

Student name: Mame Diarra

Student ID: 2335169

Module code: BMHP6026

Lecturer: Dr Leila Surani

Assignment title: Component 1: written report

Table of Contents

Introduction	3
Positive outcomes.....	3
Negative outcomes and concerns	3
Workforce	4
Positive outcomes.....	4
Negative outcomes and concerns	5
Service Delivery	5
Positive outcomes.....	5
Negative outcomes and concerns	6
Community	6
Positive outcomes.....	6
Negative outcomes and concerns	6
Conclusion	7

Patient Service User Experience

Introduction

A key consideration when evaluating Wysa is whether it provides genuine therapeutic value or whether it functions primarily as a lower cost alternative to human delivered mental health care. Current evidence presents a complex picture, while Wysa demonstrates potential in improving user engagement and creating a sense of therapeutic connection, concerns remain regarding safety, accountability, and the limitations of artificial intelligence in supporting individuals with more complex mental health needs.

Positive outcomes

Beatty et al. (2022) provide important evidence regarding Wysa's ability to establish a therapeutic alliance with users. Their study examined whether individuals using Wysa developed a relationship with the chatbot comparable to the therapeutic bonds identified in research on human delivered interventions. Among 1,205 participants who screened positive for anxiety or depression, alliance scores recorded shortly after beginning the intervention were comparable with those reported in studies of face to face, online, and group cognitive behavioural therapy (CBT). These scores remained stable and increased slightly during the follow up period, suggesting that engagement with Wysa was not solely driven by initial curiosity or novelty.

This finding is significant within digital mental health research, where a common concern has been whether AI-based interventions can replicate aspects of the therapeutic relationship typically associated with human practitioners. The continued strength of the reported alliance suggests that some users may perceive Wysa as a meaningful source of emotional support rather than simply an information-based tool. However, these findings should be interpreted cautiously. Participants were already engaging with a digital intervention, meaning they may have been more comfortable or motivated to use technology based support than the wider population. Furthermore, a strong therapeutic alliance does not necessarily demonstrate equivalent clinical outcomes or confirm that AI can provide the professional judgement, empathy, and safeguarding abilities of a trained therapist.

Further analysis of user interactions supports the idea that Wysa can provide a sense of emotional support. Users were observed expressing gratitude, treating the chatbot as a person like presence, and sharing emotionally significant experiences. These behaviours indicate that some individuals developed a meaningful connection with the tool rather than viewing it purely as a digital resource. This is relevant for mental health service delivery because maintaining engagement is a recognised challenge within digital interventions. Therefore, Wysa's ability to encourage continued interaction may support its role as an early access intervention or supplementary resource. However, the evidence suggests it is most valuable when positioned alongside human care rather than as a replacement for professional therapeutic relationships.

Negative outcomes and concerns

Despite these positive findings, wider concerns remain regarding the safety, accountability, and limitations of AI-based mental health support. BACP (2026) has highlighted ongoing regulatory and safety concerns surrounding AI systems, including reports of inappropriate or harmful responses from some AI tools. Such concerns raise questions about whether AI can reliably identify and respond to complex situations, particularly safeguarding issues and

mental health crises that require professional judgement and contextual understanding. This is especially important within NHS Talking Therapies, where some individuals accessing support may already be experiencing significant psychological distress.

Unlike trained therapists, AI systems are limited in their ability to interpret tone, emotional nuance, and subtle changes in behaviour that may indicate increasing risk. Therefore, although Wysa may provide reassurance and emotional support in routine interactions, its ability to safely manage more complex presentations remains uncertain. This highlights the importance of recognising the boundaries of AI-based interventions and ensuring that they are supported by appropriate clinical oversight rather than relied upon as a replacement for professional care.

This creates a key tension in Wysa's role within NHS Talking Therapies. The features that make the tool attractive to users including its availability, non judgemental communication style, and convenience are also the factors that make clinical monitoring and accountability more challenging. Although Beatty et al. (2022) demonstrate that users may develop a perceived therapeutic alliance with Wysa, this should not be interpreted as equivalent to the safety, ethical responsibility, and professional expertise provided by a trained practitioner.

Overall, Wysa demonstrates potential as an accessible early support tool, particularly in improving engagement and providing immediate assistance. However, these benefits must be balanced against concerns surrounding regulation, safeguarding, and the limitations of AI in responding to complex mental health needs. Therefore, Wysa is best understood as a complement to human delivered therapy rather than a substitute for it.

Workforce

Wysa's implementation also raises important questions about how digital technologies are reshaping the responsibilities and roles of the mental health workforce. Although AI tools are often presented as a way to reduce pressure on services, they also create new demands relating to staff training, supervision, and accountability. For successful implementation, practitioners need to understand both the capabilities and limitations of Wysa, including how to interpret AI-generated information, recognise potential risks, and identify when human intervention is required.

Positive outcomes

One potential benefit of Wysa is its ability to support NHS Talking Therapies by providing users with assistance while they wait for clinician led treatment. NHS Confederation (2026) highlights that clinical AI is increasingly viewed as a tool to support rather than replace healthcare professionals, particularly by helping manage lower acuity needs and allowing clinicians to focus on individuals requiring more complex interventions. This could help reduce pressure on overstretched mental health services by improving access to early support and allowing professional time to be directed towards cases where clinical judgement is most needed.

However, the value of Wysa within the workforce should not be measured only by whether it reduces demand. Its effectiveness also depends on how well it integrates with existing models of care. If appropriately implemented, Wysa may act as an additional support mechanism that extends the reach of services without removing the central role of healthcare professionals.

Negative outcomes and concerns

Despite these potential benefits, integrating AI into mental health services introduces additional workforce challenges. UK Parliament POST (2026) highlights concerns around governance, regulation, and responsibility when AI becomes involved in healthcare decision-making. Questions remain regarding who is accountable if an AI supported system fails to identify risk or provides inappropriate guidance. NHS Confederation (2026) similarly emphasises that effective governance is essential to ensure that AI supports clinical practice rather than creating uncertainty around professional responsibility.

These concerns reinforce the importance of staff training and ongoing oversight. Practitioners may require new skills to evaluate AI-generated information, understand when intervention is needed, and ensure that technology remains within safe boundaries. Furthermore, services must consider the additional clinical workload created by monitoring AI supported interactions. Without sufficient investment in supervision and governance structures, the intended efficiency benefits of Wysa could be reduced by the extra responsibilities placed on staff.

Overall, Wysa may help relieve some workforce pressures by supporting individuals with lower levels of need or during waiting periods. However, rather than replacing workforce demands, it shifts them towards new areas, including digital oversight, risk management, and accountability. Therefore, the success of AI supported mental health care depends not only on technological capability but also on the preparedness of the workforce responsible for implementing and monitoring it.

Service Delivery

Beyond its impact on users and the workforce, Wysa has also influenced how NHS Talking Therapies services organise access, referrals, and early support. The impact of the technology depends not only on the tool itself, but also on how effectively services integrate it alongside appropriate clinical pathways, escalation processes, and governance arrangements.

Positive outcomes

NHS England's (n.d.) guidance on digitally enabled therapies positions tools such as Wysa within a wider approach to improving access to psychological support. By enabling users to seek support digitally without relying solely on traditional referral routes, Wysa may reduce barriers to initial engagement and provide assistance while individuals wait for formal assessment or treatment. This is particularly relevant within NHS Talking Therapies, where demand often exceeds available clinical capacity.

The scale of Wysa's integration into services is demonstrated by Whittington Health NHS Trust (2025), where Haringey Talking Therapies recorded over 117,000 self referrals through Wysa since 2022. This suggests that the tool has moved beyond being a small scale digital addition and has become embedded within real world referral pathways. However, high levels of uptake should not automatically be interpreted as evidence of effectiveness; engagement demonstrates accessibility and demand but does not alone confirm improved clinical outcomes or quality of care.

Negative outcomes and concerns

Although Wysa may improve speed and accessibility, introducing AI into referral pathways creates concerns about whether users are always directed towards the most appropriate level of support. A system that relies on AI as an early point of contact must accurately recognise when an individual's needs exceed the limits of digital support. This links to wider concerns around safeguarding and oversight, as discussed in relation to both patient experience and workforce responsibilities.

Furthermore, NHS England's (n.d.) digital therapy criteria provide a framework for implementation but do not independently guarantee safe or consistent use across different NHS services. Variation in local training, governance processes, and escalation procedures may influence how effectively Wysa supports users in practice. Therefore, while the technology may streamline access and reduce administrative barriers, it cannot replace the need for strong clinical systems surrounding it.

Overall, Wysa represents a shift towards more digitally accessible mental health services by providing faster entry points into support and reducing pressure on traditional referral routes. However, these benefits depend on effective integration with human led care, ensuring that efficiency does not compromise appropriate assessment, safeguarding, or patient safety.

Community

The final consideration in evaluating Wysa is its wider impact on communities, including issues of digital accessibility, inclusion, family involvement, and co production. Although digital tools have the potential to expand access to mental health support, their benefits depend on whether they are accessible and responsive to the needs of the communities they aim to serve.

Positive outcomes

At a population level, Wysa's availability as an accessible digital tool aligns with NHS England's (2024) focus on inclusive digital healthcare and the development of services that can reach individuals who may experience barriers to traditional forms of support. By reducing reliance on physical appointments, digital interventions may provide additional options for individuals affected by geographical barriers, long waiting times, or difficulties attending face to face services.

This may be particularly beneficial in areas where access to mental health services is limited, as digital platforms have the potential to provide support regardless of location. However, accessibility should not be considered only in terms of availability, true inclusion also depends on whether individuals have the resources, skills, and confidence required to engage with digital healthcare.

Negative outcomes and concerns

Despite these potential benefits, digital exclusion remains a significant challenge. Spanakis et al. (2021) found that individuals with severe mental illness were more likely to experience digital exclusion due to barriers such as limited access to devices, connectivity issues, and reduced digital confidence. Similarly, Middle and Welch (2022) identified concerns that increasing reliance on digital services may worsen existing inequalities by excluding those who are already vulnerable.

This presents a key limitation for Wysa the individuals who may benefit most from accessible mental health support may also be among those least able to access digital interventions. Therefore, while Wysa may improve availability for some groups, it risks reinforcing inequalities if alternative non digital routes are not maintained.

Community impact also extends beyond individual access to include family involvement and co production. Unlike traditional approaches that may incorporate the experiences of service users, carers, and communities in designing care, Wysa is primarily developed through its commercial developers rather than through direct co production with users. This may limit the extent to which the tool reflects the diverse needs, preferences, and experiences of the communities it aims to support.

Co production is important within health and social care because it ensures that services are shaped collaboratively with those who use them. Without meaningful involvement from service users and carers, there is a risk that digital interventions are influenced more by technological possibilities and organisational priorities than by the realities of people's lived experiences.

Overall, Wysa has the potential to increase access to mental health support and reduce geographical barriers, but its community impact remains mixed. Digital exclusion, limited opportunities for co production, and reduced family involvement highlight that technological accessibility does not automatically translate into equal access or community benefit.

Conclusion

In conclusion, Wysa's integration within NHS Talking Therapies reflects the wider challenges of digital transformation in healthcare, balancing improved access and efficiency with the need to maintain safety, quality, and the human aspects of care. Across the four areas considered patient experience, workforce, service delivery, and community impact a consistent pattern emerges. Wysa demonstrates potential in improving engagement, increasing access to early support, and reducing some pressures on mental health services. However, these benefits do not remove the need for professional judgement, effective governance, and appropriate safeguarding processes.

Although users may develop a meaningful sense of connection with Wysa, this should not be viewed as equivalent to the therapeutic relationship, accountability, and clinical decision making provided by trained professionals. Similarly, while Wysa may support workforce capacity and improve referral pathways, it also introduces new responsibilities relating to supervision, regulation, and digital oversight. At a community level, its benefits are limited by challenges such as digital exclusion and the lack of meaningful co production with service users and carers.

Overall, Wysa appears most effective when positioned as a complementary tool that enhances, rather than replaces, human delivered mental health care. Its continued use within NHS Talking Therapies will depend on maintaining a careful balance between innovation and patient safety, ensuring that digital transformation improves access without increasing inequalities or weakening the essential human elements of mental health support.

Reference List

Beatty, C., Malik, T., Meheli, S. and Sinha, C. (2022) 'Evaluating the Therapeutic Alliance With a Free-Text CBT Conversational Agent (Wysa): A Mixed-Methods Study', *Frontiers in Digital Health*, 4:847991. Available at: <https://www.frontiersin.org/journals/digital-health/articles/10.3389/fdgth.2022.847991/full> (Accessed: 16 July 2026).

BACP (2026) Our call for clearer AI regulation in mental health. Available at: <https://www.bacp.co.uk/news/news-from-bacp/2026/23-february-our-call-for-clearer-ai-regulation-in-mental-health/> (Accessed: 16 July 2026).

Middle, R. and Welch, L. (2022) 'Experiences of digital exclusion and the impact on health in people living with severe mental illness', *Frontiers in Digital Health*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9722951/> (Accessed: 16 July 2026).

NHS Confederation (2026) Demystifying clinical AI in mental health. Available at: <https://www.nhsconfed.org/publications/demystifying-clinical-ai-mental-health> (Accessed: 16 July 2026).

NHS England (n.d.) Digitally enabled therapies assessment criteria. Available at: <https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/digital/assessment-criteria/> (Accessed: 16 July 2026).

NHS England (2024) Inclusive digital healthcare: a framework for NHS action on digital inclusion. Available at: <https://www.england.nhs.uk/long-read/inclusive-digital-healthcare-a-framework-for-nhs-action-on-digital-inclusion/> (Accessed: 16 July 2026).

NHS Innovation Accelerator (2023) Wysa. Available at: <https://nhsaccelerator.com/innovations/wysa/> (Accessed: 16 July 2026).

Spanakis, P., Peckham, E., Mathers, A., Shiers, D. and Gilbody, S. (2021) 'The digital divide: amplifying health inequalities for people with severe mental illness in the time of COVID-19', *British Journal of Psychiatry*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8111186/> (Accessed: 16 July 2026).

UK Parliament POST (2026) AI and Mental Healthcare – ethical and regulatory considerations. Available at: <https://post.parliament.uk/research-briefings/post-pn-0738/> (Accessed: 16 July 2026).

Whittington Health NHS Trust (2025) Haringey Talking Therapies introduces AI-powered mental health assistant. Available at: <https://www.whittington.nhs.uk/mini-apps/news/newsPage.asp?NewsID=2429> (Accessed: 16 July 2026).