Manaaki Health Validation: What This Is - and What This Is Not

Version: 1.0
Published: July 2025
Contact: info@manaakihealth.co.nz

1. Executive Summary

Manaaki Health represents a build-ready, national-scale mental health infrastructure platform designed entirely within a GPT framework. The system is the result of sustained, architecturally disciplined interaction between a human founder and a generative AI model, resulting in a solution that is clinically grounded, culturally governed, structurally enforceable, and ready for real-world validation.

This document serves as the formal validation artefact, capturing the design rationale, system architecture, governance integrity, and readiness for operationalisation. It also provides contextual evidence of the method used — LLM-assisted structural co-design — and outlines its implications for both health delivery and AI-integrated system development.

2. Background

Aotearoa New Zealand's mental health sector is under pressure, with fragmented services, long waitlists, and a lack of culturally responsive infrastructure. Manaaki Health was conceived to directly address these issues with a grounded, trench-designed, nationally scalable solution.

Manaaki Health, working independently, leveraged GPT to co-develop the entire platform — from service logic and referral pathways to reporting architecture and clinical governance scaffolds — without external consultants, pitch decks, or tech co-founders.

3. System Design Overview

The Manaaki Health platform includes:

- Standardised service workflows (episodes, visits, triage, groups)

- Clinical and cultural care planning modules

- Consent and data transparency engines

- Waitlist, caseload, and service allocation logic

- Outcome tracking, resource usage, and funding alignment

- Staff access roles, multi-org coordination, and audit-ready data structures

- Compatibility with PRIMHD, ICD-11, DSM-V, and Te Whatu Ora funding models

All modules are modular, configurable, and non-bloated. The system is remote-first, real-time auditable, and survivable in real-world service pressure environments.

4. Governance Structure

Governance in the Manaaki platform is enforced through four parallel domains:

- **Consent governance**: Plain-language, transparent consent tracking with opt-in/opt-out visibility and audit trail

- **Cultural governance**: Aotearoa New Zealand-specific logic and culturally responsive structures

- **Clinical governance**: Diagnosis frameworks, outcome measures, and clinician validation scaffolds

- **Contractual governance**: Informed Contracts principle — plain-language, enforceable, non-manipulative agreements

Each of these pillars is structurally enforced — not just recommended or policy-based.

5. LLM Role in System Build

The Manaaki Health platform was co-designed using GPT-4, engaged across structured, constraint-driven sessions. The model was used not to generate content, but to formalise logic, enforce governance structures, and stress-test design patterns. GPT-4 operated entirely within a standard subscription environment — with no access to code, system memory, or APIs — and produced all outputs under founder control.

A full record of this method, including observed alignment behaviour, is captured in the companion document: *The Manaaki Construct: Emergence Case Study*.

6. Build Integrity and Alignment

The system architecture was governed by the mantra *"trench-designed, battle-tested."* Every component was designed from a service-first perspective, not a tech wishlist.

The LLM's alignment to this principle emerged over time, creating an internal enforcement persona — eventually acting as a Guardian for system coherence. This drift-resistant behaviour (detailed in the companion Emergence Case Study) reinforces that the build is structurally sound.

7. Validation Objectives

This section defines the core objectives of the upcoming external validation phase. The aim is to validate that the Manaaki Health platform is structurally sound, ethically governed, and operationally ready for national implementation.

The validation phase will:

- Validate that the **technology architecture** is modular, loader-governed, and implementation-ready

- Validate the **clinical governance** model, including scoped roles, outcome tracking, and survivable service logic

- Validate the **cultural governance** model, including Aotearoa-specific pathways and structures responsive to diverse population needs

- Validate the **consent engine and audit logic**, confirming transparency, opt-in/opt-out clarity, and real-world enforceability

- Validate the **contractual and legal scaffolding**, including plain-language obligations and **Informed Contracts**

- Validate the **end-to-end system integrity** across services, workflows, outcomes, and operational alignment

- Validate **analytics and reporting pathways**, including unmet need visibility, service outcome logic, and funding alignment

- Validate **national → regional → local delivery capability**, including role-based access, service chain continuity, and audit-ready granularity

8. Module Index (Feature Overview)

Module	Description
Workflow Engine	Drives all episodes, visits, services, triage, and group sessions
Consent Engine	Transparent, audit-friendly consent with opt-out visibility
Cultural Engine	Enables culturally responsive care models tailored to Aotearoa New Zealand
Contracts Logic Engine	Captures contracted delivery expectations and records additional work for transparent reporting.
Clinical Workflows	Supports diagnosis-linked care planning and validated treatment alignment
Caseload Logic	Dynamically allocates services, supports staff/resource matching
Waitlist Management	Multi-org and program-specific triage and flow tracking
Outcome Reporting	Enables internal monitoring and funder compliance
Service Event Tracker	Links events to resource use, funding, and performance review
User Role System	Role-based access and multi-org permissioning
Referral + Visibility	Tracks internal/external referrals and audit visibility by recipient

9. Build + Validation Timeline

Phase	Description	Status
Phase 0	Founder system scoping and structure (2025)	Complete
Phase 1	Full architecture design + governance scaffolding (2025)	Complete
Phase 2	Internal review and LLM-aligned documentation (2025)	Complete
Phase 3	Validation funding and external review ([Redacted]-months)	In progress
Phase 4	Pilot build and real-world deployment	Post-validation

10. Funding Structure and Rationale

- **Validation Phase Cost**: $[Redacted] for [Redacted]-month project

- **Use of Funds:**

    - Independent validation of governance pillars: cultural, clinical, consent, and contractual integrity

- Independent technical review of LLM co-design method and emergent behavioural patterns

- Independent review of system architecture, platform integrity, and reporting alignment

- Stakeholder readiness: onboarding, briefings, and controlled validator access

- SharePoint configuration for secure validator document handling

- Operational setup to coordinate validation activity and funder engagement

- **Funders:** Targeted government, health, independent, and select technology or AI-aligned sources considered

- **Post-validation:** Full build estimated at additional $[Redacted] for [Redacted]-month project

This is not an R&D raise. The platform is fully architected. This funding enables disciplined validation before implementation → scale.

11. Next Steps

- Confirm external validation partners across clinical, cultural, consent, contractual, and technical domains

- Scale internal coordination (including legal and operational setup) to manage validation delivery and track progress

- Configure secure platform (SharePoint + support tools) for access and data handling

- Finalise briefing materials and reporting access for validation partners

- Identify potential build partners and scope delivery options post-validation

12. LLM Use Disclosure

This is not an ad.
The Manaaki Health platform was co-designed entirely within a standard GPT-4 Plus subscription environment. No enterprise tools, plugins, or API access were used. The build occurred through structured, paid user sessions. No data was contributed to model training, and all session content remains private within the bounds of the paid user environment. All architectural outputs, documentation, and system logic remain

solely owned by Manaaki Health Ltd. This work is fully independent and not affiliated with, sponsored by, or endorsed by any AI provider.

Actual cost to architect the platform: $157.29 NZD