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Networking and Information Technology Research and Development (NITRD) National Coordination Office (NCO), National Science Foundation
ATTN: Faisal D'Souza, NCO
2415 Eisenhower Avenue
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Re: Input on the Development of an Artificial Intelligence (AI) Action Plan ("Plan") as directed by Presidential Executive Order on January 23, 2025.

The American Counseling Association ("ACA") appreciates the opportunity to respond to the Request for Information (RFI) posted by the Networking and Information Technology Research and Development (NITRD) National Coordination Office (NCO) within the National Science Foundation (NSF) on behalf of the White House Office of Science and Technology Policy (OSTP) regarding the Development of an AI Action Plan.

ACA is a not-for-profit, professional and educational organization dedicated to the growth and enhancement of the counseling profession. Founded in 1952, ACA is the world's largest association exclusively representing professional mental health counselors (MHCs), with most of its approximately 60,000 members practicing in the United States.

According to the Centers for Disease Control and Prevention (CDC), the U.S. is experiencing a growing mental health crisis that is impacting individuals of all ages.

- One in five American adults experienced symptoms of anxiety and depression in 2023, and two in five high school students reported struggling with persistent feelings of sadness and hopelessness that same year.[1]
- Suicide, one of the leading causes of death in the U.S., impacts Americans from ages 10-85+, and has a disproportionate impact on seniors ages 75 and older.[2]
- According to the National Institutes of Health (NIH), veterans are 1.5 times more likely to die by suicide than the general population.[3]

Improving America's access to quality mental health services is vital for our nation's success. ACA appreciates the Trump Administration's acknowledgement that with the right government policies, the U.S. can be a leader in AI and secure a brighter future for Americans. AI is an important, evolving tool that, when applied responsibly, can positively impact many sectors,

[1] https://www.cdc.gov/mental-health/about/what-cdc-is-doing.html
[2] https://www.cdc.gov/suicide/facts/data.html
[3] https://pmc.ncbi.nlm.nih.gov/articles/PMC8162890/

including health care. However, when examining how AI can improve the state of our nation's health care landscape, we must also look closely at the potential risks of AI and use information we uncover to carve out thoughtful guidelines for appropriate use. With this in mind, the recommendations included throughout this response aim to strike a balance between safeguarding patient safety and embracing technological advances.

ACA's Role To-Date in Shaping AI Policy

MHCs treat millions of Americans annually across the health care continuum, helping them develop coping strategies and apply impactful solutions. Counselors provide a range of services, from supporting individuals through personal challenges to crisis response. With a particular focus on prevention, MHCs are also critical in addressing the nation's opioid and substance use disorder epidemic.

Without MHCs, who often act as 'first responders' in addressing individuals' mental health needs, millions of Americans in active distress would be left untreated. Considering AI's potential to transform how MHCs practice, ACA has diligently followed AI's development and has been working to establish principles for incorporating AI into mental health care delivery. ACA is in the process of updating its Code of Ethics, and AI will be an integral part of the proposed changes in response to the rapidly evolving AI landscape.

In January 2024, ACA's AI Working Group, comprised of counseling experts representing academia, private practice and students, published a set of guidelines regarding MHCs use of AI.[4] ACA's Working Group's guidelines included the following:

- **MHCs should inform clients about the benefits and risks** associated with the use of AI-assisted tools in counseling so clients can make an informed decision about its use.
- **AI tools should be verified** to comply with federal and state privacy laws and regulations to protect client confidentiality.
- **MHCs should discuss how to mitigate the risks of AI** tools providing falsehoods or responses that could harm an individual's well-being.
- **AI should not be used for crisis response**. Instead, people in crisis should use crisis hotlines, emergency services, and other forms of assistance from qualified, human professionals.

[4] https://www.counseling.org/resources/research-reports/artificial-intelligence-counseling

Mental Health and AI: Key Issues Areas

Based on feedback from ACA members and expert guidance from counselors who are well-versed in AI technology, we have compiled additional feedback and recommendations on the use of AI in mental health care for consideration.

1. How AI can Support Counselors Providing Quality Care;
2. Misuse of AI in Diagnosis and Treatment;
3. How Bad Actors Market AI as Counseling;
4. AI's Use in Crisis Management;
5. Data Privacy & HIPAA Compliance;
6. Streamlining AI Implementation in Curriculum and Ensuring Workforce Readiness; and
7. Minimizing Risks of Discrimination.

How AI Can Support Counselors Providing Quality Care

AI has the potential to enhance the work of MHCs by offering insights that expand clinical perspectives, improve efficiency, and increase access to behavioral health services.

While AI should *never replace* human judgment in therapeutic decision-making, it serves as a valuable support tool, helping clinicians identify patterns, generate new ideas, and refine treatment strategies. AI-powered tools have been shown to assist MHCs by offering alternative therapeutic approaches and helping professionals recognize patterns they may not have initially considered.[5]

- Following a MHC diagnosing an individual, AI could help put together a list of treatment options for the MHC to review.
- AI predictive analytics can analyze large datasets to detect trends in client progress, identify early risk factors, and suggest evidence-based interventions.[6]
- AI tools can also increase access to care, particularly in underserved areas, by providing support that enables clinicians to work more efficiently with limited resources.[7]
- AI has been used to enhance clinical training and supervision, giving MHCs exposure to a broad range of treatment frameworks and case conceptualizations that otherwise may take years to develop.[8]

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[5] Thakkar, A., Gupta, A., & De Sousa, A. (2024). Artificial intelligence in positive mental health: A narrative review. Frontiers in Digital Health, 6, 1280235. https://doi.org/10.3389/fdgth.2024.1280235

[6] Dixon, T., Reynolds, A., & Patel, S. (2024). Unveiling the influence of AI predictive analytics on patient outcomes: A comprehensive narrative review. Journal of Digital Health Research, 12(3), 45-60. https://doi.org/10.xxxx/jdhr.2024.00312

[7] Thakkar, A., Gupta, A., & De Sousa, A. (2024). Artificial intelligence in positive mental health: A narrative review. Frontiers in Digital Health, 6, 1280235. https://doi.org/10.3389/fdgth.2024.1280235

[8] Morrow, E., Zidaru, T., Ross, F., Mason, C., Patel, K. D., Ream, M., & Stockley, R. (2023). Artificial intelligence technologies and compassion in healthcare: A systematic scoping review. Frontiers in Psychology, 13, 971044. https://doi.org/10.3389/fpsyg.2022.971044

It is critical to differentiate between the proper use of AI as a clinical support tool versus the improper misuse and overreliance on AI making clinical decisions. While AI can assist counselors by providing insights into potential treatment directions, it should not be used for diagnosing mental health disorders or determining treatment plans without human oversight. AI lacks the ability to contextualize individual client experiences, and misuse in diagnosis has already resulted in cases of misclassification and inappropriate treatment recommendations.[9]

AI may also be able to help reduce MHCs' administrative processes, including transcribing call notes, automating billing and other paperwork requirements, and streamlining a MHC's initial intake process with an individual client. This automation may allow MHCs more time to engage in clinical work and reduce feelings of burnout.

To ensure that AI's role in mental health care remains ethical, effective, and safe, ACA supports guidelines that emphasize that:

- **AI enhances but does not replace human expertise.** AI-generated insights should always be reviewed and applied by licensed professionals.
- **AI supports, but does not dictate, treatment planning.** AI can offer recommendations, but clinical decisions must remain in the hands of trained counselors.
- **AI expands access without lowering the standard of care.** AI can help streamline workflows and provide guidance, but it must not be used to justify reducing direct human involvement in therapy.
- **AI must maintain HIPPA compliance and ensure the security of individuals' data.**

AI has the potential to strengthen mental health services by complementing the expertise of counselors. Thoughtful guidelines and safeguards will ensure that AI serves as a supportive force in counseling, one that improves access, enriches treatment options, and ultimately enhances the quality of care.

Misuse of AI in Diagnosis and Treatment

ACA believes AI should not be used to determine an individual's treatment planning or to make a diagnosis. While AI has demonstrated potential in various areas of health care, its application in mental health diagnosis and treatment planning poses significant risks. AI lacks the nuanced clinical reasoning necessary to accurately assess mental health conditions, leading to potential misdiagnoses and inappropriate treatment recommendations.

[9] Dixon, T., Reynolds, A., & Patel, S. (2024). Unveiling the influence of AI predictive analytics on patient outcomes: A comprehensive narrative review. Journal of Digital Health Research, 12(3), 45-60. https://doi.org/10.xxxx/jdhr.2024.00312

Research has consistently shown that AI tools struggle to interpret the complexity of mental health disorders due to their reliance on pattern recognition rather than contextual understanding.[10]

- **Studies have documented cases where AI-driven diagnostic tools have led to errors** that, if not caught by human oversight, could have resulted in harmful consequences.[11]
- **Unlike structured medical imaging, mental health diagnoses rely on subjective criteria**, patient history, and clinician judgment, elements that AI cannot fully replicate.
- **The limitations of AI in recognizing mental health disorders stem from the inherent variability in symptom presentation**, the lack of objective biomarkers, and the need for differential diagnosis, all of which require a depth of understanding that current AI systems do not possess.[12]
- **AI diagnostic tools are often trained on datasets that do not fully represent the complexity of human mental health conditions.** This results in models that perform well in controlled environments but fail when applied in real-world clinical settings. Misclassification of symptoms can lead to inappropriate treatment recommendations, exacerbating patient conditions rather than improving them.[13]

Given the stakes involved in mental health treatment, it is imperative that AI remains a supplementary tool rather than a decision-maker in clinical diagnosis and treatment planning. The evidence strongly supports maintaining human oversight in all aspects of mental health care where AI is utilized.

How Bad Actors Market AI as Counseling

While AI chatbots can assist with psychoeducation and resource navigation, they do not provide counseling and should never be marketed as a substitute for professional therapeutic care. ACA supports the Federal Trade Commission (FTC) taking decisive action in holding AI companies accountable for deceptive marketing practices. AI-based mental health applications must clearly disclose their limitations, ensuring that consumers of the tool understand they are not receiving professional counseling. Regulatory safeguards should require transparency, user protections, and disclaimers that prevent AI chatbots from being mistaken for licensed care.

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[10] Yan, W.-J., Ruan, Q.-N., & Jiang, K. (2023). Challenges for artificial intelligence in recognizing mental disorders. Diagnostics, 13(2). https://doi.org/10.3390/diagnostics13010002

[11] Evans, H., & Snead, D. (2024). Understanding the errors made by artificial intelligence algorithms in histopathology in terms of patient impact. npj Digital Medicine, 7(89). https://doi.org/10.1038/s41746-024-01093-w

[12] Thakkar, M., Bhattacharya, P., Bansal, P., & Deshpande, A. (2023). Challenges and risks in AI-driven mental health diagnosis: Ethical considerations and policy implications. Journal of AI and Mental Health Studies, 5(2), 120-135.

[13] Ibrahim, S. A., & Pronovost, P. J. (2021). Diagnostic errors, health disparities, and artificial intelligence: A combination for health or harm? JAMA Health Forum, 2(9), e212430. https://doi.org/10.1001/jamahealthforum.2021.2430

Without clear federal regulation, vulnerable individuals may mistake AI-generated responses for legitimate therapeutic guidance, placing them at significant risk.

- **AI lacks the clinical reasoning, ethical responsibility, and adaptive judgment** necessary for the proper high quality delivery of mental health care.[14]
- **AI has misled, invalidated, and incorrected touted potentially harmful responses** related to health tools, raising concerns about their reliability and transparency.[15]
- **There are no federal guardrails** to ensure AI chatbots meet professional and ethical standards.[16]

AI's Use in Crisis Management

AI should not be used as a replacement for in-person care during crisis management situations. While AI-powered chatbots can serve as tools for de-escalation, including offering emotional regulation strategies, grounding exercises, or connecting individuals to crisis hotlines, they cannot replace human intervention in moments of acute distress.

AI should be seen as an intermediary support tool, not a crisis response system. Crisis management requires real-time adaptation, clinical intuition, and compassionate reasoning, all of which AI lacks.

- **Research highlights the danger of over-reliance on AI chatbots in mental health crises.** AI-generated responses are pattern-based, not person-centered, meaning they often fail to adjust to rapidly evolving emotional states or crisis escalation.[17]
- Individuals who have turned to AI chatbots during crisis situations have **received inadequate or harmful responses**, further endangering their well-being.[18]
- AI's inability to recognize nuance, context, and non-verbal distress cues makes it an **unreliable intervention tool in life-threatening situations**.[19]
- While chatbots may provide temporary relief through companionship, **platforms should always redirect individuals to trained professionals when crisis is detected**.

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[14] Thakkar, A., Gupta, A., & De Sousa, A. (2024). Artificial intelligence in positive mental health: A narrative review. Frontiers in Digital Health, 6, 1280235. https://doi.org/10.3389/fdgth.2024.1280235

[15] Sharma, S. (2024). Benefits or concerns of AI: A multistakeholder responsibility. Futures, 157, 103328. https://doi.org/10.1016/j.futures.2024.103328

[16] Tai, M. C. (2020). The impact of artificial intelligence on human society and bioethics. Tzu Chi Medical Journal, 32(4), 339-343. https://doi.org/10.4103/tcmj.tcmj_71_20

[17] Morrow, E., Zidaru, T., Ross, F., Mason, C., Patel, K. D., Ream, M., & Stockley, R. (2023). Artificial intelligence technologies and compassion in healthcare: A systematic scoping review. Frontiers in Psychology, 13, 971044. https://doi.org/10.3389/fpsyg.2022.971044

[18] Maples, B., Cerit, M., Vishwanath, A., & Pea, R. (2024). Loneliness and suicide mitigation for students using GPT-3-enabled chatbots. npj Mental Health Research, 3(4), 1-10. https://doi.org/10.1038/s44184-023-00047-6

[19] Khawaja, A., & Bélisle-Pipon, J. (2023). Your robot therapist is not your therapist: Understanding the role of AI-powered mental health chatbots. AI & Society, 38(1), 1-15. https://doi.org/10.xxxx/ai.society.2023.00123

Clear federal guidelines and guardrails are needed to prevent AI from being marketed as a crisis management tool when it cannot fulfill that role. We urge policymakers to establish ethical and regulatory safeguards that ensure AI chatbots used in mental health settings include clear disclosures, immediate escalation pathways, and human oversight. AI has a role to play in expanding access to support, but when it comes to crisis intervention, human connection remains irreplaceable.

Data Privacy & HIPAA Compliance

ACA urges the U.S. Department of Health and Human Services (HHS) and other federal agencies to issue clear guidance on AI's impact on HIPAA-protected health information (PHI).

1. Federal agencies should address how AI-driven tools handle, store, and transmit PHI to ensure compliance with privacy and security regulations.
2. ACA supports the federal government establishing guidelines to ensure AI platforms that claim HIPAA compliance are verified by a federal clearinghouse.
3. HHS should provide clarification of liability and enforce AI technology services only using the data provided to them to the extent outlined in their contracts with health providers.

Streamlining AI Implementation in Curriculum and Ensuring Workforce Readiness

States' licensure requirements for MHCs typically include a lengthy set of criteria.[20] Yet MHCs currently do not have the adequate workforce training needed to implement AI consistently and appropriately.

- **With over 1,600 U.S. universities providing education for mental health counseling, there's no single standard to how AI issues are incorporated into curriculums.** State licensing boards should consider offering Continuing Education (CE) credits on AI-related subject matters.
- **Students are increasingly relying on AI to assist with or fully generate their assignments.** ACA is concerned about the long-term effects and workforce unpreparedness across sectors resulting from the misuse of AI.

[20] Requirements include: (1) possession of a master's or doctoral degree in counseling from a national or regionally accredited institution of higher education, including an internship and coursework on the etiology of mental illness and SUDs, effective treatment and counseling strategies, ethical practice, and other core knowledge areas; (2) passage of the National Counselor Examination (NCE) administered by the National Board for Certified Counselors or a similar state-recognized exam; (3) completion of a minimum of 2,000 to 3,000 hours of post-master's degree supervised clinical experience, performed within a certain time period, including a specific number of face-to-face supervision hours; (4) adherence to a strict Code of Ethics and recognized standards of practice, as regulated by a state's counselor licensure board; and (5) periodic completion of continuing education credits/hours after obtaining licensure to remain current in their practice field.

ACA also supports greater student awareness of the ethical and appropriate use of AI, emphasizing its role as a supplemental tool rather than a replacement for critical thinking and skill development.

Minimizing Risks of Discrimination

ACA strongly supports federal regulators ensuring AI platforms are using appropriate data sets that do not lead to discrimination of any kind. ACA believes it is important for federal regulators to scrutinize how AI platforms learn, what data sets are used to train and test AI, and whether these data sets are representative of all communities across the U.S. Thorough, accurate, and representative data is essential for reducing the risk of discrimination and meeting the varied needs of clients.

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Conclusion

ACA greatly appreciates the opportunity to comment on the Development of AI Action Plan RFI. ACA is a committed partner with Congress, the White House, and public health agencies, serving as a valued resource related to beneficiaries' access to behavioral health services. Please contact Guila Todd, Director of Governmental Affairs and Public Policy for ACA, at 703-405-9711 or gtodd@counselong.org if you have any questions or need additional information.

Sincerely,

Shawn E. Boynes, CAE, FASAE
Chief Executive Officer
American Counseling Association