



manas

Every Mind deserves Care, because silence should never be a sentence

Support before distress becomes a crisis

Isabel was a young law professional with a bright future.
Behind her warm smile, she carried pain others could not see.



1.2 billion people

lived with a mental disorder in 2023

Nearly 1 in 7 people worldwide

\$1 trillion in annual lost productivity
from depression and anxiety

Sources: WHO, Mental disorders (2023 estimates) and Mental health at work



Why mental healthcare falls short



Barriers can accumulate before someone receives care

01

Recognition

Early warning signs can go unnoticed.

02

Stigma

Distress can feel difficult to disclose.

03

Capacity

Care capacity falls short of need.

04

Access

Cost and distance can delay support.

Continuity matters

Gaps between contacts can leave people without support.

Our Vision



The journey to well-being



Driven by the belief that mental health is a human right.

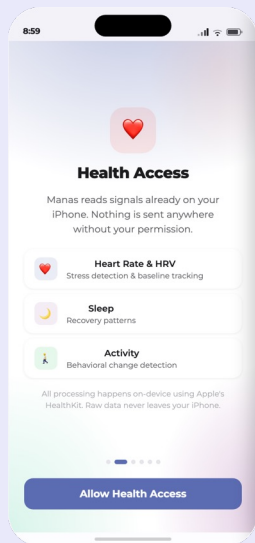
The MANAS user journey



Connected support across phone and Apple Watch

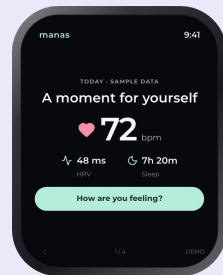
1 Choose

Phone permissions



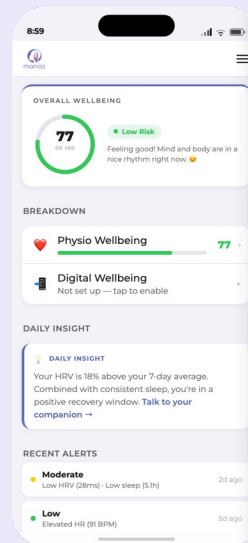
2 Notice

Watch signals



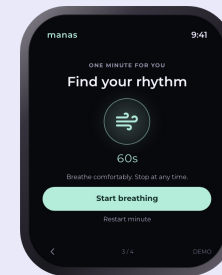
3 Review

Phone overview



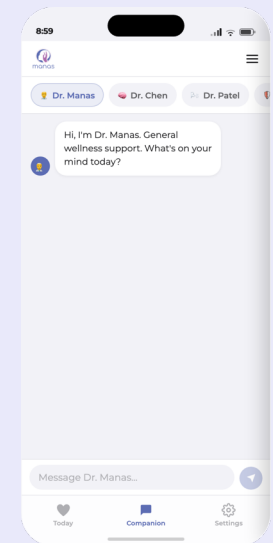
4 Pause

Watch breathing



5 Connect

Phone companion



Prototype screens with fictional data. No live device connection. Clinical benefit remains unvalidated.

Solution and technical foundation



Proposed architecture

Consented signals

Text and voice check-ins
Optional video and permitted health signals

Governed AI

On-device where feasible
Specialist models with a policy supervisor

Support with oversight

Reviewed support content
Human escalation path
No autonomous treatment decisions

Safety at every stage

Screen inputs and outputs.
Gate releases on missed-risk and harm testing.

Audit decisions and monitor drift.
Evaluate subgroups with clinician review.

Pilot gates: intended-use review, ethics approval, privacy obligations and site agreements.

Target outcomes and measurement



Hypotheses for validation. No clinical outcomes demonstrated.

Target	Measurement
6–12 months earlier	Time-to-flag versus the clinical pathway. Requires longer follow-up.
30–40% greater reach	Activation among eligible underserved users versus baseline.
2× retention	90-day retention versus the comparison group.
25% fewer relapses	Clinician-defined relapse events versus standard care.

Proposed comparison MANAS + standard care versus standard care

PHQ-9 / GAD-7: baseline, day 30, day 60 and day 90. Safety events tracked throughout.

Roadmap



Sequenced by evidence gates

1 Research Foundation

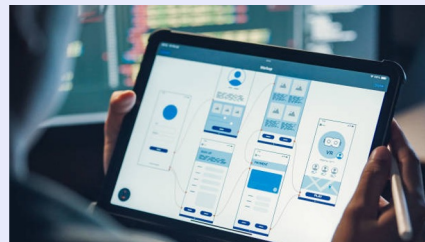
Clinician partnerships,
ethical AI framework.



✓ Completed

2 Prototype & Pilot

MVP, safety pipeline,
closed testing.



🎯 In progress

3 Scale & Integrate

Federated learning,
broader beta testing.



◯ Planned

4 Global Expansion

Market-by-market review
and deployment.



◯ Planned

Progression requires safety, evidence and partner readiness.

Market, payer model and investment



US universities + veterans care

TAM

\$7.12B

Annual theoretical ceiling

59.3M US adults with mental illness¹
× \$120 per user annually

SAM

\$13.2M

Annual serviceable scenario

100 campuses × 1,000 users
+ 20 veterans sites × 500 users

SOM

\$1.5M

Year-3 ARR scenario

10 campuses × 1,000 users
+ 5 veterans sites × 500 users

Institutional payer model

Paid pilots, then annual institutional contracts.
Assumed \$10 per active user/month.
Onboarding fees separate.
No reimbursement assumed.

\$15.2M proposed investment

Five projects \$13.2M + reserve ~\$2.0M
P1 \$0.7M P2 \$3.5M P3 \$4M P4/P5 \$2.5M each
Proposed raise: \$1.2M seed + \$14M Series A

¹ NIMH, 2022. Pricing, site counts and unique active users are assumptions. SAM is an initial serviceable-footprint scenario. Validate eligibility, overlap, buying intent and costs before forecasting. Calculations and sources are in speaker notes.

Our Team



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Bolivia

ENTERPRISE SOFTWARE &
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United States

IT STRATEGY & DIGITAL
INNOVATION



Canada

ENTERPRISE IT OPERATIONS



United States

PRODUCT ENGINEERING



United States

DATA, AI & CYBERSECURITY



THE INVESTMENT

Funding the next evidence milestone

\$1.2M

Seed funding ask

Protocol and clinical leadership
Privacy and product hardening
Supervised feasibility work

\$15.2M

Full R&D portfolio

5 projects + management reserve
Seed is part of this total
Further capital depends on
evidence

Portfolio: \$13.2M base + \$1.98M reserve = \$15.18M, rounded. Funding is planned, not secured.



Help earlier signals lead to earlier care

2 clinical partners

1 pilot sponsor

Co-design a supervised 90-day study.
Discuss participation in the \$1.2M seed round.

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A clinical pilot is the next step



Seeking two clinical partners
and a pilot sponsor

Co-design a supervised pilot.
Agree safety gates, endpoints and funding.

Every mind deserves care



Follow our progress

Scan to request updates
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Appendix

TAM, SAM and SOM are planning scenarios

Scope	Assumed unique active users	Annual revenue scenario
TAM: theoretical ceiling	59.3M US adults × \$120 / year	\$7.12B
SAM: selected footprint	100 campuses × 1,000 users + 20 veterans sites × 500 users	\$13.2M
SOM: year 3 after launch	10 campuses × 1,000 users + 5 veterans sites × 500 users	\$1.5M ARR

Paid pilot example: 200 active users × \$10 × 3 months = \$6,000 in software fees.

NIMH 2022 population. Price, adoption and institution counts are assumptions. Count student veterans once.

APPENDIX / PLATFORM

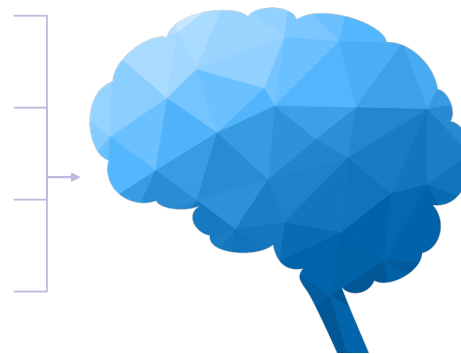
MANAS, powered by MAANAS

Multimodal AI for Awareness, Neurocognitive Analysis & Support

CONSENTED INPUTS

Face	FACS action units
Voice	Voice biomarkers
Body	Heart rate and HRV
Language	In-app text

WLOP fusion



Combined signal estimate

Safety rules

LLM support roles

Reflection, calm, grounding

Next support action

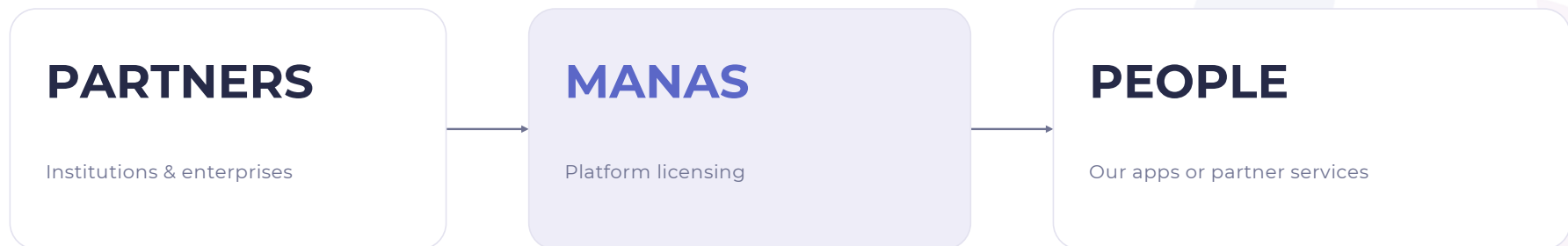
Check-in, nudge, human support

Privacy-first AI + LLM platform

Architecture view. Clinical validation pending.

APPENDIX / BUSINESS MODEL

One platform. Partner-led growth.



PLANNED REVENUE

Annual licenses

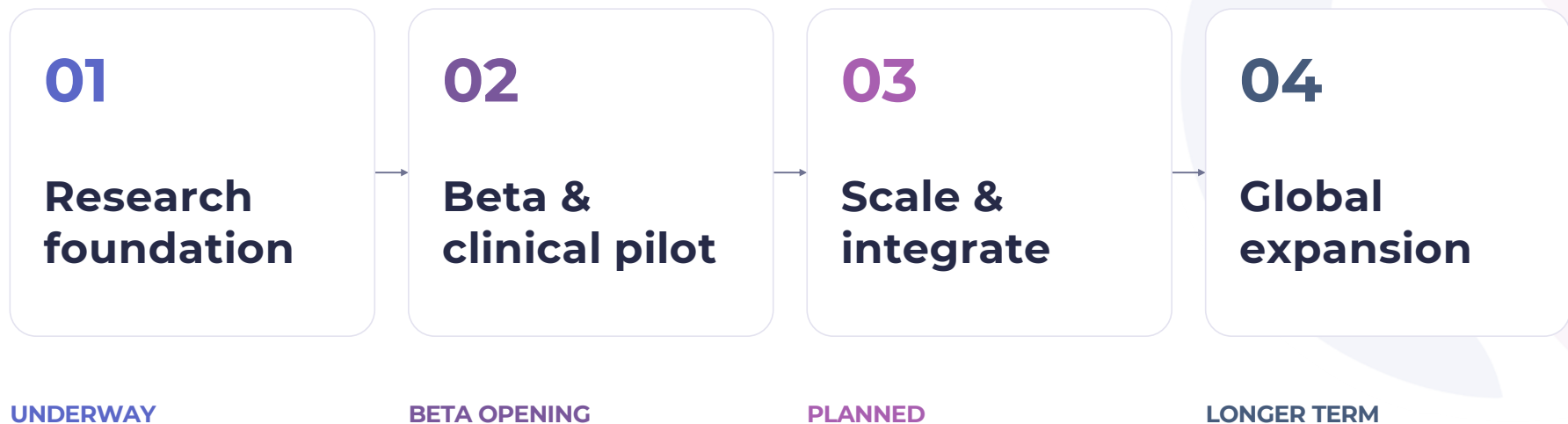
Integration fees

Usage-based fees

First markets: US universities and care providers

APPENDIX / ROADMAP

Four phases to build and scale



PRODUCT DETAILS

Metrics



Goal	Metric	How to measure	Initial target(s)
Earlier recognition	Detection accuracy	Risk score vs. in-app PHQ-9 and GAD-7 every two weeks (score ≥ 10)	AUROC ≥ 0.75 in pilot, 0.85 at 18 months
Earlier recognition	Lead time	Days between the first Manas flag and the user's own report of a decline	Median of 7+ days
Earlier recognition	Alert precision	Share of check-ins the user rates as well-timed	$\geq 60\%$, with under one unwarranted check-in per week
Well-being	Symptom change	PHQ-9 change from baseline at 12 weeks, ideally against a delayed-start group	5-point drop among users who started at ≥ 10
Well-being	Help-seeking	Share of flagged users who take a support step within 14 days	2× the rate of a comparison group
Engagement	Retention	Active users at 30 and 90 days	2× the mental health app benchmark
Engagement	Passive coverage	Share of days with enough sensor data to score	$\geq 70\%$ of days
Safety and trust	Crisis handling	Share of acute-risk flags that receive crisis resources within the defined time	100%
Safety and trust	Intrusiveness	Opt-outs or uninstalls within 48 hours of a check-in	Under 5%

PRODUCT DETAILS



Technical Features

Component	What it does	Key spec
Facial sensing	Reads facial muscle movement from the camera	468-point mesh to 17 FACS action units at 30 FPS
Cardiac sensing (rPPG)	Estimates vitals from skin color changes on camera	Heart rate, HRV, and breathing rate on a 5-second window
Voice sensing	Measures how you speak, not what you say	88 eGeMAPS features: pitch, jitter, shimmer, pauses
Fusion engine (WLOP)	Combines the four signals into one risk score	Weights: face 0.30, cardiac 0.25, voice 0.25, language 0.20
Incongruence index	Flags when the body signals distress but the words say "I'm fine"	Average of face, cardiac, and voice scores minus the language score
Risk tiers	Maps the score to a response	Four tiers: baseline, elevated stress, decompensation risk, crisis
Privacy core	Keeps raw video and audio on the device	Only numeric features leave; TLS 1.3; edge-only mode
Apps and developer platform	Delivers the product and lets others build on it	Web, iOS, and watchOS clients; MCP server; streaming API; three SDKs