

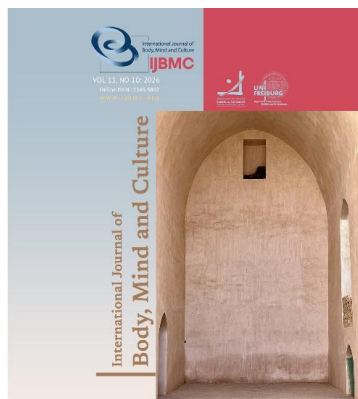
Article type:
Letter to the Editor

¹ PhD in Clinical Psychology, Lecturer,
Islamic Azad University, Tehran Medical
Sciences Branch, Tehran. Iran.

Corresponding author email address:
Hastisalehi93@gmail.com

Cultural Validation as a Patient-Safety Priority in AI-Assisted Mental Health Care

Hasti. Salehi¹ 



Article history:

Received 21 Aug 2026
Revised 20 Sep 2026
Accepted 21 Sep 2026
Published online 01 Oct 2026

How to cite this article

Salehi, H. (2026). Cultural Validation as a Patient-Safety Priority in AI-Assisted Mental Health Care. *International Journal of Body, Mind and Culture*, 13(10), Article e2026-1767.
<https://doi.org/10.61838/ijbmc.v13i10.1767>



© 2026 the authors. This is an open-access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Generative artificial intelligence (AI) is increasingly being integrated into mental health care, yet its safety and effectiveness across diverse cultural and linguistic contexts remain insufficiently established. This letter emphasizes the importance of cultural validation as a fundamental patient-safety requirement rather than a secondary consideration in the development and implementation of AI-assisted mental health interventions. Drawing on emerging evidence concerning AI-related risks and culturally adapted digital interventions, it highlights critical challenges associated with culturally specific expressions of psychological distress, somatic symptoms, linguistic diversity, stigma, and help-seeking behaviors. To address these challenges, participatory co-design, culturally sensitive clinical assessments, subgroup-specific evaluations, and continuous postdeployment monitoring are recommended. Integrating cultural, psychological, and bodily dimensions into AI evaluation frameworks may enhance clinical safety, promote equitable access to mental health services, and reduce the risk of culturally inappropriate recommendations. Cultural validation should therefore become an essential component of responsible AI implementation in mental health care.

Keywords: Artificial Intelligence, Cultural Adaptation, Digital Mental Health, Patient Safety, Mental Health Care.

Dear Editor,

Generative artificial intelligence (AI) is entering mental health care faster than its cultural performance is being evaluated. A randomized trial of a purpose-built conversational agent reported improvements in depressive and anxiety symptoms, supporting cautious optimism about carefully evaluated applications (Heinz et al., 2025). Yet effectiveness in a particular sample cannot establish safety when distress is expressed through different languages, bodily complaints, religious meanings, or family expectations. A recent scoping review also identified potential harms involving inaccurate advice, sycophancy, bias, and unsafe responses to psychiatric vulnerability (Diel et al., 2026).

Cultural validation should therefore be regarded as a patient-safety requirement rather than a post hoc translation task. Cultural adaptation research shows that tailoring encompasses concepts, metaphors, therapeutic goals, and delivery contexts, not merely the words displayed on a screen (Spanhel et al., 2021). A meta-analysis found promising outcomes for culturally adapted digital mental health interventions, while highlighting substantial attrition and limited evidence for some minority populations (Ellis et al., 2022). More recently, a review of 23 randomized trials observed that participatory, deeper adaptations were associated with more favorable engagement than translation-only approaches, although heterogeneity limits causal inference (Tandon et al., 2026).

These findings warrant a pragmatic change in evaluation standards. Before an AI system is deployed for psychological support, investigators should publish results for culturally and linguistically diverse subgroups, not only aggregate accuracy or symptom scores. Testing should examine how the system interprets somatic presentations of distress, idioms of suffering, code-switching, stigma, and culturally specific help-seeking preferences. Such assessments should use standardized clinical scenarios developed with patients and local clinicians, then be complemented by real-world monitoring of engagement, adverse events, and referral outcomes. Evaluation of crisis recognition and escalation

must include local service availability; otherwise, a technically correct referral may be clinically unusable.

Equally important, cultural responsiveness cannot be inferred from fluent, agreeable conversation. Evaluators should distinguish respectful clarification from stereotyping, document when users correct an AI system's assumptions, and establish thresholds for human review when uncertainty or risk is high. Reports should state who participated in co-design, which populations were not represented in testing, and how the model performed after deployment. Cultural and linguistic subgroup analyses should be prespecified where sample sizes permit, with transparent acknowledgment of underpowered comparisons.

The body-mind-culture framework offers a useful corrective to a purely technical model of AI evaluation: psychological safety depends not only on what an algorithm says, but on how its advice fits embodied symptoms, relationships, and lived context. Scaling access should not mean scaling culturally untested care. Making cultural validation visible in study protocols, clinical trials, and postdeployment audits is an attainable next step.

References

- Diel, A., Torous, J., Cuijpers, P., Kleesiek, J., Nensa, F., Weber, N., ... Bäuerle, A. (2026). A scoping review on the mental health harms of LLM-based chatbots. *npj Digital Medicine*, 9, Article 644. <https://doi.org/10.1038/s41746-026-03054-x>
- Ellis, D. M., Draheim, A. A., & Anderson, P. L. (2022). Culturally adapted digital mental health interventions for ethnic/racial minorities: A systematic review and meta-analysis. *Journal of Consulting and Clinical Psychology*, 90(10), 717–733. <https://doi.org/10.1037/ccp0000759>
- Heinz, M. V., Mackin, D. M., Trudeau, B. M., Bhattacharya, S., Wang, Y., Banta, H. A., ... Jacobson, N. C. (2025). Randomized trial of a generative AI chatbot for mental health treatment. *NEJM AI*, 2(4), Article A10a2400802. <https://doi.org/10.1056/A10a2400802>
- Spanhel, K., Balci, S., Feldhahn, F., Bengel, J., Baumeister, H., & Sander, L. B. (2021). Cultural adaptation of internet- and mobile-based interventions for mental disorders: A systematic review. *npj Digital Medicine*, 4, Article 128. <https://doi.org/10.1038/s41746-021-00498-1>
- Tandon, T., Biswas, R., Meteier, Q., Daher, K., Abou Khaled, O., Meyer, B., ... Martin Soelch, C. (2026). Retention and engagement in culturally adapted digital mental health interventions: Systematic review of dropout, attrition, and adherence in non-Western, educated, industrialized, rich, democratic settings. *JMIR Mental Health*, 13, e80624. <https://doi.org/10.2196/80624>