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Digital Support for Health Heroes

2025

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EVERY **MINUTE, 3** PEOPLE ATTEMPT SUICIDE.

2 OUT OF 3 SAW A DOCTOR IN THE LAST MONTH—**BUT FELL THROUGH THE CRACKS** DUE TO:

Ineffective Screening

Screeners like PHQ-9 miss up to 30% of true cases and flag 60% false positives.

Patients underreport. Providers rarely go deeper.

Poor Treatment Matching

70% of mild cases get antidepressants—despite better outcomes with psychological interventions.

PCPs lack time, training, and tools to choose the best path.

Broken Follow-up

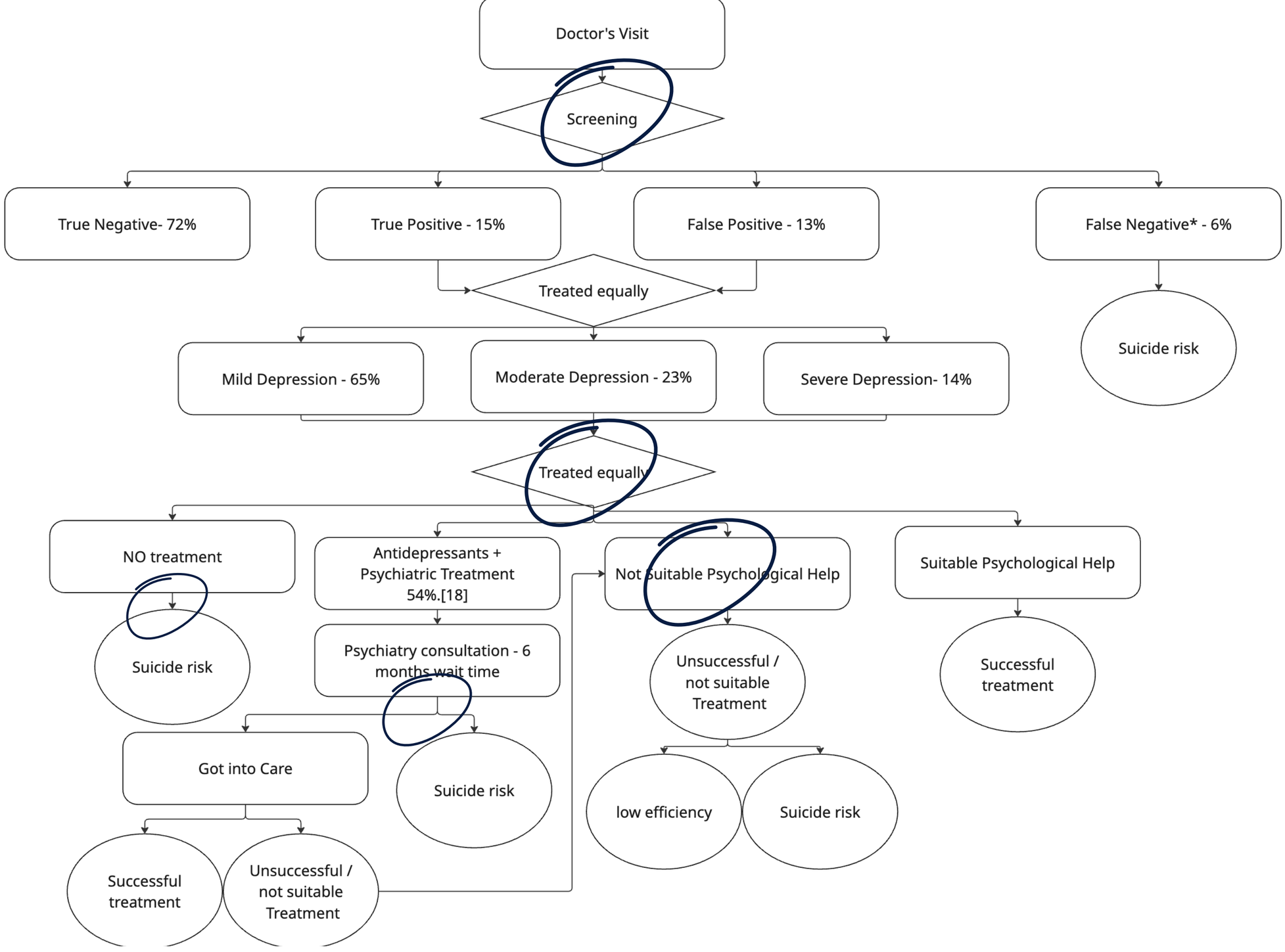
After a positive screen, there’s no system to ensure follow-up or track progress.

Referrals often lead to long waits - or no care at all.

Ineffective Screening

Poor Treatment Plan

Broken Follow-up



Mentem.lab Mission and Vision

Our mission is to **reduce suicide rate** by empowering physicians to deliver better depression care.

To build a future where **no patient falls through the cracks**—because every provider can spot depression early, personalize treatment, and stay connected between appointments.

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WHY NOW?

The urgency is rising. The infrastructure is ready. The market is exploding.

Mental Health Crisis

- Suicide rates are rising—yet 80% of depression care still happens in under-equipped primary care settings
- 7/10 patients expect their PCP to provide mental health support

AI Readiness

- Advances in AI, like lightweight and cost-efficient multimodal platforms, enable human-like reasoning and scalable solutions.
- Proven success of AI in behavioural health, such as increased engagement and care efficiency.
- 56% of healthcare leaders plan to invest in AI in the next 3 years

Massive Market Opportunity

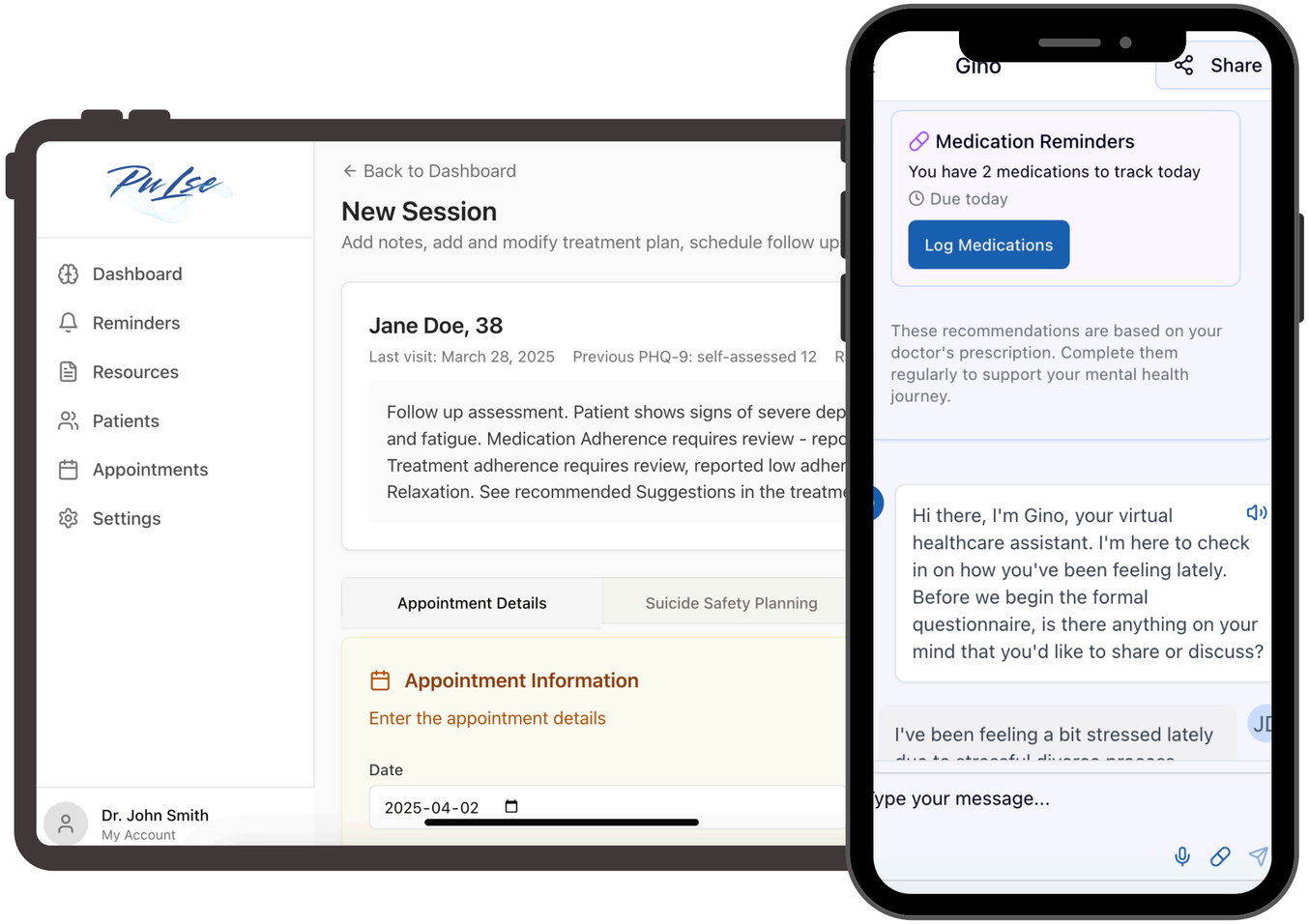
- The behavioural health market is projected to reach **$84B today** and **$151B by 2030**
- **850.000** providers - pool of potential customers

Policy & Payment Momentum

- Mental Health Parity laws and new CPT codes incentivize better screening and follow-up
- Medicaid and commercial payers are expanding reimbursement for digital behavioral tools

PuLse by Mentem.lab

AI-powered, EMR-integratable platform that helps **non-mental health providers** to deliver personalized mental health care.



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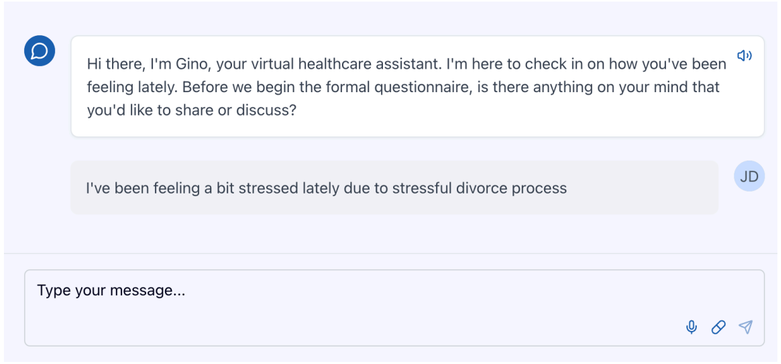
Sceening Solution

More accurate. More human.

Chat Bot that replicates the work of a trained behavioural health worker.

- Built on PHQ-9, GAD-7, and C-SSRS—evidence-based, widely adopted clinical tools.
- Adds contextual reasoning to improve accuracy and reduce false negatives
- Engages patients in natural conversation to elicit deeper insights



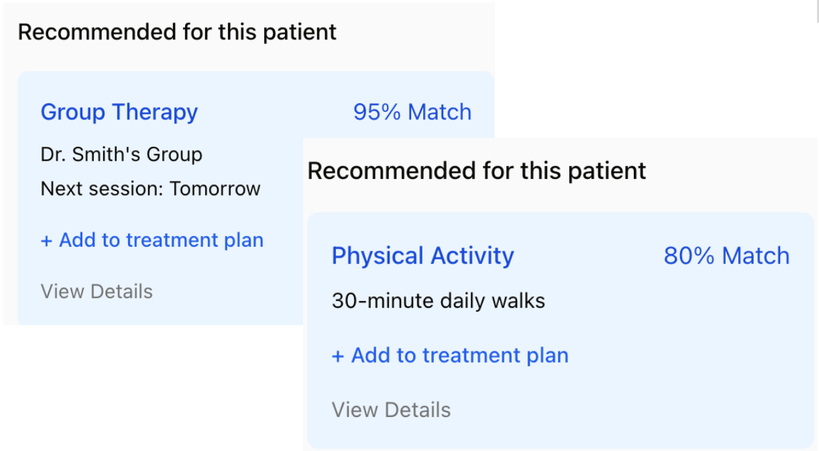
PuLse

Supported Treatment Decision Solution

Right care. Right person. Right moment.

A recommendation engine that helps physicians provide care beyond the antidepressants prescription:

- Personalized treatment goal
- Personalized treatment path:
  - PCP-suitable CBT, behavioural activation, problem-solving, mindfulness or breathing techniques.
  - Matched digital mental health apps
  - Therapists referrals based on zipcode, insurance, availability, approach and “personal vibes”.
  - Lifestyle and self-care suggestions
- Triggers suicide prevention protocols when risk is detected

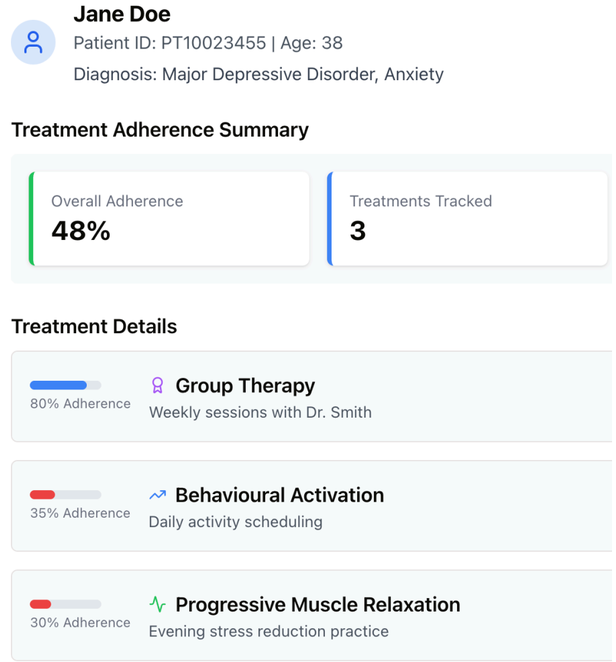


Asynchronous Care Solution

Closes the loop—automatically.

EHR integratabtle remote progress tracking, that ensures no patient falls through the cracks:

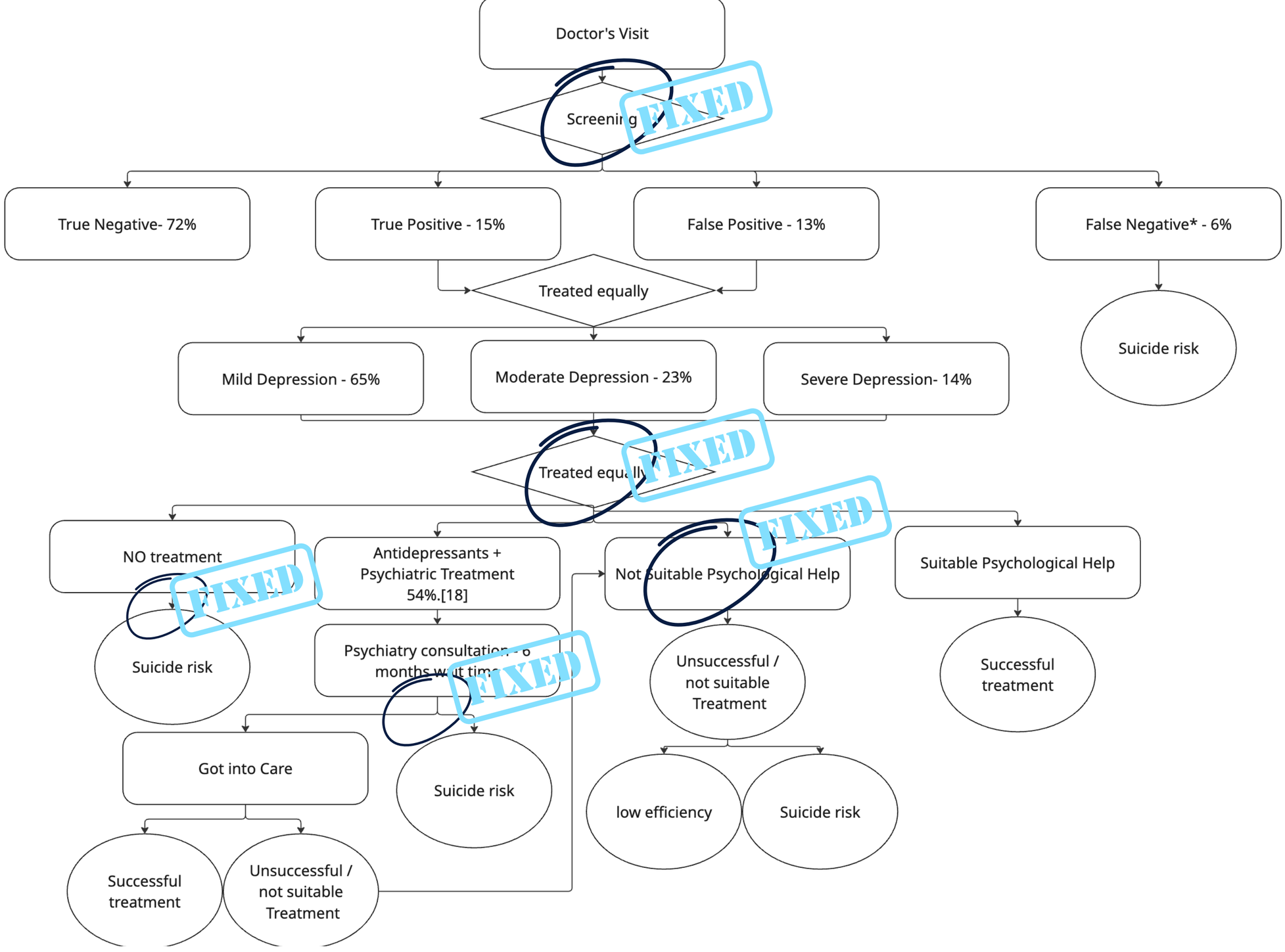
- Tracks medication adherence & treatment adherence
- Monitors progress between visits
- Flags patients needing intervention



Ineffective Screening

Poor Treatment Plan

Broken Follow-up



Behavioural Health Market Potential

TAM	2023	$ 83.78 B
	2034	$ 151.5 B
SAM		$1.4B
SOM (10%)		$ 138 ML

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Initial focus | Secondary focus

	Approximate Count
Number of Providers	850,000
Clinics, Ambulatory Care, Surgery Centers, Emergency Care	6,000
Continuing Care Retirement Communities	2,000
Hospitals	6,000
Home Health Agencies	11,000
Nursing Homes	15,000
Army and Veteran Health Affairs	400
Mental Health Apps	10,000
Schools and Higher Education	121,087

BUSINESS MODEL

We charge clinics a monthly subscription and optionally earn referral fees on matched care

$399/month or $7/use

$2M ARR*

PER PHYSICIAN
(basic tier subscription)

PAY-PER-PATIENT OPTION
(For clinics not on full subscription)

Usage volume
~57 patients/physician/month

PROJECTED REVENUE
(Assuming 500 providers onboarded by 2027)

+

Referral partners
Optional 10–15% commission
on successful matches

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*ARR calculated based on monthly subscription revenue stream only

Financial Projections

The financial projections are based on strategic assumptions that align with the mission of addressing critical gaps in mental health care using AI-powered solutions. The model assumes that each patient interacts with the chatbot 50 times per month at a cost of $0.03 per interaction in 2026, with operational efficiencies reducing this cost to $0.02 in 2028 and $0.01 in 2029. By 2030, the forecast anticipates capturing 10% of U.S. healthcare providers, each managing an average caseload of 2,500 patients, with 20% of those patients experiencing mental health challenges. These assumptions reflect a focus on scalability and cost-effectiveness, supported by early investments in R&D, compliance, and marketing. The financials also project a transition from initial operating losses to profitability by 2028, driven by increasing adoption, reduced costs, and enhanced gross margins of up to 46% by 2030. This trajectory aligns with the broader behavioral health market's growth, which is expected to reach $151.5 billion by 2034, highlighting the platform's significant market potential and transformative impact.

	2026	2027	2028	2029	2030
# Providers	67	541	4821	21300	48,431
Avg number of patients	45	179	230	395	430
Revenue	$320,796	$2,590,308	$ 23,082,948	$101,984,400	$231,887,628
COSS	$54,270	$1,743,102	$ 13,305,960	$ 50,481,000	$ 124,951,980
Gross margin	83%	33%	42%	51%	46%
SG&A	$ 250,000	$ 500,000	$ 2,500,000	$ 20,000,000	$ 40,000,000
Research & Development	$ 750,000	$ 1,000,000	$ 5,000,000	$ 6,000,000	$ 7,000,000
Net Income	$ (733,474)	$ (652,794)	$ 2,276,988	$ 25,503,400	$ 59,935,648

Core Team

Nicolas Picon
MBA UW,
Operations Lead

Marina Zub
Co-founder Mentem.lab
Technology & Leadership
MSIS UW

Dr. David Luxton
Co-founder Mentem.lab
Licensed clinical psychologist, affiliate professor at department of psychiatry and behavioural health at UW.

Suresh Lalapek
MSIS UW,
Technical Lead with 15 years full-stack experience in Medical Technology

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UX Lead

Advisors

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MD., MPH
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Dr. Larry M. Wright
PhD, COO at Forefront Suicide Prevention.

Andrew Williams
VP of Operations at Coalfire

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Strategic Landscape & Partner Pathways

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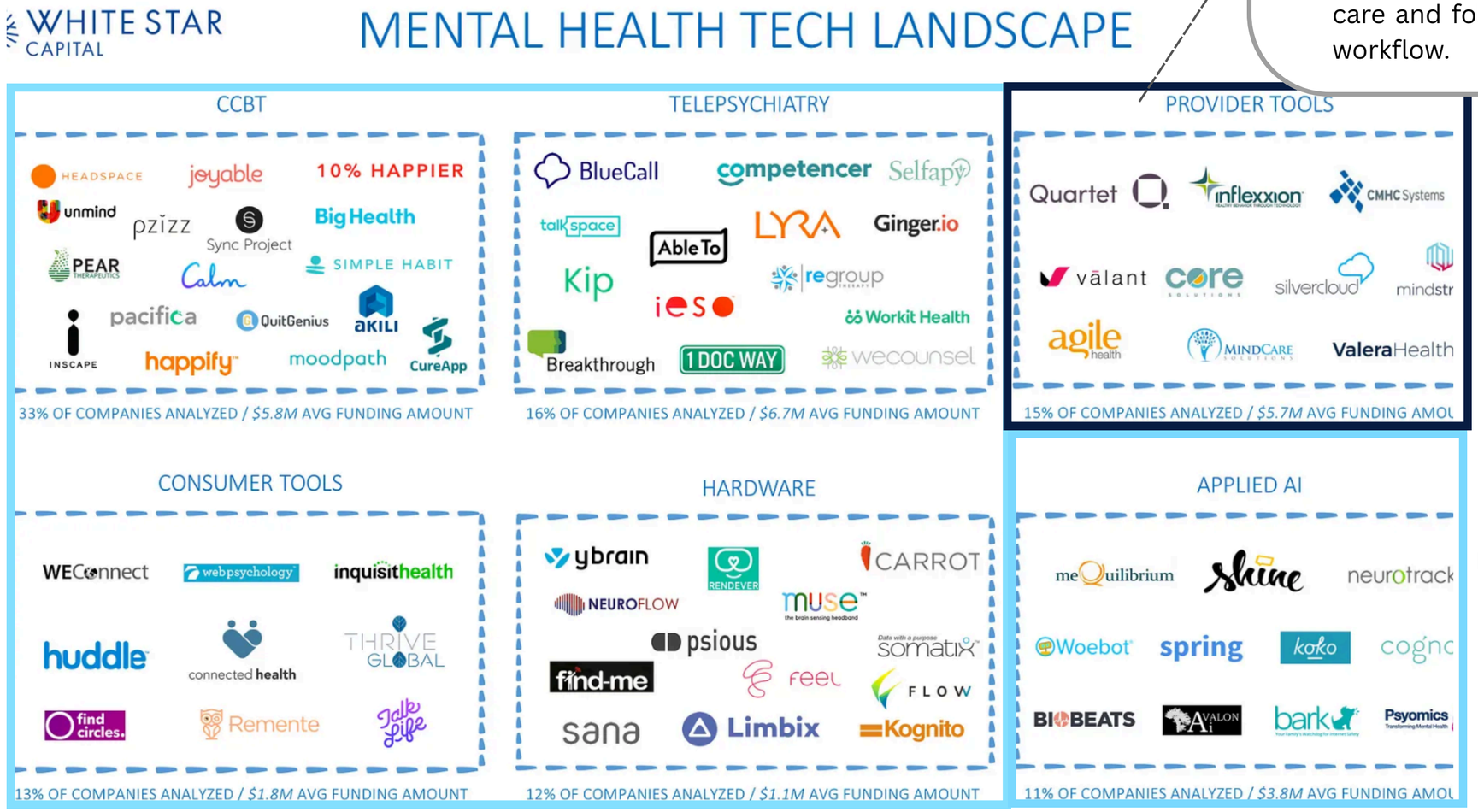
While most tools stop at screening, we deliver full-cycle clinical continuity—from risk detection to personalized care and follow-up—all inside the PCP workflow.



Potential Partners

Affiliate by:

1. Audience Match
2. Service Complementarity

\+

- EPIC and other EMR
- OneMedical
- Neuroflow, etc

M&A potential

Mentem.lab fills acquisition gaps in:

1. Research-driven clinical features
2. Workflow-integrated care continuity
3. Primary care–centered mental health delivery

Unique Differentiation

> *Pulse is* personalized, closed-loop system, grounded in real-world workflows and validated science.

PCP-Compatible Therapy Modules

Personalized Care Navigation – includes "vibe," availability, insurance, therapy style

Follow-up and remote check-ins synchronization with EHR

What Some Other Offer

Employer focused

Personalization of therapy approach

Supports CPT Reimbursement Codes

Basic Therapists Matching

Telehealth integration

Basic Capabilities

Automated screening

Mental Health education

Company Status

Status	Funding Status	Key Achievements
Idea Validation/Prototype. Founded in July, 2024 LLC.	UW prototype funding recipient AWS start up initial credits SBIR, NSF grants application in progress	UW Hollomon Health Innovation Challenge – semi-finalist UW Suicide Care Research Center program semi-finalist Founders Institute – participant of Spring 2025 cohort i-Corps Certificate (Spring 2025) Social Venture Plan Competition (SPU), 2025 AI Ignite Regional Pitch Battle - 1st place, 2025

Pilot Support Interest	Interviews Conducted
Seattle Children's Hospital UW Husky Health Center	70+ : PCP, RNs and speciality care, behavioural health practitioners and researchers, clinics executives and leaderships.

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OUR ASK

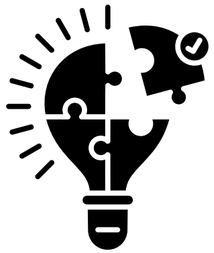
Fuel Validation and Market Readiness

Every dollar shortens the time it takes to get life-saving support into the hands of the providers who need it.

Use of Funds	Current Roadblock	Bootstrapping Scenario	With Accelerated Scenario ($750K–$1M)	Unlimited Funding (Moonshot)
Pilot Launch & Validation	Limited access and influence in medical field to run pilot projects	**2–3** clinics in 6–9 months	**4–5 clinics** in 4–6 months	**50–100 clinics + 3 health systems across 10 state**s within 6 months
Engineering & Product Readiness	Engineering and integration timelines delay	Core MVP + manual follow-up workflow	Fully integrated with EHR + AI-driven adherence tracking	**Enterprise-grade AI platform**: NLP-powered voice agent, emotion detection, real-time EHR sync, SMART on FHIR embedded
Research & Reimbursement Alignmen	Need to conduct research to validate outcomes and payer alignment	Publishable validation study + reimbursement pathway mapped (CPT)	2 studies + payor-facing ROI pack in 9 months	**Largest proactive suicide prevention trial;** CPT application + CMS fast track for preventive reimbursement
GTM & Conversion Readiness		**Convert 1 pilot** to paid by Month 15	**Convert 2+ pilots** by Month 12	**National payer partnership +** enterprise contracts; 15-person GTM team; channel resellers in 5 major regions
Revenue Target		**$100K ARR** by Month 20	**$250K ARR** by Month 18	**$10M+ ARR by Month 24** through payer bundles, PMPM deals, value-based care alignment, and academic licensining

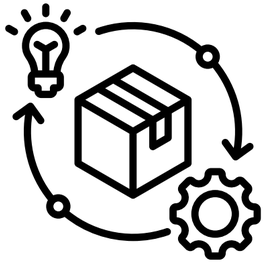
GTM

Phase 0
Ideation
Complete



- Initial **prototype** fundings (AWS credits, UW prototype funds)
- **70+** exploratory **interviews**
- UW i-Corps, Holloman Innovation Challenge, SVP Competition (SPU), Founders Institute accelerator, SCRC, AI Ignite Pitch Battle

Phase 1
MVP
1 - 6 months



- Launch 2-3 **Pilot programs**
- Secure grant funding (e.g. SBIR, NFS)
- Rapid product iterations with a consistent feedback loop.

Phase 2
Validate
6 - 12 months

- Publish **case studies**
- Validate CPT reimbursement
- Explore EMR integration
- Conduct clinical trials or studies to validate the device's safety and effectiveness.

Phase 3
Convert
13 - 20 months

- Convert our early customers to **paying customers**
- Reach 67 PCP paying customers
- Start the regulatory path with the FDA

Phase 4
Growth
21+ months

- Expand to **healthcare networks** & reach 500 PCPs served
- Integration with multiple EMRs
- Expanding into other markets such as corporate or education wellbeing

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Appendix

REVENUE STREAMS

Base Package

- Conversational screening + suicide risk assessment
- Care gap detection + provider alerts
- Analytics dashboard (PCPs, care managers, or health plan)

$399/month/provider

Add-on Service

- API/EMR Integration – $5,000 one-time setup
- Clinical Reporting Package – $0.50 PMPM

Referral Revenue 10-15%

- Commission from referrals to specialists
- Commission from referrals to apps and services
- Commission from pharmacies

CPT reimbursement

- Screening %
- Care coordination %
- MH education %

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UNIT ECONOMICS

Metric	Value
Cost per user (CPU)	~$40/month (cloud, support, usage-based LLM/API costs)
ARPU	~$4788
LTV (avg 3-year clinic)	~$7,164–$14,364
CAC (per clinic)	~$1,200 (B2B sales outreach + pilot support)
Payback period	3–6 months (based on starter tier)

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