



Automating the Back Office: How AI is Revolutionizing Mental Health Clinics

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Financial Disclosure

mdhub is an endorsed FPA member benefit
FPA shares in revenue from member purchases of mdhub

52% of surveyed Therapists report
feeling burned out¹

Clinicians spend 16h/week on admin
tasks instead of caring for patients²

Admin overload in numbers

Delayed mental health treatment costs
the US health system \$300bn per year³

1: State of Therapist Well-Being Repor, 2023

2: Medscape's "Physician Compensation Report", 2023.

3: NAMI, 2021.

The mission we are on

Building the AI-native OS
for mental health clinics

Eliminating administrative
burden so you can focus
on what matters most

Patient care

Who we are

Combining clinical and AI expertise to power mental health clinics



Dom
CEO



Efren
CTO



Christina
Medical Director



Vasilis
AI Engineer



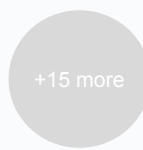
Keerthana
MD



Bogdan
AI Engineer



Liza
Product



Backed by the world's leading investors



The future we are building

Fully AI automated clinics

Mental Health Clinic

mdhub's AI - OS

Sarah

AI Admission Coordinator

Automate admissions for new and existing patients

Laura

AI Care Coordinator

Track patient progress, send session reminders, medication refills, follow-ups etc.



**Clinical &
Leadership Team**

Emma

AI Clinical Assistant

Automates clinical notes, documentation, charting and pre-charting.

Eric

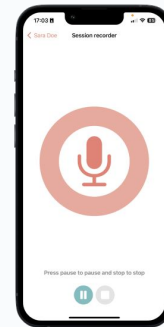
AI Billing Specialist

Automates insurance and payment processing.

mdhub Toolkit

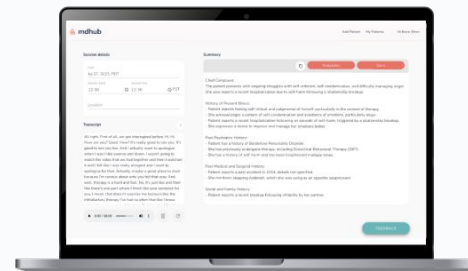
AI Clinical Assistant

- Automates charting, pre-charting and coding
- Maximizes revenue with compliant notes and makes clinicians more efficient



AI Admissions Coordinator

- Processes incoming calls, text messages, referrals
- Accelerates patient acquisition with more patients booked and scales infinitely – reducing cost and operational complexity



AI Admissions Coordinator

Designed for mental health clinics:

- Empathetic and professional
- Available, 24/7
- Onboard once, scale infinitely



Example Jobs

AI Admissions Coordinator personalized to your needs to maximize efficiency



Intake

In/Outbound calls
Qualifying
Clinician matching



Scheduling

Availability
Follow-up booking



Insurance

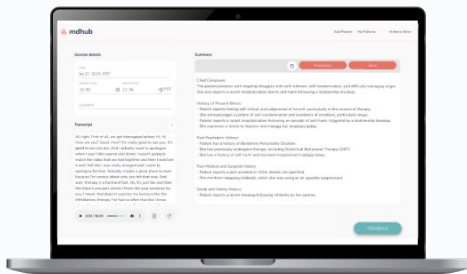
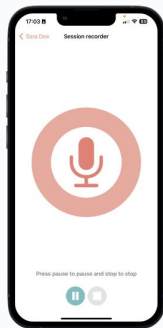
Collection
Eligibility checking



Lead generation

Data collection
Outbound call

AI Clinical Assistant



Record or dictate your patient encounter

Simply use our mobile apps, zoom integration or our web application

From audio to insights using AI

Personalized **intake** and **follow-up questionnaires**

Proactive **pre-charting** at a glance

Automated **charting** within seconds

Patient **after-visit summaries**

Fully personalized

Create custom questionnaires

Build personalized note templates

Standardize your documentation across your clinic

From interview to report in 3 steps

Natural Language Capture

Collecting raw clinician–patient interaction.

Transcription

Converting speech into text.

Natural Language Processing (NLP)

Turning transcripts into structured, usable documentation.

Subjective

"I feel really down today"

Marie presents with concerns about emotional regulation, anger outbursts, and the impact of borderline personality disorder on her relationships and functioning.

Marie described a history of intense emotional episodes, including multiple suicide attempts by overdose, destructive anger episodes resulting in property damage, and significant interpersonal difficulties. She noted progress in emotion regulation, attributing improvement to age, experience, and dialectical behavior therapy. She expressed ongoing struggles with anger, now pathologically avoiding it through people-pleasing and avoidance of triggering situations. Marie reported severe anxiety, particularly in social situations, leading to excessive alcohol use and occasional blackouts. She stated that her anxiety is present even with close friends and is a significant source of distress. Sleep is used as a coping mechanism during depressive episodes or when feeling inadequate

Objective

- Mental Status Exam
- Affect: Patient appears subdued and reflective, with affect congruent to the content discussed. No tearfulness or laughter noted; occasional self-effacing and apologetic demeanor.
- Mood: "I have such bad anxiety"; overall mood described as anxious and vulnerable.
- Thought Content: Preoccupations with self-improvement, fear of disappointing others, and anxiety about social acceptance. No mention of audiovisual hallucinations, paranoia, or obsessive thoughts.
- Thought Process: Linear and goal directed throughout the interview.
- Cognition: Grossly intact attention and memory; alert, cooperative, and engaged in the interview.
- Orientation: Alert and oriented.
- SI, HI, Violent Ideation: Denied.
- Insight and Judgment: Demonstrates insight into emotional regulation difficulties and motivation to improve; judgment appears intact.

Assessment

Marie is a 28-year-old female with a personal history of borderline personality disorder, multiple suicide attempts by overdose, and longstanding difficulties with anger management and emotional regulation. She has a family history suggestive of BPD in her mother, characterized by emotional volatility and abusive behavior. Presenting issues include ongoing struggles with anger, severe social anxiety, episodic destructive behavior, and maladaptive coping strategies such as excessive alcohol use in social settings and avoidance of emotional triggers. Marie has demonstrated progress in emotion regulation, attributed to age, experience, and DBT, and is currently maintained on Sertraline and Adderall. She expresses motivation to further improve her emotional stability and interpersonal relationships.

Plan

- Borderline Personality Disorder. Currently stable with significant reduction in impulsive and self-destructive behaviors over the past seven years. Continue monitoring for emotional dysregulation and anger avoidance. Maintain engagement in dialectical behavior therapy skills as previously helpful. Encourage ongoing self-reflection regarding anger and interpersonal relationships.
- Generalized Anxiety Disorder. Anxiety persists, particularly in social situations. Continue Sertraline 25mg daily. Recommend ongoing exploration of anxiety triggers and coping strategies in therapy.
- Attention-Deficit/Hyperactivity Disorder. Continue Adderall 20mg daily.
- Follow-up: Continue current medication regimen. Reinforce DBT and emotion regulation strategies. Next appointment to be scheduled. Marie agreed to the plan.

Psychotherapeutic Interventions

- Supportive therapy provided, focusing on validation of Marie's progress in emotion regulation and reduction of impulsive behaviors.
- Exploration of anger avoidance, interpersonal difficulties, and the impact of childhood experiences on current emotional patterns.
- Cognitive-behavioral strategies used to examine patterns of negative self-talk, internalized stigma, and the divide between self-image and public persona.
- Discussion of coping skills for anxiety and emotion regulation, including sleep and behavioral avoidance.

Data privacy and security

Healthcare and Data Privacy Laws

- ✓ HIPAA
- ✓ PHIPA + PIPEDA + Law 25



Leading Data Security Standards

- ✓ SOC 2 Audit
- ✓ NIST SP 800-171



Measures

- ✓ Data encrypted in transit and at rest
- ✓ Regular penetration testing
- ✓ Automated monitoring of security

mdhub

Powering mental health clinics with AI

Increasing revenue.
Improving patient care.
Optimizing operations.

Evaluation Forms

You can fill out the evaluation form using the app.
Look for the evaluation form link at the bottom of
each session. (preferred)

OR

You can fill out the evaluation sheet by hand and
give it to a staff member or the moderator of the
session.

You need to fill this form out to receive full credit for
the session.

Thank you!