

Artificial Intelligence in Psychiatry:

Foundations for Ethical and Responsible Clinical Practice



April 25, 2026

at the TSPP Scientific Program
AUSTIN, TX

ADVANCING ETHICS IN AI & MENTAL HEALTH



VIV BABBER, MD

AI GOVERNANCE EDUCATOR – AI SYNC

*CERTIFICATIONS: AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY
AI ETHICS (LSE), AI GOVERNANCE PROFESSIONAL (IAPP)*

This presentation reflects a synthesis of publicly available sources, current evidence, and emerging research at the time of delivery, and includes AI-assisted visuals.

Interpretations and views expressed are those of the presenter. See final slide for full disclaimer.





Disclosure of Financial Relationships

Dr. Viv Babber provides educational and advisory services in AI governance.
This presentation is independent and free of commercial bias.
No products or services are promoted.



OVERVIEW

AI Literacy & Clinical Risk Awareness

Understanding AI in Psychiatric Practice

Recognizing Bias, Safety, & Clinical Impact

Ethical, Regulatory & Governance Evaluation

Leading Responsible AI Adoption

Positioning Psychiatrists as AI Leaders

Review & Discussion

OBJECTIVES

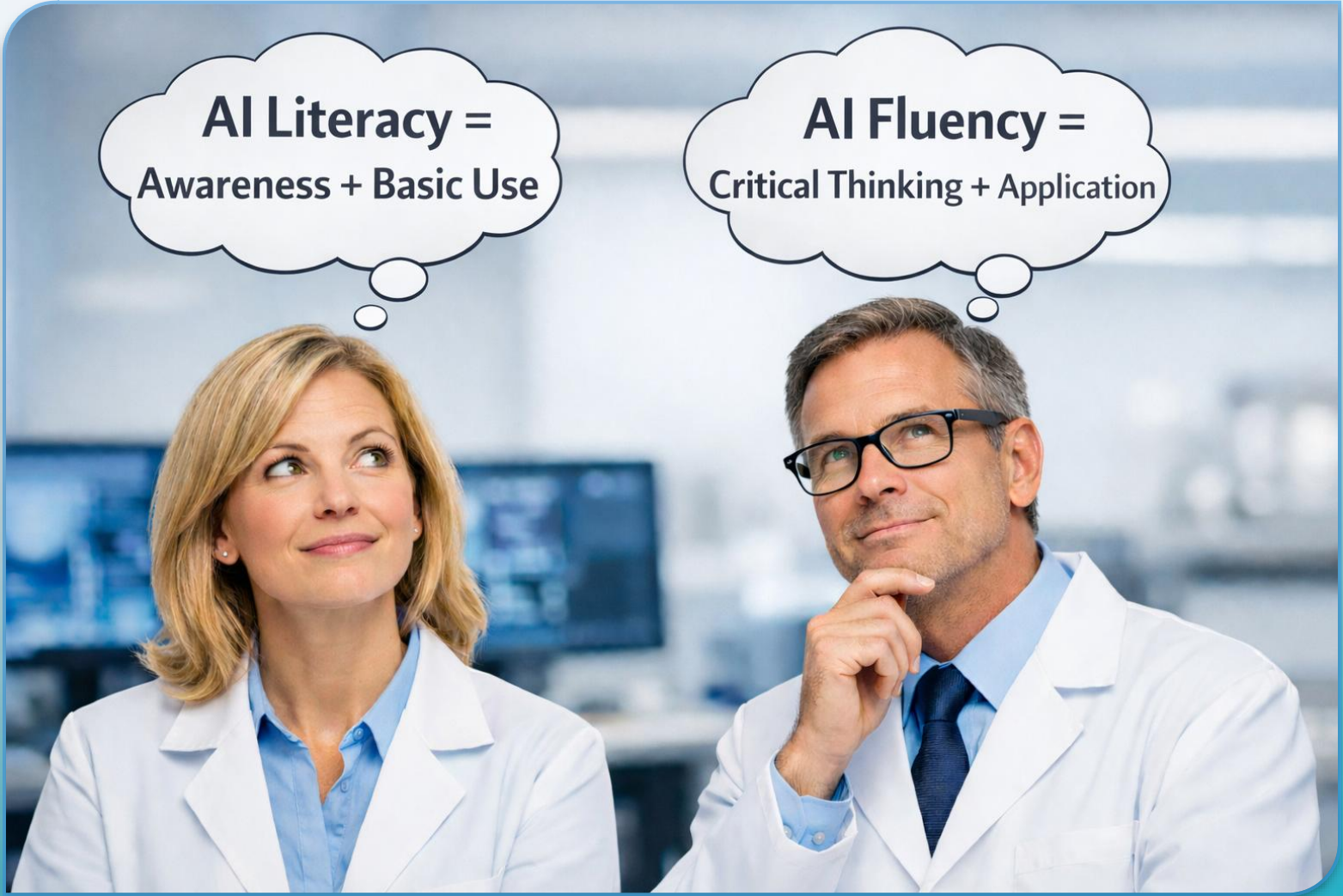
- Advance AI literacy to clinical fluency for informed decision-making
- Differentiate low- versus high-risk AI applications within clinical workflows
- Assess AI tools through ethical, clinical, and operational lenses
- Lead the safe, responsible, and scalable integration of AI into practice

WHAT IS AI?

- **Artificial Intelligence (AI)** refers to the simulation of human intelligence in machines that are designed to think, learn, and make decisions like humans.
- AI systems use data to recognize patterns, solve problems, and perform tasks that typically require human cognitive abilities, such as reasoning, learning, perception, and language understanding.



- 1. Machine Learning (ML):** AI systems that learn from data and improve over time without being explicitly programmed.
Examples: Fraud detection, speech recognition.
- 2. Deep Learning (DL):** A subset of ML using neural networks to mimic the human brain's structure and function.
Examples: Facial recognition, tumor classification.
- 3. Natural Language Processing (NLP):** AI systems that process and understand human language.
Examples: Chatbots, translation tools.
- 4. Computer Vision:** AI systems that interpret visual data.
Examples: Object detection, medical imaging.
- 5. Expert Systems:** AI that uses if-then rules for decision-making.
Examples: Clinical diagnosis systems.



AI Literacy =
Awareness + Basic Use

AI Fluency =
Critical Thinking + Application

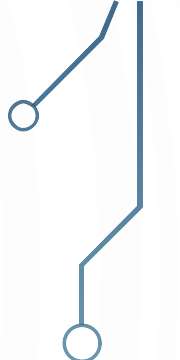
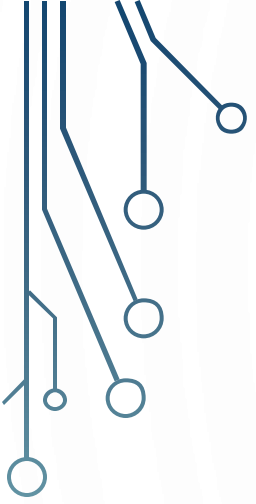
AI LITERACY PREVENTS MISTAKES & AI FLUENCY PREVENTS HARM

LITERACY

- Common language
- Risks and limitations
- What data is prohibited
- Policy awareness

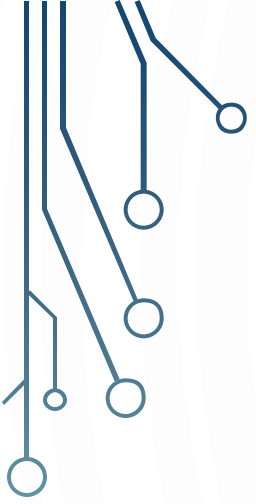
FLUENCY

- Applying AI in real workflows
- Verifying outputs
- Knowing when to escalate
- Documenting AI involvement



1. Which choice best distinguishes AI literacy from AI fluency?

- A. Literacy focuses on using AI tools; fluency focuses on buying AI tools.
- B. Literacy = understanding concepts; fluency = applying AI responsibly in workflows.
- C. Literacy is for technical teams; fluency is for leadership only.
- D. Literacy and fluency are interchangeable terms.



1. Which choice best distinguishes AI literacy from AI fluency?

- A. Literacy focuses on using AI tools; fluency focuses on buying AI tools.
- B. Literacy = understanding concepts; fluency = applying AI responsibly in workflows.
- C. Literacy is for technical teams; fluency is for leadership only.
- D. Literacy and fluency are interchangeable terms.

• **Answer: B**

Rationale: Reinforces foundational definitions needed for workforce adoption planning.

How AI Works:

- **Data Input:** AI is trained on vast datasets (e.g., imaging studies or lab results).
- **Pattern Recognition:** AI identifies trends or anomalies in the data.
- **Output:** AI generates predictions or insights to support clinical decision-making.

Why AI Matters for Physicians:

- Enhances efficiency by automating repetitive tasks.
- Reduces errors in diagnostics by providing a second set of "eyes."
- Improves patient outcomes through early detection of diseases (e.g., sepsis warning systems).

KEY CHALLENGES IN HEALTHCARE

Administrative Burden:

- Documentation, billing, and scheduling tasks consume over 30% of physicians' time.
- Example: Charting consumes 4–5 hours per day on average.

Diagnostic Errors:

- Humans miss subtle patterns due to time constraints or cognitive overload.
- AI offers tools to improve accuracy and speed.

Physician Burnout

ARTIFICIAL INTELLIGENCE IN PSYCHIATRY



- Ethical, Evidence-Based, Governance-Ready Clinical Practice



- Why psychiatrists must understand AI now



- Clinical judgment remains central

WHAT AI MEANS IN PSYCHIATRY



- AI DETECTS PATTERNS IN DATA



- IT MAY CLASSIFY, SUMMARIZE, PREDICT, OR GENERATE TEXT



- IT DOES NOT “UNDERSTAND” SUFFERING OR MEANING



- STATISTICAL SIGNAL IS NOT THE SAME AS CLINICAL UNDERSTANDING

Human + AI Partnership in Psychiatry




Clinical Judgment
• Empathy and Trust
• Ethical & Contextual Reasoning


Augmented Insight
• Risk Prediction

Human expertise + AI insight = Optimal care.

CORE THESIS



- AI WILL INFLUENCE PSYCHIATRIC PRACTICE



- THE REAL RISK IS UNCRITICAL ADOPTION



- STRONG TOOLS STILL REQUIRE CLINICAL SUPERVISION



- PSYCHIATRY MUST LEAD, NOT SIMPLY REACT

The Advisory Intern Model



THE CLINICAL SHIFT

- Psychiatry is moving from solo reasoning to augmented reasoning
- AI outputs must be interpreted, not accepted automatically
- Clinicians must know when to trust, question, or override
- **Accountability remains human**

KEY POINTS ON AI

- Not a therapist

- Not a fiduciary

- Not ethically accountable

- Not a replacement for therapeutic alliance

- Not equivalent to psychiatric judgment

- AI can assist

- AI can accelerate

- AI can still be wrong

- Human review is essential

- Final authority stays with the psychiatrist

AI Risk in Psychiatry



Understanding the Strengths and Limitations of AI in Psychiatric Practice

- Much of the literature remains retrospective

- Prospective and real-world validation are still limited

- Benchmark success does not equal clinical success

- External validation matters

- AI may detect patterns linked to psychiatric disorders

- Diagnosis in psychiatry remains contextual

- Data quality heavily shapes performance

- AI does not replace structured assessment



AI can find patterns—
but only clinicians
understand people.

AI USE REQUIRES TRUST AND ACCOUNTABILITY



- Psychiatric data are especially sensitive
- AI use raises questions about storage, access, secondary use, and vendor handling
- Patients may care deeply how their data are used
- Trust depends on clarity
- AI does not remove clinician responsibility
- Diagnosis, treatment, and follow-up remain human duties
- Documentation should show clinical reasoning
- Governance supports defensibility

Psychiatry's Role in AI Governance



Psychiatrists can guide
responsible, ethical AI adoption.

AI ISN'T TECH IT'S ORGANIZATIONAL CHANGE

AI affects data integrity, evidence, and trust

AI changes decisions, not just workflows

AI is a socio-technical system

AI Governance enables scale

AI is interdisciplinary



2. Which statement best reflects why AI should not be treated solely as a technology initiative?

- A. AI tools function independently of organizational processes.
- B. AI does not require oversight once implemented.
- C. AI adoption requires coordination across people, processes, policies, and ethics.
- D. AI success depends only on selecting the right vendor.

2. Which statement best reflects why AI should not be treated solely as a technology initiative?

- A. AI tools function independently of organizational processes.
- B. AI does not require oversight once implemented.
- C. AI adoption requires coordination across people, processes, policies, and ethics.
- D. AI success depends only on selecting the right vendor.

• **Answer: C**

Rationale: Reinforces AI as an organizational competency, not a vendor purchase.



Psychiatrists' Questions About AI

?
Is AI safe?

?
Could AI
replace me?

?
How do I know
if it's accurate?

?
Will patients
trust AI?



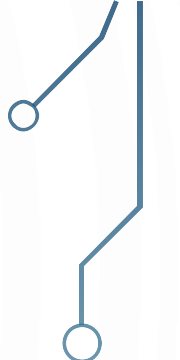
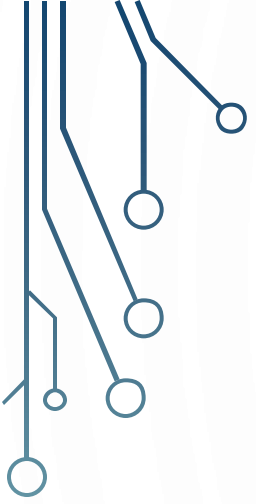
CHALLENGES

WORKFORCE

- Job security fears
- Fear of mistakes
- Lack of clarity
- Resistance from uncertainty

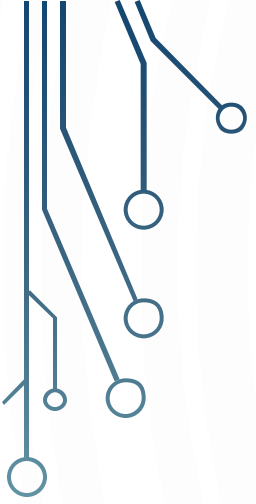
LEADERSHIP

- Liability
- Regulatory exposure
- Reputational risk
- Vendor and black-box risk



3. What is a key risk when leadership and the workforce are not aligned on AI adoption?

- A. Faster deployment but reduced model accuracy
- B. Increased shadow AI, role confusion, and compliance exposure
- C. Higher productivity with fewer governance burdens
- D. Lower technology costs across departments



3. What is a key risk when leadership and the workforce are not aligned on AI adoption?

- A. Faster deployment but reduced model accuracy
- B. Increased shadow AI, role confusion, and compliance exposure
- C. Higher productivity with fewer governance burdens
- D. Lower technology costs across departments

• **Answer: B**

Rationale: Reinforces the importance of alignment and prevents shadow AI behaviors.



LEADERSHIP & WORKFORCE ALIGNMENT

Leadership sets speed, incentives, and risk posture

Workforce interfaces with AI daily

Misalignment leads to shadow AI or resistance

Alignment enables confidence and scale

Shared accountability model



Risks of Weak AI Governance

- ✗ Regulatory Non-Compliance
- ✗ Biased or Inaccurate Predictions
- ✗ Patient Safety Incidents
- ✗ Reputational & Market Damage



Benefits of Strong AI Governance

- ✓ Regulatory-Ready & Transparent
- ✓ Trustworthy & Audit-Friendly
- ✓ Patient & Data Safeguards
- ✓ Competitive Advantage





4. What is the primary role of AI governance in Healthcare settings?

- A. To increase technical model performance metrics
- B. To ensure safe, ethical, compliant, and scalable AI use across the organization
- C. To replace manual workflows with automation
- D. To reduce hiring needs for data scientists

4. What is the primary role of AI governance in Healthcare settings?

- A. To increase technical model performance metrics
- B. To ensure safe, ethical, compliant, and scalable AI use across the organization
- C. To replace manual workflows with automation
- D. To reduce hiring needs for data scientists

• **Answer: B**

Rationale: Re-centers governance as an enabler, not a blocker or tech metric.



Safeguarding Patient Privacy

- AI tools must comply with regulations like HIPAA, ensuring secure handling of sensitive data.

Example: AI transcription services encrypt patient conversations to protect privacy.

Building Trust in AI

- Transparency is key to gaining physician and patient trust.

Example: Explainable AI (XAI) provides clear reasoning for its recommendations, enabling physicians to make informed decisions.

Ethical AI Use

- Physicians play a critical role in ensuring AI tools align with patient-first values.

Example: Ethics committees oversee the development and deployment of AI tools in clinical settings.

ETHICS = OPERATIONAL SAFETY

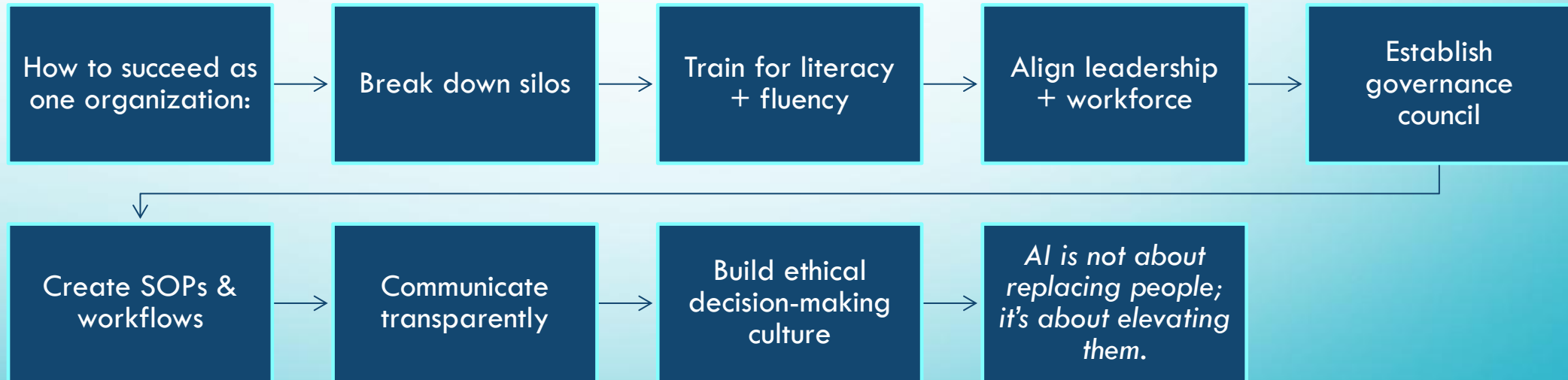
Bias and fairness

Transparency

Human oversight

Protection of people and outcomes

MOVING FORWARD TOGETHER





What about risks,
liability and malpractice
in AI Adoption?

Shared Responsibility in Decision-Making

- **Challenge:** When AI systems provide diagnostic or treatment recommendations, it blurs the line of accountability. If a physician relies on an AI's suggestion and an adverse outcome occurs, determining whether the fault lies with the physician, the AI system, or the AI developer can be complex.
- **Impact:** This uncertainty increases the potential for malpractice claims and demands clear policies on shared liability among stakeholders (physicians, hospitals, AI vendors).

Algorithmic Bias and Error

- **Challenge:** AI systems are only as good as the data they're trained on. If the data used contains biases or lacks representation for certain populations, the AI may provide inaccurate or harmful recommendations.
- **Impact:** Physicians could be held liable for harm caused by trusting biased or erroneous AI outputs, even if they were unaware of the system's limitations.

Compliance with Evolving Standards of Care

- **Challenge:** The integration of AI is rapidly shifting what constitutes the "standard of care" in medicine. Physicians who fail to adopt AI tools may be accused of negligence, while those who use them risk being judged on the outcomes of these new technologies.
- **Impact:** Staying updated on legal, ethical, and professional expectations becomes an ongoing challenge, as the speed of AI advancement outpaces regulations and training.

REGULATIONS 101: EU AI ACT



NIST AI RISK MANAGEMENT FRAMEWORK



TRAIGA & NO OFFSHORE DATA TREND

TRAIGA (Texas): Created AI standards for healthcare + public sector



Companion bill: Prohibits offshore data storage to protect citizens



Trend: Other states exploring similar provisions



Message: “Data residency & sovereignty are becoming compliance realities, not hypotheticals.”



5. Which regulatory or standards framework matches its correct description?

- A. EU AI Act: Provides risk-based regulatory requirements for AI systems
- B. NIST AI RMF: European regulation for biometric data
- C. TRAIGA: Federal U.S. law requiring offshore data transfer

5. Which regulatory or standards framework matches its correct description?

- A. EU AI Act: Provides risk-based regulatory requirements for AI systems
- B. NIST AI RMF: European regulation for biometric data
- C. TRAIGA: Federal U.S. law requiring offshore data transfer

• **Answer: A**

Rationale: Reinforces accurate regulatory positioning while correcting common misconceptions.

10 MUST-KNOW INSIGHTS FOR CLINICIANS

1. You Are Always the Decision-Maker

AI is an assistant, not a clinician.

Legal and clinical responsibility remains fully with you, even if AI suggested the diagnosis or treatment.

Think: *“AI advises. I decide.”*

2. AI Can Be Confident and Wrong

Large language models can generate **plausible but incorrect psychiatric formulations.**

Risk is highest in:

- Complex trauma
- Personality disorders
- Subtle diagnostic distinctions

Always validate against **clinical reasoning + DSM criteria.**

10 MUST-KNOW INSIGHTS FOR CLINICIANS

3. Bias in AI Can Affect Diagnosis

AI may reflect **training data biases**, including:

- Gender bias (e.g., underdiagnosing ADHD in women)
- Cultural misinterpretation of symptoms

Critical for psychiatry where **context = diagnosis**.

4. Documentation Risk Is Increasing with AI Scribes

AI-generated notes may:

- Add **details never stated**
- Misinterpret tone or intent

You are responsible for **every word in the chart**

👉 Review before signing, every time.

10 MUST-KNOW INSIGHTS FOR CLINICIANS

5. Patient Privacy Is Not Guaranteed by Default

Many AI tools are **not HIPAA-compliant**

Risks include:

- Data storage outside the U.S.
- Secondary use of patient data

Never input PHI unless **verified compliant platform.**

6. Informed Consent Is Evolving

Patients may need to know:

- AI is being used in documentation or support

Transparency builds trust and may soon be **regulatory expectation**

👉 Consider adding **AI disclosure language.**

10 MUST-KNOW INSIGHTS FOR CLINICIANS

7. Malpractice Risk Is Expanding Not Decreasing

AI does NOT protect against liability

New risks include:

- Over-reliance on AI recommendations
- Failure to detect AI errors

Standard of care = **reasonable physician judgment**, not AI output.

8. Vendor Contracts Matter More Than Ever

Before using any AI tool, understand:

- Who owns the data?
- Who is liable for errors?
- Is there clinical validation?

Verify if **risk is not all shifted to the physician.**

10 MUST-KNOW INSIGHTS FOR CLINICIANS

9. Not All AI Is Created Equal

Categories psychiatrists commonly encounter:

- Ambient scribes
- Clinical decision support tools
- Chatbots for patient engagement

Only some are **clinically validated or FDA-reviewed**

👉 Treat each tool differently.

10. You Need AI Governance even in Private Practice

Every psychiatrist should define:

- When AI is allowed vs. not allowed
- Documentation review protocols
- Patient disclosure standards

Governance is not just for hospitals, it's **license protection**.

Licensure Risk: HIPAA vs. TRAIGA


It's About the Pathway, Not Just Probability

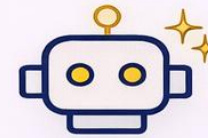


Why Physicians Aren't Thinking About AI as Licensure Risk



Privacy Training

- Focus has been HIPAA 
- Not decision-making risk



Tool Mindset

- AI seen as helper
- Not a clinical influence



No Visible Cases

- Few board actions yet
- Risk feels distant



Misunderstood Liability

- AI suggests... physician decides
- Responsibility stays with you

We've trained for privacy risk — not decision risk.

Case 1: AI Scribe Documentation Risk

- **Scenario:**

A psychiatrist uses an ambient AI scribe during a follow-up visit. The patient briefly mentions frustration with a prior physician, but the AI-generated note documents a strong accusatory statement implying negligence by that physician. The psychiatrist signs the note without fully reviewing it.

- **Question:**

What is the greatest risk in this scenario?

- A. The AI system may malfunction in future visits
- B. The patient may request a copy of the note
- C. The psychiatrist may be responsible for inaccurate or potentially defamatory documentation
- D. The prior physician will automatically be notified

Case 1: AI Scribe Documentation Risk

-  **Correct Answer: C**

- **Explanation:**

Once signed, the documentation becomes part of the legal medical record. The psychiatrist assumes responsibility for inaccuracies, including potentially harmful or defamatory statements.

Case 2: AI-Assisted Diagnosis

- **Scenario:**

A psychiatrist uses an AI tool that suggests a diagnosis of bipolar disorder based on patient-reported symptoms. The clinician, under time pressure, accepts the suggestion without fully exploring differential diagnoses.

- **Question:**

What is the primary clinical risk?

- A. The AI tool may stop working
- B. The diagnosis may be delayed in billing systems
- C. Over-reliance on AI may lead to incomplete clinical evaluation and misdiagnosis
- D. The patient will lose access to care

Case 2: AI-Assisted Diagnosis

-  **Correct Answer: C**

- **Explanation:**

AI suggestions can introduce **anchoring bias**, leading clinicians to prematurely narrow diagnostic reasoning.

Case 3: Patient-Facing AI Chatbot

- **Scenario:**

A clinic implements a chatbot on its website to assist patients. A patient expresses passive suicidal thoughts through the chatbot, but the system does not escalate appropriately or notify the clinician.

- **Question:**

What is the most significant concern?

- A. The chatbot may require software updates
- B. The clinic may face patient safety and liability risks due to inadequate escalation protocols
- C. The chatbot may slow down clinic operations
- D. The patient may prefer human interaction

Case 3: Patient-Facing AI Chatbot

-  **Correct Answer: B**

- **Explanation:**

Failure to appropriately triage or escalate safety concerns can result in serious patient harm and potential liability exposure.

- Expert Decision-Making Skills
- Problem-Solving Abilities
- Experience in Teamwork
- Communication Skills
- Empathy and Emotional Intelligence
- Commitment to Lifelong Learning
- High Standards and Ethical Practices
- Resilience and Stress Management





CALL TO ACTION



Start

Start exploring AI tools that fit your workflow.



Enroll

Enroll in a course to build your AI knowledge.



Advocate

Advocate for responsible AI adoption in your institution to ensure patient care remains at the forefront.



Attend

Attend an AI in Healthcare or Health Tech conference to network with other industry professionals.

FUTURE OPPORTUNITIES

- Medical Data Scientist
- AI Medical Educator
- AI Policy Advisor
- Physician-Entrepreneur in AI Startups
- AI Consultant



THE AI REVOLUTION NEEDS CLINICIANS WHO UNDERSTAND BOTH CARE AND CODE.

PSYCHIATRISTS ARE IDEALLY PLACED TO FILL THE LEADERSHIP VACUUM ACROSS THESE FIVE HIGH-IMPACT OPPORTUNITIES:



**1. AI Clinical
Integration
Leaders**



**2. AI Governance
& Compliance
Experts**



**3. AI in Research
& Data Equity
Advocates**



**4. AI Educators &
Literacy Leaders**



**5. AI
Entrepreneurship
& Innovation**





Full Disclaimer

This presentation is provided for educational purposes only to support learning, awareness, and professional discussion. All content, including scenarios, case examples, questions, and recommendations, is illustrative and does not constitute legal, medical, technological, financial, or other professional advice. No representations or warranties are made regarding the accuracy, completeness, or applicability of the information presented. Participants should not rely on this material as a substitute for independent clinical judgment, formal legal counsel, regulatory guidance, institutional policy, or professional standards of care. All clinical, operational, and business decisions remain the sole responsibility of the individual practitioner or organization. The use of artificial intelligence and related technologies carries inherent risks, including but not limited to clinical, legal, regulatory, privacy, security, and operational risks. Responsibility for the evaluation, selection, implementation, and use of any AI tools or processes rests entirely with the user and their organization. The presenter assumes no liability for any errors, omissions, outcomes, or actions taken based on the information provided. The interpretations and views expressed are those of the presenter and do not represent official positions, endorsements, or guidance of any regulatory, governmental, accreditation, or professional body. Attendees are strongly encouraged to consult qualified legal, compliance, clinical, and technical experts, and to adhere to all applicable laws, regulations, and institutional requirements before applying any concepts discussed.