

HEALTH

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PSYCHEDELIC EXPERIMENT

An Australian couple is helping develop a bold new frontier in treating depression, writes **Jill Margo**.

A few years ago, two Australians found themselves sharing a seat on a bus in Tel Aviv. They fell into easy conversation and became oblivious to the other passengers who were also delegates on a trade mission to Israel.

"We started sitting together and talking whenever we were on the bus," says Tania de Jong. "There just seemed to be some coincidences in our lives that were more than coincidences."

They didn't know it then, but those coincidences would lead them to the cutting edge of medicine and the use of mind-expanding drugs.

De Jong is a professional soprano and at a reception for the mission at the Australian embassy, she rose and sang *Somewhere (There's a Place for Us)*.

As she sang this old song from *Westside Story*, something within her bus companion shifted. "It's a beautiful song and as I listened, I saw another side of Tania," says Peter Hunt, a retired senior investment banker and philanthropist.

On that promising note, the Australian Israel Chamber of Commerce's mission on social entrepreneurship ended and delegates went their own way.

De Jong went back to Melbourne to look after her charity, Creativity Australia, which includes With One Voice, a series of community choirs bringing the "haves" and "have nots" together in song.

She is also founder of The Song Room, which aims to improve self-esteem and learning among disadvantaged children from diverse backgrounds.

Hunt went to France for a holiday before popping into Melbourne to see de Jong and returning to Sydney where his business and philanthropic activities are based.

At the time, Hunt was chair of Greenhill, the independent investment bank he co-founded, and had advised on some of Australia's biggest corporate deals. He retired from the bank in 2018.

He is also the founder and remains on the board of Women's Community Shelters, which provides temporary crisis accommodation and support for homeless women and children.

It wasn't long, however, before the two delegates were living together, splitting their time between Sydney and Melbourne.

"While we were very lucky and had a good relationship, I was aware there were things that were holding us back from our full potential," says de Jong.

Both had experienced trauma: Hunt's father died by suicide when Hunt was 13 and de Jong is the child and grandchild of Holocaust survivors. "So I began searching for a way to create more interior substance, to deepen our relationship," she says.

Hunt was willing to explore whatever she found. "I had never meditated, done yoga or consulted intuitive healers, but I was open to it, specially as we were still in the courtship phase."

Her search eventually took them

to psychotherapy assisted by mind-expanding drugs.

These drugs emerged into the mainstream in the 1940s, were used by hippies in the 1960s and banned in 1970. This brought most research to a halt, except in Switzerland.

But by 2010, there were signs of a renaissance. Researchers returned and about 100 trials have since been completed or are under way, mainly in people with major depression or post-traumatic stress. Some remission rates have been promising.

With no major advances in the pipeline to treat these conditions, if psychedelics work they will have the potential to disrupt current practice and change the treatment paradigm.

Interest is now high and universities such as Oxford, Cambridge, Kings College London, UCLA, Harvard, New York University, Yale and the universities of Zurich and Basel have active psychedelic

everything and each other. "We knew we had a real bond. It had been there all the time. This brought it to the fore," says de Jong.

Over the next six months, the experience deepened. As a line from de Jong's song at the embassy says, they had moved towards "a new way of living".

Wanting to take this further, they began seriously investigating the medicinal use of these drugs, looking for a philanthropic opportunity.

It was significant that the US Food and Drug Administration had fast-tracked research and development into psilocybin for treatment-resistant depression and in ecstasy (MDMA) for post-traumatic stress disorder.

"The FDA designated them as 'breakthrough therapies' and it seemed pretty clear there was something substantial here, something with potential to benefit the broader society," says Hunt.

These drugs are not a panacea and are not given alone. They are bundled up with a sophisticated psychotherapeutic intervention.

David Castle, professor of psychiatry at St Vincent's Health and Melbourne University

research programs. And centres of excellence are popping up too. In April, London's prestigious Imperial College opened the Imperial Centre for Psychedelic Research.

Then in September, leading United States medical complex Johns Hopkins followed suit and opened The Centre for Psychedelic and Consciousness Research.

These psychedelics, or mind-revealing drugs, temporarily create changes in brain function that shift perception, thinking and feeling.

The best-known are psilocybin (magic mushrooms), mescaline, LSD, ayahuasca and dimethyltryptamine. Although not a psychedelic, MDMA (ecstasy) is often included because of its psychoactive effects and profound impact in treating trauma.

De Jong was keen to try psilocybin and when she and Hunt didn't meet the criteria for any trials, she booked them into a private clinic in the Netherlands.

On the flight over, she was petrified. "I'm a control freak and although I wanted very much to let go, I was afraid of relinquishing control.

"I'd never been drunk; I'd never done drugs and although this seemed like a safe way to lose control, these drugs had been so stigmatised; I was afraid my brain would be damaged."

Hunt had read a couple of articles and was relaxed. "Tania had done the research and she wanted us to do this. I went with no preconceptions," he says.

They were taking a leap of faith in the hope this would help to clear some of their background trauma.

But how?

"We all have a default pattern of thinking and reacting," says de Jong. "We consciously try and behave differently, but inevitably fall back into the default position."

"The mechanical actions of the medicine are supposed to bypass the default-mode network. Rather than reverting to the same old patterns, you start to create new brain networks and these persist."

Psilocybin therapy has three phases: preparation, the psychedelic experience and integration. The psychedelic part would take a day under full supervision.

"A therapist prepared us, there was a sense of ceremony, and we set some intentions," says de Jong. "Then we drank it. It tasted just like chamomile tea."

They waited. Nothing happened for 30 minutes.

"Then colours come before you in psychedelic shapes and suddenly you are in a completely new world," says Hunt. "You get taken and are in a different plane of reality, very present and conscious, but de-identified, without ego."

"I know some people get anxious and a few have a bad trip but I didn't. It was like pushing a reset button. I emerged feeling very thoughtful and needed a long time to integrate the experience."

Afterwards they felt connected with

"Unlike traditional philanthropy, which helps small groups of people, this was an opportunity to create a benefit at scale."

How?

If, with philanthropic support, these drugs were proved effective, then legalised and medically regulated for the treatment of mental illness, the health system would take over and make treatment available to those in need.

"It is very unusual for a government system to take over a philanthropic project."

Given that mental illness is the leading cause of disability in Australia, Hunt and de Jong decided to do something.

In February this year, they launched Mind Medicine Australia, MMA, to develop regulatory-approved and research-backed psychedelic-assisted psychotherapy for the treatment of mental illness in Australia.

They intend to build a centre of excellence to fund research, train therapists, produce an international summit, educate people and build awareness.

They don't advocate for the recreational use of psychedelics or for micro-dosing psychedelics, an emerging fashion in professional circles.

MMA is, however, part-funding a trial of psilocybin at Melbourne's St Vincent's with people suffering depression and anxiety at the end of their lives.

David Castle, professor of psychiatry at St Vincent's Health and Melbourne University, says psychedelic-assisted treatments offer "enormous potential" as an alternative to current therapies, particularly for severe treatment-resistant depression and end-of-life anxiety.

In severe depression, conventional antidepressants are only modestly successful whereas trials have shown drugs such as psilocybin are far more powerful in ameliorating depressive symptoms.

"These drugs are not a panacea and are not given alone. They are bundled up with a sophisticated psychotherapeutic intervention. It sounds a bit poetic, but they appear to open the mind."

He says neurobiology is showing their impact on brain networks, on how they dampen the default network and increase other connections.

Professor David Nutt, a pioneer of the resurrection of psychedelic medicine, performed the imaging that demonstrated this impact.

It put some science behind psychedelics and the psychiatric profession is now more open-minded about these drugs, says Nutt, head of neuropsychopharmacology at Imperial College in London and an ambassador for MMA.

But people have rightly cautioned against becoming too enthusiastic. Their main concerns are that study sizes have been small and haven't been blinded, although that is difficult to do when people are tripping. Bigger controlled studies are now under way.

"If trials do pan out, psychedelics will be a medicine in the next few years," he says. **W**

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Above: Tania de Jong and Peter Hunt have set up Mind Medicine Australia, which is part-funding a trial of psilocybin. PHOTO: JAMES ALCOCK

