

Public views on the role of artificial intelligence (AI) in forensic psychiatric evaluations in Greece: a survey of educated young adults on familiarity, trust, and ethical concerns

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INTRODUCTION

Artificial intelligence (AI) is rapidly entering clinical decision-making, diagnostic support, outcome prediction and risk assessment. In forensic psychiatry, however, AI raises heightened ethical, legal and human-rights concerns because outputs may influence detention, sentencing and conditional release. Internationally, professional debates around explainability, bias and accountability are evolving faster than empirical knowledge about what lay people actually think.

In Greece, where forensic psychiatry is still consolidating its identity within the justice system, public trust is likely to be fragile and strongly shaped by perceptions of fairness and transparency. Young, highly educated adults represent a key “early adopter” group: they are digitally literate, regularly exposed to AI in everyday life, and are future professionals, jurors and opinion-shapers.

Understanding how they balance perceived benefits (efficiency, objectivity, consistency) against risks (algorithmic opacity, new biases, dehumanisation) is crucial if AI-assisted tools are to be introduced in a socially legitimate way in Greek forensic psychiatric practice.

AIM

To explore the attitude of educated young adults in Greece toward the use of AI in forensic psychiatric evaluations, focusing on

familiarity, perceived capabilities, trust in legal decision-making, ethical concerns and preferred safeguards.

METHODS

An anonymous survey was administered to 27 Greek residents aged 18-40 years with tertiary education completed. Participation was voluntary and uncompensated.

The questionnaire comprised 15 single-answer multiple-choice items grouped into five domains: (A) background knowledge and familiarity with forensic psychiatry and AI; (B) perceived diagnostic capabilities of AI and impact on bias; (C) trust in AI and preferred role in forensic evaluations and legal decisions; (D) expectations regarding transparency, audits and safeguards; and (E) views on specific applications (risk of reoffending, efficiency) and overall attitude toward AI in this context.

Items were formulated in plain language with brief clarifications where needed (e.g. examples of AI systems, definition of forensic psychiatry). Data were analysed descriptively, reporting proportions for each response option, and thematically synthesised into broader patterns regarding acceptance thresholds, conditions for trust and dominant ethical priorities.

Given the small, non-representative, exploratory sample, no inferential statistics were conducted, and findings are framed as hypothesis-generating for future Greek studies.

RESULTS

Most respondents reported at least some awareness of forensic psychiatry: 59.3% were somewhat familiar and 14.8% very familiar, while 25.9% had no familiarity. General familiarity with AI was higher: 40.7% described themselves as moderately familiar and 37.0% very familiar; only 3.7% were not at all familiar. When asked specifically about AI in medical/mental health evaluations, familiarity dropped: 40.7% were only slightly familiar and 18.5% not at all, with 29.6% moderately and 11.1% very familiar. Overall, the sample combined strong general AI literacy with more limited prior exposure to AI in clinical and forensic contexts.

Regarding AI-assisted diagnosis in forensic psychiatry, 29.6% were confident that AI could reliably assist, while a majority (55.6%) adopted a conditional stance (“might help, depending on the specific case”); 14.8% rejected any diagnostic role. Views on bias were ambivalent: 33.3% believed AI would be more objective and reduce human bias, but a larger group (48.1%) feared that AI could introduce new types of bias. Only 7.4% thought AI would make little difference compared with human evaluations and 11.1% were unsure. These patterns suggest that participants recognise both the promise of increased consistency and the risk of replicating or amplifying structural biases embedded in training data and design.

Transparency emerged as a central value: 63.0% judged explainability “crucial”

(AI should not be used without strong transparency) and a further 29.6% deemed it important, whereas only 7.4% minimised its importance relative to performance.

Almost all participants endorsed systematic oversight: 74.1% supported regular (at least annual) independent audits of AI systems in forensic psychiatry and 22.2% were comfortable with less frequent audits; only one respondent (3.7%) considered audits unnecessary. Asked to select their single main concern, 33.3% prioritised lack of transparency and/or explainability, 29.6% inaccurate or unreliable assessments, 14.8% loss of human empathy, and 11.1% data privacy and security; 11.1% reported no major concerns. Thus, epistemic and technical reliability issues clearly outweighed broader existential or privacy anxieties in this group.

With respect to risk assessment, 37.0% considered AI potentially effective in estimating risk of reoffending, and 40.7% endorsed its use only under strong safeguards and human oversight; 14.8% felt AI was not reliable enough and 7.4% were unsure. Regarding efficiency, almost half (48.1%) expected AI to improve efficiency and speed up forensic evaluations, whereas 25.9% feared overcomplication and new burdens; 14.8% anticipated little impact and 11.1% were unsure.

For ethical governance, 37.0% prioritised strong professional oversight by psychiatrists and other experts, 25.9% emphasised regular audits and monitoring, 22.2% highlighted clear legal regulations and guidelines, and 14.8% chose informed

consent and clear communication with evaluatees. Overall attitudes were cautiously positive: 18.5% were generally supportive, 44.4% cautiously optimistic with safeguards, 14.8% neutral, 18.5% sceptical and 3.7% opposed.

CONCLUSION

In this small sample of educated young adults in Greece, AI in forensic psychiatric evaluations is viewed with cautious optimism. Participants broadly accept AI as an assisting technology that can enhance efficiency and potentially improve consistency, but reject its use as an autonomous decision-maker, particularly where liberty and legal outcomes are at stake. Trust is conditional on robust human oversight, strong transparency, regular independent audits and explicit professional and legal regulation. Concerns focus more on opacity and accuracy than on abstract hostility to AI, suggesting that well-designed, explainable and audited systems could achieve conditional legitimacy. For Greek forensic psychiatry, these findings indicate that future AI-assisted tools should be framed as decision-support systems embedded within accountable human expertise, and that public engagement around transparency, safeguards and ethical governance will be essential for socially acceptable implementation.

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