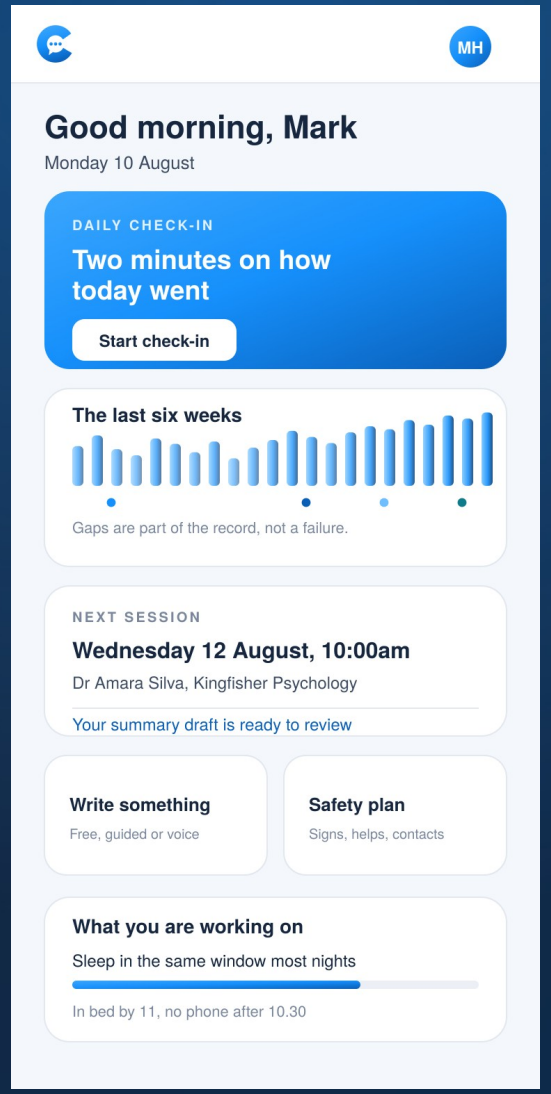
Contexa

The record of a life between appointments, owned by the person living it.

Investor briefing · Pre-seed

Mental health first · Sunshine Coast, Australia · contexa.com.au



The problem

Everyone holds a fragment. Nobody holds the story.

A person is the only one present at every appointment, every bad night and every small recovery. They are also the only one with no record of any of it.

6

services a person with a complex condition retells their story to in a year

~50%

of digital mental health tools are abandoned within the first month

The record is scattered

Every service holds a partial file. None of them talk to each other, and none belong to the person the file is about.

Memory is not evidence

A fortnight of sleep, side effects and small wins becomes “not too bad, I think”, because that is what recall does under pressure.

The story keeps restarting

New clinician, new intake form, start from the beginning. People disengage because retelling costs more than it returns.

The decision that shapes everything

The obvious product is a monitoring tool. We will not build it.

Watch the person, score their risk, alert somebody. It demos well, it sells to services, and it makes the person the object rather than the author. We think that is why these tools get abandoned inside a month. People stop telling the truth to something that reports on them.

The value of the record is the honesty of what is in it. Honesty depends on the person believing nobody is watching.

Contexa will never

- × Score, rank or triage a person
- × Alert a clinician about someone's entries
- × Let anyone read something marked private
- × Track location or monitor a device
- × Sell data or train models on it
- × Use streaks or guilt to pull someone back

The product, one

Capture what happens in between

01 A check-in that adapts

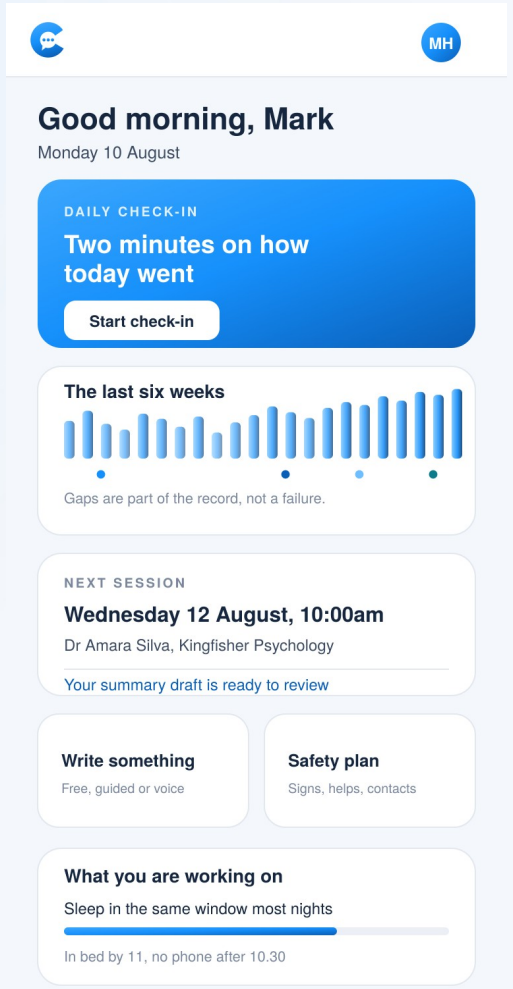
Eleven areas, every one skippable and switchable off. Sleep as bed and wake times, each medication logged separately, and an add-your-own on every list.

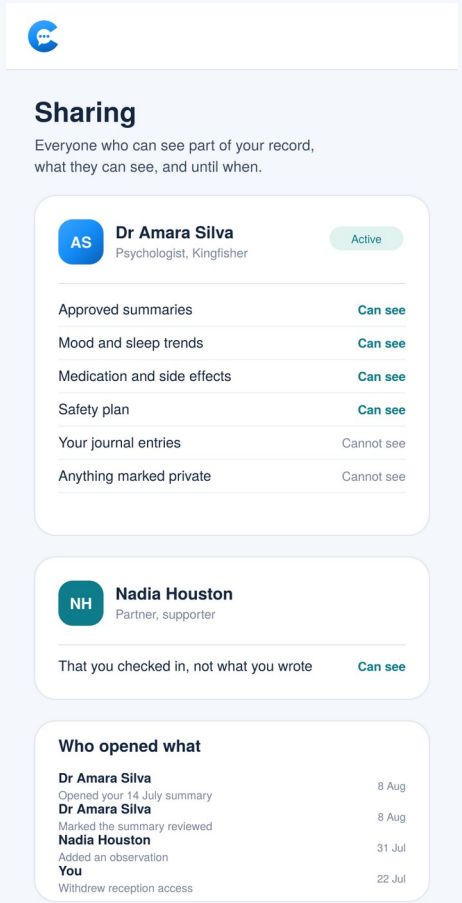
02 Journal, three ways

Free, guided or voice. Each entry marked private, summarisable or shareable, changeable afterwards.

03 Patterns, not conclusions

Six weeks on one line. Every observation says plainly that a pattern is not a cause.





The prototype, with demonstration data throughout

The product, two

Consent is the product, not a setting inside it

Most health software asks permission once, at sign up, and treats the answer as permanent. That is a formality collected at the least informed moment.

Starts at nothing

Every category is a separate decision, and all of them begin off.

Everything expires

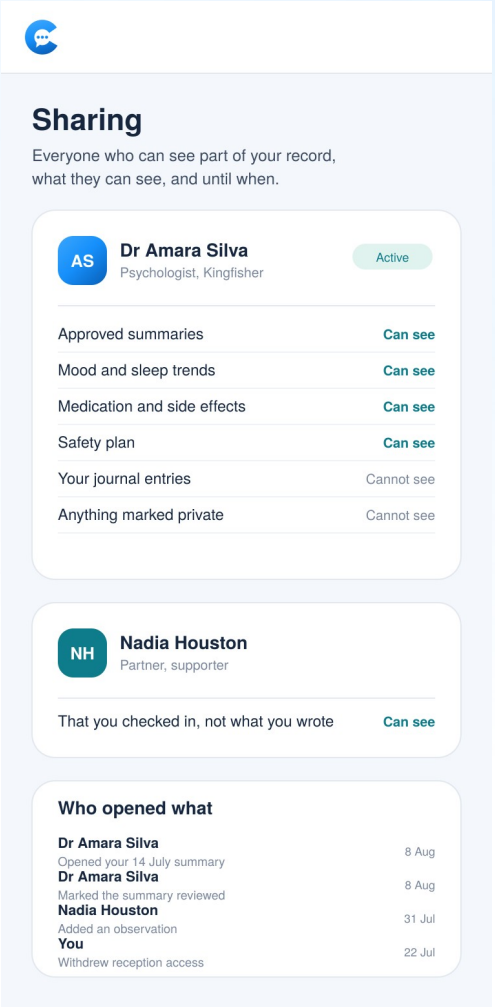
Access ends on a date the person sets. A clinician cannot extend their own.

Withdrawal is instant

One tap, no explanation owed, and the other side loses access immediately.

Fully auditable

The person sees who opened what and when. The clinician sees the same log.



What a clinician sees

Approved summaries	Yes
Mood and sleep	Yes
Medication	Yes
Safety plan	Yes
Journal entries	No
Anything private	No

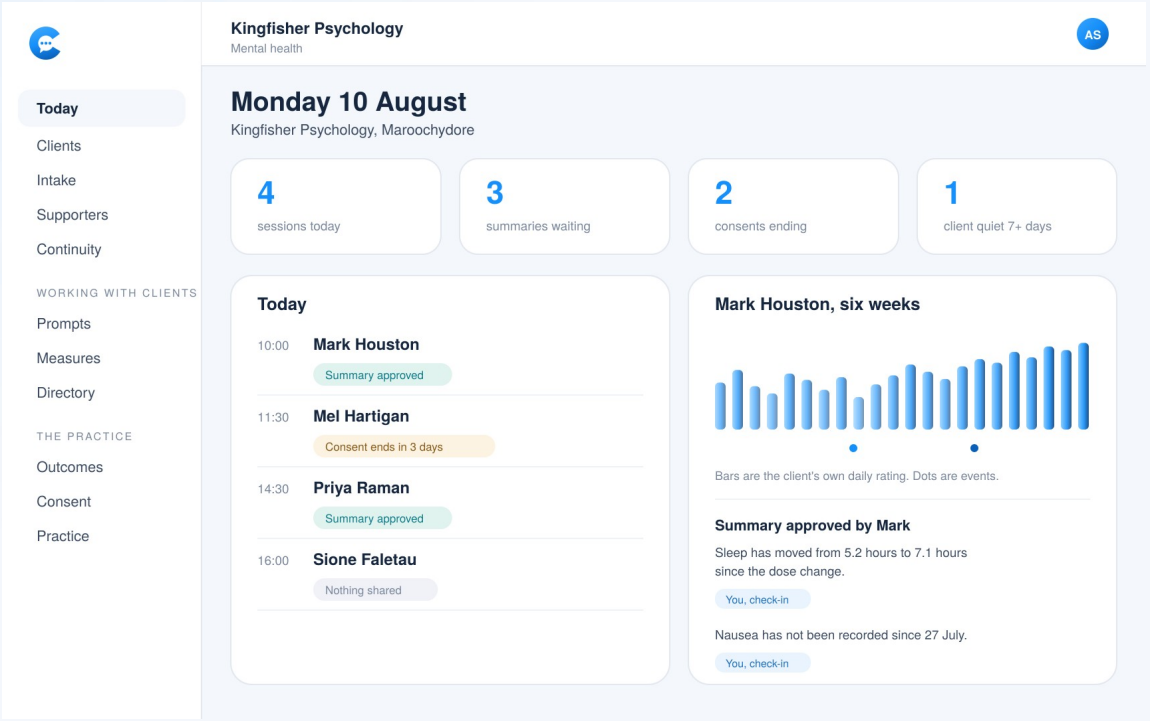
The product, three

Three minutes of reading, not another inbox

A summary arrives written and approved by the client, so the session opens already knowing what changed and what they want to ask. Every fact is labelled with its source. Nothing pages anyone, and nothing is scored.

- **Clients**
- **Intake**
- **Supporters**
- **Continuity**
- **Prompts**
- **Measures**
- **Directory**
- **Outcomes**
- **Consent**

Nine areas designed and prototyped, none yet in clinical use



The prototype practice portal, with demonstration data

Thesis

Ownership is the defensible position

One

Portability beats integration

Interoperability has failed for two decades because it needs institutions to cooperate. A record owned by the person moves between services without any of them agreeing to anything.

Two

Trust compounds

The value of the record is the honesty in it, and honesty depends on nobody watching. Every competitor that adds monitoring degrades their own dataset.

Three

The clinician is the channel

Consumer health apps burn money on acquisition and lose people in weeks. Contexa arrives through a service the person already attends, with a clinician who benefits directly.

Market

Large, measured, and chronically underserved

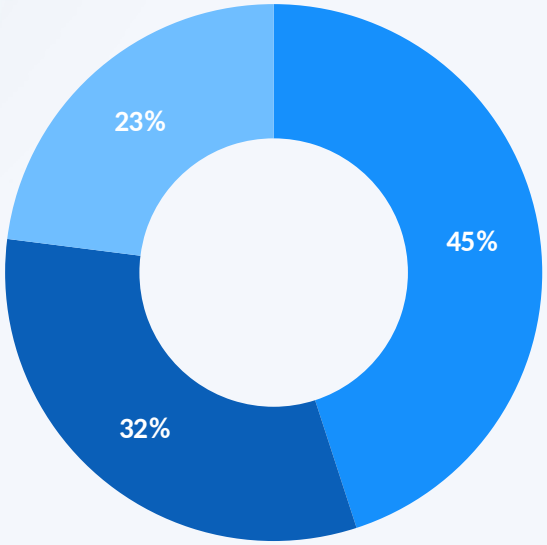
4.3m
Australians had a mental disorder in the last 12 months, 21.5% of adults

$220b
annual cost of mental ill health and suicide to Australia, around $600m a day

~46,000
registered psychologists, growing 4.1% a year, at 172 per 100,000 people

ABS National Study of Mental Health and Wellbeing 2020–22 · Productivity Commission Inquiry into Mental Health 2020 · Psychology Board of Australia, Nov 2024

Where the revenue comes from



Under half of Australians with a 12 month mental disorder sought any treatment. Individuals are not on this chart: their access is free permanently, so they are the reach, not the revenue.

Model

Services pay. People do not pay for their own record.

SEGMENT	WHO BUYS	WHY THEY BUY	SHAPE
Private practices	Practice principal	Better prepared sessions, less time reconstructing history	Per clinician, monthly
Community services	Service manager	Continuity across a caseload with high turnover, plus outcome evidence	Per seat, annual
Primary Health Networks	Regional commissioner	Continuity between commissioned services that share no systems	Programme licence
Individuals	The person	Their own record, kept when they leave any service	Free, permanently

The free individual tier is the thesis, not a growth tactic. A record a person loses when they stop paying is not a record they own.

Pricing

Priced to be a principal's decision, not a procurement

A hypothesis to be tested in the pilot, not a rate card. Anchored against what a practice already pays for its management software, and against what a single session is worth.

Private practice

$45

per clinician, per month

About a quarter of one session fee. A six clinician practice is $3,240 a year, small enough to be decided in a corridor.

Community service

$390

per seat, per year

Roughly 30 percent off the monthly rate for an annual commitment, which suits how these organisations budget.

Programme or network

$35k to $60k

per year, by seat count

For Primary Health Networks, the 31 regional bodies that commission mental health services. Sits inside a budget that already exists.

Individuals

Free

permanently

Not a trial and not a freemium ladder. A record a person can lose is not a record they own.

For context, Australian practice management software runs roughly $30 to $90 per clinician per month, and a private psychology session is typically $200 or more.

Where we are

A working prototype, not a slideware promise

Nothing here is in clinical use and we have no users. What exists is a complete, clickable prototype of both sides, built to make the design decisions concrete and testable before a line of production code is written.

Done	**Prototype of both sides**	Person's app and practice portal, sharing one record. Openable in this meeting.
Done	**Design and policy groundwork**	Consent architecture, clinical safety policy, privacy impact assessment and clinician training, drafted.
Next	**Build to production**	Two engineers, roughly six months, to take the prototype to something a practice can safely use.
Then	**Clinical pilot**	A small number of practices, measured against a falsifiable four week test.

The test that decides everything

After four weeks of pilot use, three questions. If the answers are no, we do not have a company and we would rather find that out early and cheaply.

1. Do people report feeling more prepared for their appointments?
2. Do they report feeling more accurately understood?
3. Does clinician reading time stay under the time it saves?

What we are not claiming

No users, no revenue, no pilot data, and no outcome evidence yet. Every figure in this deck about how the product performs is a target we intend to be measured against, not a result.

Risks

What could go wrong, stated by us first

Clinician adoption

Clinicians reject anything that adds minutes.

Summaries arrive pre-approved rather than raw, and reading time is a tracked headline metric.

Engagement decay

Self-tracking apps lose half their users in a month.

The check-in serves an appointment the person already has, which a mood tracker cannot offer.

Regulatory drift

One feature turns this into a regulated device.

No scoring, no triage, no treatment direction. Crossing that line is a governed decision, not an accident.

Misuse

Supporter features used to control someone.

Designed against from day one and covered in mandatory clinician training. Managed permanently, not closed.

Incumbents

A practice vendor bolts on a client diary.

They can build the feature. They cannot make the record belong to the person without dismantling their own model.

Trust, once

A single privacy failure ends the company.

Correct, and we treat it that way. No data sale, no model training, no monitoring, even where convenient.

The ask

$350,000

Pre-seed. Twelve months of runway, to a measured pilot with evidence at the end.

Build	**$120k**	Fixed price delivery with an established engineering partner, using the prototype as the specification.
Clinical lead	**$50k**	Part time psychologist with the authority to stop a feature, appointed before the build starts.
Compliance and security	**$60k**	Independent privacy impact assessment, penetration test, legal, terms and insurance.
Pilot and evaluation	**$50k**	Implementation support, clinician time and an independent evaluation partner.
Hosting and operations	**$15k**	Australian hosting, monitoring, app store and tooling for twelve months.
Contingency	**$55k**	Roughly fifteen percent. Something always costs more than the quote.
Total	**$350k**	

What it buys

- → A production build a practice can safely use
- → A completed independent privacy assessment
- → A pilot across a small number of practices
- → An answer to the four week test, either way

Who we are looking for

- Investors comfortable with a clinical evidence timeline
- Operators who have sold into health services
- Introductions to Primary Health Networks and community programmes
- Clinical advisors, especially psychiatry
- People who will argue with the privacy model rather than nod at it

Contexa

“I do not want to be asked to start from the beginning every time I meet someone new.”

The line that started this company

Open the demo

contexa.com.au

Investors

investors@contexa.com.au

General

hello@contexa.com.au