






AI IN EDUCATION & MENTAL HEALTH: Practitioner Perspectives Across School-Based and Behavioral Health Settings

May 2026

The AI in Education & Mental Health Consortium
Founded and led by
the California Association of School Psychologists — CASP

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Credits

FOUNDING & FACILITATING ORGANIZATION

California Association of School Psychologists (CASP)

Consortium founder and host organization. Facilitated all consortium meetings, developed and administered the survey instrument, coordinated data collection, and aggregated and analyzed all findings presented in this report.

CONSORTIUM MEMBER ORGANIZATIONS

Survey questions were developed collaboratively by all member organizations. Each organization distributed the survey to its membership network.

Alliant University (Alliant University)

California Association of Marriage and Family Therapists (CAMFT)

California Association of School Counselors (CASC)

California Psychological Association (CPA)

National Association of Social Workers — California Chapter (NASW California)

National Union of Healthcare Workers (NUHW)

CONSORTIUM PARTNERS

California Board of Behavioral Sciences (BBS)
Regulatory partner — State of California, Department of Consumer Affairs

Ball/Frost Group, LLC
Legislative & policy advocacy partner — Sacramento, California

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SUGGESTED CITATION

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Survey conducted online via Google Forms, April 2026. N = 347 respondents. © 2026 AI in Education & Mental Health Consortium. All participating organizations retain the right to use and distribute findings consistent with consortium guidelines.

Table of Contents

Executive Summary page 5 →

Overview · Key numbers · What this means

Introduction page 7 →

Organization statements · Consortium partners · How to read this report

Section 1 — AI Awareness & Current Use page 10 →

Who responded · AI frequency by credential · Work tasks by license · AI platforms · Client-facing apps

Section 2 — Training & Preparedness page 20 →

Training received · Employer direction on AI · Safeguards practitioners use

Section 3 — Ethical Concerns page 23 →

Concern ratings · Concern distribution

Section 4 — Workforce & Policy Implications page 25 →

Perceived benefits of AI · Support needs · Job replacement & deskilling · Pressure to use unfamiliar AI

Summary and Closing Reflections page 29 →

A meaningful first step · This is just the beginning

Executive Summary

AI in Education & Mental Health Consortium · Practitioner Perspectives Across School-Based and Behavioral Health Settings

Overview

The AI in Education & Mental Health Consortium, founded and facilitated by the California Association of School Psychologists (CASP), conducted its inaugural California workforce survey in May 2026. The survey captured responses from 347 interns, licensed, and credentialed practitioners across ten groups, including LMFTs, school psychologists, licensed psychologists, LCSWs, LEPs, school counselors, school social workers, clinical trainees, registered associates, and LPCCs. Respondents represented a range of work settings, including private practice, TK-12 schools, community health centers, county behavioral health, hospitals, and universities.

What the data show

AI adoption is real, growing, and uneven.

Nearly 4 in 10 practitioners (38.6%) use AI weekly or daily. At the same time, nearly a third (31.1%) have never used AI professionally. The field is not moving in a single direction; it is increasingly polarized, and understanding what drives that divide is one of the most important questions this data raises.

The training gap is significant.

Half of all respondents (50.7%) have received no formal AI training of any kind, not through continuing education, not through their employer, and not through their graduate or training program. Most practitioners are learning through self-directed means: colleagues, webinars, YouTube, and trial and error. Meanwhile, 69.2% are operating without any employer or organizational framework for AI use, navigating questions of HIPAA compliance, FERPA applicability, informed consent, and professional liability on their own.

Ethical concern is high, and coexists with genuine appreciation for AI's value.

Confidentiality and data security were the top-rated concerns across all six dimensions, with a mean rating of 4.28 out of 5 and 61.4% of respondents rating it at the highest level of concern. Concern about inadequate ethical guidance or oversight was close behind (mean 4.18). At the same time, 53% of practitioners identified time saving as a meaningful benefit of AI use, and 40% noted improved documentation clarity. Practitioners are not resistant to AI; they are asking how to use it responsibly, and they are not getting sufficient answers.

The call for guidance is clear.

63.1% of respondents identified clearer state and federal policy as their top support need, above training or workplace policies alone. 56.8% want training on AI literacy and digital citizenship. This reflects a sophisticated understanding among California's practitioners: that guidance and continuing education are valuable, but only as strong as the legal and regulatory frameworks beneath them.

Key numbers at a glance

Indicator	Finding
Total respondents	**347**
Use AI weekly or daily	**38.6%**
Have never used AI professionally	**31.1%**
Received no formal AI training	**50.7%**
Operating without any organizational AI framework	**69.2%**
Top concern — confidentiality and data security (mean)	**4.28 / 5**
Top support need — clearer state and federal policy	**63.1%**
Identify time saving as a benefit of AI use	**53.0%**

What this means

California's behavioral health and school-based workforce is at an inflection point. AI is entering practice, in documentation, in report writing, in communication, and in client-facing tools, at a pace that has outrun the training, policy, and ethical guidance available to support it. The practitioners who responded to this survey are thoughtful, ethically engaged professionals who are asking the right questions. What they need now is for the field's institutions to answer them.

This survey is the first for the consortium. The data provide a foundation for professional associations developing position statements, for training programs revisiting curricula, for employers drafting AI policies, and for policymakers considering the regulatory frameworks that will shape how AI enters licensed professional practice in California.

Survey conducted online via Google Forms, April 2026. Facilitated by CASP on behalf of the AI in Education & Mental Health Consortium. N = 347 respondents. For full findings, methodology, and data tables, see the complete report.

Correction Note: The original survey instrument listed "LPPC" as a credential group. This was corrected to "LPCC" (Licensed Professional Clinical Counselor) in the report to accurately reflect the license. No data were affected by this correction.

Introduction

Artificial intelligence has arrived in California's schools and clinics — and practitioners are navigating it largely on their own

Across California's schools, clinics, hospitals, and community settings, artificial intelligence tools are appearing in clinical workflows, documentation, assessment support, and client-facing applications. This is happening faster than training, policy, or ethical guidance can keep pace. For the school psychologists conducting psychoeducational evaluations, school counselors supporting student development, school social workers bridging home and school, licensed clinical social workers managing complex caseloads, marriage and family therapists tending to the therapeutic relationship, and the healthcare workers on the front lines of behavioral health delivery, this shift raises questions that demand rigorous, data-driven answers.

> **The survey questions were conceived collaboratively by all member organizations of the AI in Education & Mental Health Consortium. CASP (California Association of School Psychologists), which founded the Consortium and serves as its host and facilitating organization, developed the survey instrument, administered data collection, and aggregated the findings presented in this report. The survey was distributed through the membership networks of all seven consortium organizations, reflecting a shared commitment to generating data that serves the entire field.**

The survey, conducted in April 2026, captures how practitioners across credentials, licenses, settings, and career stages are currently encountering AI in their note-taking, report writing, treatment planning, IEP development, client-facing applications, and more, as well as what support they need to engage with it safely, ethically, and effectively.

A note on transparency: AI was used to help draft this report by suggesting wording, improving clarity, and organization. The content was reviewed, verified, and edited by members of the AI in Education and Mental Health Consortium. The findings and conclusions reflect our professional judgment, expertise, and research.

Consortium member organizations' statements of solidarity

Below are a few statements that reflect a shared conviction that, as AI reshapes the professions they represent, their members deserve evidence, not assumption, to guide how they respond.

CASP — Founding & Facilitating Organization

California Association of School Psychologists

"School psychologists and Licensed Educational Psychologists in California carry a broad and legally defined scope of practice, from psychoeducational assessment and special education eligibility to mental health support and crisis intervention. CASP founded this consortium because our members are already encountering AI across all of these functions, and the entire field deserves data-informed guidance rather than guesswork."

— CASP

Alliant University

Alliant International University

"Training the next generation of school-based and behavioral health professionals means preparing them for the world they will actually practice in. Alliant is proud to stand with our colleagues in generating the data that will shape curricula, supervision models, and professional standards for years to come."

— School Psychology online programs, Alliant University

CASC

California Association of School Counselors

"School counseling is built on connection, trust, and understanding. As AI becomes part of educational practice, this research helps ensure technology serves as a tool, not a substitute for the human relationships students need most."

—Dr. Loretta Whitson, Executive Director, CASC

CAMFT

California Association of Marriage and Family Therapists

"CAMFT recognizes the evolving role of technology in clinical practice. These survey findings will help inform the guidance, knowledge, and ethical standards practitioners need to responsibly utilize emerging technologies while protecting the therapeutic relationship."

— CAMFT

NASW-CA

National Association of Social Workers California Chapter

"Social work is grounded in ethics, human connection, and professional judgment. As artificial intelligence becomes increasingly integrated into practice, research like this provides the evidence needed to develop ethical guidance, strengthen client protections, and ensure AI serves as a tool that supports, not replaces, the relationships at the heart of quality care."

— National Association of Social Workers California Chapter

Consortium partners

The consortium is further strengthened by partners whose contributions extend the reach and impact of this work.

INDIVIDUAL PARTNERS

MaryAnn Seng, Ph.D., Concordia University

Brian Leung, Ph.D.

Gagan Shergill, Ed.S., NCSP

LEGISLATIVE & POLICY PARTNER

Ball/Frost Group, LLC

California Education Policy & Advocacy, Sacramento

> *"For more than two decades, members of the team at Ball/Frost Group have helped California's education associations and nonprofits navigate the Capitol. We are pleased to support this consortium in ensuring its findings don't just inform the field; they inform policy as well."*
>
> — Andrea Ball, Ball/Frost Group

How to read this report

Findings are organized by four thematic areas: (1) AI awareness and current use, (2) training and preparedness, (3) ethical concerns, and (4) workforce and policy implications. Profession-specific findings are labeled by role to honor the distinct scope of practice each license and credential carries. School psychologists, in particular, hold a legally defined role encompassing psychoeducational assessment and special education eligibility determination, in addition to mental health support.

All data reflect actual responses from 347 survey participants. Percentages represent the proportion of all respondents unless otherwise noted. Multi-select questions sum to more than 100%.

A note on overlap

The survey asked respondents to select all licenses and credentials that apply to them. As a result, licensed and credential groups in this report are not mutually exclusive; respondents holding multiple licenses and credentials appear in each group they selected, and their responses are counted in each.

This overlap is most significant for Licensed Educational Psychologists (LEPs). Of the 26 LEP respondents, 21 (80.8%) also hold a PPS-School Psychologist credential. The two groups are largely the same people. Their AI adoption rates, while accurate, should not be read as two independent data points. The high adoption rates observed across both groups likely reflect the same practitioners.

The 87.6% of respondents who hold a single license or credential are unaffected by this. Their data is straightforward and mutually exclusive. The 12.4% who hold multiple licenses and credentials are counted in more than one group, and cross-group comparisons for those practitioners should be interpreted with that context in mind.

SECTION 1 OF 4 · **AI AWARENESS & CURRENT USE**

Nearly 4 in 10 practitioners use AI weekly or daily — but nearly a third have never used it at all

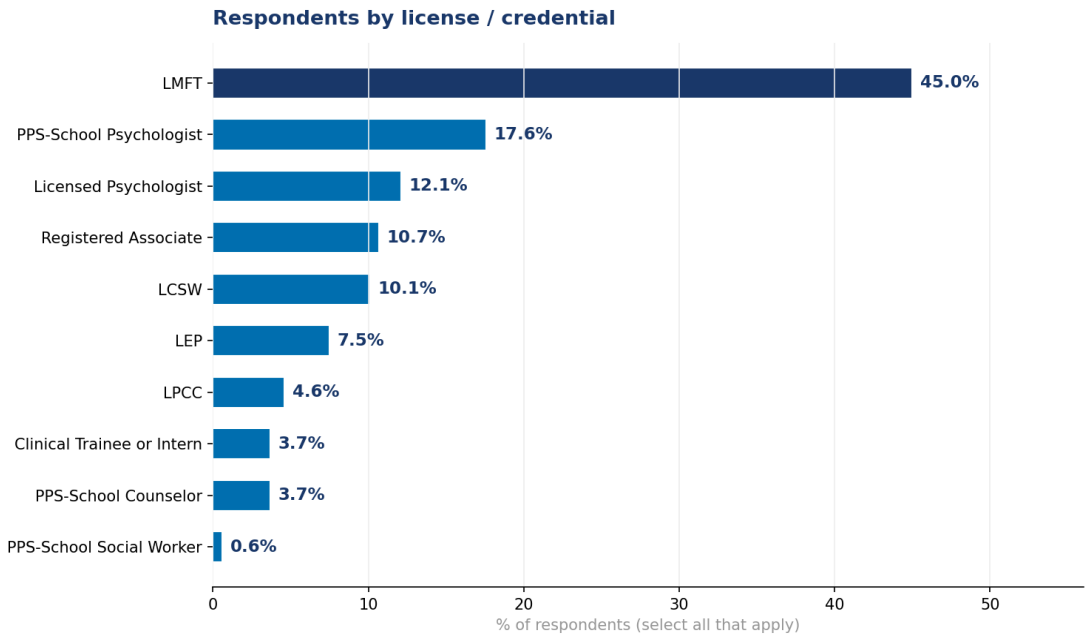
Across California's licensed behavioral health, interns, and credentialed school-based practitioners, AI adoption is sharply divided. Among the 347 respondents, 38.6% report using AI at least weekly or daily, while 31.1% have never used AI professionally. Private practice clinicians show the highest adoption; TK-12 school-based practitioners show the lowest. This polarization reflects differing institutional contexts, employer policies, and the distinct demands of each professional role.

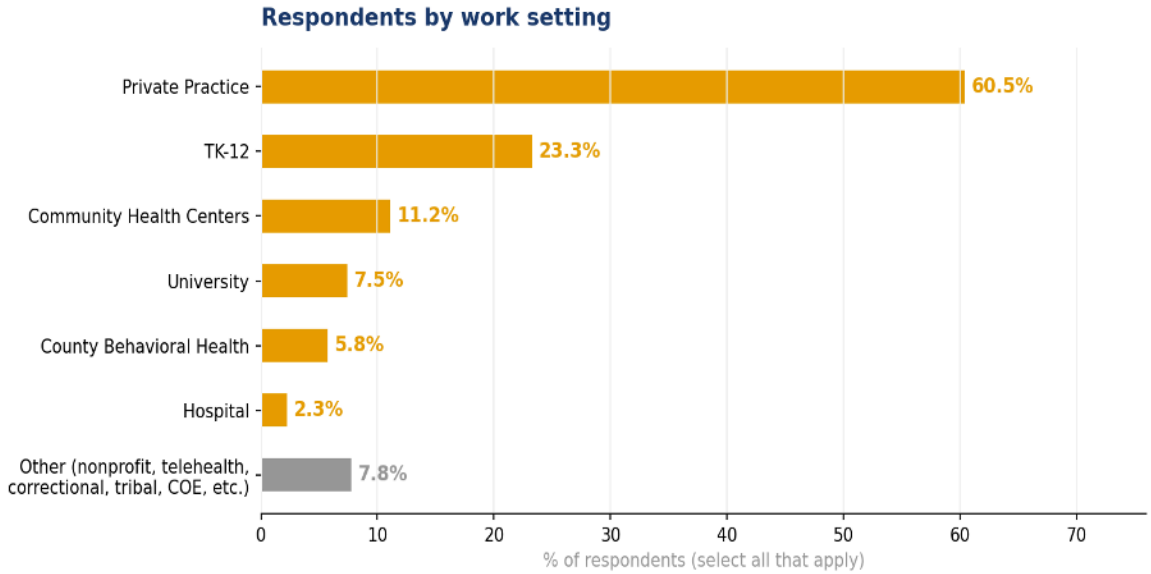
Key findings at a glance

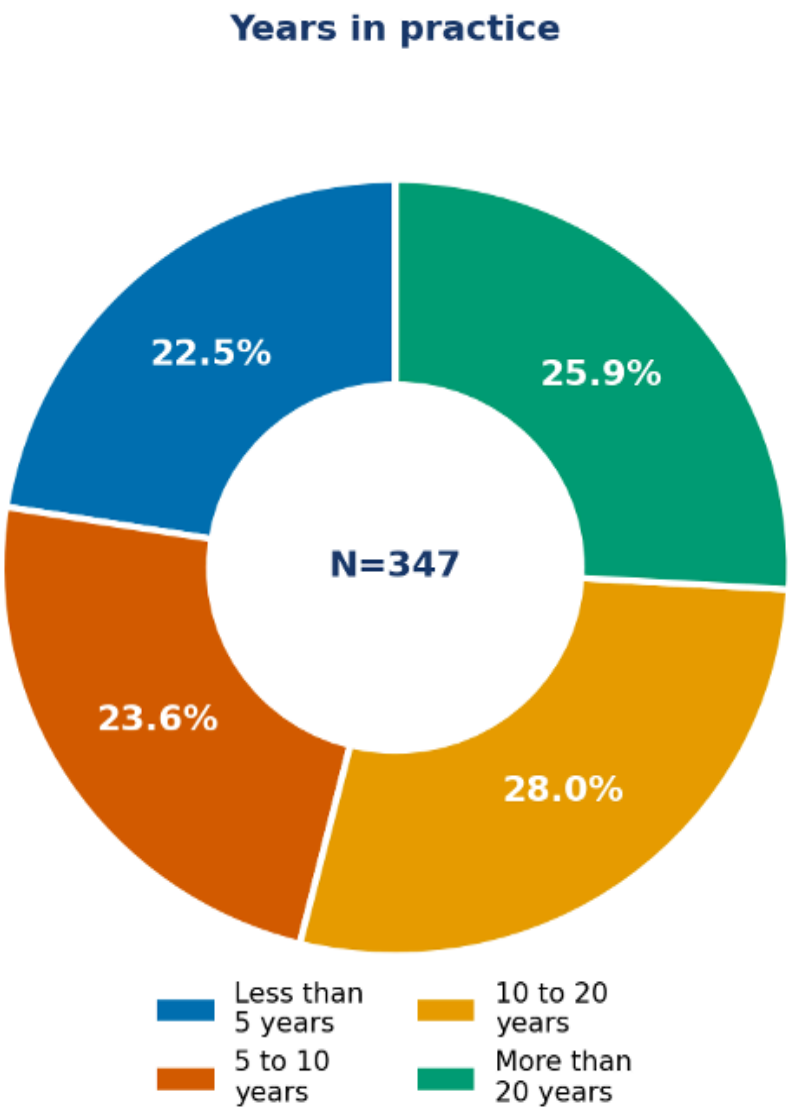
68.9%	38.6%	31.1%	27.7%
Use AI at least occasionally	Use AI weekly or daily	Never used AI professionally	Use client-facing AI apps

Who responded to this survey?

Marriage and family therapists (LMFTs) comprised the largest group (45.0%), followed by PPS-School Psychologists (17.6%), Licensed Psychologists (12.1%), Registered Associates (10.7%), LCSWs (10.1%), LEPs (7.5%), LPCCs (4.6%), and Clinical Trainees or Interns and PPS-School Counselors (3.7% each). The majority practice in private practice (60.5%), with TK-12 as the second most common setting (23.3%). An additional 7.8% of respondents identified settings outside the six standard options, including nonprofit clinics, telehealth, homeless services, government and correctional settings, tribal health, outpatient medical centers, NPAs, SELPAs, and county offices of education.



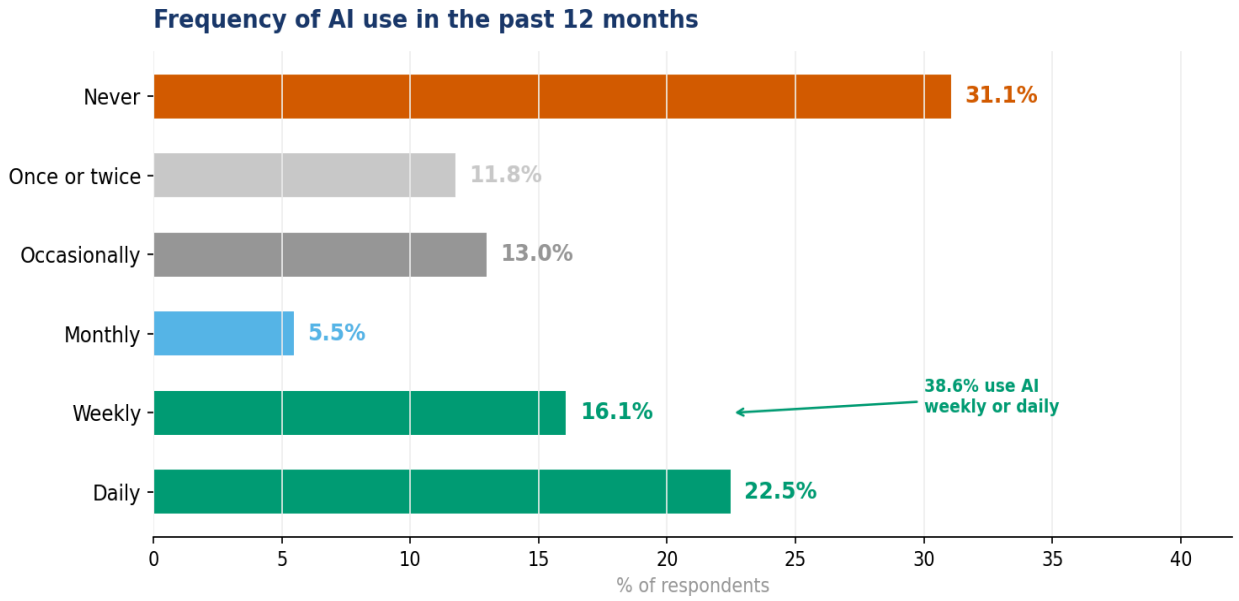




Years in practice were distributed relatively evenly across the four categories, with the largest share reporting 10 to 20 years (28.0%), followed by 5 to 10 years (23.6%), more than 20 years (25.9%), and less than 5 years (22.5%), suggesting broad representation across career stages.

How frequently are practitioners using AI?

The distribution of AI use is notably bimodal: 31.1% have never used AI professionally, while 22.5% use it daily. This suggests two distinct practitioner populations emerging within the same workforce.

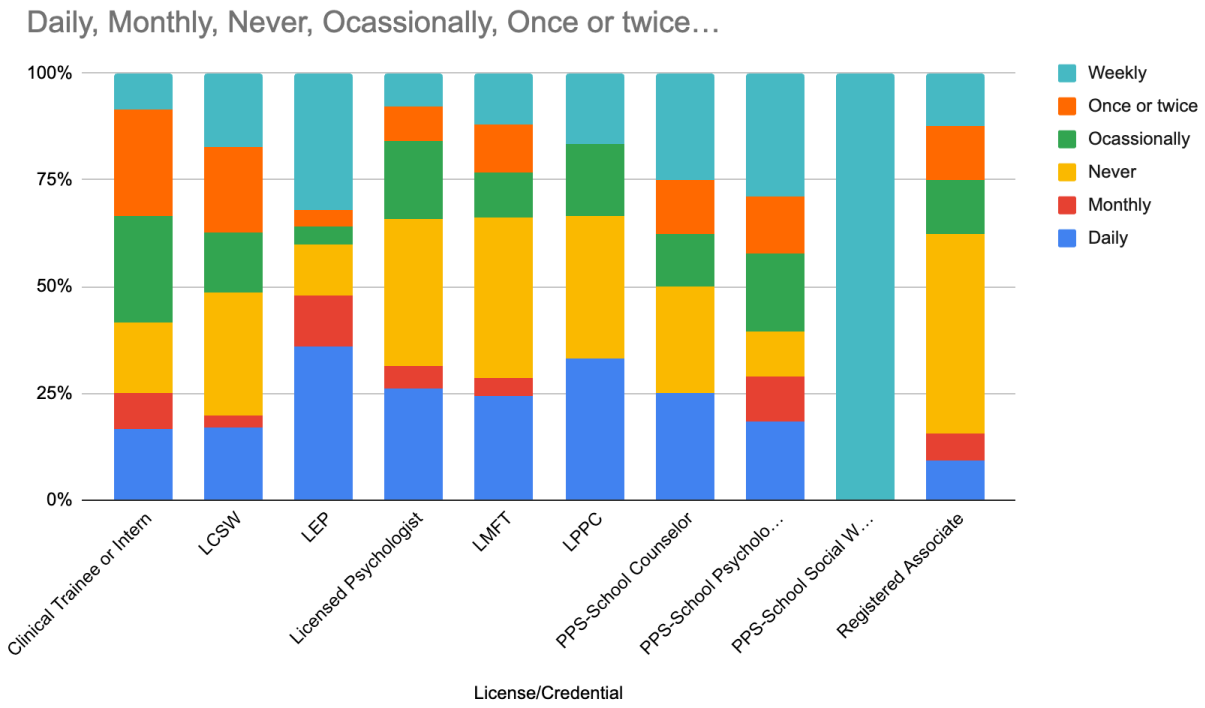


KEY FINDING — A POLARIZED WORKFORCE

31.1% of respondents have never used AI professionally, while 22.5% use it daily. Understanding what separates these groups by license, credential, setting, and career stage is essential for targeted training and policy responses.

AI use frequency by license and credential

Frequency of AI use varies significantly across all groups. The chart below shows the full distribution of AI use frequency — from Daily through Never — for each license, credential, and stage of training. Each bar represents 100% of respondents within that group, allowing direct comparison of adoption patterns across practitioners.



NOTABLE FINDING — LEPS AND SCHOOL PSYCHOLOGISTS

Licensed Educational Psychologists (LEPs) report the highest weekly or daily AI use of any group (69.2%), followed by PPS-School Psychologists at 50.8%. Readers should note, however, that 80.8% of LEP respondents also hold a PPS-School Psychologist credential, meaning these two groups overlap substantially. These figures reflect the same practitioners counted in two groups rather than two fully independent findings. What they do confirm, consistently, is that professionals whose work centers on psychoeducational assessment are among the most active AI users in this dataset — a pattern that holds regardless of which credential lens is applied.

Correction Note: The original survey instrument listed "LPPC" as a credential group. This was corrected to "LPCC" (Licensed Professional Clinical Counselor) in the report to accurately reflect the license. No data were affected by this correction.

Which professions use AI the most, and which have never used it?

Breaking the overall frequency data down by license, credential, and stage of training reveals striking differences across all eight groups. The findings below detail what the data show for each group.

Findings by license, credential, and stage of training.

LMFTS — N = 156 (45% OF ALL RESPONDENTS)

The most divided of any group. 57 respondents (36.5%) have never used AI, while 59 (37.8%) use it weekly or daily, almost exactly even. Within the daily users, 40 out of 156 MFTs use AI every single day. The near-even split within the largest licensed group reflects the polarization observed across the full sample and underscores that the field is genuinely divided, not trending uniformly in either direction.

PPS-SCHOOL PSYCHOLOGISTS — N = 61

Among the most active AI users in this dataset, with 31 respondents (50.8%) reporting weekly or daily use, and only 7 (11.5%) have never used AI professionally. School psychologists' documentation-heavy role, including psychoeducational reports and eligibility determinations, likely contributes to this adoption, as AI writing assistance offers meaningful time savings on high-volume, structured documents. Note that most LEP respondents in this survey also hold this credential, so LEP and PPS-School Psychologist figures reflect a substantially overlapping group.

LICENSED EDUCATIONAL PSYCHOLOGISTS (LEPS) — N = 26

18 out of 26 LEP respondents (69.2%) report weekly or daily AI use, and only 3 (11.5%) have never used it. These are among the highest adoption figures in the dataset. Importantly, 21 of the 26 LEP respondents (80.8%) also hold a PPS-School Psychologist credential, meaning LEP and school psychologist figures are not independent; they are largely the same practitioners counted in two groups. The adoption pattern is consistent and meaningful: professionals focused on psychoeducational assessment are active AI users, particularly for documentation-heavy tasks. LEPs also occupy a distinctive position in that many practice privately while maintaining school-based assessment roles, which may further support AI integration.

LICENSED PSYCHOLOGISTS — N = 42

A particularly cautious group. 14 out of 42 respondents (33.3%) have never used AI. This group has one of the highest non-use rates. Only 15 (35.7%) use it weekly or daily, split 5 weekly and 10 daily. Nearly 1 in 5 (19.0%) describe their use as occasional, suggesting tentative, exploratory engagement rather than routine integration.

LCSWS — N = 35

10 respondents (28.6%) have never used AI. 12 (34.3%) use it weekly or daily, 6 weekly and 6 daily, an even split. LCSWs sit near the middle of the adoption spectrum, neither among the most active users nor among the most resistant.

PPS-SCHOOL COUNSELORS — N = 13 (INTERPRET WITH CAUTION)

Only 3 respondents (23.1%) have never used AI. 7 (53.8%) use it weekly or daily. One of the higher adoption rates across all groups. The small sample size means these percentages should be interpreted cautiously, but the pattern is consistent with other school-based practitioners showing higher adoption rates than their clinical counterparts.

CLINICAL TRAINEES OR INTERNS — N = 13 (INTERPRET WITH CAUTION)

An unexpected finding. Despite being the newest entrants to the field, trainees show the second-lowest weekly or daily use rate, with only 3 out of 13 respondents (23.1%). Most cluster in the occasional range: 4 (30.8%) occasionally and 3 (23.1%) once or twice. Only 2 (15.4%) have never used AI, suggesting broad but shallow exposure rather than deep integration. This likely reflects supervisory constraints and limited independent practice access during the training period.

PPS-SCHOOL SOCIAL WORKERS — N = 2 (EXCLUDED FROM COMPARATIVE ANALYSIS)

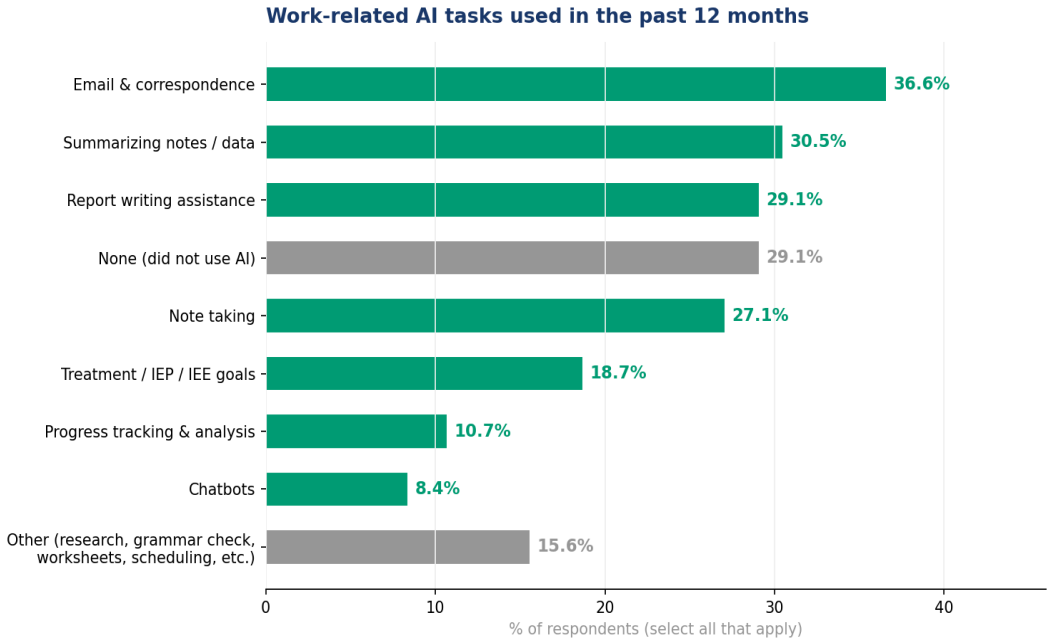
With only 2 respondents, no meaningful conclusions can be drawn about this group. One reported never using AI; one reported weekly use. This group was significantly underrepresented in the survey sample and warrants targeted outreach in future data collection efforts.

HEADLINE FINDING ACROSS ALL CREDENTIAL GROUPS

Professionals focused on psychoeducational assessment, LEPs, and PPS-School Psychologists show the highest AI adoption rates in this dataset. Because 80.8% of LEP respondents also hold a PPS-School Psychologist credential, these two figures reflect a substantially overlapping group and should be read together rather than as two independent findings. PPS-School Counselors (53.8%) also show high adoption, though their small sample (n=13) warrants caution. At the other end, Clinical Trainees (23.1%) show lower weekly or daily use than might be expected, likely reflecting supervisory constraints. LMFTs, the largest respondent group by far, remain nearly evenly split between active users and non-users — making them the most important target for training, guidance, and policy outreach.

What work-related tasks are practitioners using AI for?

Email and correspondence is the most common AI application (36.6%), followed by summarizing notes and data (30.5%), and report writing assistance (29.1%). Use of AI for IEP/IEE goals and treatment planning (18.7%) remains lower, suggesting practitioners apply appropriate caution in high-stakes clinical and legal contexts.



AI task use by license, credential, and stage of training — detailed breakdown

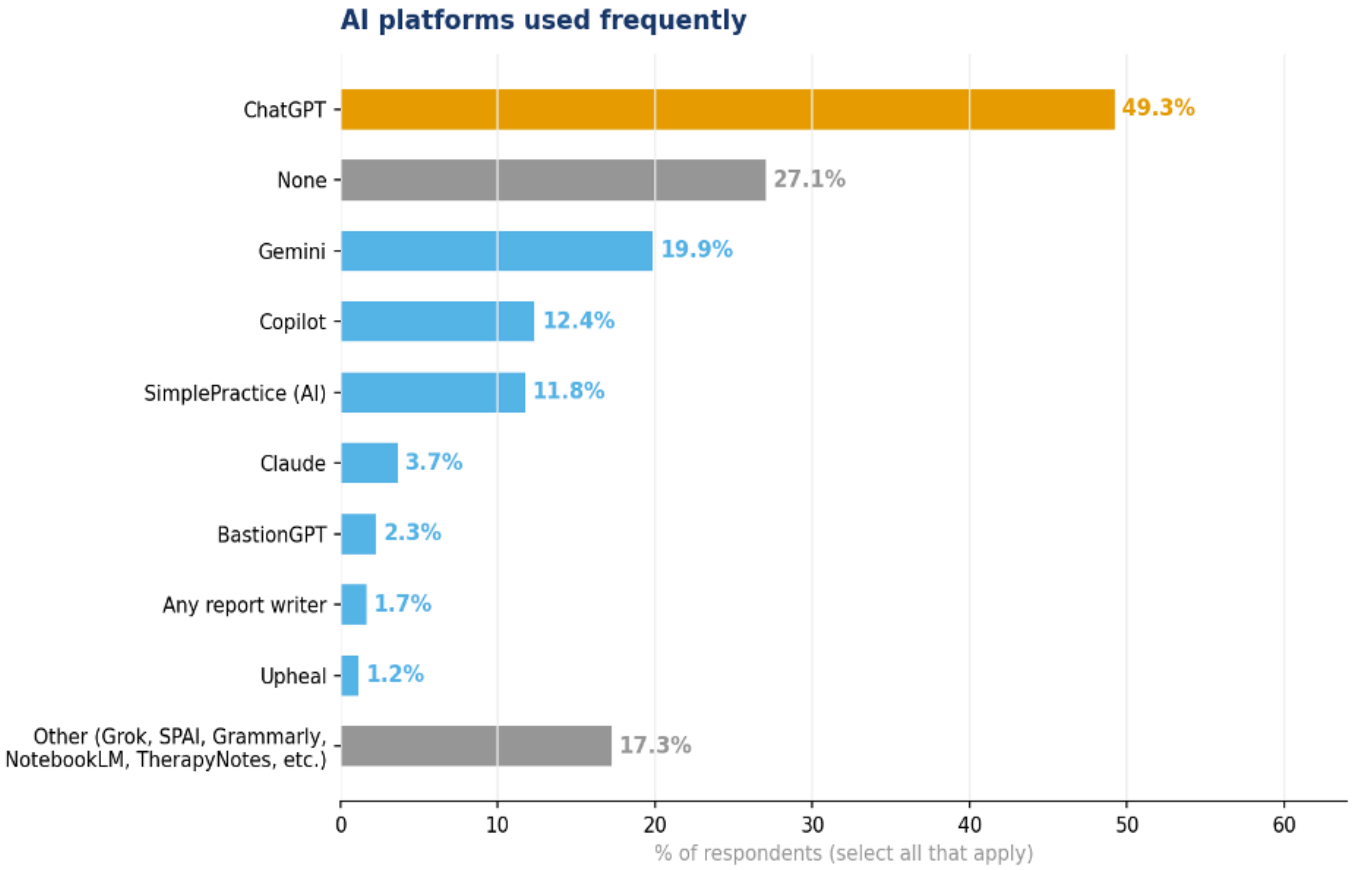
The table below shows the percentage of each credential/licensed/stage of training group that used AI for each work-related task in the past 12 months. Top task per group is shown in green bold. Respondents could select all that apply; percentages do not sum to 100%.

Task	LCSW (n=35)	LEP (n=26)	LMFT (n=156)	LPCC (n=16)	PPS-Cnslr (n=13)*	PPS-Psych (n=61)	Lic. Psych (n=42)	Trainee (n=13)*	Reg. Assoc (n=37)
Email & correspondence	**42.9%**	**61.5%**	31.4%	43.8%	**46.2%**	**54.1%**	**45.2%**	38.5%	29.7%
Summarizing notes / data	22.9%	65.4%	26.3%	37.5%	46.2%	57.4%	19.0%	**38.5%**	29.7%
Report writing assistance	28.6%	57.7%	21.8%	31.3%	30.8%	**57.4%**	26.2%	23.1%	18.9%
Note taking	**37.1%**	38.5%	**32.1%**	**43.8%**	30.8%	21.3%	19.0%	23.1%	18.9%
Treatment / IEP / IEE goals	14.3%	26.9%	17.9%	25.0%	0.0%	27.9%	7.1%	**30.8%**	21.6%
Progress tracking	14.3%	15.4%	10.3%	12.5%	7.7%	9.8%	2.4%	15.4%	13.5%
Chatbots	11.4%	7.7%	7.7%	12.5%	**23.1%**	9.8%	11.9%	0.0%	8.1%
None (did not use AI)	17.1%	11.5%	**37.2%**	25.0%	15.4%	11.5%	26.2%	15.4%	**43.2%**

** Small sample (n=13): interpret with caution. Green bold = top task for that group. LMFT and Registered Associate top response is None, indicating the largest share of non-users within those groups. LPCC data based on n=16.*

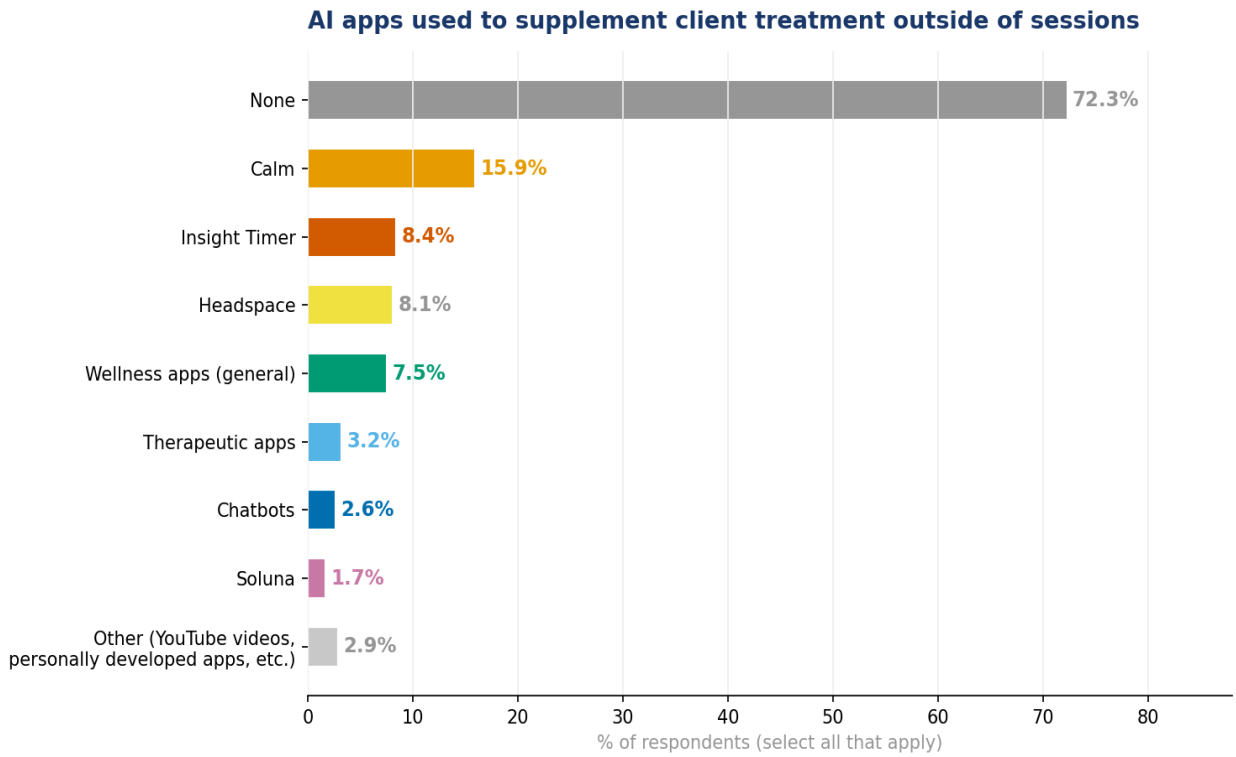
Which AI platforms are practitioners using?

ChatGPT dominates platform use (49.3%). Gemini (19.9%) and Copilot (12.4%) follow. SimplePractice's AI features are used by 11.8%, reflecting growing AI integration in electronic health records (EHR) systems. 27.1% report using no AI platform.



AI tools used to supplement client treatment outside of sessions

The majority (72.3%) do not use AI-powered tools to supplement client treatment. Among those who do, mindfulness and wellness apps are most common: Calm (15.9%), Insight Timer (8.4%), and Headspace (8.1%).



SECTION 2 OF 4 · **TRAINING & PREPAREDNESS**

Half of practitioners have received no AI training. Most are learning on their own

Despite growing AI adoption, formal training remains scarce. Fully 50.7% report having received no AI training of any kind. Webinars are the most common training modality (37.8%), followed by CE courses (19.0%). Fewer than 5% have received university-level AI coursework.

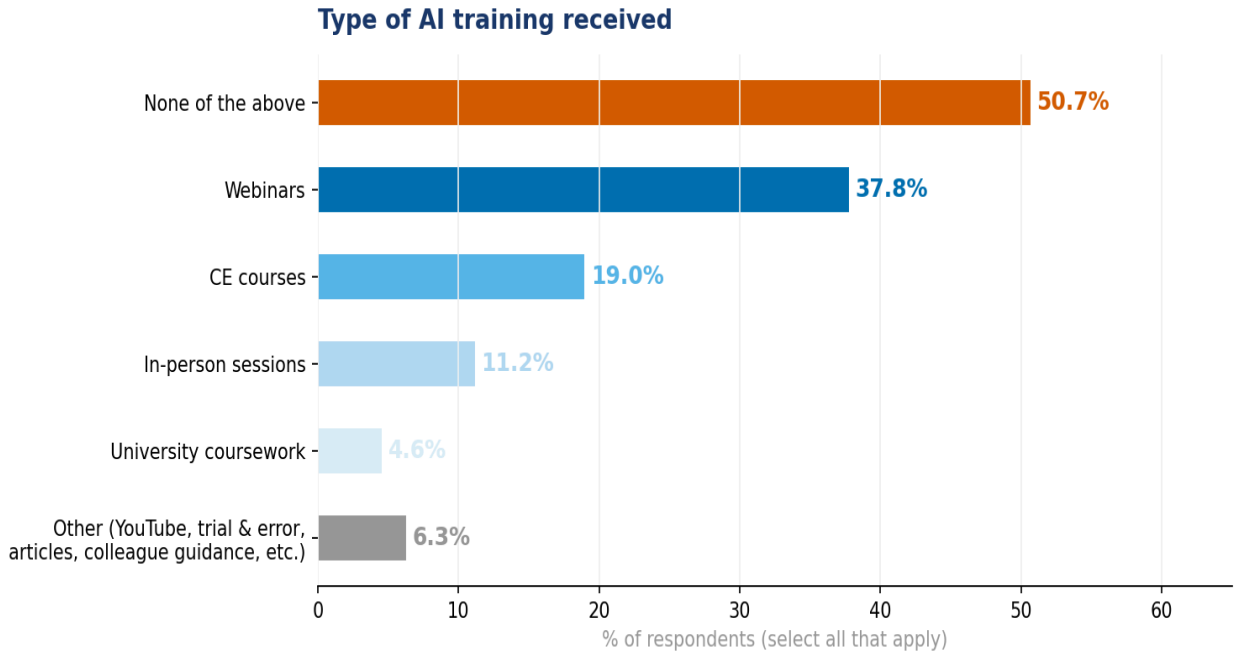
Key findings at a glance

50.7%
No AI training of any kind

37.8%
Trained via webinar only

19.0%
Completed a CE course on AI

4.6%
University-level AI coursework

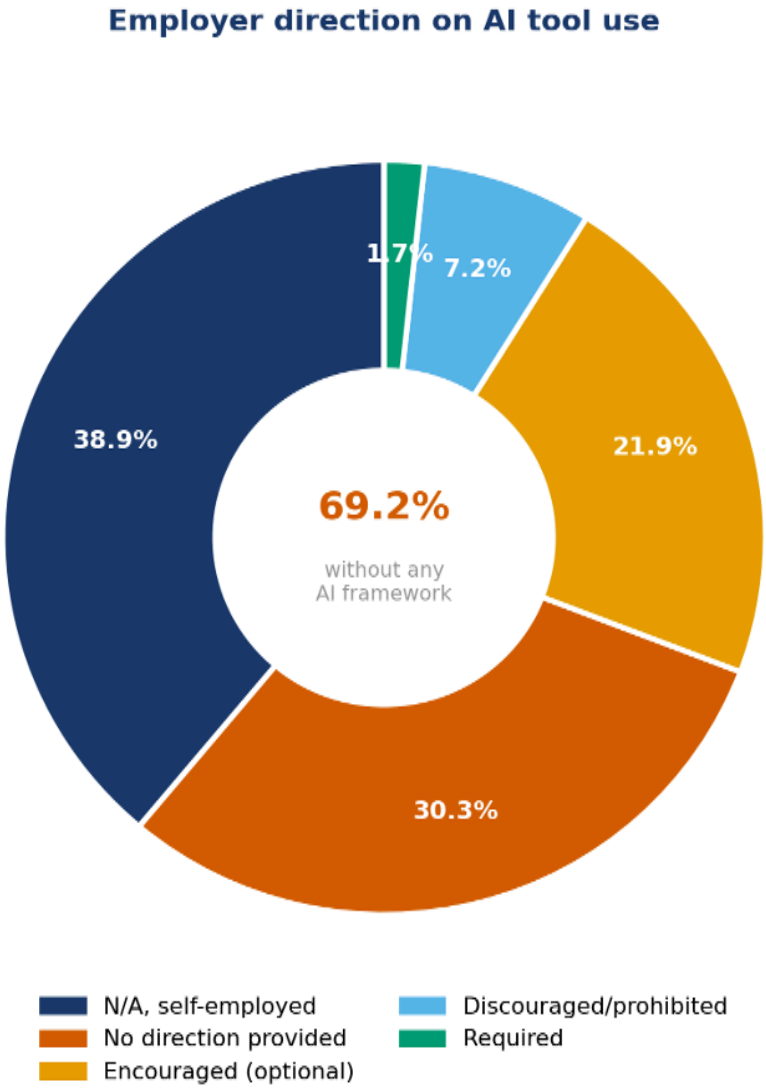


FINDING — THE TRAINING GAP

50.7% of respondents have received no formal AI training of any kind — not through CE, not through their employer, not through graduate training. Practitioners are navigating AI adoption and its legal and ethical complexities largely on their own.

Employer direction on AI use

The most striking finding here is institutional silence. 30.3% of employed practitioners report receiving no direction from their employer on AI use. Combined with the 38.9% who are self-employed, fully 69.2% of respondents are operating without any organizational AI framework.

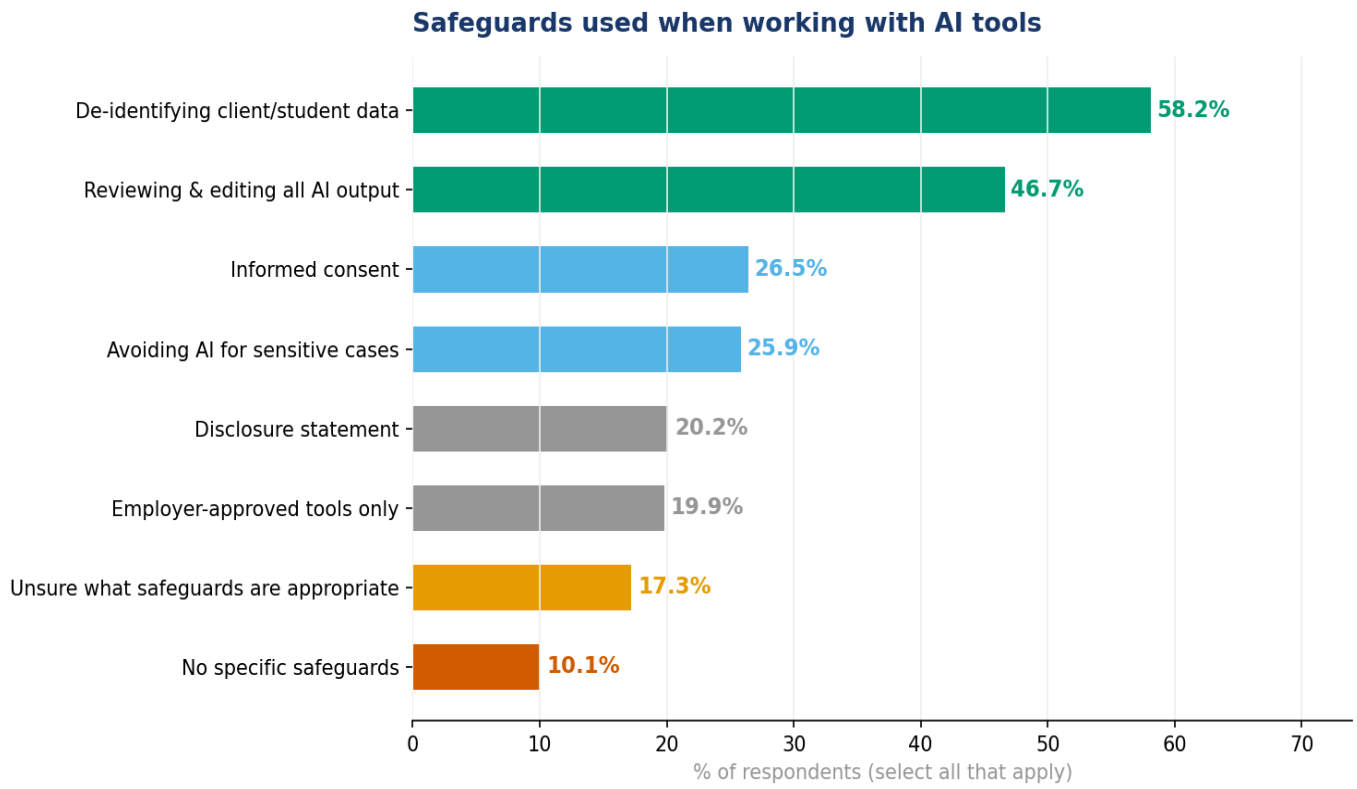


FINDING — THE POLICY VACUUM

69.2% of all respondents operate without any employer or organizational framework for AI use. This leaves them to navigate questions of data privacy, HIPAA compliance, FERPA applicability, and professional liability entirely on their own.

What safeguards are practitioners using?

De-identifying client or student data is the most common safeguard (58.2%), followed by reviewing and editing all AI output before use (46.7%). However, 17.3% report being unsure what safeguards are appropriate, and 10.1% report using no specific safeguards at all.



FINDING — UNSURE AND UNPROTECTED

17.3%, more than 1 in 6 respondents, report being unsure what safeguards are appropriate when using AI tools. For a licensed or credentialed workforce operating under HIPAA, FERPA, and state law, this level of uncertainty is a concern.

SECTION 3 OF 4 · **ETHICAL CONCERNS**

Confidentiality and data security are the top concerns — rated 5 out of 5 by 61.4% of respondents

Ethical concern about AI is consistently high. Confidentiality and data security received both the highest mean rating (4.28) and the highest proportion of maximum-concern ratings (61.4%). Practitioners are not categorically opposed to AI, but they are asking hard questions about how it can be used safely.

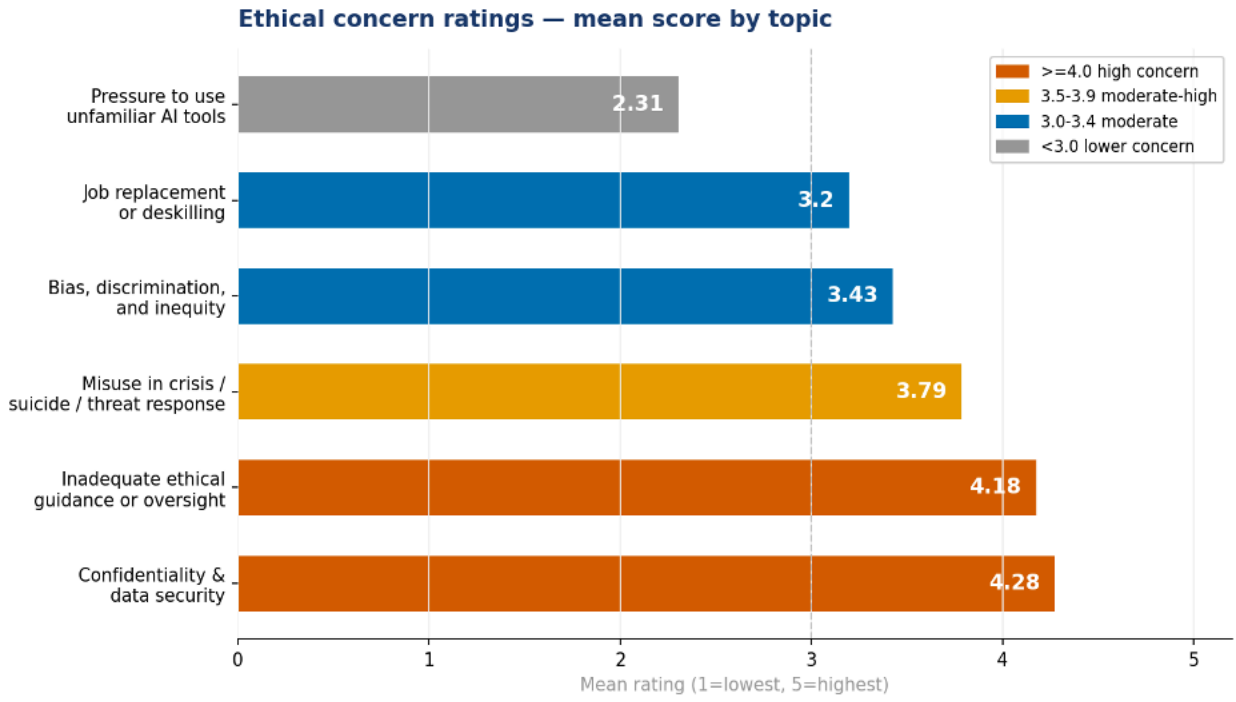
Key findings at a glance

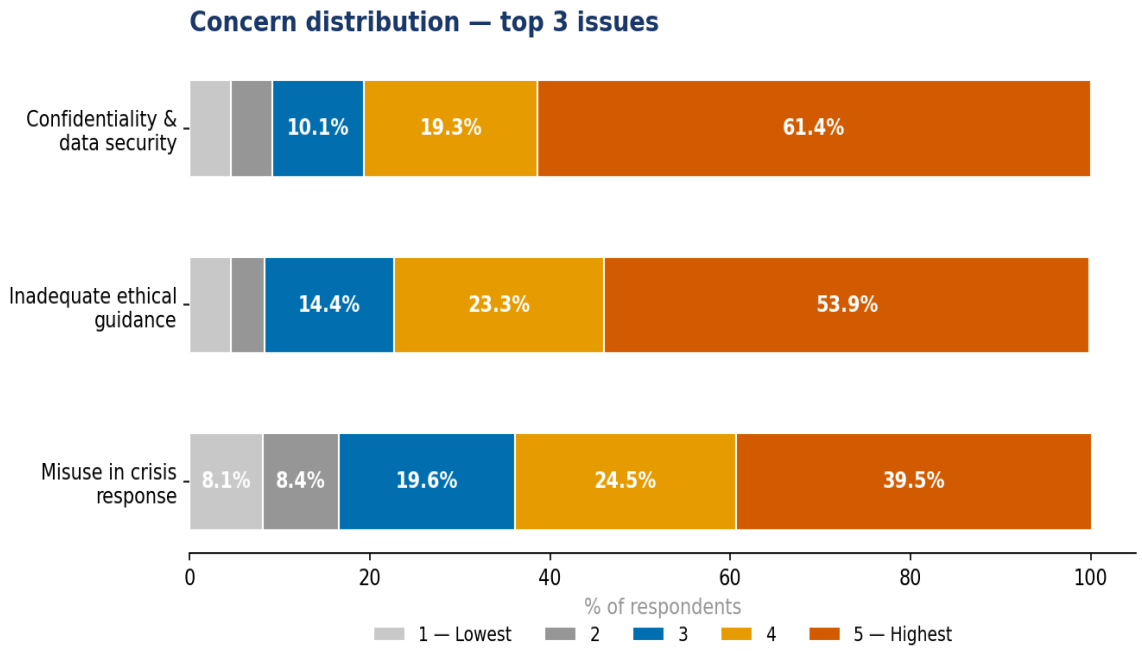
4.28
Mean concern: confidentiality

4.18
Mean concern: ethical guidance

3.79
Mean concern: crisis misuse

2.31
Mean concern: pressure to use AI





KEY FINDING — CONFIDENTIALITY DOMINATES

61.4% rated confidentiality and data security at the maximum concern level (5 out of 5). Practitioners are using AI at growing rates while simultaneously expressing near-universal concern about whether their clients' data is protected.

KEY FINDING — ETHICAL GUIDANCE GAP

53.9% rated inadequate ethical guidance or oversight at maximum concern. This directly reflects the training and policy vacuum documented in Section 2: practitioners are using AI, they have serious concerns, and they do not have sufficient professional guidance to resolve those concerns.

KEY FINDING — CRISIS RESPONSE CONCERNS

39.5% rated AI misuse in suicide prevention, threat assessment, or crisis response at the maximum concern level. For school psychologists and school-based practitioners routinely called upon to conduct threat assessments and crisis interventions, any AI involvement in these high-stakes contexts carries serious risk.

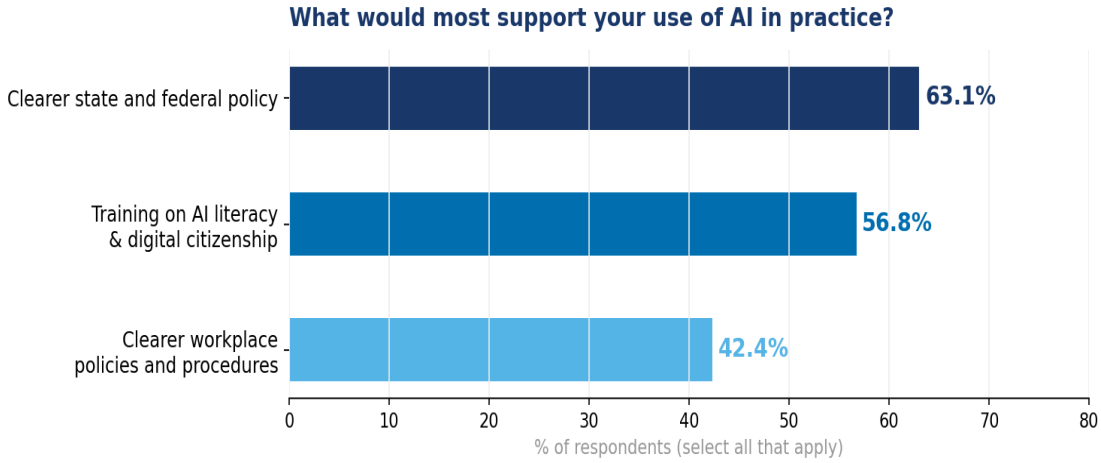
SECTION 4 OF 4 · **WORKFORCE & POLICY IMPLICATIONS**

Clearer state and federal policy is the top support need, named by 63.1% of respondents

Across all licenses, settings, and career stages, respondents express a consistent and urgent call for guidance. Clearer state and federal policy is the most commonly identified support need (63.1%), followed by training on AI literacy and digital citizenship (56.8%), and clearer workplace policies (42.4%).

Key findings at a glance

63.1%	56.8%	42.4%	69.2%
Want clearer state & federal policy	Want AI literacy training	Want clearer workplace policies	Operate without any AI framework



The primacy of state and federal policy reflects practitioners' understanding that workplace policies are only as strong as the legal and regulatory frameworks beneath them. Until there is clear law and regulation governing AI in behavioral health and educational settings, practitioners will continue to face ambiguity that no amount of internal policy can fully resolve.

FINDING — THE ROLE OF THE CALIFORNIA BBS

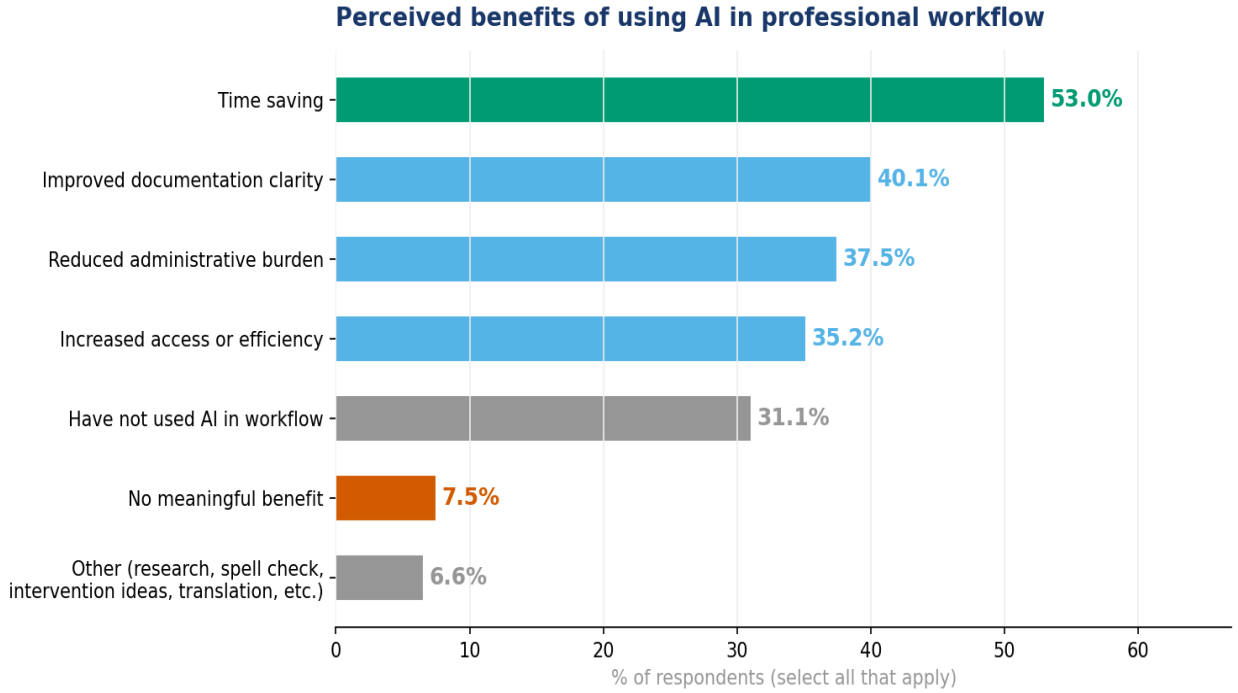
The BBS oversees LCSWs, LMFTs, LPCCs, and LEPs, four of the primary license categories in this survey. The majority call for clearer ethical guidance (53.9% at maximum concern) combined with the demand for state-level policy (63.1%), positions the BBS as a critical actor in establishing the regulatory framework California's behavioral health workforce urgently needs.

FINDING — THE LEGISLATIVE OPPORTUNITY

Ball/Frost Group, LLC serves as CASP's legislative and policy advocacy consultant and has participated in the consortium conversations. The findings presented here — particularly the 63.1% calling for clearer state and federal policy, and the 69.2% operating without any organizational AI framework - will be important to share with state policymakers as they contend with the myriad of policy implications of AI.

Perceived benefits of AI in professional workflow

Despite high ethical concern, a majority of practitioners who use AI identify meaningful benefits. Time saving is the most commonly cited (53.0%), followed by improved documentation clarity (40.1%) and reduced administrative burden (37.5%). Only 7.5% report no meaningful benefit.



FINDING — BENEFIT AND CONCERN COEXIST

Practitioners are not questioning whether AI has value. They are asking how to use it responsibly and in ways that honor their legal obligations, protect their clients, and maintain the professional standards their licenses and credentials require. The field needs guidance that takes both the benefits and the risks seriously.

A closer look: job replacement, deskilling, and pressure to use AI

Two concern items in this survey deserve particular attention because they speak to something distinct from the ethical and legal concerns that dominate the overall ratings. These concerns speak to how practitioners feel about their own professional futures and their autonomy within their institutions. These two items are not about protecting clients. They are about protecting the practitioner.

Job replacement or deskilling | Mean rating: 3.2 / 5

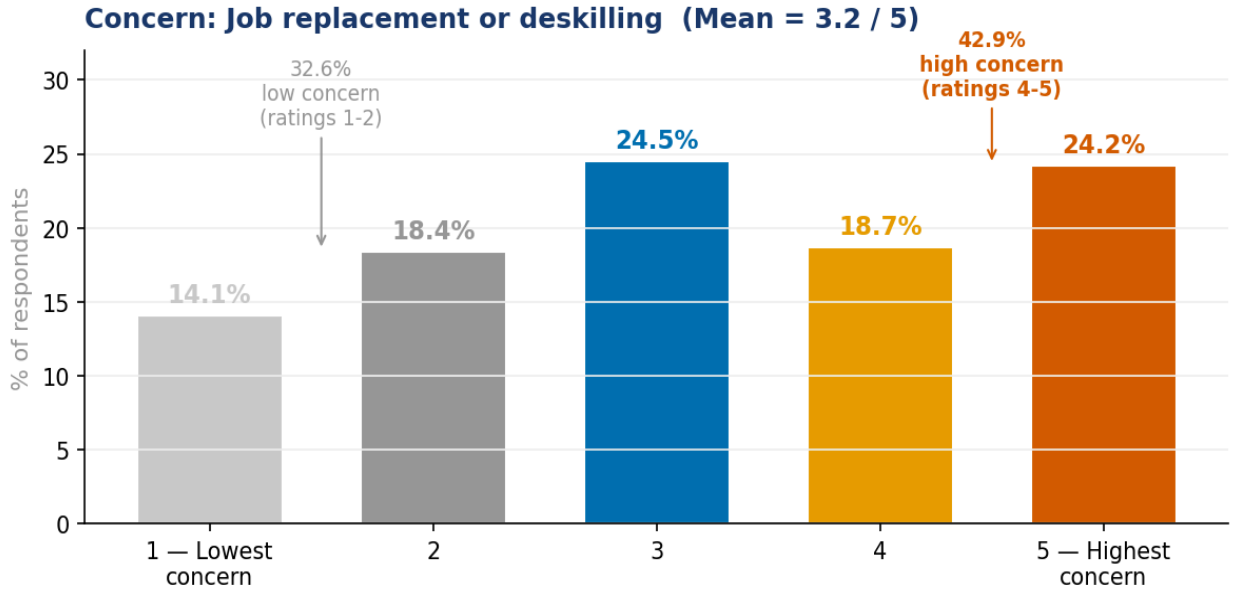
This item asks respondents to rate their concern that AI will either replace positions in their field or reduce the depth and complexity of professional skills required to do their work — a process known as deskilling. Deskilling occurs when technology automates aspects of a role that previously required judgment, expertise, or training, gradually narrowing what a professional is called upon to do. For practitioners and interns whose value rests on specialized clinical, psychoeducational, or therapeutic expertise, this concern goes to the heart of their professional identity.

WHAT THE DATA SHOWS

42.9% of respondents rated their concern about job replacement or deskilling at 4 or 5 out of 5. An additional 24.5% rated their concern at the midpoint (3), meaning fewer than one-third (32.6%) expressed low concern. The concern is noticeably split. This is not a fringe worry. It is a mainstream professional anxiety distributed across all groups and settings.

The concern is highest among practitioners working in settings with the most institutional oversight, including county behavioral health, hospital, and TK-12 environments. These are settings where AI adoption decisions are more likely to be made by administrators rather than by clinicians themselves. For school psychologists, whose legally mandated roles are already under pressure from staffing shortages and caseload demands, any perception that AI might be used to justify reduced hiring or a narrowed scope of practice is a legitimate professional concern. It is not something associations and licensing boards can afford to dismiss.

Response distribution: Job replacement or deskilling



Pressure to use AI you do not fully understand | Mean rating: 2.31 / 5

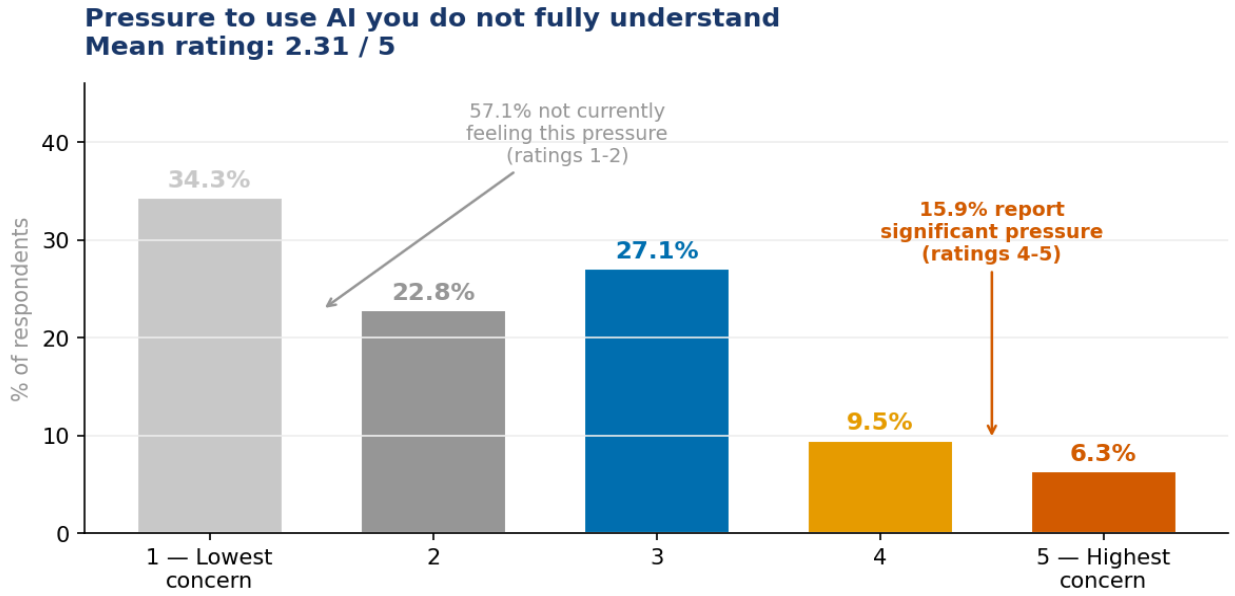
This item asks respondents to rate their concern about feeling pressured by employers, supervisors, or institutional culture to adopt AI tools. The focus is on adopting these tools before they have an adequate understanding of how those tools work, what their limitations are, or whether their use is ethically appropriate in their professional context. Unlike the other concern items, which focus on outcomes or harms, this item is about autonomy and informed consent for the practitioner.

WHAT THE DATA SHOWS

This concern item received the lowest mean rating of all six dimensions (2.31 / 5) on the ethical concerns graph, with 57.1% of respondents rating it 1 or 2. This is an important and reassuring finding: it suggests that the field is largely still in a voluntary adoption phase, and most practitioners do not feel coerced into AI adoption at this moment in time.

However, the 15.9% who rated this concern at 4 or 5 warrant attention. These practitioners are experiencing meaningful institutional pressure to adopt tools they do not fully understand. This, combined with the training gap documented in Section 2, may increase risk. Practitioners who feel pressured but undertrained are more likely to use AI without appropriate safeguards, more likely to experience ethical conflicts, and less likely to disclose their AI use to clients or document it appropriately. Clinical trainees and registered associates showed elevated concern on this item, consistent with their lower institutional power to push back on supervisor or employer expectations.

Response distribution: Pressure to use unfamiliar AI tools



> *The findings noted in the table above may support active policy engagement at the California Capitol, translating practitioner concerns into concrete legislative and regulatory proposals for AI governance in behavioral health and school-based practice.*

Summary and Closing Reflections

A meaningful first step

The AI in Education & Mental Health Survey captured responses from 347 licensed practitioners, interns, and credentialed practitioners across California in May 2026. The first multi-organizational effort of its kind to examine how AI is entering the daily work of school-based practitioners and behavioral health clinicians simultaneously. Many practitioners from diverse disciplines came together to share their experiences, concerns, and hopes. This gathering is a testament to the field's readiness to engage thoughtfully on the issue of AI. The findings here offer a clear and timely picture of where California practitioners, across settings, stand.

The training gap is real and closeable. Half of all respondents have received no formal AI training of any kind. Most of what practitioners know about AI, they have learned through colleagues, self-directed exploration, and professional curiosity. Many are navigating questions of HIPAA compliance, FERPA applicability, informed consent, and professional liability on their own. This is not because they are indifferent to these issues, but because formal guidance has not yet caught up with the pace of change. That is a gap the field is well-positioned to close.

Ethical concern and genuine appreciation for AI's benefits coexist across this workforce. Confidentiality and data security topped the concern rankings, which reflects the deep professional integrity of the practitioners who responded. At the same time, more than half identified time saving as a meaningful benefit, and nearly as many noted improved documentation clarity. Practitioners are not asking whether AI belongs in their field. They are asking how to use it responsibly, ethically, and in ways that serve the people who depend on them. That is exactly the right question, and it deserves an answer.

The call for guidance is clear and consistent. A strong majority of respondents identified clearer state and federal policy as their top support need. This ranked above workplace policies or training alone. This reflects a sophisticated understanding among practitioners: that profession-specific guidance and continuing education are valuable, but only as strong as the legal and regulatory frameworks beneath them. The field is ready for leadership on this issue, and this survey provides the evidence base to support it.

This is just the beginning

The data in this report are not a conclusion; they are an invitation. This consortium was formed because the organizations that train, represent, license, and advocate for California's school-based and behavioral health practitioners understood that no single organization could see the full picture alone. That collaborative spirit is what makes this dataset meaningful, and it is what will make the next steps possible.

There is meaningful room to grow this work. Some groups, including school social workers, LPCCs, clinical trainees, and school counselors, were underrepresented in this sample, and future survey efforts should reach them more fully. Their perspectives are distinct and important, and the field will be better served by data that captures the full breadth of who is doing this work. Qualitative follow-up, through interviews, focus groups, or targeted open-response instruments, would deepen understanding of the nuanced, role-specific questions that a survey of this scope can open but not fully answer.

The questions this survey raises about AI use across settings, career stages, and supervision contexts are also worth exploring further. How does AI adoption evolve as practitioners gain more training? What role does supervisor guidance play in shaping responsible use among trainees and associates? How are school-based teams navigating AI in the context of multidisciplinary IEP processes? These are questions this consortium is well-suited to pursue.

California's practitioners have spoken thoughtfully and candidly. What comes next, in training, in policy, in guidance, and in continued research, will be shaped by what they shared here.

Survey conducted online via Google Forms, April 2026. N = 347 respondents. Distributed through the membership networks of all AI in Education & Mental Health Consortium member organizations. Survey instrument developed and administered by CASP. Report produced by the AI in Education & Mental Health Consortium. © 2026. All participating organizations retain the right to use and distribute findings consistent with consortium guidelines.