

COMMENT

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Making a mental leap

Struggling with your mental health confronts you. Depression, for its part, can overwhelm you with false anxieties and meaningless, torturous agitation. It can suck the joy from life and sap your energy. When you're in that black hole, it can seem as though there's no way out.

Before the coronavirus pandemic, one in five Australian adults was already experiencing a chronic mental health condition. One in eight – and one in four older adults – was using antidepressants and, on average, eight Australians took their own lives each day.

These are terrible statistics – stark realities that saw Australia experience the second-highest prevalence of depression in the world, tied with Estonia and the United States, according to the World Health Organization. But even these numbers fail to capture everything: the untold personal and family suffering, the enormous costs to our economy. They will never do justice to the heartache, suffering and community damage.

Now, in the wake of Covid-19, mental health experts are warning the trauma caused by the lockdown, employment loss and anxiety associated with the pandemic could be far higher than the physical health impacts of the virus itself, with younger people particularly vulnerable.

As youth mental health expert Professor Patrick McGorry recently said: "Societies that experience a crisis tend to see a roughly 20 per cent increase in new cases of mental illness. A massive economic downturn will cause society to fracture and even disintegrate. The consequences of an economic collapse will be much more severe and long-lasting."

The fallout from this crisis will have a long tail – one likely to stretch out for months and years after it is lifted. In the absence of affirmative action, many Australians will suffer.

For some, domestic confinement can mean a living hell; for many, it will exacerbate stressors that have long been issues in our lives and our mental health. Policymakers don't always understand that not everyone is lucky enough to have a house with a yard, or a happy relationship. At the same time, the more than two million Australians living in single-person households now face greater isolation and loneliness.

Drawing insights from previous health quarantines, a research review published in *The Lancet* found that "the psychological impact of quarantine is wide-ranging, substantial, and can be long-lasting". None of the quarantines cited were on the scale of our present lockdown. "This is," as Dr Elke Van Hoof, professor of health psychology at Vrije Universiteit Brussel, described it, "arguably the largest psychological experiment ever conducted."

The key challenge faced by our mental health system in dealing with this crisis is the absence of effective treatments for many Australians – and the absence of scalable treatment innovation for nearly five decades. Instead, we continue to mostly see variations on the same themes, which help some people but don't aid many others.

In the wake of Covid-19, and the recent bushfire tragedy, the government should move to form a Mental Health Innovation Taskforce – a body that can guide the government in planning new and innovative ways of managing the mental health epidemic triggered by these events.

Such a taskforce would be made up of front-line organisations and key stakeholder groups, such as psychiatrists, general practitioners, psychologists, addiction specialists and other mental health experts, as well as representation from key patient groups.

The development of a government strategy to tackle the burgeoning mental health crisis also needs to include the evaluation and possible introduction of innovative treatment options.

Innovation is needed because remission rates for people experiencing depression are only about 35 per cent when using the standard treatments of antidepressants and psychotherapy. The remission rates for post-traumatic stress disorder are even lower than this – current treatments achieve relief from symptoms for only about 20 per cent of sufferers.

Simply doing more of the same, or making only incremental changes to the current system, is not going to solve this problem and relieve the pain for the millions who are suffering. To create positive change, we have to be innovative and broaden the tools available to our medical practitioners and qualified therapists working in this area.

Our charitable organisation, Mind Medicine Australia, was formed with a view to history. In the 1950s and 1960s, psychedelic-assisted psychotherapy was regarded by psychiatrists as the next big breakthrough for treating key mental illnesses. These medicines were used to successfully treat more than 40,000 patients for a variety of conditions.

In the '70s, though, during Richard Nixon's war on drugs, these substances were criminalised for political reasons, to suppress the anti-war movement. The study of psychedelics halted, as did their role in tackling very thorny mental health conditions. Professor David Nutt, head of neuropsychopharmacology at London's Imperial College, describes this as "the worst censorship of research and medical treatment in the history of humanity".

We have lost half a century. But in recent years the early promise of extraordinary outcomes with psychedelic-assisted therapy has been rekindled by some of the world's leading universities and hospitals, including Harvard, Yale, Johns Hopkins, Imperial College and Oxford, as well as St Vincent's Hospital in Melbourne. There are at least 119 current and recently completed trials around the world.

It is important to distinguish between recreational use of these drugs and medical use in a controlled environment. Around the world, recognising the medical value of these treatments, many countries are drawing this distinction.

In the US, psychedelic-assisted psychotherapies have been granted "breakthrough therapy designation" by the Food and Drug Administration. MDMA-assisted psychotherapy has been approved for use through special access schemes – similar to those used in Australia for medicinal cannabis – in Israel, the US and Switzerland for patients who are resistant to existing forms of treatment.

These medicines never leave the security of the hospital or clinic, and patients can be properly cared for by experienced clinicians. In this environment, all evidence shows these substances to be safe, without creating a risk of addiction.

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As our fellow Mind Medicine Australia board director Dr Simon Longstaff, AO, has said: "We also believe that we should not allow the prejudices of the past to deny relief in the present. If these medicines are safe and effective when applied in a clinical environment, as current research suggests, then Australian governments have an obligation to make them available."

In the US and Europe, phase 3 medical trials are already under way using MDMA-assisted psychotherapy for PTSD. There are also phase 2(b) trials under way using psilocybin-assisted psychotherapy for depression. In the US, the approval process for both treatments has been fast-tracked because earlier trials showed lasting impact and high remission rates, and because of the urgent need for new treatments.

Phase 2 trials demonstrated remission in 60 to 80 per cent of patients with depression and post-traumatic stress disorder. Other trials using these therapies for substance abuse are also showing great promise. New trials are also under way for the treatment of eating disorders, obsessive-compulsive disorder and dementia.

These early studies suggest both therapies could be orders of magnitude more effective than antidepressants for the treatment of depression. Remarkably, these results are being achieved in only two to three sessions, in contrast to conventional treatments, which can require, for many people, daily medications and weekly psychotherapy over decades and lifetimes.

In so many areas of health, Australia leads the world. But we are being left behind when it comes to one of the most promising opportunities in mental health – the use of psychedelic-assisted psychotherapies. This is a chance for Australia to practise the innovation that is so often talked about, to step up and expand our treatment options.

If we are serious about solving our deepening mental health crisis, we need to focus on innovation in treatments as an urgent priority. ●

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