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The Honorable Bill Cassidy, M.D.  
Ranking Member, HELP Committee  
U.S. Senate  
Washington, DC 20510

Dear Senator Cassidy,

The American Psychiatric Association (APA), the national medical specialty society representing over 38,000 psychiatric physicians and their patients, appreciates the opportunity to provide comment on the ethics, regulation, and future of artificial intelligence in health care. APA shares your commitment to innovative, high-quality, technology-enabled care. There are society-wide considerations for exposure to AI-driven technologies among people with mental illness, and application of AI to the clinical practice of mental health has unique considerations.

AI offers many opportunities to improve quality of care by clinicians including: assisting clinical documentation; suggesting care plans and lifestyle modifications; identifying potential risks from medical records; automating elements of billing and prior authorization; and detecting potential medical errors or systemic quality issues. Potential innovative applications of AI specific to psychiatry may look different than AI tools in other areas of medicine.

Some applications, especially in the context of generative AI and other large language models, may 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; using AI-driven tools to generate diagnoses or risk scores without oversight; relying on citations or medical information that an AI may have made up; and AI that replicates human speech (e.g., chatbots).

The presence of AI-driven tools in clinical care carries unique opportunity and risk for the treatment of mental illness and substance use disorder. Opportunities include focusing clinician time on patient engagement and care rather than on clerical work, reducing administrative burden and potentially expanding access to care, allowing physicians to see more patients, especially in the 55% of US that counties lack a psychiatrist and 70% of US counties that lack a child psychiatrist; improving the diagnosis and treatment of complex mental health conditions, expanding opportunities for precision psychiatry; and eventually, addressing co-occurring health-related social needs like loneliness. The presence of AI technologies also carries unique risk in people with mental illness, including enhancing existing avoidant behavior, paranoia, or discomfort as well as putting users actively in harm's

way (e.g., due to exposure to harmful algorithms); exposing vulnerable patients to untested interventions; and lack of representation of people with mental illness in clinical trials, which in turn will reduce the effectiveness or applicability of interventions.

AI-driven technologies may be considered an option for low-acuity mental health conditions that don't require specialized psychiatric care, but also as an option for those who need but cannot access psychiatric care due to lack of transportation, insurance coverage, caregiving obligations, or other health-related social needs. Patients with limited access to care could be shunted into lower-quality, automated care instead of addressing their psychiatric needs using evidence-based medicine. As such, these technologies risk worsening health disparities, particularly if they are insufficiently tested. Technology enablement is a key element of expanding care pathways, but often reveals a tension between access to care and quality of care.

These technologies are more appropriately considered an adjunctive to care, recommended by a clinician who is themselves familiar with the technology and can affirm that it does not create unique safety hazards to the patient. For example, AI-driven chatbots have often been proposed as a promising strategy for the delivery of cognitive behavioral therapy (CBT) for mild to moderate depression or anxiety in home and community settings. Reports have accumulated of the risks of AI-generated content targeted at people with mental illness; the Center for Countering Digital Hate (CCDH) found instances of harmful content about eating disorders in generative AI tools 41% of the time.<sup>1</sup> While some of these risks can be managed through content controls, clinicians and other mental health experts also need to be in a position to mediate patients' use of technology intended for therapeutic purposes.

Another concern for consideration in assessing the landscape of patient protection is that data that can indicate the presence of mental illness can be derived from many non-HIPAA-protected sources, including search terms, social media use, and consumer behavior, and can be combined by AI with data from other generative sources to produce highly granular, individually identifiable information. Consumers may erroneously assume that their health-related data are protected by HIPAA and, consequently, may not understand that much of their online behavior that indicates health status is unprotected. Widespread applications of AI to using and collecting data come with novel data protection challenges.

APA looks forward to collaboration on this critical topic. If you have any questions regarding our comments, or if APA can serve as a resource on these issues to the Committee in its policy development, please contact Mikael Troubh ([mtroubh@psych.org](mailto:mtroubh@psych.org)), Director, Federal Relations.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin" with "M.D., M.P.A." written in smaller letters below it.

Saul M. Levin, M.D., M.P.A., FRCP-E, FRCPsych  
CEO and Medical Director  
American Psychiatric Association

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<sup>1</sup> <https://counterhate.com/research/ai-tools-and-eating-disorders/>