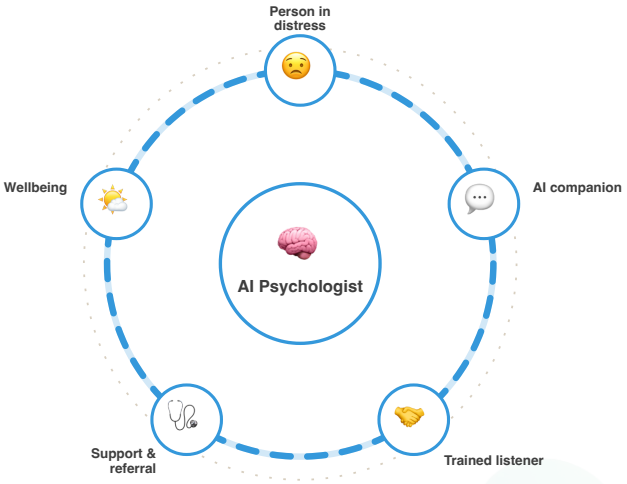
COMMUNITY HEALTH

🧠 AI Psychologist

Mental-health companion

Bangladesh's vast mental-health treatment gap is addressable via supervised lay counsellors and digital triage



😟 Person in distress → 💬 AI companion → 🤝 Trained listener → 🩺 Support & referral → 🌤️ Wellbeing

✓ PROVEN PRECEDENT

MANAS + Friendship Bench RCTs; the AI companion app is live

▲ WHY IT MATTERS

92.3% untreated · $1T global cost, $4 returned per $1

THE SITUATION IN BANGLADESH

Bangladesh faces a profound mental-health crisis hidden in plain sight: the National Mental Health Survey 2018-2019 found 18.7% of adults live with a mental disorder, yet 92.3% of them receive no treatment at all [1]. The system simply cannot reach them, with roughly 0.1–0.2 psychiatrists per 100,000 people against the WHO benchmark of one per 100,000 [2], leaving an impossibly thin specialist workforce for a population of 170 million. Stigma compounds the scarcity, remaining a dominant barrier that keeps people from ever seeking help [5]. The cost of this neglect is not only human but economic, as depression and anxiety drain an estimated US$1 trillion from the global economy each year through lost productivity [6] — while every US$1 invested in scaled-up treatment returns US$4 in better health and output [7].

OUR PITCH

AI Psychologist attacks the gap with task-shifting, an approach with strong trial evidence: Vikram Patel's MANAS trial in India [3] and Zimbabwe's Friendship Bench RCT [8] both showed that trained, supervised lay counsellors can effectively treat common mental disorders where specialists are scarce. AI Psychologist's wedge is a live consumer app whose AI triages users and routes them to these lay counsellors, all overseen by clinical psychologists — pairing a digital front door, shown across 80 RCTs to reduce depression and anxiety symptoms in low- and middle-income countries [4], with the human care that evidence says works. The private, app-based entry point is deliberately designed to bypass the stigma that stops face-to-face help-seeking [5], and an employer-funded tier underwrites access at scale. We are honest about the boundary: supervised lay-counselling and digital triage are well-evidenced, whereas fully autonomous AI therapy remains promising but unproven — early RCTs like Woebot show only short-term symptom reduction [9] — so AI Psychologist keeps AI as triage and support, not as a replacement for the human, supervised clinical core.

Built so the operator never fails

HelperChain doesn't hand out a loan and walk away. Every operator gets the **full rail** — inputs, training, finance, supervision and a **guaranteed buy-back** of what they produce. We carry the risk so an ordinary person can succeed.

🧰 **Equipped & trained**
We provide the tools, inputs and hands-on training to start — turning **person in distress** into a working operation. No prior capital or expertise required.

💳 **Funded, not indebted**
Pay-as-you-go, **riba-free** finance turns a poor person into a *funded* operator — with **no debt if a cycle fails**. The network carries the downside, not the operator.

🤝 **Supervised & supported**
Ongoing follow-up and quality assurance — the single factor peer-reviewed evidence shows decides whether ventures survive **(p<0.001)**. The operator is never left alone.

📦 **Guaranteed buy-back**
HelperChain **commits to purchase the output at a fair, pre-agreed price**, so there is always a market — the operator just produces; **we guarantee the offtake**. This is what removes the fear of failure.

♻️ **Surplus recycles**
A thin margin is recycled to fund the next operator — so help compounds and the network grows stronger with every person it lifts.

The promise: we give the operator everything needed to succeed — and we buy back the output at a fair, pre-agreed price. Inputs in, output bought back, risk carried by the network — so they never fail alone.

SOURCES (9)

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