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AI-Powered Documentation for Mental Health Providers: A Preliminary Evaluation of the Smart Notes Tool

Katie McCrudden, Mackenzie Swirbul, Emily Peake, Michael Rodio, Aarthi Padmanabhan

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Abstract

Background: Mental health providers face a significant administrative burden from documentation, which can contribute to burnout and reduce time spent on direct patient care. Although AI-powered scribes have shown promise in general medical settings, their utility has not been explored in the specific context of mental healthcare.

Objective: This study describes the development and a preliminary evaluation of Talkspace's Smart Notes, a generative AI tool designed to assist mental health providers with documentation.

Methods: Smart Notes was developed using a HIPAA-compliant, Azure OpenAI infrastructure to securely generate session summaries from individual therapy sessions. The tool was rolled out to Talkspace providers in a phased approach, and its use required provider and client consent as well as a mandatory review and edit by the provider. We conducted a one-year evaluation of the feature, examining provider usage, productivity (weekly working hours and session completion rates), provider-rated note quality, and provider feedback and satisfaction.

Results: Over one year, 162 full-time and 1,366 contract providers used Smart Notes to generate over 286,000 clinical notes. Use of the feature was high and stable, with nearly all full-time providers (94%) and a majority of contract providers (72%) using it weekly for eligible individual therapy sessions after the full launch. Both full-time and contract providers demonstrated a significant increase in weekly sessions completed after the introduction of Smart Notes, with no change in working hours. Provider-rated note quality was overwhelmingly positive, with over 98% of feedback ratings being a "thumbs up." An internal audit of a random sample of notes confirmed the positive impact on note quality. Qualitative feedback from providers was also largely positive, praising the tool for saving time and easing administrative burden.

Conclusions: Our findings suggest that AI-powered documentation tools, such as Smart Notes, are a feasible and effective solution for addressing the documentation burden faced by mental health providers. The high adoption rate, positive impact on productivity, and strong provider feedback indicate that such tools can enhance clinical efficiency and support provider well-being without compromising note quality. This study provides crucial preliminary evidence for the utility of AI in a previously unexamined mental healthcare context, highlighting a promising path for future research and development in digital mental health.

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feasible and effective solution for addressing the documentation burden faced by mental health providers. The high adoption rate, positive impact on productivity, and strong provider feedback indicate that such tools can enhance clinical efficiency and support provider well-being without compromising note quality. This study provides crucial preliminary evidence for the utility of AI in a previously unexamined mental healthcare context, highlighting a promising path for future research and development in digital mental health.

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Introduction

For mental health care providers, the burden of documentation presents a unique challenge that can impact both care quality and provider well-being. While meticulous documentation is crucial for tracking a patient's progress, treatment plans, and therapeutic interventions, the time spent on this administrative task often reduces the time available for direct patient engagement. This administrative work often takes up a significant portion of a provider’s day, which can leave less time for patient interaction [1]. The pressure to complete timely documentation can also contribute to provider burnout. Mental health professionals must navigate the creation of high-quality, accurate clinical notes while also maintaining the empathetic and therapeutic connection essential for effective care [2, 8].

Variability in note quality and format across providers and platforms can also have serious implications for continuity of care. Inconsistent or incomplete notes can lead to crucial details being missed. When notes are poorly documented it can cause delays in subsequent patient care [3, 8].

New solutions are emerging to help providers with the time-consuming process of documentation. These include dictation technologies, note templates, and the use of human scribes [4]. While In-person scribes have been shown to be helpful [1], they can strain healthcare budgets and raise concerns about patient privacy [4, 8]. Other challenges with using human scribes include the need for extensive training and high rate of staff turnover [4, 8]. To further address the administrative burden, technology-driven solutions are being developed. One promising area is AI-powered documentation. For example, a 2024 study used machine learning and natural language processing (NLP) to help manage the overwhelming number of messages that providers receive through patient portals [5]. By automatically flagging messages most in need of rapid attention by clinicians, the system aimed to streamline the triage process. Ultimately, the AI-based workflow significantly decreased the amount of time these urgent high-acuity messages sat unread, demonstrating the potential for AI to reduce cognitive load on clinicians and enhance care efficiency.

Building on these technological solutions, there is growing interest in the use of virtual and AI scribes to reduce the documentation burden. Although this topic is still under-researched, preliminary results are promising [4,6-7]. A study conducted by The Permanente Medical Group (TPMG) found that both clinicians and patients experienced significant benefits from the implementation of AI scribes, with both groups citing the clinicians' enhanced ability to provide more personalized care as a main benefit [7]. Similarly, a 2021 literature review by Ghatnekar et al. identified several key advantages of digital scribe software for clinical notes: 1) enhanced ease for clinicians with administrative tasks like charting and note-writing; 2) increased clinician engagement with patients due to reduced task burden and burnout; and 3) improved accessibility to care for patients as physicians spent less time on administrative work [8]. While these applications have been evaluated in various medical healthcare settings, to our knowledge, there is no extant research on the utility of AI scribe services specifically within mental healthcare settings. This gap highlights a critical area for further investigation.

In April 2024, Talkspace launched a mental health specific generative AI assist tool, called Smart Notes, for providers to improve clinical efficiency and ensure note quality. Here we describe the development and deployment of the Smart Notes feature and evaluate note quality, provider usage, provider productivity, and provider feedback and satisfaction with the feature over one year.

Methods

Talkspace is a HIPAA-compliant online therapy platform that matches individuals (referred to here as members) with a licensed mental health care provider (referred to here as provider) in their place of residency. Talkspace employs both full-time and contract (hourly) providers. Members, who may be able to access Talkspace via their insurance provider, employer, or independently, are able to choose to connect with their provider via asynchronous or live text, video, or audio messaging. Talkspace’s offerings include specialized individual therapy, couples therapy, and psychiatry.

At the time of the current analysis, Smart Notes had not yet been implemented for couples

therapy, psychiatry, and certain live session plans. Therefore, the analysis includes only Smart Notes generated from eligible individual therapy sessions. All data were collected as part of ongoing business operations, and the study was deemed exempt from further review by an Institutional Review Board.

Smart Notes Overview

The Smart Notes feature was developed using Azure OpenAI with a HIPAA-compliant infrastructure to securely process session data from live video transcripts, live audio transcripts, live messaging, and asynchronous messaging. Talkspace's AI Governance Committee, a group comprised of clinical, legal and regulatory compliance, product, engineering, and industry experts reviewed the Smart Notes feature during the design phase to ensure usability, transparency, explainability, and privacy. Various prompts were iteratively tested and refined to optimize for note quality and clinical documentation standards. Session content first undergoes a redaction process using a combination of commercially available (Amazon Web Services Glue's entity detection) and open-source (python library 'scrubadub') redaction software to ensure that all protected health information (PHI) and personal identifying information (PII) are removed. The Talkspace application sends the de-identified contextual data, the de-identified treatment plan, and the prompt to the Azure API. The API then returns a draft of the clinical note, which the Talkspace application then presents to the therapist for review. The Azure API does not retain any data. Contextual data is saved on the Talkspace platform in an encrypted state.

Prior to use in a given therapy room, both the licensed therapist and individual member provide consent to the use of the Smart Notes feature to generate summarized documentation of therapy sessions. Following a session, providers have the option to request a Smart Note. Providers are required to review the generated note and must make at least one edit to the generated note before submitting. To enforce this requirement, the system checks the generated note against the note the

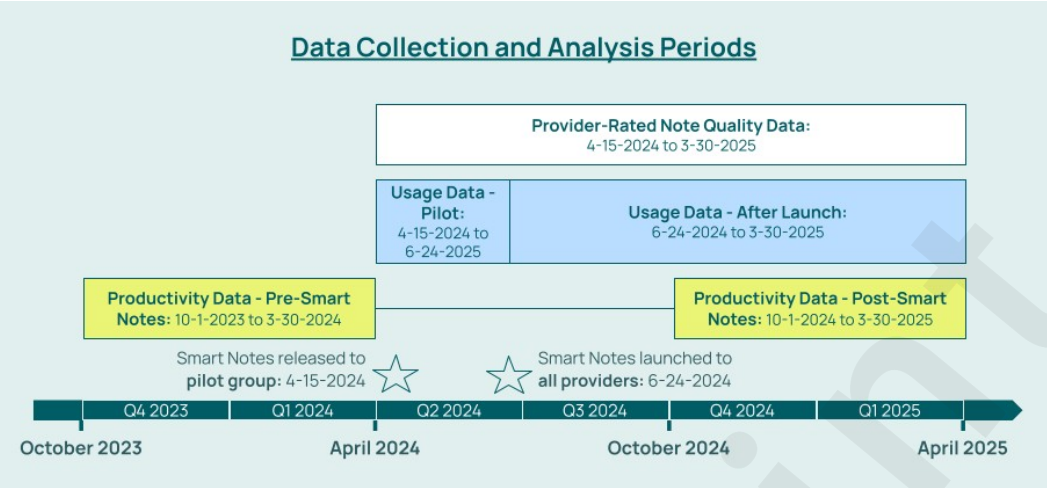
provider is attempting to submit. If no edit is detected, the application presents a message to the provider, prompting the provider to make at least one edit to ensure that providers are not passively accepting the AI-generated notes without any clinical input. After the edit is made, providers are able to submit the Smart Note as documentation of the session. Once the note is submitted, providers are given the option to rate and provide feedback on the note. Feedback is stored and evaluated by the team for further refinements of the feature, when required.

Providers were trained on and gained access to Smart Notes in a stepwise feature rollout. In an initial pilot period, a subset of Talkspace providers received early access to the feature; at first, providers were able to use it for asynchronous messaging sessions only, and live session availability was released one month later. Finally, Smart Notes was launched to the entire provider network for providers to implement for individual asynchronous client sessions as well as eligible individual live session plans in June 2024.

Data and Analyses

We first examined provider level note usage, provider productivity, and provider rated note quality using descriptive statistics and *t*-tests. Where indicated, provider type (full-time and contract) were analyzed and reported separately, as full-time and contract providers vary in weekly workload requirements. For analysis of provider usage, productivity, and note quality, data were included for Talkspace providers meeting the following criteria: (1) Providers were consistently employed at Talkspace over the study period (six quarters around deployment of Smart Notes shown in Figure 1); and (2) Providers conducted at least one asynchronous or live therapy session during each of two 6-month time periods before and after Smart Notes (Figure 1, green bar). For productivity comparison analyses, we also excluded providers who switched employment status within Talkspace (eg, from full-time to contract) at any time during the study period. Key dates and timelines used for data collection and analysis are shown in Figure 1.

Figure 1. Data collection and analysis periods.



Smart Notes Usage

We analyzed providers' Smart Notes usage over time (ie, the number and percentage of providers who used Smart Notes each week, as compared to total providers) and at the note level (ie, the percentage of Smart Notes submitted each week, as compared to total progress notes). We examined weekly usage and uptake during the initial pilot period as well as after Smart Notes was launched to the whole provider network. Notes are counted in the week the Smart Note is submitted, which could occur in subsequent weeks after the session took place.

Provider Productivity

We then compared providers' productivity—defined as total working hours and completed sessions by week—after the introduction of Smart Notes (post-SN) versus before Smart Notes existed (pre-SN; Figure 1, green bar). We defined a 6-month post-SN period after the feature had been fully rolled out to ensure provider uptake had steadied. We used the same 6-month period one year prior as the pre-SN period for comparison to minimize potential effects of time of year.

Provider Rated Note Quality

Following each note submission, providers are prompted to provide optional feedback on the note with a “thumbs up” or “thumbs down.” If a thumbs down is selected, indicating a negative rating, they could then identify the reason for the negative rating from three options: “Too many edits needed,” “Summary is inaccurate,” and “Summary is non-formatted.” Providers also have a free-write section where they can provide additional details to their feedback selection.

Audit of Note Quality

A one-time internal audit, in partnership with an insurance payor partner, was conducted to evaluate the quality of Smart Notes, randomly selected. The audit was conducted in March 2025 by five licensed clinicians within the Talkspace Quality Management and Clinical Team, holding credentials including but not limited to LMHC, LPC, LPCC, and LCSW.

Clinicians used a rubric and clinical expertise to rate note quality, including evaluation of the following elements: documented diagnosis; presence of assessments for high risk members (members who have expressed homicidal or suicidal ideation); presence of thorough mental health assessment; presence of presenting problems; and clearly defined treatment goals. Clinicians reviewed notes created with the Smart Notes feature and compared them to randomly selected manually-generated notes to assess the inclusion of key elements that define a clinically appropriate note.

Provider Feedback and Satisfaction

Finally, we examined quantitative and qualitative provider feedback from quarterly surveys, including overall (ie, not specific to Smart Notes) provider satisfaction and Net Promoter Scores (NPS) and open-ended, free-response feedback. For analyses of NPS, satisfaction, and open-ended feedback data, all Talkspace providers who submitted a survey response were included.

Provider satisfaction was calculated using providers’ 1-5 ratings on the question “How would

you rate your overall satisfaction with Talkspace?", by summing the number of providers giving scores of 4 or 5 (considered "satisfied") and dividing by the total number of providers who responded.

NPS is a metric used to gauge how likely or unlikely respondents are to recommend a given platform, product, or company based on a single question regarding respondent satisfaction. NPS was calculated using providers' 1 to 10 ratings on the question "How likely are you to recommend Talkspace to a colleague?", by subtracting the percent of "promoters" (scores of 9 or 10; those who are satisfied and will recommend the business) minus the percent of "detractors" (scores of 0 through 6; those unsatisfied who may actively discourage other users). We also examined whether providers' use of Smart Notes was associated with their NPS scores on the platform as a whole.

Providers' free response feedback was collected quarterly alongside satisfaction and NPS scores. We examined Smart Notes-related themes in providers' responses submitted during the quarters after the feature had been fully launched to all providers, reporting the number and percent of providers endorsing each theme.

Results

Smart Notes Usage

Across nearly one year (Figure 1, blue bar), 162 unique full-time providers submitted 88,591 Smart Notes and 1,366 unique contract providers submitted 198,320 Smart Notes. The total number of Smart Notes was higher than traditional progress notes submitted over the same time period—full time providers submitted 51,345 and contract providers submitted 186,610 traditional progress notes.

Pilot: Among the subset of Talkspace providers who received early access to pilot the Smart Notes feature, uptake grew quickly to over 100 full-time providers (Figure 2A) and 300 contract providers (Figure 2B) using the feature each week during the pilot period. Among full-time

providers, Smart Notes use picked up rapidly after the feature became available and held steady at an average of 80% of providers' notes for asynchronous sessions (Figure 3A-B). Full-time providers also used Smart Notes for live sessions as soon as the feature became available for those, growing quickly to 57.5% of providers' live progress notes. Among contract providers, Smart Notes use grew to 56.7% of providers' asynchronous progress notes by the fourth week, then held steady thereafter (Figure 3C-D). Contract providers did not receive access to Smart Notes for live sessions during the pilot period.

Figure 2. Full-time and contract providers using Smart Notes during the pilot period.

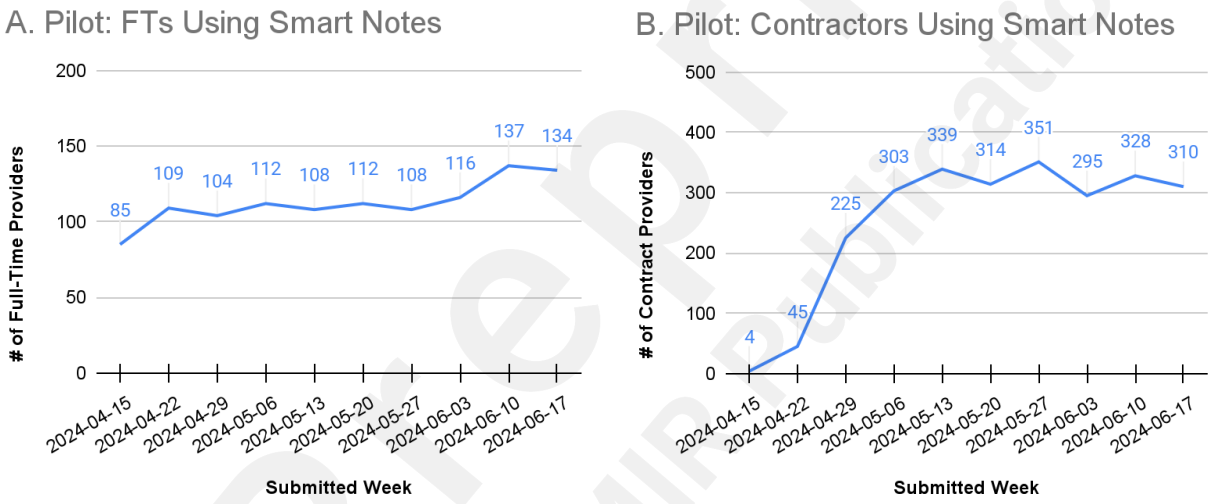


Figure 3. Smart Notes submitted by providers during the pilot period.



After Launch: Following the pilot period, SmartNotes was made available to all providers on the Talkspace platform for individual asynchronous therapy sessions and eligible live therapy

sessions. At launch percent usage was high among both full-time providers (Figure 4A) and contract providers (Figure 4B). Among full-time providers, 96% (n = 142) used the Smart Notes feature during the first week of its full launch across the platform. Use remained high over time, with nearly all providers using Smart Notes on a weekly basis (M = 94%, SD = 1%; Figure 5A).

Figure 4. Full-time and contract providers using Smart Notes after launch.

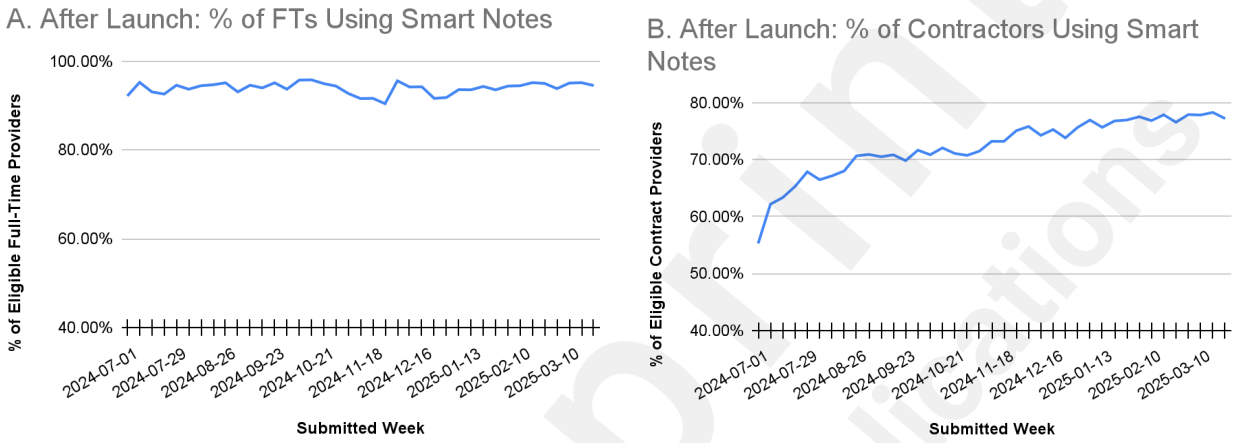
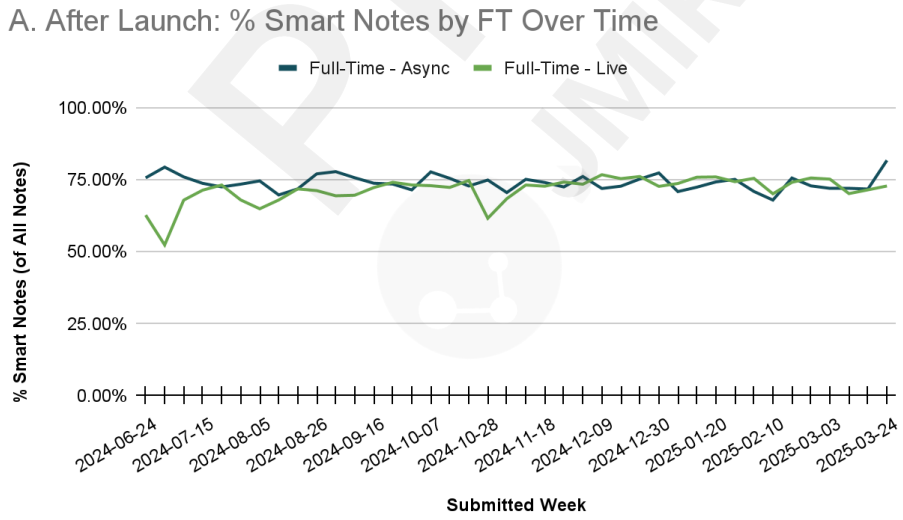
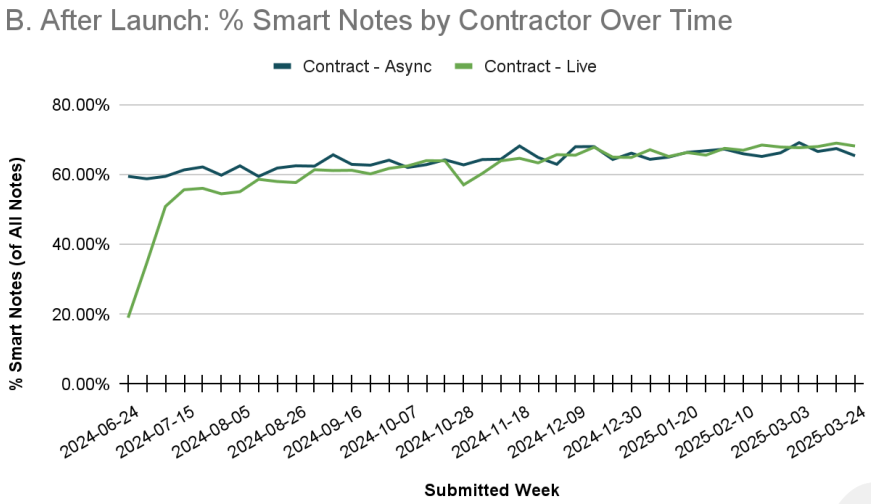


Figure 5. Smart Notes submitted by providers during the weeks after launch.



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Full-time providers averaged 2000 Smart Notes per week (*SD* = 283.7) as a group, or 72% (*SD* = 3%) of all progress notes they submitted. Additional data broken out by asynchronous and live sessions are given in Table 1. Among contract providers, 51% of contract providers (*n* = 607) used the Smart Notes feature during the first week of its full launch across the platform. Over time, uptake increased to an average of 72% of all providers (*SD* = 6%; Figure 5B). Contract providers averaged 4739 Smart Notes per week (*SD* = 784.7) as a group, or 62% (*SD* = 8%) of all contract providers' progress notes. Table 1 shows data broken out by asynchronous and live sessions.

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Table 1. Weekly average Smart Notes submitted by providers (after launch).

	Full-Time Providers				Contract Providers			
	M	***SD***	***Min***	***Max***	***M***	***SD***	***Min***	***Max***
All Sessions								
# of Smart Notes	1999.6	283.7	1034.0	2425.0	4738.9	784.7	2328.0	5755.0
% of Smart Notes	72%	3%	59%	76%	62%	8%	29%	69%
Asynchronous Sessions								
# of Smart Notes	453.7	84.7	268.0	666.0	919.2	145.6	704.0	1307.0
% of Smart Notes	74%	3%	68%	82%	64%	3%	59%	69%
Live Sessions								
# of Smart Notes	1545.9	242.7	766.0	1897.0	3819.7	805.8	1299.0	4789.0
% of Smart Notes	72%	5%	52%	77%	61%	9%	19%	69%

Provider Productivity

Total Working Hours: Table 2 includes full-time (n = 140) and contract (n = 1698) providers' weekly working hours in the pre- and post-SN periods. Neither full-time providers (t = 1.263, df = 139, p = 0.209) nor contract providers (t = 0.175, df = 1697, p = .861) demonstrated a change in their total working hours between the two time periods.

Completed Sessions: Table 2 also includes full-time and contract providers' completed sessions in the pre- and post-SN periods. Both full-time providers (t = 2.592, df = 139, p = .011) and contract providers (t = 2.053, df = 1697, p = .040) demonstrated a significant increase in weekly sessions completed from pre-SN to post-SN.

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Table 2. Weekly average working hours and completed sessions before vs. after Smart Notes.

	Pre-Smart Notes		Post-Smart Notes	
	M	***SD***	***M***	***SD***
Full-Time Providers				
Hours	18.2	8.15	18.6	8.93
Sessions	15.5	7.64	16.5	8.41
Contract Providers				
Hours	4.11	5.80	4.11	6.08
Sessions	3.91	5.55	4.06	6.10

Note Quality

Provider Rated Note Quality: Smart Note quality was monitored on an ongoing basis (Figure 1, white bar). Providers gave optional feedback ratings on 30,519 Smart Notes (out of 466,139 total Smart Notes, or 6.5%). Of these, Smart Notes were nearly all rated “thumbs up” (positive): 97.7% of full-time providers’ ratings and 98.4% of contract providers’ ratings were positive. The majority of negative ratings (562 in total, or 1.8%) were related to summary inaccuracy (150 ratings from contract providers and 125 from full-time providers) or too many edits needed (135 ratings from contract providers and 97 from full-time providers).

Audit of Note Quality: The Quality Management and Clinical Team providers reviewed a total of 27 randomly selected Smart Notes and determined that the quality of 23 of the 27 (82.14%) notes reviewed were better than the quality of randomly selected manually generated notes. The 5 clinicians determined that Smart Notes notes more consistently included key elements from the rubric including documented diagnosis, assessment for high risk members, documentation of a thorough mental health assessment, list of presenting problems, and clearly defined treatment goals. Notes generated using Smart Notes more often constituted a clinically appropriate note based on

content and structure.

Provider Feedback and Satisfaction

NPS was measured quarterly and ranged from 16.50 to 31.98 for full-time providers and -13.33 to 12.72 for contract providers over the six quarters around the deployment of Smart Notes (Table 3). Provider satisfaction, also measured quarterly, ranged from 74.76% to 82.23% for full-time providers and 54.67% to 68.76% for contract providers (Table 3).

Table 3. Provider NPS and satisfaction scores by quarter.

	Contract		Full-Time	
	NPS	**Satisfaction**	**NPS**	**Satisfaction**
Q4 23	4.48	64.78%	24.71	77.06%
Q1 24	0.86	62.20%	26.67	75.56%
Q2 24	5.38	67.12%	16.50	74.76%
Q3 24	12.12	68.76%	19.53	75.78%
Q4 24	12.72	67.22%	31.98	82.23%
Q1 25	-13.33	54.67%	26.45	77.42%

Contract providers who used Smart Notes (n = 167, M = 7.25, SD = 2.68) gave NPS ratings that were no different from those who did not use Smart Notes (n = 254, M = 6.96, SD = 3.11), t = 1.022, df = 389.92, p = .307. Similarly, full-time providers who used Smart Notes (n = 39, M = 8.46, SD = 2.21) also gave net promoter ratings that were no different from those who did not use Smart Notes (n = 34, M = 8.88, SD = 1.39), t = 0.987, df = 64.854, p = .328.

Quarterly surveys which gathered open-ended feedback from providers, included many comments about Smart Notes. 128 full-time providers and 685 contract providers gave feedback in Q3 2024, 197 and 668 in Q4 2024, and 156 and 632 in Q1 2025. Among those, the Smart Notes feature was mentioned by 3 full-time providers and 30 contract providers in Q3 2024, 9 and 28 in Q4 2024, and 23 and 28 in Q1 2025.

Across quarters, providers' Smart Notes feedback was overall positive (120 positive vs. 6 negative comments; Table 4), including general praise (eg, "I love the Smart Notes!"), specific praise (eg, saves time, makes work easier), and requests for the feature's expansion across the platform (eg, Smart Notes for couples sessions or sessions conducted in Spanish). Few comments mentioned issues with or suggested improvements to Smart Notes (eg, concerns about privacy, comparison to competitors' features).

Table 4. Summary of Smart Notes feedback in open-ended provider responses.

Theme	Full-Time		Contract	
	N	%[a]	N	%[a]
General praise for Smart Notes	6	18.2%	43	52.4%
Smart Notes saves providers time	4	12.1%	4	4.9%
Smart Notes makes providers' work easier	3	9.1%	3	3.7%
Request for Smart Notes to expand (e.g., for use in couples' sessions)	26	78.8%	31	37.8%
AI privacy concerns	1	3.0%	2	2.4%
Issues/improvements	0	0.0%	3	3.7%

[a]Note: Percents do not add to 100 because providers could have mentioned more than one of these themes in their responses.

Discussion

This study aimed to describe the development, validation, and application of Talkspace's Smart Notes, a generative AI tool designed to address the documentation burden faced by mental health providers. Our findings provide initial evidence that AI-powered documentation tools can be a feasible and effective solution for supporting mental health clinicians. To our knowledge, this is the first study to specifically investigate the utility of an AI scribe service within a large-scale digital mental health care context. The results shed light on how such technology can not only streamline

administrative tasks but also positively influence provider productivity and satisfaction, ultimately helping to bridge the gap in access to mental health services.

Interpretation of Key Findings

Three key findings from this investigation are particularly significant. First, the rapid and sustained uptake of Smart Notes demonstrates that it effectively addressed a pre-existing and significant need among providers. The consistent usage, with nearly all full-time providers and most contract providers utilizing the feature weekly for eligible sessions, indicates that the tool integrated seamlessly into their workflows. Notably, full-time providers adopted the feature at higher rates than hourly/contract providers, which may be due to their more consistent caseloads.

Our data also suggest that Smart Notes may improve provider productivity. The increase in completed sessions following the feature's introduction, without a corresponding increase in providers' working hours, aligns with prior research suggesting that a reduced documentation burden can minimize burnout and improve efficiency [7-8]. This finding is especially relevant for a field struggling with provider retention and capacity. Future research might survey providers directly for reflections on how Smart Notes impacted their workflows to get at this further. Additionally, future research is needed to establish any causal relation between Smart Notes usage and increased session completion, as this observational study does not account for additional factors that may have impacted providers' session completion.

Next, the high quality of the Smart Notes was a critical factor in their success. This was confirmed by an internal clinical audit, which found that over 82% of notes audited were of high clinical quality. More importantly, this was corroborated by provider feedback, with over 90% of positive ratings. This strong endorsement from clinicians suggests that the tool effectively generates accurate and useful session summaries, building the necessary trust for its widespread adoption in a

clinical setting. The low rate of negative feedback related to accuracy and formatting indicates that the tool is performing reliably and meeting clinical standards. The required human review before submission ensured that any Smart Note not meeting clinical standards is edited or corrected by the provider, maintaining clinical integrity and provider accountability.

Finally, the overall positive qualitative feedback on Smart Notes further reinforces the tool's value. Providers praised Smart Notes for saving them time and making their work easier, directly addressing the core pain points of documentation burden. While overall provider satisfaction and Net Promoter Scores for the broader platform remained stable, the strong positive reception of this specific feature demonstrates that targeted technological interventions can have a meaningful impact on professional well-being within a larger digital healthcare ecosystem.

Implications and Limitations

While this study offers valuable insights, it is important to consider its limitations. The primary limitation is the observational design, which prevents us from establishing a causal link between the use of Smart Notes and the observed increase in provider session completion. It is possible that confounding factors, such as the provider experience or caseload growth, may have influenced these productivity metrics. In addition, our use of general performance-wide metrics, such as NPS and satisfaction ratings, means that the specific impact of the Smart Notes feature on provider sentiment may not be fully captured.

Despite these limitations, our findings have important practical implications for both providers and mental healthcare organizations. This study provides preliminary evidence that AI tools can support mental health providers and alleviate documentation burden, potentially increasing their capacity to deliver care. For organizations, investing in these technological solutions could lead to reduced burnout, improved satisfaction, and improved retention among providers. As AI tools become more integrated into mental healthcare, continued research is essential to understand their

long-term impact on provider well-being, patient outcomes, and the evolving nature of documentation practices.

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Conflicts of Interest

None declared.

Data Availability

The datasets generated or analyzed during this study are not publicly available because they were collected as part of standard business operations. However, they are available from the corresponding author on reasonable request.

Preprint JMIR Publications

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