ACCELERATING OPTIMAL CARE PLACEMENT AT INTAKE

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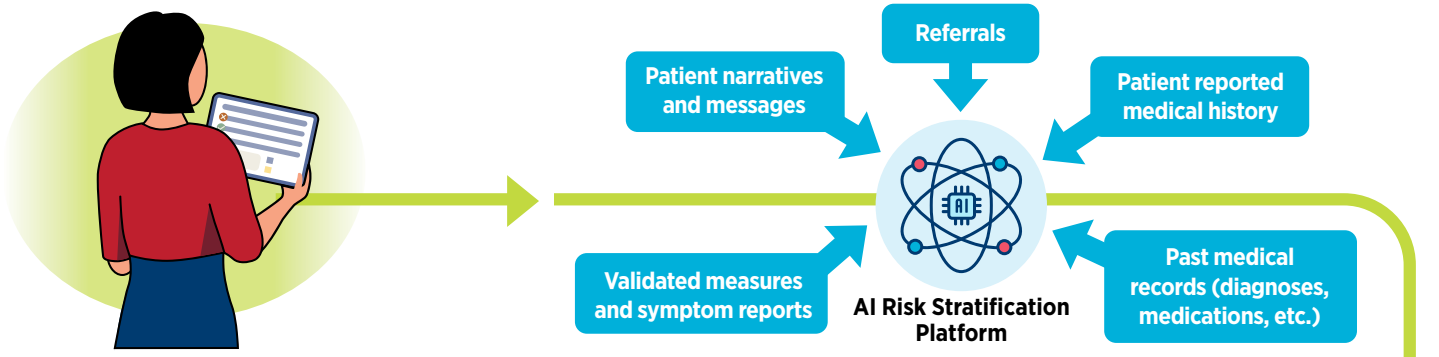
Mental health care is most effective when people receive support early and at the right level of care. Yet, long wait times and mismatches between individual needs and available services continue to delay treatment, worsen symptoms, and add strain to our already overburdened health systems.

How AI Streamlines Patient Intake and Care Placement

When implemented responsibly, AI can help strengthen intake processes under the supervision of clinicians by analyzing large volumes of available data to better assess urgency and match people with the most appropriate level of care:



STEP 1. A patient completes an electronic intake form with symptoms, needs, and history.

STEP 2. AI analyzes the data alongside relevant electronic health records (EHRs).

Recommended Care Plan Options	
LOW	Digital cognitive behavioral therapy, peer coaching
MEDIUM	Individual therapy
HIGH	Psychiatry, care coordination

STEP 4. A clinician reviews the recommendations and meets with the patient to finalize the care plan.

STEP 3. AI predicts likely level of severity, recommends appropriate care, and flags patients with urgent needs.

Potential Benefits of AI-Supported Intake[1,2,3]

COMMON CHALLENGES	IMPROVEMENTS WITH AI
Time-intensive manual review of patient intake information	More efficient processing of high volumes of information using minimal staff time
First-come, first-served waitlists	Urgent cases flagged for immediate clinician review; less urgent cases are matched with other clinical resources on a routine pace
Multiple appointments to reach the appropriate provider	Data-driven matching of patient needs and preferences to the right clinical expertise
A limited number of specialty providers cannot meet patient needs	Helps clinicians direct high-need patients to specialty care and steers lower-severity cases to lower-intensity services

These tools are designed to support intake, risk identification, and care placement by humans. Clinical diagnosis and treatment decisions remain the responsibility of licensed care providers.

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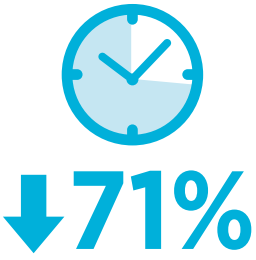
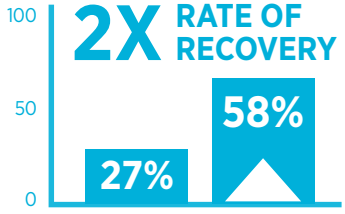
Early Evidence Points to AI's Opportunity in Mental Health Triage

Risk prediction is widely used in many areas of health care to determine the appropriate level of care, with more than 70% of hospitals using predictive AI.[4] Research shows that AI-supported risk prediction can help clinicians identify co-occurring conditions to better support people with complex chronic needs.[5] Early evidence from around the world suggests similar promise in mental health care.

A U.S. telehealth network cut crisis specialist **review times from ~9 hours to 13 minutes** using AI risk assessment.[6]



An outpatient mental health clinic in Canada saw a **71% drop in wait times** with AI-supported intake.[7]



A UK-based telehealth platform **doubled recovery rates (27% to 58%)** with AI-enabled intake versus standard referral.[8]

Core Principles for Responsible AI Use

Responsible use of AI should:

- Demonstrate safety and effectiveness across populations
- Protect patient privacy and confidentiality
- Easily integrate into routine care settings
- Have been trained and tested on high-quality, clinically validated data
- Augment– never replace– clinical judgment and decision making

Responsible Use Spotlight

Especially when used for risk prediction, AI systems must use outcome metrics that directly reflect the problem being addressed, rather than indirect proxy measures. For example, prior health care spending may correlate with medical need but should not substitute for assessing actual clinical need, even if it is easier to measure.[9]

[1]Koutsouleris et al (2022) doi.org/10.1016/S2589-7500(22)00153-4; [2]Lee et al (2024) doi.org/10.2196/58129; [3]Lee et al (2025) doi.org/10.1016/j.jval.2025.06.002; [4]Chang et al (2025) www.ncbi.nlm.nih.gov/books/NBK618497/; [5]Soufa et al doi.org/10.3390/jcm14103434; [6]Swaminathan et al (2023) doi.org/10.1038/s41746-023-00951-3; [7]Stephenson et al (2026). https://doi.org/10.1177/07067437251355641 [8]Rollwage (2023) doi.org/10.2196/44358; [9]Obermeyer et al (2019) doi.org/10.1126/science.aax2342;