ASHA PATH against the APA App Evaluation Model

What this is. Every attribute the M-HEALTH Index and Navigation Database publishes about a mental health app, answered about ASHA PATH, with the source of each answer beside it. The framework is the American Psychiatric Association's App Evaluation Model, and the question set is the one the BIDMC Division of Digital Psychiatry's database at mindapps.org uses, read from that database on 2 November 2026: ninety-five items across its twelve categories.

On that number, because a rater will know it. MIND's rater instrument is described in the published literature as **105 objective questions**, themselves distilled from the APA model's 357. What the database publishes on an app's own page is a subset of those answers, presented as the twelve filterable categories above, and that subset is what this sheet covers. If a rater answers items that are not published there, send them and we will answer those too, in this same form and with the same sourcing.

What this is not. Nobody rated us. This is our own completed sheet, not an entry in that database and not an endorsement by anyone. We filled it in because a clinical director has no way to tell our claims from anyone else's, and because the same framework answered in public is the nearest honest thing to an independent review that exists for a product this young.

The answer you are looking for, first. *Does the app contain supporting studies?* **No. None.** There is no trial of ASHA PATH. If that disqualifies us for your programme, it should. Note what the database does with that answer: "App Has Supporting Studies" is a plain Yes or No field, printed without penalty.

Where the answers come from. Anything about price or availability was read from App Store Connect on 2 November 2026. Anything about what the software does or does not do was read from the source code of the build in Apple's review queue, and the method is named in the answer, so you can ask us to show you the line.

1. Cost

QUESTION	ANSWER
Is the app free to download?	**Yes.** Apple's price for the app reads `customerPrice 0.0`.
Is the app totally free?	**No. The app is part of the onboarding process and costs the patient a fraction of their entire stay.** The treatment centre buys a licence for an agreed number of discharging patients and carries that cost inside the programme fee, so the money reaches us from the patient by way of the centre. **No purchase of any kind is possible inside the app**, and the patient never sees a separate charge for it.
Is there a one time payment?	No.
Are there in-app purchases?	**No.** App Store Connect lists zero in-app purchases.
Is there a subscription?	**No.** App Store Connect lists zero subscription groups.

Your centre buys a licence for an agreed number of discharging patients and is invoiced directly, and carries that cost inside the programme fee, alongside everything else in the onboarding. Set against what a residential stay costs, a year of the app is about one per cent of it, and a good deal less at the top of the market. No charge for it ever appears to the patient separately, and there is no payment platform between us and them.

2. Clinical foundation

QUESTION	ANSWER
Is the content well written, correct and relevant?	Ours to claim and yours to judge. The English and the French are held by eight automated checkers that run before every build, including one that refuses a line of French with no English left to match.
Does the app appear to do what it claims to do?	It claims to carry practices and to route a person to real people. It claims no outcome.
Is the app patient facing?	**Yes.** It is installed by the patient on the patient's own phone.

QUESTION	ANSWER
Can the app cause harm?	It gives no medical advice, no dosing, no clinical instruction and no interpretation of anything. The live risk is a wrong crisis number, so the numbers are chosen by the phone's own region and are checked by a test that runs on every build, with a known-positive case for the United States and for Switzerland. **It also carries the one warning that reduces harm after residential care:** the screen a patient opens after a lapse says that the body no longer tolerates what it used to, that the old amount can stop their breathing, not to be alone that night, and to call emergency services for anyone who will not wake or whose breathing is slow or strange. Above that paragraph, not below it, is a call button.
Does it specify that it is not a replacement for medical care?	**In part, and we would rather say so than claim more.** Two screens say it in their own words: the sponsor screen, *"A sponsor sits beside the clinical help you have; it does not replace it"*, and the Four Truths page, *"they are not medical advice"*. The next build carries one app-wide sentence, shown on the first run and kept in the settings, where a patient can find it again: *"This app sits beside your care. It does not replace a doctor, a therapist or a treatment program, and it is not a medical device."* It is written as of today and will be in the first update, not in the version now with Apple. The app is not a medical device and does not present itself as one.
Does the app contain supporting studies?	**No. None.**
In an emergency does it advise appropriately?	**Yes.** 988 for the Suicide and Crisis Lifeline, 1-800-MY-RESET for gambling, 911 for immediate danger, a named line for each region outside the United States and a worldwide route where no named line exists, the patient's own people, and your centre's own number at the top.

3. Privacy and security

QUESTION	ANSWER
Is there a privacy policy?	**Yes**, publicly at ashapathrecovery.com/privacy, with no account needed to read it.

QUESTION	ANSWER
Is the data stored only on the device?	**Yes, and we never receive it.** There is no `URLSession`, `URLRequest` or `dataTask` anywhere in the shipping source: the app has no network client at all, so nothing can be sent to us or to anyone else. On the device the files are written with `completeFileProtection`, so they are encrypted while the phone is locked. **One thing a rater should know and we will not hide:** the app's data is not excluded from the phone's own backup, so if the patient has an iCloud or computer backup switched on, it is carried inside that backup, under Apple's encryption and the patient's own account. Excluding it would mean a lost phone loses everything, and we judged that the worse harm.
Is the data stored on a server?	**No. There is no server.**
Can you delete your data?	**Yes.** Settings carries "Erase everything, permanently", behind a confirmation.
Does the app declare data use and purpose?	**Yes.**
Does the app report security measures in place?	**Yes.** An optional Face ID or passcode lock on the app itself, and an architecture in which there is nothing to intercept.
Is PHI shared?	**No.**
Is de-identified data shared?	**No.**
Is aggregate data shared?	**No.**
Can you opt out of data collection?	Nothing is collected, so there is nothing to opt out of. No analytics, no advertising identifier, no crash reporter that carries content.
Does the app claim to meet HIPAA?	**No, and deliberately not.** We make no HIPAA claim and display no HIPAA seal. Because we receive no patient information at all, there is nothing for a business associate agreement to govern.

4. Inputs

QUESTION	ANSWER
User generated data?	**Yes.** A journal, a daily check-in, and one promise for the day.

QUESTION	ANSWER
Chat or message based?	No.
Screeners or assessments?	**No formal instrument.** The HALT check is a self-question, not a scored screener, and nothing in the app produces a score about a person.
Real time response?	No.
Asynchronous response?	No.
Gamification, points or badges?	**No points and no badges.** A garden grows with the days shown up for and never takes a day back.
Videos?	No.
Audio, music or scripts?	**Yes.** Breathing, winding down, and a listening screen.
AI support?	**No.** No model, no inference, no chatbot, nothing generative anywhere in it.
Peer support?	No.
Network support?	No.
Collaborative with a provider?	**No, and it cannot be.** The app cannot reach your centre.

5. Access and languages

QUESTION	ANSWER
Does the app work with French?	**Yes**, fully, as a first-class language rather than a translation layer.
Does the app work with Spanish?	**Not yet.** The public site is in three languages; the app is English and French.
Does the app work offline?	**Yes, entirely.** There is nothing it needs a connection for.
At least one accessibility feature?	**Yes.** Dynamic Type through to the largest accessibility sizes, measured on three screens at the default size and at AX5 by a test that runs before every build.

QUESTION	ANSWER
Do you own your own data?	**Yes**, in the strongest available sense: we never receive it and have no copy of it. It leaves the handset only inside the patient's own device backup, if they keep one.
Can you email or export your data?	**No.** There is no export and no share sheet.
Can you send your data to a medical record?	**No.**

6. Engagements

QUESTION	ANSWER
Surveys?	No.
Diary?	**Yes.**
Geolocation?	**No.** No location permission is requested or declared.
Contact list?	**No.** The app reads no contacts.
Camera?	**No.** No camera permission is requested or declared.
Microphone?	**Yes, optional**, to dictate a journal entry instead of typing it. Speech recognition is set to require the on-device model and is simply unavailable if the phone has none, so dictated words never leave the handset either.
Step count?	No.
External devices?	No.
Social network?	**No.**

7. Outputs

QUESTION	ANSWER
Notifications?	**Yes, optional**, and set by the patient.
References and information?	**Yes.**
Social network?	No.

QUESTION	ANSWER
Reminders?	**Yes.**
Graphs of data?	**No.**
Summary of data?	**Yes, in words.** A "Your patterns" screen offers quiet notes drawn from the person's own check-ins, and says on its face that only they ever see them.
Link to formal care or coaching?	**Yes.** Your centre's name and number, a route to finding a sponsor, and the crisis lines.

8. Treatment approaches

QUESTION	ANSWER
ACT?	No.
CBT?	No.
DBT?	No.
iCBT or sleep therapy?	No.
Mindfulness?	**Yes**, in the ordinary sense: paced breathing and riding out a craving rather than acting on it.
Physical health exercises?	No.

We do not label the app with a therapy it does not deliver. It teaches practices and points at people; it does not run a protocol.

9. Features

QUESTION	ANSWER
Mood tracking?	**Yes.** A daily check-in on how the day felt.

QUESTION	ANSWER
Medication tracking?	**No tracking, no reminders, no dosing and no interaction with any medication.** One line of the app does mention it, and it is there on purpose: *"Medication your clinic prescribes is part of recovery, not a break from it."* It appears on the promise screen and on the people screen, it names no drug and no dose, and it exists so that a patient on buprenorphine or naltrexone is not told by the silence that they are doing recovery wrongly.
Sleep tracking?	No.
Symptom tracking?	**No.**
Productivity?	**In one sense.** The day can be laid out hour by hour, and an empty hour can be given something to do.
Physical exercise tracking?	No.
Psychoeducation?	**Yes.**
Journaling?	**Yes.**
Deep breathing?	**Yes.**
Picture gallery or hope board?	**No gallery and no photographs.** The nearest thing is the garden, which is drawn, not uploaded.
Peer support?	No.
Connection to a coach or therapist?	**A route, not a connection.** It helps a person find a sponsor and puts your number in front of them. There is no clinician inside the app.
Passive data tracking?	**No.**
Goal setting or habits?	**Yes.** One promise a day, and a garden that remembers the days kept.
Chatbot interaction?	**No.**
Passive feedback with sense data?	No.
Does it claim to identify new conditions?	**No.** It diagnoses nothing and screens for nothing.

10. Developer

QUESTION	ANSWER
Government?	No.
For-profit company?	**Yes.** Wycliffe Partners Limited, registered in England.
Non-profit?	No.
A trusted healthcare company?	**No, and we do not claim to be one.** We are a small software company.
Academic institution?	No.

11. Intended use

QUESTION	ANSWER
A self-help or self-management tool?	**Yes.**
A reference app?	**In part.** It carries a reading section pointing at freely published fellowship material.
Intended for hybrid use with a clinician and a treatment plan?	**Yes. That is the design.** It is handed over at discharge, with your centre's code, as part of the aftercare the patient has already paid you for.
Approved by Kids Help Phone?	No.
Available in Canada?	**Not yet.**

12. Country availability

QUESTION	ANSWER
Canada?	Not yet.
France?	Not yet.
United Kingdom?	Not yet.
Germany?	Not yet.

Version 1.0 is with Apple, waiting for review, and goes to the **United States only** at first. One hundred and seventy-five territories are listed on the record with one of them switched on.

An Android build is behind it.

What a rater would still have to check for themselves

Four of these answers are judgements rather than facts, and we have marked them as ours: whether the content is well written, whether the app does what it claims, whether it can cause harm, and whether the emergency advice is appropriate. Everything else on this sheet is a fact that can be checked against the binary or against the store record, and we will show the line to anyone who asks.

The one answer that matters most is the one we cannot improve by writing. No trial of ASHA PATH exists. The way that changes is a centre running its own short pilot and measuring its own retention against its own history, and we would rather help you design that than argue around it.

ASHA PATH · Wycliffe Partners Limited · kamal@ashapathrecovery.com · ashapathrecovery.com

Framework: American Psychiatric Association App Evaluation Model, as operationalised by the M-HEALTH Index and Navigation Database, BIDMC Division of Digital Psychiatry, mindapps.org. Question set read 2 November 2026. Answers current at that date.