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Letter to the Editor

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

Hasti. Salehi[1*]

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

Corresponding author email address:
Hastisalehi93@gmail.com



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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 AIoa2400802. https://doi.org/10.1056/AIoa2400802

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

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