

APA Official Actions

Position Statement on the Role of Augmented Intelligence in Clinical Practice and Research

Approved by the Board of Trustees, March 2024

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“Policy documents are approved by the APA Assembly and Board of Trustees . . . These are . . . position statements that define APA official policy on specific subjects . . .” – *APA Operations Manual*

Issue:

Artificial, or augmented, intelligence (AI), including machine learning and predictive analytics, has been part of the technology market for decades and part of the clinical sphere for years. Recent significant advances in sophistication and usability have increased patient and clinician exposure to these technologies. There are society-wide considerations for exposure to AI-driven technologies among people with mental illness, and additional considerations extend to the application of AI to the clinical practice of psychiatry. AI offers many opportunities to improve quality of care by clinicians, including assisting clinical documentation, suggesting care plans and lifestyle modifications, identifying potential diagnoses and risks from medical records, automating elements of billing and prior authorization, and detecting potential medical errors or systemic quality issues. These opportunities for care augmentation still may pose risk to patients.

Some applications, especially in the context of generative AI and other large language models, carry high or unacceptable risk of biased or substandard care, or of patient privacy and consent concerns. These potential applications include automated diagnosis based on data in medical records; automated treatment planning or coverage determinations; “digital phenotyping,” or using patient-generated data, including social media use, to generate diagnoses or risk scores; relying on citations or medical information that an AI application may have made up; and AI that replicates human speech (e.g., chatbots).

Oversight of and accountability for the role of AI-driven technologies in clinical care are critical to making use of the advancements in efficiency and effectiveness that AI may offer while protecting clinicians and patients from unintended negative outcomes. For example, the European Union’s AI Act, the first major effort to regulate AI systems, developed a regulatory framework that assigns applications of AI into risk categories and assigns oversight actions according to risk level.

APA Position:

It is the position of APA that:

- **AI should function in an augmentative role to treatment and should not replace clinicians.**
- **Patients should be educated and informed, in a culturally and linguistically appropriate way, if clinical decisions are being driven by AI.**

- **AI-driven systems must safeguard health information and that information should not be used for unauthorized purposes.**
- **AI-driven systems used in health care should be labeled as AI-driven and categorized in a standardized and transparent way for practitioners as “minimal,” “medium,” “high,” and “unacceptable” risk to patients.**
- **AI-driven systems should incorporate existing evidence-based practices and standards of care, and AI developers should be held accountable and liable for injury caused by their failure to do so.**
- **Research about AI must include investigation regarding algorithmic bias, ethical use, mental health equity, public trust, and effectiveness.**
- **The active input of people with lived experience of mental illness and substance use disorder should be solicited in the design, and implementation of AI systems for treatment purposes.**

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