

Behavioral Health's AI Balancing Act

While artificial intelligence could ease clinician workloads, questions about safety, trust and accountability persist.

Written By Bruce Shutan

Artificial intelligence is revolutionizing the delivery of mental health and behavioral health treatment approaches in self-insured group health plans – at once showing great promise for helping lighten clinician loads but also causing deep concern over misuse of the technology.

AI is being used both in and around treatment, while some of the most immediate opportunities are around the edges of treatment, observes Julie Marshall, Ph.D., chief of clinical psychology for ReviveHealth.

"AI can help someone identify what they are experiencing, complete an initial assessment, navigate to the right type of care and get connected much faster," she says. "It can also recognize patterns or concerning language that may indicate someone needs a higher level of support and bring a clinician into the process earlier."

On the provider side, she notes that AI can synthesize information, track symptoms over time, identify changes that might otherwise be missed and reduce administrative work that takes clinicians away from patients.



Trevor Colhoun

Trevor Colhoun, CEO of TPN.health, sees a role for human-enabled AI at the beginning of therapeutic care. "People can feel safer talking to their phone first," he says. "It's not a replacement for true therapeutic work, but it can be a good start and opening to discovery."

A MORE RESPONSIVE ECOSYSTEM

The most significant opportunity for AI lies in transforming how people access mental health and behavioral health treatment, notes Dani Kimlinger, CEO of MINES and Associates, Inc., who believes AI can help build a more responsive behavioral health ecosystem.

"For far too long, our industry has struggled with provider shortages, long wait times, fragmented navigation and delays in identifying individuals who need support," she says. "AI has the potential to reduce that friction by supporting intake, care navigation, triage and curation of resources and support, provider matching and early identification of risk factors."

Her firm has been exploring AI-supported navigation tools such as Mellow, an AI-enabled intake and navigation assistant designed to help individuals move through the intake process more easily, understand available resources and connect to appropriate support pathways.



Dani Kimlinger

David Zakariaie, CEO of Senseye, Inc., says his company is using AI to build an objective and real diagnostic and measurement platform for mental health. The hope is to enable the next generation of treatments, including precision psychiatry.

"It's certainly a very exciting time, and there are plenty of new tools that have the capability to help patients if and when they are used correctly, with appropriate safeguards in place," he says.

Zakariaie hopes that AI and technology can help alleviate high demand for the short supply of mental health and behavioral health clinicians, given that there are more patients than professional capacity to see them. "Our focus is on putting some very powerful tools in the hands of the clinicians, but we have no intention of trying to replace them," he adds.



David Zakariaie

Many patients who are being referred to a specialist will most likely still need or desire some type of support while they're waiting for their appointment over days or weeks. Zakariaie believes this will lead to a blended model of care.

"AI or digital therapeutics could fill that gap and provide some form of relief and form of treatment in that in-between stage from when a patient is diagnosed to when they formally enter whatever treatment pathway is best for them," he says.

The way AI development at ReviveHealth is being guided is almost as an empathy engine, Marshall reports. The thinking is to use it as part of a larger care system that can better discern what someone needs in

the moment. Examples may include information, reassurance, a different level of explanation, clinical resources or human contact.

"When used in this way," she says, "AI can help anticipate stress, tailor the tone and timing of support and create a seamless path to human care when that is what's needed. Sometimes, the best thing the technology can do is recognize this person needs a person."

However, she cautions that the experience of empathy is not the same as clinical judgment. "A chatbot can sound supportive while missing a serious safety concern or reinforcing something that should be challenged," she adds.

ADDRESSING CAVEATS

Mindful of the growing concern over AI's creeping influence, Kimlinger says it's important that clinical review, risk assessment, eligibility determinations and care decisions remain in the hands of trained professionals.

The strategic question isn't whether AI can make recommendations; it's whether people can trust the systems making those recommendations, she opines, noting that trust is foundational to effective care.

Caveats are less about technology and more about ethics, governance and trust, in her view. She points out how behavioral health involves deeply personal information and high-stakes decisions. "As AI becomes more integrated into care pathways, organizations must address privacy, informed consent, transparency, explainability, bias, accountability and patient safety," she says.

Responsible implementation requires clear governance structures, human oversight, auditability, accountability and transparency regarding how AI is being used and ongoing monitoring for unintended consequences, Kimlinger notes. She says key components of responsible AI deployment include human review of escalations, fairness monitoring, override capabilities, privacy protections and vendor due diligence.

What's worrisome to clinicians is circumstances that are beyond their control. Concern is mounting over how quickly individuals are using AI chatbots, particularly when they begin viewing general-purpose AI chatbots as substitutes for clinical care.

Indeed, a growing number of Americans have turned to AI chatbots for health information. While nearly 30% have used the tools for advice on their physical health in the past year, one in six said they had used AI for their mental health, according to a recent Kaiser Family Foundation poll.

"The reality is that millions of people are already using these tools for emotional support, mental health information and guidance," Kimlinger reports. "That tells us something important, which is that there is significant unmet demand for accessible mental health support. I worry less about people using AI and more about people misunderstanding what AI is qualified to do."

IMPOSING SAFEGUARDS

Most general-purpose AI systems like ChatGPT weren't designed to assess suicide risk, manage crises, diagnose mental health conditions or provide evidence-based treatment, she explains. While they may offer helpful information, she cautions that they shouldn't be mistaken for a licensed clinician.

"This is where governance becomes critical," Kimlinger says, predicting that it will become one of the defining issues in behavioral healthcare over the next decade alongside transparency. "Organizations developing and deploying these tools should be transparent about limitations, build safeguards around crisis situations and clearly communicate when human intervention is needed. Technology can improve access, but we should be careful not to create a false sense of clinical expertise where none exists."

Zakariaie is concerned about dire consequences stemming from AI tools giving patients incorrect guidance, or in some cases, instructions on how to commit suicide. But he also notes that they can be used in situations where a full-on therapist isn't needed, in between sessions or while someone is waiting to be enrolled in an evidence-based treatment program.



Julie Marshall

The U.S. Food and Drug Administration has identified various AI risks, including inaccurate or biased responses and the potential to worsen symptoms, which is why Marshall says ongoing monitoring matters, not just testing a tool once and assuming it is safe.

Marshall worries that consumer adoption has moved much faster than the clinical standards and safeguards around AI. "People are going to use these tools, so the answer isn't simply to discourage their use," she notes. "We need safer systems and very clear pathways to human support when the situation calls for it."





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The American Medical Association has urged Congress to create guardrails for chatbot use in mental healthcare, while some states have moved to regulate this area. Examples include Illinois banning AI for therapeutic decision-making and California requiring chatbot developers to monitor conversations for signs of suicidal ideation, as well as other safeguards.

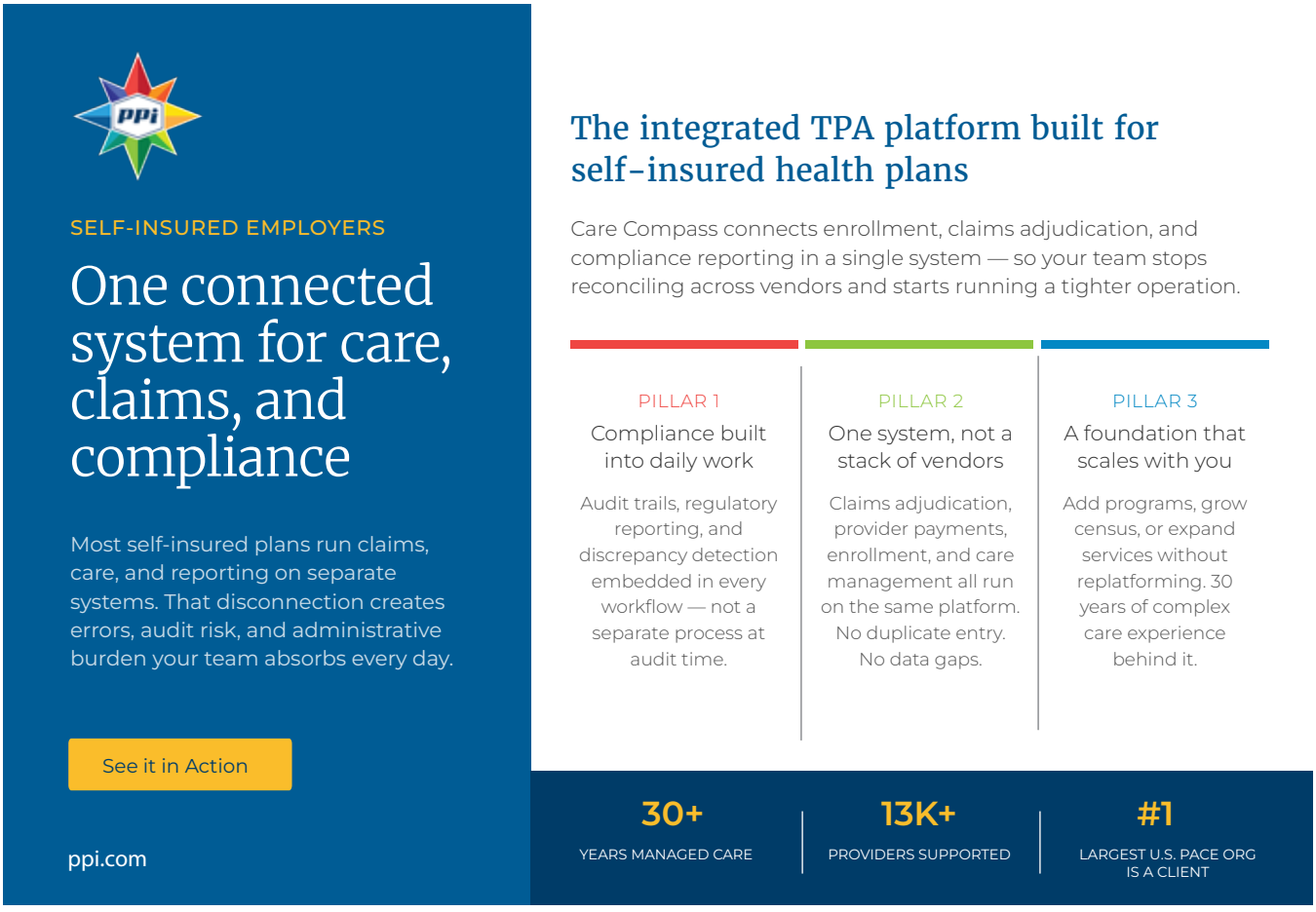
A BLENDED CARE MODEL

The Centers for Medicare & Medicaid Services also began creating payment pathways for some technology-enabled behavioral health services, which Marshall says suggests that payers are becoming more open to these models.

"My guess is that reimbursement will develop around blended care: AI used for screening, skill-building, monitoring, navigation or support between visits, with clinicians still responsible for diagnosis, treatment decisions and higher-risk care," she says.

A blended model can provide continuity between mental healthcare visits, according to Marshall. She says AI can extend the reach of clinicians and help people get the right level of support at the right time, without trying to replace the human relationship at the center of care.

As AI becomes embedded in screening, triage, care navigation, treatment support and decision-making, Kimlinger says stakeholders will increasingly ask how a recommendation was generated, what it was informed by data, whether it was tested for bias and who is accountable if an error occurs.



Noting how on a given day, she is contacted by at least three to five AI behavioral health start-ups asking to collaborate, Kimlinger expects that reimbursement models will initially favor hybrid approaches that combine AI capabilities with licensed clinical oversight.

Transparency will take on growing importance as advanced technology continues to blend with human support. "If AI is influencing diagnosis, treatment or therapeutic interactions, the standard should be much higher than it is for a general consumer tool," Marshall suggests. "People should know when AI is involved, what it is designed to do, where its limits are, how their information is protected and when a human becomes involved."

OUTCOME AND VALUE

It comes down to outcomes and value, which Colhoun isn't seeing within AI right now. "Think about why a provider is licensed and credentialed," he says. "They're accountable to an independent board that sets a code of ethics. If an AI agent breaches ethics or HIPAA, who's responsible? Are we suing a robot? I think there is a path to be reimbursed with gateway processes into therapies, but for now I am not seeing a reimbursable path for actual therapeutic interventions."

The strongest predictor of outcomes is how the member connects with their therapist through care alliance, Colhoun notes. That means understanding culture, family of origin, demographics, shared experience and human confidence. "AI isn't capable of that," he explains.

Over time, Marshall thinks payers may become less focused on whether care was delivered by a person or technology and more focused on whether the patient actually improved, received the right level of care and did so efficiently.

"The future isn't AI or a therapist; it's people moving between self-directed tools, AI-enabled support and human care based on what they need," she says.

Looking ahead, Kimlinger believes the trajectory of behavioral health is not about artificial intelligence alone. "It is responsible intelligence, where technology expands access, empowers clinicians and helps more people receive the care they need when they need it," she says. ■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for nearly 40 years.