



**RE: H. 816 An act relating to regulating the use of  
artificial intelligence in the provision of mental health services  
Lynn Currier, Executive Director, NASW-VT  
March 11, 2026**

My name is Lynn Currier, and I am the Executive Director of the National Association of Social Workers, VT Chapter (NASW VT) writing in support of H.816.

The primary concern of NASW VT is AI platforms, including generative AI, providing therapy or mental health services independent of trained, licensed, mental health professionals. This is an issue currently being addressed in many states with legislation that has passed in Illinois and Nevada.

We are concerned with AI platforms directly or indirectly, explicitly or implicitly providing therapy. Oftentimes these platforms set themselves up as an equivalency to therapy with a licensed mental health professional. If you ask AI if you have a certain diagnosis and lay out some symptoms, the response will be that it can't make a diagnosis or treatment plan, but then it will.

At best, AI therapy platforms are the unlicensed practice of mental health care. At worst, the interactions are harmful and misguided and, in some cases, have ended in self-harm or suicide. We have a growing number of examples, and lawsuits, of AI platforms expressly or by default, providing therapy with tragic results. One such case is Adam Raines, a 16-year old boy who died last year by suicide. ChatGPT provided help and resources on how to tie a noose that would hold a human body and it could help with a heartfelt suicide note.

AI is designed to be helpful, it is designed to provide resources, it is designed to share information in a friendly, nonjudgmental, engaging way. But it lacks the critical thinking and analysis of human professionals. AI pulls information from recorded therapy sessions to create predictive responses. In other words, if the AI system has "learned" that people in response to feelings of depression cut themselves, this becomes the norm and recommendation. AI is pattern-matching, not deep understanding.

Mental health professionals undergo education and on-going training to achieve their licensure and maintain it; artificial intelligence should not be allowed to provide services that require this licensure.

We understand that the need for mental health care in this country outpaces our ability to adequately meet the need. However, AI therapy is not the silver bullet that we are looking for. The risks towards consumers are too high, and the safeguards are not yet in place to provide confidence. The data on the effectiveness of these tools also remains hopeful but falls short of truly being called an evidence-based practice, which is what we require of our mental health practitioners.