A New Treatment Paradigm for Mental Illness in Australia: Medicine-Assisted Therapies
1. The Scale of the Problem in Australia
2. Mind Medicine Australia; Purpose and People Involved
3. Leveraging These “Breakthrough Therapies”
4. Delivering Outstanding Clinical Results
5. Involvement of Major Institutions
6. Viewed from a Historical Context
7. The Future
8. Our Strategy
1. The Scale of the Problem in Australia
The most common mental illnesses are: Post-Traumatic Stress Disorder (PTSD), Other Anxiety Disorders, Depression and Substance use Disorders

1 in 5 Australian adults (4.8 million people) have a chronic mental illness

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)

Over 45% of Australians will experience mental illness in their lifetime

*Impact before recent bushfires and current 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
With Even Worse Outcome for ADF Veterans & First Responders

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

- 10% of **First Responders** have PTSD and 1 in 3 First Responders 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 Affair 2018
General Population- 2007 National Survey of Mental Health & Wellbeing (ABS)
Leading to Massive People and System Costs

- 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.

- There is also a strong correlation between natural disasters and mental illness.

- Mental illness is a primary cause of both suicide and homelessness.

The Australian Productivity Commission (2019 draft report)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct costs of mental ill-health and suicide (a conservative estimate)</td>
<td>$43 - $51 billion per year</td>
</tr>
<tr>
<td>Diminished health &amp; life expectancy for those living with mental illness</td>
<td>$130 billion cost per year</td>
</tr>
<tr>
<td><strong>Total cost of mental illness and suicide to the Australian economy</strong></td>
<td>~$180 billion cost per year</td>
</tr>
</tbody>
</table>

Data from the Productivity Commission, Mental Health, Draft Report (October 2019) and Deloitte Access Economics. Beyond Blue, AFR, February 2020
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 some continuing symptoms - and between **50 - 80% relapse after treatment stops**.
  • Common side-effects of anti-depressants include insomnia, 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 are much lower.

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

Holmes et al (2018) and Cuijpers (2017)
2. Mind Medicine Australia
Purpose and People Involved
Purpose of Mind Medicine Australia

• Registered charity (DGR-1 status) seeking to broaden the treatment paradigm available to medical practitioners and their patients and improve treatment effectiveness by establishing safe, accessible and effective medicine-assisted therapies in Australia for major mental illnesses.

• Primary current focus on medicinal psilocybin (for Depression) and medicinal MDMA (for PTSD) Psychotherapies. MMA is also interested in other psychedelics including ketamine, ibogaine, ayahuasca 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

Peter Hunt AM
Chair
Investment Banker & Engaged Philanthropist

Tania de Jong AM
Deputy Chair
Social Entrepreneur, Businesswoman, Global Speaker and Soprano

Admiral Chris Barrie AC
Past Chair of the Australian Defence Force (1998-2002) and Strategic Leadership Consultant

Prof Jane Burns
Chair, Centre for Mental Health at Swinburne University and Health Strategist

Dr Simon Longstaff AO
Executive Director of the Ethics Centre

Monojit Ray
Corporate Advisor and former PWC Tax & Legal Partner

The Hon Andrew Robb AO
Australia’s Minister for Trade and Investment (2013-2016). Chair of AsiaLink

Nicholas Smedley AO
Investment Banker & Business Entrepreneur. previous Director at Haven Foundation
Management & Ambassadors

Management

Tania de Jong AM
Executive Director
Social Entrepreneur, Businesswoman, Global Speaker and Soprano

Ilan Hayman
Operations Manager
Business operations experience across NFP & healthcare sectors. PwC Alumnus

Renee Harvey
Manager of Psychedelic Therapy Training Program
Previously worked in the UK as a Consultant Clinical Psychologist, previous Member of the Imperial College London psychedelic assisted psychotherapy team

Dr Alana Roy
Practice Manager
Psychologist, Social Worker, Research Fellow, Lecturer and Specialist in trauma and mental health

Ambassadors

Dr Rick Doblin (USA)
Executive Director of MAPS, sponsor of the Phase 3 Trial of MDMA-Assisted Psychotherapy for the treatment of PTSD

Prof Roland Griffiths (USA)
Head of the Centre for Psychedelic and Consciousness Research at Johns Hopkins University School of Medicine

Prof David Nutt (UK)
Head of Neuropsychopharmacology at Imperial College London

Dr Ben Sessa (UK)
Psychiatrist and Author of the “Psychedelic Renaissance”. Currently leading the world’s first clinical study using MDMA to treat alcohol addiction

Thomas Velican
Volunteers, Grants and Chapter Coordinator
Extensive NFP and public sector experience with a background in integrative health

Melissa Warner
Education and Communications Officer
Neuroscientist & Management Committee of PRISM

Erin Whelan
Office & Events Administrator
Extensive experience in Events Management. Masters in Public Health

Renee Harvey
Manager of Psychedelic Therapy Training Program
Previously worked in the UK as a Consultant Clinical Psychologist, previous Member of the Imperial College London psychedelic assisted psychotherapy team
Advisory Panel Members

Psychiatry

Dr James Rucker (UK)
Consultant Psychiatrist & Senior Clinical Lecturer at Kings College London

Prof John Tiller
Professor Emeritus of Psychiatry, University of Melbourne

Dr Eli Kotler
Psychiatrist and Director of Medicine at Malvern Private Hospital

Dr Tanveer Ahmed
Psychiatrist, author and columnist, Adjunct lecturer at UNSW

Prof Michael Berk
NHMRC Senior Principal Research Fellow Deakin University, head of the IMPACT institute

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

Dr Ted Cassidy
Psychiatrist and Co-Founder of TMS Australia

Dr Mark Cross
Psychiatrist, SANE Board Director

Prof Malcolm Hopwood
Ramsay Health Care Professor of Psychiatry, University of Melbourne

Dr Prash P.
Neuropsychiatry Fellow, Alfred Hospital

Prof Paul Fitzgerald
Professor of Psychiatry at Monash University and Director of the Epworth Centre for Innovation in Mental Health

Dr Reid Robison (USA)
Psychedelic psychiatrist & researcher, MBA

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Dr Stuart Saker
General Adult Psychiatrist with interest in Veterans' Mental Health

Prof John Tiller
Professor Emeritus of Psychiatry, University of Melbourne

Dr John Webber
Psychiatrist and Author

Dr Rachel Yehuda (USA)
Professor of Psychiatry and Neuroscience at the Icahn School of Medicine at Mount Sinai

Dr John Webber
Psychiatrist and Author

Dr Linda Kader
Psychiatrist & psychotherapist, The Royal Melbourne and The Royal Children’s Hospital Melbourne

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Dr Prash P.
Neuropsychiatry Fellow, Alfred Hospital
Advisory Panel Members

Pharmacology

- Michael Kornhauser
  Pharmaceutical and Clinical Trial Research Specialist
- Dennis McKenna (USA)
  PhD, Ethnopharmacologist, Author & Founding Board Member at the Heffter Research Institute
- Prof David Nichols (USA)
  Chemical Biology and Medicinal Chemistry at the University of North Carolina
- Rev Graham Long AM
  Pastor Emeritus, The Wayside Chapel

Religion

- Imam Tawhidi
  Islamic scholar, educator, best-selling author and global speaker
- Rabbi Dr Laibl Wolf
  Dean and Founder of the Spiritgrow Wellness Centre, Melbourne, Australia. A graduate of Law and Psychology
- Rabbi Zac Kamenetz (USA)
  Educator, Rabbi and aspiring Healer

Law

- Greg Barns
  Barrister
- Scott Leckie
  Human Rights Lawyer and Senior Fellow, Monash University
- Tommy Huppert
  Founder and CEO Cannatrek Limited

Pharma/Natural Medicine

- Dr Paul Macleman
  Corporate Advisor
- Jeremy Weate (Canada)
  CEO Universal Ibogaine
Advisory Panel Members

Other Relevant Disciplines

Wade Davis CM (Canada)
PhD & Professor of Anthropology & Chair of Cultures and Ecosystems at Risk University of British Columbia

Amanda Feilding (UK)
Founder and executive director of the Beckley Foundation, UK

Sean O’Carroll
Psychoterapist in private practice and educator

Dr Thomas Pogge (USA)
Philosopher & Director of the Global Justice Program at Yale

Wade Davis CM (Canada)
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Dr Thomas Pogge (USA)
Philosopher & Director of the Global Justice Program at Yale

Dr Mahsheed Ansari
Lecturer in Islamic Studies & Contemporary Islam, Charles Sturt University

Rob Moodie AM
Professor of Public Health at the University of Melbourne and Adviser to the World Health Organisation (WHO)

Prof Paul Frijters (UK)
Research Fellow London School of Economics
3. Leveraging These “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).

- Medicine are ‘curative’ not palliative. Antibiotics for the mind.

- 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.

Carhart-Harris et al. (2016). Psilocybin with psychological support for treatment-resistant depression. The Lancet, 3-7:619-627.
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

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

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**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

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Schenberg, E. E. S. (2018). Psychedelic-assisted psychotherapy... Frontiers in pharmacology, 9, 733
**With a Strong Clinical Safety Record**

### Medicinal Psilocybin

<table>
<thead>
<tr>
<th>Negligible physiological harm and toxicity with very low potential harm profile and <strong>non-addictive.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>With proper clinical support and screening, minimal psychological risks (fear, panic, re-traumatisation) are almost completely mitigated.</td>
</tr>
<tr>
<td>A 2015 review found there to be no link between psychosis and psychedelic use.</td>
</tr>
</tbody>
</table>

### Medicinal MDMA

<table>
<thead>
<tr>
<th><strong>High doses well in excess of therapeutic amounts</strong> may be neurotoxic but strong safety record in a medically controlled environment with clear protocols and <strong>non-addictive.</strong></th>
</tr>
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<tbody>
<tr>
<td>In clinical studies of MDMA in nearly 800 participants using medically controlled doses, only 1 adverse event (heart rate above pre-set limit) and this was rapidly resolved.</td>
</tr>
</tbody>
</table>

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Psilocybin-assisted therapy sessions *Johns Hopkins Uni*
Large population studies show no increase in risk for mental ill-health or addiction with lifetime use of classical psychedelics, compared with non-use.

“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
4. Delivering Outstanding Clinical Results
Remarkable Treatment Outcomes

• 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: $d=0.3$

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

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.

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

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

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

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.

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.

Results that are Building Momentum

• Trials also planned/underway using medicinal psilocybin assisted-psychotherapy for depression in early-stage dementia (Johns Hopkins), anorexia (Imperial College) and obsessive-compulsive disorder (OCD) (MAPS) and medicinal MDMA-assisted psychotherapy for alcohol addiction (Imperial College).

• 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 psychotherapy outside of a clinical trial. Switzerland has a similar scheme allowing LSD, Psilocybin and MDMA to be used with psychotherapy.

• Denver (Colorado) and Oakland (California) decriminalised psilocybin possession in 2019. States of Oregon and California likely to vote in 2020 on whether to legalise medicinal psilocybin.

Key questions for Australia are Timeliness, Availability & Access
5. Involvement of Major Institutions in Clinical Trials
Active Medicinal Psychedelic Research Programs
Recently Announced Centres for Psychedelic Research

**Imperial College London**
- Established 2019
- Head: Dr Robin Carhart-Harris
- Focuses on the action and clinical use of psychedelics with a particular focus on the treatment of depression
- Two main research themes: the use of psychedelics in mental health care; and as tools to probe the brain’s basis of consciousness.
- Aims to develop a research clinic that could help to gather additional clinical evidence and become a prototype for the licensed psychedelic care facilities of the future

**Johns Hopkins Center for Psychedelic & Consciousness Research**
- Established 2019
- Head: Prof Roland Griffiths
- 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
- Will also investigate creativity and well-being in healthy volunteers towards supporting human thriving
Supported by a Massive Increase in Clinical Trials

Over 120 current or recently completed clinical trials including:

- MDMA - 56 trials
  - PTSD
  - Social anxiety in Autistic adults
  - Addiction
  - Existential distress
- Psilocybin - 37 trials
  - Depression
  - Addiction
  - Anorexia
  - Existential anxiety
  - Headache
  - OCD
- LSD - 11 trials
- Ibogaine - 4 trials
- Salvinorin A - 4 trials
- Ayahuasca - 1 trial
Including Australia’s first clinical trial at St. Vincent’s Hospital in Melbourne

• **Medicinal psilocybin-assisted psychotherapy** for the treatment of Australian **palliative care patients** experiencing **depression and anxiety**

• Double-blind, placebo-controlled trial, 30 participants - commenced 2019

• Trial site and team from St Vincent’s Hospital, initiated by PRISM, funded by Mind Medicine Australia and Vasudhara

• **More trials to be announced at major research institutions**
6. Viewed From a Historical Context
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

**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.

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

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
7. The Future
And Supporting For Profit Companies

There are now more than 30 companies focused on psychedelic medicine and actively raising capital in North America, Canada and Europe; 18 months ago there was only one. These include:

The total market for psilocybin could be $34 billion by 2024, according to FN Media Group.
8. Our Strategy
Our focus is wholly clinical – we do not advocate for recreational use, nor for changes to the law with respect to recreational use.
Over 45% of Australians will experience a serious mental illness during their lifetimes.

What are we going to do about it?
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
How you can help

Start conversations and share this information with your contacts.

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

Read our educational content and share.

Talk to your doctors and medical professionals.

Fundraise or donate
We rely on community support.

Follow us on social media for the latest updates.

Talk to your local member of parliament.

Attend our educational events and 2021 Summit to learn more!
A two-day International Summit on Psychedelic Therapies for Mental Illness in November 2021 in Melbourne
**Timeline:** Current – Nov 2021  
**Gross Budget:** $250,000

**Timeline:** Current – December 2021  
**Budget:** $450,000 ($150,000 over three years)

A health economics model of psychedelic medicine, estimating the true cost-effectiveness of medicine-assisted psychotherapies for mental illness.  
**Timeline:** Current – June 2021  
**Budget:** $80,000

Development of ethical, legal and regulatory frameworks to ensure best practice, safety, accountability, and transparency.  
**Timeline:** Current – November 2021  
**Budget:** $100,000

Increase awareness through events – including talks, documentaries, panels, and discussion forums – to enhance interest, knowledge, and support for clinical psychedelic research and therapy.  
**Timeline:** Current - ongoing  
**Budget:** $75,000 per year

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.  
**Timeline:** January 2020 – January 2022  
**Budget:** $400,000

Establishment of an Asia-Pacific Centre for Emerging Mental Health Therapies (CEMHT). It will be a multidisciplinary exploration and development of medicine-assisted psychotherapy treatments for mental illness.  
**Timeline:** Current – 2025  
**Gross Budget:** 71M over 5 years including future research grants and in-kind support

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- Medicine Availability
- Agribusiness
- Manufacturing
- Analysis in Progress
Certificate in Psychedelic-Assisted Therapies

The Certificate in Psychedelic-Assisted Therapies (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:

- General, Counselling and Clinical Psychologists
- Psychiatrist and Medical Practitioners
- Occupational Therapists
- Social Workers
- Mental Health Nurses
- Registered Psychotherapists and Counsellors

Applications now open at: cpat.mindmedicineaustralia.org
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:
psychologicaalsupport@mindmedicineaustralia.org
SHARE YOUR VOICE

THE TGA IS NOW ACCEPTING PUBLIC SUBMISSIONS TO RESCHEDULE MEDICINAL MDMA AND MEDICINAL PSYLOCYBIN FROM PROHIBITED SUBSTANCES TO CONTROLLED MEDICINES UNTIL THE 28TH SEPTEMBER

MINDMEDICINEAUSTRALIA.ORG
## Partnership Packages

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<thead>
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<th>Partnership Benefits</th>
<th>Leadership</th>
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<tbody>
<tr>
<td><strong>Platinum Delegate Tickets</strong></td>
<td>25</td>
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<tr>
<td><strong>Gala Event dinner included in platinum package</strong></td>
<td>25 VIP tickets</td>
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<tr>
<td><strong>Professional Development Therapist Workshop</strong></td>
<td>10 VIP tickets</td>
</tr>
<tr>
<td><strong>VIP Speakers Dinner</strong></td>
<td>2 VIP Tickets for one of your senior leaders</td>
</tr>
<tr>
<td><strong>VIP Function Opportunity</strong></td>
<td>Private event for you and guests with a keynote speaker</td>
</tr>
<tr>
<td><strong>Logo/Brand</strong></td>
<td>All material incl. marketing, web &amp; supporting materials.</td>
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<tr>
<td><strong>Signage</strong></td>
<td>Quadruple size</td>
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<td><strong>Hot Spot Speaker</strong></td>
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<td><strong>Satchel Gifts</strong></td>
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<tr>
<td><strong>1 Year Investment Fee</strong></td>
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<thead>
<tr>
<th>Foundation</th>
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<th>VIP Sponsor</th>
</tr>
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<tbody>
<tr>
<td>6 VIP tickets</td>
<td>3 VIP tickets</td>
<td>Includes places for your 10 guests and have an international leader seated at the table. There are limited VIP tables available so get in early.</td>
</tr>
<tr>
<td>5 VIP tickets</td>
<td>2 VIP tickets</td>
<td></td>
</tr>
<tr>
<td>3 VIP tickets</td>
<td>2 VIP tickets</td>
<td></td>
</tr>
<tr>
<td>2 VIP tickets</td>
<td>2 VIP tickets</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marketing material &amp; web</th>
<th>Marketing material &amp; web</th>
<th>Marketing material &amp; web</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 VIP tickets</td>
<td>12 VIP tickets</td>
<td>6 VIP tickets</td>
</tr>
<tr>
<td>10 VIP tickets</td>
<td>5 VIP tickets</td>
<td>3 VIP tickets</td>
</tr>
<tr>
<td>2 VIP tickets</td>
<td>1 VIP ticket</td>
<td>1 spot</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>$50,000</td>
<td>$25,000</td>
<td>$17,500</td>
</tr>
<tr>
<td>$10,000</td>
<td>$5000</td>
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