

Focus 2.0

A Publication of The CAFÉ TA Center

Issue 19

What is the Focus 2.0?

The *Focus 2.0* newsletter highlights important issues in mental health, providing timely information on recovery, peer support, and the value of including people with lived experience in the mental health system of care.

Have a suggestion for a topic? Let us know!



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Mental Health and AI: Promising Tool or Potential Danger?

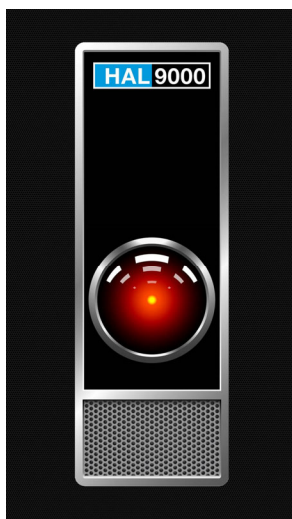
These days, it seems like artificial intelligence and “AI tools” are everywhere you look. Social media and advertising are full of AI-generated images, companies are constantly touting their latest “AI-driven” innovations, and it’s not uncommon to hear friends and coworkers saying, “I used AI for that.”

What is AI? Artificial intelligence is first and foremost a computing tool. It uses a complex computer program called an algorithm and the information it can access to come up with answers to “prompts” from users. It can handle tremendous amounts of information and speed up the process of complicated calculations in science, technology, engineering, and math (aka STEM). Recently, AI seems to be playing a part and shifting expectations beyond the STEM fields where you might expect to see it, branching into many types of media. It’s a powerful tool, and while it’s not clear now exactly how it will change our world, there seems to be no doubt that it will touch almost every aspect of our daily lives in some way. It’s just



too capable, and too prevalent, to avoid.

One of the most noteworthy recent developments in AI is the advent of “large language models” (also



known as LLMs) like ChatGPT, that bring the computing power of AI to bear on human interactions. Thanks to these language models, AI isn't just for math problems anymore. You can actually have a conversation with it! **The question is, what exactly is that conversation, and who are you talking to?**

This question becomes especially critical when it comes to things that are essentially about human interaction, like mental health. In chatbot form, AI can seem almost human. You can ask it a question, and it can give you an answer that seems to make sense and appears to be following a logical conversation. But is it? Can an AI chatbot substitute for real human interaction? Can an AI be a friend? A peer? A therapist? Is there a danger in treating an AI like a human in a trusted relationship? Or does AI hold the key to addressing loneliness, isolation, or even the need for mental health support that can't be met by existing systems?

While it may seem plausible that AI could serve some therapeutic purpose, or at least substitute for human interaction, in some cases it seems that it's actually posing a danger. In these instances, instead of AI helping users looking for interaction and answers, people without previous mental health issues have experienced severe distress as a result of engaging in extended interactions with AI chatbots. A recent article from WIRED magazine explains (<https://www.wired.com/story/ai-psychosis-is->

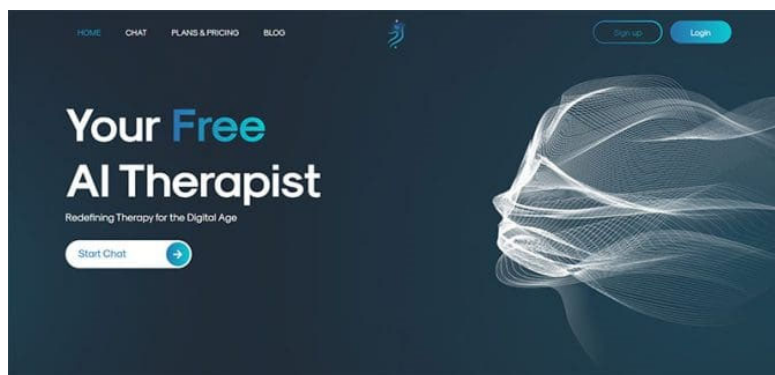
[rarely-psychosis-at-all/](#)) how this phenomenon is now common enough to have earned the name “AI psychosis.”

As the article explores, it's not clear that this unique type of AI addiction, in which users experience delusions after prolonged interactions with AI, actually qualifies as psychosis as defined by medicine. The primary symptom of so-called AI psychosis is delusional thinking, whereas psychosis associated with schizophrenia or other serious mental health conditions typically includes hallucinations, cognitive issues, and disordered thoughts as well. Nonetheless, the fact that the term “AI psychosis” has emerged means that there are enough people engaging with chatbots and experiencing severe negative effects that there's a real danger there that people with mental health lived experience should consider.

At the same time, there looks to be a path for AI to play a positive part in the mental health system, with research now being done into how AI might be deployed as a therapeutic tool. For example, a recently announced project at the University of Pennsylvania seeks to figure out how machine learning and AI can be used to create better diagnosis tools (<https://idi.upenn.edu/our-work/research-updates/penn-researcher-awarded-8-million-to-advance-mental-health-diagnostics-using-ai/>). In basic terms, the goal is to build a model that includes enough information about symptoms and factors related to mental health that it can serve as a more accurate tool than the checklists and interviews clinicians typically use to make diagnoses and create treatment approaches. This could develop into an AI tool to help clinicians be more efficient and accurate, increasing the capacity to identify mental health problems, or allowing fewer clinicians to serve more people, but at its core it would still be human-guided. Additionally, the information being fed into the AI model would be tightly controlled and highly spe-

cific, unlike with popular chatbots that gather information from the internet.

While the project at Penn represents a fairly advanced vision of what AI could do in the mental health realm, there are already less complex, widely available AI apps that claim to be suited for therapeutic use. This fast-growing area is very new, and very complicated, and it's populated with AI therapy tools that don't rely on active human guidance. It's hard to know how useful these AI therapy apps are, or how effective. A recent article from AP (<https://apnews.com/article/ai-therapy-ban-illinois-therabot-dfc5906b36fdd1fe8e8dbdb4970a45a7>) goes in to some of the difficulties, describing how various states are attempting to regulate "therapy apps," while creators try to determine whether what they're providing might count as therapy, or whether to frame their chat-based apps as more of a virtual friend than a therapist. Unlike the example at Penn, these apps place those seeking help in direct relationships with AI language models, without human involvement.



So, **what are we in the mental health recovery community supposed to make of all this?** Should we see AI as a threat, and encourage our peers to avoid it? Or is there a place for AI in our recovery toolbox?

To answer that question, it's important to remember one thing. **No matter what it feels like when you interact with it, AI is a digital tool, not a person.** AI chatbots work by taking massive amounts of written information from the internet, processing it through an algorithm, and putting together answers to your questions based on a best guess about how everything it "knows" could apply to your question. Like a lot of digital tools, AI is good at organizing and synthesizing information. It's also good at keeping you engaged so you continue the "conversation." Even though it might feel like it's really talking to you, it can't make genuine connection.

If you're interested in exploring AI and what it can do for you, it's a good idea to think of it as a tool, and not a person.

There are some things it can probably do well. Need help organizing your recovery plan into a bullet list or color-coded calendar? Want a meditation or journaling prompt to help you break out of a recovery rut? Want to brainstorm some innovative recovery activities? AI could help you do it.

Then there are things AI can't do. Are you looking for peer support, therapy, friendship, or genuine human connection? Sorry, you'll need another person for that!

There likely is some role for AI tools in mental health and recovery, and as it evolves, that role might expand. The peers of tomorrow may end up using AI as part of their recovery in ways we can't imagine today.

At its core, however, recovery is about connection. An AI tool can never be a peer, because machines don't have lived experience. While AI might be a helpful tool, that human connection will always be the most essential piece.

A SAMHSA Tip-Sheet on Self-Care for Providers

SAMHSA recently shared a new tool to help people working in the mental health space check in on their own wellness while seeking to help others. “Taking Care: Promoting Well-being for Recovery and Behavioral Health Care Providers” reminds readers that burnout is common in the mental health services, and that tending to self-care can mitigate the risk. It offers specific strategies for checking in on one’s own wellness, with strategies that can be applied for individuals or teams to help caregivers stay strong in their own wellness and recovery while supporting others. Check it out at <https://library.samhsa.gov/product/taking-care-promoting-well-being-recovery-and-behavioral-health-care-providers/pep25-08-009>

CAFÉ TAC has also shared a number of resources on workplace wellness and self-care that can work for anyone, whether they are in the mental health workforce or beyond. Here are a few:

- The **Integrating Mindfulness in the Workplace** series at <https://cafetacenter.net/join-cafe-tac-for-integrating-mindfulness-practices-in-the-workplace-a-four-part-series/>
- Installments on “Self-Care while Seeking Employment,” “Mental Health Check-Ins,” and “Self-Care while Working” in the **So You’re Ready to Work, Now What?** series at <https://cafetacenter.net/cafe-tac-presents-so-youre-ready-to-work-now-what/>
- **Supporting Employees With Mental Health Conditions** tip sheet at <https://cafetacenter.net/supporting-employees-with-mental-health-conditions/>

Join a CAFÉ TAC Series on Family Mental Health

CAFÉ TAC recently hosted the first session in its ongoing **Empowering Your Emerging Adult Series**.

The session, **Exploring Identity, Self-Discovery, and Social Connections**, helped attendees to understand the vital role of identity exploration and social connections in the recovery journey, discover how to encourage self-discovery and supportive friendships with confidence, and share with peers in caregiving relationships for connection and support. View the recording at cafetacenter.net/join-the-first-session-in-cafe-tacs-emerging-adult-series/!

This series is designed to help people in caregiving relationships with young adults in recovery to better support self-directed growth and wellness. We hope you will be able to join us for the next webinar on Thursday, November 13th, as well as planned sessions in January, February, and March.



Capacity Corner: A Column about Capacity-Building for Your Peer-Run Organization

CAFÉ TAC is pleased to share this feature, a column from CAFÉ TAC Training Coordinator John Ferrone on leadership challenges within peer-run organizations, where many advocates with lived experience direct their efforts to promote recovery and inspire change.

*This column's topic is **When Board Members Communicate with Staff—How to Handle the Dynamics.***

One of the most common issues I run across when working with non-profit organizations is when Board members communicate with staff members regarding the organization. The result is often an uncomfortable dynamic that requires careful navigation. Let's explore a scenario and some options for navigating the situation if you're the Executive Director (and if you're not the Executive Director, you can still gain valuable insight that will help you help your organization).

There are a few points to make before jumping into the situations.

First, Peer-run organizations are very unique in that most of the people involved—from staff to leadership to Board members—have in common the mental health journey and related lived experience, which is the basis for friendships and bonds that transcend the hierarchy of the organization. The challenge, then, is for all members of the organization to respect the boundaries between the levels of the organization, and to always place the organization first.

Second, sometimes people who are at different levels of an organization see and know one another outside the organization. Are they allowed to be friends? Of course! The problem arises when one or both individuals ignore the boundaries and make the organization the topic of their conversation. It takes discipline and commitment to the organization to avoid discussing it.

Third, sometimes there is a need for one person at one level of the organization to speak with someone at a higher level. This situation is usually negative, meaning that someone is reporting something negative about their boss to their boss's boss. There should be a policy and protocols to govern this procedure.

Having acknowledged those three basic principles related to boundaries, let's consider a scenario. You are the Executive Director. During the recent Board meeting you needed to explain to the Board that an employee was terminated because that person was reporting hours that he had not worked, thus stealing from the organization. This information was confidential; however, the Board needed to know the details because the Board is responsible for the fiduciary health of the organization.

One of the Board members a few days later spoke with an employee who was friends with the employee that was terminated. The employee was sad and was seeking an explanation, and being a friend of the Board member, she asked the Board member for an explanation. The Board member shared the confidential information. As the Executive Director, you learned about this through a back channel because word spread,

and someone said that the employee friend of the Board member heard it from the Board member. You are angry, to say the least.

What do you do? First, it's not the employee's fault that the Board member shared the information; however, it is well within your right to speak with the employee and let them know that it is not appropriate for employees to solicit information from Board members, especially if it is confidential. If you do not have a policy and procedure for how to handle this and what consequences may result, it would be a good idea to write those immediately.

Second, you need to speak with the Board President, who is the point of contact for the Board members. If it was the Board President, then you can direct your comments to that person. If it was a different Board member, you need to explain the situation to the Board President, seek his or her agreement that it was wrong of the Board member to share the information, and ask the Board President to correct the Board member privately to ensure that it does not happen again. Also, are there consequences? In some cases, this might be grounds for removal from the Board. Each situation may be unique. Again, if there is no policy or procedure that exists, it would be good to write those and get them approved.

Prevention is the key. As the Executive Director, you should deliver quarterly reminders to the staff and to the Board that communication between the two about the organization is not healthy and should be avoided unless it is a grievance about leadership in which the employee does not feel comfortable reporting a grievance to the Executive Director (e.g., it's about the Executive Director, or it's about someone who is the friend of the Executive Director, etc.) Be sure to remind them about the policy and protocols that exist to guide such communication.

It's a difficult line to walk, and a challenging balance to maintain. Executive Directors should foster a strong relationship with the Board President and ensure that this topic is discussed often so that when it comes up (and it will) there is no hesitation in responding to it appropriately.



Is there a leadership challenge you're facing in your peer-run organization or advocacy efforts? We want to hear about it! Reach out to us at cafetacenter@gmail.com with your question or comment. We will be happy to help, and your challenge might just be the subject of our next Capacity Corner column! (Anonymously and with your consent, of course!)

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