



Psychedelic-Assisted Therapy (PAT) for Treatment-Resistant Depression and PTSD

Aim

To equip clinicians with a practical framework to identify eligible candidates for **psychedelic-assisted therapy**, understand the structured care model, and confidently navigate collaborative, funded shared-care pathways.

Learning Objectives

1. **Identify** eligible patients and clinical thresholds for PAT.
2. **Understand** the structured interventional care model and the collaborative role of the primary care physician.
3. **Navigate** referral pathways and secured funding streams (Medibank, DVA, and Workers' Compensation).

Introduction and Clinical Context

While conventional psychopharmacology and psychological therapies remain the foundation of mental health care, a significant cohort of patients with severe depression and PTSD eventually reach a clinical plateau.

A Paradigm Shift in Treatment

Psychedelic-assisted therapy represents a fundamentally different approach to psychiatric illness. Rather than relying on daily psychopharmacological symptom management, this interventional model utilises specialised clinical compounds as acute catalysts paired with intensive psychotherapy to drive complex patients toward long-term clinical remission.

To safely navigate this emerging frontier, **Empax Centre** operates under the strict TGA Authorised Prescriber framework. Established in October 2023 as Australia's first provider, the service has safely managed the nation's largest clinical patient cohort. Programmes are delivered via accredited hospital partnerships, ensuring a highly governed, seamless shared-care pathway.



Patient Suitability and Treatment Thresholds

Psychedelic-assisted therapy is an advanced interventional psychiatry pathway reserved strictly for patients experiencing treatment-resistant presentations who have exhausted, or are not suitable for, standard treatment options. Ideal candidates also bring a sense of openness and curiosity, engaging actively with the therapy and reflecting on the insights it brings. This is an attitude strongly linked to lasting results.

Eligibility Criteria

Psilocybin-Assisted Therapy (PSIL-AT) for Treatment-Resistant Depression:

- Have a diagnosis of Major Depressive Disorder (MDD).
- Have tried and failed to respond to at least two different antidepressant medications.
- Have undertaken at least ten depression-focussed psychotherapy sessions.
- Are in generally good physical health, including stable heart function and blood pressure.
- Are willing to engage in therapy before, during, and after their Psilocybin sessions.
- Are not currently pregnant or breastfeeding.
- Are open to adjusting medications that may interact with Psilocybin (under medical supervision).

MDMA-Assisted Therapy (MDMA-AT) for PTSD:

- Have a diagnosis of PTSD.
- Have tried and failed to respond to at least two different antidepressant medications.
- Have undertaken at least ten trauma-focussed psychotherapy sessions.
- Are in generally good physical health, including stable heart function and blood pressure.
- Are willing to engage in therapy before, during, and after their MDMA sessions.
- Are not currently pregnant or breastfeeding.
- Are open to adjusting medications that may interact with MDMA (under medical supervision).

Who Might Not Be Eligible?

These therapies may not be suitable for people who:

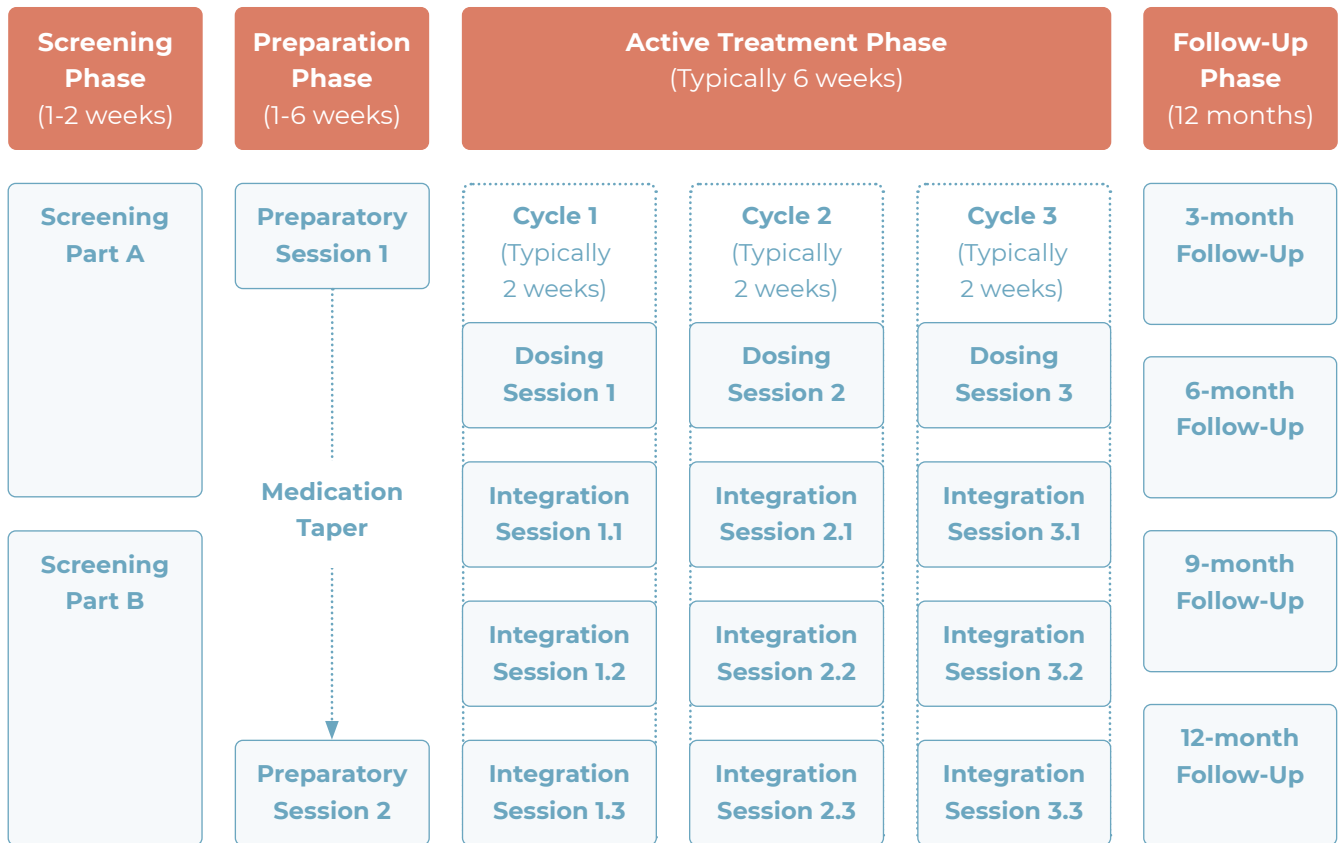
- Have a history of schizophrenia, psychosis, or Bipolar Disorder Type 1.
- Have serious heart conditions or uncontrolled high blood pressure.
- Are experiencing a current mental health crisis or severe suicidal thoughts.
- Are taking medications that can't be safely adjusted before treatment.

These guidelines exist to ensure client safety. Some medical or psychiatric conditions may increase the risk of adverse effects, while others may interfere with how the medicine works. A full clinical screening is conducted by Empax upon intake.

The Treatment Pathway and Protocol

Empax Centre operates a structured, multi-disciplinary programme using the medicine as a clinical catalyst paired with intensive psychotherapy.

Programme Timeline



Core Components

Screening and Assessment | Potential clients undergo thorough clinical and psychiatric screening assessments to ensure the programme is safe, appropriate, and aligned with their specific needs and circumstances.

Preparation | Clients will be matched to a dedicated two-therapist team for their entire care episode. This phase focuses on building trust, setting intentions, and preparing the patient emotionally. Any necessary medication tapering is safely managed under direct psychiatric supervision.

Dosing Sessions | Structured 6-to-8 hour sessions conducted in a private, low-stimulus environment. The patient's two-therapist team remains in the room for the entire duration. At the end of the dosing day, once vital signs have returned to baseline, clients return home accompanied by a nominated support person.

Integration Psychotherapy | Patients complete 3 structured integration sessions after each dose (9 sessions total) to process insights and support long-term recovery. The first integration appointment occurs the morning immediately following a dosing session.

Clinical Flexibility | While the full three-dose model provides the most durable real-world outcomes, treatment can be customised starting from a single session based on individual patient response and goals.

Funding Pathways and Referral Process

Funding Options

We recognise affordability is a key consideration for patients accessing advanced clinical care. Secured funding avenues currently include:

Medibank Private | Funding is available for both MDMA-AT and PSIL-AT for eligible members at designated, contract-approved Empax locations. Potential clients must complete two initial screening assessments prior to accessing this pathway.

DVA | Funding coverage is available for eligible Gold Card and White Card holders with a confirmed diagnosis of PTSD or TRD.

Workers' Compensation | Case-by-case funding is available for patients with treatment-resistant workplace trauma and depression, assessed on clinical need. This encompasses approved claims via licensed private insurers and government insurance schemes.

Your Collaborative Role in the Shared-Care Pathway

Empax Centre operates on a shared-care model. Referring practitioners remain central to the patient's long-term healthcare journey through three collaborative phases:

1. Intake and Briefing

You identify the clinical treatment plateau and provide the patient's diagnostic and medication history.

2. Active Care Coordination

Our psychiatric team collaborates with you to safely guide, schedule, and cross-monitor any required medication tapering before active dosing begins.

3. Handover and Ongoing Management

Primary management transitions back to your practice with a comprehensive clinical discharge summary and long-term tracking metrics to support your ongoing recovery plan.

How to Refer

A formal medical referral from a treating practitioner is required to initiate our intake and triage process.

Where to Send | Email your formal referral directly to intake@empaxcentre.com.

What to Include | The referral must outline the patient's diagnosis, current medications, and a brief health history.

Referral Templates | Standardised clinical templates can be downloaded directly at empaxcentre.com/patient-referral.

Contact and Clinical Coordination

Phone | 1300 539 006

Fax | 08 6289 5889

Email | intake@empaxcentre.com

