

### 1. MENTAL HEALTH LANDSCAPE IN EGYPT

Egypt's mental health system remains under-resourced and decentralized. In 2020, there were fewer than 1,000 psychiatrists for a population of ~100 million, and many services are concentrated in major cities. Stigma remains a major barrier: only a minority of professionals and public view traditional care as efficient. To address this, the government has expanded awareness campaigns (via the General Secretariat for Mental Health) and integrated mental health into national programs. Notably, Egypt's "100 Million Healthy Lives" campaign (launched 2018) has been extended to include mental health, and a free national e-health platform was launched in March 2022 (with WHO) offering online counseling and psychoeducation to all Egyptians (including refugees). Primary care integration has also begun: Egypt has trained doctors under WHO's mhGAP program, and a pilot in 230 clinics delivered over 40,000 counseling sessions since April 2024. Nevertheless, challenges persist: inpatient beds remain scarce (well below WHO recommendations) and many patients first consult traditional healers.

### 2. MARKET CONDITIONS AND DEMAND

Egypt's digital environment strongly favors teletherapy growth. As of 2024, about 113.6 million Egyptians live in the country (median age ~24.3). Roughly 72% of the population (~82 million) uses the Internet, and of those users 96% primarily access it via smartphones. On average, Egyptians spend ~7 hours 55 minutes online daily. These figures underscore high connectivity: for example, NAOS Solutions reports that 72.2% of Egyptians are online, with 96% of them on mobile devices. This level of digital penetration – especially among young people – supports strong potential demand for mobile mental health services. Indeed, 50% of Egyptians are under age 25, a cohort that has shown high interest in e-mental-health (EMH). A 2022 survey of Egyptian university students found that 85% would prefer web-based therapy if provided by a trusted national platform.

At the same time, barriers exist. Cultural stigma still deters many from seeking help, and half of surveyed youth reported concerns about privacy and unfamiliarity with technology. Data privacy worries in particular are significant: market analysts note "data security and privacy" as major restraints on app adoption. Economically, smartphone and internet access remains lower among older, rural, or poorer populations, which could segment demand. Nevertheless, demand trends are rising: public awareness campaigns and media coverage are normalizing mental health discussions. As stigma falls and digital trust improves, adoption of online therapy is expected to accelerate. Government backing (e.g. the *Digital Egypt* and Vision 2030 initiatives) further fosters tech uptake in health.

### 3. COMPETITIVE LANDSCAPE

**Local platforms:** Egypt's largest teletherapy provider is Shezlong (founded 2013), billed as "online Arabic psychotherapy". Shezlong connects users with licensed therapists via video or chat. It now boasts on the order of ~350 therapists on its network, and its client base grew 31% in 2020 due to COVID-19. Shezlong's service model is pay-per-session; it emphasizes ease of use and privacy. Another key player is Arab Therapy (Jordan/Egypt), which also targets Arabic speakers with online therapy. Arab Therapy reports over 200 psychotherapists in its network and offers individual, couples, and teen counseling in Arabic. It promotes confidential, app-based sessions with credentialed staff. Estaraht is an Egypt-founded app that offers anonymous chat/video therapy and self-assessment tools; it advertises flexible scheduling and user anonymity, charging per session. More recently, O7 Therapy (Egypt) has emerged with a 24/7 model: its site cites over 60,000 therapy hours delivered and service in 110+ countries. O7's platform supports instant chat/video and is available in Arabic and English (targeting Gulf and diaspora as well).

**Global platforms:** US-based services like BetterHelp and Talkspace are technically accessible in Egypt but cater to English speakers via subscription plans (e.g. ~\$60–100/week) and do not offer Arabic service. Mobile wellness apps (Calm, Headspace, Happify, etc.) are also available and often promoted in Egypt, but they focus on self-guided meditation or CBT tools rather than therapist-led sessions. As one market report notes, "prominent players" in Egypt's broader mental health-app space include Calm, Happify, Headspace and similar global names, but their content is largely Western and in English. In contrast, local platforms (Shezlong, Arab Therapy, Estaraht, O7) serve Arabic-language users and often accept local payment methods. (For example, Shezlong and others allow booking with EGP fees, whereas global apps typically require USD credit cards.)

**Competitive features:** Local apps generally offer video and text sessions with licensed therapists, with prices set per-session (often in EGP or USD). Many include in-app matching and reminders. Self-help content (articles, meditations) is less common among Arabic apps than in Western counterparts. Available data suggests Egyptian platforms emphasize privacy and anonymity (given stigma) and broad availability of therapists. For instance, Shezlong has conducted large-scale free counseling campaigns (e.g. 15,000 free sessions during COVID). By contrast, BetterHelp/Talkspace employ a subscription model with unlimited messaging plus scheduled calls. In terms of scale, Shezlong reportedly serves clients in ~50 countries (half of its users were abroad, paying in USD), whereas global apps serve hundreds of thousands of users (BetterHelp reports over 32,000 therapists globally) but few speak Arabic. Overall, rivalry is increasing: analysts note that "online platforms such as Shezlong and O7 Therapy are spearheading" the shift to digital care in Egypt. Any new entrant must compete on language, price, therapist network, and trust.

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#### 4. REGULATORY AND TECHNOLOGICAL ENVIRONMENT

Data privacy: Egypt's Personal Data Protection Law (PDPL 151/2020) classifies health and psychological data as *sensitive*, requiring explicit consent and stringent protection. In telehealth, this means MHSP must ensure secure storage of session records and encryption of communications. Egypt also has an e-Signature Law (No. 15/2004), which validates digital patient consents, and a Cybercrime Law (No. 175/2018) that penalizes unauthorized data breaches. Thus, a digital therapy app operating in Egypt must comply with PDPL requirements and obtain clear patient consent for data use. (It's worth noting that these laws came into force recently, so enforcement and regulatory guidance are still evolving.)

Telehealth regulations: Telemedicine is legally recognized in Egypt, especially since COVID-19 drove health services online. The Ministry of Health has endorsed virtual consultations to relieve hospital loads and extend care into remote areas. However, specific regulations (licensing for digital providers, insurance coverage, cross-border care rules) are still being developed. The national strategy (Vision 2030/Digital Egypt) explicitly identifies healthcare as a priority sector for digital transformation. For MHSP, this environment is broadly supportive, but the platform should be prepared to adapt to any new telemedicine guidelines or reimbursement rules.

Technology and payments: Egypt has good mobile and internet infrastructure in urban areas. Major cities enjoy ubiquitous 4G/LTE connectivity through carriers (Vodafone, Orange, WE); 5G trials are underway (Orange launched the first 5G network in late 2021). However, rural and some peri-urban areas may still have weaker coverage, potentially limiting reach. Smartphone ownership is high among younger populations. On payments, Egyptians commonly use local solutions: the Fawry electronic payment network, mobile wallets (e.g. Vodafone Cash), and domestic bank cards are popular. Credit-card penetration is modest, so MHSP should integrate Egypt-friendly gateways. (Shezlong, for example, lists Fawry and local cards as options.) Egypt's growing fintech sector should make such integration feasible.

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#### 5. STRATEGIC ANALYSIS

##### SWOT Analysis of MHSP

- **Strengths:** Arabic-language platform tailored to Egyptians; taps a massive unmet need (shortage of therapists). High internet/mobile penetration provides a ready user base. If MHSP aligns with national mental health strategies (e.g. the WHO-supported platform), it may gain visibility and trust. Its anonymity and convenience can overcome some stigma.
- **Weaknesses:** Persistent stigma and privacy concerns may keep some users away. Building trust with users will be crucial. Competing with established brands (Shezlong) will be challenging, as they already have therapist networks and brand recognition. MHSP must also navigate regulatory compliance (PDPL) and might face high costs to verify/licence therapists and secure data.
- **Opportunities:** The market is growing rapidly – studies project digital mental health apps to expand ~CAGR 17% over 2023–2030. Government backing of digital health (Vision2030, Digital Egypt) and inclusion of mental health in public campaigns could provide partnerships or subsidies. The youth demographic is large and tech-savvy: 85% of surveyed students wanted a national EMH platform. If MHSP can demonstrate clinical effectiveness (evidence-based content), it could capture users who seek affordable self-help or teletherapy. Offering subscription models, employer/insurance partnerships, or integration into e-pharmacies could open new revenue streams.
- **Threats:** Competition is intensifying: beyond Shezlong and Arab Therapy, new entrants (O7, Estaraht, and even non-Arabic global apps) are vying for market share. The global mental health tech industry is attracting investment, so innovation cycles are fast. Economic constraints (currency fluctuations, inflation) could limit consumers' ability to pay for therapy. Regulatory changes (e.g. tighter data laws or licensing requirements) could increase costs. Finally, any data breach or malpractice incident could severely damage trust in MHSP, given the sensitivity of mental health data.

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##### PORTER'S FIVE FORCES (EGYPT DIGITAL MENTAL HEALTH)

- **Competitive Rivalry (High):** The digital mental health space in Egypt/MENA is growing crowded. Key players (Shezlong, O7, Arab Therapy, Estaraht, and global apps) are all jockeying for users. Rivalry is intensified by low switching costs – users can try multiple apps. Differentiation (language support, therapist pool, user experience) will be critical.
- **Threat of New Entrants (Moderate-to-High):** Entry barriers are moderate. Building a platform requires investment in technology and compliance, but the online model means no physical clinic costs. However, gaining user trust and acquiring therapists present intangible barriers. Regulatory registration (if required) or partnerships with healthcare institutions could also be needed. As awareness and demand grow, new local or international competitors could enter the Egyptian market.
- **Bargaining Power of Suppliers (High):** The "suppliers" here are qualified therapists and psychologists. They are relatively scarce in Egypt. Qualified therapists can work with multiple platforms or practice privately; a platform must offer competitive compensation and ease-of-use to attract them. If MHSP cannot sign up enough therapists, its service quality will suffer.
- **Bargaining Power of Buyers (Moderate):** Individual users have many choices (face-to-face, apps, self-help). While stigma can keep some away, the segment that actively seeks help can choose among several digital options. However, given the unmet demand, early adopters are relatively "captive" once engaged. Enterprises or insurers (as potential B2B clients) might have more negotiating power, but these markets are nascent.

- Threat of Substitutes (High): Traditional therapy (clinic visits), faith-based counseling, community support, and self-help resources are substitutes. Many Egyptians also seek help from family or religious figures first. Even without formal substitutes, some will simply forego treatment due to stigma. Thus, MHSP must compete on convenience and privacy to pull users away from alternative coping strategies.

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## USER PERSONAS AND SEGMENTATION

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### WE CAN BROADLY SEGMENT POTENTIAL USERS AS FOLLOWS:

- Urban Youth (18–30): e.g. *Omar*, a 24-year-old Cairo university student. Tech-savvy and active on social media, he suffers social anxiety. He prefers anonymity and digital solutions and is comfortable booking therapy via an app. He values content in Arabic and flexibility to chat or schedule late-night sessions.
- Working Professionals (25–45): e.g. *Amina*, a 35-year-old Cairo engineer struggling with work stress and postpartum depression. She has a smartphone and is aware of mental health, but finds stigma at local clinics. She looks for certified therapists, scheduling around her job, and might be willing to pay a mid-range fee for privacy and quality.
- Rural/Middle-Class (30–60): e.g. *Mahmoud*, a 50-year-old small-business owner outside Alexandria dealing with chronic depression. He has basic mobile internet and minimal digital skills. Stigma and cost are barriers; he may first seek religious counsel. MHSP would need to do community outreach or partner with local clinics to reach him.
- Immigrant/Refugee Community: e.g. *Sara*, a 28-year-old Syrian refugee in Cairo experiencing trauma symptoms. She needs therapy in Arabic but free or subsidized, and is wary of authority. She might use MHSP's platform if it offers free or UN-sponsored sessions (as other initiatives have done).

Each persona reflects different language preferences (all Arabic here), tech literacy, and willingness to pay. MHSP should tailor marketing and service tiers (e.g. free content vs paid therapy) accordingly.

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## 6. FORECASTS AND TRENDS (3–5 YEAR OUTLOOK)

The outlook for digital mental health in Egypt is robust. Market analysts project that Egypt's mental health app market will grow from about \$17.4 million in 2023 to \$51.2 million by 2030 (CAGR ≈17%). The total mental health market (including clinics and services) is forecast to reach ~\$20.4 billion by 2033 (from \$9.49 b in 2024, ~8.85% CAGR). Key drivers include government digital health initiatives, rising incidence of stress/depression, and expanding awareness. In fact, since COVID-19, demand has surged: Shezlong saw client numbers jump 31% in 2020 as people avoided in-person visits.

Looking ahead, we expect behavioral shifts that favor MHSP. Younger users are increasingly open to online therapy. Media discourse on mental health is growing (celebrities discussing it), which should reduce stigma. Telemedicine in general will become more normalized: recent laws validate e-consents and digital records, and insurance providers are beginning to consider covering teletherapy. On the supply side, more therapists are expected to enter digital practice as those platforms prove viable (Shezlong reported a 27% rise in therapists during COVID).

Competition and investment: New entrants will appear. Indeed, investment is flowing into the sector: for example, Jordan-based Arab Therapy raised \$1 million in seed funding in 2024. Shezlong attracted Series funding (with venture sources noting 120,000 users and 350 therapists as of 2022). We may see global telehealth players partner with or acquire local apps. Digital therapeutics (e.g. CBT/chatbot apps) and blended care models (combining app with in-person) are also trending worldwide.

Policy trends: We anticipate more formal regulation of online mental health (licensing of e-therapists, quality standards) and possibly reimbursement models (teletherapy covered by insurers or government programs). National health strategies (such as Egypt Vision 2030) continue to emphasize healthcare digitization, which may include funding for initiatives like MHSP.

In summary, Egypt's digital mental health sector is poised for rapid expansion. MHSP can leverage high mobile adoption and growing demand, but must navigate cultural, competitive, and regulatory complexities. Careful segmentation and strategic positioning (e.g. partnerships with NGOs or employers) will be key to capturing a share of the projected multi-million-dollar market

## MHSP BUSINESS CONTEXT AND DOCUMENTATION

### BUSINESS OVERVIEW OF MHSP

The Mental Health Support Platform (MHSP) is envisioned as an integrated digital solution to improve access to mental health resources and support. Its core goal is to provide a **comprehensive support network** combining educational resources, real-time assistance, and professional referrals. For example, a prototype description emphasizes a **resource hub** (articles, videos, self-help content), **24/7 chat support** (peer or professional counseling), and a searchable **therapist directory** for local licensed clinicians [fossunited.org](https://fossunited.org). The platform aims to **“break down barriers”** to care (such as stigma, inaccessibility, or lack of awareness) by giving users easy access to information, empathetic chat, and connections to professionals [fossunited.org](https://fossunited.org). In short, MHSP’s objectives are to increase awareness, reduce stigma, and empower individuals to seek timely mental health help.

### GOALS AND OBJECTIVES

MHSP’s primary goals include increasing mental health awareness and usage of support services, and improving user well-being. By combining community-driven tools with professional guidance, MHSP seeks to create a **holistic support ecosystem**. Target objectives might include metrics like outreach (user sign-ups), resource engagement (content views), and successful connections to care. Ultimately, MHSP strives to serve as a **“lifeline”** for users navigating mental health challenges, not merely a static information site [fossunited.org](https://fossunited.org).

### BUSINESS NEEDS AND CHALLENGES

The **business need** arises from growing demand for mental health support. According to industry analyses, digital mental health is a rapidly expanding market, yet many people lack timely access to help. The MHSP addresses this gap. Key **challenges** include overcoming social stigma and low initial engagement (users may be hesitant to seek help), ensuring 24/7 availability of counselors or AI-driven support, and integrating disparate services (content, chat, referrals) into one platform. Technical challenges also include data privacy/security for sensitive user information and compliance with health regulations.

### PROPOSED SOLUTIONS

To meet these needs, MHSP proposes a multi-faceted solution:

- **Resource Hub:** A knowledge base curated by experts (articles, videos, self-assessment tools) to educate users on mental health conditions and coping strategies.
- **Real-Time Chat Support:** Enabling confidential, empathetic conversations with trained volunteers or professionals at any time to provide immediate assistance and guidance.
- **Local Therapist Directory:** A searchable database of licensed therapists and counselors filtered by location, specialty, and insurance coverage, helping users transition to professional care when needed.  
Additional planned features (per the platform’s roadmap) may include personal assessments, support groups, and telehealth integrations. These solutions aim to make MHSP a one-stop platform that lowers barriers to seeking care and complements existing health systems.

### STAKEHOLDERS

MHSP involves a diverse set of stakeholders. **Primary users** include individuals dealing with mental health issues and their families or caregivers. Secondary stakeholders are **mental health professionals** (therapists, counselors, psychiatrists) who might participate in chat support or be listed in the directory. Other stakeholders include **community partners** (schools, employers, nonprofits) that may promote MHSP to their constituencies. Internally, stakeholders comprise the **project sponsor/owners**, business analysts, product managers, developers, QA teams, and legal/compliance officers. Regulators or funding agencies (e.g. health departments or grant providers) may also have an interest in MHSP’s outcomes. Engaging all stakeholder groups is critical for requirement gathering, validation, and ongoing support.

### KEY PERFORMANCE INDICATORS (KPIs)

MHSP’s success would be measured by both usage metrics and outcome metrics. **User engagement KPIs** might include active user counts, session frequency (e.g. daily/weekly users), and resource utilization rates (articles read, videos watched). **Service metrics** include number of chat sessions initiated, response times, and percentage of chats resolved. **Referral KPIs** could track how many users contact therapists via the directory. On the business side, analogous metrics (especially if MHSP has subscription or funding models) include customer lifetime value (CLV), acquisition costs (CAC), and retention rates. Industry sources suggest core KPIs like CLV, CAC, monthly recurring revenue (MRR), user engagement rates, and provider utilization rates. For example, tracking the **user engagement rate** (the ratio of daily to monthly active users) and **provider utilization** (percentage of counselor availability used) provides insight into platform traction and capacity. Qualitative feedback (user satisfaction or symptom improvement) and compliance metrics (e.g. uptime, data security incidents) are also important for long-term viability.

### KEY DOCUMENTATION AND DELIVERABLES

The MHSP project will produce a range of business and technical documents. Each serves a specific purpose in defining the project scope, requirements, and design. Below we explain the common documents and models used in Agile/Hybrid business analysis.

### BUSINESS ANALYSIS PLAN (BAP)

The Business Analysis Plan (also called Business Analysis Approach) outlines **how** the analysis work will be done. It defines the deliverables to be created, the techniques and timelines for requirement gathering, and roles of the BA team. Essentially, the BAP “brings clarity to the business analysis process” by specifying which artifacts (documents, models) will be produced and when. A well-crafted BAP answers questions such as: *What methodology (Agile, hybrid, waterfall) are we using? Which deliverables are needed? What stakeholders are responsible for each? And what are the schedules for completing each document?* For example, the BAP might list that user stories, use cases, and process diagrams will be created during sprint 1–3, and name who will review them. In the MHSP project, the BAP ensures that all stakeholders agree on the analysis approach before detailed requirements are defined.

### BUSINESS REQUIREMENTS DOCUMENT (BRD)

A BRD is a formal document that captures the **business objectives and needs** that the project must satisfy. It describes *what* the organization requires from the solution, without prescribing how to implement it. According to industry guidance, a BRD “details all the objectives or ‘requirements’ for a new project or solution” and removes ambiguity by providing clarity of the project’s goals [indeed.com](#). Key contents typically include the project background, scope overview, high-level business requirements, success criteria, and stakeholder analysis. The BRD is aimed at a broad audience—business sponsors, executives, and stakeholders—and is usually approved by the sponsor to confirm that the right business problem is being addressed. In MHSP, the BRD would outline needs such as “provide 24/7 support”, “increase user self-help usage by X%”, or “enable seamless referrals to therapists,” aligning with the overall business case.

### SOFTWARE REQUIREMENTS SPECIFICATION (SRS)

The SRS is a detailed technical document describing **how** the system will function and what features it must deliver. It translates business requirements into precise software requirements for developers and testers. As one source notes, an SRS “acts as a guide for the development team, detailing how the software should perform and interact,” outlining purpose, behavior, and functionality [perforce.com](#). It often includes sections such as system scope, functional requirements (behaviors and features), non-functional requirements (performance, security, usability), data definitions, interface designs, and acceptance criteria. The SRS serves as the single source of truth for the development lifecycle: developers and QA refer to it to implement and test features, project managers use it to track scope, and stakeholders use it for approvals. It ensures everyone is aligned on *what the software must do* [perforce.com](#). For MHSP, the SRS would spell out specifics like “The system shall allow users to schedule a chat session within 30 seconds of request,” or “Search results for therapists must be returned within 2 seconds,” etc., ensuring all user stories and requirements are captured in detail.

### PROJECT SCOPE DOCUMENT

The Project Scope Document (scope statement or scope of work) defines **what the project will and will not include**. It outlines deliverables, boundaries, objectives, and assumptions at a high level. A clear scope document helps set stakeholder expectations and prevent scope creep [wrike.com](#). It typically includes project objectives, a high-level list of deliverables, acceptance criteria, exclusions (what is out of scope), and key constraints. It also names the stakeholders and roles. As one guide explains: “A project scope document... outlines the work needed to deliver a project, detailing objectives, deliverables, and success factors” [wrike.com](#). In the MHSP project, the scope document would clarify, for instance, that it covers building the web/mobile platform and related backend systems, but might exclude (say) in-person counseling services. This document is usually created early (during initiation) and signed off by stakeholders, serving as a reference during planning and execution to ensure the project stays on track.

### REQUIREMENTS TRACEABILITY MATRIX (RTM)

The RTM is a tabular document that **links each requirement to its source and validation artifacts**. It typically maps business requirements to functional requirements, design elements, and test cases. The primary purpose is accountability and coverage: an RTM “tracks requirements throughout the project lifecycle, ensuring all needs are met and aligned with objectives” [project-management.com](#). It helps answer questions like “Has each requirement been implemented and tested?” and highlights any missing or incomplete requirements. For example, an RTM row might show that Business Requirement **MHSP-BR-001** (“User can sign up with email or social login”) corresponds to Functional Requirement **FR-UI-001** and Test Cases **TC-UI-01** and **TC-UI-02**. By updating the RTM as work progresses, teams can verify that no requirement is forgotten and see the status of each. An RTM also aids in impact analysis when requirements change. In MHSP, a completed RTM would show, for each requirement (e.g. chat support security, data privacy, etc.), the related design sections and test scripts, giving confidence that all are addressed [project-management.com](#).

*Figure: An example Requirements Traceability Matrix (RTM), mapping business and functional requirements to test cases. The RTM ensures every requirement is implemented and verified* [project-management.com](#).

### Data Dictionary

A Data Dictionary documents all data elements used by the system. It provides a **common vocabulary** and detailed metadata about each data field (such as name, type, format, source, valid values, and descriptions). In other words, it is “a structured repository of metadata that provides a comprehensive description of the data used” [splunk.com](#). It helps analysts, developers, and testers understand and use data consistently.

Typical contents include entity and attribute names, data types and lengths, constraints (primary key, foreign key), default values, allowed values, and definitions. In BA deliverables, a data dictionary is crucial for clarity: it prevents confusion over data fields and supports data integrity. For MHSP, the data dictionary (e.g. as provided in project files) would define key entities like **User**, **CaseRecord**, or **Therapist**, and their attributes (email, phone number, address, etc.), along with validation rules. This ensures that when developers or QA reference “User ID” or “Therapist specialty”, everyone has the same understanding. Well-maintained data dictionaries also aid in database design and data governance[splunk.com](https://splunk.com).

**Use Case Models**

Use cases capture **functional requirements** by describing interactions between users (actors) and the system to achieve specific goals. A use case model typically includes one or more **use case diagrams** (showing actors and use cases) and **use case descriptions** (textual narratives or scenarios). The diagram provides a high-level overview of how different types of users will use the system. As one guide states: “A use-case model is a model of all the useful ways to use a system... It allows you to very quickly scope the system – what is included and what is not”[ivarjacobson.com](https://ivarjacobson.com). In practice, each use case is written as a short story (often with basic and alternate flows) such as “As a user, I want to reset my password so that I can regain account access.” Use cases are especially useful in Agile/Hybrid projects to ensure user-focused functionality. They help BAs and developers understand system behavior from the user’s perspective and drive test case creation. For MHSP, use case diagrams might illustrate actors like “Registered User”, “Guest”, and “Therapist”, with use cases such as “Search Resources”, “Initiate Chat Session”, or “Add Therapist to Favorites”. These models help uncover all needed features and provide clarity on system scope.

Figure: An example UML Use Case Diagram. Each oval represents a use case (user goal) and sticks represent actors. This model clarifies system scope and user interactions[ivarjacobson.com](https://ivarjacobson.com).

**BPMN (Business Process Model and Notation) Diagrams**

BPMN diagrams model **business processes** using a standardized graphical notation. Business analysts use BPMN to map workflows and process steps to visualize how the current or future state processes function. As described by a BPMN guide: “BPMN is a method for outlining a business process... [A] BPMN diagram is a visual representation of this process”[miro.com](https://miro.com). A BPMN flowchart might show steps such as “User submits chat request”, “System routes request to counselor”, “Counselor provides session”, etc., with gateways for decisions, swimlanes for roles, and events for triggers. Including BPMN diagrams in Agile projects helps teams **align on complex processes** without ambiguity. They can be used to design new user enrollment flows, chat support workflows, or therapist referral processes in MHSP. BPMN models are targeted at both business stakeholders (for process understanding) and the development team (for defining logical flows). They make discussion of process changes concrete and ensure that the implemented system supports the intended business workflows.

**Communication Plan**

A Communication Plan outlines **how project information will be shared** among stakeholders. It specifies *what* information needs to be communicated, *who* should receive it, *when*, and *how*. For example, it may state that weekly status updates will go to the sponsor, while sprint backlog changes are discussed in team stand-ups. As one source explains, a BA communication plan is “a framework that helps BAs document what information needs to be shared, who needs to receive the information, when it should be delivered, how it will be shared (platform and setting), and required stakeholder actions”[lucidchart.com](https://lucidchart.com). This ensures transparency and that no one misses critical updates. In the context of MHSP, the communication plan might define periodic demos for end-user representatives, training sessions for support staff, and regular reports to management. By formalizing communication channels and frequency, the plan keeps diverse groups (developers, business users, partners) aligned and engaged.

**RACI Matrix**

A RACI matrix is a responsibility-assignment tool that clarifies **who does what** in the project. “RACI” stands for **Responsible, Accountable, Consulted, and Informed**. Each task or deliverable is assigned one R, one A, and zero or more C’s and I’s. The matrix explicitly names roles or individuals and their level of involvement for key activities. In project management guides, RACI is described as clarifying “the roles named individuals or groups will play in the successful delivery of the project”[project-management.com](https://project-management.com). For example, in an MHSP RACI chart, the BA might be *Responsible* for creating the BRD, while a product manager is *Accountable*, the UX designer is *Consulted*, and senior management is *Informed*. The RACI matrix helps avoid confusion about task ownership, ensures accountability, and improves coordination. It is particularly helpful in hybrid projects where roles overlap (e.g. who approves changes or who should be consulted for technical requirements). Including a RACI matrix ensures that all stakeholders understand their responsibilities throughout the project lifecycle[project-management.com](https://project-management.com).

**Comparison of Key Documents**

Document Name	Purpose	Target Audience	Key Contents	Role in Project Lifecycle
Business Analysis Plan (BAP)	Defines the analysis approach, deliverables, and schedule.	Project sponsor, BA team, stakeholders	Scope of BA work, chosen methodologies, deliverable list, stakeholder roles, timelines.	Initiation/Planning – guides analysis activities <a href="https://bridging-the-gap.com">bridging-the-gap.com</a> .

Document Name	Purpose	Target Audience	Key Contents	Role in Project Lifecycle
<b>Business Requirements Document (BRD)</b>	Captures high-level business needs and objectives.	Business sponsors, stakeholders	Business goals, scope, objectives, stakeholder needs, success criteria.	Early planning – aligns team on <i>why</i> and <i>what</i> .
<b>Software Requirements Specification (SRS)</b>	Details functional and non-functional software requirements.	BAs, developers, QA, testers, PM	System purpose, features (functional reqs), constraints, data requirements, interfaces.	Design/Development – blueprint for dev and testing <a href="https://www.perforce.com">perforce.com</a> .
<b>Project Scope Document</b>	Defines project boundaries and deliverables.	Project sponsor, PM, stakeholders	Project objectives, deliverables (in/out of scope), constraints, acceptance criteria.	Initiation/Planning – establishes project boundaries <a href="https://www.wrike.com">wrike.com</a> .
<b>Requirements Traceability Matrix (RTM)</b>	Tracks each requirement through design, implementation, and testing.	BA team, QA, PM	Maps each requirement ID to related functional specs, test cases, design elements, status.	Throughout – ensures coverage and assists in impact analysis <a href="https://project-management.com">project-management.com</a> .
<b>Data Dictionary</b>	Defines data elements and structures.	Developers, DBAs, testers, BAs	Data entity names, field names, data types, constraints, allowed values, descriptions, sources.	Requirements/Design – ensures consistent data definitions <a href="https://splunk.com">splunk.com</a> .
<b>Use Case Model (Diagrams &amp; Descriptions)</b>	Represents user-system interactions for features.	BAs, developers, stakeholders	Use case diagrams (actors, use cases), use case narratives (preconditions, flows, success criteria).	Requirements/Design – captures user-centered functionality <a href="https://ivarjacobson.com">ivarjacobson.com</a> .
<b>BPMN Diagrams</b>	Models business processes graphically.	BAs, process owners, developers	Flowcharts of process steps, decision points, swimlanes for roles, events and data flows.	Requirements/Design – clarifies and optimizes workflows <a href="https://miro.com">miro.com</a> .
<b>Communication Plan</b>	Plans stakeholder communication strategy.	BAs, PM, all stakeholders	Stakeholder list, messages, communication methods, schedule, responsibilities.	Initiation/Planning & Ongoing – maintains stakeholder alignment <a href="https://lucidchart.com">lucidchart.com</a> .
<b>RACI Matrix</b>	Assigns roles/responsibilities to tasks/deliverables.	Project team, stakeholders	Task list vs. roles, with R/A/C/I assignments for each.	Initiation/Planning – defines team responsibilities <a href="https://project-management.com">project-management.com</a> .

Each document above plays a distinct role: the **BAP** and **Project Scope** guide *what* will be done and *how*, the **BRD** defines *why* (the business need), the **SRS** translates that into specific system requirements, and the **RTM** ensures traceability across those requirements. Additional models (use cases, BPMN) and plans (communication, RACI) support clarity, alignment, and execution in an Agile/hybrid setting. Together, they form the core BA/PM documentation that steers MHSP from concept through delivery.

**Sources:** Authoritative industry guides and MHSP reference materials were used to define and contextualize these deliverables[indeed.com](https://indeed.com)[perforce.com](https://perforce.com)[wrike.com](https://wrike.com)[project-management.com](https://project-management.com)[splunk.com](https://splunk.com)[ivarjacobson.com](https://ivarjacobson.com)[miro.com](https://miro.com)[lucidchart.com](https://lucidchart.com)[project-management.com](https://project-management.com)[foosunited.org](https://foosunited.org)[startupfinancialprojection.com](https://startupfinancialprojection.com). Each reference provides best-practice insights into the content and purpose of the respective documents.