

eirene

A first step towards support

AI-supported conversations.
A continuing connection to human care.

An invitation to NGOs and care professionals

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Some needs go unspoken

Imagine an adult juggling work and caregiving, sleeping poorly, and unsure how to ask for help.

The first step can feel like
the hardest one.

Illustrative story, not a participant account

Too many people remain outside care

85.2%

Treatment gap for major depressive disorders

India's National Mental Health Survey
2015–16



85.2% treatment gap · 14.8% receiving treatment

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Feeling less judged can make it easier to open up

Less fear of disclosure
Greater willingness to share

Observed in a virtual-interviewer experiment

Lucas et al., 2014 [2]. A controlled setting, not a universal preference for AI.



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AI can help someone reach human care



Speak freely

Find next steps

Prepare for a visit

Keep in touch

Proposed Eirene roles: local-language conversation, approved guidance, draft summaries and follow-up prompts.

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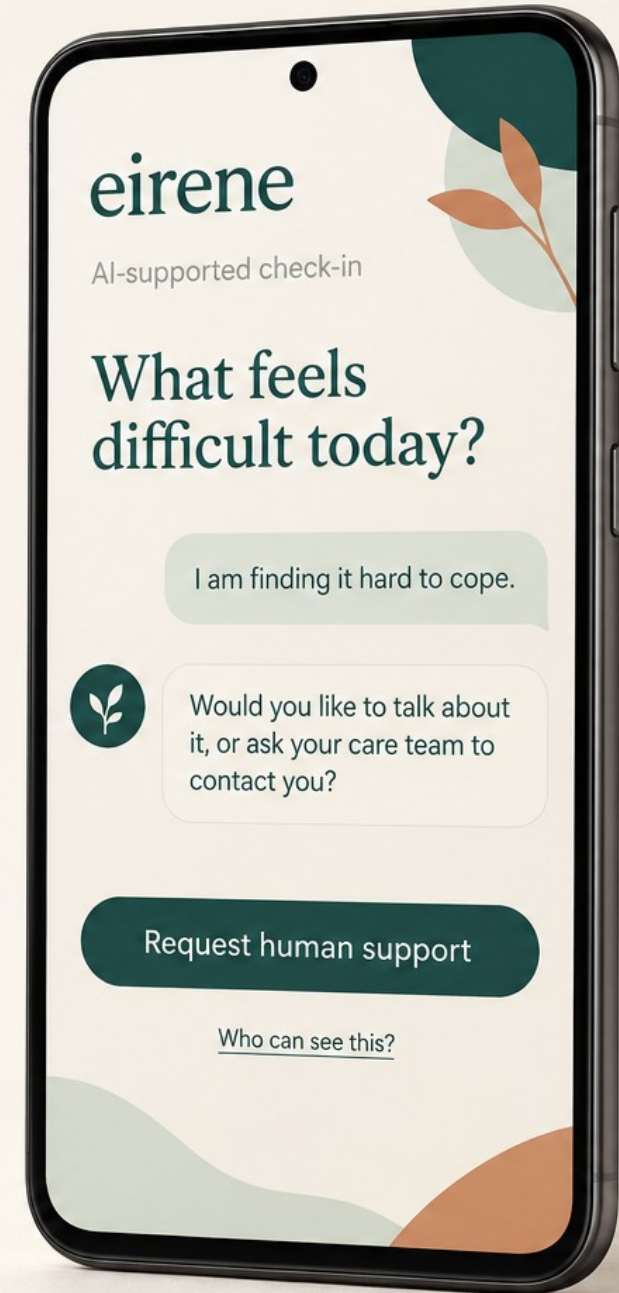
A first conversation, at your pace

Speak or type
in a familiar language

Know who can see
what you share

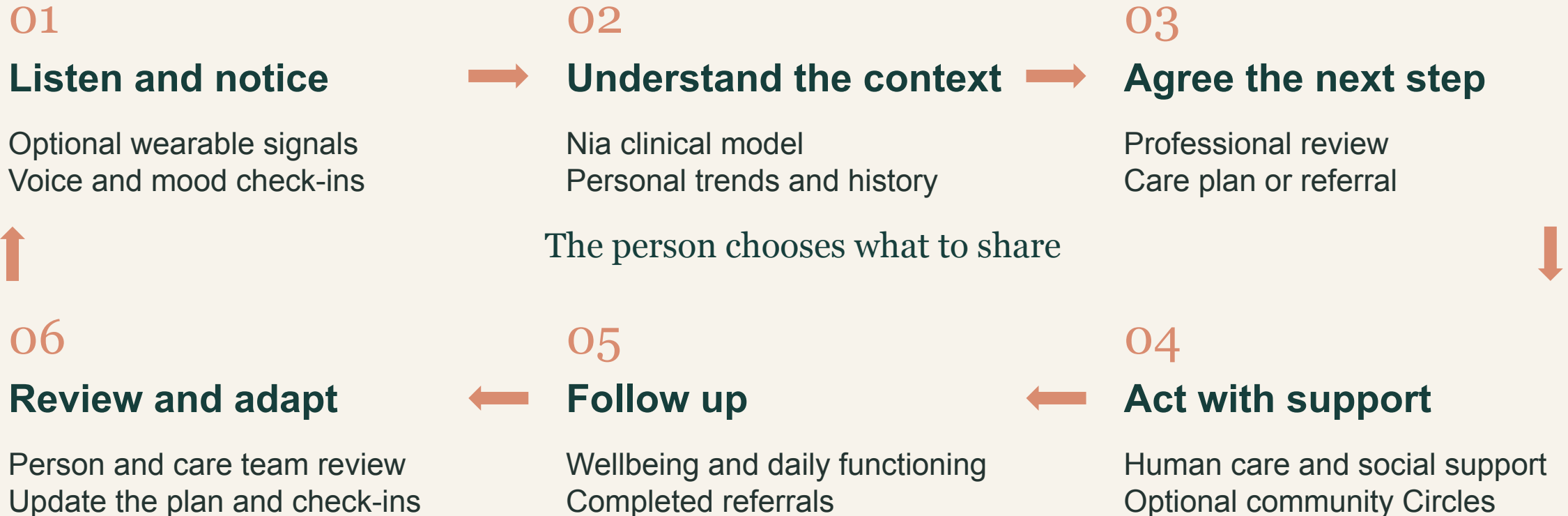
Request human support

Illustrative interface. Malayalam and English proposed first. Response hours would be explicit.



The Eirene care flywheel

Every follow-up informs the next conversation and care decision.



Clinical decisions with better context

Wearable data becomes useful alongside the person's own account.

Consented signals

Sleep and activity trends
Voice or mood check-ins
Clinical and social history



Nia clinical model

Organises the context
Drafts a care summary
Shows sources and
uncertainty



Human decision

Review the evidence
Agree care or referral
Record the next contact

Safety rules route urgent concerns to a named human responder.

Circles: a community alongside care

Opt-in cohorts by shared life experience

Caregivers

New parents

Work and life transitions

Post under an alias

“Some days, caring for others
leaves me exhausted.”

Member Willow in the Caregivers circle

- ➔ **Peer encouragement**
- ➔ **Facilitated conversations**
- ➔ **Private route to human care**

Anonymous to peers. Authorised safety staff have defined access.

Later-phase proposal. Moderated by trained people, with AI-assisted safety review. Posts stay outside clinical records unless shared or required by a disclosed safety process.



Care continues beyond the screen

A named coordinator

Someone follows the referral through to the appointment.

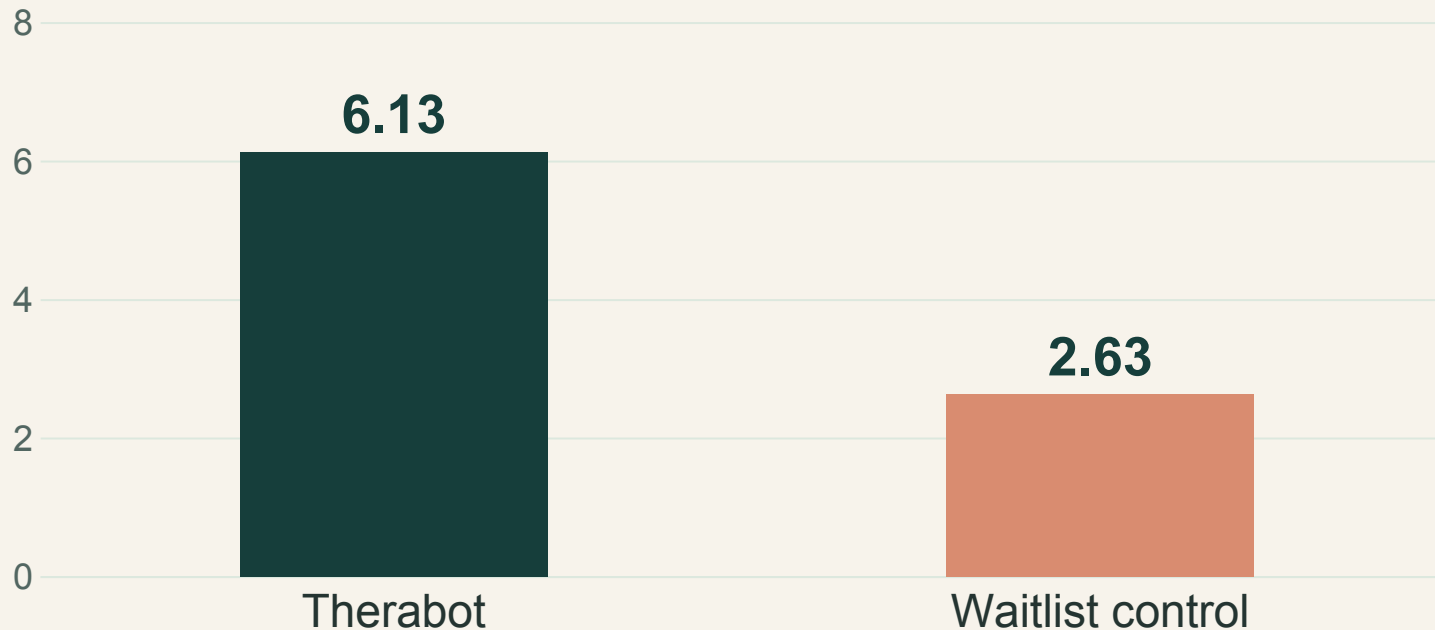
Support for everyday barriers

Social and clinical needs receive human attention.

Proposed service model

Early trial results justify careful testing

PHQ-9 point reduction at 4 weeks



Supervised
US trial

A reason to evaluate
Eirene locally

PHQ-9 points; larger reduction means greater improvement. Heinz et al., 2025 [3]. Waitlist comparison, not human therapy.

Overall trial N=210. Depression analysis at 4 weeks: 70 intervention, 69 control. These are not Eirene results.

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Trust needs clear boundaries

Choice

AI or human contact

Privacy

Clear access and consent

Clinical authority

Professionals decide care

Accountability

Test, review and stop if needed

AI can give biased or inappropriate replies.
Feeling safe is not a safety guarantee. [5]



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Partners shape the service

NGOs

Community trust and access

Social workers

Practical support and coordination

Clinicians

Assessment, care and supervision

People with lived experience

A voice in the decisions



Giving back means funding the whole service



Technology is Infinia's contribution

Engineering, language access and follow-up

Our proposed commitments

Free core pilot access

Funded care-worker time

No advertising or sale of personal data

Continuity if the pilot ends

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A local beginning in Kerala

Nooranad, Alappuzha

01

Listen and prepare

A proposed 90-day readiness phase

02

Understand local needs

A community study with human referrals

03

Test a supervised pilot

Separate approval and independent evaluation

Each stage depends on partners, care capacity, funding and required approvals. No AI care companion in the needs study.

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Success means people receive useful support

Reach care

Completed referrals; time to contact

Feel and function better

Symptoms and everyday functioning

Keep people safe

Harm, missed follow-up, response quality

Make care sustainable

Worker workload, access and cost

Proposed outcomes. Eirene has not yet demonstrated clinical effectiveness or suicide reduction.



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A place for your contribution

Bring the needs you see.
Help shape the care people receive.

Join the founding partner discussion

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Evidence behind the AI proposition

[2] Disclosure

Lucas et al., 2014

Computer-framed virtual interviews reduced disclosure fears in an experimental setting.

[3] Generative AI

Heinz et al., 2025

Therabot improved short-term symptoms versus waitlist under research supervision.

[4] Structured chatbot support

Fitzpatrick et al., 2017

A small two-week Woebot trial found a depression benefit versus an information control.

[5] Safety boundaries

Moore et al., 2025

Tested LLMs showed stigma and inappropriate responses in mental-health scenarios.

Evidence behind the community approach

[1] The treatment gap

NIMHANS, NMHS 2015–16

A historical national baseline; no inference of current Kerala prevalence or service capacity.

[6] Investment in people

Patel et al., The Lancet, 2017

The Goa HAP trial supports trained lay-counsellor care, not autonomous AI treatment.

[7] Existing service context

IMHANS, Tele-Mental Health

Kerala tele-mental-health services offer context for partnership discussions.