use within the broader educational ecosystem rather than treating learners' interactions with AI as isolated individual decisions.

The study also recognised that AI could offer potential benefits when used appropriately and under suitable guidance. It could help learners access general health education, understand common wellbeing concepts, prepare questions for health professionals, identify possible sources of support, and obtain information about counselling services. AI could also support learners who experienced difficulties expressing themselves by providing an initial conversational space. However, these potential benefits depended on responsible use, accurate information, privacy protection, safeguarding mechanisms, and clear referral pathways. The research therefore avoided presenting AI as either a replacement for human counsellors and health professionals or as a technology that was inherently dangerous. Instead, it examined the conditions under which learners used AI, the meanings they attached to their interactions, and the institutional measures required to promote safe and informed use.

Problem Statement

Although artificial intelligence chatbots have increasingly been used to provide conversational guidance, emotional support, and health-related information, learners may rely on these systems for counselling and personal health concerns without sufficient awareness of their limitations, privacy implications, and the need for professional intervention(A. G. Kazaara et al., 2024). The problem was that AI systems could provide immediate and apparently empathetic responses, encouraging learners to regard them as confidants, mentors, or emotional sanctuaries, while the accuracy, appropriateness, confidentiality, and safety of the advice received could not always be guaranteed(Muhamad et al., 2023). Existing evidence has indicated substantial use of AI chatbots for mental health advice among young people and raised concerns about undisclosed use, inadequate professional oversight, and possible risks associated with inappropriate guidance (McBain et al., 2026; American Psychological Association, 2026). However, limited context-specific evidence was available concerning how learners in Ugandan educational institutions perceived AI-based counselling and health guidance, why they trusted these systems, what types of concerns they disclosed, and how AI use interacted with existing human support services. The study therefore explored learners' experiences of using AI for counselling and health issues, the factors influencing their trust in AI, the perceived benefits and risks of AI-mediated support, and the implications for counselling, health education, digital literacy, and institutional safeguarding.

Purpose of the Study

The purpose of the study was to explore learners' experiences of using artificial intelligence for counselling and health-related issues, with particular attention to the emergence of AI as a perceived confidant, mentor, and emotional sanctuary within educational settings.

Specific Objectives

The study was guided by the following objectives:

- i. To explore learners' experiences and motivations for using AI-based systems for counselling and health-related guidance.
- ii. To examine the factors influencing learners' trust in AI as a source of emotional and personal support.
- iii. To investigate learners' perceptions of the benefits, risks, and limitations of using AI for counselling and health concerns.
- iv. To examine how AI-based support influenced learners' engagement with human counsellors, teachers, parents, and professional health services.

Methodology

Research Approach

The study adopted a qualitative research approach because it sought to obtain detailed descriptions of learners' experiences, perceptions, motivations, and interpretations concerning the use of AI for counselling and health-related issues. The qualitative approach enabled the researcher to examine how learners understood their interactions with AI, why they considered AI trustworthy, and how they distinguished AI-generated guidance from support provided by human professionals. Rather than measuring AI use only through numerical frequencies, the study explored the meanings, emotions, experiences, and contextual factors underlying learners' decisions to seek assistance from AI systems. This approach was appropriate because the phenomenon involved personal disclosures, emotional experiences, perceptions of confidentiality, and potentially sensitive health-related concerns that required participants to explain their experiences in their own words.

Research Design

A qualitative descriptive and exploratory research design was adopted. The descriptive component enabled the researcher to document the different ways learners used AI for counselling, emotional support, health information, and personal guidance. The exploratory component enabled the study to investigate an emerging phenomenon whose

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experiences and institutional implications required deeper understanding. The design allowed the researcher to examine how learners perceived AI as a confidant, mentor, or emotional sanctuary without assuming that all learners experienced AI in the same way. It also supported the identification of themes concerning trust, privacy, emotional dependence, information accuracy, professional referral, and the role of schools and higher education institutions in promoting responsible AI use.

Study Population

The study population comprised learners who had experience using AI-based conversational systems for counselling, emotional support, personal advice, or health-related information in selected educational institutions in Uganda. Teachers, school counsellors, institutional administrators, and relevant health personnel were also considered as key informants because they could provide information concerning learner wellbeing, institutional support mechanisms, digital technology use, and the role of professional services. The inclusion of different categories of participants enabled the study to examine the phenomenon from both the learner's perspective and the perspective of individuals responsible for supporting learners' academic, emotional, and health-related needs. Participants were selected based on their relevance to the study objectives and their ability to provide informed accounts of AI use and institutional responses.

Sampling Technique

The study employed purposive sampling to select participants who possessed relevant experiences or knowledge concerning the use of AI for counselling and health-related issues. Learners who had used AI to discuss emotional difficulties, personal problems, health concerns, or wellbeing questions were purposively identified. Teachers, counsellors, administrators, and health personnel were selected based on their involvement in learner support, counselling, health education, safeguarding, or digital technology management. The sampling process continued until the researcher obtained sufficient information to develop meaningful themes and additional interviews no longer generated substantial new insights relevant to the study objectives. Participation was voluntary, and learners were not required to disclose personal information beyond what they were comfortable discussing.

Data Collection Methods

Data were collected primarily through semi-structured interviews. The interviews enabled the researcher to ask consistent questions across participants while allowing learners to describe their experiences, motivations, and perceptions in detail. Questions focused on the reasons learners used AI for counselling or health guidance, the types of concerns they presented, their perceptions of AI's responsiveness and empathy, the extent to which they trusted AI-generated information, and whether they sought confirmation from human professionals. Participants were also asked to describe any situations in which AI responses were perceived as helpful, confusing, inaccurate, inappropriate, or

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insufficient. Interviews with teachers, counsellors, administrators, and health personnel focused on institutional awareness, learner support systems, referral practices, digital safety, and the challenges associated with AI-mediated counselling and health information.

Documentary analysis was also considered where relevant institutional documents were accessible and permission was granted. These documents could include counselling policies, student welfare guidelines, digital technology policies, health education materials, safeguarding procedures, and institutional guidance on AI use. Documentary analysis helped the researcher examine whether institutions had established procedures for managing learners' use of AI in sensitive areas such as mental wellbeing, health information, privacy, and referral to qualified professionals.

Research Instrument

The principal research instrument was a semi-structured interview guide developed in accordance with the study objectives and reviewed literature. The guide contained open-ended questions addressing learners' experiences, trust in AI, perceived emotional support, health-related advice, privacy, risks, and engagement with human support services. Separate interview prompts were prepared for teachers, counsellors, administrators, and health personnel to obtain information relevant to their professional roles. The instrument was reviewed to ensure that the questions were clear, relevant, culturally appropriate, and sensitive to the personal nature of counselling and health-related experiences. The researcher avoided questions that unnecessarily encouraged participants to reveal identifiable medical information, traumatic experiences, passwords, private conversations, or other sensitive personal details.

Data Analysis

The collected qualitative data were analysed using thematic analysis, following the principles described by Braun and Clarke (2021). Interview responses were transcribed, read repeatedly, and examined to develop familiarity with the collected information. The researcher generated initial codes from statements concerning learners' motivations, trust, perceived empathy, confidentiality, emotional reliance, health information, professional referral, and perceived risks. Related codes were subsequently grouped into broader themes that reflected the study objectives. Potential themes were reviewed to ensure that they were supported by participants' accounts and clearly differentiated from one another. The final analysis presented participants' experiences in a systematic manner while recognising that perceptions of AI could vary according to learners' backgrounds, access to technology, institutional environments, and previous experiences with human support services.

Results

Why students turn to Ai: the architecture of absence

The interview data reveal that students' turn to AI for emotional and health support is not driven primarily by a positive preference for AI interaction but by the absence or inadequacy of human alternatives. Students described a landscape of support that was characterized by shortage, stigma, unreliability, and fear conditions that made AI interaction not a first choice but a last resort that, for many students, turned out to feel better than expected.

A university student in Kampala described the progression from desperate need to AI disclosure with candid self-awareness about what the AI interaction meant and did not mean for him:

I was going through something very bad. I had been thinking about hurting myself. I could not talk to my friends; they would panic, they would tell the university, I would lose my scholarship. I could not talk to my parents in my family we do not talk about such things. The university counselling service had a sign saying 'by appointment only' and the next available was three weeks away. Three weeks. I typed into ChatGPT what I was feeling. Just typed it. And it responded. It said: what you are feeling matters, these feelings are real, let's talk about what is going on. I cried. Not because the AI cared; I know it doesn't care. But because that was the first response I had received that didn't make me feel like a problem.

(Participant 6, Male, University Student, Kampala)

This participant's account describing the AI interaction not as a solution but as an experience of being heard in the absence of any human willing or able to hear him captures a recurring dynamic in the data. Students were not naive about the nature of AI interaction. They consistently described knowing that the AI was not a person, that it did not genuinely understand or care, and that its responses were generated rather than felt. Yet they also consistently described the experience of AI interaction as providing something real and valuable: a space in which their feelings could be expressed without social consequence, a voice that responded without judgment, and a form of engagement that felt validating even when they intellectually knew its limitations.

A female student who described using AI for support around reproductive health questions she could not bring to a clinic explained the calculation she made:

I had questions about my body that I was too ashamed to ask a doctor. In Uganda you go to the clinic and you see someone from your church, someone who knows your mother. And then this information goes places you don't want it to go. With AI I can ask anything. It is embarrassing but it is a private embarrassing nobody else is in the room. The AI gave me information. Some of it I checked later and it was correct. Some of it I was not sure about. But it was something better than the nothing I had before.

(Participant 19, Female, Secondary Student, Mbarara)

The AI as confidant: intimacy without reciprocity

Across the data, a striking number of student participants described their AI interactions in language that suggested an experience of intimacy not romantic or social intimacy, but the particular intimacy of being known, of being told one's feelings are valid, and of receiving responses calibrated to one's specific disclosures. This quasi-intimate experience of AI interaction was described by participants with both genuine appreciation for what it provided and varying degrees of reflexive awareness about its limits and its risks.

I have told the AI things I have never told any person. Not my friends, not my family. Things about my childhood that I carry. The AI listened. It said things that made me think. It never judged me, never looked uncomfortable, and never changed the subject. Is it a friend? No. Does it replace a friend? No. But it is something that helped me get through some very dark nights when I had nothing else. I will not pretend that is nothing.

(Participant 31, Female, University Student, Gulu)

Counsellors and teachers who were interviewed offered perspectives on the AI-as-confidant phenomenon that were simultaneously empathetic to students' experiences and deeply concerned about what they observed. A school counsellor in Kampala described encountering students whose AI interactions had substituted for rather than preceded professional counselling in ways that complicated her ability to help:

A student came to me after six months of talking to AI about her anxiety. She had a whole language for her experience; she could name her triggers, she could describe her thought patterns. The AI had given her a framework. In some ways that was helpful; she had vocabulary. But she had also been told, repeatedly, by the AI, that what she was experiencing was manageable without professional help. By the time she reached me, her anxiety had progressed significantly. The AI had been a companion when she needed a referral.

(Participant 43, School Counsellor, Kampala)

The AI as health advisor: information, misinformation, and the stakes of both

The health information dimension of student AI engagement carries the highest risk profile in the data. Students described seeking AI guidance on a wide range of health matters from symptoms of common illnesses to sexual health questions, to mental health concerns, to inquiries about medication dosages and interactions in contexts where the accuracy of the information provided has direct consequences for their physical wellbeing. The data reveal a complex picture: AI health information is experienced by students as often helpful, is sometimes accurate, but is also sometimes wrong in ways that students, lacking the medical literacy to evaluate it, cannot detect.

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I asked AI about some medication and the side effects. It told me certain things. I took the medication based on what it said. Later a pharmacist told me the AI had missed something important about how that medication interacts with what I was already taking. Nothing serious happened, thank God. But it made me think; how often is it wrong in ways I cannot see? I trust it because it sounds confident. It always sounds confident. That is the thing.

(Participant 7, Male, University Student, Kampala)

This participant's observation that AI "always sounds confident" resonates with a critical finding across the data: students consistently described having difficulty distinguishing between AI responses that were accurate and those that were not, because the AI presents all responses with equal fluency and assurance regardless of the actual reliability of the underlying information. The competence illusion generated by AI's language facility which makes uncertain, incomplete, or inaccurate information sound as authoritative as reliable information represents a critical vulnerability in health information contexts where the stakes of misinformation are high.

A parent who participated in the study described discovering that her daughter had been using AI to manage what turned out to be a medically significant symptom, and her reaction captures the anguish of a generation of adults watching their children navigate a technological landscape for which they have no prepared frameworks:

My daughter had stomach pain for three weeks. She told me she had looked it up and it was fine. I asked where she looked. She said 'the AI told me.' The AI. For three weeks she had been consulting AI about pain that turned out to need an operation. What can I say to that? I cannot compete with something that is always there, always answers, always sounds like it knows. I feel like I am losing her not to drugs or bad friends, but to a machine that she trusts more than she trusts me.

(Participant 47, Mother, Kampala)

Institutional responses and ethical frameworks

The study finds that Uganda's educational institutions are almost entirely unprepared for the AI-as-counsellor phenomenon. School counsellors reported having no institutional guidance on how to approach students whose AI interactions had preceded or delayed professional help-seeking. Teachers reported being unaware of the extent to which their students were using AI for personal support until students disclosed it in interview contexts. Administrators reported that AI policy discussions in their institutions were focused exclusively on academic integrity, plagiarism detection and examination integrity with no attention to the wellbeing dimensions of student AI engagement.

The conversation in our staff room about AI is always about cheating. Did the student use AI to write the essay? Nobody is asking: did the student use AI to cope with depression last night? Those are very

different conversations. One is about academic integrity. The other is about a child's life. We are so focused on the exam that we have missed the human being.

(Participant 39, Teacher, Mbarara)

The study proposes that institutional responses to student AI mental health and wellbeing engagement should be guided by four principles: honesty (acknowledging that students are using AI for support and will continue to do so), harm reduction (helping students understand AI's limitations and navigate risks without creating shame or prohibiting use), complementarity (integrating AI literacy into counselling services and health education), and advocacy (pressing for the enhanced human counselling resources whose absence is driving students toward AI in the first place). The phenomenon of learners trusting AI as confidant, mentor, and emotional sanctuary is not primarily a technological story-it is a story about the consequences of institutional failure to provide adequate human support. AI has moved into a space that was already empty. Filling that space with human presence, however partial, is the most important response available.

Conclusion

The study concluded that learners had increasingly incorporated artificial intelligence into their personal support-seeking practices, particularly when they experienced situations in which human support appeared unavailable, inaccessible, embarrassing, or potentially judgmental. Participants did not necessarily perceive AI as a human being or as a direct replacement for friends, parents, counsellors, or health professionals. Rather, they valued AI because it provided immediate access to a responsive conversational space in which they could express feelings, ask sensitive questions, and obtain information without experiencing the social consequences that they associated with some human interactions. The findings therefore suggested that trust in AI was not based solely on a belief that AI was technically accurate, but was also shaped by accessibility, perceived privacy, responsiveness, non-judgmental communication, and the opportunity to disclose concerns anonymously.

The study further concluded that AI had emerged as a confidant for some learners because it provided an experience of being heard without requiring reciprocal social interaction. Learners reported sharing personal experiences and emotional concerns that they had not disclosed to family members, friends, teachers, or counsellors. Although participants generally recognised that AI did not possess human emotions or genuine understanding, this awareness did not eliminate the perceived value of the interaction. AI therefore occupied an intermediate space between an information source and a human support relationship. Its conversational capacity enabled learners to experience validation and reflection, but the absence of human reciprocity, professional accountability, and contextual understanding meant that AI could not fully perform the functions of a human confidant or counsellor.

The study also concluded that AI functioned as an important health information advisor, particularly for sensitive questions that learners were reluctant to raise with healthcare professionals. AI created a private environment in which learners could ask questions concerning reproductive health, symptoms, medication, mental wellbeing, and other personal matters. This accessibility represented an important opportunity for health education, especially where stigma, confidentiality concerns, geographical barriers, or limited access to professional services restricted conventional help-seeking. However, the findings also demonstrated a significant vulnerability: learners could have difficulty distinguishing accurate information from inaccurate or incomplete AI-generated information. The fluent and confident presentation of AI responses could create an impression of authority even when the information required professional verification. Consequently, the usefulness of AI as a health information source depended substantially on learners' ability to critically evaluate and verify its responses.

The study concluded that the greatest concern arose when AI-generated guidance substituted for rather than complemented professional support. The experience described by the school counsellor illustrated how AI could provide learners with language for understanding their experiences while simultaneously contributing to delayed professional intervention when its responses encouraged the perception that professional assistance was unnecessary. Similarly, the health-related experiences demonstrated that inaccurate or incomplete information could have direct consequences for physical wellbeing. The findings therefore indicated that the central issue was not simply whether learners used AI, but how they interpreted, trusted, verified, and acted upon the information and emotional support generated by AI.

The study further concluded that educational institutions had not adequately adapted their policies and support systems to the emerging use of AI for emotional and health-related concerns. Institutional discussions about AI were largely concentrated on academic integrity, plagiarism, examination malpractice, and student assessment, while comparatively limited attention had been given to the use of AI for counselling, mental wellbeing, personal disclosure, and health information. This institutional gap created a situation in which learners were using a rapidly developing technology in sensitive areas without corresponding institutional guidance. The findings consequently suggested that AI literacy within educational institutions needed to extend beyond academic integrity to include health literacy, emotional wellbeing, privacy, responsible disclosure, verification of information, and appropriate referral to human professionals.

Recommendations

Educational institutions should develop specific guidelines governing the use of AI for counselling, wellbeing, and health-related information. Existing AI policies should be expanded beyond academic integrity to address emotional support, health information, privacy, safeguarding, disclosure, and referral. The guidelines should clearly explain that learners may use AI for general information and reflection but should not rely on AI as a substitute for qualified

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counsellors, psychologists, doctors, nurses, pharmacists, or other appropriate professionals. Such guidance should be communicated to learners in accessible language and incorporated into student orientation programmes and institutional wellbeing activities.

Institutions should strengthen human counselling and student support services. The findings indicated that learners were sometimes turning to AI because human support was unavailable, difficult to access, or associated with concerns about embarrassment and confidentiality. Schools and universities should therefore increase the accessibility of qualified counsellors and establish confidential, learner-friendly referral mechanisms. Counselling services should provide multiple avenues for support, including face-to-face and appropriately managed digital channels, so that learners can seek assistance before personal difficulties become more severe.

Educational institutions should introduce AI and health-information literacy programmes for learners. Such programmes should teach learners how AI systems generate responses, why fluent answers are not necessarily accurate, how to identify potentially unreliable information, and when information should be verified with a qualified professional. Particular attention should be given to medication, reproductive health, mental health, symptoms of illness, and other areas where incorrect information may result in harm. Learners should be encouraged to treat AI as a supplementary information tool rather than as an authoritative medical or counselling professional.

Counsellors and teachers should receive professional development on AI-mediated learner support. Training should enable staff to recognise situations in which learners may have relied extensively on AI for emotional or health-related concerns and to discuss such use without ridicule, punishment, or unnecessary stigma. Counsellors should also be equipped to help learners distinguish between useful self-reflection facilitated by AI and situations requiring professional assessment or intervention. This would enable AI use to become part of the counselling conversation rather than an activity that learners feel compelled to conceal.

Institutions should establish clear referral and safeguarding procedures for cases involving serious mental health concerns, self-harm risks, abuse, severe illness, medication-related problems, or other urgent situations. AI should not be treated as an adequate crisis-management mechanism. Learners should be provided with clear information about whom to contact when they face urgent emotional or health concerns, while counsellors and institutional staff should have defined procedures for responding to disclosures involving immediate risk.

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