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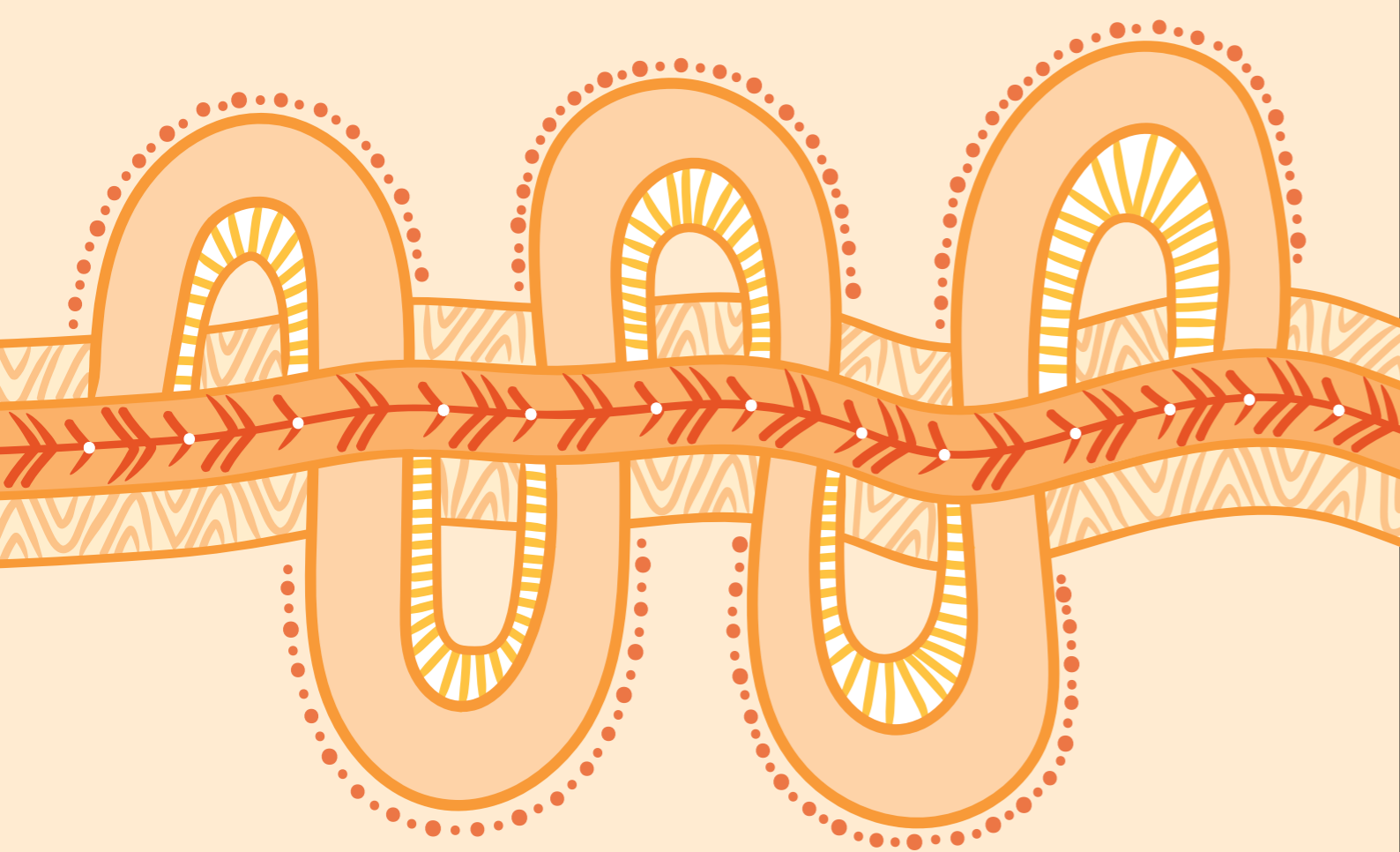
AI in mental health roundtable report



Black Dog
Institute

24.11.25
Old Parliament House,
Canberra

Black Dog Institute acknowledges the Traditional Custodians of the lands we are on, the Gadigal people of the Eora Nation, and pays respect to their Elders past, present and emerging. Black Dog Institute recognises and respects their cultural heritage, beliefs and relationship to their ancestral lands, which continue to be important to First Nations peoples living today.



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Executive summary

Artificial intelligence (AI) is emerging as a powerful tool in mental health research and care, offering opportunities for early intervention, personalised treatment, ongoing monitoring, and enhanced capacity for the mental health workforce.

AI is already influencing how people living in Australia seek and receive mental health care, services and support. Reports indicate that consumers are turning to AI chatbots and other non-specialist AI technologies for mental health support, clinicians are using AI scribes for documentation and administrative tasks, and organisations across multiple sectors are developing purpose-built AI tools for different mental health applications. The challenge is that many tools being used were not designed for clinical care and are therefore unevaluated and either unregulated or non-compliant with existing regulatory requirements.

While AI presents opportunities, its rapid evolution is outpacing both research and regulation in some areas (e.g., the use of chatbots). The strategic integration of AI into the Australian mental health system is hindered by knowledge and regulatory gaps and limited infrastructure. Mental health and AI are both inherently complex issues, leading to muddled public debate and confusion.

Knowledge gaps include:

- There is limited Australian data on the use of AI for mental health purposes or within mental health settings.
- Lack of funding for, and lack of evidence-based research and evaluation of the use of AI in mental health in Australia.
- Limitations of existing studies such as small sample sizes and limited long-term outcome data.
- Limited research in priority populations including First Nations peoples and culturally and linguistically diverse communities.
- Limited engagement and understanding of lived experience views.

Regulatory gaps include:

- A complex regulatory environment, with gaps arising when technologies are used beyond their intended purpose. For example, general-purpose AI chatbots were not designed to diagnose, assess, or treat mental health conditions and do not meet the TGA definition of a medical device; however, there is evidence that people are using them in this way, leading to potential risks such as inadequate crisis response.
- Current approaches rely on voluntary guidelines and sector-specific regulations, which may not adequately address the unique challenges posed when using AI for mental health.
- Limited frameworks, funding and organisational capacity prevent mental health organisations from doing early-stage research, leaving important evidence gaps.

There is a pressing need to identify and understand the risks associated with the use of AI in mental health, incorporate the voices of people with lived experience, and seek guidance from industry and the mental health sector.

The AI in Mental Health Roundtable event was convened by the Black Dog Institute on November 24, 2025, with the aim of understanding priority issues, knowledge and regulatory gaps, and starting a sector conversation. The event was opened by Aunty Serena Williams and the Assistant Minister for Mental Health and Suicide Prevention, Emma McBride. The event brought together 40 experts from across mental health, research, government, law, AI/computer science and lived experience to discuss the safe, ethical and effective use of AI in mental health care.

The Hon Emma McBride opened the roundtable with a clear message: safety, ethics and transparency must anchor every step of Australia's approach to AI in mental health.

"We need to nurture a system that is grounded in people... that listens to lived experience".

There were diverse views about the appropriate use of AI in mental health. However, participants saw the potential of AI to enhance mental health support, strengthen workforce training, improve efficiency and streamline navigation, if done safely and ethically. There was a strong willingness to work with government and continue the conversation.

The report and its recommendations represent the beginning of a conversation. They capture a snapshot in time within a rapidly evolving landscape of AI innovation. The report does not represent the individual views of any participant or their organisations; rather, it reflects the collective discussions of roundtable attendees.



Emma McBride, Assistant Minister for Mental Health and Suicide Prevention

Key recommendations

The following recommendations emerged from the roundtable workshops:

Workshop 1: AI and mental health consumers

- **Invest in Australian trained AI models:** Fund the research, design, development, and evaluation of AI solutions for mental health that are trained on Australian data and reflect local cultural and clinical standards, designed in partnership with people with lived experience, including First Nations peoples and priority populations.
- **Launch national AI mental health literacy campaigns:** Implement comprehensive digital and AI mental health literacy initiatives to equip people with the skills to use AI safely and effectively.

Workshop 2: AI and mental health professionals

- **Invest in safe, workforce-supporting AI tools:** Prioritise the adoption of evidence-based AI tools that reduce administrative burden and enhance clinician capacity. Develop clear guidelines regarding clinical oversight, accountability and limitations.
- **Establish national training, accreditation and safety standards for AI use:** Implement AI training and accreditation for mental health professionals, supported by national standards that set minimum requirements for safety.
- **Use AI to improve access and equity while safeguarding clinical judgement:** Deploy evidence-based AI to support early intervention and system navigation.

Workshop 3: AI and the Australian mental health system

- **Set national minimum safety standards for AI tools in mental health:** Develop baseline requirements to ensure safety for AI used in mental health. These could be embedded within existing frameworks such as the National Safety and Quality Digital Mental Health Standards and would include, where applicable, meeting relevant requirements for medical devices outlined by the TGA.
- **Introduce government-backed safety indicators:** For example, a 'compliance' mark or "safety-focused benchmark" to show which tools meet minimum standards.
- **Enable the sector to speak to government with a coordinated voice:** Strategic investment is required to support sector collaboration around priority issues.



Lived experience insights

Lived experience input helps ensure mental health policies and services are practical, safe and responsive to real needs. While this approach has been integral to mental health organisations in Australia, it has received little attention to date in the design and use of AI in mental health. The roundtable was opened with a lived experience panel discussion that included four lived experience advisors from diverse backgrounds. The following points were highlighted:

- > **Potential benefits:** AI may reduce financial barriers and wait times, support early intervention and improve system navigation. Participants saw the potential of AI to match them with the right therapist.

"It can be fatiguing to keep having to tell your story and extremely difficult to find the right clinician."

- > **Potential risks:** AI must not replace mental health professionals; diagnostic and clinical decision-making should remain with trained professionals.
- > **Privacy, transparency and consent are vital:** There were concerns around privacy issues regarding sensitive mental health data, informed consent, transparency about data use and how AI tools make recommendations.

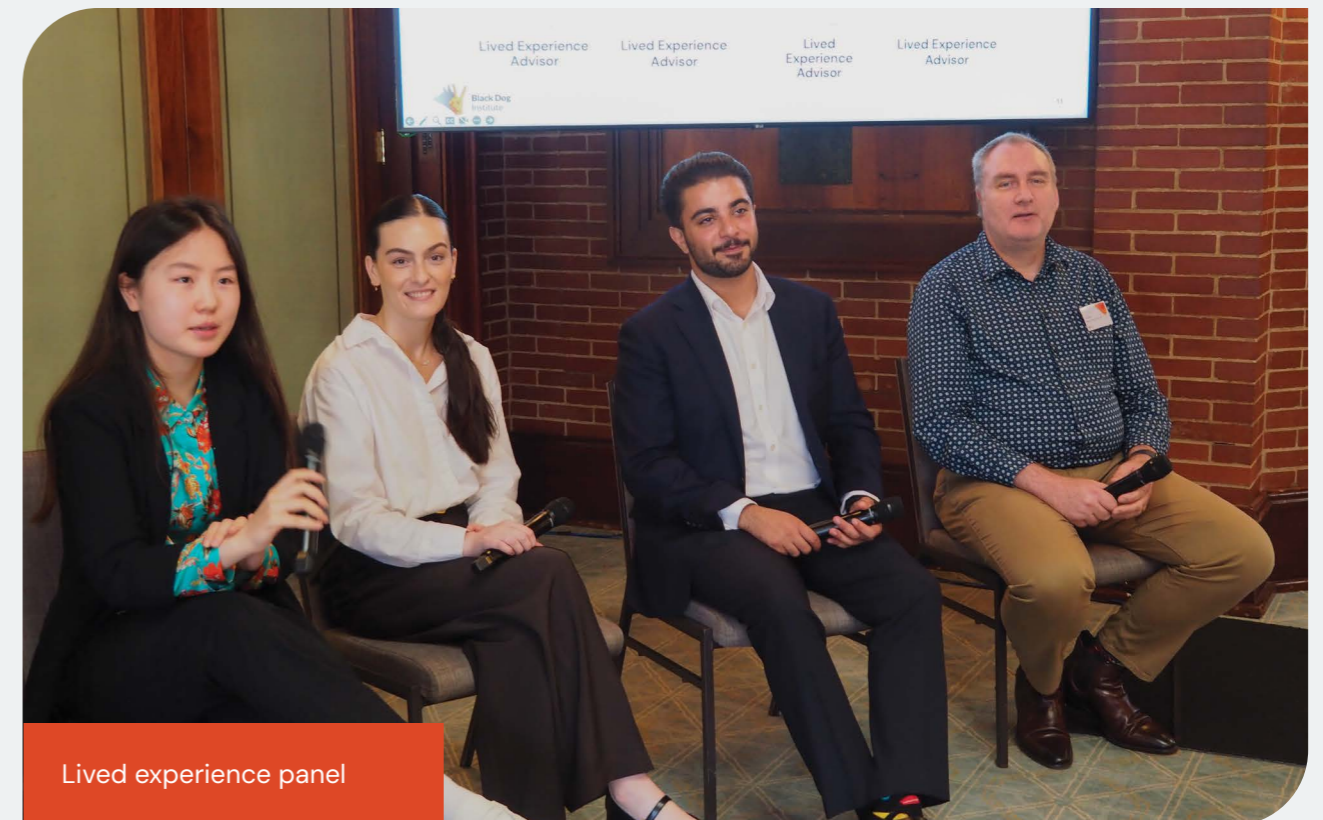
"I want to be able to trust that my healthcare provider is using these tools correctly."

- > **Trust will increase if tools are designed with input from lived experience:** AI tools must be grounded in evidence and research. Input from lived experience (e.g., participatory research) will improve the acceptability of tools.

"Knowing there was lived experience input would increase my trust."

- > **AI has ethical, social and cultural impacts:** Risks include dependency, isolation, and reduced community engagement ("digitally connected but socially isolated"). AI should not pull people further from community or weaken cultural ties.
- > **Commercialisation and regulation:** There is a concern mental health data will be commodified as AI becomes commercialised (advertising was noted as a specific concern).

- > **Future uncertainty:** AI should not marginalise priority populations. Concerns were raised about the lack of research and unknown long-term consequences of AI use. Participants recognised that people will increasingly turn to AI, however there was a strong desire that AI should support, not replace human connection.
- > **Sustainability and environmental concerns:** AI has an environmental impact which will affect mental health through the long-term consequences of climate change.



National Mental Health Consumer Alliance

The following insights were provided by the National Mental Health Consumer Alliance:

“The Alliance does not endorse the rolling out of government-funded, mental health treatment-focused large language models (LLMs) (chatbots) for several reasons:

The in-person relationship developed between mental health service providers (e.g. therapists, psychologists) and mental health consumers must not be diminished. We know that mental health consumers prefer place based in-person options, and that online therapies – which have steadily increased since COVID – do not substitute for genuine, face-to-face engagement.

While telehealth has improved reach, it can’t replace locally available, relationship-based care, especially for people experiencing crisis or more complex mental health challenges. The introduction of telehealth has resulted in the reduction of face-to-face services available, especially in remote Australia, and the introduction of LLMs may further reduce the availability of in-person services. LLMs, when in use, need to complement, not substitute, face-to-face care.

We know LLMs are being used to sometimes disastrous effect, noting that LLMs have encouraged harm/suicide in the past. For this reason, we advocate for the development and implementation of key protections for mental health consumers prior to the development and rolling out of mental health LLMs, including:

- *Development and legislation of laws to protect consumers;*
- *Key literacy education developed and made available nationally; and*
- *Development of standards and a system of enforcement of standards including a process to ensure there are consequences of breaches.*

Additionally, LLMs are trained on extremely large datasets, which are not equally representative of all cultures, languages, experiences, or the nuances of individual mental health challenges. To overcome this specific problem, having people with intersectional experiences of mental health challenges deeply involved in the governance, design, development, and monitoring/evaluation of a mental health LLM program, in order to identify language issues, cultural bias, or any other form of discrimination such as racism, is essential in any development of a government-facilitated LLM.

People living with mental health challenges need to know the risk and be advised that any use of LLM for mental health should be used with genuine face-to-face mental health services. The key priority for government and mental health service providers should be to work with people with lived experience of mental health challenges to develop a program to enhance AI literacy amongst all Australians. There needs to be a specific focus on people most at risk – young people, older people and people with intersectional experiences with mental health challenges including people from a multicultural background and First Nations people. This can occur while the required safeguarding work is done by legislators and regulators”.



AI in mental health roundtable report

This report summarises discussion and feedback from three workshops. An initial draft was shared with attendees after the event for feedback, and suggestions were incorporated where possible into this final version. The report is intended for a broad audience, including policymakers, regulatory and legal experts, health professionals, academics, and the public. Roundtable discussion covered AI technologies specifically designed for use in mental health contexts as well as general-purpose AI being used for mental health support outside of the mental health system.

The AI in Mental Health Roundtable discussed issues as they relate to **mental health consumers, professionals** and the **mental health system**.



Professor Jill Newby and Associate Professor Alexis Whitton, Co-Directors, Centre of Research Excellence in Depression Treatment Precision

Workshop 1: AI and mental health consumers

The AI supports that are currently most likely to be accessed by consumers are digital mental health tools with an AI component (e.g., tools to monitor mood) and/or generative AI chatbots. Direct-to-consumer mental health chatbots designed by clinicians with an evidence base are not well known by the public (e.g., Therabot). In contrast, direct-to-consumer chatbots (e.g., ChatGPT) are easily accessible for free (or low-cost) online and are well known.

The challenge: This mismatch creates risk if consumers rely on tools that lack appropriate clinical governance, safety safeguards and evidence, potentially leading to unsafe or inappropriate support. Research is needed to understand the benefits and risks of these technologies and their impacts.

Discussion questions:

1. What benefits and risks stand out most for AI chatbots and digital mental health tools—particularly for young people, rural communities, and First Nations peoples?

It is important to note that not all participants felt that the use of AI was appropriate in mental health care.

Benefits

- Fast, accessible (24/7) support for people unable to access services or experiencing long wait times.
- Potential for bespoke tools designed for priority populations, including First Nations peoples.
- Support with system navigation and triage.
- Interim support between clinical sessions (asynchronous care).
- Accessible information for culturally and linguistically diverse communities.
- Potential to reduce barriers to help-seeking for individuals who may feel uncomfortable discussing concerns in person.

Risks

- Models have not been systematically tested in mental health contexts or with Australian data.
- Risk of misinformation, unsafe advice, or harmful outputs.
- AI systems may appear empathetic but may lack cultural context and human nuance.
- Danger of dependency and risks associated with forming emotional relationships with chatbots (e.g., isolation, sycophancy).
- AI models can inherit bias from training data that do not match the target population or use case, such as relying on open internet data for mental health applications.
- Privacy concerns and potential for exploitation by multinational platforms.

Considerations for priority populations

- Connectivity issues can limit access in rural and remote areas, widening the digital divide and further isolating priority populations.
- Tools may reinforce inequity if they do not account for local context, the availability of appropriate services or variations in digital literacy.
- There is a need for culturally grounded AI solutions that reflect data based on First Nations knowledge and incorporate social and emotional wellbeing frameworks.

2. If advising Assistant Minister McBride, what are the three top consumer priority actions for the next six months?

Action 1: Develop AI for mental health for Australians

- There was a desire to develop AI models trained using high-quality, Australian data, hosted and stored in Australia, and reflecting local culture, services and Australian mental health standards.

Action 2: Deliver national AI mental health literacy campaigns

- Design and deliver accessible information about how AI works; its benefits and limitations, and the skills needed to identify safe tools. This could include educational programs delivered online.
- Develop AI literacy resources for priority populations including young people and First Nations peoples.

Action 3: Enable the sector to speak to government with a coordinated voice

- Participants highlighted the importance of sector-wide collaboration to provide advice to government and develop high-quality AI mental health technologies.

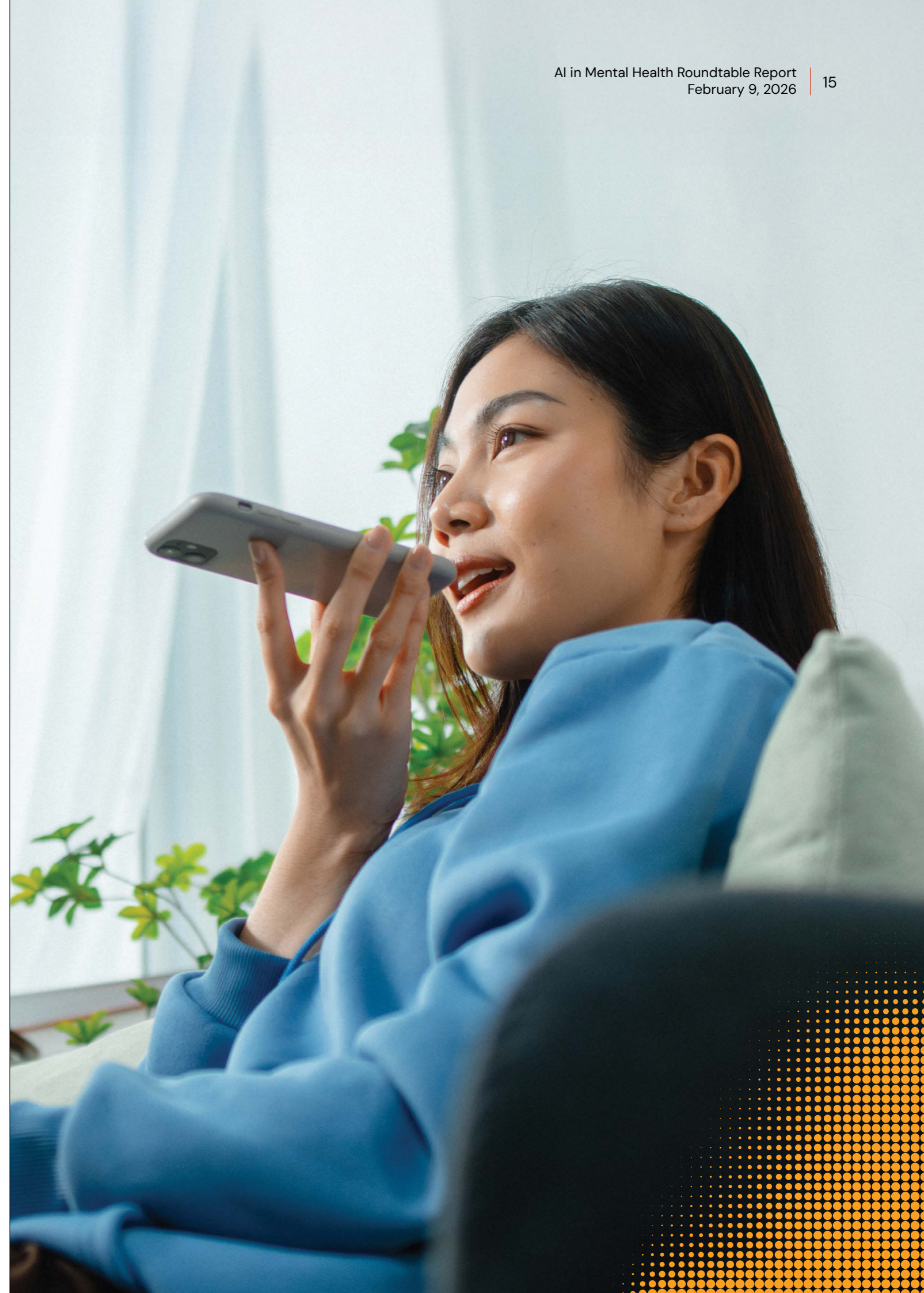
3. How do we ensure the voices of lived experience, including First Nations peoples, are heard in designing and regulating AI mental health tools?

Principles for inclusion:

- Ongoing consultation with lived experience and priority populations is essential to inform the design and safety features of AI tools. This may include mechanisms such as community-defined safety metrics, equity impact assessments and harm reviews.

First Nations leadership:

- Ensure First Nations organisations lead ongoing design and governance of AI technologies for mental health and that tools are grounded in connection to community, country and culture. This requires long-term investment, partnerships and recognition that AI tools may not align with First Nations priorities, for healing.



Workshop 2: AI and mental health professionals

There is currently a shortfall in the number of mental health workers required to meet demand for mental health services. AI tools offer the chance to assist and enhance the mental health workforce. Examples include AI technologies to improve triage and care navigation, support clinician training and reduce administrative burden (e.g., AI scribes).

The challenge: While AI has the potential to support and strengthen the workforce, these benefits will only be realised if tools are implemented safely, supported by appropriate training, and integrated into clinical practice in ways that enhance rather than replace professional judgement. Equity and access are also important considerations.

Discussion questions:

1. How might AI reshape clinician roles and training needs—and what risks and benefits might this provide?

Benefits

- AI can support simulated training via avatars and large language models (LLMs) that simulate role plays (e.g., suicide prevention gatekeeper training).
- AI scribes may reduce administrative burden (e.g., notetaking, summaries).
- AI may aid clinical decision-making by suggesting overlooked symptoms or comorbidities.
- Data-driven tools could lift efficiency in the public health system.

Risks & limitations

- Content generated by LLMs can produce inaccurate outputs and unintentionally influence clinical judgement.
- Accountability can be unclear, e.g., who is responsible for errors produced by AI?
- Misuse of AI such as technologies being used outside their intended purpose (e.g., AI scribes being used to assist diagnosis) or individuals feeling obligated to consent if clinicians frame AI as beneficial to their work.
- Concerns associated with data storage and usage, medico-legal liability and insurance premiums.

2. What training and accreditation, and procurement settings should government and professional bodies adopt to ensure clinicians can safely use AI?

Training implications

- Clinicians need ongoing upskilling to keep pace with rapidly emerging and evolving AI technologies.
- Roles may shift to include AI oversight and ethical risk management.
- Colleges and peak bodies (e.g., APS, RANZCP, ACMHN) to provide discipline-specific AI guidance.
- Training should include AI-assisted documentation, clinical decision support tools, ethical and legal risks, data security and consent, technological limitations and potential risks.
- The role of AI in non-clinical settings should be considered.

Procurement & governance

- National AI Mental Health Standards are required to assess AI mental health tools, including safety-focused benchmarks. These could be embedded within existing frameworks such as the National Safety and Quality Digital Mental Health Standards.
- Requirements need to be integrated into professional care delivery models for AI used in clinical settings to meet all relevant regulatory requirements for medical devices, such as inclusion in the ARTG and adherence to Australian Health Practitioner Regulation Agency (AHPRA) and the Australian Commission on Safety and Quality in Health Care (ACSQHC).
- Safety frameworks are required that outline how research and industry can work together to safely pilot new tools.
- Clear rules are required for data storage, permissions and consent.
- A national reporting mechanism is needed for harms or adverse events associated with mental health technologies, supported by a centralised digital repository.

3. How could AI be used to better target care for a consumer, and would doing so be acceptable to clinicians?

- AI can support:
 - ◊ Triage and prioritisation (especially for priority populations, e.g., rural and remote communities).
 - ◊ System navigation, to help people find appropriate services. This requires a reliable, up-to-date source of information outlining available services, which does not currently exist.
 - ◊ Identification of risk and opportunities for early intervention.
 - ◊ Treatment recommendations based on patterns in data.
- Chat-based tools may benefit remote populations where phone calls often drop out.
- Data linkage projects could underpin up-to-date directories or navigation systems.

Acceptability to clinicians

- Acceptability of AI tools depends on robust safety and quality standards, clinical oversight and the ability for clinicians to override recommendations.
- There are concerns about AI influencing care (in the background) without clear disclosure.
- Tools must be accurate. If data are missing for certain groups, outputs have the potential to be unsafe or harmful.

Equity considerations

- There is a risk of widening inequity as new technologies often flow first to private clinics and wealthier communities (and not the public sector).
- Variability in digital literacy in the clinical workforce. Some clinicians will be early adopters, while others will be hesitant or reluctant to use AI.
- Equitable AI infrastructure is needed, e.g., connectivity and access.



Workshop 3: AI and the Australian mental health system

Access to mental health care in Australia is complex and fragmented. Consumers consistently report difficulties navigating federal and state/territory services.

The challenge: While AI is already widely used in some areas of medicine, such as radiology, integrating AI safely into the Australian mental health system requires robust safety standards, ethical governance, credentialing, clear documentation protocols and appropriate clinical oversight. The sector must be able to provide advice to government as technologies emerge and rapidly evolve.

Discussion questions:

1. What avenues could be used to provide evidence/advice to government on the use of AI in the mental health system?

- AI literacy is essential across government, workforce, and community.
- Increase research funding to build an evidence base to assist with the design, delivery and evaluation of AI for mental health in Australia.
- Evaluation should align with international guidance and include post-implementation modelling and routine reporting of adverse events.

2. Which regulatory gaps need to be most urgently addressed?

- Clear national complaints and reporting mechanisms are needed to identify when AI-related harms occur. This is especially important when products fall outside established mechanisms for post-market surveillance, e.g., uses that are not software as a medical device.
- Consumers need transparency as to whether technologies are safe (e.g., meet relevant regulatory requirements for medical devices as administered by the TGA, meet Australian privacy laws etc).
- Informed consent challenges must be addressed, especially for individuals experiencing distress (e.g., suicidality) or reduced capacity.
- Safeguards are needed to address discrepancies between intended purpose and actual use.
- Stronger oversight of data storage, privacy and confidentiality.
- Clarity on definitions, regulatory processes and guidance for consumers and professionals.

3. How do we address the digital divide in the mental health system and ensure that inequity is not further entrenched as technology becomes more widely used?

- National AI literacy initiatives must be embedded across society, building on digital literacy foundations to support the safe use of AI.
- Ensure equitable access to digital and AI infrastructure, especially in rural and remote communities, as well as broader structural factors such as connectivity, affordability, and access to culturally and linguistically appropriate tools.
- Consultation with priority groups and communities is essential to ensure that tools are meaningful to end users.
- Support trusted institutions to design and implement AI solutions. Opportunities exist to fund research in these areas (e.g., MRFF) and incentives for collaboration should be considered.
- Incentives to encourage public hospitals to invest in effective AI systems, ensuring they do not fall behind the private sector in adopting technologies that improve efficiency.



Attendees

There were 35 attendees at the roundtable event, including the following who we thank for providing feedback on this report:

- David Baker, Orygen, University of Melbourne
- Ben Bartlett, ReachOut
- Rebecca Bateson, Therapeutic Goods Administration
- Björn Böhme, ReachOut
- Priscilla Brice, National Mental Health Consumer Alliance
- Helen Christensen, Black Dog Institute, University of New South Wales
- Dominic Dwyer, Orygen
- Piers Gooding, La Trobe Law School, La Trobe University
- Harry Grant, Black Dog Institute
- Sunil Gupta, Applied Artificial Intelligence Initiative, Deakin University
- Ingrid Hatfield, Mental Health Australia
- Kylie Hawker, Suicide Prevention Australia
- Tonya Higgins, Beyond Blue
- Kit Huckvale, Centre for Digital Transformation of Health, University of Melbourne
- Jack Lattimore, Black Dog Institute
- Kylie Maidment, Black Dog Institute, University of New South Wales
- Siena MacMillan, Black Dog Institute
- Petra Milnes, Healthdirect
- Jill Newby, Black Dog Institute, University of New South Wales
- Jeannie Paterson, Melbourne Law School, University of Melbourne
- Paige Pollard, Black Dog Institute
- Isabelle Scott, Orygen, University of Melbourne
- Nicole Scott, Black Dog Institute
- Vivien Shu, Australian Government Department of Health, Disability and Ageing
- Alexis Whitton, Black Dog Institute, University of New South Wales
- Matthew Whitten, Black Dog Institute

Feedback was also provided by Frank Iorfino (Brain and Mind Centre), Oliver Higgins and Rhonda Wilson (Australian College of Mental Health Nurses, RMIT University) who were unable to attend the event.

Suggested citation

Maidment, K., Newby, J., Grant, H., Lattimore, J., Pollard, P., Scott, N. & Whitton, A. (2026). AI in Mental Health Roundtable. Black Dog Institute, Sydney, Australia.



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