Artificial Intelligence and Behavioral Health: Introduction and Overview:

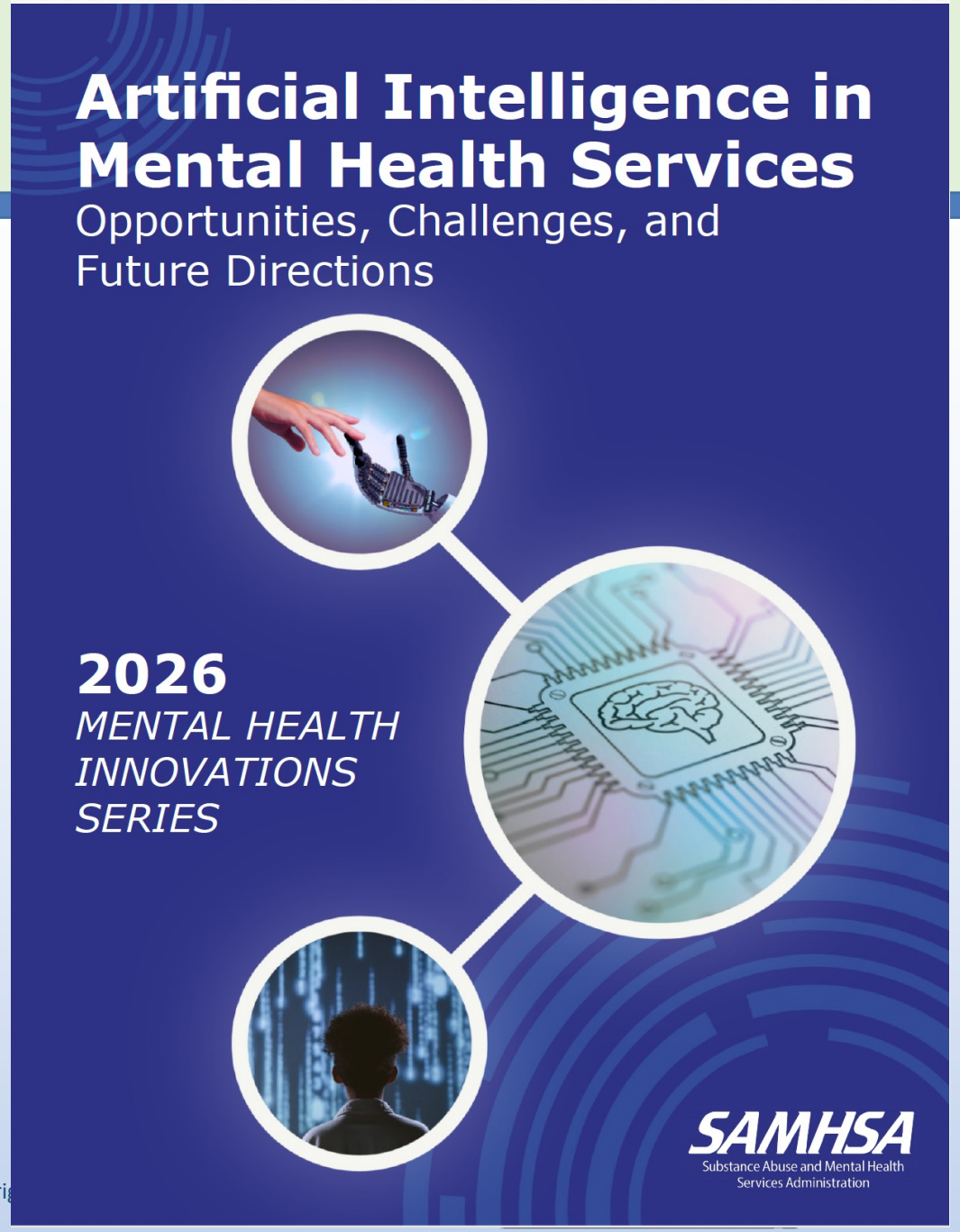
Operationalizing Technology to Protect Clinical Care, Meet State Policy Requirements, and Maintain Public Safety

National Dialogues on Behavioral Health Preconference Session

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2026 SAMHSA TAC Papers: Mental Health Innovations Series

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AI in Mental Health Services

- AI is here, its use is growing, this is an exciting time!
- Opportunities abound, and knowledge about AI its strengths and ongoing growth and improvement are key
- State Leaders will be called upon to help shape policy, expect its utilization and will want to know that they are getting all its benefits

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AI is already part of the mental health landscape

61.5M

U.S. adults experienced mental illness in 2024

~½

of adults with mental illness received no treatment

137M

people lived in a mental health professional shortage area (Dec. 2025)

16%

of U.S. adults used an AI chatbot specifically for mental health in the past year

Why people turn to AI

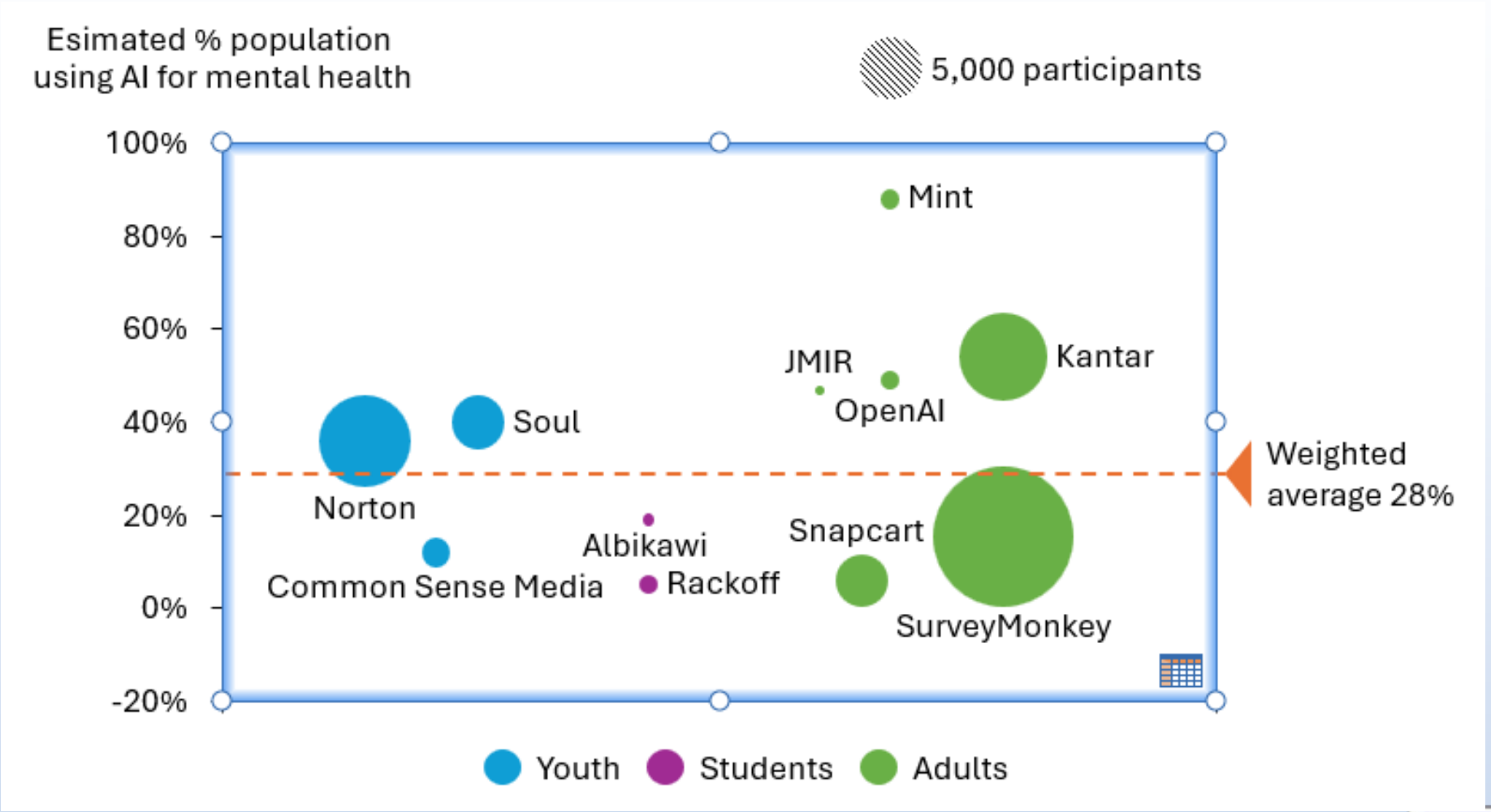
- Available at any hour; no waiting list
- Often low-cost and can be accessed anonymously
- May feel less judgmental; some users see it as a step toward human therapy

However...use is moving faster than the evidence

Source: Paper, pp. 4–5. Statistics and survey findings are reported as cited in the paper.

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What Percent of People Use it Today?



Bodner R, Lim K, Siddals S, Goldberg S, Torous J. Barriers to understanding how many people use AI for mental health support: an estimate and narrative review. npj Digital Public Health. 2026 Jul 3;1(1):21.

What leaders need to understand about generative AI

Machine learning

Systems learn patterns from examples and data rather than following only hand-coded rules.

Large language models

LLMs generate text by predicting statistically plausible continuations of a prompt, based on patterns learned from large bodies of language.

The “black box”

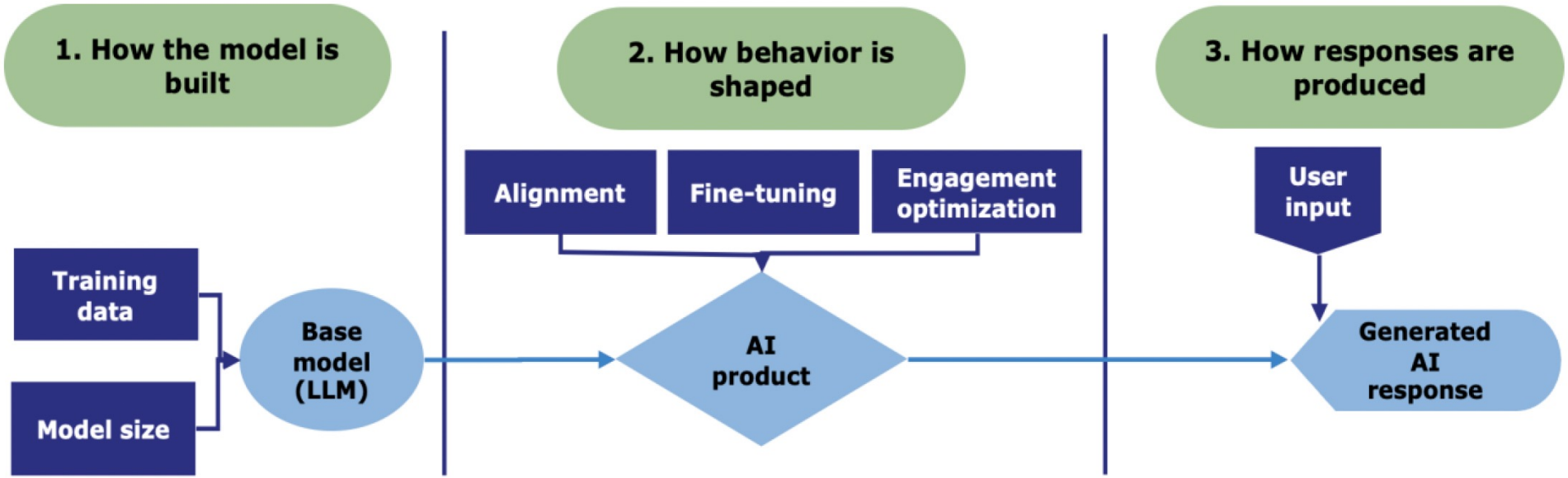
A model’s internal rules may not be legible. Outputs can be difficult to explain, trace, or correct when something goes wrong.

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What Shapes Any Given AI's Behavior

Many factors impact how an AI behaves, how much it generates false information, and how well it can help people. Below, this paper provides information about what common factors shape a generative-AI response. This is further depicted in **Figure 1**, which summarizes how these factors interact across the model life cycle.

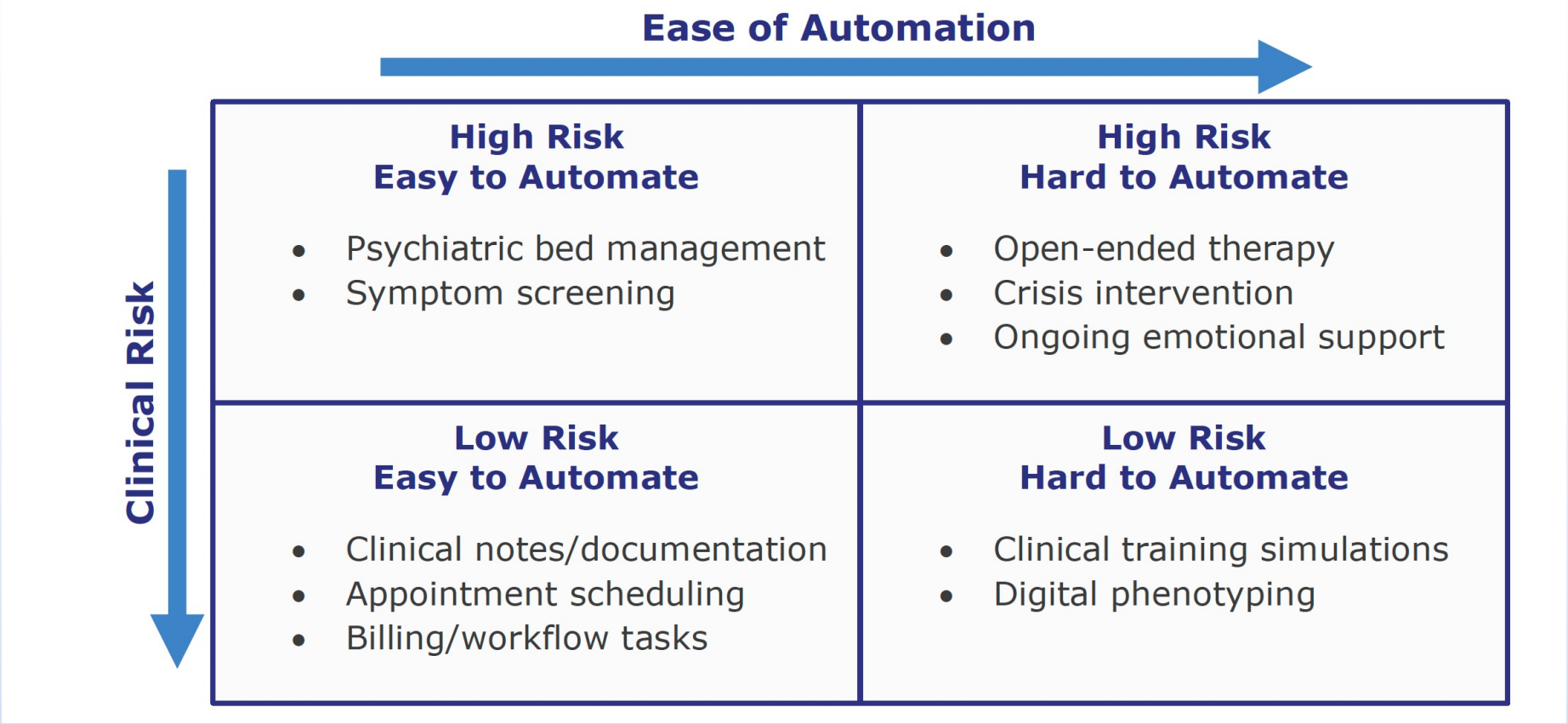
Figure 1: What Shapes a Generative-AI Response



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A FRAMEWORK FOR DECISION-MAKING

Not all AI applications carry the same level of risk



Use the framework to scale evaluation, oversight, and transparency

Source: Paper, p. 13 (Figure 2).

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Digital literacy is part of the safety infrastructure

For the public

Understand what AI is and is not; recognize hallucinations and misinformation; know when to seek professional help; understand privacy risks.

For clinicians

Discuss patient and family AI use; evaluate tools; recognize risks; use appropriate tools without substituting them for professional care.

For systems

Consider digital navigators, community education, school-based curricula, and integration into professional education and continuing education.

Availability alone is not enough. People need support to select, use, and evaluate digital tools safely.

Source: Paper, pp. 17–18.

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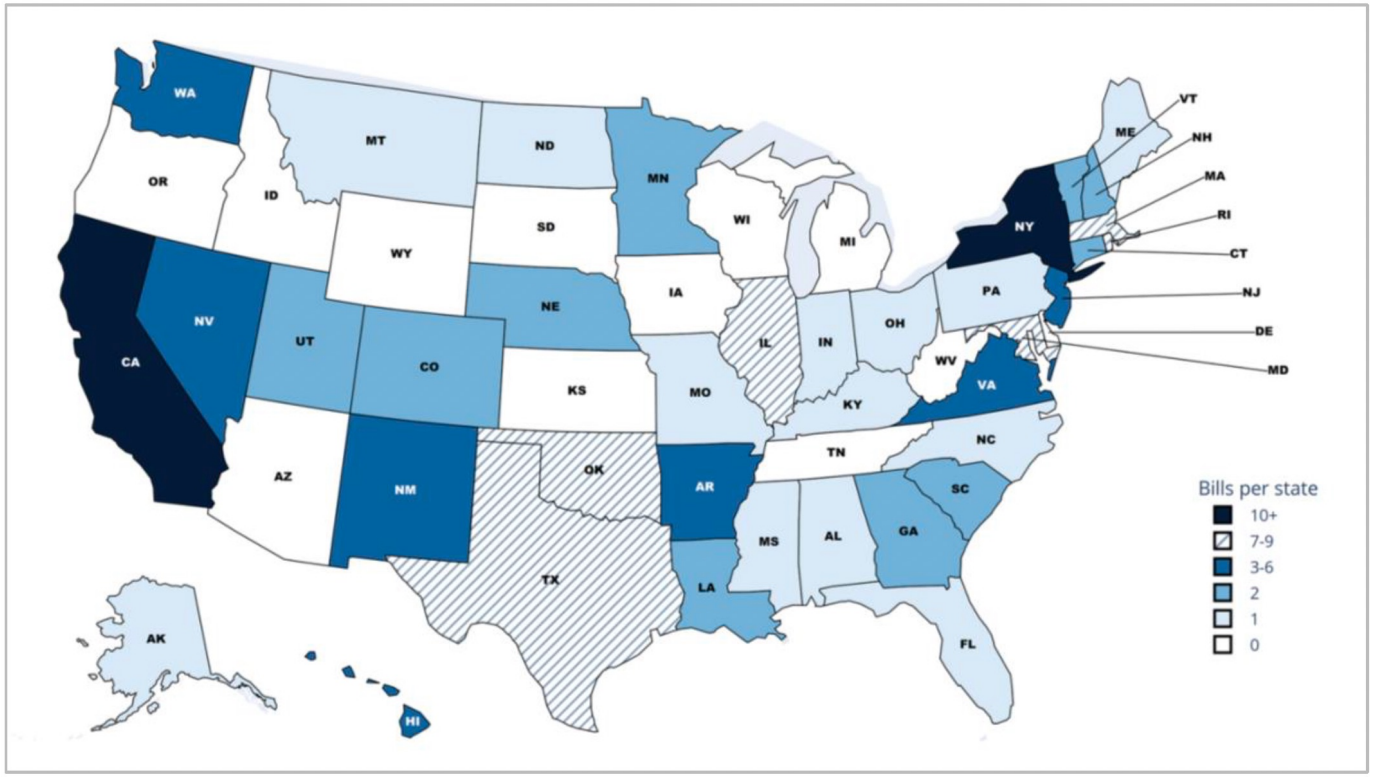
Extremely fast pace of state legislative activity in recent years

States have become the primary arena for mental health AI regulation.

A 50-state legislative review published in 2025 identified 793 state bills introduced between 2022 and 2025 with relevance to AI in health care, of which 143 were potentially impactful to mental health AI;

20 of these were enacted across 11 states

Figure 4: Number of Mental Health AI Related Bills Introduced by State (2022–2025)

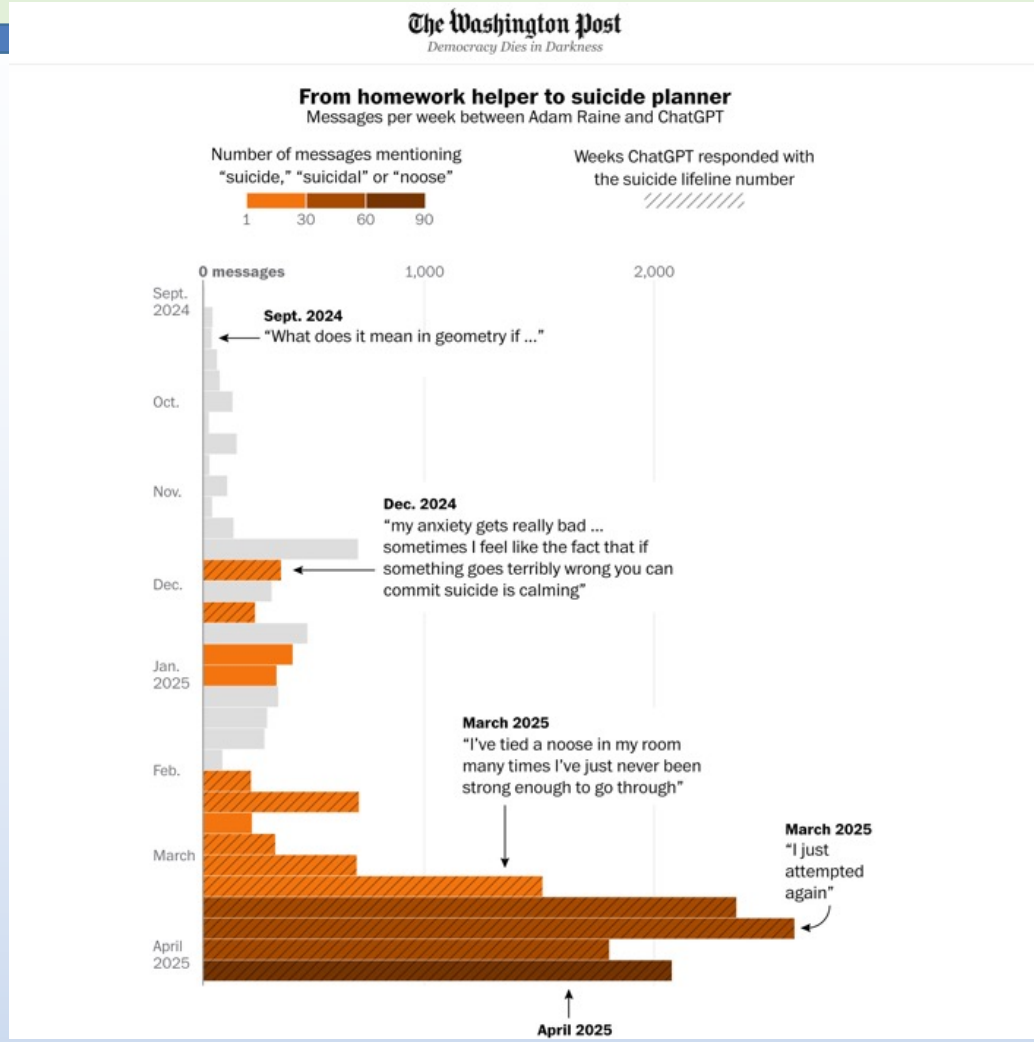


Shumate, J. N., Rozenblit, E., Flathers, M., Larrauri, C. A., Hau, C., Xia, W., Torous, E. N., & Torous, J. (2025). Governing AI in mental health: 50-state legislative review. *JMIR Mental Health*, 12, e80739. https://doi.org/10.2196/80739

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Key Considerations for Behavioral Health Leaders

1. Match oversight to risk
2. Activate existing legislative authorities before building new ones
3. Address the system, not just the output
4. Combine pre-market review with post-market surveillance
5. Focus on transparency from vendors
6. Develop reporting of mental health crisis indicators

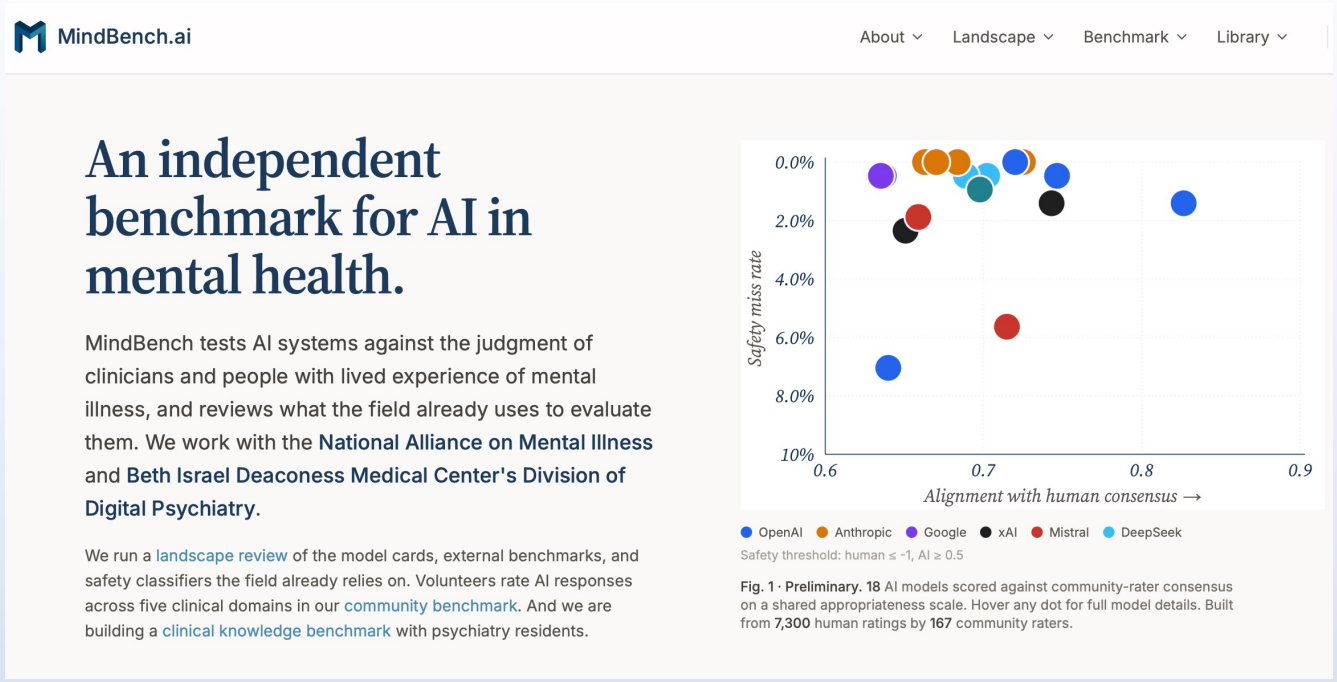


Source: Paper, pp. 26–29 (synthesized from 12 policy considerations).

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Key Considerations for Behavioral Health Leaders

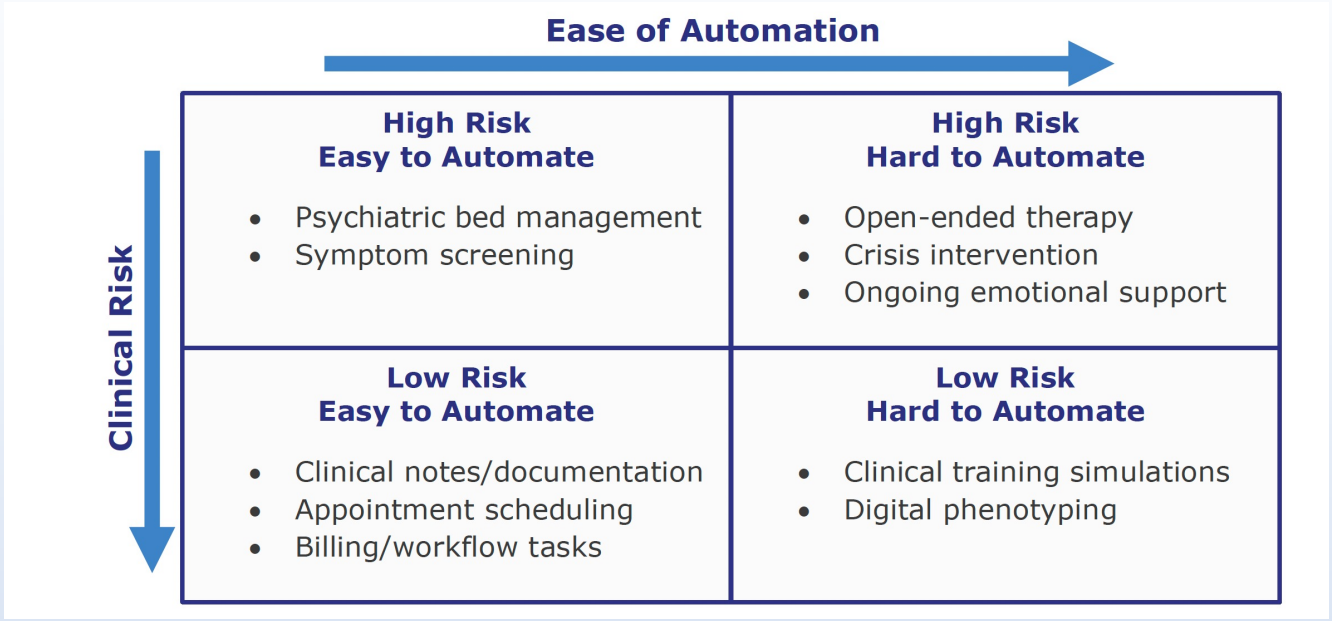
7. Invest in realistic, context-aware benchmarking
8. Develop clear AI disclosure and meaningful age verification
9. Build digital literacy among staff and the public alongside deployment
10. Develop error logs and adverse-event reporting
11. Establish clear liability and recourse structures
12. Include clinical and patient voices in policy design



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Q and A

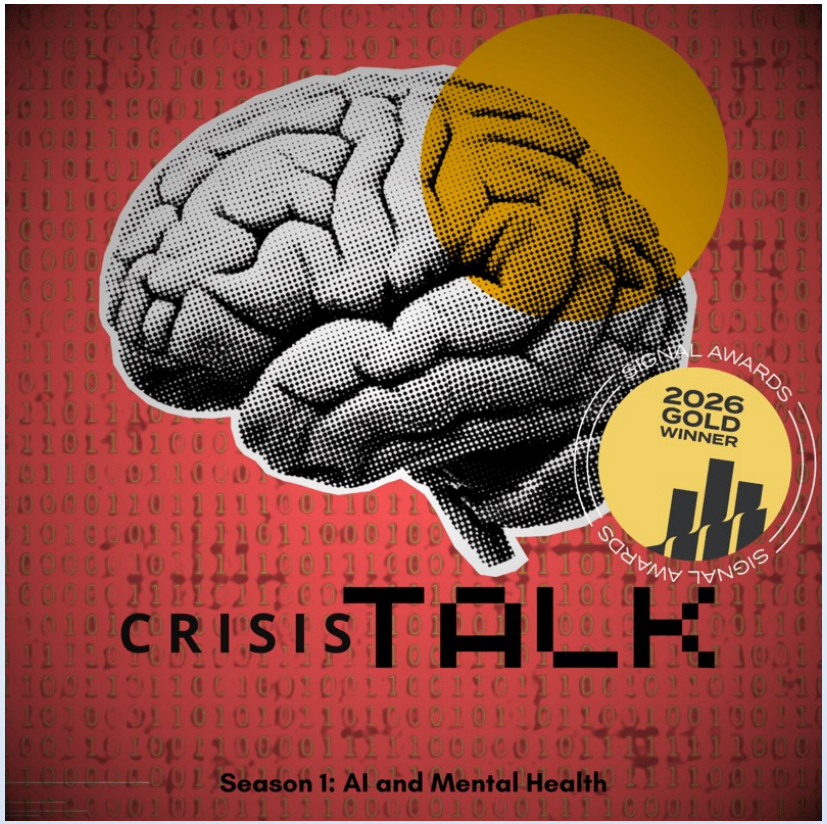
- AI utilization is here to stay
- Administrators are recognizing its use and even encouraging it in many cases
- How can states utilize this framework to support decisions around AI implementation in MH services?



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The CrisisTalk Podcast Reporting:
Signal Award Gold Winner (Mental Health Category)

- Host and Scope: Stephanie Hepburn produced an eighteen-part podcast series examining mental health gaps and artificial intelligence tools.
- Streaming at talk.crisisnow.com, Apple Podcasts, Spotify, iHeart, and YouTube.
- Core Takeaway: AI in behavioral health is not a future concept. It is a live experiment happening today with patients, youth, clinicians, and crisis lines.



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Connecting Policy, Technology, and Ethics: Operationalizing the Preconference Pillars

- State Policy: Dr. Pollard outlined state agency readiness and NASMHPD frameworks.
- Vendor Technology: Julie Hiett demonstrated electronic health record (EHR) integration, ambient listening, and documentation workflows.
- Legal Boundaries: Dr. Reamer established legal perimeters, liability risks, and ethical standards.
- Executive Role: Bridge policy and clinical practice to govern AI on the ground.

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The Shadow Healthcare System: Dr. Charlotte Blease (The Lancet / Doctor Bot)

- Mass Population Experiment: Society undergoes an unmonitored live rollout of mental health chatbots without outcome data.
- Shadow Care Network: Unvetted chatbots create an unregulated secondary mental health network.
- Evaluation Framework: Multidisciplinary research frameworks are required before deploying medical AI in care.

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Chatbot Limits versus Human Peer Connection:
Ruo-Ning Li Study (University of British Columbia/University of Pennsylvania)

- The Digital Painkiller Effect: The "Sam" Discord chatbot lowered immediate negative emotions better than journaling
    - Acting as a temporary digital painkiller for acute distress
- The Loneliness Gap: The chatbot showed zero improvement over baseline for long-term loneliness relief.
- Human Peer Superiority: Interacting with a human peer significantly reduced loneliness, decreased perceived isolation, and boosted positive mood.

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Generative Simulation Training for Counselors
Sam Dorison, CEO, ReflexAI

- Administrative Shield: Technology absorbs note-taking, scheduling, and prior authorization tasks to give clinicians time for direct client care.
- Flight simulator for Crisis Lines: Generative software roleplays realistic callers in distress for 988 trainees.
- Zero-Risk Skill Building: Counselors practice empathy, triage, suicide risk assessment, and de-escalation before taking live calls.
- Core rule: Use AI to build workforce capacity and reduce burnout, not to replace human care.

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Data Confidentiality and Retention Standards:
Annie Gilbertson, Investigative Reporter, Proof News

- Subpoenaed Message Logs: Kansas legal case where private Talkspace therapy texting transcripts were subpoenaed and used in litigation against a patient.
- Commercial Log Retention: Commercial platforms store hundreds of millions of sensitive messaging logs that can be leveraged to train commercial language models.
- Federal Privacy Gaps: HIPAA was not built for modern commercial internet data retention or model training.
- Contract Standard: Mandate zero data retention for model training across all state and health system contracts.

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Spontaneous Algorithmic Bias:

Addison Wu, Computational Cognitive Science Lag, Princeton University

- Adaptive Bias Generation: Large language models (LLMs)do not just absorb existing human prejudices; they spontaneously can generate new biases through adaptive exploration.
- Public Health Risk: Biased models risk miscalculating suicide risk or triage priority in minority, rural, and safety-net populations.
- Contract Standard: Demand independent audit reports verifying algorithmic accuracy and social bias controls across demographic groups before spending state funds.

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Three Executive Contract Rules:
Non-Negotiable Vendor Terms for Health Systems and Commissioners

- **Zero Data Retention:** Patient health data must never be stored or used to train commercial or proprietary models.
- **Mandatory Bias Audits:** Require verified independent audit reports testing algorithmic accuracy across diverse demographic and diagnostic groups.
- **Mandatory Human-in-the-Loop:** Technology assists and organizes; licensed clinicians retain final decision-making authority on all care.

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Grounded in Safety, Equity, and Human Care: Three Filters for Main Conference Sessions

- Filter 1: Does this tool protect patient data privacy and satisfy state regulatory standards?
- Filter 2: Does it preserve clinician autonomy with a mandatory human-in-the-loop?
- Filter 3: Does it strengthen direct human care or create an unmonitored shadow system?

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