Episode: How Can AI Help or Hinder Behavioral Health Equity?
Series: AI in the Classroom
Produced by: Digital Futures Institute, Teachers College, Columbia University
Featuring: Ayorkor Gaba, Assistant Professor in Counseling & Clinical Psychology

We are sort of in this place where we're using algorithms, we're using AI, we're using all these different tools, but are we really centering equity, and equity lens as we're building these things and really trying to get ahead of it? Because once you launch something and it's in the field, it's really hard to de-implement things that aren't working.

AI is now part of the mental health field. If we like it or not, it's here. And when things are introduced into the field, it's really important to have a seat at the table and really understand how it could have impacts on behavioral health equity. That's my area of research, looking at how we can improve access, engagement and outcomes in behavioral health treatment; mostly substance use treatment. So my questions have really been about how AI can hinder or help behavioral health equity, especially around substance use treatment.

So the way I define behavioral health equity is that we should all have the right to have equitable access to high quality, evidence-based, culturally tailored and affordable behavioral health services and supports. So that's not only just treatment like counseling and therapy, but that's medications for opioid use disorder, that's some social determinants of health supports like housing; all these things that we know really impact our behavioral health and wellbeing.

Currently, a lot of my work is with people with co-occurring mental health and substance use disorders or substance use disorders who are impacted or within the criminal legal system. Many years ago I was at this conference where they launched this thing, sort of this framework called Risk-Need-Responsivity, which is a framework that's used in the criminal

legal system to assess people's level of risk for recidivism, their needs, and then tailor public health sort of consequences and also treatment to those risks and needs. Those are all based on algorithms.
And so I remember they launched this as a way to take out the subjectivity in how people were matched to treatment and some of the consequences that were related to sentencing. And several years later there's this whole debate about, "Did we just bake in structural racism into these algorithms?" Sometimes there's misclassification because that tool uses criminal history as one of the factors that is built into the algorithm, and we know that criminal history can be at times a proxy for race because Black and Brown communities tend to be over policed and have a higher level of engagement within that system. So that would be an example of how these things kind of get baked into the development of those types of tools.

We are sort of in this place where we're using algorithms, we're using AI, we're using all these different tools, but are we really centering equity and equity lens as we're building these things and really trying to get ahead of it? Because once you launch something and it's in the field, settings are using it, it's really hard to de-implement things that aren't working.
And so why don't we take this as an opportunity as this field is growing around AI and mental health to really have psychologists at the table with an equity lens thinking about how these things are developed and how they're implemented and that we're engaging practitioners who are implementing these things; and also the people who are receiving these interventions at the table at intervention. Not at the end when you've created it and you just want to do sort of your beta testing; that you really want them at the table.

The other sort of pieces are around are we thinking about, when we're using these tools, access? So if we are now moving everything to AI-based digital health tools, what is the access in all communities? Do people have access to computers, smartphones? We all assume that people have access to smartphones, but working with the population I work with at reentry, most people don't have smartphones, or they have unstable phone service because of employment issues, all types of things. So if people's

care is being streamlined that way, we really need to think about some of the barriers to access and engagement.

One of the methods that I use is implementation science. There's this seventeen-year gap between what we know in research that this works to actually getting it into routine care practice. I do see some promise to help narrow that gap between research and what happens in practice. AI could be used in such helpful ways to help administrative burden around things, identifying folks. It can be helpful. So I do want to see where AI could go in narrowing that sort of seventeen-year gap.

And I would say that that gap is much longer in under-resourced communities. So that's 17 years in the ideal setting, but in other settings that's taking much longer.

So I am currently a Co-I on a study that's funded by the National Heart, Lung and Blood Institute, and it is a innovation hub that funds projects that are related to point-of-care technologies to address heart, lung, blood issues. And you might be asking, "Why are you involved in this?" Because many of those disorders, cardiovascular disease and also sleep disorders, really overlap with mental health and substance use issues. So that's how I initially became involved in that area and looking at it from an equity lens.

So if you're developing these point-of-care technologies, first, do all communities want them? How is AI going to help improve access or engagement in these types of technologies? And then also do providers want them? So part of that project is we do a national survey of healthcare providers and professionals asking them about their thoughts and perceptions about point-of-care technology.

This last round of the survey, we included questions about AI and AI's abilities to maybe help or hinder point-of-care technology engagement. And then we asked about equity as well. So we're in the midst of looking at that data to see what are people in the field thinking about it?

So for when you're looking at some of these health conditions like cardiovascular disease, people of color are at a higher risk for dying of cardiovascular disease, so it's really important to include them at the table when you are developing these things.
Even thinking about reentry, one of my interests is sort of reentry and sort of looking at the intersection of mental health, substance use and cardiovascular disease. Those folks need to be at the table when you're thinking about developing a wearable sensor. Do people trust having a wearable sensor? Will they wear it? You know, you can build it. That doesn't mean they're going to come. So really thinking about that in our development of things.

In terms of doing community-engaged work and bringing different constituents together, be it people who are receiving an intervention, people who are going to implement the intervention, even policymakers, it takes time. And I think, so the current structure of research does not give us the time to do that in ways that I think are engaging.

We are also working against a lot of mistrust, especially in the field of psychology. We got to be truthful with ourselves. People have a reason to distrust us. People have a reason to distrust researchers. So often when you're going into communities, you're spending just a lot of the ... You're not even getting to your research. You're getting to, "Hey, I'm a person. I understand the wrongs that have been done. This is how I am approaching this differently. I really want you at the table having equal say in this," and structuring your research that way.

We need more training in our field about AI, and just also digital health and telehealth and all types of technology in the mental health field. It is now upon us, and I don't think our curriculums have changed to really integrate that into our curriculum.

So right now I'm teaching a substance use treatment and assessment course, and it's something that we are talking about. And the students are so excited to understand, "What does this mean?" So we're moving

towards this place where there might be more app-based interventions. I share with them some of the apps that the VA has created. The VA has a whole suite of apps for different treatments of different disorders. They're wonderful. But their question is, "Okay, so how does that interface with what I'm doing directly with the client? Are we now going to be sort of going that direction where people are using apps and they're maybe just coming in to therapists for check-ins or not at all? What does this mean for our field?" There needs to be more education around that within our training program.

So people are thinking about that and thinking about the integration of traditional in-person or traditional therapy with some of these app-based approaches.

The other piece that I would love to see looking ahead is really thinking about how AI can narrow that seventeen-year gap. There must be a way. If ChatGPT can do all these things, maybe we can narrow down that gap. Use it for something good.

And then also thinking about this piece of ethics. How are we ethically involving sort of community members in the design? But also there's a lot of things about the impact of these things on the environment. And when we think about environmental justice, if we are promoting these systems, trying to help these communities, but then these communities are the ones who are going to suffer from environmental consequences, we got to really think about the ethics around that. And maybe psychology curriculum needs to think about that in ethical training as well.

I think anything, you have to go into it with, "How can this help, but also how can this hinder?" And there is a lot that you're hearing about how we can help, right? But we need to elevate those voices, keep this at the center, how can it hinder as well? So that's how I'm going into it.
And I'm a very practical person. It's here. What are we going to do? At this point it doesn't really matter if we don't think it's helpful. It's here.

Consumers have also really bought into some of these tools, so we have to kind of catch up.
Yeah, so that's kind of where I am. But that might change every day.