



PsiAN Position Paper on Mental Health Apps/Technology

PsiAN confronts our broken mental healthcare delivery system every day. We see too many people needing quality care with lasting benefits who are unable to access it. We deplore how the current healthcare system maximizes corporate profit rather than providing the care people need. It's a system where the need for well-trained, competent psychotherapists vastly exceeds the supply.

We therefore understand the wish for a disruptive solution. No need to fix the broken mental healthcare delivery system, just wait for the right techno-magic. But that is a dangerously false hope. We liken the situation to a hypothetical antibiotic shortage. Imagine if the response were merely to sell diluted antibiotics or untested remedies. That's what we have today. Too many mental health technology offerings are either watered down versions of safe, effective treatments or some form of digital snake oil.

Any number of people harmed by ineffective, untested, and dangerous treatments is too many when effective and tested treatments exist. Far too many people continue to suffer after following inaccurate or misleading marketing messages. Too many are turned off from seeking effective treatment after trying a new "disruptive" app or platform. They leave disappointed, feeling they have failed. Many fall prey to unethical breaches of confidentiality, and to clinicians constrained by corporate priorities that put profits ahead of the well-being of their clients/patients.

To make matters worse, when groups like PsiAN try to publicize these dangers, the well-funded start-ups and deep pocketed corporations threaten to file oppressive lawsuits designed to keep the dangers from public view.

Unfortunately, these dangers are too often ignored by policy makers, prospective clients/patients, journalists, and those who accept advertising from these companies.

Here are some red flags to identify a problematic mental health app or platform:

- ◆ **Implying that anything helpful for one's mental health is psychotherapy**
Extensive research documents that many activities can help reduce depression and anxiety: journaling, mindfulness practices, yoga, peer support, interactive texting, and meditation to name a few. But none of these should be considered replacements for the professional practice of psychotherapy. To do so is tantamount to claiming that a gym membership is like going to see a cardiologist because both support heart health.

- ◆ **Overselling the science**

Too many apps/platforms are aggressively marketed based on one or a few questionable studies. These are frequently either conducted by people with a financial interest in the results or funded by the app/platform being studied. Three especially pernicious examples are “gold standard” randomized controlled trials comparing the app to no intervention at all; studies with a time frame too short to have any meaning or value; and studies that use vague or clinically irrelevant measures. Those marketing these preliminary studies as conclusive proof of clinical value are trying to dupe the public.
- ◆ **Overselling technology’s promise**

Technology has tremendous promise for health care. But this promise introduces significant peril as well. This is especially true in mental health care, where problems and their treatments can include features that are intangible or hard to quantify. Problematic apps/platforms redefine problems to fit what the technology can do, instead of fitting the technology to actual problems people have.
- ◆ **Misleading marketing messages**

Many apps/platforms market themselves as providers of therapy or treatment while having terms of service, often buried deep in their websites, explicitly denying that. They sell themselves as treatment providers while hiding behind disclaimers that reject any ethical, clinical, or legal accountability. Some sidestep accountability by claiming to provide mental health “support,” or that they are a mental health “ally.” They avoid using the word “therapy” but everything else shouts that therapy is what they offer. In addition, because of these misleading messages the clinicians working with those apps/platforms may be violating professional ethics codes that prohibit misleading the public.
- ◆ **Built-in violations of clinically necessary confidentiality**

Apps and platforms that collect, store, and mine recordings of clinical exchanges, even as part of a business promising “safe harbors” and anonymity, are undermining an essential feature of any psychotherapy relationship: strict confidentiality. Some apps even maintain the right to sell and use the data they collect. PsiAN recognizes that how people understand and value privacy is changing in emerging digital culture. But we firmly believe that this makes protecting clinical confidentiality more rather than less important. We also know how easy it is to de-anonymize digital data. Therefore, no app or platform should ever store any data beyond that required to provide quality care to that specific patient/client, nor sell such data to enhance revenue or use the data for marketing purposes.
- ◆ **Promising “independent providers” who are not independent**

Apps/platforms are business products and services, not professional practices. They market themselves and protect themselves against accountability by claiming that all of their clinicians are “independent” These so-called “independent providers” are like Uber or Lyft drivers where the license belongs to the individual driver of clinician but the behavior is set by the platform’s rules, regulations, and procedures. While they may be “independent” for tax purposes, the care they provide is not independent. Providers are pushed to provide what the app/platform wants and not what is in the

best interest of the patient/client. The length of sessions, the kind of care offered, the inability to schedule regularly recurring sessions when appropriate, and pressure to keep their patients/clients on the platform are examples of how appropriate clinical care gets undermined by the business interests of the app/platform.

CONCLUSION

PsiAN supports technologies that can improve the mental healthcare delivery system, especially those that strive to disrupt the insurance industry's stranglehold on setting the terms for clinical care. Let's fix the system. We hope for technologies that can attract and educate the next generation of psychotherapists while supporting quality care and greater accessibility.

In addition, programs, sites, and apps that facilitate effective psychotherapies with lasting benefits which are supported by decades of research and experience, such as the psychotherapies of depth, insight, and relationship at the core of PsiAN's mission, have our support. Useful technologies include assessment/diagnostic tools, psychoeducational materials (e.g., stress management), referral/scheduling and practice management tools, and teleconferencing software that preserves clinical confidentiality. PsiAN supports tools that respect professional ethics and quality of care and that improve access.

But PsiAN opposes technology purveyors who exploit the vulnerable in search of windfall profits. Technologies that aim to disrupt or discard the therapeutic relationship are selling a dangerous, harmful illusion. Examples include apps and online services that offer "therapy" by text message, those that replace the human therapist with an AI chatbot, those that falsely equate superficial symptom reduction with true emotional healing, and those that promise "quick and easy" benefits when authentic psychotherapy is often neither.

We know how to provide safe, effective psychotherapy to people who need it. Technology should make that easier and more effective rather than selling an illusion that may leave those in need feeling disenfranchised, disconnected, and increasingly hopeless, as well as possibly harmed. Unfortunately, current technologies too often increase the stigma around seeking effective care, flood the marketplace with misleading claims, and make it more difficult for people to get the help they need.

Prepared by:
Todd Essig, Ph.D.
Steven Reidbord, M.D.
Natasha Reynolds, Psy.D.

ADDITIONAL READING

For those interested in learning more about the history and current status of the relationship between the crisis in mental health care and mental health apps and technology see Hiland, E. B. (2021). *Therapy Tech: The Digital Transformation of Mental*

Healthcare. U of Minnesota Press and Zeavin, H. (2021). *The Distance Cure: A History of Teletherapy*. MIT Press

For more on the dangers of chatbots, assaults on privacy, and the reach of business interests into clinical decisions see [“Researcher warns about dangers of AI chatbots for treating mental illness.”](#) [“The Spooky, Loosely Regulated World of Online Therapy”](#) describes problems with confidentiality, as does [“We don’t think this is a healthy therapeutic relationship’: Therapist exposes BetterHelp’s problems in viral TikTok”](#) as part of a larger expose of problems.

The preliminary studies that launched aggressive marketing campaigns for both [Talkspace](#) and [Woebot](#) are clear examples of oversold science. See [Delivering Cognitive Behavior Therapy to Young Adults With Symptoms of Depression and Anxiety Using a Fully Automated Conversational Agent \(Woebot\): A Randomized Controlled Trial](#) and [A Study of Asynchronous Mobile-Enabled SMS Text Psychotherapy](#). Like soda manufacturers conducting research on the benefits of sugar, research conducted by researchers with a financial interest in the outcome should be suspect in general.