Magellan FEDERAL

Mental Health Services in the Age of Super/Artificial Intelligence:

Embrace the Benefits, Beware of Risks





Table of Contents

Introduction 1

Super/Artificial Intelligence—How Machines Learn 2

Uses of Super/Artificial Intelligence in Mental Health Care 2

Oversight of SI/AI Mental Health Support Tools 4

Conclusion 5

References 6





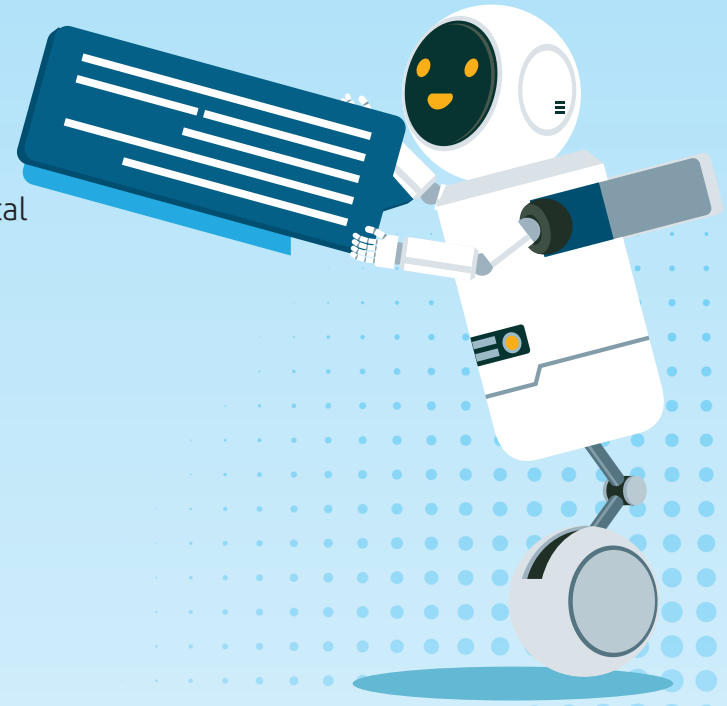
Introduction

Super/Artificial Intelligence (SI/AI) refers to technology that allows computers to replicate human learning, reasoning, decision-making, and communication (Stryker & Kavlakoglu, n.d.). Like humans, SI/AI draws on past experiences and applies lessons learned to enhance its skills and performance over time.

SI/AI technology is rapidly opening new possibilities for the provision of health care. In its simplest form, SI/AI can schedule appointments, manage insurance claims and billing, and score clinical questionnaires (Abrams, 2025). At a more sophisticated level, SI/AI can assist medical professionals in diagnosing illnesses, documenting medical notes, monitoring symptoms, and conversing with clients (Ellis, 2024).

Currently, therapeutic SI/AI mental health services are not federally regulated and criteria for clinical efficacy have not been established by the Food and Drug Administration (Walters, 2025). Nevertheless, SI/AI mental health services appeal to many consumers because they are affordable (and sometimes free) and accessible at any time, and remove barriers pertaining to stigma, shame, and the shortage of mental health providers.

As with all new innovations, both predictable and unanticipated benefits and risks are emerging from SI/AI activities (Gutierrez et al., 2024). This paper discusses the status of identified strengths and weaknesses of SI/AI support in mental health service environments.



Super/Artificial Intelligence—How Machines Learn



SI/AI learning begins with a model (or algorithm) that is designed to make decisions and predictions about selected issues by analyzing and identifying patterns from large amounts of data. As new data sets are introduced into the model, SI/AI performance is refined without the need for additional programming. This process is referred to as machine learning (Stryker & Kavlakoglu, n.d.).

Another component of SI/AI is Natural Language Processing, in which computers learn to recognize, understand, interpret, and respond to human language (Stryker & Holdsworth, n.d.). SI/AI technologies that communicate with humans in this way are commonly known as SI/AI Companions. When individuals engage with SI/AI Companions, the companion remembers and integrates information from previous conversations into ongoing discussions; and over time, the companion can respond in a way that feels personal and relevant.

The choice of data that perpetuates machine learning impacts the objectivity and quality of SI/AI (Agarwal et al., 2022). In the social science field, if data are collected from limited demographic groups, outputs may not adequately represent the diversity of life experiences across different populations. If data are collected from web sites that discriminate against those with mental health conditions, unintended biases may arise and lead to errors in SI/AI's decision making. Once this information is incorporated into SI/AI training, it is difficult to minimize the damage. Currently, because underlying sources of data inputs and machine learning processes are infrequently disclosed, users are unable to assess the objectivity of SI/AI Companion content (Lee et al., 2021).

Uses of Super/Artificial Intelligence in Mental Health Care

ADMINISTRATIVE TASKS

Mental health clinicians have embraced SI/AI to streamline administrative tasks that are cumbersome and time-consuming. SI/AI can facilitate appointment scheduling, communicate appointment reminders, and ask clients to confirm planned appointments (American Psychological Association, 2024). SI/AI has allowed clinicians to automate intake forms and organize progress notes from multiple client sessions to reveal progress trends and provide insights that may otherwise go undetected. The use of SI/AI for office management purposes improves efficiencies without compromising the client-clinician relationship or value of direct mental health services.

MENTAL HEALTH ASSESSMENT AND DIAGNOSTIC SUPPORT

A strength of SI/AI is its ability to quickly organize massive quantities of information, such as results of health screenings and client interviews, medical histories, and previous treatment effectiveness (Stringer, 2025). SI/AI can also interpret this information, generate a working diagnosis, and recommend treatment interventions.

Although artificial intelligence (SI/AI) tools are becoming increasingly sophisticated, their use in generating diagnoses and treatment plans without professional oversight remains inadvisable. Diagnostic evaluation in mental health care is inherently complex and requires nuanced interpretation. In addition to the risk of algorithmic bias (see Super/Artificial Intelligence—How Machines Learn above), current SI/AI systems lack the capacity to accurately interpret body language and communication styles, components that are integral to a comprehensive assessment. The omission or misinterpretation of such elements by SI/AI systems may result in diagnostic inaccuracies and the formulation of ineffective treatment strategies, thereby compromising the quality of care (Zhang & Wang, 2024).

TREATMENT PLAN SUPPORT

Many SI/AI tools have been developed to help clients track symptoms, practice coping skills, and monitor progress towards treatment plan goals. They also provide feedback, including accolades for improvement

and suggestions if improvement is not sufficient.

When a client and professional clinician coordinate to establish a proper diagnosis and treatment plan, the clinician can recommend a preferred tool to deliver psychoeducation and structured exercises to augment work that occurs during therapeutic sessions (American Psychological Association, 2024). Choosing a tool without a treating clinician's input may conflict with treatment plan interventions and cause frustration by the client.

SI/AI COUNSELING AND PSYCHOTHERAPY

SI/AI counseling and psychotherapy (referred to as therapy hereafter), involves the use of SI/AI to establish relationships with clients, learn about their current problems, and provide guidance on how to address problems.

SI/AI therapy is available to all who have access to an internet-connected computer or smartphone. An SI/AI therapist may be contacted at any time of the day and will respond instantaneously. SI/AI therapy is less expensive than face-to-face therapy and reduces stigma and logistical barriers (e.g., time constraints, travel arrangements) (Zhang & Wang, 2024).

But is SI/AI therapy synonymous with face-to-face support by a licensed mental health clinician? Research demonstrates that fundamental differences exist between SI/AI and person-to-person support.

Emotion and Empathy

According to the American Psychological Association's Dictionary of Psychology (2023), empathy is defined as "recognition and understanding of an individual's feelings, perceptions, and thoughts."

Empathy is a necessary component of an effective therapeutic relationship. While SI/AI can recognize and acknowledge emotional reactions through word patterns, its understanding of emotions is different from humans. SI/AI relies on language recognition and modeling, not genuine feelings or lived experiences (Zhang & Wang, 2024). Consequently, SI/AI cannot replicate the depth of empathy necessary for building therapeutic alliance.

Stigma

A recent study by Stanford University researchers found that SI/AI systems exhibit stigmatizing responses toward individuals with mental health conditions, reflecting biases embedded in training data. Increasing model scale does not significantly reduce these biases (Moore et al., 2025). Such findings underscore the ethical challenges of deploying SI/AI in mental health care without rigorous oversight.

Client Safety

In the same study, researchers assessed whether SI/AI therapist responses appropriately identify and address serious symptoms such as delusions, suicidal ideation, and obsessive-compulsive behaviors. The study found that responses were inappropriate, and dangerous in twenty percent of experimental scenarios. In addition, the study concluded that SI/AI therapists may encourage perpetuation of delusional thinking and inadvertently enable harm to self/others (Moore et.al. 2025).

Professional Codes of Conduct

Research from Brown University (2025) revealed that SI/AI therapy violates several ethical standards outlined by the American Psychological Association. These violations include creating a false sense of caring and trust, failing to adequately address safety concerns, disregarding individualized treatment planning, and endorsing inaccurate beliefs. Such shortcomings highlight the inability of SI/AI systems to meet professional codes of conduct governing psychological practice.

Trust and Confidence

Some clients may mistakenly believe that SI/AI therapy offers services equivalent to those provided by licensed clinicians. Unlike human therapists who foster autonomy and self-awareness through nuanced interpersonal interactions, SI/AI operates within rigid, pre-programmed parameters. Furthermore, some commercial SI/AI platforms employ strategies that encourage user dependence, contrasting sharply with the therapeutic goal of promoting independence (Khawaja & Belisle-Pipon, 2023).

Believing that SI/AI therapy is interchangeable with human therapy can lead to delayed professional intervention, inadequate treatment, and worsening mental health symptoms. Users may rely on SI/AI for complex issues requiring human expertise—such as trauma, suicidal ideation, or rapid functional decline—resulting in false confidence and compromised outcomes.

Oversight of SI/AI Mental Health Support Tools

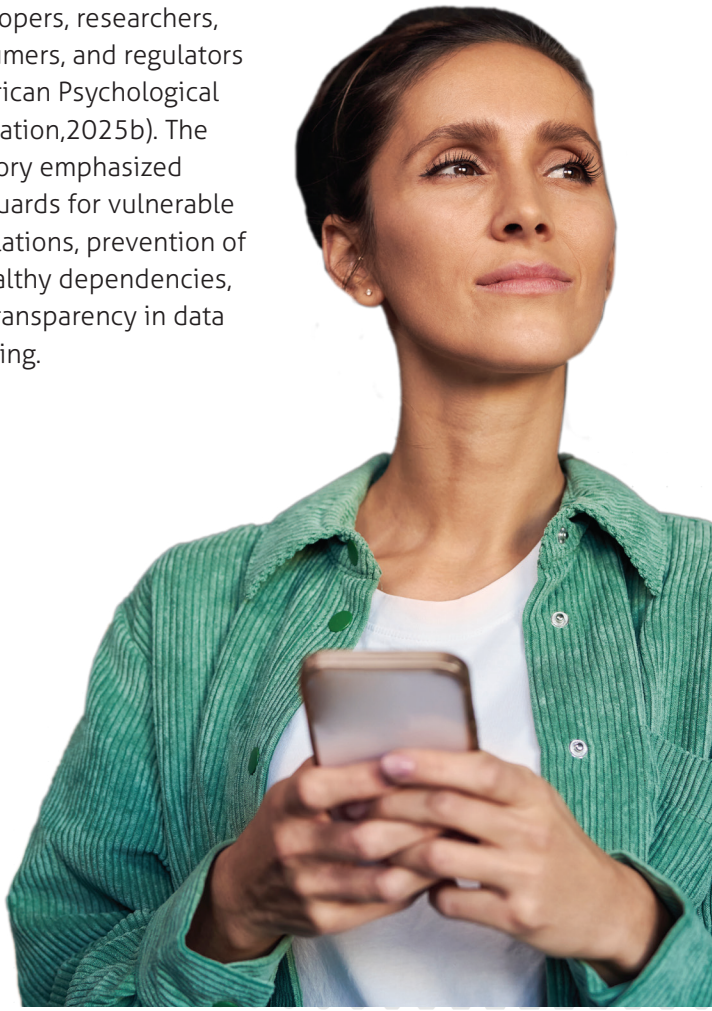
The rapid proliferation of SI/AI tools in mental health care has outpaced the development of comprehensive regulatory frameworks, raising significant concerns about safety, efficacy, and ethical compliance. Despite widespread adoption of SI/AI-enabled companions marketed for emotional support, the U.S. Food and Drug Administration (FDA) has not approved any SI/AI-based systems for diagnosing, treating, or curing mental health disorders (Walters, 2025). This lack of approval stems from the absence of clinical trials necessary to establish safety and effectiveness, a prerequisite for FDA clearance of medical devices. While the FDA has cleared many SI/AI-enabled devices across healthcare domains, none currently pertain to mental health, highlighting the complexity of regulating technologies that mimic therapeutic interactions.

There are no federal laws governing use of SI/AI Companions, but 20 bills were voted into law in 11 states pertaining to licensure requirements, safety protocols, confidentiality and transparency, and data privacy (Shumate et al., 2025).

On November 6, 2025, the FDA's Digital Health Advisory Committee (DHAC) convened to evaluate SI/AI-enabled mental health devices. Key concerns included algorithm bias, privacy vulnerabilities, and the inability of SI/AI systems to reliably manage crises. The FDA signaled its intent to develop regulatory criteria addressing transparency, advertising practices, and risk mitigation strategies for SI/AI mental health tools (FDA DHAC Executive Summary, 2025). Expected time frames for establishing regulatory criteria were not articulated.

Professional organizations have issued position statements and advisories to guide ethical integration of SI/AI in mental health care. The American Psychiatric Association (APA) released its Position Statement on the Role of Augmented Intelligence in Clinical Practice and Research (2024), affirming that SI/AI should function solely as an adjunct to treatment rather than a replacement for clinical services by a licensed provider. The statement called for culturally and linguistically appropriate patient education, transparency in SI/AI-driven decision-making, and strict adherence to privacy standards.

Similarly, the American Psychological Association (APA) has taken an active role in promoting safeguards. In early 2025, the APA met with federal regulators to address concerns about virtual therapists falsely claiming licensure and the associated risks of inaccurate diagnoses, inappropriate treatment, and exploitation of minors (American Psychological Association, 2025a). The APA urged the Federal Trade Commission (FTC) to mandate ethical standards for SI/AI mental health tools, including prohibitions on deceptive marketing and requirements for clinician involvement in development. In November 2025, the APA published its Health Advisory on the Use of Generative SI/AI Chatbots and Wellness Applications for Mental Health, warning against reliance on SI/AI as a substitute for professional care and outlining responsibilities for developers, researchers, consumers, and regulators (American Psychological Assocation,2025b). The advisory emphasized safeguards for vulnerable populations, prevention of unhealthy dependencies, and transparency in data handling.





Used responsibly, SI/AI can enhance mental health services.



Conclusion

Artificial intelligence (SI/AI) has gained traction in mental health care, offering tools that promise convenience, accessibility, and improvement in well-being. The benefits and risks of SI/AI mental health support continue to emerge and are under evaluation by federal departments and professional organizations. Until regulatory boards and legal entities formalize guidelines, consumers should be cautious when opportunities to use SI/AI mental health tools are presented.

Consumers should be able to answer "yes" to all the questions below to confirm the potential value and safety of SI/AI services under consideration.

- **YES:** I am connected to a mental health clinician or other professional provider to manage my mental health needs.
- **YES:** I have partnered with my mental health clinician or other professional provider managing my mental health needs to identify SI/AI support that:
- **YES:** Is evidence based (evidence of effectiveness and how the tool was tested are clearly stated).
- **YES:** Has been created to directly address issues I am working with my mental health professional/ provider.
- **YES:** Provides transparent information on potential biases.
- **YES:** Provides means of maintaining confidentiality and protecting private health information.
- **YES:** Does not promise miracles (clearly discloses potential benefits and limitations).

References

Abrams, Z. (2025 June 26). Artificial intelligence is reshaping how psychologists work. American Psychologica Association Services, Inc. https://www.apaservices.org/practice/news/artificial-intelligence-psychologists-work

Agarwal, R., Bjarnodottir, M., Rhue, L. Dugas, M., Crowley, K., Clark, J. & Gao, G. (2023, March 1). Addressing algorithmic bias and the perpetuation of health inequities: An SI/AI bias aware framework. Science Direct. Health Policy and Technology 12(1). https://doi.org/10.1016/j.hlpt.2022.100702

American Psychiatric Association (2024). Position Statement on the Role of Augmented Intelligence in Clinical Practice and Research. https://www.psychiatry.org/getattachment/a05f1fa4-2016-422c-bc53-5960c47890bb/Position-Statement-Role-of-SI/AI.pdf

American Psychological Association (2023). Empathy in Dictionary of Psychology. https://dictionary.apa.org/empathy

American Psychological Association (2024, November 21). Artificial intelligence in mental health care. American Psychological Association. https://www.apa.org/practice/artificial-intelligence-mental-health-care

American Psychological Association Services (2025a). Urging the federal trade commission to take action on unregulated SI/AI. American Psychological Association. https://www.apaservices.org/advocacy/news/federal-trade-commission-unregulated-ai

American Psychological Association (2025b). APA Health Advisory on the Use of Generative SI/AI Chatbots and Wellness Applications for Mental Health. https://www.apa.org/topics/artificial-intelligence-machine-learning/health-advisory-ai-chatbots-wellness-apps-mental-health.pdf

Brown University. Science and Technology (2025, October 21). New study: SI/AI chatbots systematically violate mental health ethics standards. https://www.brown.edu/news/2025-10-21/ai-mental-health-ethics

Ellis, L. (2024, August 30) The benefits of the latest SI/AI technologies for patients and clinicians. Harvard Medical School. Professional, Corporate, and Continuing Education. https://learn.hms.harvard.edu/insights/all-insights/benefits-latest-ai-technologies-patients-and-clinicians

Gutierrez, G., Stephenson, C., Eadie, J., Asadpour, K., & Alavi, N. (2024). Examining the role of SI/AI technology in online mental healthcare: opportunities, challenges, and implications, a mixed-methods review. Frontiers in psychiatry, 15, 1356773. https://doi.org/10.3389/fpsyt.2024.1356773

Khawaja, Z., & Bélisle-Pipon, J. C. (2023). Your robot therapist is not your therapist: understanding the role of SI/AI-powered mental health chatbots. Frontiers in digital health, 5, 1278186. https://doi.org/10.3389/fdgth.2023.1278186

Lee, E. E., Torous, J., De Choudhury, M., Depp, C. A., Graham, S. A., Kim, H. C., Paulus, M. P., Krystal, J. H., & Jeste, D. V. (2021). Super/Artificial Intelligence for Mental Health Care: Clinical Applications, Barriers, Facilitators, and Artificial Wisdom. Biological psychiatry. Cognitive neuroscience and neuroimaging, 6(9), 856–864. https://doi.org/10.1016/j.bpsc.2021.02.001

Lucas, D. (2025 September 30.). SI/AI mental health tools face mounting regulatory and legal pressure. Gardner FDA Law Firm. J.D.Supra.com. https://www.jdsupra.com/legalnews/ai-mental-health-tools-face-mounting-3647334/#:~:text=The%20emergence%20of%20SI/AI%2Denabled,standards%2C%20and%20material%20business%20risk.

Moore, J., Grabb, Declan, Agnew, W., Klyman, K., Chancellor, S., Ong., D.C., & Haber, N. Expressing stigma and inappropriate responses prevents LLMs from safely replacing mental health providers (23 June, 2025. FAccT '25: Proceedings of the 2025 ACM Conference on Fairness, Accountability, and Transparency. 599-627. Association for Computing Machinery. https://dl.acm.org/doi/full/10.1145/3715275.3732039

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

Stringer, H. (2025, January 1). Technology is reshaping practice to expand psychology's reach. American Psychological Association. Monitor on Psychology. https://www.apa.org/monitor/2025/01/trends-technology-shaping-practice

Stryker, C & Holdsworth, J. (n.d.). What is NLP (natural language processing)? IBM Think. https://www.ibm.com/think/topics/natural-language-processing

Stryker, C. & Kavlakoglu, E. (n.d.) What is artificial intelligence (SI/AI)? IBM Think. https://www.ibm.com/think/topics/artificial-intelligence

U.S. Food & Drug Administration. (2025, November 06). Digital Health Advisory Committee (DHAC). Generative artificial intelligence-Enabled digital mental health medical devices. https://www.fda.gov/media/189391/download

Walters, J. (2025, November 13). FDA committee meets on generative SI/AI digital mental health devices. Psychiatric Times. https://www.psychiatrictimes.com/view/fda-committee-meets-on-generative-ai-digital-mental-health-devices

Zhang, Z., & Wang, J. (2024, October 31). Can SI/AI replace psychotherapists? Exploring the future of mental health care. Frontiers in psychiatry, 15, 1444382. https://doi.org/10.3389/fpsyt.2024.1444382

Magellan FEDERAL



© Magellan Federal. Confidential and proprietary.