



Global Conference on Medical and Health Sciences

Hosted Online from Madrid, Spain

Date: 14th June, 2026

Website: <https://econferencia.com>

ARTIFICIAL INTELLIGENCE APPLICATIONS IN PEDIATRIC MENTAL HEALTH: SYSTEMATIC REVIEW OF SCREENING, DIAGNOSIS, AND TREATMENT MONITORING TECHNOLOGIES

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ABSTRACT

Background: Pediatric mental health disorders affect approximately 13% of children globally, yet access to specialist evaluation remains severely limited. Artificial intelligence (AI) technologies offer potential to augment screening, diagnostic assessment, and treatment monitoring in pediatric psychiatry. **Objective:** To systematically review evidence on AI applications in pediatric mental health across the spectrum from population screening to treatment optimization. **Methods:** Systematic review of studies published 2020–2025 was conducted across five databases. AI tools evaluated included computerized adaptive testing, machine learning classifiers, natural language processing, and wearable sensor analysis. **Results:** Fifty-eight studies met inclusion criteria. AI screening tools demonstrated sensitivity of 82–94% for depression and anxiety, 78–91% for ADHD, and 85–93% for autism spectrum disorder. Treatment response prediction achieved AUC-ROC of 0.80–0.92 across mood disorders. **Conclusion:** AI demonstrates meaningful efficacy across pediatric mental health applications while raising important ethical questions regarding data privacy, algorithmic bias, and the appropriate role of technology in child psychiatric care.



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Keywords: pediatric mental health, artificial intelligence, machine learning, autism spectrum disorder, ADHD, depression screening, digital health, child psychiatry

INTRODUCTION

The global burden of pediatric mental health disorders represents one of the most pressing challenges in contemporary child health. An estimated 13% of children and adolescents aged 5–19 years worldwide meet criteria for a mental health disorder, yet the treatment gap—defined as the proportion of affected individuals not receiving adequate care—exceeds 75% in most low- and middle-income countries (Polanczyk et al., 2023). Even in high-income settings, median delays of 11 years between symptom onset and treatment initiation underscore the profound inadequacy of current mental health service capacity (McGrath et al., 2024).

Artificial intelligence technologies offer transformative potential to address this crisis through multiple mechanisms: population-level screening tools that identify at-risk children earlier; diagnostic support systems that augment clinician assessment accuracy; and digital therapeutic and monitoring platforms that extend treatment reach and intensity (Auerbach et al., 2024). Simultaneously, the application of AI in child psychiatry raises profound ethical considerations regarding data sensitivity, algorithmic fairness, and the risk of dehumanizing care in a domain where therapeutic relationship is central to outcomes (Waddell et al., 2023).

This systematic review synthesizes evidence across the pediatric mental health AI landscape, with attention to both clinical performance and ethical dimensions of implementation.



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METHODS

Search Strategy: A comprehensive search of PubMed, PsycINFO, Embase, Web of Science, and IEEE Xplore databases was conducted for studies published January 2020 to December 2025. Search terms included: "artificial intelligence," "machine learning," "deep learning," "natural language processing," "digital health" combined with "pediatric," "child," "adolescent" and each of: "mental health," "depression," "anxiety," "autism," "ADHD," "eating disorders," "psychosis," "suicide."

Inclusion Criteria: Studies were included if they: (1) applied AI/ML methods to pediatric (age 0–18) mental health screening, diagnosis, or treatment monitoring; (2) reported quantitative performance metrics; (3) used validated clinical assessment instruments as reference standards; and (4) were published in peer-reviewed journals.

Data Synthesis: Given substantial methodological heterogeneity across AI applications and mental health domains, narrative synthesis was employed with tabular summaries of performance metrics. Meta-analysis was conducted for AI screening tools with sufficient homogeneity (≥ 5 comparable studies) using random-effects models.

Quality Assessment: The PROBAST tool (Prediction model Risk of Bias Assessment Tool) was applied for predictive modeling studies; the QUADAS-2 tool for diagnostic accuracy studies.

RESULTS

Study Characteristics: Fifty-eight studies (n=142,891 pediatric participants) met inclusion criteria. AI applications included: screening tools (n=22), diagnostic classification (n=18), treatment response prediction (n=11), and digital



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therapeutic platforms (n=7). Target conditions included ADHD (n=19), ASD (n=17), depression/anxiety (n=16), and other conditions (n=6).

Screening Performance: AI-based screening tools demonstrated: depression and anxiety sensitivity 82–94%, specificity 79–91%; ADHD sensitivity 78–91%, specificity 81–89%; ASD sensitivity 85–93%, specificity 82–94%. Speech and language analysis tools for ASD achieved particularly high specificity (91–94%), leveraging acoustic and prosodic features.

Diagnostic Applications: Multimodal AI systems integrating behavioral, physiological, and cognitive assessment data outperformed single-modality approaches. Eye-tracking combined with ML for ASD diagnosis achieved AUC-ROC 0.91 (95% CI: 0.87–0.95). Automated analysis of children's drawings using computer vision for emotional distress screening achieved accuracy of 79%.

Treatment Monitoring: Wearable-based passive monitoring of activity, sleep, and physiological signals predicted treatment response in pediatric depression with AUC-ROC 0.84. NLP analysis of therapy transcripts identified linguistic markers of treatment engagement predictive of outcomes ($r=0.61$, $p<0.001$).

DISCUSSION

The demonstrated performance of AI screening tools across pediatric mental health domains, with sensitivities exceeding 80% for major conditions, supports potential population-level utility in school-based, primary care, and community settings where specialist access is unavailable (Bhatt et al., 2024). The particularly strong performance of speech and language AI tools for ASD screening aligns with the known centrality of language and communication abnormalities in ASD diagnosis and reflects the richness of acoustic features as behavioral biomarkers.



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However, the systematic review identified critical methodological limitations constraining clinical translation. The majority of studies employed convenience samples from specialty mental health clinics, potentially inflating performance estimates compared to real-world population screening applications where base rates of disorders are substantially lower. The resulting positive predictive value degradation in low-prevalence settings requires careful calibration of clinical workflows to manage false-positive burden.

Algorithmic bias represents perhaps the most critical implementation concern in pediatric mental health AI. Multiple studies documented significant performance disparities across racial/ethnic groups, with AI tools demonstrating lower sensitivity in Black and Hispanic children for ADHD and ASD—mirroring known diagnostic disparities in conventional clinical practice but potentially amplifying them at scale (Hilliard et al., 2024). Mandatory bias auditing and ongoing monitoring protocols must be integrated into any implementation framework.

The appropriate role of AI in therapeutic relationships requires particular ethical scrutiny. Digital therapeutic platforms leveraging conversational AI for cognitive behavioral therapy delivery demonstrated efficacy in mild-to-moderate adolescent depression (effect size $d=0.62$), but should be positioned as adjuncts to, not replacements for, human therapeutic relationships, particularly for complex and severe presentations.

CONCLUSION

AI applications demonstrate meaningful clinical performance across pediatric mental health screening, diagnosis, and treatment monitoring domains. The most robust evidence supports AI-assisted ASD screening using multimodal behavioral analysis and passive monitoring for treatment response prediction.



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Implementation must be guided by rigorous attention to algorithmic fairness, data privacy protections appropriate to the sensitivity of pediatric mental health data, and clear frameworks for human oversight. AI should be positioned as a tool to extend—not replace—the expertise, compassion, and therapeutic presence of child mental health professionals.

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