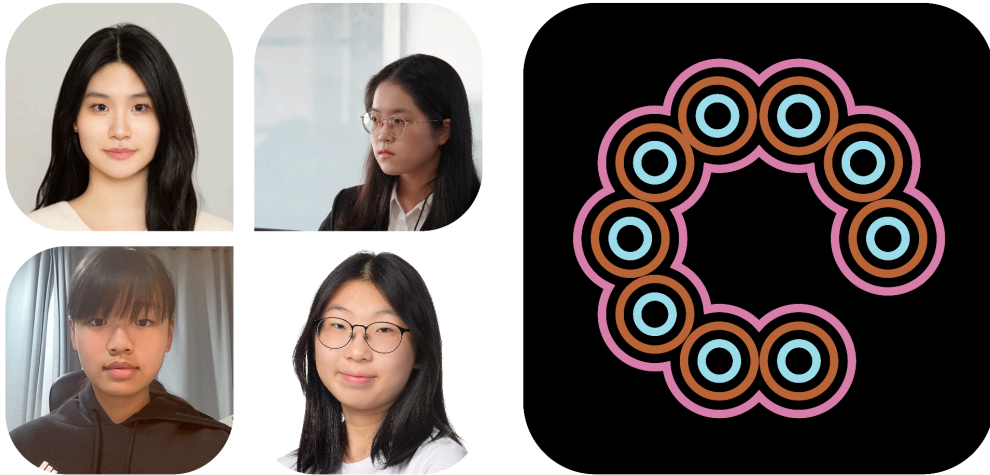


## SOOP - Mental Healthcare Application Business Report



### Executive Summary

Our team SOOP is a mental healthcare application designed for underserved and vulnerable communities—specifically LGBTQ+ teens in North America and teenagers in Asia. With rising global awareness of mental health issues and the digital shift in how support is accessed, our platform offers an anonymous, cost-free, and stigma-free space for users to explore and manage their emotional well-being.

**SOOP** is composed of four members: Rachel Hur, Jimin Lee, Dongyoon Kim, and Emily Han. Based in **Seoul, Korea**, our business—also named **SOOP**—focuses on developing an inclusive mental healthcare application designed to support underserved communities, specifically LGBTQ+ teens in North America.

Our mission is to make mental health support more accessible and personalized by addressing the unique challenges of our target groups. For LGBTQ+ teens in the U.S., we provide a safe space to navigate identity, social acceptance, and relationship stress through AI-powered text-based support, quick emotional check-ins, and community resources.

Our strengths lie in empathy-driven design, a clear focus on underserved demographics, and alignment with rising social demands for mental health accessibility. As students, we bring fresh perspectives and strong digital fluency, and we anticipate potential support from mental health advocacy groups and public-sector initiatives. While we face challenges in app development and outreach, our model is uniquely positioned within a growing market for mental health solutions that prioritize both anonymity and inclusivity.

# Company Description

## **Mission and Vision**

Our mission is to create a safe, accessible, and stigma-free space for mental health support, especially for communities that are often overlooked or underserved. We believe emotional well-being is a basic right—not a privilege. By combining anonymity, cultural sensitivity, and tech-driven tools, we aim to empower users to take control of their mental health journeys with confidence. Our vision is a world where young people and adults alike can access compassionate support—anytime, anywhere—without fear of judgment or social barriers.

## **Target Market**

We are targeting two specific user groups who face significant but different mental health challenges: LGBTQ+ teens in North America.

LGBTQ+ teens, especially in the U.S., are navigating identity formation, social acceptance, and relationship stress in a shifting political and social climate. These users are digital natives who prefer short, text-based interactions, gamified features, and AI-powered support that feels immediate, private, and judgment-free.

In Asia, students often experience untreated mental health conditions due to deep-rooted stigma and traditional cultural views. This group values privacy, subtlety, and culturally appropriate support systems that allow them to explore their mental well-being without social scrutiny.

## **Development Goals**

Our immediate goals include building a secure, user-friendly platform with tailored features for each target group—such as anonymous chat, mental health check-ins, and community-based support. We are focused on collecting early user feedback, improving engagement, and forming partnerships with mental health experts and advocacy organizations. Long-term, we envision becoming a trusted mental health companion across different regions and age groups, expanding our reach through localization, continuous tech innovation, and data-informed mental health interventions.

# Product Description

## Technical Aspect

Soop was designed as a native Android application in Kotlin, creating an emotionally engaging and anonymous space for teen mental health. For the backend infrastructure we used Firebase for user authentication, real-time synchronization, and storage. Firebase's real-time database served us especially well for anonymous chatrooms, in which users engage with emotional prompts, and peer responses, while preserving their anonymity.

To build on top of the user engagement, Soop provides AI-curated short videos created using Sora, an AI storytelling engine. These videos are dynamically inserted within the app according to users' shared experiences, providing a "Netflix-like" emotional mirror. This violated emotional feature amplifies empathy and identification through narrative resonance.

During the development process, we focused on modularity, which allows us to work collaboratively. We used GitHub pull request method for handling parallel development with the core features; the chat system, video integration, emotion tagging, and moderation tools.

## Key Services

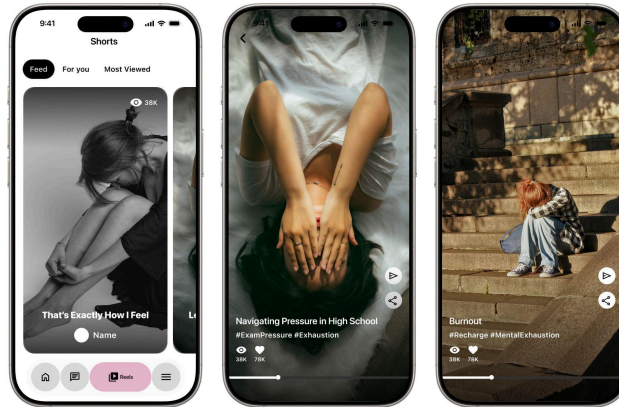
### 1. **Personalized Onboarding** - Choose What Matters

- Users, upon signing up, are prompted to choose mental health topics that are personally meaningful to them, including anxiety, family pressure; issues with identity; academic stress, etc. This personalized onboarding process will frame the user's experience to feel relevant, meaningful, and centered on their emotional world.



- ### 2. **Empathy Reels** - Authentic Stories, Authentic People
- Users receive a tailored feed of short video reels, with each one portraying a fictionalized, but emotionally authentic story of a person dealing with a mental health issue. These reels will be relatable, evocative, and will draw from a diverse scope of important cultural and age-friendly context.

- When users click on a reel, they open a counseling interface and can respond empathetically and prescribe either advice or comfort through a series of structured, AI-assisted conversation prompts.

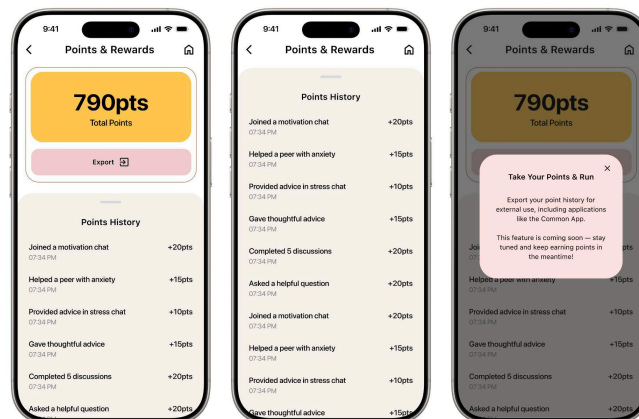


### 3. Earn and Track Points - Gamified Empathy

Positive interactions (measured by response quality, emotional tone, and duration of interaction) will earn you points. In this case, points represent not just a gamified feature, but the user's contributions to emotional support and peer well-being.

- Users are able to track their point history through a dedicated tab.
- There is a button for users to export their point history. This feature could be particularly beneficial for college applications or documenting volunteer hours, indicating an opportunity to demonstrate emotional maturity and a contribution to social good.

The export function and detailed point logic (e.g., how many points per action) are not yet active. All current point data is arbitrary and used only for illustrative purposes in the wireframe. This feature remains a conceptual placeholder for future updates and will be revisited when the platform scales and user engagement increases.



# Strategy and Implementation

## Product Positioning

The mental health app market is expanding rapidly, yet many platforms either focus too broadly or fail to meet the specific emotional needs of marginalized communities. Our app fills a critical gap by offering a safe, accessible, and tailored support system for groups that are often underrepresented in traditional mental health spaces - LGBTQ+ teens in North America. [1]

Unlike generic wellness apps or traditional therapy-based platforms, our product is built around **anonymity**, **cultural relevance**, and **digital fluency**. For Gen Z users, we provide AI-powered, text-based interactions, quick emotional check-ins, and gamified tools that encourage daily engagement without feeling clinical or overwhelming. [2]

## SWOT Analysis

<b>Strengths</b> <ul style="list-style-type: none"><li>A. <b>Cost-Effective Access:</b> As a free platform, the app eliminates financial barriers for students and adolescents who may not have access to traditional therapy. This affordability aligns well with the needs of our target demographic.</li><li>B. <b>Anonymity-Driven Safety:</b> Users can remain anonymous, reducing the fear of judgment and creating a safer, more comfortable environment to express difficult emotions and experiences.</li><li>C. <b>Privacy Protection:</b> With anonymity as a core feature, users' personal details are not collected or stored, ensuring a high level of privacy—especially important when discussing sensitive mental health topics.</li></ul>	<b>Weaknesses</b> <ul style="list-style-type: none"><li>A. <b>Limited Design Features:</b> The current lack of aesthetic and creative design may make the app less engaging, especially in comparison to trendier wellness apps.</li><li>B. <b>Lack of Trend Integration:</b> Modern mental health apps often include animations, digital characters, and story-based journeys. Without these, our app risks falling behind in visual appeal and user retention.</li></ul>
<b>Opportunities</b> <ul style="list-style-type: none"><li>A. <b>Rising Mental Health Awareness:</b> Increased attention to mental health, particularly among students and young adults, creates strong momentum for adoption and community growth.</li><li>B. <b>Demand for Anonymous Support:</b> There is a clear market gap for anonymous mental health apps—especially for teenagers and high</li></ul>	<b>Threats</b> <ul style="list-style-type: none"><li>• <b>Age-Based App Restrictions:</b> In response to growing concerns around self-harm and suicide, some governments have proposed age limits for mental health apps, which could limit access for key users.</li><li>• <b>Parental Concerns About Tech Use:</b> With increased anxiety around cyberbullying and digital risks, parents</li></ul>

<p>schoolers who are hesitant to seek in-person help.</p> <p>C. <b>Digital Fluency Among Youth:</b> Our primary users are highly comfortable with technology, making digital platforms their preferred medium for self-expression and support.</p>	<p>may delay giving smartphones to younger children, impacting app reach and growth.</p>
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## Market Segmentation

To effectively position our mental health platform in the global market, we analyzed user behavior, symptom severity, demographic needs, geographic factors, and digital habits across key populations. This MECE (Mutually Exclusive, Collectively Exhaustive) framework ensures complete and non-overlapping coverage of relevant mental health segments.

### Severity-Based Segmentation

#### Moderate

- A. Primary target for our platform
- B. Users with visible emotional distress, social/relationship difficulties, or impaired functioning

These individuals often withdraw or experience internal conflict. They may hesitate to seek therapy due to stigma, cost, or fear of judgment, making anonymous, app-based support ideal.

- C. Struggle with self-esteem, identity, or emotional regulation, but maintain basic functionality

These users may still attend school/work and maintain relationships, but with difficulty. They benefit from interventions that offer validation, connection, and emotional coping tools. [3]

Our focus is on **moderate** severity users, where early support can make the most impact and where mainstream platforms often fall short.

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[1] "LGBTQ+ Communities and Mental Health." *Mental Health America*, 31 Mar. 2025, [mhanational.org/resources/lgbtq-communities-and-mental-health/](https://mhanational.org/resources/lgbtq-communities-and-mental-health/).

[2] "Young People's Online Engagement and Mental Health: The Role of Digital Skills." *Youth Skills - HOME*, 5 Dec. 2022, [yskills.eu/young-peoples-online-engagement-and-mental-health-the-role-of-digital-skills/](https://yskills.eu/young-peoples-online-engagement-and-mental-health-the-role-of-digital-skills/).

[3] "Mental Health of Adolescents." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/adolescent-mental-health](https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health). Accessed 5 May 2025.

## **Demographic Segmentation**

### **Gender & Sexual Identity**

**Primary focus:** LGBTQ+ teens in North America

This group is at a particularly high risk for emotional distress due to their marginalized status in both social and institutional contexts.

**This group faces unique challenges around social acceptance, identity development, and systemic discrimination**

Many LGBTQ+ teens experience rejection from family, bullying in school, or exclusion in their communities. These lived experiences contribute to chronic stress and reduced emotional safety. [4]

### **Age Group**

**13–19 years (Teens):** Highly vulnerable to mental health challenges due to identity formation and peer relationships

Adolescence is a developmental stage where individuals seek belonging, independence, and self-definition—making mental health struggles particularly intense and identity-linked.

**Digitally fluent, prefer discreet and text-based formats, low threshold for seeking help**

Teens are heavy mobile users and often shy away from formal mental health settings. They favor platforms where they can engage on their own terms without fear of exposure or judgment.

## **Geographic Segmentation**

**North America (Focus: United States)**

**High awareness of mental health but uneven access to inclusive care**

Mental health is widely discussed and destigmatized in U.S. mainstream culture, but access to care—especially culturally competent or identity-affirming care—varies dramatically by region, insurance coverage, and socioeconomic status.

**Political rollback of DEI policies has created heightened stress for LGBTQ+ youth**

Recent legislative changes and school-level restrictions on gender and identity education have led to increased anxiety and fear among LGBTQ+ students. These sociopolitical developments directly affect their mental well-being, safety, and sense of belonging. [5]

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[4] Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, 12, 465–487. <https://doi.org/10.1146/annurev-clinpsy-021815-093153>

[5] Jones, M. (2025, January 11). *DEI rollbacks: What it means for trans lives*. TRANSforming Media. <https://medium.com/transforming-media/dei-rollbacks-f9cdfd0b8904>



### **Asia (Focus: South Korea)**

#### **Traditional Confucian values and low mental health literacy hinder treatment-seeking behavior**

Respect for hierarchy, emotional restraint, and family reputation often outweigh personal expression. Many individuals are unaware of emotional health concepts or do not recognize their symptoms as conditions worth addressing professionally.

### **Competitive Landscape**

The mental health app space includes established players like **BetterHelp**, **Calm**, **Headspace**, and **Woebot**, each offering varied services such as licensed therapy, guided meditations, or AI-driven chats. While these platforms have made significant strides in digital mental wellness, they often lack targeted support for marginalized communities or fail to adapt their features to younger users' digital preferences. [6]

Most existing apps are generalized, with limited cultural or identity-specific tailoring. In contrast, our app focuses on deeply underserved groups—LGBTQ+ teens in North America—offering a culturally sensitive and anonymity-first design. Unlike large platforms that may prioritize broad reach over personalized experience, our product is intentionally narrow in focus to ensure relevance, safety, and emotional resonance.

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[6] Ok, E., Barnty, B., Olusegun, J., & Joseph, O. (2025, February). *Applications in mental health*. ResearchGate. [https://www.researchgate.net/publication/389265005\\_Applications\\_in\\_Mental\\_Health](https://www.researchgate.net/publication/389265005_Applications_in_Mental_Health)



# Financial Plan and Projections

## Startup Capital

To launch our mental healthcare application, we will require initial seed capital to fund app development, user interface design, mental health expert consultations, and compliance with data privacy regulations. Our funding sources will include:

- 1. **Government Grants:** Programs supporting mental health innovation, digital health, and youth-led initiatives, particularly those aligned with public health goals.
- 2. **University & Social Impact Accelerators:** Partnerships with educational institutions and wellness-focused incubators that offer early-stage support.
- 3. **Crowdfunding Campaigns:** Targeting mental health advocates, LGBTQ+ allies, and supporters of inclusive tech solutions.

## Revenue Model

Our monetization strategy prioritizes accessibility while building long-term value. The app will be free at launch to promote adoption, especially among teens and users in low-income or high-stigma communities. Revenue will be generated through:

- 1. **Freemium Model:**
  - A. Free access to core mental health tools
  - B. Paid premium tier offering guided challenges, expert-curated content, and customizable wellness journeys
- 2. **In-App Purchases:**
  - A. Unlockable digital tools (e.g., mood badges, journaling themes, self-care packs)
  - B. Gamified features to boost engagement without compromising privacy
- 3. **B2B Partnerships:**
  - A. Collaborations with NGOs, educational institutions, and health organizations to license the platform for specific community use

## Operating Costs

Initial investment will focus on building a reliable and user-friendly app, with later scaling costs centered on outreach, platform maintenance, and user support. The left side represents the fixed cost while the right side represents the variable costs.

App Development & UX/UI Design	Content creation (audio, chat, guides)
Branding & Visual Identity	Moderation and customer support staffing
Legal/Compliance (Privacy & Data)	Community building and social campaigns

Salaries for Core Team	Partnerships with therapists, influencers
Server & Cloud Infrastructure	User engagement incentives (rewards, badges)

### 5-year Revenue Projection

Column 1	Year 1	Year 2	Year 3	Year 4	Year 5
Users (est.)	1000	5000	15000	30000	50000
Premium Conversion Rate	0.05	0.07	0.08	0.1	0.12
Premium Users	50	350	1200	3000	6000
Premium Revenue (\$2.99/mo)	1794	12546	43056	107640	215280
In-App Purchases (\$1 avg/mo)	1200	4800	14400	28800	48000
B2B Licensing/Partnerships	0	5000	15000	30000	50000
Total Revenue	2994	22346	72456	166440	313280
Fixed Costs	10000	15000	18000	20000	22000
Variable Costs	3000	6000	12000	18000	25000
Total Costs	13000	21000	30000	38000	47000
Net Profit	-10006	1346	42456	128440	266280

### Web Landing Page

The web landing page visually depicts our mental healthcare application and provides users who don't have access to the app and opportunity to understand the application's purpose, features, and emotional tone in a simplified interactive manner.

It provides a foundation for their understanding of the mission behind our app and showcases how our platform supports LGBTQ+ teens in North America.

The landing page mirrors the app so it has a clean and empathic design that captures the app's identity by being warm, simple, and trustworthy. Visitors can explore key features like empathy reels, emotional check-in, and gamified support systems to appreciate the app's unique offering in nurturing safe, supportive digital mental health communities.

The landing page is promotional to educate the user about the app. It helps build weak level one relationships: offering initial trust to sign up, motivating users to engage with the app, and position our brand as a thoughtful and inclusionary advance in the growing digital mental health space. Access the landing page here: <https://soopnotsoup.netlify.app>

## References

- [1] “LGBTQ+ Communities and Mental Health.” *Mental Health America*, 31 Mar. 2025, [mhanational.org/resources/lgbtq-communities-and-mental-health/](https://mhanational.org/resources/lgbtq-communities-and-mental-health/).
- [2] “Young People’s Online Engagement and Mental Health: The Role of Digital Skills.” *Youth Skills - HOME*, 5 Dec. 2022, [yskills.eu/young-peoples-online-engagement-and-mental-health-the-role-of-digital-skills/](https://yskills.eu/young-peoples-online-engagement-and-mental-health-the-role-of-digital-skills/).
- [3] “Mental Health of Adolescents.” *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/adolescent-mental-health](https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health). Accessed 5 May 2025.
- [4] **Russell, S. T., & Fish, J. N. (2016).** Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, 12, 465–487. <https://doi.org/10.1146/annurev-clinpsy-021815-093153>
- [5] **Jones, M.** (2025, January 11). *DEI rollbacks: What it means for trans lives*. TRANSforming Media. <https://medium.com/transforming-media/dei-rollbacks-f9cdfd0b8904>
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