

A New Treatment Paradigm
for Mental Illness in Australia:
Medicine-Assisted Therapies



MIND MEDICINE
A U S T R A L I A

Outline



1. The Scale of the Mental Health Problem in Australia
2. Mind Medicine Australia: Purpose and People Involved
3. Turning the Tide with “New” Breakthrough Therapies
4. Historical Context and Future Potential
5. The Strategy of Mind Medicine Australia



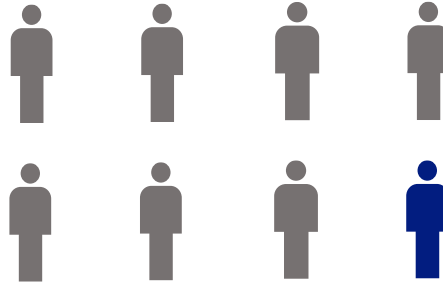
1. The Scale of the Mental Health Problem in Australia

Mental Illness Now at Alarming Levels and Getting Worse*



- 1 in 5 Australian adults **(4.8 million people)** had a chronic mental illness pre-COVID-19*

- As a result of the COVID-19 pandemic, 4 in 5 Australians now report poor mental health and 34% of Australians said their mental health had declined in the pandemic**



- 1 in 8 Australians are now on anti-depressants including 1 in 4 older Australians (18% increase in last 5 years 95% increase in last 15 years)

- 1 in 30 children on antidepressants as young as 4 years of age



- Over 45% of Australians will experience mental illness in their lifetime
- Globally, there has been an estimated increase of more than 129 million cases of major depression (53.2mn) and anxiety (76.2mn) disorders during the pandemic due to the combined effects of the pandemic and lockdown measures***

- The most common mental illnesses are:

Post-Traumatic Stress Disorder (PTSD), Other Anxiety Disorders, Depression and Substance use Disorders

*Impact before recent bushfires and current COVID-19 pandemic **Smiling Mind state of mind report 2021

*** [The Lancet \(2021\)](#), Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic.

Australian Bureau of Statistics 2018, National Health Survey First Results, cat. no. 4364.0.55.001, ABS, Canberra

PsychWatch Australia, April 2019 with information from Department of Human Services, Canberra

Australian Bureau of Statistics 2009, National Survey of Mental Health and Wellbeing: Summary of Results, 4326.0, 2007. ABS: Canberra.

With Even Worse Outcome for ADF Veterans & First Responders



	General Population*	ADF Veterans
Criteria (over 12 month period) for:	%	%
Mental Disorders	20	46
PTSD	6.4	17.7
Depression Episodes	4.1	11.2
Alcohol Disorder	4.3	12.9
Suicidal Ideation (Plans or Attempts)	2.2	21.7
Co-Morbidity	8.5	55.2

- 10% of **First Responders** have PTSD and 1 in 3 suffer from high psychological distress. They have suicidal thoughts at two times the rate of adults in the general population and one First Responder takes his or her own life every 6 weeks (Beyond Blue).

*above 16 years of age

Veterans Information- Mental Health Prevalence: Department of Veterans Affairs 2018

General Population- 2007 National Survey of Mental Health & Wellbeing (ABS)

Leading to Massive People and System Costs and Immense Suffering



- Massive impact on sufferers, families and carers.
- Adults with a mental illness nearly twice as likely to be **unemployed** or out of the labor force than other Australians. 59% of Australian workers say they have a mental health condition.
- Strong correlation between **natural disasters** and mental illness.
- Mental illness is a primary cause of both **suicide** and **homelessness**.

The Australian Productivity Commission (2020 final report)

Direct costs of mental ill-health and suicide (a conservative estimate)	\$43 - \$70 billion per year
Diminished health & life expectancy for those living with mental illness	\$150 billion cost per year
Total cost of mental illness and suicide to the Australian economy	~\$220 billion cost per year

Data from the Productivity Commission, Mental Health, Final Report (November 2020) and Deloitte Access Economics.

Beyond Blue, AFR

The Elephant in the Room = Lack of Innovation in Treatments for Mental Illness



But Treatment Outcomes Remain Inadequate



- There has been no improvement in treatment outcomes over the past 50 years.
- **Depression:** Only 35% of sufferers experience **remission** from pharmacotherapy (primarily anti-depressants) or psychotherapy.
 - 40 - 60% show some response but most experience continuing symptoms - and between **50 - 80% relapse after treatment stops.**
 - Common side-effects of anti-depressants include insomnia, psychosis, blurred vision, dry mouth, fatigue, GI distress, weight gain, nausea and sexual dysfunction.
- **PTSD:** Only 20 - 30% of sufferers show some **response** to pharmacotherapy and only about 50% respond to any treatments. **Remission** rates as low as 5%.

A “more of the same approach” is not going to solve the problem.

Holmes et al (2018) and Cuijpers (2017)

De Maat et al (2006) Relative efficacy of psychotherapy and pharmacotherapy in the treatment of depression: A meta analysis 16(5): 566-578

Judd, L. L. (1997). The clinical course of unipolar major depressive disorders. Archives of General Psychiatry, 54(11), 989.



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2. Mind Medicine Australia Purpose and People Involved

Purpose of Mind Medicine Australia



- Mind Medicine Australia (MMA) is a charity that helps to alleviate the suffering caused by mental illness in Australia through expanding the treatment options available to medical practitioners and their patients. We are establishing safe and effective psychedelic-assisted treatments to cure a range of mental illnesses. Founded by Tania de Jong AM and Peter Hunt AM.
- Primary current focus on medicinal psilocybin (for Depression) and medicinal MDMA (for PTSD) Psychotherapies. Also interested in other psychedelic medicines including ketamine, ibogaine and DMT.
- Indications of success:
 - These therapies become an **integral part** of our Mental Health System;
 - Achieving **high remission rates** leading to a **substantial improvement** in our Mental Health Statistics;
 - And **accessible** and **affordable** to all Australians in need.

Board of Directors



Board



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*Investment Banker &
Engaged Philanthropist*



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Deputy Chair
*Social Entrepreneur, Business
woman, Global Speaker and
Soprano*



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Psychotherapy for the
treatment of PTSD*



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*Psychiatrist and Author of
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Renaissance”. Currently
leading the world’s first
clinical study using MDMA
to treat alcohol addiction*

Advisory Panel Members



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Prof Ashley Bush
NHMRC Senior Principal Research Fellow - Melbourne Dementia Research Centre



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Psychiatrist, SANE Board Director



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Reform Foundation*



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IFS Practitioner



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Clinical Psychologist



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Chairman of IAG



Prof Margaret Somerville
Bioethicist



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3. Turning the Tide with “New” Breakthrough Therapies

Expanding the Medical Treatment Options



- Primary focus on two broad types of medicine-assisted psychotherapies based on strong clinical evidence:
 1. **Medicinal psilocybin** for *depression* and possibly *OCD* and *addiction*.
 2. **Medicinal MDMA** for *PTSD* and possibly the treatment of *addiction*.
- Only 2-3 dosed sessions in contrast to conventional treatments (involving daily medications and/or weekly psychotherapy).
- Medicines are 'curative' not palliative.
- Very safe in a medically controlled environment and non-addictive.
- With both being granted “**Breakthrough Therapy Designation**” by the Food and Drug Administration (FDA) in the United States to fast-track the approval process.



Administered in a Medically-Controlled Environment



- **Facilitated by** psychiatrists and psychologists within clinical facilities (MDs, nurses, monitoring equipment)
- **Only 1-3 sessions** with an active dose **in contrast to conventional pharmacotherapy** (involving ongoing daily medications)
- **Three distinct phases:**
(1) preparation; (2) acute medicinal experience; (3) integration

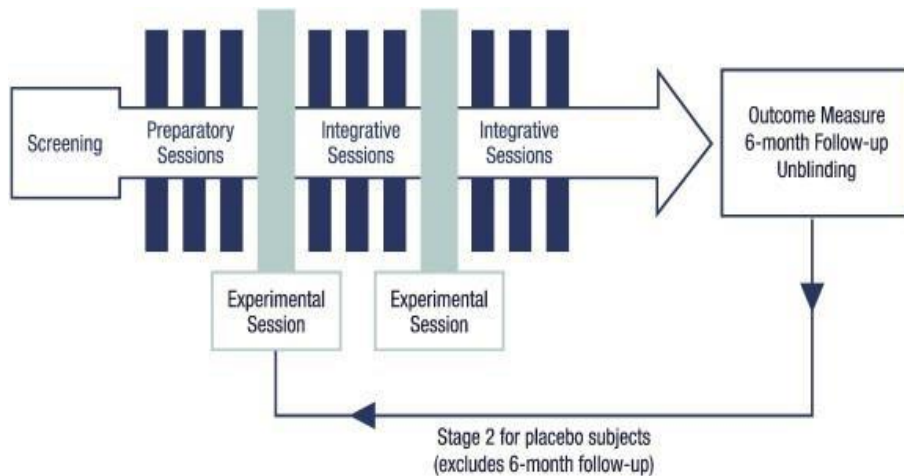
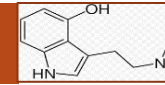


Figure: Medicine-assisted psychotherapy protocol (MAPS)

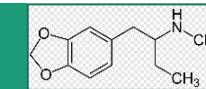
- Emphasises non-avoidance and curiosity
- Commonly creates substantial increases in self-awareness, self-compassion, insight, connectedness and meaning

Medicinal Psilocybin



- 1-2 active doses of medicinal psilocybin in protocols
- Best suited for depression, anxiety, eating disorders, OCD
- Increases mental flexibility and sensitises the patient to the therapeutic environment
- Psilocybin provides a profound personal experience through dream like imagery and connected feeling
- It has been proposed that integration occurs in a window after treatment where the patient is more open to change

Medicinal MDMA



- 2-3 active doses of medicinal MDMA in protocols
- Best suited for PTSD or disorders with underlying trauma (such as addiction)
- Disarms a hyper responsive nervous system, allowing a patient to safely approach trauma memories without becoming overwhelmed
- Memories are re-encoded without traumatic emotional connection
- Integration supports the patient to process and move through the traumatic event(s) and connect to the present

With a Strong Clinical Safety Record



Medicinal Psilocybin

Negligible physiological harm and toxicity with very low potential harm profile and **non-addictive**.

With proper clinical support and screening, minimal psychological risks (fear, panic, re-traumatisation) are almost completely mitigated.

A 2015 review found there to be no link between psychosis and psychedelic use.

Medicinal MDMA

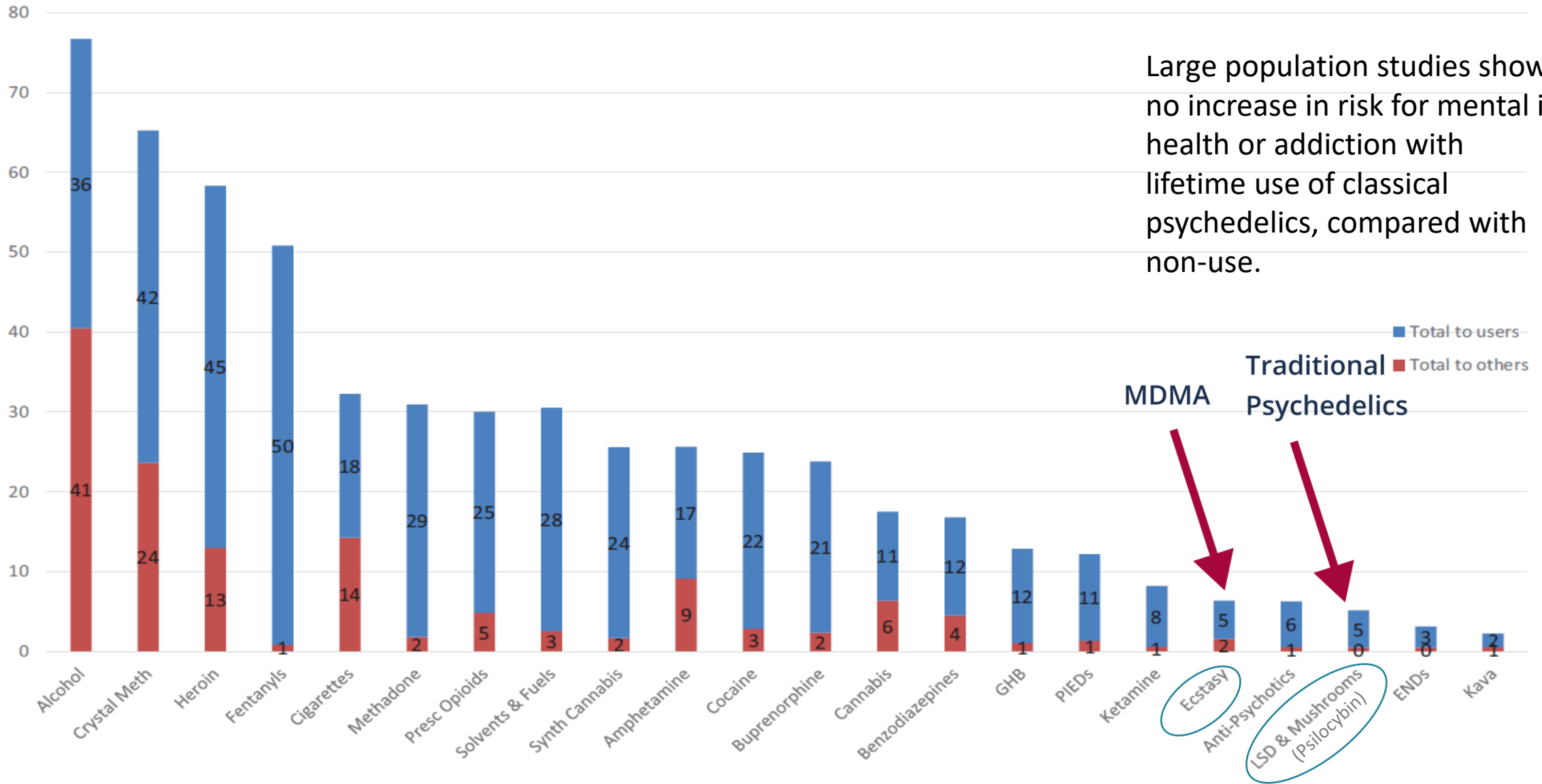
High doses well in excess of therapeutic amounts may be neurotoxic but strong safety record in a medically controlled environment with clear protocols and **non-addictive**.

In clinical studies of MDMA in over 3000 participants using medically controlled doses, only 1 adverse event (heart rate above pre-set limit) and this was rapidly resolved.



Psilocybin-assisted therapy sessions *Johns Hopkins Uni*

And Strong Safety Evidence Across Broad Populations



Nutt, D and Castle, D, et al. (2019) The Australian drug harms ranking study, Journal of Psychopharmacology, Vol 33, Issue 7

Patient Testimonials



- *“Trauma creates a prison in the mind, leaving countless Australians shackled by mental illness...I believe psychedelic therapy, responsibly administered in a safe and supported environment, is the key to unlocking those prison doors... In desperation, from a place of abject hopelessness, I turned to safe and supported Ayahuasca psychedelic therapy. **One week of intensive treatment provided transformational healing.** I’m honoured to be an example of what is possible with guided psychedelic therapy, and it is my passion to help my brothers and sisters in arms find their own healing journey.” - Joel Harrop, Veterans of War, ex-ADF Veteran*
- *“...**everyone deserved to have this experience...** that if everyone did, no one could ever do harm to another again ... **wars would be impossible to wage.**” - New York University end-of-life study participant*
- *“**I felt like I went through 15 years of psychological therapy in one night.**” - MDMA-Assisted Therapy patient, Israel Trial participant*
- *“**MDMA is the reason my son has a father instead of a folded flag.**”
— US Army SGT (R) Jon Lubecky [@jonlubecky](#)*

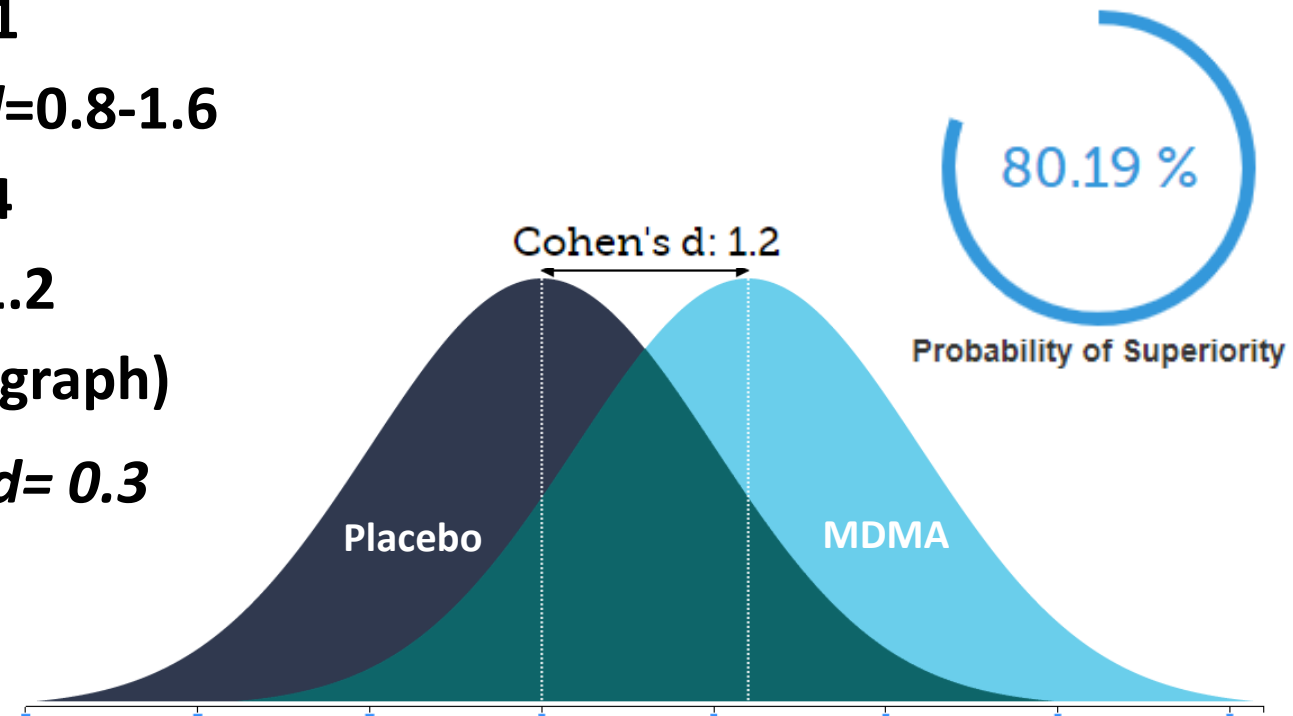


Medicine-assisted therapy session Multidisciplinary Association of Psychedelic Studies (MAPS).

Delivering Remarkable Treatment Options



- Most **effective** treatments for mental illness show **effect sizes** in the order of **d=0.5** (where **0.2**=‘small’; **0.5**=‘medium’; **0.8**=‘large’ treatment benefit)
- Medicine-assisted psychotherapy effects are ‘off the charts’
 - Psilocybin for depression: **d=2.0-3.1**
 - Psilocybin for end-of-life distress: **d=0.8-1.6**
 - Psilocybin for alcoholism: **d=1.2-1.4**
 - LSD for end-of-life distress: **d=1.1-1.2**
 - MDMA for PTSD: **d=1.17-1.24** (see graph)
- Antidepressants (SSRI’s) for depression: **d= 0.3**



Treating the Cause: Medicinal Psilocybin Assisted-Psychotherapy for Depression



Alters communication between brain networks, such as the Default Mode Network (DMN), which are associated with many mental illnesses.

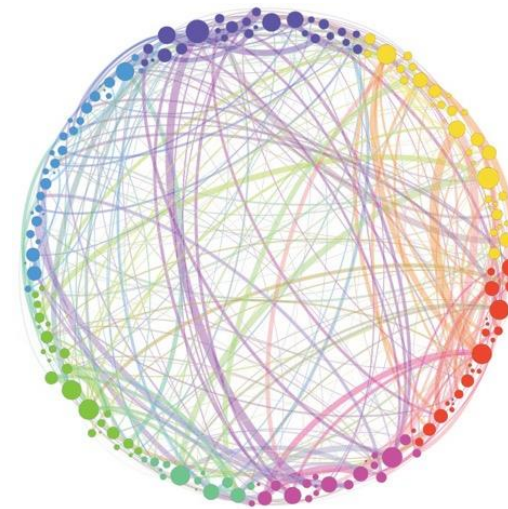


Enabling patients to ‘break out’ of repetitive and rigid styles of thinking, feeling and behaving.

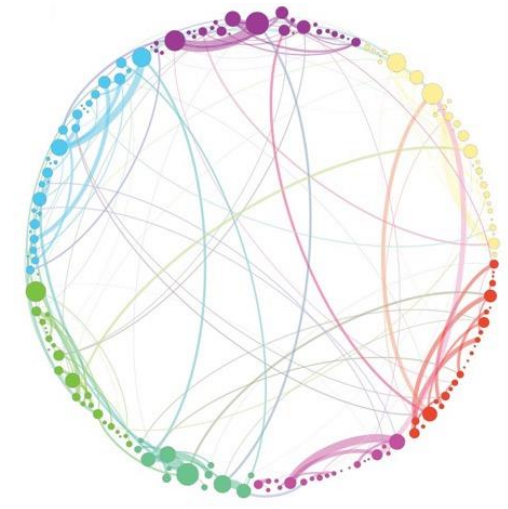


Promotes a form of “active coping”, restoring patient agency.

Increased communication between brain networks (based on fMRI scans)



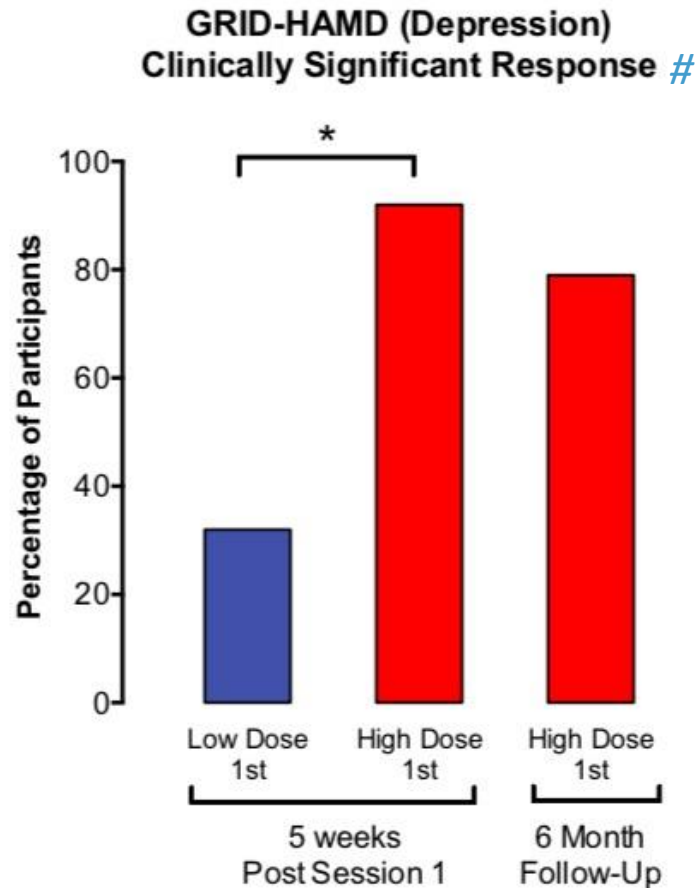
Psilocybin



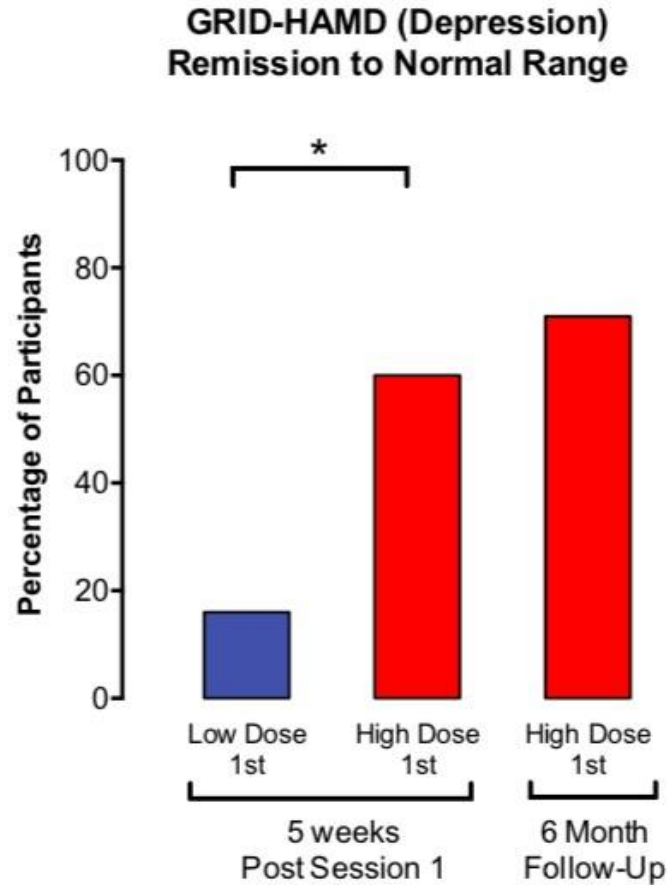
Placebo

Source: Beckley Foundation, United Kingdom
Based on clinical trials at Imperial College, London

Delivering Outstanding Trial Results



At least 50% reduction in symptoms



**Remission rates with
psilocybin-assisted
psychotherapy improve
over time.**



A graph showing the percentage of participants who improved on measures of depression and anxiety, at five weeks and six months, in a Johns Hopkins study.

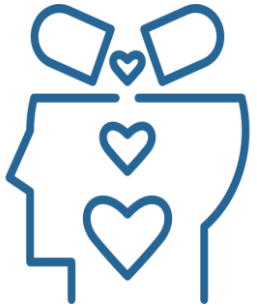
Treating the Cause: Medicinal MDMA Psychotherapy for PTSD



MDMA is not ecstasy. Substances sold illegally often have adulterants and are often taken in risky settings with higher doses.



Not therapy by itself but a catalyst for the therapeutic process.



Decreases fear and defensiveness while increasing empathy, trust and safety.



In a MAPS Phase 2 trial there were 105 participants, all with treatment resistant PTSD (who on average had PTSD for 18 years), led to remission in 52% of cases immediately and in **68% at the 12 month follow up.**



Decreases the activity of the amygdala - associated with traumatic memory.

Phase 3 trial taking place at 15 research sites in the U.S., Canada, and Israel. Interim analysis of the data revealed **90% or greater probability that there will be statistically significant results** when all participants have been treated. **MDMA is likely to be prescribable in 18 months in USA.**

Recent Significant Trials



MAPS Phase 3 Trial Results (2021)

The *Nature Medicine Journal* (May 2021) highlights the ground-breaking MAPS' Phase 3 trial results.

- The highly statistically significant results and excellent safety record suggest MDMA-assisted therapy will be an effective treatment for severe, chronic PTSD.
- 67% of participants who received three MDMA-assisted therapy sessions no longer qualified for a PTSD diagnosis and 88% experienced a clinically meaningful reduction in symptoms.
- The pivotal Phase 3 trial treated 90 patients with severe, chronic PTSD from any cause with an average duration of 14 years and replicated the results of Phase 2 trials.
- Study participants included patients with PTSD caused by combat-related events; accidents; abuse; and sexual harm; 84% have a history of developmental trauma. (Mitchell, J.M., Bogenschutz, M., Lilienstein, A. et al. 2021).

Imperial College Trial Results (2021)

Results published in one of the world's top medical journals (The New England Journal of Medicine) demonstrate that two sessions of psilocybin-assisted psychotherapy were as effective in treating moderate to severe depression over the course of six weeks as daily intake of SSRI antidepressants combined with psychotherapy.

- Additionally, remission rates were twice as high in the psilocybin group as in the antidepressant group.
- Psilocybin had quicker effects and was of greater magnitude in reducing depressive symptoms.
- Additionally, those who received psilocybin reported far fewer side effects and feelings of anxiety and suicidal ideation were also reduced significantly. (Carhart-Harris et al., 2021).

Results that are Building Momentum



- Trials also planned/underway using **medicinal psilocybin assisted-psychotherapy** for **dementia** (Johns Hopkins), **anorexia** (Imperial College) and **obsessive-compulsive disorder (OCD)** (MAPS) and **medicinal MDMA-assisted psychotherapy** for **alcohol addiction** (Imperial College). Studies are also commencing to examine psilocybin for weight loss, Parkinson's, schizophrenia and autism spectrum disorder.
- **Regulatory schemes** in the **US** (*Expanded Access*), **Australia** (*Special Access*) and **Israel** (*Compassionate Use*) **enable physicians to apply to the Regulator for approval** to treat patients suffering from treatment resistant PTSD with Medicinal-MDMA and psilocybin psychotherapy for depression outside of a clinical trial. **Switzerland** has a similar scheme allowing LSD, Psilocybin and MDMA to be used with psychotherapy.
- The **Australian Govt** announced (March 2021) **\$AUD15m** would be put towards clinical trials using psychedelic drugs as part of global efforts to advance innovative treatments.
- **Australia's TGA** conducted an **independent review** (August 2021) of **MMA's rescheduling applications for psilocybin and MDMA** into the therapeutic value, risks and benefits of these substances.
- Numerous US States have decriminalised psilocybin possession recently.
- **Oregon (USA)** became the **first state to legalise psilocybin for therapeutic use** in November 2020, other States to follow.
- **Canadian government** allows (August 2020) terminally ill patients to **access psilocybin-assisted psychotherapy to help ease anxiety**, and **also for PTSD patients**.
- The **German government** has **approved a phase 2B study on psilocybin for treatment-resistant depression** and is providing millions of Euros to the project.

Through Institutions with Active Psychedelic Research Programs



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University



Yale University



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UNIVERSITY OF
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Universität
Basel



University of
Zurich^{UZH}

THE UNIVERSITY of
NEW MEXICO



JOHNS HOPKINS
MEDICINE
SCHOOL OF MEDICINE



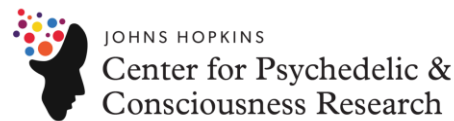
9 recently announced Centres of Excellence



Imperial College
London



- **Imperial College London (UK)**
- *Established 2019*
- Head: Dr Robin Carhart-Harris (Member of MMA Advisory Panel)
- Focuses on the action and clinical use of psychedelics with a particular focus on the treatment of depression and eating disorders.



- **Johns Hopkins (USA)**
- *Established 2019*
- Head: Prof Roland Griffiths (MMA Ambassador)
- Focus on new indications (opioid addiction, Alzheimer's disease, post-traumatic stress disorder, Lyme disease syndrome, anorexia nervosa, and alcohol use in people with major depression); and precision medicine treatments tailored to individual patients' needs.

Berkeley Center for the
Science of Psychedelics

- **UC Berkeley Center for the Science of Psychedelics (USA)**
- *Established 2020*
- Head: UC Berkeley neuroscientist Michael Silver
- Will conduct research using psychedelics to investigate cognition, perception and emotion and their biological bases in the human brain.



- **NYU Langone Center for Psychedelic Medicine (USA)**
- *Established 2021*
- Head: Michael Bogenschutz, MD
- Transdisciplinary areas of focus: psychiatry, medicine and preclinical research.



- **University of Texas: Center for Psychedelic Research & Therapy (USA)**
- *Established 2021*
- Head: Greg Fonzo and Charles B. Nemeroff
- Focuses on military veterans living with post-traumatic stress disorder, adults experiencing prolonged grief disorder or depression, and those who have experienced childhood trauma.

9 recently announced Centres of Excellence



- **COMPASS Pathways with Sheppard Pratt for Advanced Diagnostics and Therapeutics (USA)**
- *Established 2021*
- Head: Scott Aaronson MD, Psychiatrist and Director of Clinical Research at Sheppard Pratt (Member of MMA Advisory Panel)
- Will model the “clinic of the future”, showcasing the best thinking in science, therapy, technology, and design. Working as a research facility and innovation lab, it will generate evidence to shape therapy models in mental health care, train and certify therapists, conduct clinical trials including proof-of-concept studies, and prototype digital solutions to improve patient experience.



MONASH
University

NEUROMEDICINES
DISCOVERY
CENTRE

- **The Neuromedicines Discovery Centre at Monash University (Australia)**
- *Established 2021*
- Head: Professor Arthur Christopoulos (Member of MMA Advisory Panel) and Professor Chris Langmead
- The NDC’s research is focused on finding better treatments for common psychiatric illnesses, including depression, post-traumatic stress disorder, obsessive compulsive disorder, anxiety, and substance use disorders.



- **The Icahn School of Medicine at Mount Sinai Center for Psychedelic Psychotherapy and Trauma Research (USA)**
- *Established 2021*
- Head: Rachel Yehuda, PhD, Professor of Neuroscience and Psychiatry (Member of MMA Advisory Panel)
- Pursues a multipronged clinical and research approach to discovering novel and more efficacious therapies for post-traumatic stress disorder (PTSD), depression, anxiety, and other stress-related conditions in the veteran and civilian population.



MASSACHUSETTS
GENERAL HOSPITAL

- **The Center for the Neuroscience of Psychedelics (USA)**
- *Established 2021*
- Head: Jerrold F. “Jerry” Rosenbaum
- Seeks to understand how psychedelics facilitate changes in brain structure and function, with focus on psilocybin for patients with treatment-resistant depression, and MDMA for patients with treatment-resistant PTSD.



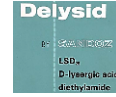
4. Historical Context & Future Potential

Medicinal Psychedelics Through History



Used for healing purposes in both indigenous cultures and Western civilisations. The ancient Greek ritual, the “Eleusinian Mysteries”, attended by the likes of Plato, Aristotle, and Cicero involved a likely honeyed psychedelic drink ‘Kykeon’.

Ancient Times



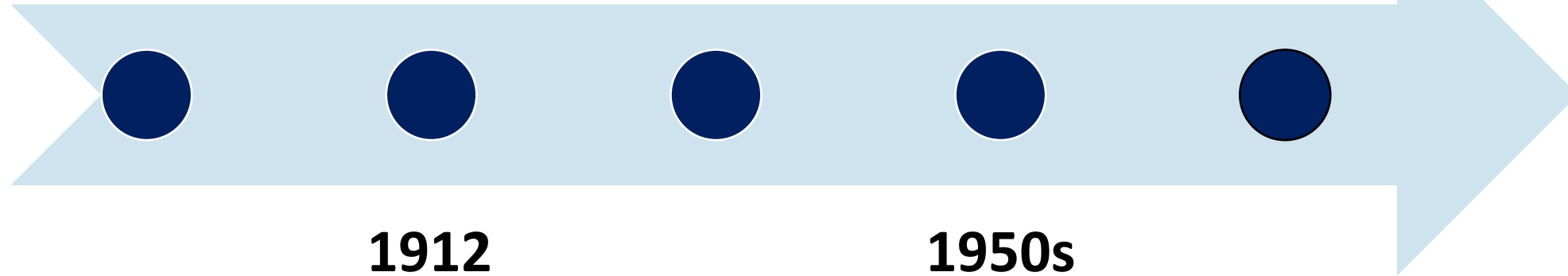
Sandoz (now owned by Novartis) becomes first pharmaceutical company to synthesise LSD as possible medicine for migraine and later went on to synthesise psilocybin.

1938

Canadian government allows terminally ill patients to access psilocybin-assisted psychotherapy to help ease anxiety.



2020

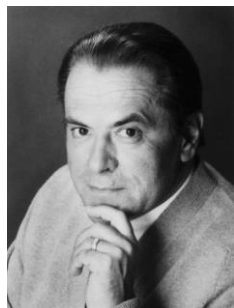


1912

Merck develops MDMA and used with psychotherapy in the 1970s

1950s & 60s

Over 40,000 patients took part in therapeutic psychedelic sessions. Psychedelics were considered the “next BIG thing” in psychiatry.



Dr Stanislav Grof, Psychiatrist and pioneering psychedelic researcher:

“...psychedelics, used responsibly and with proper caution, would be for psychiatry what the microscope is for biology and medicine or the telescope is for astronomy.”

Caught Up in the War on Drugs for 30+ years



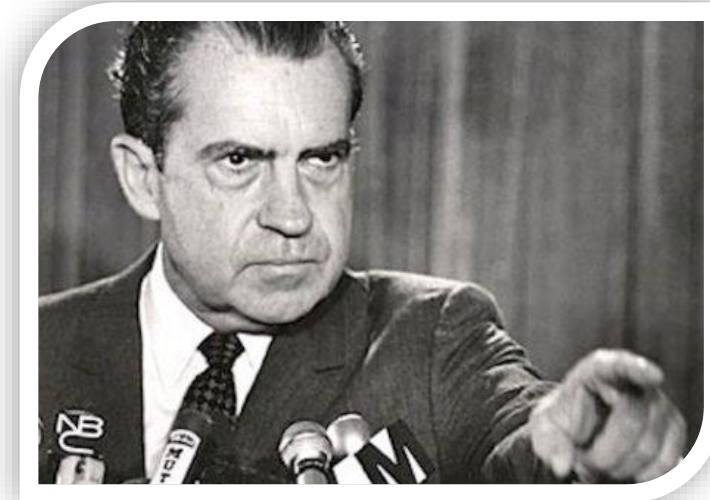
*“The Nixon [presidency]...had two enemies: the anti-war left and black people. You...We knew we couldn’t make it illegal to be either against the war or blacks, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. **Did we know we were lying about the drugs? Of course we did.**” (John Ehrlichman - senior Nixon aide)*

- Psychedelic use criminalised from 1970
- MDMA use criminalised in the 1980s
- Resulting in minimal research funding until the late 1990s

“This is the worst censorship of research and medical treatment in the history of humanity.”

Professor David Nutt

Head of Neuropsychopharmacology, Imperial College UK

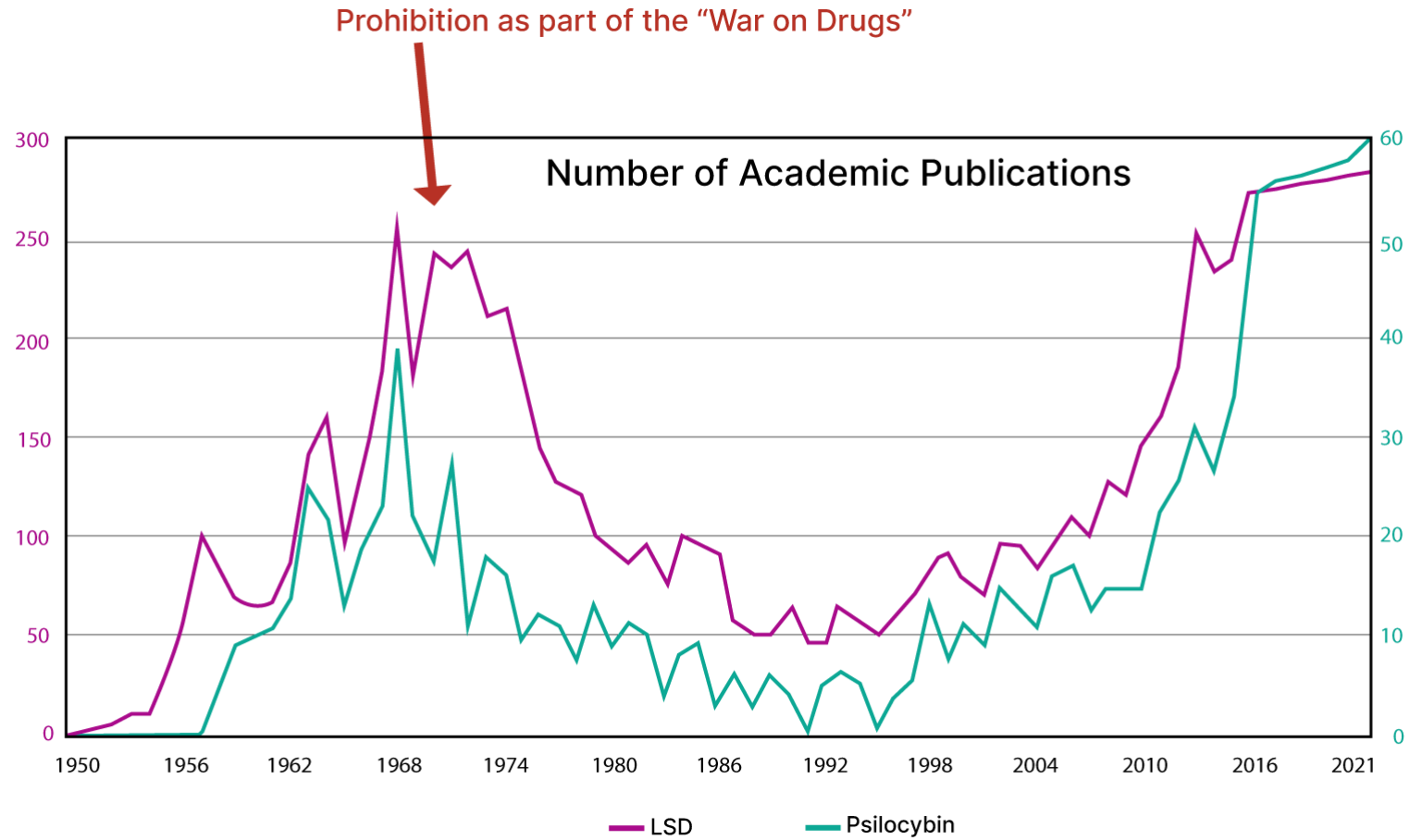




But Now Supported by a Massive Increase in Clinical Trials

Over **160** current or recently completed clinical trials including:

- MDMA - 94 trials
 - PTSD
 - Social anxiety in Autistic adults
 - Addiction
 - Existential distress
- Psilocybin - 73 trials
 - Depression
 - Anorexia
 - Headache
 - Addiction
 - Existential Anxiety*
 - OCD
- LSD - 16 trials
- Salvinorin A - 5 trials
- Ibogaine - 4 trials
- DMT – 4 trials
- 5-MeO-DMT – 2 trials
- Ayahuasca - 2 trials



* Including Australia's first clinical trial at St Vincent's Hospital in Melbourne, part funded by Mind Medicine Australia

Exponential Growth Across the Sector



- Lancet Commission reports that the rise of mental health disorders will cost the global economy \$USD16 trillion by 2030.*
- 18 months ago, there was only a single for-profit company focused on developing psychedelic assisted therapies. Now there are over 30 companies focused on psychedelic medicine and actively raising capital in North America, Canada and Europe.
- The for-profit sector and investor interest around the world, focused on the development and application of these therapies, has continued to rapidly expand with the potential size of the market estimated to be around \$US15-20B with growth forecasted up to \$US200B in the near future.

(The Lancet Commission on global mental health and sustainable development. The Lancet. 392. 10.1016/S0140-6736(18)31612-X.)



Trials Stage	Market Focus	Ownership	Market Cap
Clinical trials	Psilocin and therapy	Public	\$USD 1.6B
Preclinical trials	Nutraceutical/psychedelics	Public	\$USD 53M
Clinical trials	Medicine discovery	Public	\$USD 770M

Exponential Growth Across the Sector



LOBE
SCIENCES

 **field trip**

Numinus

 **MYDECINE**
INNOVATIONS GROUP

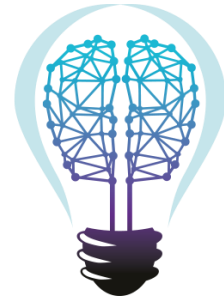
 **CYBIN**

champignon
BRANDS


PURE
EXTRACTS

MINDCURE

Trials Stage	Market Focus	Ownership	Market Cap
Preclinical trials	Medicine/device development	Public	\$USD 13.3M
Medicine development	Psychedelic therapies	Public	\$USD 174M
Medicine development	Medicine processing/therapies	Public	\$USD 78M
Preclinical studies	Nutraceutical/psychedelics	Public	\$USD 51M
Clinical trials	Medicine development	Public	\$USD 117M
Preclinical studies	Therapy centre/medicine dev.	Public	\$USD 82M
Medicine development	Medicine production	Public	\$USD 33.9M
Medicine development	Medicine production	Public	\$USD 18.9M



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5. The Strategy of Mind Medicine Australia

Four Key Strategic Areas



Awareness and Knowledge Building

- Education & events, including free webinar series
- Major International Medical Summit November 2021
- Promoting & funding relevant research
- State & regional chapters (Over 30 chapters)

Professional Development Program

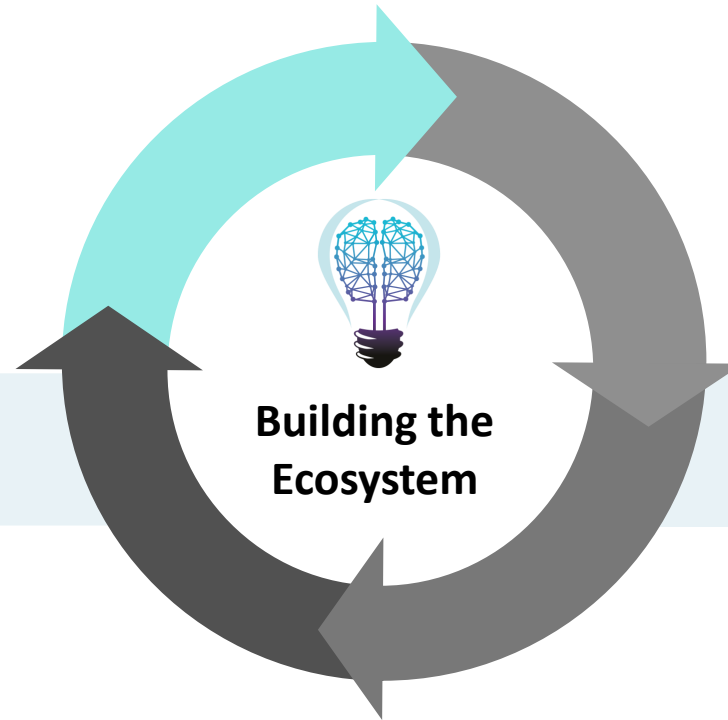
- Introductory two day workshop November 2021
- Part-time professional course for health practitioners commenced in 2021 (2 intakes) with 4 intakes planned for 2022
- General shorter courses and workshops

Access to Medically Approved Therapy

- Preferred legal & ethical frameworks
- Psychological support services
- Medicine Rescheduling, Sourcing & Protocols
- Rollout strategy

Engagement with University Sector and Novel Research

- Establishment of Neuromedicines Discovery Centre at Monash University
- Engagement with other universities to promote research, development and economic analysis and rollout plans.



Building the
Ecosystem

Our focus is wholly clinical.

Over 45% of Australians will experience a serious mental illness during their lifetimes.

What are we going to do about it?

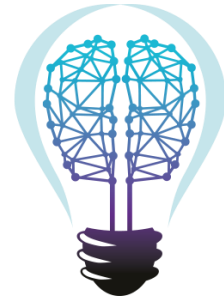


MindMedicineAustralia.org

hello@mindmedicineaustralia.org

@MindMedicineAU

Level 1, 10 Dorcas St,
South Melbourne, VIC, 3205



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Appendices



"I view the next five years as an absolutely golden window. There's an opportunity to use relatively small amounts of money to have billions of dollars of impact [in terms of helping people heal mental illness] and to affect millions of lives... There just aren't that many opportunities that are so dramatically obvious... If you want to bend the arc of history, I think this is one of the best opportunities you will ever have."

- Tim Ferriss

We need your support. Please donate today.

MINDMEDICINEAUSTRALIA.ORG/DONATE



How you can help



Start conversations and share this information with your contacts.



Fundraise or donate
We rely on community support.



Volunteer, all skill levels welcome and join our State and Regional chapters!



Follow us on social media for the latest updates.



Read our educational content and share.



Talk to your local member of parliament.



Talk to your doctors and medical professionals. Become a leader - Join the CPAT course.



Attend our educational events learn more!

Key questions for Australia are Timeliness, Availability & Access

Your donation supports:



Professional Development Program

This includes our Certificate in Psychedelic-Assisted Therapies programme, as well as shorter workshops to prepare mental health professionals for the future.



Awareness and Knowledge Building

We organise educational events, film screenings, conferences and also have local chapters open to the public.



Access to Medically Approved Therapy

We promote changes in legislation, promote legal and ethical frameworks, provide psychological support services, develop clinical rollouts and medicine manufacturing capabilities.



Engagement with University sector and novel research

Engagement with universities to promote research, development and economic analysis and rollout plans.

Support us at: mindmedicineaustralia.org/donate

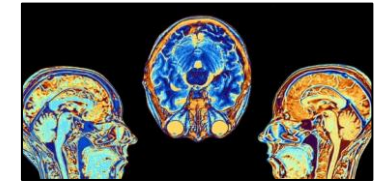
Mind Medicine Australia - Projects



Expansion of **Southern Hemisphere's first Certificate in Psychedelic-Assisted Therapies**.
Timeline: Current – December 2025
Budget: \$450,000 (\$150,000 over three years)



Development of **ethical, legal and regulatory frameworks** to ensure best practice, safety, accountability, and transparency.
Timeline: Current – November 2023
Budget: \$100,000



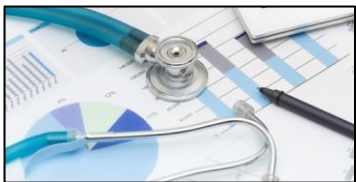
Supporting Australian clinical research and development trials to test and optimise the safety and effectiveness of medicine-assisted psychotherapy for mental illness in the Australian context.
Budget: from \$750,000 to support novel trials



Development of Australia's **first peak body and a national practitioner CPAT Register** to govern and provide a framework for diverse practitioners from a range of professions; provide security to patients; and develop clinical protocols.
Budget: \$350,000



Increase awareness and educate the public and medical professionals through events – including talks, documentaries, workshops and discussion forums, our Global Webinar and Podcast Series – to enhance interest, knowledge, and support for clinical psychedelic research and therapy.
Timeline: Ongoing
Budget: \$250,000 per annum



A health economics model of psychedelic medicine, estimating the true cost-effectiveness of medicine-assisted psychotherapies for mental illness in an Australian context.
Timeline: Current – Dec. 2022
Budget: \$80,000 - \$120,000



Develop our innovative Chapters and Volunteers model further to amplify our advocacy efforts, outreach and education nationally and throughout New Zealand (and potentially Asia-Pacific). Provide further professional development and skills training for volunteers in this rapidly emerging field.
Budget: \$150,000-250,000 per annum

Medicine Availability and clinic rollout

- Agribusiness
- Manufacturing
- Clinic rollout

Budget: \$10,000,000
Timeline: Current

Certificate in Psychedelic-Assisted Therapies (CPAT)



The Certificate in Psychedelic-Assisted Therapies by Mind Medicine Australia (MMA CPAT) has been developed primarily to meet the anticipated demand for trained therapists to provide regulatory-approved and research-backed psychedelic-assisted therapies for the treatment of mental ill-health in Australia. It is also expected that trained clinicians will be needed to work in research trials as they expand in Australia.

We welcome applications from the following professionals:

- Psychologists
- Psychiatrist and Medical Practitioners
- Occupational Therapists
- Social Workers
- Nurses
- Registered Psychotherapists and Counsellors
- Paramedics

“One of the things I’ve been doing a lot in the last year is teaching on the Mind Medicine Australia training course, which I think is the best course in the world for educating people about how to use psychedelics and how to develop, through that, in Australia, several hundred people who have the competencies and knowledge to potentially be therapists for this kind of treatment.”

Professor David Nutt (UK), ABC News, Dec 2021

Apply now for our 2022 intakes!

Register at: cpat.mindmedicineaustralia.org

Fundamentals of Psychedelic-Assisted Therapy

Online Course



MIND MEDICINE
AUSTRALIA

PSYCHOLOGICAL SUPPORT SERVICES

A safe and professional psychological service for those who want support regarding psychedelics, plant medicines, and their emotional health and wellbeing.

- Individual counselling
 - Via Skype or phone
 - Group Integration
- Professional Consultation
 - Training
- Supervision
 - Bulk billing
- Private health
 - NDIS

Contact us at:

psychologicalsupport@mindmedicineaustralia.org



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RESCHEDULING NEXT STEPS

15 December 2021:

The TGA released Notice of final decision to NOT Reschedule the Medical Use of MDMA for Treatment Resistant PTSD and the Medical Use of Psilocybin for Treatment Resistant Depression as Part of Therapy.

Mind Medicine Australia intends on resubmitting rescheduling applications to the TGA for these medicines in March 2022.

MINDMEDICINEAUSTRALIA.ORG



DR RICK DOBLIN (USA)

Executive Director of MAPS (Multidisciplinary Association for Psychedelic Studies)



PROFESSOR DAVID NUTT (UK)

Head of Neuropsychopharmacology at Imperial College London and Chief Research Officer at Awakn Life Sciences



DR GABOR MATÉ (CANADA)

Renowned Trauma and Addiction Physician



JOHANN HARI (UK)

Journalist and Bestselling Author



PROFESSOR ROLAND GRIFFITHS (USA)

Professor in the Departments of Psychiatry and Neurosciences at the Johns Hopkins University School of Medicine



DR BEN SESSA (UK)

Chief Medical Officer at Awakn Life Sciences, Psychiatrist, Researcher and Writer



PROFESSOR ROBIN CARHART-HARRIS (USA)

Ralph Metzner Distinguished Professor, Weill Institute for Neurosciences and University of California San Francisco



DR WILLIAM RICHARDS (USA)

Psychologist in the Center for Psychedelic and Consciousness Research



FRANÇOISE BOURZAT (USA)

Psychedelic Guide Trainer and Author



DR ALBERTO VILLOLDO (USA)

Founder the Four Winds Society, Director the Center for Energy Medicine (Chile)



DR JENNIFER MITCHELL (USA)

Professor in the Departments of Neurology and Psychiatry and Behavioral Sciences at UCSF



PROFESSOR MATTHEW JOHNSON (USA)

Susan Hill Ward Professor of Psychedelics at Johns Hopkins University School of Medicine



DR WADE DAVIS CM (CANADA)

Professor of Anthropology & BC Leadership Chair in Cultures and Ecosystems at Risk at the University of British Columbia



DR PATRYCJA SLAWUTA (USA)

Behavioural Scientist



DR REID ROBISON (USA)

Psychiatrist, Psychedelic Researcher and Chief Medical Officer at Novamind



DR LYNN MARIE MORKSI (USA)

President of the Psychedelic Medicine Association



RONAN LEVY (CANADA)

Co-Founder and the Executive Chairman of Field Trip Health



DR. SRINIVAS RAO (USA)

Co-Founder & Chief Scientific Officer, atai Life Sciences



DR LYLE OBERG (CANADA)

Co-Founder and CEO at MYND



KELSEY RAMSDEN (CANADA)

Co-Founder, CEO & President at Mindcure



JOSEPH ARAUJO (CANADA)

Co-Founder and Chief Scientific Officer of Mindset Pharma and the CEO and President of InterVivo Solutions



DR MICHAEL WINLO

Managing Director, Emryia



ADMIRAL CHRIS BARRIE AC

Former Head of the Australian Defence Force and Strategic Leadership Consultant



HON ANDREW ROBB AO

Former Minister for Trade, Investment and Tourism in Australia



JOHN SKERRITT

Deputy Secretary, Health Products Regulation Group



DR SIMON LONGSTAFF AO

Executive Director of The Ethics Centre



ARTHUR CHRISTOPOULOS

Professor of Analytical Pharmacology and Molecular Neuropsychopharmacologist



DR ELI KOTLER

Psychiatrist and Director of Medicine at Malvern Private Hospital



TANIA DE JONG AM

Founder Creative Universe, Creativity Australia, Creative Innovation Global and Mind Medicine Australia



PETER HUNT AM

Investment Banker & engaged Philanthropist; Founder Women's Community Shelters and Mind Medicine Australia



Join your Local Chapter!

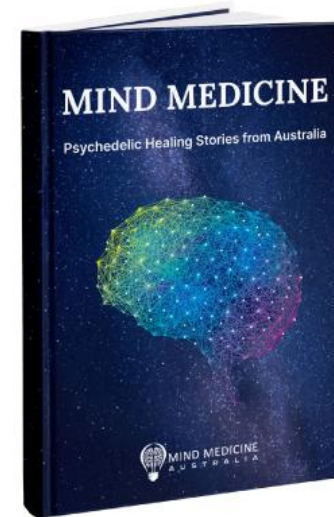
We have over 30+ FREE Chapters around Australia and New Zealand. Be part of a like-minded community and help to create a new paradigm for mental health!

Join a Chapter near you today: mindmedicineaustralia.org

Our Merchandise



Support the future of psychedelic medicine by purchasing from our shop! We offer t-shirts, tote bags, our book of Australian healing stories, greeting cards, face masks and more...



Shop now!

Go to: shop.mindmedicineaustralia.org