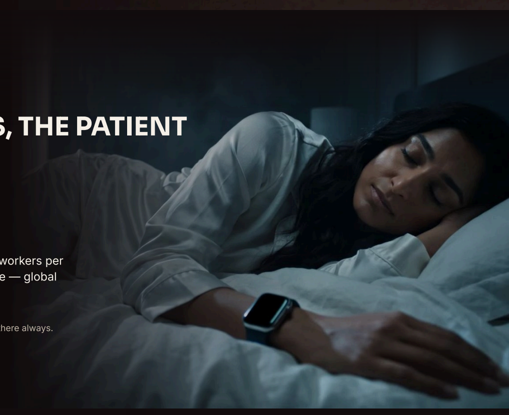
MyZion

SPECIALIST SUPPORT THAT DOESN'T END WHEN THE SESSION DOES

MyZion — technology that helps the specialist deliver treatment between sessions.

THE PROBLEM

BETWEEN SESSIONS, THE PATIENT IS ON THEIR OWN



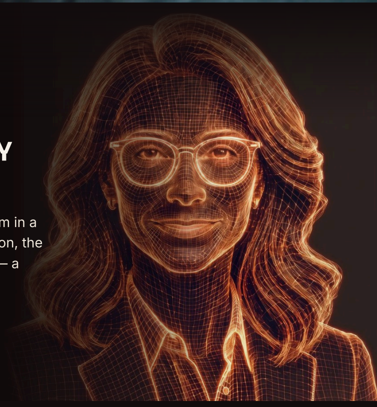
>1 bn

people live with mental health conditions

13

mental health workers per 100,000 people — global median

WHO, 2025. And the specialist lacks the time and energy to be there always.



WHAT IT IS

MYZION CONTINUES THERAPY BETWEEN SESSIONS

The specialist sets the words and tasks. The patient does them in a personal room next to the specialist's avatar. Before the session, the specialist sees a summary. We start with CBT, DBT and ACT — a continuation of therapy, not a replacement.

MISSION AND VALUES

TREATMENT MORE ACCESSIBLE, EFFECTIVE AND SAFER

Six values MyZion is built on.

01 **Availability**

The specialist's image, voice and words, and rewards with a personal message, stay with the patient between sessions. Support does not end with the session, and specialists are few: WHO reports 13 per 100,000 people.

FOR THE PATIENT

02 **Effectiveness**

Therapy works through tasks between sessions, human guidance and a strong bond. Avatars, rooms and rewards are built to strengthen all three (hypothesis).

FOR THE PATIENT

03 **Safety**

Both sides are protected. Interactions are recorded for a dispute or force majeure; a real specialist stands behind the avatar; SOS leads to real people; consents are separate. The avatar carries only prepared words, so nothing improvised reaches a patient in a vulnerable moment.

FOR BOTH

04 **Boundaries**

Built on the alliance, because the specialist's health matters as much as the patient's. The avatar switches off in one step. Chat messages are filtered and threats against the specialist are flagged.

FOR THE SPECIALIST

05 **Less routine**

Libraries and builders for tasks and phrases, set once. Later: a personal AI assistant for each specialist and analysis of smart-gadget data (Stage B, subject to regulatory approval). We do not promise less burnout.

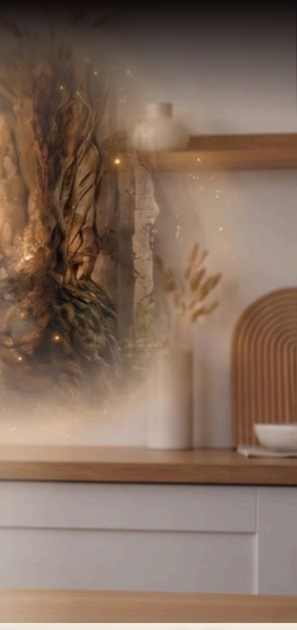
FOR THE SPECIALIST

06 **AI never replaces the specialist**

Outcomes are linked to the bond with a person ($r = 0.28$). Language models acting as therapists showed stigma and inappropriate replies (Moore 2025), and Illinois bars AI from therapeutic decisions. If AI replaces the specialist and fails, no one is left. Here AI only helps the specialist prepare.

FOR BOTH

Effectiveness is a hypothesis. Chat filtering and flagging of threats against the specialist are part of the first version.



ROOM

THE ROOM GROWS WITH THE PATIENT

A personal space the patient returns to between sessions.

01 **Every step adds something**

a completed task, a diary entry, a voice reflection — the room grows with what is done.

02 **The specialist's words inside**

the specialist's avatar appears in the room at key moments and carries words the specialist recorded; rewards for progress arrive with their personal message.

03 **Voice and diary**

voice reflection with the specialist's questions; the diary opens to the specialist only at the patient's decision.

04 **Rewards — with caution**

evidence on game elements is mixed (Six 2021; Aschentrup 2024), so the room is built around progress and feedback, not competition.

Basis: CBT homework gave $d = 0.48$ in controlled studies (Kazantzis et al., 2010; CBT data, not MyZion). The pilot will test the room's effect.

DATA

DATA INTERPRETATION AND ANALYSIS — SUPPORT, NOT DIAGNOSIS

5–14% of clients deteriorate, and therapists often do not see it (Lambert & Shimokawa, 2011). MyZion assembles the picture for the specialist; they assess and decide.

01 **Summary before the session · Stage A**

one map: the patient's check-ins, task completion and what they chose to share.

02 **Marker words and topics · Stage A**

the specialist sets what to watch for.

03 **Wearable trends · Stage B**

interpretation of telemetry data for the specialist.

04 **Patient diagram · Stage B**

analysis of patient data as diagrams helps the specialist; it is not a diagnosis.

Stage B is subject to regulatory approval (MHRA). The first release (Stage A) is not a medical device.

BOUNDARIES

BOUNDARIES AND ALLIANCE UNDER CONTROL

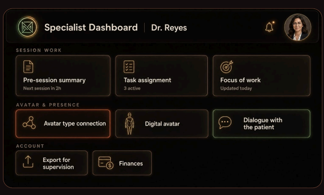
Burnout is linked to working hours and "telepressure" — the urge to respond immediately (Sayer 2024; Kotera 2021).

01 **Availability windows**
the specialist sets when they are reachable; outside the window the avatar carries only pre-prepared words.

02 **"Online" or "prepared presence"**
the patient sees whether the specialist is available or these are their prepared words.

03 **Off in one step**
the avatar switches off with one action.

04 **Records for a dispute**
interactions are recorded: in a dispute or force-majeure situation, evidence remains.


Specialist Dashboard | Dr. Reyes

SESSION WORK

Pre-session summary
Next session in 2h

Task assignment
3 active

Focus of work
Updated today

AVATAR & PRESENCE

Avatar type connection

Digital avatar

Dialogue with the patient

ACCOUNT

Export for supervision

Finances

05 **Alliance rules kept better**
prepared words and time boundaries mean less improvisation; the aim is fewer consequences for the specialist (the pilot will test it).

06 **Less routine**
tasks and phrases are set once; export for supervision.

07 **Messages and threats**
filtering of chat messages and flagging of threats against the specialist (from the first version).

Where records are stored and who can access them will be stated in the privacy notice before the pilot. Built with UK GDPR in mind.

FOR THE PATIENT

PATIENT SAFETY

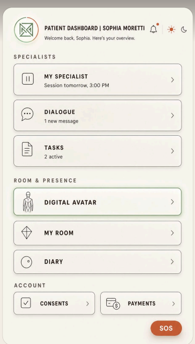
MyZion is not an emergency service and does not replace the specialist.

01 **Knows who is behind the avatar**
a real specialist stands behind it; the avatar carries only their words.

02 **SOS leads to people**
the SOS button always leads to real emergency contacts; in a crisis the avatar does not replace the specialist.

03 **Own voice, own image**
we do not clone the patient's voice or change their avatar's figure.

04 **Consent — separately**
for each kind of data; the specialist sees only what the patient chose to open.


PATIENT DASHBOARD | SOPHIA MORETTI
Welcome back, Sophia. Here's your overview.

SPECIALISTS

MY SPECIALIST
Session tomorrow, 3:00 PM

DIALOGUE
1 new message

TASKS
2 active

ROOM & PRESENCE

DIGITAL AVATAR

MY ROOM

DIARY

ACCOUNT

CONSENTS

PAYMENTS

SOS

PRESENCE

THE AVATAR CARRIES THE SPECIALIST'S OWN WORDS

Three forms — the specialist's choice, not an algorithm's. They write or approve every phrase.

01 **Digital avatar**
from a face scan, stylised, not photorealistic: a photorealistic one caused more anxiety and less self-disclosure (Naumann 2026). For those who value a bond with a specific person.
KOTHGASSNER 2019 (56 PEOPLE): SUPPORT FROM AN AVATAR SEEN AS A PERSON LOWERED STRESS AS MUCH AS SUPPORT FROM A LIVE PERSON

02 **Sphere**
if you do not want to show your face or faces cause tension; calm, neutral presence.
NEUMANN 2023: A CHARACTER WITH FEW SOCIAL CUES GIVING VERBAL SUPPORT REDUCED PAIN; THE EFFECT MAY BE SMALLER FOR A SPHERE

03 **No digital avatar**
support through text, voice and tasks without a visual layer.
BAUMEISTER 2014 (14 RCTS): HUMAN GUIDANCE RAISED COMPLETION (OR 2.76), WITHOUT AVATARS

This is not a comparison of "with" and "without" an avatar; the pilot will test the effect.

ONE DAY

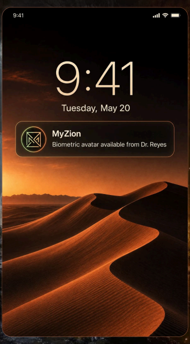
ONE DAY WITH MYZION

1
Specialist prepares
sets a task and records their words: voice or text

2
Patient does
does the task in their room next to their avatar

3
Specialist is near
the avatar says their words at the right moment; the room grows with what is done

4
Specialist sees
a summary before the session: what was done and what the patient chose to share



AI

AI SERVES THE SPECIALIST, NOT INSTEAD OF THEM

66.4%
of BACP members worry about the accuracy of AI recommendations

>53%
of US counsellors fully agree AI agents could increase social isolation

−14 pp
diagnostic accuracy in physicians after deliberately wrong AI advice (not psychotherapy)

Every phrase and task is written or approved by the specialist. Nothing reaches the patient without their approval.

BACP, 2024 (4,976 responses, 8.9% response); ACA, 2026; Qazi et al., NEJM AI, 2026. Full list in the appendix.

DIFFERENCE

HOW WE DIFFER FROM EXISTING SOLUTIONS

A comparison with what already exists for between-session work: diary and protocol apps, ThroughLine.

FEATURE	DIARIES AND APPS (IN GENERAL)	THROUGHLINE	MYZION
Structure between sessions	checklist, diary	Reflect / Plan / Continue (patient only)	protocols + triggers
Embodied presence (avatar, room)	usually no	not stated in its listing	yes
Voice reflection that responds to pauses	usually no	not stated in its listing	yes
Wearable data trends	usually no	not stated; no clinical claims	yes, Stage B

From public materials, November 2026; not a full market audit. ThroughLine checked against its App Store listing: Reflect / Plan / Continue, no specialist access, no avatar or voice described. The MyZion column shows intended features of a product in development. AI companions between sessions already exist (Limbic Care, Jimini Health); the ETH Zurich research prototype "Alex" is an AI avatar for people already in therapy, whose interactions can be shared with the therapist. We found no product that combines the specialist's own image, the patient's personal room and lines written only by the specialist.

NEXT

ROADMAP AND WHAT WE WILL TEST

01 **Stage A · Q1 2027 · MVP**
psychotherapy only: office, avatar, personal room, tasks, diary, messages through the avatar. Not a medical device.

02 **Stage B · Q3 2028 · medical device**
live video sessions through the avatar, "Together" module, wearable data and diagrams for the specialist. Subject to regulatory approval (MHRA).

03 **Stage C · Q2 2029 · multidisciplinary platform**
a platform beyond psychotherapy.

04 **What the pilot tests**
whether patients complete more tasks with an avatar than with a list; whether the room helps them return to the work; whether the alliance is preserved; which avatar suits whom.

Timelines are guidelines, not promises. We do not promise pilot results.

TEAM

WHO IS BUILDING THIS

Anastasiia Gorbunova

FOUNDER

An artist working in photography and jewellery design. Studying sociology. Responsible for the vision and spirit of the project and for product strategy: internal development and the external side, including marketing.

Aleksander Gorbunov

CO-FOUNDER, CTO

Software engineer: back end, web and mobile apps. Has shipped systems in fuel logistics, payments, steel production and music streaming. Responsible for the technical side and for conversations with specialists.

We are looking for a clinical adviser.

PARTNERSHIP

PARTNERS: SPECIALISTS READY TO STEP INTO THE FUTURE

WE WOULD BE GLAD

to work with psychologists, psychotherapists, art therapists and doctors who will shape the first version of MyZion together with the team.

01 **We offer**
a Stage A pilot: 6–8 weeks, 3–5 specialists or clinics, free MVP; target no later than Q1 2027

02 **Influence**
over the features and priorities of the first version, direct contact with the team

03 **We ask**
a professional assessment of between-session scenarios and structured feedback

04 **At your decision**
use of the MVP in practice — with patients' consent

CONTACT