



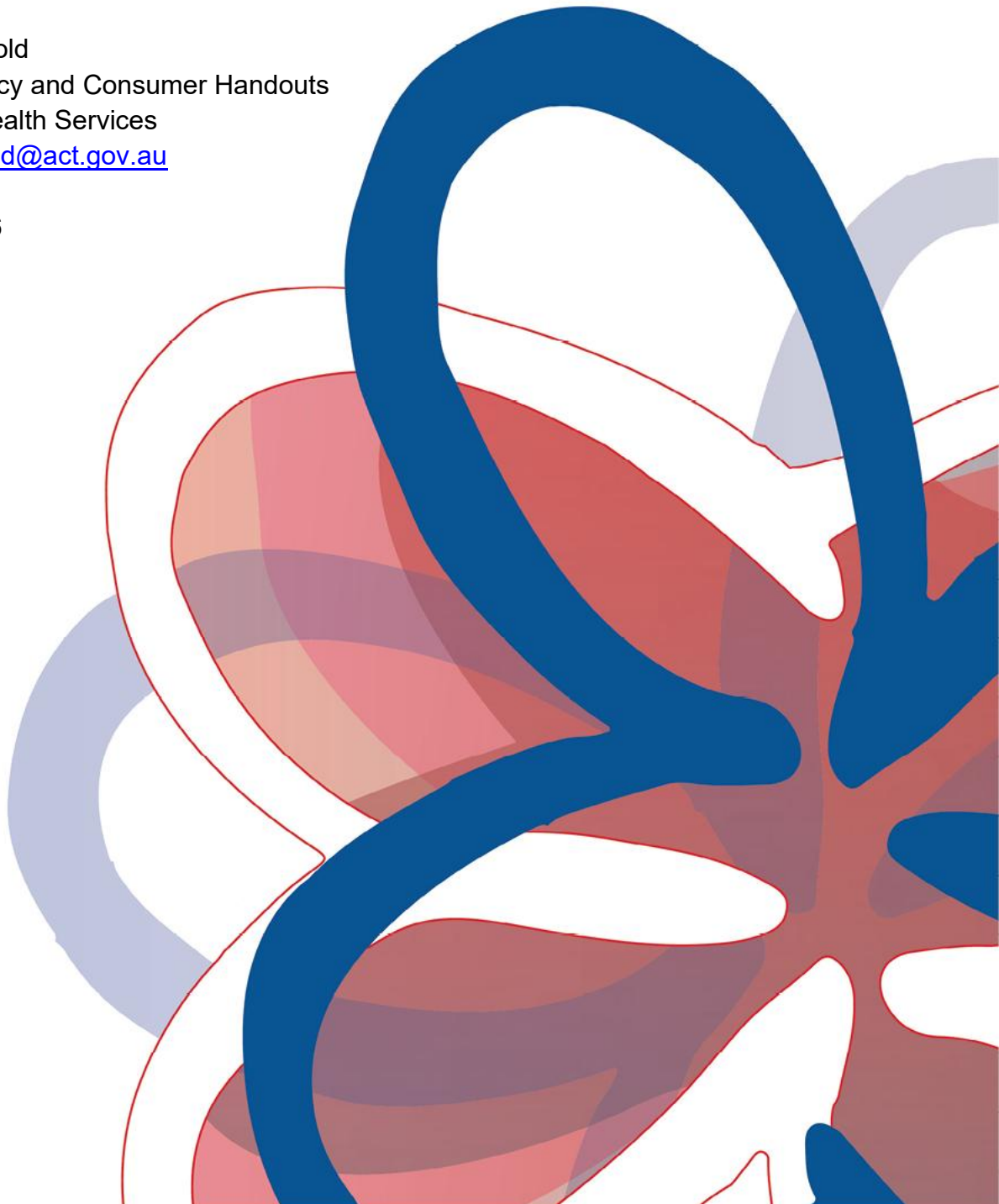
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**Submission: Review of ACT Public Health - Artificial
Intelligence Governance Framework**

Submitted by email to:

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Submission: Review of ACT Public Health - Artificial Intelligence Governance Framework

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from the Canberra Health Services (CHS).

Acknowledgment of Country

We wish to acknowledge the Ngunnawal people as traditional custodians of the land upon which we sit and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people may be reading this submission, and we recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

Recognition of lived experience

We wish to recognise people with mental health illness (consumers¹) whose resilience and work contributes to creating a better mental health system for the Australian Capital Territory (ACT) and a more compassionate society for all.

The ACT Mental Health Consumer Network

The Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

General comments

The Network welcomes the opportunity to contribute to the review of the ACT Public Health - Artificial Intelligence Governance Framework (the Framework).

¹ We use the term 'consumer' because it is the established and widely understood descriptor across ACT legislation, policy frameworks and advisory structures, ensuring clarity and consistency in our systemic advocacy. At the same time, we recognise that people with lived experience do not all identify with the same language, and that terms such as 'people with lived experience' and 'peer' are increasingly used in contemporary contexts were relevant. Our approach is to retain 'consumer' where required for system engagement, while respecting individuals' right to self-identify in the way that best reflects their experience. This supports inclusion, aligns with national lived experience guidance, and maintains the Network's authority and effectiveness within the mental health system.

Consumers generally considered the Framework to provide a useful foundation for the governance of artificial intelligence (AI) across the ACT public health system. The Framework was viewed as comprehensive and reflective of many of the key ethical and governance issues associated with AI implementation in healthcare. However, consumers suggested that its usability could be strengthened through additional practical examples, clearer explanations of key terms, more consistent terminology (e.g. on page 16 the term “patient” is used, whereas elsewhere in the Framework the term “consumer” is used), and greater guidance on how the Framework should be applied in practice. Some consumers also noted that examples drawn from Australian and international experience would help illustrate how the principles can be implemented in healthcare settings. This submission incorporates both verbal and written feedback from consumers.

Consumers also highlighted the following areas of concern:

- Implementation and accountability;
- Appropriate use of AI in healthcare;
- Human judgement, communication and care;
- Workforce capability and consumer involvement;
- Fairness, cultural safety and bias;
- Mental health care and high-risk situations;
- Privacy, security and system reliability; and
- Transparency and explainability.

Each of these matters is discussed in detail below, followed by a consolidated list of recommendations provided by consumers.

Implementation and accountability

Consumers expressed support for the Framework’s emphasis on governance, accountability and risk management, particularly the provisions outlined in Section 7: Governance (pp. 13–14), Section 8: Workforce Capability (p. 15) and Section 9: Risk and Assurance (pp. 15–17). They recognised the importance of establishing clear governance processes before AI systems are implemented within the ACT public health system.

However, consumers sought greater clarity regarding how AI systems would be monitored following implementation, including whether independent or external evaluation would be undertaken to assess their safety, effectiveness and ongoing performance. Questions were also raised about how accountability would operate if

AI systems produced inaccurate, biased or harmful outputs, and who would ultimately be responsible for decisions informed by AI.

To address these concerns, consumers emphasised the importance of governance extending throughout the entire AI lifecycle rather than focusing solely on approval prior to implementation. This included continuous monitoring, regular review, incident reporting and ongoing evaluation to ensure AI systems continue to operate safely and effectively as technologies evolve. Consumers also emphasised that governance and oversight processes should include meaningful consumer involvement to ensure lived experience perspectives continue to inform the implementation, monitoring and evaluation of AI systems (e.g. Principle 8: Accountability, p. 24). They further noted that governance arrangements should balance innovation with appropriate safeguards to maintain public confidence in the use of AI within healthcare.

Appropriate use of AI in healthcare

Discussion of Section 5: Acceptable Use of AI in the ACT Public Health System (pp. 10–11) focused on identifying the types of healthcare activities for which AI may be appropriate and those where greater caution should be exercised.

Consumers generally considered AI to be more appropriate for lower-risk administrative functions, including transcription and summarisation of clinical documentation, where it may improve efficiency and reduce administrative burden. However, consumers expressed greater caution regarding the use of AI in diagnosis, treatment planning and other activities involving complex clinical judgement.

Some consumers discussed the extent to which clinicians should rely on AI-generated outputs, emphasising that AI should function as a support tool rather than replacing professional expertise. Consumers considered it important that clinicians continue to critically evaluate AI outputs rather than accepting recommendations without question. Consumers also suggested that new AI applications should initially be introduced through pilot or trial projects to allow organisations to evaluate their safety, effectiveness and practical impacts before broader implementation. Learning from early implementation was viewed as an important step in supporting safe adoption of AI technologies across the ACT public health system.

Human judgement, communication and care

Consumers discussed issues relating to Principle 2: Human-Centred Values (pp. 19–20) in Section 11: AI Ethics Principles and the Framework's emphasis on maintaining

human oversight of AI-supported decision-making. They expressed concern that increasing reliance on AI could reduce opportunities for meaningful human interaction between clinicians and consumers. While recognising the potential benefits of AI, consumers emphasised that compassionate communication, therapeutic relationships and professional judgement remain central to high-quality healthcare and should not be replaced by technology.

Some consumers questioned whether clinicians may become increasingly dependent on AI-generated recommendations over time, potentially leading to reduced critical thinking or diminished professional judgement. Consumers considered it essential that clinicians retain responsibility for interpreting AI outputs and making final clinical decisions. Discussion also highlighted the importance of preserving consumer autonomy. Consumers considered that AI should support clinicians in delivering care while ensuring consumers continue to receive person-centred, respectful and individually responsive healthcare.

Workforce capability and consumer involvement

Consumers identified workforce capability as an important consideration for successful AI implementation, consistent with Section 8: Workforce Capability (p. 15) and the workforce capability elements reflected throughout the Framework.

Feedback focused on the education and training that would be required for clinicians and other staff to safely use AI technologies. Consumers questioned whether training would continue to be updated as AI technologies evolve and whether staff would receive ongoing support to understand new systems, changing risks and emerging best practice. Consumers also discussed whether education should extend beyond the workforce to include consumers and community representatives, particularly where consumers are expected to participate in consultation, co-design or governance activities relating to AI.

Consumers highlighted the importance of involving consumers throughout the implementation of AI rather than limiting lived experience involvement to the initial development of the Framework. They considered that ongoing engagement would strengthen AI governance by ensuring implementation continues to reflect consumer perspectives as technologies develop. Discussion also recognised the potential contribution of peer workers in supporting consumer engagement, communication and implementation of AI within mental health services and the broader ACT public health system.

Fairness, cultural safety and bias

Consumers strongly supported the Framework's emphasis on Principle 3: Fairness (pp. 20–21) in Section 11: AI Ethics Principles and discussed the importance of ensuring AI systems produce equitable outcomes for all members of the community.

Discussion focused on the quality and representativeness of the data used to develop AI systems. Concerns were raised that AI trained on incomplete or unrepresentative datasets may reinforce existing health inequities or produce poorer outcomes for particular population groups. To address these concerns, consumers emphasised the importance of using representative and culturally appropriate training data, together with ongoing monitoring for bias following implementation.

Cultural safety was also identified as a key consideration, particularly for Aboriginal and Torres Strait Islander peoples. AI systems should recognise the diversity of communities and should not inadvertently disadvantage people because of culture, language, disability, age or other personal characteristics. Some consumers further emphasised that cultural considerations should be embedded throughout AI design, implementation and evaluation rather than being considered only after deployment.

The discussion also highlighted the need to ensure AI systems perform appropriately across diverse communication styles, languages and lived experiences, particularly where AI is used to support communication or clinical decision-making.

Mental health care and high-risk situations

Consumers recognised the potential benefits of AI within healthcare while particular concern was raised about the use of AI in situations involving suicide risk assessment, trauma, sexual abuse and other highly sensitive mental health presentations. Consumers questioned whether AI systems are currently capable of adequately recognising the complexity, nuance and contextual factors involved in these situations.

Maintaining clinician judgement was identified as a critical safeguard where consumers may present with significant psychological distress or complex social circumstances. In these contexts, AI was viewed as a tool to support, rather than replace, clinical assessment, therapeutic relationships and person-centred decision-making.

Discussion also highlighted that vulnerable populations may experience AI differently. Consumers noted that implementation should carefully consider the potential impacts on trust, engagement and access to care.

Privacy, security and system reliability

Consumers strongly supported the Framework's emphasis on Principle 4: Privacy Protection and Security (pp. 21–23) and Principle 5: Reliability and Safety (pp. 23–25) in Section 11: AI Ethics Principles. Privacy was consistently identified as one of the most important considerations for AI implementation within healthcare.

The discussion focused on concerns regarding the collection, storage and use of personal health information, highlighting the importance of protecting sensitive data throughout the AI lifecycle. Cybersecurity risks, including the possibility of unauthorised access, hacking and data breaches, were also identified. Consumers noted that public confidence in AI would depend on robust security arrangements and clear governance of health information. Discussion also highlighted the importance of protecting the privacy of Aboriginal and Torres Strait Islander peoples and ensuring appropriate safeguards when AI systems collect, use or process their information.

Reliable AI system performance over time was considered equally important. Some consumers supported ongoing monitoring, regular evaluation and appropriate reporting mechanisms to identify emerging issues, unintended consequences or declining system performance. The discussion also highlighted the importance of accessible pathways for staff and consumers to report concerns, incidents or unexpected AI behaviour, noting that transparent reporting processes would contribute to continuous improvement and maintain public confidence.

Transparency and explainability

Consumers discussed issues relating to Principle 6: Transparency and Explainability (pp. 25–26) in Section 11: AI Ethics Principles and consistently emphasised the importance of ensuring people understand when and how AI is being used within healthcare.

A key issue raised during the consultation was the need for consumers to be informed whenever AI contributes to decisions that may affect their care. Discussion highlighted the importance of clearly communicating the purpose of AI, the role it plays within clinical processes, when and how consumers should be informed of its use, and the extent to which it contributes to decision-making.

Explainability was also identified as an important consideration. Rather than operating as “black box” systems, AI-supported decisions should be understandable to both clinicians and consumers. Consumers considered that clinicians/staff should be able to explain how AI contributed to recommendations or decisions in language that consumers can understand, thereby supporting informed decision-making and maintaining trust.

Some consumers noted that practical examples demonstrating different uses of AI would help consumers and staff better distinguish between lower-risk applications, such as transcription or documentation support, and higher-risk applications involving diagnosis or treatment decisions. Examples of AI implementation from Australian and international healthcare settings were also suggested as a way of illustrating emerging good practice and enabling organisations to learn from the experiences of other jurisdictions.

Recommendations

Recommendation 1

Provide clearer explanations and definitions of key AI, governance and risk-management terms to improve understanding among consumers and staff.

Recommendation 2

Standardise terminology throughout the Framework, including consistent use of terms such as “consumer” and “patient” (p.16).

Recommendation 3

Include practical healthcare-based examples demonstrating how the Framework's principles, ethical requirements and governance processes should be applied in practice.

Recommendation 4

Include Australian and international healthcare case studies to illustrate good practice, implementation challenges and lessons learned from AI adoption.

Recommendation 5

Develop implementation guidance and supporting resources to assist organisations and staff to apply the Framework consistently in practice.

Recommendation 6

Establish governance arrangements that apply across the full AI lifecycle, including

procurement, implementation, monitoring, evaluation, incident management, and decommissioning or replacement of AI systems.

Recommendation 7

Clearly define accountability for AI-supported decisions, including responsibility for managing inaccurate, biased or harmful outputs and maintaining appropriate human oversight.

Recommendation 8

Require ongoing monitoring, regular review and evaluation of AI systems following implementation to ensure they remain safe, effective and fit for purpose.

Recommendation 9

Consider independent or external evaluation of AI systems to assess their safety, effectiveness, fairness and ongoing performance.

Recommendation 10

Implement transparent incident reporting, investigation and escalation processes, with accessible mechanisms for staff and consumers to report AI-related concerns, risks or unexpected outcomes.

Recommendation 11

Ensure meaningful and ongoing consumer involvement in AI governance, implementation, monitoring and evaluation activities (e.g. Principle 8: Accountability, p. 24).

Recommendation 12

Balance innovation with appropriate safeguards to support public confidence in the use of AI across the ACT public health system.

Recommendation 13

Prioritise the use of AI for lower-risk administrative and operational functions, such as transcription, documentation and summarisation.

Recommendation 14

Apply enhanced governance, risk assessment and oversight requirements to higher-risk applications, including diagnosis, treatment planning and other activities involving complex clinical judgement.

Recommendation 15

Introduce new AI applications through pilot or trial implementations where feasible and use evaluation findings to inform broader deployment decisions.

Recommendation 16

Ensure AI is used to support, rather than replace, professional clinical judgement, with clinicians remaining responsible for interpreting AI outputs and making final decisions.

Recommendation 17

Implement safeguards to prevent overreliance on AI and maintain critical thinking, professional judgement, compassionate communication, therapeutic relationships and person-centred care.

Recommendation 18

Provide ongoing education, training and support to ensure clinicians and staff can safely, effectively and ethically use AI technologies as they evolve.

Recommendation 19

Provide education and capability-building opportunities for consumers and community representatives participating in AI consultation, co-design, governance or oversight activities.

Recommendation 20

Consider the role of peer workers in supporting consumer engagement, communication and implementation of AI, particularly within mental health services.

Recommendation 21

Require AI systems to be developed, tested and monitored using representative, high-quality and culturally appropriate data.

Recommendation 22

Establish processes to identify, monitor and address bias and inequitable outcomes, and ensure AI systems do not disadvantage people on the basis of culture, language, disability, age or other personal characteristics.

Recommendation 23

Embed cultural safety considerations throughout AI design, implementation,

monitoring and evaluation, with particular attention to the needs and experiences of Aboriginal and Torres Strait Islander peoples.

Recommendation 24

Assess AI performance across diverse communication styles, languages and lived experiences to support equitable and effective outcomes.

Recommendation 25

Apply heightened scrutiny and safeguards to AI use in mental health care and other high-risk clinical contexts, including situations involving suicide risk, trauma and sexual abuse.

Recommendation 26

Ensure clinician-led assessment and decision-making remains the primary safeguard in high-risk and complex clinical situations.

Recommendation 27

Assess and monitor the impacts of AI implementation on trust, engagement and access to care, particularly for vulnerable populations.

Recommendation 28

Maintain robust privacy, data governance and cybersecurity protections throughout the AI lifecycle to safeguard personal health information.

Recommendation 29

Implement specific privacy and data protection safeguards for Aboriginal and Torres Strait Islander peoples' information.

Recommendation 30

Monitor AI system reliability and performance over time to identify emerging risks, unintended consequences and performance degradation.

Recommendation 31

Inform consumers in a timely manner when AI contributes to decisions that may affect their care, and clearly communicate the purpose, role and level of influence of AI within healthcare processes.

Recommendation 32

Ensure AI-supported recommendations and decisions are sufficiently explainable for

clinicians and consumers to understand how AI has informed outcomes and support informed decision-making.

Recommendation 33

Equip clinicians and staff to explain AI-supported recommendations and decisions in clear, accessible language that consumers can understand.

Conclusion

Consumers considered the Framework to provide a strong and comprehensive foundation for the safe and ethical governance of artificial intelligence within the ACT public health system. The consultation demonstrated broad support for the Framework's principles and governance approach, while also identifying opportunities to strengthen implementation, transparency and practical application. Across all consultation themes, consumers emphasised that AI should support, rather than replace, human judgement, therapeutic relationships and person-centred care. Maintaining public trust and ensuring AI is implemented safely, fairly and responsibly as technologies evolve will require ongoing governance, meaningful consumer involvement, cultural safety, workforce capability and clear accountability.

Consumers value being heard and look forward to seeing how their perspectives are reflected in the final approach.