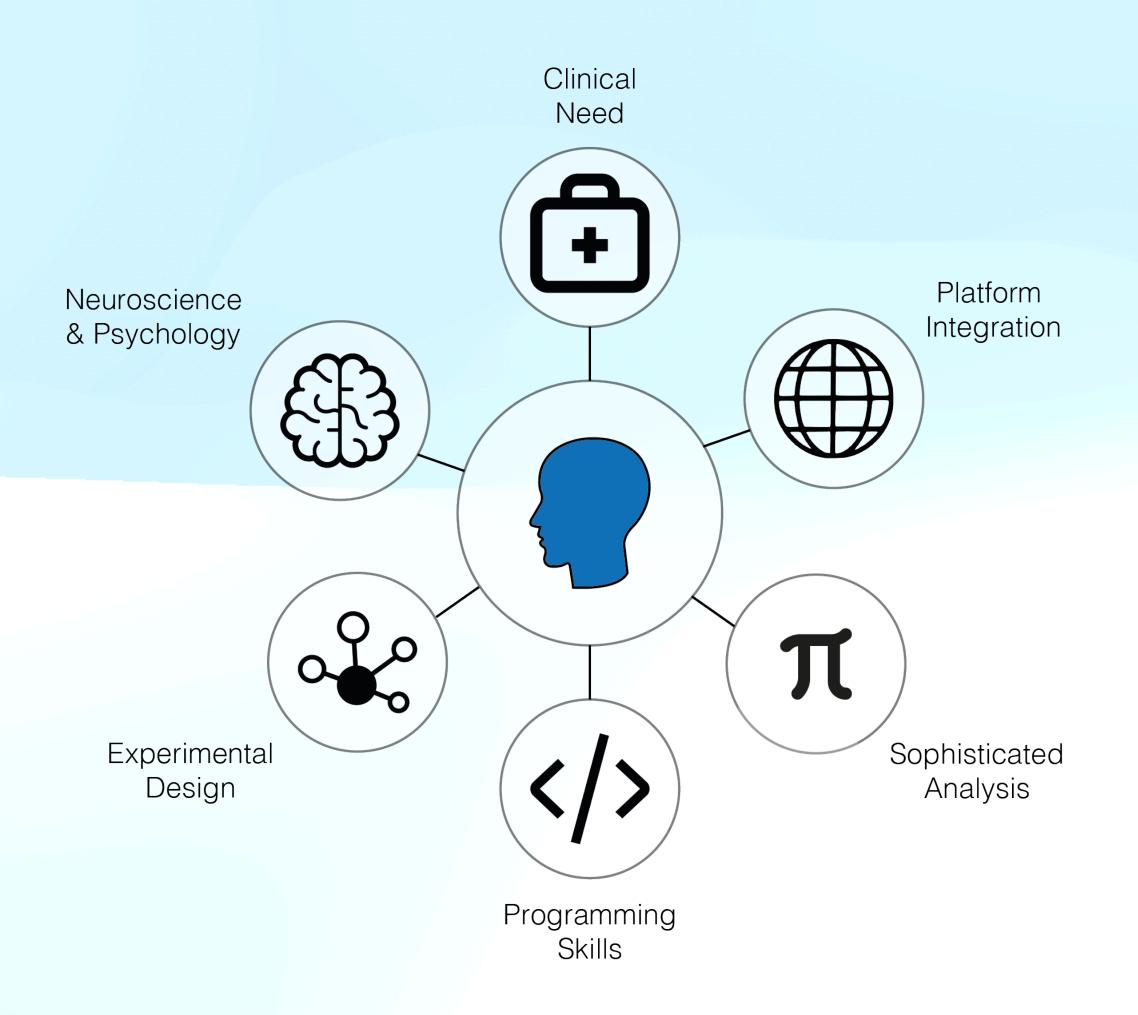




### We can't be experts at everything

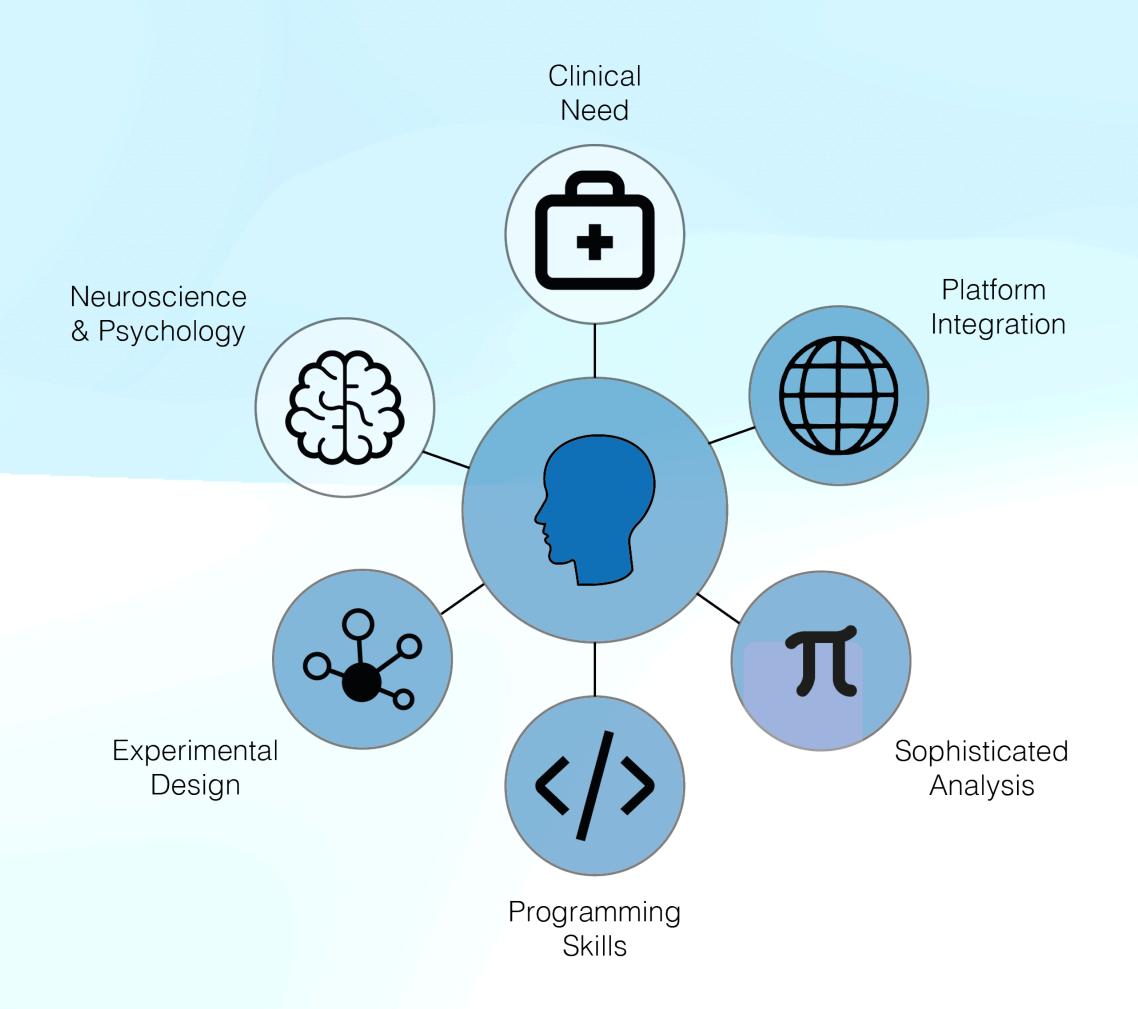


Personalised treatment is a key component of modern psychiatry

Understanding the mechanisms being addressed in a digital intervention is essential

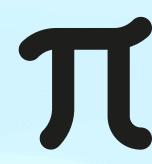
Computational phenotyping has been suggested as a precise, scalable, dynamic method to accomplish these goals, with parameter training as a viable marker of change, but barriers to entry are high.

## We can't be experts at everything





## We take the analytic load off your shoulders

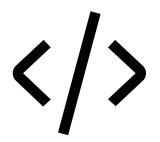


Robust, rigorous mathematical and statistical models





Design prompts informed by those with lived experience



Cutting edge developments and best practice in open, cognitive science

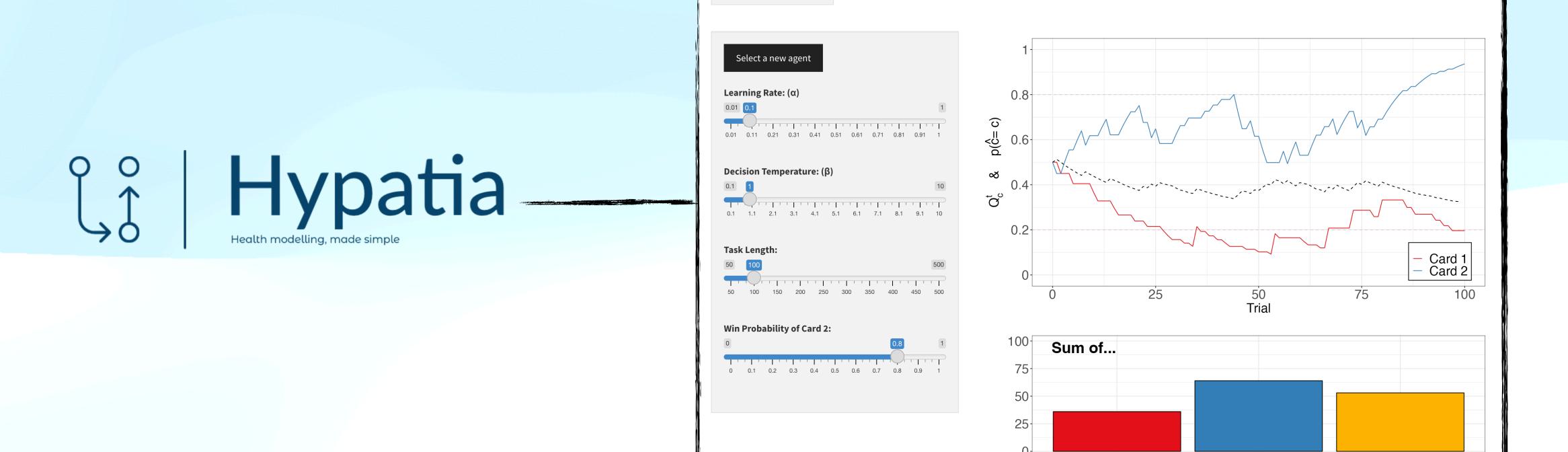
How does your tool help mental health researchers develop digital interventions?

## We do the hard coding so you don't have to





## We do the hard coding so you don't have to



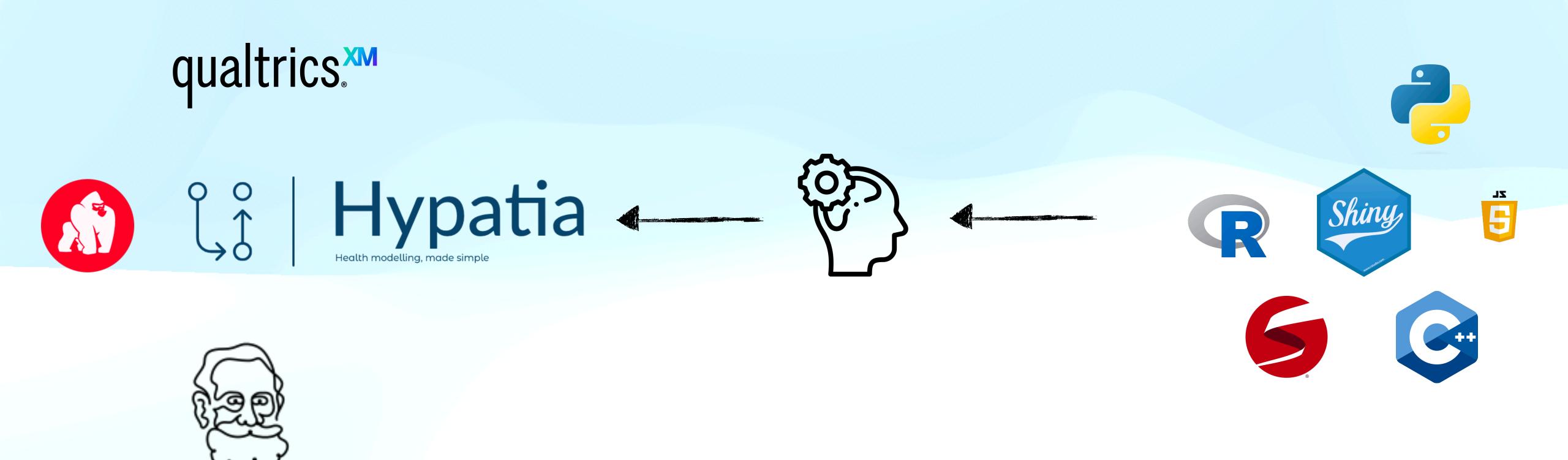
How have you minimised the programming expertise required to interact with your tool?

Card 2 Choices

Rewards

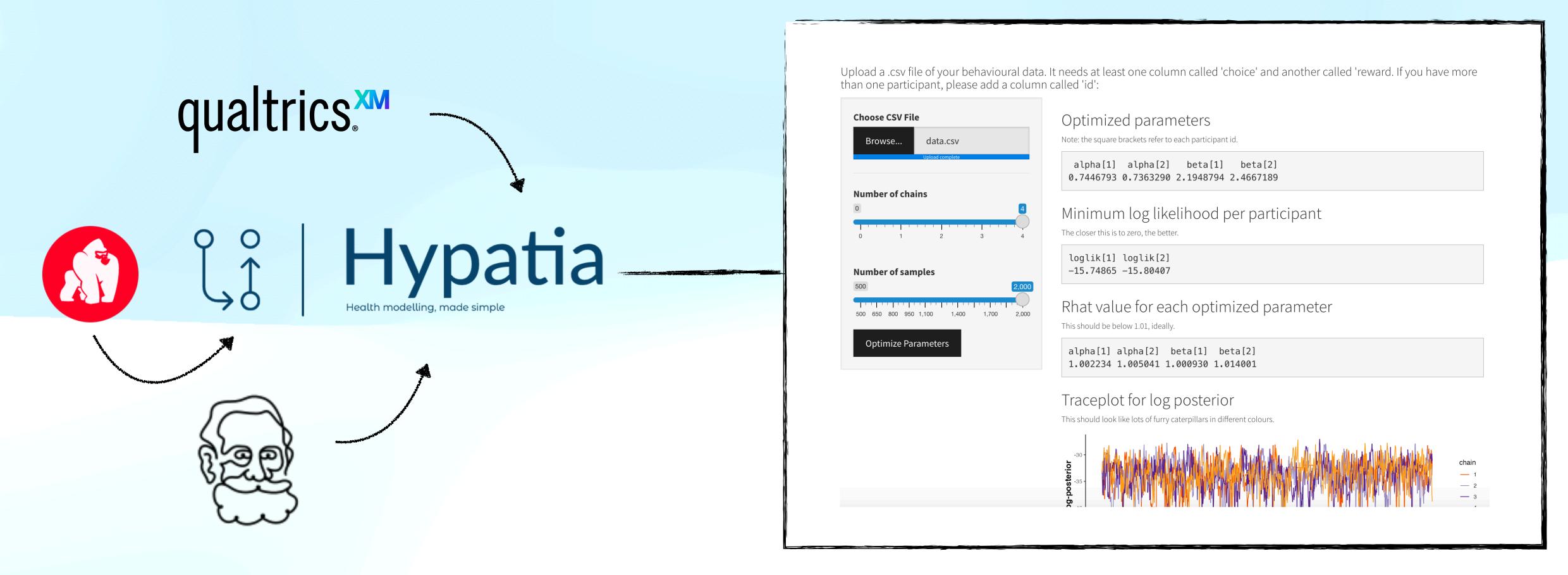
Card 1 Choices

# Hypatia is compatible with existing technologies



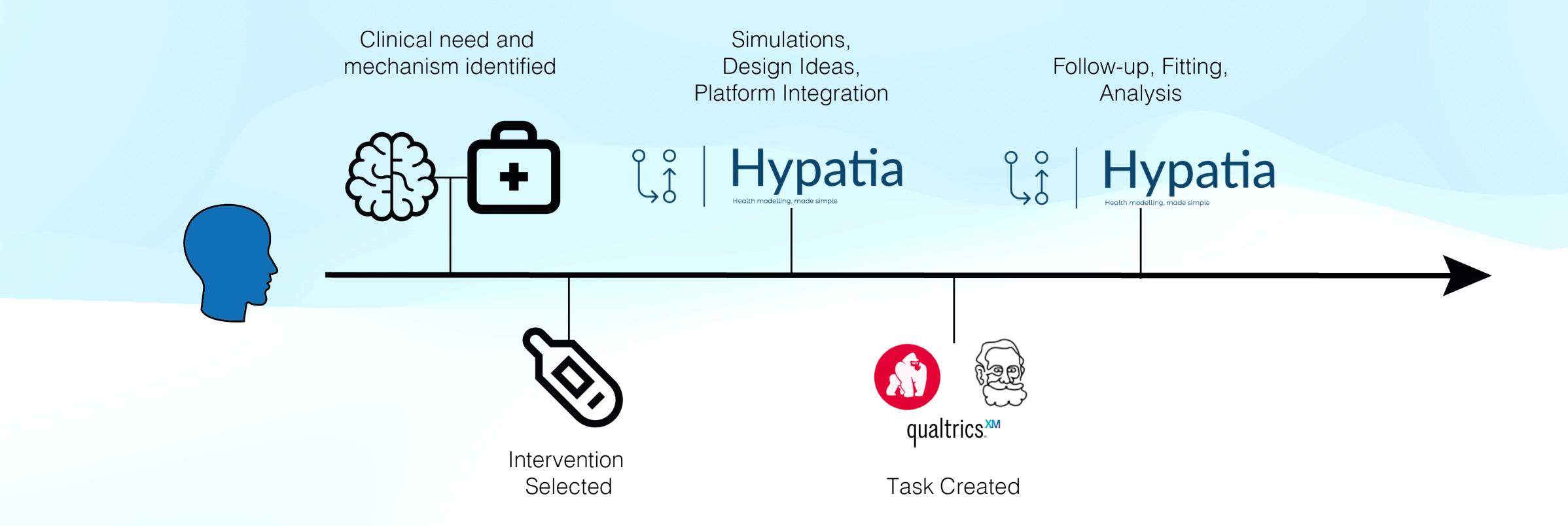
How does your tool integrate with existing tools, frameworks, or platforms that researchers might want to use when developing digital interventions?

# Hypatia is compatible with existing technologies



How does your tool integrate with existing tools, frameworks, or platforms that researchers might want to use when developing digital interventions?

# User journey



#### Our vision of tomorrow...



- 1. Allow experimenter accounts and experiments to track participants over time.
- 2. Allow modelling frameworks to account for these repeated measures in phenotyping.
- 3. Design prompts from those with lived experience.
- 4. Training versus tracking modules
- 5. Integrate more closely with popular experimental platforms to have ready-to-go models matched with their task offering

#### To do this we will....



**Development:** Recruit a PDRA to manage the development of the prototype over the next year, and to implement new models and environments.

**Consultation:** Consult with those with lived experience, UX/UI designers, and experts in digital mental health to prioritise the implementation of new models, environments, and aesthetics of the platform.

**Integration:** liaise with experimental platforms to enable easy translation between task environments and modelling output.

**Output:** Produce white paper/academic outputs outlining our approach to interactive, user friendly modelling to reduces barriers to access.

### Why we're the team to lead this...











Working and publishing on the cutting edge of computational theory, assessment and implementation

Large network of international collaborators in cognitive science, psychiatry, and digital mental health

Key links with experts by experience and industry

# Thank you











