Australian College of Mental Health Nurses

Position Statement

ACMHN Statement on AI Scribes in Mental Health Nursing Practice, Informed Consent and Equitable Access to Care

20 May 2026

Introduction

AI scribes are not only a medical or general practice issue; they are increasingly being considered in nursing and mental health settings. Australian evidence specific to mental health nursing remains limited. However, a Queensland Health, Metro South Health conference abstract reported a qualitative study that included nursing and mental health clinicians. Nursing literature has also identified both the promise and risks of ambient AI listening tools for nursing documentation (Dermawan et al., n.d.; Topaz, 2025). Recent reporting of a Melbourne psychiatrist refusing new patients who did not consent to AI notetaking illustrates a broader risk: access to care may become conditional on agreement to digital capture of highly sensitive personal information (Taylor, 2026). AI scribes may reduce documentation burden, but they also raise significant issues of informed consent, privacy, discrimination, trust, clinical judgement, safety and cyber security.

Position

Mental health nurses, including registered nurses, nurse practitioners and Credentialed Mental Health Nurses working in mental health contexts, should not make access to clinically indicated mental health care conditional on a person consenting to an AI scribe. Refusal of AI-enabled note-taking should be treated as a valid exercise of autonomous decision-making, not as non-compliance or grounds to deny care.

Where AI scribes are used, mental health nurses must obtain specific, informed and voluntary consent. Consent should not be bundled into general intake forms or assumed through attendance. Consumers should be informed about what is recorded, how

information is processed, stored, retained, accessed, corrected, disclosed, and whether it may be used for secondary purposes such as product improvement, training and analytics. Consumers should be able to decline, pause or withdraw consent without penalty. Services should not refuse care, reduce care, delay care, or charge an additional fee solely because a person requests a non-AI documentation pathway.

Rationale

Mental health consultations often involve trauma, suicidality, family violence, substance use, psychosis, sexuality, identity, coercive treatment, criminalisation, stigma and other sensitive matters. A person may reasonably withhold consent if they cannot be satisfied about what will happen to their personal information. Ahpra and the National Boards advise that practitioners remain responsible for safe care when using AI, must apply human judgement, must understand the tool's limitations, and generally need informed consent where AI scribes process personal data (Ahpra & National Boards, 2024). The Therapeutic Goods Administration (TGA) also advises that consumers can withdraw consent and request another method for recording the consultation (Therapeutic Goods Administration, 2026).

The ethical concern is not the existence of AI scribes, but the transfer of risk to consumers. It is unethical to deny treatment solely because a person does not consent to AI scribe use. This is especially concerning in mental health care, where access is already constrained and where people may self-censor if they believe a third-party system is listening, storing or processing their disclosures.

A discrimination lens is required. Requiring AI scribe consent may disproportionately affect people with psychosocial disability, paranoia, cognitive disability, trauma histories, experiences of surveillance, limited digital literacy, low English proficiency, cultural safety concerns or previous data harms. The Disability Discrimination Act 1992 prohibits discrimination in the provision of services, including refusal or differential terms of service on the basis of disability. The Australian Charter of Healthcare Rights also identifies access, safety, respect, partnership, information and privacy as core healthcare rights (Australian Commission on Safety and Quality in Health Care, 2020). In Victoria, the Charter of Human

Rights and Responsibilities Act 2006 also provides a relevant human rights lens, particularly in relation to equality and privacy.

Trustworthiness should be treated as a safety obligation. Services should require evidence that an AI scribe is reliable, valid and safe in the intended clinical setting rather than relying on vendor claims. Higgins et al. (2024) argue that AI in nursing should be assessed through reliability, validity and safe implementation rather than assumed "trust". In mental health nursing, trust remains relational: it sits between the consumer and the nurse. AI scribes should therefore be subject to evidence, audit, transparency, explainability, bias review and data governance before they are integrated into care. They should support trust in the therapeutic relationship, not undermine it.

Clinical judgement and critical thinking must not be outsourced. Reviewing an AI-generated note is not clerical proofreading; it is clinical synthesis. Mental health nurses must ensure the record accurately reflects the person's words, context, mental state, risk formulation, protective factors, care plan and agreed follow-up. The NMBA Registered nurse standards require nurses to think critically, analyse practice, engage in therapeutic relationships and provide safe, appropriate and responsive care (Nursing and Midwifery Board of Australia, 2016). AI-generated documentation that contains omissions, inaccurate summaries, fabricated or clinically unsupported content, or biased language can affect care quality, risk assessment and future decision-making.

Lived experience must shape policy. The Black Dog Institute AI in mental health roundtable identified limited Australian evidence, regulatory gaps, limited lived experience engagement, and concerns about privacy, transparency, consent, commercialisation and marginalisation of priority populations (Black Dog Institute, 2026). Participants emphasised that AI should support, not replace, human connection and clinical judgement.

Recommendations

1. **No denial of care solely for refusal of AI scribe use.** Public and private services should maintain a non-AI documentation pathway.
2. **Specific informed consent.** Consent should be separate from general treatment consent and renewed if the tool, data handling, vendor, purpose or storage arrangements change.
3. **Clinical governance and quality assurance.** Services should audit AI-generated notes for accuracy, omissions, fabricated or clinically unsupported content, bias, cultural safety, privacy breaches and consumer experience.
4. **Mental health nursing leadership.** Mental health nurses should be involved in procurement, workflow design, risk assessment, implementation, training, audit and evaluation of AI scribes.
5. **Consumer access and correction.** Consumers should be informed how to access and request correction of AI-generated documentation included in their health record.
6. **Public and private sector guidance.** Ahpra, National Boards, professional colleges and mental health peak bodies should provide clear guidance on refusal, withdrawal of consent, pricing, documentation standards, data governance, vendor due diligence and minimum safety requirements.
7. **No coercive pricing.** Consumers should not be charged more because they decline AI scribe use where the fee operates as a penalty or creates inequitable access.

Conclusion

AI scribes may support documentation and reduce administrative burden, but they must not become a condition of mental health care. Mental health nursing practice requires privacy, informed consent, human rights, clinical judgement, critical thinking and therapeutic trust. A person who declines AI scribe use should still receive safe, respectful and clinically appropriate care.

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