

AE-IN-THE-CARE-LOOP™

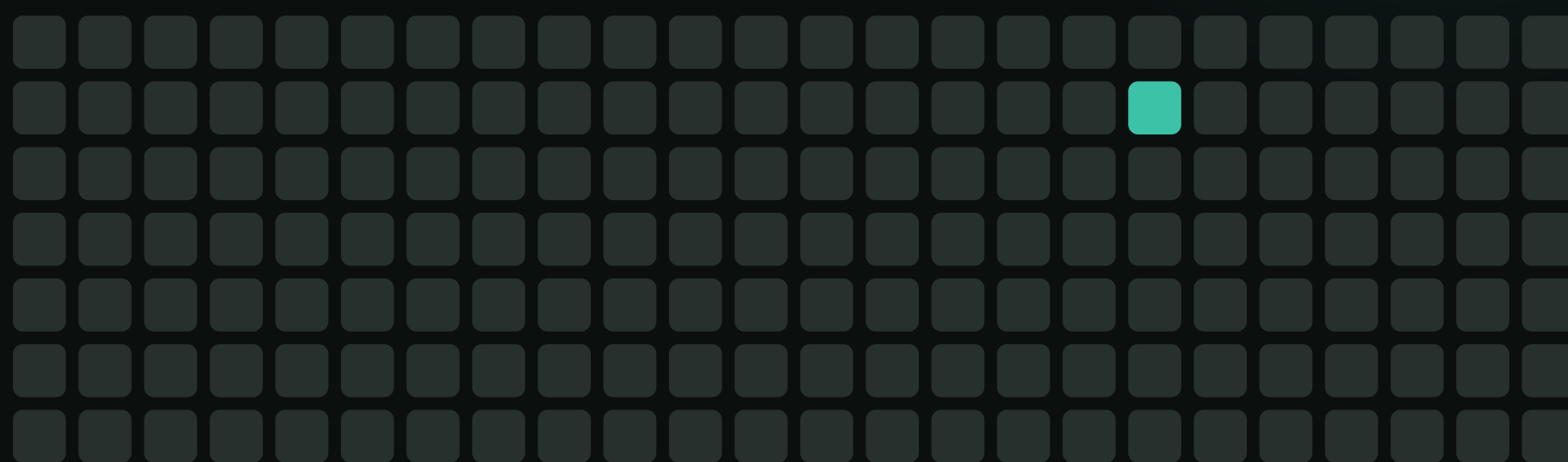
The AI brings
evidence.
The clinician
decides.

How we build AI for mental-health care, in six
slides.

haiva sona

WHY THIS MATTERS

Too few clinicians, and a week nobody sees



1 of 168 13

hours of a patient's week is the weekly session. The rest goes unseen.

mental-health workers per 100,000 people: the WHO global median.

TWO WAYS TO BUILD CLINICAL AI

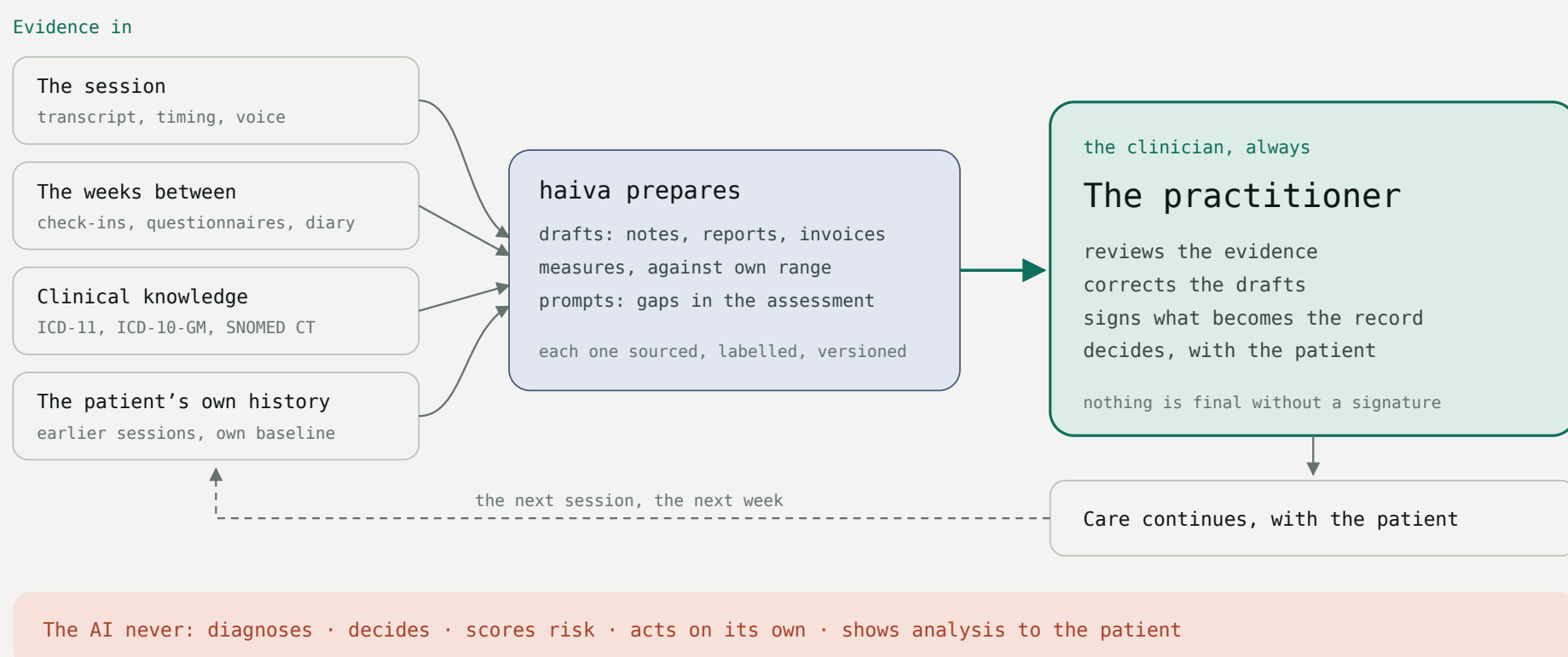
Automation with a human check, or evidence for a human decision

AUTOMATION WITH A HUMAN CHECK AE-IN-THE-CARE-LOOP™

Who decides	The system proposes a conclusion; a person approves or overrides it	The clinician decides; the system supplies evidence
What the AI produces	Classifications, scores, recommendations	Measures, drafts, sources and open questions, each labelled
When the data is poor	A result is produced anyway	"Not measurable", with the reason
What the patient sees	Varies by product	No analysis, ever: their own record, diary and help

THE LOOP

Evidence in, a signed decision out



Every draft, measure and prompt is sourced, labelled and versioned. Nothing is final without a signature.

THE LINES WE HOLD

The AI never

✗ diagnoses

✗ decides

✗ scores risk

✗ acts on its own

✗ shows analysis to the patient

No risk scores, in line with NICE guideline NG225. Crisis signals go to a person.

TWO CONNECTED TOOLS

For the practitioner, and for the weeks between

haiva

HAIVA 4 · FOR PRACTITIONERS

Sessions recorded with consent; notes, reports and invoices drafted for the practitioner to correct and sign; voice measured against the patient's own history.

sona

SONA 4 · FOR PATIENTS, BETWEEN SESSIONS

Switched on by the practitioner. Always says it is an AI. Crisis help that works offline and without sign-in.

WE WOULD LIKE TO HEAR FROM YOU

How would you want AI to support **your clinical work?**

We are a research initiative in Geneva.
Psychiatrists, psychologists and psychotherapists:
your view shapes what we build.

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