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Artificial Intelligence in Mental Health Referral and Documentation: An Analysis of Clinician Reflections

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Research Article

Keywords: digital health technology, AI-driven referral, AI-driven documentation system, patient-centered healthcare delivery

Posted Date: November 18th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11406802/v1

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Additional Declarations: No competing interests reported.

Abstract

As artificial intelligence (AI) and automation become embedded across the continuum of mental health care, their influence is increasingly felt not only in therapeutic encounters but in the infrastructural processes that surround them.

Aim

This paper explores how technology-based referral platforms and AI-assisted documentation address two major barriers to care: delays in access and the stigma of seeking mental health or substance use services.

Method

This study employed a qualitative, exploratory design to examine how clinicians perceive and respond to artificial intelligence (AI) assisted referral and documentation tools within mental health and social work practice.

Results

Analysis of practitioner reflections revealed three overarching themes: 1) perceived benefits and workflow improvements, 2) ethical ambivalence and concerns around consent, and 3) clinical identity and resistance to automation. The themes illustrate the complex landscape clinicians navigate when adopting AI-based documentation tools.

Conclusion

Clinicians' reflections on AI are not merely technical. They are deeply tied to questions of professional identity, relational ethics, and the nature of evidence-based practice. This study highlights the need to reframe AI not as a replacement for clinical reasoning or narrative complexity but as a potential ally, one that must be thoughtfully designed and governed.

INTRODUCTION

The rapid advancement of technology has significantly transformed healthcare delivery, offering solutions that respond to evolving generational expectations and societal challenges. Among these innovations, technology-based referral and documentation systems have emerged as pivotal tools in addressing two critical barriers to effective care. The demand for immediate access to care and the stigma associated with seeking mental health and substance use services. Younger generations, particularly Millennials and Generation Z, have grown up with digital connectivity as the norm, fostering expectations for instant access across all aspects of life, including healthcare (Martin et al., 2011; Reynolds et al., 2024). At the same time, stigma continues to impede help-seeking behavior, especially

among individuals from marginalized communities. Referral platforms such as Zocdoc offer accessible, discreet, and efficient pathways to care, helping to reduce both logistical and psychological barriers.

As artificial intelligence (AI) and automation become embedded across the continuum of mental health care, their influence is increasingly felt not only in therapeutic encounters but in the infrastructural processes that surround them. This paper examines two domains where these shifts are most visible: technology-based referral systems and AI-assisted clinical documentation. Although functionally distinct, one positioned at the point of entry into care, the other woven into ongoing clinical routines, both technologies reflect broader transformations in how mental health services are accessed, organized, and narrated. Crucially, they also illuminate shared tensions regarding professional autonomy, ethical responsibility, and the role of human discretion in an increasingly data-driven clinical landscape. By analyzing clinician perspectives on these emerging tools, this study offers a window into how practitioners are navigating the promises and limitations of AI as both an administrative scaffold and a therapeutic interlocutor.

Immediate Gratification and Generational Expectations

The cultural shift toward immediacy, driven by digital technologies such as smartphones, streaming platforms, and real-time service delivery, has fundamentally shaped the expectations of Millennials and Generation Z regarding healthcare. These “digital native” generations have come of age in an environment where instantaneous access to services and information is standard (Martin et al., 2011). As a result, traditional referral processes, often burdened by paperwork, insurance verifications, and provider-to-provider coordination, are increasingly seen as outdated. Delays in care initiation can lead to disengagement, particularly among younger patients who value efficiency and control.

Technology-based referral platforms, such as Zocdoc, have emerged in response to these preferences, offering real-time scheduling, provider filters, and transparent insurance matching (Esquivel et al., 2012). These tools meet expectations for immediacy while fostering a sense of autonomy and empowerment. Patients using such platforms demonstrate higher referral follow-through and lower rates of appointment no-shows (Beni, 2011; Reynolds et al., 2024). Meanwhile, mobile health (mHealth) systems have also shown promise in streamlining intake workflows and increasing satisfaction in urgent or time-sensitive care contexts (Diez-Canseco et al., 2015; Bae et al., 2020).

Crucially, this trend toward rapid access is not confined to client-facing systems. Clinicians are increasingly subject to parallel pressures to provide responsive services and streamline documentation. AI-assisted documentation tools, including ambient listening technologies and large language model–powered note generators, offer a means of accelerating administrative tasks while supporting documentation workflows (Liu et al., 2024; Shah et al., 2025). These tools are often positioned as essential complements to client-side efficiency systems, enabling clinicians to meet heightened expectations for immediacy without incurring greater burnout. Thus, the ecosystem of immediacy in digital mental health extends from first-point-of-contact platforms to the back-end structures that support provider responsiveness.

Reducing Stigma Through Technology

Stigma remains one of the most pervasive barriers to accessing mental health and substance use treatment, particularly for marginalized populations. Traditional referral pathways, which often involve in-person disclosures and multiple gatekeeping steps, can exacerbate feelings of shame or vulnerability. Digital referral systems have been shown to mitigate these dynamics by allowing users to seek care in a private, self-directed manner. Features such as provider anonymity, asynchronous scheduling, and minimal face-to-face interaction lower the psychological barriers to help-seeking (Brown et al., 2010; Saeed et al., 2023; Yellowlees et al., 2016).

The use of digital screening tools and chatbots facilitates early engagement in mental health services, particularly among individuals who might otherwise avoid traditional settings (Habicht et al., 2024). These tools normalize the process of care initiation and reduce internalized stigma, especially when paired with culturally responsive design.

While these systems have primarily focused on the client experience, emerging literature highlights how clinician-facing AI tools, particularly those involving documentation, can also reflect and reinforce concerns about vulnerability, disclosure, and stigma. For instance, clinicians need to exercise caution when delegating sensitive narrative content to automated systems because of concerns about contextual understanding, errors, and omissions (Seth et al., 2024). Just as clients seek autonomy and control over their referral experiences, clinicians seek integrity and authorship in the recording of therapeutic encounters. The expanding role of AI in both client intake and documentation processes thus brings into focus a shared set of ethical and relational concerns surrounding visibility, consent, and control.

Addressing Barriers to Inclusivity

Despite the potential of technology-based systems to enhance access, digital inequities remain a significant barrier to inclusive care. Disparities in broadband access, digital literacy, and device ownership disproportionately affect individuals in rural regions, low-income households, and aging populations (Mudiyanselage et al., 2024; Ramos & Chavira, 2022). Moreover, linguistic and cultural mismatches between users and platforms may further limit accessibility, particularly in communities where English is not the dominant language (Ross et al., 2023).

Solutions such as hybrid referral pathways and community-engaged platform design have been proposed to bridge these divides. Research has highlighted the importance of culturally informed digital mental health care for addressing barriers among underserved populations (Ramos & Chavira, 2022).

These structural disparities also extend to the provider side. Clinicians' engagement with AI documentation platforms is shaped by institutional support, training, and access to reliable infrastructure. While some providers, particularly younger, tech-savvy professionals, report positive experiences, others encounter significant barriers due to a lack of exposure or skepticism regarding AI-

generated content. This uneven adoption reflects a broader digital divide in health care, one that underscores the need for targeted professional development and inclusive implementation strategies.

Balancing Immediacy and Comprehensive Care

While immediacy is a central feature of contemporary digital health systems, it may also conflict with the values of comprehensive, relational care. Not all clinical needs benefit from rapid execution; complex mental health diagnoses, treatment planning, and therapeutic alliance-building often require time, context, and deliberation. Overemphasis on speed in referral systems may encourage transactional models of care that bypass critical clinical processes (Luetke Lanfer et al., 2024).

Managing these tensions requires systems that support both efficiency and thoughtful care delivery. Embedding educational content within referral platforms can help patients understand their care trajectories, while real-time virtual triage and AI-supported clinical decision tools can distinguish between urgent and non-urgent needs (Bierman et al., 2021; Ladds et al., 2024; Sánchez-Machín et al., 2024). However, the success of these models depends on careful oversight and human input, particularly in mental health contexts where symptoms and needs are highly individualized (Pavuluri et al., 2024).

Similar concerns arise with AI-assisted documentation. While these tools may streamline workflows and reduce clinician burden, they also risk flattening complex narratives or unintentionally removing contextual nuance. AI-generated notes may offer time-saving features while raising concerns about errors and contextual understanding, making clinician review essential (Lee et al., 2024; Seth et al., 2024). Thus, both referral and documentation technologies must strike a careful balance between responsiveness and reflection, ensuring that digital innovation reinforces rather than undermines the core values of therapeutic care.

AI-Assisted Documentation in Mental Health Practice

The integration of artificial intelligence (AI) into clinical documentation has garnered increasing attention within mental health care, particularly as clinicians contend with mounting administrative demands. AI-assisted documentation tools, ranging from ambient scribing technologies to large language model (LLM)-driven progress note generators, have been promoted as potential solutions to reduce administrative burdens and enhance workflow efficiency. Simultaneously, concerns persist about ethical integrity, data governance, and the erosion of clinician's voice. A growing body of literature now examines how mental health professionals are navigating these opportunities and tensions.

A primary justification for adopting AI-assisted documentation systems is their potential to improve clinician efficiency. In a quality improvement survey, Albrecht et al. (2025) found that clinicians using an ambient AI documentation platform reported less after-hours documentation, improved documentation workflow, and greater job satisfaction. Similarly, Shah et al. (2025) observed that ambient AI scribes were associated with statistically significant reductions in clinician task load and burnout. These

findings align with broader claims within medical informatics, where AI-powered documentation has been credited with improving documentation efficiency and accuracy (Lee et al., 2024; Liu et al., 2024). Such outcomes are particularly salient in behavioral health, where clinicians often face intensive documentation requirements tied to compliance and reimbursement.

However, workflow benefits are not uniformly experienced. Research points to potential complexities when integrating AI tools, including the need to review or correct machine-generated notes, challenges with interoperability across electronic health record (EHR) systems, and ongoing clinician training (Lee et al., 2024; Seth et al., 2024). These findings suggest that while AI may alleviate certain aspects of documentation labor, it may also reconfigure that labor in ways that are not entirely seamless or unproblematic. These tensions can be understood through a sociotechnical perspective, which situates health technologies within interacting human, technical, and organizational contexts (Sittig & Singh, 2010). This perspective provides a conceptual lens for interpreting clinicians' accounts of efficiency, consent, and professional responsibility.

METHOD

This study employed a qualitative, exploratory design to examine how clinicians perceive and respond to artificial intelligence (AI) assisted referral and documentation tools within mental health and social work practice. Rather than relying on formal recruitment or interviews, the study drew on practitioner commentary from publicly accessible online communities where clinicians voluntarily shared experiences with digital documentation technologies.

Data Sources

Data was collected from two practitioner forums: the Grow Therapy community platform and the HelloAlma professional forum. Both platforms serve licensed mental health clinicians across the United States and include discussion threads focused on practice management, digital tools, and ethical considerations in clinical work. Posts were included if they referenced clinician-facing documentation tools, such as Mentalyc, Alma Note Assist, or Upheal, and provided substantive commentary on perceived benefits, challenges, or clinical implications.

Only publicly viewable threads were included; no password-protected, private group content was accessed. The analysis drew on forum posts dated between March 2024 and January 2025. No usernames, practitioner names, geographic locations, or references to specific clients were retained.

Data Selection and Analysis

Comments were screened and manually compiled if they met the following criteria: 1) a self-identified clinician made the post, 2) it contained reflections on AI-generated documentation tools, and 3) it addressed issues related to clinical utility, ethical practice, documentation burden, or client interaction.

An inductive thematic analysis was conducted following Braun and Clarke's (2006) framework. Two authors conducted the qualitative analysis and contributed to theme development. Comments were read repeatedly to become familiar with clinicians' descriptions of AI-assisted documentation. Initial descriptive codes captured issues such as time savings, consent practices, ethical hesitation, and trust in AI. These codes were grouped into broader themes reflecting shared concerns and differing perspectives across the forum discussions. The developing themes were reviewed through iterative comparison across threads to ensure that the analysis remained grounded in practitioner commentary. The analysis focused on clinicians' reported experiences and interpretations; it did not assess the accuracy of AI-generated notes or measure changes in clinical outcomes.

RESULTS

Analysis of practitioner reflections revealed three overarching themes: 1) perceived benefits and workflow improvements, 2) ethical ambivalence and concerns around consent, and 3) clinical identity and resistance to automation. The themes illustrate the complex landscape clinicians navigate when adopting AI-based documentation tools.

Perceived Benefits and Workflow Improvements

A dominant theme across practitioner comments was the perceived value of AI documentation tools in reducing administrative burden. Clinicians described these tools as practical time-savers, particularly in high-volume private practices or telehealth settings. Many reported a greater ability to focus during sessions and to complete documentation more efficiently afterward. One practitioner shared:

"It saves me so much time, and notes are the bane of my existence. Now that I am using it, I am not even sure why I was so hesitant to start."

Another echoed this sentiment, stating:

I am free to be truly present during session… [the tool] is doing an amazing job of formatting my documentation in a SOAP note.

These tools were also perceived as helpful for organizing content and reducing mental load, particularly when integrated into platforms clinicians already use. One user emphasized the simplicity of the process:

It will generate a note within several minutes." Another practitioner commented, "the documentation is better than if I wrote it myself (hard to admit that, but it is true).

Collectively, these reflections suggest that AI note-assist tools are appreciated for improving workflow, reducing documentation fatigue, and enhancing clinicians' capacity to engage meaningfully with clients.

While not framed as perfect solutions, the tools were generally seen as supportive mechanisms that make routine clinical tasks more manageable and sustainable.

Ethical Ambivalence and Consent Concerns

Despite enthusiasm about efficiency, many practitioners expressed ethical uncertainty about the use of AI in clinical documentation. A recurring concern involved the recording of sessions or the use of audio-transcription features. Several clinicians described initial discomfort with allowing AI tools to "listen in," even when assured that recordings were not stored. One practitioner remarked,

Even if it 'isn't recording,' it needs to store that data somewhere before it deletes it.

Consent practices varied, with some clinicians integrating client opt-in procedures and others relying on verbal explanations. A few described offering a brief explanation at the start of sessions, while others noted uncertainty about how best to document client agreement. Concerns persisted about privacy, potential breaches, and the possibility that the use of AI might subtly alter the therapeutic environment. One clinician asked:

Is there a way to send clients the consent form through Mentalyc, or do I need to do that through another platform?

Several comments highlighted the absence of standardized guidance or supervision on AI integration, leaving them to navigate consent and ethical decision-making on their own. For many, the decision to adopt AI tools involved ongoing internal negotiation about how to align efficiency with professional responsibility and therapeutic trust.

One practitioner noted that some clients in their twenties and thirties were already familiar with AI through their work and comfortable with its use. Still, concerns persisted about privacy, potential breaches, and the possibility that the use of AI might subtly alter the therapeutic environment. Several participants highlighted the absence of standardized guidance or supervision on AI integration, leaving them to navigate consent and ethical decision-making on their own.

Clinical Identity and Resistance to Automation

The theme centered on the perceived implications of AI documentation for clinicians' professional roles. While many users appreciated the structural support that AI tools offered, some expressed concerns about losing narrative nuance or therapeutic judgment. Several clinicians described the need to review or add details to AI-generated drafts. As one Alma Note Assist user described:

I always take the time to read over and edit them.

Another clinician similarly noted:

It’s so general that I need to go in and add details.

These comments suggest that for many practitioners, note-writing remains a reflective process tied to professional identity and therapeutic intention. While AI tools were viewed as helpful for organizing and formatting notes, clinicians emphasized the importance of retaining authorship and discretion over final content.

Some comments also voiced broader discomfort with the increasing automation of clinical tasks. A few questioned whether reliance on generative AI might gradually shift expectations around documentation in ways that undermine relational practice. One clinician shared:

I will admit that I am an old school practitioner and that makes me nervous.

Rather than outright resistance, these reflections represent a desire for balance and efficiency without eroding the personal, interpretive dimensions of clinical documentation. Practitioners consistently called for thoughtful integration, clear ethical guidance, and an approach to AI that supports rather than substitutes the human elements of care.

LIMITATIONS

This study offers timely and meaningful insights into how mental health practitioners are experiencing and adapting to emerging AI-assisted documentation tools. By drawing on naturally occurring reflections from real-world professional forums, it captures authentic practitioner perspectives during a critical period of technological transition. However, several limitations should be noted to contextualize these findings.

First, because the data were collected from publicly available online forums, the perspectives represented may reflect a self-selecting group of clinicians who are more digitally engaged or comfortable discussing their practices in open forums. As a result, the findings may not fully represent the views of all clinicians, particularly those less familiar with or more skeptical of technology-based tools.

Second, the absence of demographic data or practice context (e.g., setting, discipline, client population) limits the ability to draw comparisons across clinical environments or identities. While this decision was made to prioritize anonymity and ethical integrity, it does restrict the scope of analysis.

Third, the use of written forum posts as the data source, rather than interviews or focus groups, means that opportunities for follow-up or clarification were not available. However, this format allowed for candid, practitioner-driven commentary that may not always surface in researcher-directed inquiries.

Finally, AI technologies in mental health care are evolving rapidly, and perceptions will likely shift as tools mature, ethical frameworks emerge, and implementation practices stabilize. The findings presented here

should be viewed as a valuable snapshot in time, one that contributes to an emerging evidence base and supports future inquiry.

Despite these limitations, the study offers a unique and grounded contribution by amplifying clinician voices at the intersection of technology and therapeutic practice. It highlights areas of both promise and concern, laying the groundwork for more comprehensive, multi-method research and ethical dialogue moving forward.

DISCUSSION

This study explored how mental health clinicians perceive and respond to AI-assisted documentation tools, drawing on publicly available practitioner reflections. Three interrelated themes emerged: (1) perceived workflow benefits, (2) ethical concerns regarding consent and data use, and (3) ambivalence around professional identity and automation. Together, these themes reflect the complexities and contradictions clinicians face as artificial intelligence becomes increasingly integrated into behavioral health settings. Rather than viewing AI as a neutral tool, practitioners situate it within a broader context of professional values, relational ethics, and historical tensions surrounding technological innovation in mental health care.

Workflow Benefits and the Promise of Efficiency

Clinicians expressed strong appreciation for the potential of AI tools to streamline referrals and documentation, reduce administrative burden, and protect clinician time, particularly in high-volume, high-stress practice environments such as community mental health clinics or telehealth platforms. Many participants noted that AI-assisted documentation tools could reduce "note bloat," standardize templates, and automate routine tasks, enabling them to devote more energy to direct client care. This aligns with prior research in medical fields suggesting that ambient documentation systems, such as automatic speech-to-text technologies and large language model (LLM) based summarizers, can reduce after-hours work and support better clinical workflows (Albrecht et al., 2025).

In mental health, where the demands of progress notes, treatment plans, and insurance documentation are especially intense, these benefits take on added significance. AI systems may serve as buffers against burnout, a widespread and well-documented problem in the behavioral health workforce (Morse et al., 2012). Some practitioners described AI tools as "extra hands" that work in the background, easing the burden of non-clinical tasks. These findings align with broader arguments in the health IT literature that AI can help reclaim time for the human aspects of care, including listening, empathy, and attunement (Topol, 2019). However, these benefits are not without caveats and concerns.

Ethical Concerns: Consent, Surveillance, and Data Sovereignty

Despite optimism about efficiency, many clinicians expressed profound ethical concerns about integrating AI into clinical documentation. Key issues included transparency in data use, client consent, the proprietary nature of AI tools, and the risk of inadvertent surveillance. These concerns reflect a long-standing unease in behavioral health regarding the role of technology in therapeutic relationships, particularly when the mechanisms of data capture, storage, and analysis remain opaque to both clinicians and clients (Ben-Zeev et al., 2015; Luxton, 2016).

Several clinicians question whether clients are truly informed about the presence of AI systems in the documentation process, especially when tools are embedded in EHRs or operate ambiently in the background. Others worried about the secondary use of sensitive clinical data, such as mental health history, trauma disclosures, or substance use patterns, by third-party vendors or AI model trainers. These anxieties are compounded by the fact that many AI systems are built on proprietary architectures, with limited public oversight or regulatory clarity about how clinical data is used, stored, or monetized.

Moreover, mental health professionals noted that the presence of AI in clinical interactions, even indirectly, may subtly shift the therapeutic frame. For example, the use of AI-generated summaries could flatten or depersonalize the narrative elements of client stories while raising concerns about the permanence and traceability of emotionally charged content. These reflections align with critiques from digital ethics and surveillance studies, which emphasize that AI systems are not simply technical tools but sociotechnical systems that reshape power, trust, and autonomy in healthcare (Crawford, 2021; Mittelstadt et al., 2016). The risk is not only data leakage but also erosion of the relational safety that underpins effective psychotherapy.

Professional Identity and the Ambiguity of Automation

A third and more existential concern among clinicians was the impact of AI tools on their sense of professional identity, voice, and clinical autonomy. While some described AI as a helpful assistant, like a scribe or co-writer, others feared a loss of authorship and nuance. For example, clinicians expressed discomfort with the standardized or generic phrasing produced by AI systems, which they felt lacked the precision, empathy, and individualized reflection necessary for high-quality documentation in relational care settings.

This tension reflects broader debates within the helping professions about the encroachment of algorithmic logic into domains historically governed by professional judgment, contextual reasoning, and emotional labor. The integration of AI into documentation may inadvertently signal a shift from narrative-based models of care to data-driven frameworks that prioritize standardization and efficiency over complexity and meaning. This echoes previous critiques of EHRs and outcome-tracking systems, which have been shown to produce "audit cultures" that subtly devalue clinical intuition and relational depth (Munro, 2004).

Some clinicians also fear that as AI becomes more capable of emulating professional writing and decision-making, it may threaten job security or contribute to the deskilling of the workforce. Although

these fears may be more speculative at present, they reflect valid concerns about the future of clinical work in an increasingly automated environment. Importantly, this theme was not uniformly negative; some clinicians saw the opportunity to reshape documentation as a creative collaboration between humans and machines. Still, the ambivalence suggests that clinicians want support, not substitution.

Implications for Implementation, Education, and Policy

These findings suggest that the successful integration of AI-based documentation tools in mental health care will require more than technical optimization; it will require ethical deliberation, clinician involvement, and structural support. To begin, developers and health systems should adopt participatory design processes that involve frontline clinicians in the creation, testing, and refinement of AI tools. Doing so not only improves usability but also fosters buy-in and ensures alignment with the values and needs of the profession.

Ethical frameworks and practice guidelines must evolve to address the unique challenges posed by AI in the documentation process. These should include clear protocols around client consent, transparency about AI involvement, limitations on data sharing, and safeguards to prevent bias or harm. Professional organizations, such as the National Association of Social Workers (NASW) and the American Psychological Association (APA), play a crucial role in establishing standards, providing training, and advocating for the responsible use of AI.

There is a need for education and reflective practice. Clinicians must be equipped not only to use AI tools effectively but also to engage in critical inquiry about their impacts. This includes understanding how AI systems are trained, what assumptions they encode, and how to preserve narrative richness and ethical sensitivity in the documentation process. As AI reshapes the landscape of behavioral health, mental health professionals must remain not just end users but active stewards of their practice and its future.

CONCLUSION

As artificial intelligence continues to reshape the landscape of health and human services, its integration into clinical documentation offers both promise and provocation. This study contributes to the emerging literature by centering on the perspectives of mental health clinicians who encounter AI-assisted referral and documentation tools in real-world practice. The findings reveal a complex landscape: while many clinicians recognize the potential of these technologies to enhance workflow efficiency and alleviate burnout, significant concerns persist regarding data privacy, client consent, ethical integrity, and the future of the therapeutic relationship.

Clinicians' reflections on AI are not merely technical. They are deeply tied to questions of professional identity, relational ethics, and the nature of evidence-based practice. Far from passive recipients of innovation, clinicians are actively engaging with the implications of AI on their roles, their clients, and their values. Their ambivalence should not be seen as resistance but rather as a call for careful,

collaborative, and context-sensitive implementation. AI systems that overlook these relational and ethical dimensions risk exacerbating existing challenges in behavioral health care, including documentation burden, client mistrust, and workforce attrition.

This study highlights the need to reframe AI not as a replacement for clinical reasoning or narrative complexity but as a potential ally, one that must be thoughtfully designed and governed. Tools that support evidence-based practice without undermining human discretion improve efficiency without sacrificing empathy, handle data responsibly while preserving therapeutic trust, and are more likely to be embraced by the field. As such, developers, policymakers, and training institutions must prioritize co-design, transparency, and clinician education to ensure that AI tools genuinely support the mission of mental health care.

Future research should continue to explore clinician experiences across diverse settings, professions, and client populations, as well as the measurable impact of AI-assisted documentation on care quality, equity, and outcomes. As the field evolves, it is essential to center the voices of those on the frontlines of care and to uphold a vision of innovation grounded in ethics, relationality, and justice. AI may never replicate the human capacity to hold space for suffering, but it can and should be developed in ways that support those who do.

DECLARATIONS

Author Contribution

Hanni Flaherty conceptualized and led the study and drafted the primary manuscript text. Soohyoung Rain Lee and Mija Lee conducted qualitative analysis, assisted in thematic development, and contributed to structural revisions of the manuscript. Sewoong Oh contributed to the interpretation of findings and the development of the international and comparative implications in the discussion section. All authors reviewed, edited, and approved the final manuscript.

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