

<b>Key Partners</b> <ul style="list-style-type: none"> <li>Who are our key partners? <ul style="list-style-type: none"> <li>Mental health advisors</li> <li>Student advisors</li> <li>Mental health professionals</li> </ul> </li> <li>Who are our key suppliers? <ul style="list-style-type: none"> <li>Mental health professionals</li> </ul> </li> <li>Which key resources are we acquiring from partners? <ul style="list-style-type: none"> <li>Knowledge</li> <li>Expertise</li> <li>Funding</li> <li>Server space + hardware</li> </ul> </li> <li>Which key activities do partners perform? <ul style="list-style-type: none"> <li>Advertisement marketing</li> <li>Goodwill</li> <li>Advising</li> <li>Consulting</li> </ul> </li> </ul>	<b>Key Activities</b> <ul style="list-style-type: none"> <li>What key activities do our value propositions require? <ul style="list-style-type: none"> <li>Engagement</li> <li>Connection</li> <li>Coordination of our three key features (mood tracking, gamification, connectivity)</li> </ul> </li> <li>Our distribution channels? <ul style="list-style-type: none"> <li>App stores</li> <li>Health and Wellness Center</li> <li>General marketing/licensing</li> <li>By referral</li> </ul> </li> <li>Customer relationships? <ul style="list-style-type: none"> <li>Providing tools and modular updates (depending on customer needs relating to our parameters) to the customer</li> <li>A trusting relationship</li> <li>Customer knowledge that the application is backed by scientific endorsement, is safe from any legal or private liabilities</li> </ul> </li> <li>Revenue streams? <ul style="list-style-type: none"> <li>Ads (highly questionable).</li> <li>Licencing</li> </ul> </li> </ul>	<b>Value Proposition</b> <ul style="list-style-type: none"> <li>What value do we deliver to the customer? <ul style="list-style-type: none"> <li>Providing a means for users to communicate with the proper health care resources</li> <li>Combining three features for a more effective mental health program</li> </ul> </li> <li>Which one of our customer's problems are we helping to solve? <ul style="list-style-type: none"> <li>Providing a better means for universities to provide the proper health care resources to their employees and students</li> </ul> </li> <li>What bundles of products and services are we offering to each Customer Segment? <ul style="list-style-type: none"> <li>Universities (customer): <ul style="list-style-type: none"> <li>Outreach toolkit</li> <li>Feedback mechanism</li> <li>Data (anonymized)</li> </ul> </li> <li>Clinical practitioners (customer): <ul style="list-style-type: none"> <li>Feedback tool</li> <li>Framework for outreach and tracking</li> <li>Way to implement e-mental health techniques</li> </ul> </li> <li>Students/university staff (user): <ul style="list-style-type: none"> <li>Mood tracker</li> <li>Distraction through games</li> <li>Outreach toolkit</li> </ul> </li> </ul> </li> <li>Which customer needs are we satisfying? <ul style="list-style-type: none"> <li>The need to facilitate the creation of a safe environment (within the University)</li> <li>Improved outreach/communication with potential users</li> </ul> </li> </ul>	<b>Customer Relationships</b> <ul style="list-style-type: none"> <li>What type of relationship does each of our customer segments expect us to establish and maintain with them? <ul style="list-style-type: none"> <li>University - constant communication to improve <i>design</i> aspects of the application based on feedback</li> <li>Clinical practitioners - constant communication to improve <i>factual</i> aspects of the application based on feedback such that the application remains relevant as well as factual (such that it doesn't affect their reputation)</li> </ul> </li> <li>Which ones have we established? <ul style="list-style-type: none"> <li>Discussions with PhD students in field of interest.</li> <li>Councillors from the Student Success Center</li> </ul> </li> <li>How are they integrated with the rest of our business model? <ul style="list-style-type: none"> <li>They are initial advisers for the best way to implement features</li> <li>Developing them as potential future customers</li> <li>Serve as springboards for access to clinical professionals and key admin figures.</li> </ul> </li> <li>How costly are they? <ul style="list-style-type: none"> <li>The only true cost is their time/goodwill</li> </ul> </li> </ul>	<b>Customer Segments</b> <ul style="list-style-type: none"> <li>For whom are we creating value? <ul style="list-style-type: none"> <li>Universities</li> <li>Clinical practitioners</li> <li>Users: <ul style="list-style-type: none"> <li>Students</li> <li>University staff</li> </ul> </li> </ul> </li> <li>Who are our most important customers? <ul style="list-style-type: none"> <li>Universities</li> </ul> </li> </ul>
	<b>Key Resources</b> <ul style="list-style-type: none"> <li>What key resources do our value propositions require? <ul style="list-style-type: none"> <li>Access to knowledgeable professionals.</li> <li>Buy-in from uni admin</li> <li>Interest from clinical practitioners regarding feedback framework.</li> </ul> </li> <li>Our distribution channels? Customer relationships? <ul style="list-style-type: none"> <li>Distributed on the mobile-specific app store.</li> <li>Key relationships are: <ul style="list-style-type: none"> <li>Key admin figures</li> <li>Mental health professionals</li> <li>Student success support workers</li> <li>Funding providers and financing bodies.</li> </ul> </li> </ul> </li> <li>Revenue streams? <ul style="list-style-type: none"> <li>Grants</li> </ul> </li> </ul>		<b>Channels</b> <ul style="list-style-type: none"> <li>Through which channels do our customer segments want to be reached? How are we reaching them now? How are our channels integrated? <ul style="list-style-type: none"> <li>Face to face</li> <li>Meetings with the student success center</li> <li>Contact Mental Health Task Force</li> <li>Email</li> <li>Cold calling</li> <li>Word of mouth</li> </ul> </li> <li>Which ones work best? <ul style="list-style-type: none"> <li>Face to face</li> </ul> </li> <li>Which ones are most cost-efficient? <ul style="list-style-type: none"> <li>Any form of direct communication (that is not received from a third-party)</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• Licensing agreements</li> <li>• Sponsorship</li> <li>• Direct government/organization funding</li> <li>• Buyout</li> </ul>		<ul style="list-style-type: none"> <li>• Video Call</li> </ul> <p>o How are we integrating them with customer routines?</p> <ul style="list-style-type: none"> <li>• Mobile alerts and periodic reminders while the user is active on their phone.</li> <li>• Health awareness week</li> <li>• Feedback mechanism prompts users based on input variables.</li> <li>• Reaching users through the SU “care packages”</li> </ul>	
<p><b>Cost Structure</b></p> <p>o What are the most important costs inherent in our business model?</p> <ul style="list-style-type: none"> <li>• Development and maintenance (will be unique to each customer)</li> <li>• Medical feedback/research</li> </ul> <p>o Which key resources are most expensive?</p> <ul style="list-style-type: none"> <li>• Staff/human resources</li> <li>• Technical knowledge</li> <li>• Backend (server, hosting)</li> </ul> <p>o Which key activities are most expensive?</p> <ul style="list-style-type: none"> <li>• Advertising</li> <li>• Potentially research (to keep up with current medicines/tech and outreach)</li> </ul>		<p><b>Revenue Streams</b></p> <p>o For what value are our customers really willing to pay?</p> <ul style="list-style-type: none"> <li>• Tangible improvements to address outreach/mental health issues for user base</li> </ul> <p>o For what do they currently pay?</p> <ul style="list-style-type: none"> <li>• Health initiatives, but no not include an e-health component or outreach/feedback tool.</li> </ul> <p>o How are they currently paying?</p> <ul style="list-style-type: none"> <li>• Costs related to productivity (employee wages, sick leaves)</li> <li>• Current services (health initiatives) for student and employee support</li> </ul> <p>o How would they prefer to pay?</p> <ul style="list-style-type: none"> <li>• Sponsorship, grants, partnerships, large cash injections.</li> </ul> <p>o How much does each Revenue Stream contribute to overall revenues?</p> <ul style="list-style-type: none"> <li>• N/A - these costs are hidden and not easily distinguishable</li> </ul>		

## **Key Partners**

Our report initially looked only at the university administrators as a partner. We included student advisors and mental health professionals in the next round of decision making because we realised to legitimize our app we needed endorsement from mental health organizations. The best way to distribute our app to students would be with the help of the mental health services themselves. Both of these partnerships will encourage students to use the app more often, and ensure that the app is as effective as it can be. We included using servers based in the university for our app for a few reasons. First, there would be mined data available to the mental health services for the university to advise on effective programs. Secondly, the servers on university campus would be cheaper to manage and maintain. Finally, the servers on campus would be easier to secure than a third party server.

## **Key Activities**

As we discussed our value proposition, we determined that our largest selling point is that the three features of our app are unique in that they are all in the same app. We can maximize the effectiveness of the app by using the features to target different segments of our market. First, the gamification acts to entice people who have mid to low levels of stress, and help manage stress. Then, the mood tracking gives the university data of when students are most stressed. Finally, after multiple days where the student is feeling overwhelmed and stress becomes unmanageable, it refers students to the mental health services at the university. In terms of direct distribution channels, the App Store and Google Play store are the only options. We added other indirect ways of obtaining the app, such as advertisement and recommendations by the health and wellness centre. The more students use the app, the better information is available to the university. The relationship with the students has to be that there is a level of trust, because of the nature of the information collected. We will do this by keeping names off information collected. We also plan to establish trust by being endorsed by mental health professionals. Our relationships with the universities must be professional and accommodating. The app will be customizable, updatable, with little down time. Our revenue would initially come from public funding and grants, and then from licensing from the universities. This way, we avoid using advertisements, and increase trust with the end users.

## **Key Resources**

We had trouble defining key resources initially, because we did not have a clear picture of our value proposition. Our key resources changed when we acknowledged how important the endorsement was from the mental health professionals. We removed mental health data from the resources. As a group, we felt that the design of the games included in the app had to be recommended by our mental health expert, rather than us to prevent well-meaning errors.

## **Value Proposition**

The value that we provide is that we combine three different features to engage students in mental health services at University. This is better than just the communication aspect that we had written down before, because just being able to communicate with the services is not enough. Our goal is to increase the amount of students using health services, and provide a better means to provide mental health services. This changed from the previous canvas report in that we look to integrate our app with the existing mental health framework, instead of having the app as a stand-alone. We determined that our customers (universities and practitioners) were different from the users (students and patients). We segmented the users by their stress

levels. The no and low stress level users are offered games for engagement, and mood tracking as a check in in case they move to the second segment, the overwhelmed. We decided that we would use the mood tracking and outreach toolkit to help those whose stress levels are interfering with their school work. We also decided not to target those with extreme levels of stress that could be more serious because those situations require more finesse than an app. We offer the universities an increase in usage for those who need mental health services, and the data of the moods. This will help universities reach more people and make more informed policy decisions. Clinical practitioners were added to the segments as the app has uses outside of the university framework. We expanded on the awareness aspect of our app.

## **Customer Relationship**

Because there are few customers for our app, the relationships with each universities are a high priority. We included constant and clear communication with the universities about design, and customization. As our app gets used by clinical practitioners, we would have to keep our app updated with precise measurements of feedback, to help with resources. While the technical aspect of the app is important, we also know that we must establish human connections at the university and with those in the field. Currently, we have discussed the app with PhD students and those in the Student Success Center. These connections will give feedback on how to best design the app, and have potential as future customers. Currently, they are working with as goodwill, and that the app will be initially catered to them.

## **Channels**

We had not included any channel information before the latest version of our lean canvas report. The channels that we would use to sell the app to the universities are face to face, emails, cold calling, and word of mouth. We agreed that face to face works best in this scenario because our app relies on trust and direct communication with those we would like to sell the app to establish a sort of relationship. Although, this can be expensive once our app becomes more established if we need to travel. The most cost effective while still an excellent form of communication is video call. Our goal would be to integrate our app into already established university programs, such as mental health week and SU care packages. For the user, the nature of it being an app allows for easy referral and use, with notifications and alerts.

## **Customer Segmentation**

We changed our segmentation for the user, with different levels of stress. We would create value for low stressed users with games, and the check in service for the overwhelmed users. For the customers, we split the segmentation into universities and clinical practitioners. Although they have a lot of similarities, Universities are our most important customers because they would be able to reach more users than the practitioners. Our value we would create for the universities is more students would engage in services. There would be a lower dropout rate because of stress issues, meaning more tuition money in the university's pockets. For universities and practitioners the value we create is the invaluable data measure the user stress levels over the course of a year.

## **Cost Structure**

By moving much of our business into the universities themselves, we change our cost structure from an expensive office. The most important costs are therefore a lot of time based expenses such as development

and maintenance. The most expensive resources then become human resources such as technical knowledge, and consulting experts. The most expensive activities are advertising and research to keep users engaged, promote new user, and increase the amount of people using mental health services that otherwise would not.

### **Revenue Streams**

While universities want to appear that they are doing something for mental health services out of reputation, we determined that their main motivation is outreach and reduced stress levels for users. While they already pay for health initiatives, it is difficult to see results of how effective the programs have been. Currently, universities are paying in primary costs with other outreach programs with grant and tuition money. They are paying for secondary costs such as reduced productivity and sickness.

### **Documentation of Learnings**

The lessons learned in this project are how often we made assumptions about our app in terms of effectiveness and business plan. By going through each section of our lean canvas report, we filled in many gaps we did not know we were missing. A lot of the intricacies and details relating to cost structure, revenue streams, forced us to design the app in a way that is sustainable, and we can have a long term business plan. Secondly, we also realised how important it is to have each group member on board with the decision making. Group members found it difficult to contribute to the project because there was not an established direction. While it is important that each member has some autonomy, working in a direction that is unproductive is a waste of time.

### **Documentation of the Challenges**

Issues were brought up with regards to how we could acquire and leverage industry professionals. Some concern was alleviated when one of the group members made casual contact with a psychology masters' student and a staffer for the Student Success Center who expressed positive interest in the project. This gave us indication that we should look further into available research and resources. Programs like the U of C Mental Health Strategy and initiatives like it provide a template for targeting potential partners and resources. Further challenges include that we have to demonstrate that the app will increase people using mental health services at the university in order to be able to sell the app to other universities.

### **Documentation of the Debates**

Our strongest debate is how best to generate revenue from the app. Advertising and selling the data collected are ethical and moral issues, but they provide regular income without needing additional universities to sign up. If we cannot sustain the app without these revenues, than those that we could help do not have the app at all. We are also discussion how best to connect the customers and the users. While there could be legal and liability issues with connecting people directly to health services through the app, the app would be more effective at engaging. Finally, what sort of mental health issues that will be addressed by the app and which will be avoided is a debate as well. Some mental health issues are complex and user require more than an app. Although we will try to reach as many users as possible, we must define the limitations of the app.