DEBATE ESSAY

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Could artificial intelligence write mental health nursing care plans?

Samuel Woodnutt ⓘ | **Chris Allen** | **Jasmine Snowden** ⓘ | **Matt Flynn** ⓘ | **Simon Hall** | **Paula Libberton** | **Francesca Purvis**

School of Health Sciences, University of Southampton, Southampton, Hampshire, UK

Correspondence
Samuel Woodnutt, School of Health Sciences, University of Southampton, Southampton, Hampshire, UK.
Email: s.woodnutt@soton.ac.uk

Accessible Summary

What is Known on the Subject?

- Artificial intelligence (AI) is freely available, responds to very basic text input (such as a question) and can now create a wide range of outputs, communicating in many languages or art forms. AI platforms like OpenAI's ChatGPT can now create passages of text that could be used to create plans of care for people with mental health needs. As such, AI output can be difficult to distinguish from human-output, and there is a risk that its use could go unnoticed.

What this Paper Adds to Existing Knowledge?

- Whilst it is known that AI can produce text or pass pre-registration health-profession exams, it is not known if AI can produce meaningful results for care delivery.
- We asked ChatGPT basic questions about a fictitious person who presents with self-harm and then evaluated the quality of the output. We found that the output could look reasonable to laypersons but there were significant errors and ethical issues. There are potential harms to people in care if AI is used without an expert correcting or removing these errors.

What are the Implications for Practice?

- We suggest that there is a risk that AI use could cause harm if it was used in direct care delivery. There is a lack of policy and research to safeguard people receiving care - and this needs to be in place before AI should be used in this way. Key aspects of the role of a mental health nurse are relational and AI use may diminish mental health nurses' ability to provide safe care in its current form.
- Many aspects of mental health recovery are linked to relationships and social engagement, however AI is not able to provide this and may push the people who are in most need of help further away from services that assist recovery.

Abstract

Background: Artificial intelligence (AI) is being increasingly used and discussed in care contexts. ChatGPT has gained significant attention in popular and scientific literature although how ChatGPT can be used in care-delivery is not yet known.

Aims: To use artificial intelligence (ChatGPT) to create a mental health nursing care plan and evaluate the quality of the output against the authors' clinical experience and existing guidance.

Materials & Methods: Basic text commands were input into ChatGPT about a fictitious person called 'Emily' who presents with self-injurious behaviour. The output from ChatGPT was then evaluated against the authors' clinical experience and current (national) care guidance.

Results: ChatGPT was able to provide a care plan that incorporated some principles of dialectical behaviour therapy, but the output had significant errors and limitations and thus there is a reasonable likelihood of harm if used in this way.

Discussion: AI use is increasing in direct-care contexts through the use of chatbots or other means. However, AI can inhibit clinician to care-recipient engagement, 'recycle' existing stigma, and introduce error, which may thus diminish the ability for care to uphold personhood and therefore lead to significant avoidable harms.

Conclusion: Use of AI in this context should be avoided until a point where policy and guidance can safeguard the wellbeing of care recipients and the sophistication of AI output has increased. Given ChatGPT's ability to provide superficially reasonable outputs there is a risk that errors may go unnoticed and thus increase the likelihood of patient harms. Further research evaluating AI output is needed to consider how AI may be used safely in care delivery.

KEYWORDS

art of nursing, nursing role, quality of care, self-harm, therapeutic relationships

1 | INTRODUCTION

Recent advances in artificial intelligence (AI) have been gaining attention in scientific and popular literature (Allen & Woodnutt, 2023). AI is already incorporated into healthcare through the delivery of robotics, smart devices and medicines, as well as for support of evaluative tasks such as algorithmic analysis of data. AI's current application to health is already significant—but as it further advances and embeds, it is likely to create many opportunities by releasing the time currently spent on tasks that could be automated to allow nurses extra time to provide the types of care and leadership that can only be provided by a human. In this context, AI has the potential to increase the quality and efficiency of healthcare provision. However, there are also some significant concerns with use of AI in direct care delivery.

Open AI's ChatGPT has recently gained significant attention in news, scientific literature and entertainment outlets. It works through inputting basic text commands and can respond to and with several languages. Questions or statements can be inputted in prose into a textbox in a conversational manner, and it will normally generate immediate responses. There is already discussion about whether ChatGPT can pass university assignments for healthcare programmes—with evidence suggesting, in some contexts, it can (Allen & Woodnutt, 2023; Gilson et al., 2023).

The prose below (provided in italics, as with all ChatGPT generated content in this manuscript) was generated in response to the authors asking for an explanation on how it could be used in scientific writing for the purposes of this article:

ChatGPT is a large language model developed by OpenAI based on the GPT-3.5 architecture. It is a tool that can generate human-like responses to natural language input, making it useful for a wide range of applications, including scientific writing. In scientific writing, ChatGPT can assist with tasks such as generating ideas, formulating research questions, summarizing literature, and even drafting sections of a manuscript. ChatGPT's ability to generate coherent and grammatically correct text can help researchers save time and increase their productivity, allowing them to focus on more complex tasks that require human input. Additionally, ChatGPT can provide alternative perspectives and help researchers consider new ideas or approaches that they may not have otherwise thought of. Overall, ChatGPT is a valuable tool that can enhance the efficiency and quality of scientific writing.

The potential application of ChatGPT to some healthcare processes include administrative tasks such as generic correspondence letter generation. Other tasks, such as the creation of care plans likely still require significant human input, but the extent to which ChatGPT might be able to make the production of such documentation more efficient has yet to be fully explored or even considered. While there continues to be debate around how to conceptualize

the various roles that mental health nurses undertake, there is consensus that mental health professionals care through the formation of relationships and therapeutic alliance (Askew et al., 2019; Chan et al., 2016), and these aspects of the role are uniquely human.

ChatGPT may already be being used to support the production of such documentation in mental health nursing. It is not understood if in this context this is a positive or negative development, or what training and support those using such tools may require to ensure any ChatGPT related output is appropriate in a contemporary context. ChatGPT itself, when prompted, suggests it could be utilized by mental health nurses in a number of ways, including the production of care plans:

ChatGPT can help mental health nursing care in several ways. First, it can assist with assessing patients by generating questions that can be used to identify mental health issues, evaluate symptoms, and assess the patient's overall mental health status. ChatGPT can also provide educational resources for patients and their families, such as information on mental health disorders, treatment options, and coping strategies. Additionally, ChatGPT can assist with the development of care plans by generating goals, interventions, and evaluation criteria based on the patient's needs and preferences. In some cases, ChatGPT can even provide therapeutic interventions such as cognitive-behavioural therapy exercises, mindfulness practices, or relaxation techniques. Overall, ChatGPT can help mental health nursing care by providing valuable support and resources to both patients and mental health professionals, improving the quality and efficiency of care. However, it is important to note that ChatGPT should not replace human interaction and expertise in mental health care, but rather be used as a complementary tool to enhance the quality of care.

2 | AIMS

The aim of this article was to generate a mental health nursing care plan for a fictitious patient and evaluate the quality of it using expert opinion in the form of NICE guidelines and the authors' own experiences in this care context. ChatGPT content has been made obvious, though the intention was also to create an article that demonstrated how ChatGPT can integrate with human input and be ostensibly unnoticeable as a different or distinct contributor; thus highlighting that its use in clinical care could go unnoticed.

No edits to ChatGPT output text have been made. ChatGPT inputs (i.e., the questions derived by the manuscript's authors) are in bold font.

3 | METHODS

Basic commands and information were input into ChatGPT, providing it with minimal information about a fictitious person called Emily who suffers with significant self-harm and is receiving community-based mental health nursing care. No diagnostic or other information was included in the input. Full details of the commands and

responses can be found in Boxes 1 and 2. A free research preview of ChatGPT from Open AI that was last updated on 23rd March 2023 was used to produce the outputs.

We did not input any assessment data other than reference to self-harm (see Box 1); this is significant as this nursing task is not only key to identifying strengths, risks and areas for which to plan care, but also serves as an opportunity to foster therapeutic alliance.

Significant self-harm was chosen as the main health-need as this can occur in several diagnoses and can be difficult for mental health nurses to successfully manage. Self-harm is correlated with elevated risk of suicidality (Chan et al., 2016) and is thought to increase the likelihood of suicide through amelioration of fear of pain or death. Self-harm leads to negative health-outcomes such as physical injury, carries significant stigma and is a leading cause of incidents in mental health services. In the United Kingdom (UK), self-harm is the most encountered incident that mental health nurses need to plan care for (NHS England, 2022). Alongside injuries to the body and psychological damage to patients, self-harm is also detrimental to nurses' health and wellbeing. Self-harm is correlated with trauma-responses from staff, can lead to burnout through high-volume exposure and affects the quality of nurses' therapeutic alliance (Chan et al., 2016).

There are obvious risks associated with using automation in care management for self-harm. Commonly, people who experience self-harm may also experience issues with trust of others, and these perceptions may be linked to negative life experiences in their formative years. Use of a machine may increase depersonalisation and dissociation in people by distancing them from their care providers and thus work in reverse of the intentions of care. ChatGPT was asked to discuss these risks; full details can be found in Box 3.

4 | EVALUATION OF THE CARE PLAN

We evaluated Emily's care plan considering the NICE guidance for self-harm assessment, prevention and management (NICE, 2022). We also considered our own clinical experiences as mental health nurses working as either a dialectical behaviour therapist (DBT), or DBT-informed practitioners alongside wider literature relating to self-harm.

5 | STRENGTHS

The overall evidence-base referred to in the care plan was dialectical behaviour therapy, motivational interviewing, shared decision-making and empowerment. This met a fair amount of the NICE guidance—which also refers to dialectical behaviour therapy (DBT) and emphasizes personal responsibility in risk management. Goal setting was identified, with emphasis on empowering Emily to create and work towards her own goals. Given the input command specified that Emily struggles to engage with DBT skills, the care plan set out a remit that was not comprehensive but seemed reasonably achievable in many contexts. The three goals aligned to central

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BOX 1   Mental health nursing care plan generated by ChatGPT using the input command.

Write a community mental health nursing care plan for Emily who suffers from significant self-harm and struggles to engage with dialectical behaviour therapy skills.

Care plan (generated by ChatGPT):

Emily is a 25-year-old female who has a history of self-harm and is struggling to engage with dialectical behaviour therapy (DBT) skills. She has been diagnosed with borderline personality disorder and is currently receiving treatment from a mental health team. Emily reports feeling overwhelmed and helpless at times, which triggers her self-harming behaviour. She has a history of substance abuse and is currently abstinent from drugs and alcohol. Emily is socially isolated and finds it challenging to maintain relationships due to her mental health problems. She lives alone in an apartment and is unemployed.

Nursing Diagnosis: Ineffective Coping related to overwhelming emotions and difficulties with engaging in DBT skills, as evidenced by a history of self-harm and lack of progress with therapy.

Goals:
1. *Emily will develop a safety plan to manage overwhelming emotions and prevent self-harm.*
2. *Emily will be able to identify and use at least three DBT skills to manage her emotions effectively.*
3. *Emily will be able to participate in social activities and build supportive relationships.*

Interventions:
1. *Work with Emily to develop a safety plan that includes coping strategies for managing overwhelming emotions, such as calling a crisis helpline, reaching out to a trusted friend, and engaging in self-care activities.*
2. *Provide education to Emily about the benefits of DBT skills and work with her to identify at least three skills that she can use to manage her emotions effectively. Examples include mindfulness, distress tolerance, and emotion regulation.*
3. *Use motivational interviewing techniques to explore Emily's ambivalence towards therapy and help her identify the barriers to engagement. Work with her to develop strategies for overcoming these barriers, such as breaking down therapy sessions into smaller, more manageable parts.*
4. *Encourage Emily to participate in social activities, such as joining a support group or taking part in a hobby that interests her. Help her to identify ways to build supportive relationships with family and friends.*
5. *Monitor Emily's progress regularly and adjust the care plan as needed. Provide ongoing education and support to help her achieve her goals.*

Evaluation:
1. *Emily has developed a safety plan that includes coping strategies for managing overwhelming emotions and preventing self-harm.*
2. *Emily has identified and is using at least three DBT skills to manage her emotions effectively.*
3. *Emily has started to participate in social activities and is building supportive relationships.*
4. *Emily has made progress in therapy and is showing more engagement in DBT skills.*

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tenets of DBT: emotion regulation, distress tolerance and interpersonal effectiveness. Appropriate, but generic, strategies were outlined to achieve these goals.

The paradigm of the care plan was psychosocial; medication was not discussed which the authors feel is positive, as medication may mask underlying emotional processes and therefore conflict with the intentions of DBT. This is however a nuanced issue that requires discussion and agreement between the nurse and patient: medication may have a therapeutic role in Emily's care, but this is not considered by ChatGPT.

The plan also set goals to evaluate the effectiveness of the care plan, with some appropriate strategies for evaluation.

6 | LIMITATIONS

Minimal information about Emily was input into ChatGPT; however, ChatGPT has added substance misuse to her presentation. ChatGPT has decided Emily's diagnosis, and attributed substance misuse to her presentation despite there being no reference of this in the input

text. This is not only erroneous, but could lead to unnecessary and unhelpful interventions.

There is also a lack of personal information: strategies were highly generic, and goals were difficult to measure. 'More engagement with DBT' is ostensibly meaningless, though the plan also included a focus on Emily learning three DBT skills as part of the evaluation of its effectiveness.

However, what is being referred to are three of the core modules within DBT rather than specific skills, as each module has multiple skills. While this is only a generic prompt the lack of clarity and broad conceptualizing of DBT appears disingenuous and may inadvertently cause feelings of overwhelm for the service user, and thus set her up to fail. ChatGPT's use of language is also troubling and could contribute to felt stigma. Phrases such as 'lack of progress within therapy' and 'ambivalence' may undermine the therapeutic process of care-planning and is in complete contradiction of the paradigm of this therapeutic approach. When supporting those accessing DBT, clinicians must do their best to maintain the unwavering belief that the client is trying the best that they can in that moment, while acknowledging that they can always

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BOX 2   Dialectical behaviour therapy exercises generated by ChatGPT for Emily using the following input command.

Produce some dialectical behaviour therapy exercises for Emily who lives in the community and suffers from significant self-harm.

Exercises (generated by ChatGPT):

Here are some examples of dialectical behaviour therapy (DBT) exercises that may be helpful for Emily, who lives in the community and struggles with significant self-harm:

1. *Grounding Exercise:*

Encourage Emily to use her senses to ground herself in the present moment whenever she feels overwhelmed or triggered. Ask her to find five things she can see, four things she can touch, three things she can hear, two things she can smell, and one thing she can taste. This exercise can help her stay focused on the present moment and reduce her tendency to engage in self-harming behaviour.

2. *Radical Acceptance:*

Work with Emily to develop the ability to accept painful emotions and situations without judgement. Encourage her to identify situations or events that she struggles to accept and practice letting go of her need to change them. This exercise can help her cope with difficult emotions in a healthier way and reduce the risk of self-harm.

3. *Opposite Action:*

Help Emily identify negative emotions that trigger her self-harm behaviour and encourage her to engage in activities that are opposite to the emotion she is experiencing. For example, if she is feeling angry, encourage her to engage in calming activities like taking a walk, deep breathing, or listening to music. This exercise can help her regulate her emotions in a healthy way and reduce her reliance on self-harming behaviour.

4. *Building Positive Experiences:*

Work with Emily to identify activities or hobbies that she enjoys and encourage her to engage in them regularly. This exercise can help her build positive experiences, reduce stress, and improve her overall well-being, which may decrease her need to engage in self-harming behaviour.

5. *Self-Compassion:*

Encourage Emily to practice self-compassion by treating herself with kindness and understanding, rather than self-criticism and judgement. This exercise can help her develop a more positive self-image and reduce her reliance on self-harming behaviour as a coping mechanism. It is important to note that DBT exercises should be tailored to each individual's unique needs and preferences. It may be helpful to work with a mental health professional who can provide guidance and support as Emily practices these exercises.

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do better, demonstrating the important concept of dialectical abstinence. Therefore, the care-plan would benefit from remaining complementary to the broad themes of the therapeutic approach within DBT.

There may also be underlying complex issues that require nuanced approaches that were not considered. ChatGPT may miss issues that are important and individual to Emily such as social engagement.

Another major deficit is the absence of family-based interventions. ChatGPT makes assumptions that Emily has either severed all ties with family or are not relevant to her recovery, despite research highlighting the importance of personal networks, particularly during times of crisis (Walker et al., 2018). Furthermore, there is no discussion that considers the carers' assessment process, the complexity of 'confidentiality', or even how the family of loved ones can be involved in the care plan's formulation. This element is necessary to inform other work-streams around crisis and contingency plans alongside interpersonal effectiveness.

Reference to Emily's views of collaboration was also superficial in nature. Through distancing the clinician from the person, it may foster feelings of invalidation—that to Emily her needs are not being taken seriously, or that they are not significant enough to require actual engagement or emotional input. Complex mechanisms underly self-harm, and there are tentative views that on occasion harm can occur to elicit care. Escalation in risk may involve strategies to feel heard or have interpersonal influence (Hambleton et al., 2022). ChatGPT is also unable to empathically explore and listen to Emily's experiences and provide validation through negotiation of her care and overall plan.

To test ChatGPT's functionality with specific DBT skills, an additional command was run and included in Box 2. While the central aspects seem aligned to DBT principles the material is dealt with in a superficial capacity. Radical acceptance, for example, is a complex phenomenon in DBT—requiring people to accept conflicting or difficult emotions or experiences. Given the evidence around traumatized individuals there may be biological or structural defaults as to why someone like Emily may respond the way she does. This superficiality is problematic, given the complexity of the underlying sense of self, views and meaning. However, these exercises may provide a platform for Emily to discuss with her clinician during care.

While ChatGTP has been able to broadly define some of the common skills taught within DBT, limitations are abundantly clear.

BOX 3 Risks of using ChatGPT to manage self-harm generated in ChatGPT using the following input command.

What are the risks of using ChatGPT to help manage self-harming behaviour in mental health nursing care?

Response (generated by ChatGPT):

While ChatGPT can be a useful tool in mental health nursing care, there are some risks associated with using it to manage self-harming behaviour. Some potential risks include:

1. Lack of accuracy:

ChatGPT may generate responses that are not accurate or appropriate for the individual's specific needs and circumstances, which may lead to ineffective or even harmful interventions.

2. Lack of personalization:

ChatGPT may not take into account an individual's unique experiences, personality, and preferences, which may make it difficult to provide personalized care that addresses their specific needs and challenges.

ChatGPT will create and generate generic responses based on patterns of what has been pervious inputted however the more data that in entered the more the platform will adapt.

3. Lack of empathy:

ChatGPT is a machine and does not have the ability to empathize with individuals who are struggling with self-harming behaviour, which may make it difficult to build a therapeutic relationship and provide compassionate care.

4. Overreliance:

There is a risk that mental health professionals may become over-reliant on ChatGPT and rely on it as the sole source of information and guidance for managing self-harming behaviour, which may lead to a reduction in the quality of care.

5. Lack of privacy:

ChatGPT is an electronic system that may be vulnerable to security breaches, which could result in the loss or disclosure of sensitive patient information.

Overall, while ChatGPT can be a useful tool in mental health nursing care, it is important to be aware of the potential risks and limitations associated with its use and to ensure that it is used in conjunction with human expertise and judgement to provide the best possible care for individuals who are struggling with self-harming behaviour.

Significant, complex concepts such as 'radical acceptance' require in-depth and nuanced discussion with people to avoid inadvertently retraumatising them and invalidating their personal experiences. The summary of 'opposite action' is erroneous and minimalistic and may perpetuate the flawed idea (held by many who access DBT) that all difficult emotions are unjustified or invalid, and thus require change.

Therefore, ChatGPT may struggle to conceptualize more complex and nuanced therapeutic skills, such as those within DBT, in sufficient depth for a truly person centred care-plan, but may provide a baseline through which clinicians can adapt to meet the holistic needs of those accessing care. The process of planning care in mental health is a negotiation where empathy and hope can be communicated—and this is something that ChatGPT cannot do.

7 | DISCUSSION

The aim of this article was to generate a care plan for a fictitious patient who is presenting with self-harm and who has struggled to engage with DBT. The plan ChatGPT created made some conceptually-sound recommendations that reflected available NICE guidance and wider literature. While the care plan could serve as a template from which to build detail, there are some wholly erroneous

aspects which could be dangerous for less-experienced nurses or learners and may reinforce implicit biases that are then difficult to undo. However, the superficiality that ChatGPT showed in relation to complex human phenomena and experience is of greatest concern and demonstrates that such technology still requires significant human input to avoid harm. ChatGPT might support the creation of care plans, but nurse education must reinforce that it is clinicians, and not machines, who retain accountability for its outputs.

There is one major limitation to our article. Firstly, we did not input a sophisticated level of information relating to assessment, this may have allowed ChatGPT to make some correlative assumptions about Emily—such as diagnosis and then substance misuse. Further work is required to better understand how ChatGPT can be coached to provide more clinically useful outputs, requiring less post hoc editing.

AI languages can now synthesize information, which has potential benefits, some of which have been explored here. Rather than perceiving this as a threat to our skills the authors argue that we still retain our skills, and that automation may help us achieve higher levels of care provision if used appropriately. There is also an ethical balance in seeing AI as an additional source of information to established guidance. While ChatGPT may draw from similar sources as NICE guidance, there remains a lack of governance in ChatGPT's

processes for including material and it has not currently been trained on more recent literature, which is potentially problematic if guidelines change frequently. Approved guidance in the UK has accreditation before being made available for care; currently AI is freely available and not subject to such regulation.

ChatGPT's large-language model works through linking associated words based on a complex decision-tree algorithm. It may be that stereotypes associated with mental ill health and self-injury explains why ChatGPT made an assessment of Emily as someone who uses substances despite this not being in the input data. While we may view ChatGPT as a new form of intelligence, its model has learnt synthesis of information that already exists and thus is probably reflecting existing stigma or associations; though the same can be said for NICE or other Guidance. Therefore, the delay between information becoming available, and a machine's ability to assimilate this and produce content causes greater issue than erroneous outputs.

The use of an algorithmic approach to care also ameliorates the possibility of consensus being achieved through debate and discussion; a fundamental aspect of mental health nursing where care is planned in collaboration with the person. Care-planning in mental health settings is a relational task that requires empathy and negotiation; AI and ChatGPT are unable to do this therefore it has no role in the assessment or planning of care for patients currently. Its use in this context is unethical, and it may leave nurses legally vulnerable if used in this manner.

Engagement is a key aspect of mental health nursing practice; NICE guidance for self-harm is explicit in the exclusion of rating scales or tools for many aspects of self-harm assessment for this reason (NICE, 2022). Rating scales in this context are thought to be potentially harmful as they may allay professionals' concerns but create barriers that inhibit engagement (Chan et al., 2016). Tools like ChatGPT may expedite certain processes, but there remains risk of reduced engagement and depersonalisation if this is used or incorporated incorrectly. However, NICE guidance can also promote formulaic approaches to care and ChatGPT outputs could seem useful as a comparable source of prompts for nurses. As AI evolves, ChatGPT may cope better with a greater detail of input information and could produce less formulaic responses than available guidance.

Our argument is that the role of a mental health nurse is to engage and through formation of a therapeutic relationship, support the person to engage in care that can change and create healthier strategies. AI may be able to suggest some of the signposting, and suggest an appropriate route to achieve success in care, but it cannot pilot the vehicle required to reach the destination. One of the strengths of the mental health nursing role is the ability to adapt to the needs of a heterogenous range of individuals in a personal capacity. However, if there is greater use of AI tools then there remains risk of aspects of care becoming impersonal, detached, or at best formulaic.

ChatGPT could allow nurses to have greater focus on the relational aspects of care and serve as a prompt for nurses who could evaluate its output against guidance, evidence and experience. Incorporation of ChatGPT may promote higher quality direct care through reduction of the administrative burden of nurses if deployed on basic tasks that do not require human input.

Chatbots are already being used for mental health purposes. Yet there are inherent ethical considerations involved in the use of AI. Some clinicians are favourable towards AI inclusion in crisis-contexts (Sweeney et al., 2021) but their effectiveness and quality are yet to be determined. A recent randomized control trial of perinatal women with low mood found users tolerated and liked interacting with a chatbot, but there was no effect on their mood overall (Suharwardy et al., 2023).

Care that does not uphold personhood is correlated with perceptions of being abused, traumatisation (Askew et al., 2019), and nosocomial or iatrogenic suicide. As AI has an ostensible application to care delivery there is a risk that it could prove harmful if its use replaces clinician-initiated aspects of care; we may not know the impact of this based upon how we currently monitor care at organizational levels.

There is also concern that care could be seen as generic and pathway based; using a biomedical model rather than recovery or personhood models. This is already a significant risk without the use of AI. Although ChatGPT may be a helpful reference tool it does not replace clinicians' valuable knowledge and time spent with service users. Organizations need to be transparent with service users about the inclusion of AI in their care.

ChatGPT may assist less-experienced nurses to plan care, and this could eventually add to guidance given its ability to create. Automated responses could also promote heuristics for learners and established clinicians, reducing cognitive load which can correlate with unsafe decisions. Less-experienced nurses may find tools helpful to generate ideas or identify correlative aspects of a person's presentation, but there is a danger too that this might bias care towards whatever output ChatGPT creates. We are at a critical junction with AI, and careful incorporation of it with appropriate governance could improve care outcomes but erroneous use could cause significant harms.

While a care plan that AI can produce seems superficially reasonable, the authors urge nurses to avoid its incorporation in actual care at this time. Robust policy needs to be written to safeguard care recipients, reflecting the complexity of the relationships they have with nurses. It may be a useful tool for the creation of an example, but lacks the authenticity and relational aspects required for modern mental health nursing care.

Further research examining the quality of care-related ChatGPT or other AI output should be considered. The depth to which large-language models can automate responses is likely to increase incrementally and this may provide a future platform for nurses to engage with AI when planning care. However, in its current form, the use of AI should be avoided, and health policy should safeguard patients and nurses. Once ethically-sound experimental evidence on AI use in mental health care has been reported, further decisions could be made as to how to safely incorporate AI into care.

AUTHOR CONTRIBUTIONS

All authors have fully met criteria of authorship, having: engaged in the conception and design of the study, or acquisition of data, or analysis and interpretation of data, drafted the article / revised it critically for important intellectual content, given final approval of the version submitted.

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The authors have no conflict of interests to declare.

DATA AVAILABILITY STATEMENT

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ETHICS STATEMENT

Not needed, and not sought as this is a discursive analysis of an artificial intelligence generated care plan for a fictional case-study.

CONSENT STATEMENT

Patients were not involved so no patient consent was required.

ORCID

Samuel Woodnutt https://orcid.org/0000-0001-6821-3158
Jasmine Snowden https://orcid.org/0000-0001-5290-4587
Matt Flynn https://orcid.org/0009-0005-7354-7490

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