field trip

Psychedelic medicine

The next frontier in mental health

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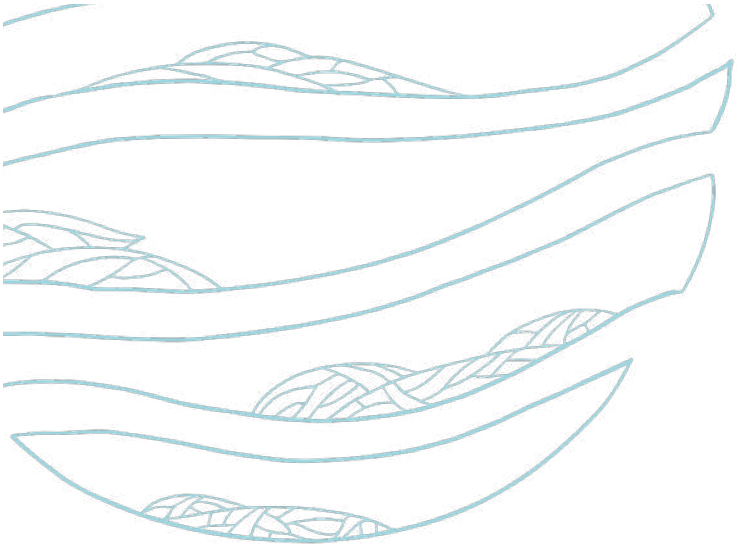


1. Introduction to Field Trip Health

Field Trip Health is a new kind of mental health and wellness company, focusing on legal psychedelic-assisted therapies for hard-to-treat mental health conditions like depression, anxiety and traumatic stress disorders.

Field Trip Health's outpatient mental health centers offer a deeply human experience, combining the science of modern medicine with the wisdom of the psychedelic approach along with technology-enabled personalized psychotherapy and wellness practices.

The patient journey begins with thoughtful assessment and preparation, continues through meaningful exploratory sessions with licensed medical and mental health professionals, and culminates with the integration of therapeutic insights into daily life. Each clinic has been purpose-built to provide a welcoming, safe and engaging environment for every client's treatment program.

Currently operational clinics – offering ketamine-assisted psychotherapy – include Toronto, New York, Los Angeles, and Chicago, with significant expansion plans across North America continuing through 2023.

2. Unmet needs in mental health

2.1. Major depressive disorder and treatment-resistant depression

Treatment-resistant depression (TRD)

Major Depressive Disorder (MDD), the complex mood disorder also known as clinical depression, is one of the most common psychiatric disorders seen in specialist and general medical practice. It is characterized by a sad, despairing mood that is present most of the day, nearly every day, for at least two weeks. MDD often impairs an individual's ability to perform or function at work, at school and in social relationships. Additional symptoms might include trouble sleeping, loss of interest in activities or hobbies, changes in appetite and weight, feelings of hopelessness, trouble concentrating, physical discomfort (including chronic pain), and thoughts of suicide.

As a multi-factorial disorder, there is no single cause of depression. Risk factors and potential triggers include a genetic predisposition or family history of depression, biological factors such as brain chemistry or endocrinological imbalances, psychological stressors such as chronic stress or trauma, or the onset of physical illness such as cancer and heart disease.

While a standardized definition is not widely established, ***treatment-resistant depression (TRD)*** is generally classified as depression that has not responded to multiple antidepressant medications – usually two or more. Approximately 30% of depression cases qualify as treatment-resistant (Mazrec et al., 2014; Warden et al., 2007).

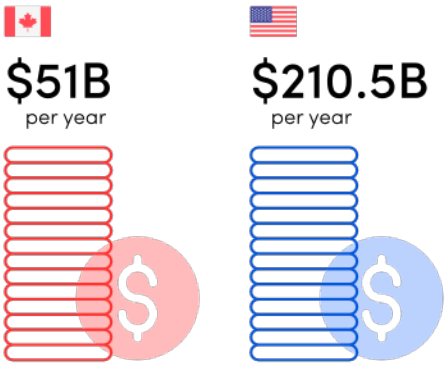
Burden of disease

The 12-month and lifetime prevalence of MDD in American adults has been estimated at 10.4% and 20.6%, respectively (Hasin et al., 2018). In Canadian adults, the 12-month and lifetime prevalence of MDD has been estimated at 4.7% and 11.2%, respectively (Knoll & MacLennan, 2017). With rising sociopolitical unrest and economic uncertainty, as well as the impact of the COVID-19 pandemic on daily living and human interaction, this number has been and is expected to continue rising.

Among people with MDD, up to 30% of cases have not responded to, or relapsed from, at least two antidepressant medications – considered treatment-resistant depression (Warden et al., 2007).

Socioeconomic impact and disability

Mental health conditions, specifically depression, are among the leading causes of productivity loss and disability in Canada and the United States.



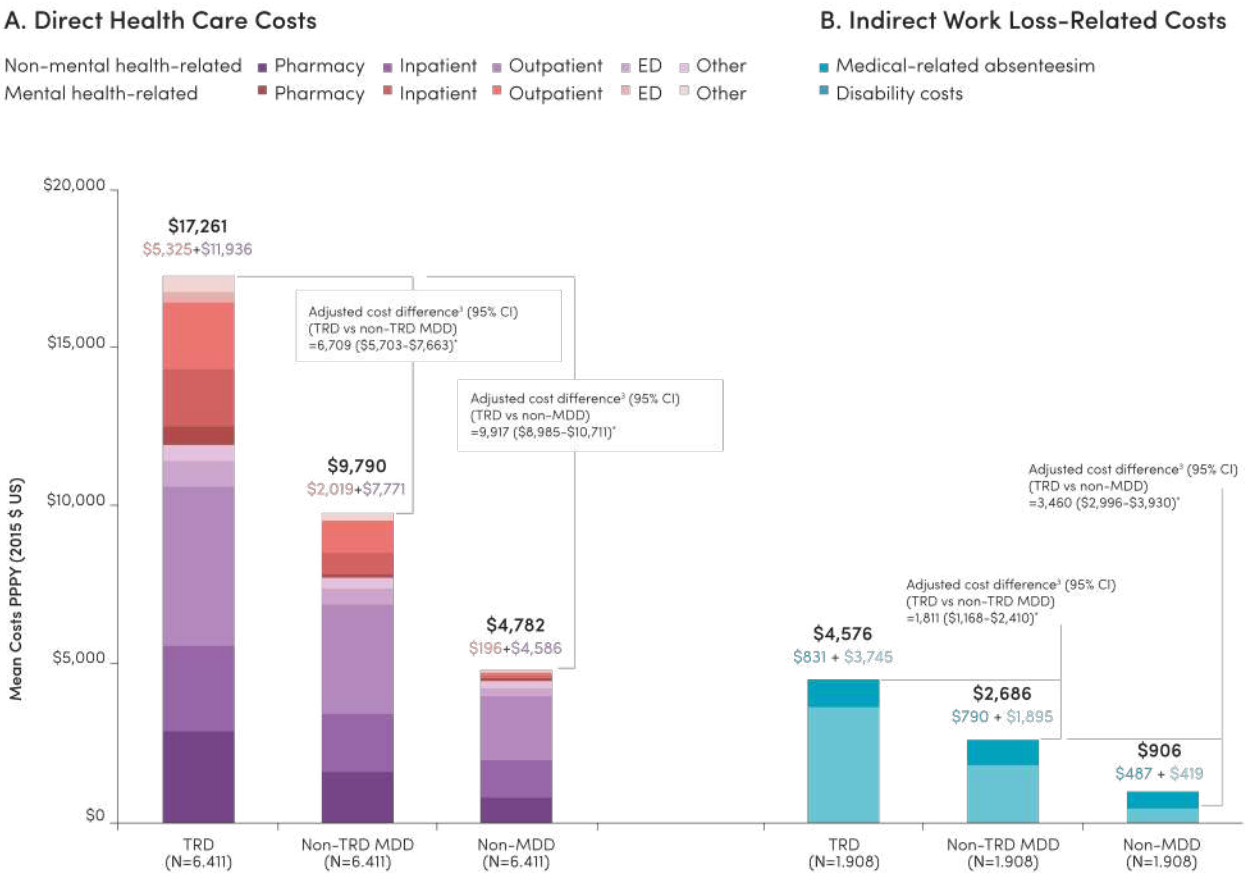
In Canada, depression carries an estimated economic burden of at least CA$51 billion per year, including health care costs, lost productivity and reductions in health-related quality of life (Lim et al., 2008). It is estimated that, in any given week, at least 500,000 employed Canadians are unable to work due to mental health problems (Dewa, Chau, and Dermer, 2010).

A 2011-2012 Canadian study of non-TRD MDD and TRD revealed stark contrasts in both short and long-term disability claims. In 2012, employees with TRD filed proportionally more short-term disability (STD) claims than those with non-TRD MDD (5.0% vs 1.0%) and more long-term disability (LTD) claims (4.1% vs. 0.3%). Of those with TRD filing STD and LTD claims, mean costs per claim were CA$7,832 and CA$13,928, respectively (Kellar et al., 2014).

In the United States, MDD carries an estimated economic burden of $210.5 billion, annually. Accounting for a significant share of the MDD burden, the burden of treatment-resistant depression is estimated at $29-48 billion, annually, through direct health care costs and indirect work loss-related costs (Amos et al., 2018).

In a study of US claims databases, Amos et al. (2018) identified a mean adjusted direct health care cost difference, per patient per year, of US$6,709 between the TRD and non-TRD MDD groups, and US$9,917 between the TRD and non-MDD group (Figure 1). Mean adjusted indirect work loss-related costs were also greater in the TRD group than in the non-TRD MDD and non-MDD groups, by US$1,811 and US$3,460, respectively (Figure 1).

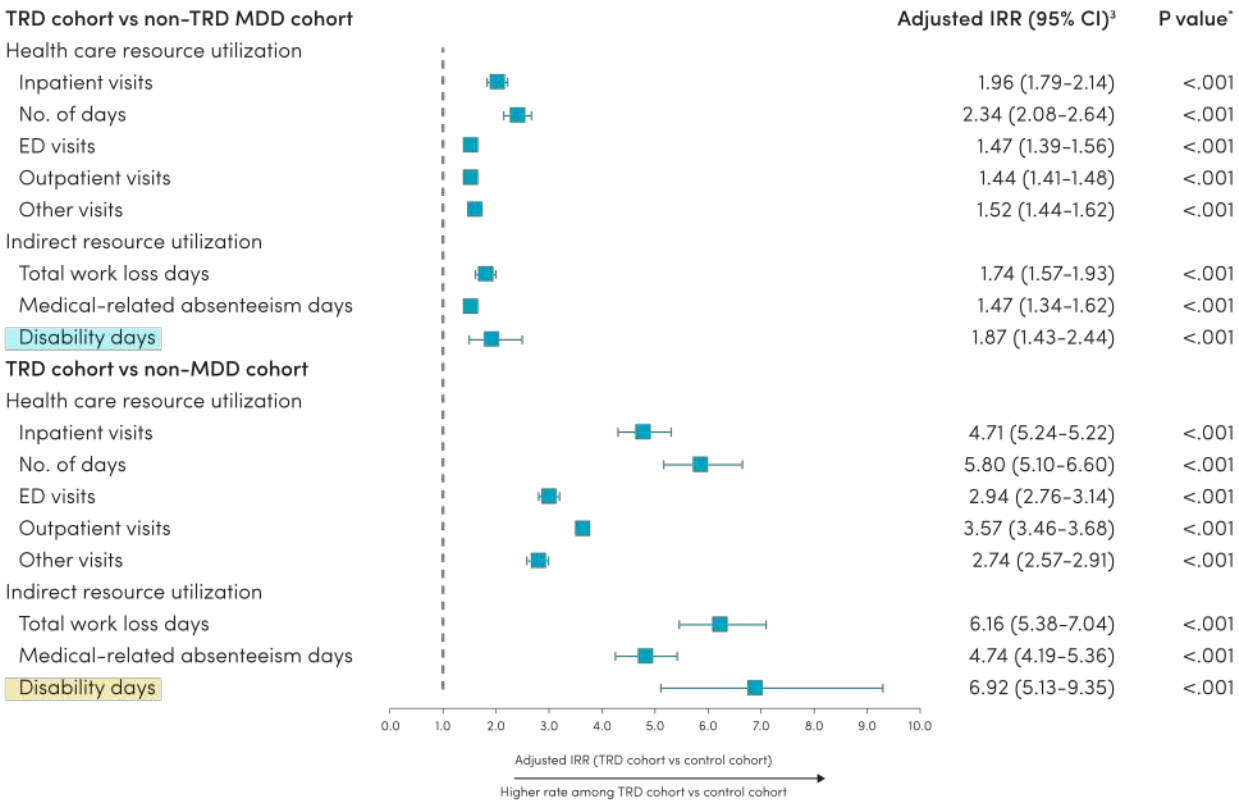
Figure 1. Comparison of direct and indirect costs per patient per year in TRD, non-TRD MDD, and patients without depression (non-MDD) over a 2-year time horizon.



3. Adjusted for baseline total health care costs and Quan-CCI.
P values and confidence intervals were obtained using a nonparametric bootstrap procedure (N=499)
* Significant at the 5% level.
CI = confidence interval, MDD = major depressive disorder, PPPY = per patient per year, Quan-CCI = Quan-Charlson Comorbidity Index, TRD = treatment-resistant depression

Employees suffering from TRD were also more likely to utilize disability days than those with non-TRD MDD or those without MDD at an adjusted ratio of 1.87 and 6.92, respectively (Figure 2).

Figure 2. Comparison of health care resource utilization and indirect resource utilization in TRD, non-TRD MDD, and patients without depression (non-MDD) over a 2-year time horizon.



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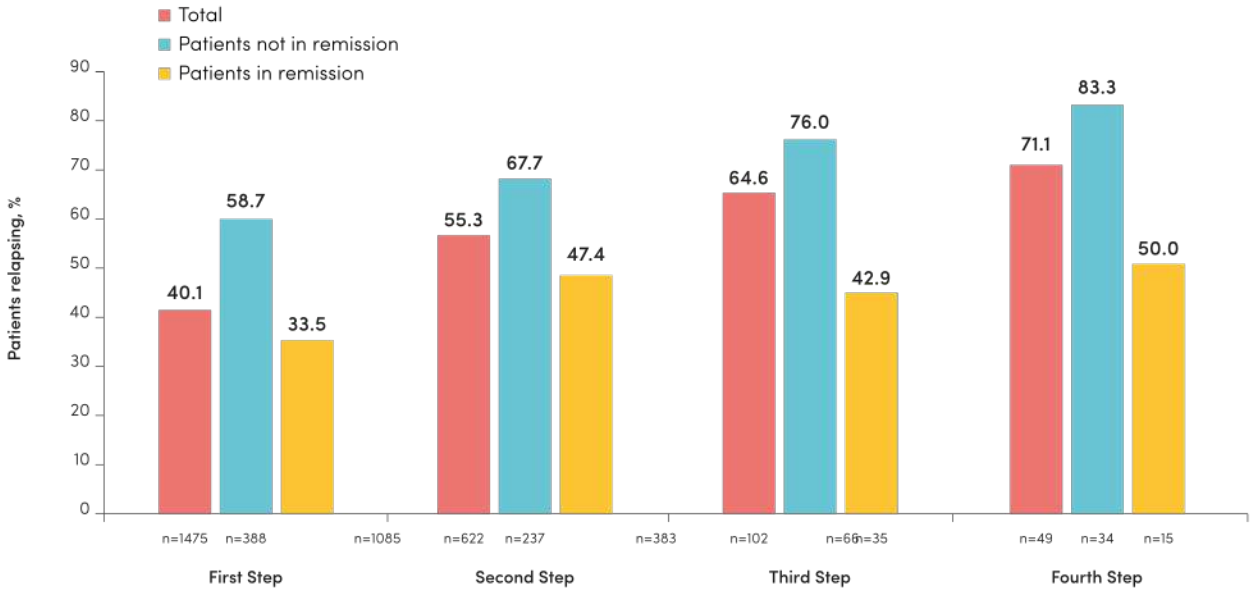
* Significant at the 5% level.
CI = confidence interval, MDD = major depressive disorder, PPPY = per patient per year, Quan-CCI = Quan-Charlson Comorbidity Index, TRD = treatment-resistant depression

A lack of adequate treatment options in depression

Existing treatment options do not currently meet the needs of the millions of people suffering from TRD, nor the millions more with MDD who will eventually stop responding to their current medication regimen. Relapse rates when switching or progressing an additional medication step are high, at 65% and 71% for the third and fourth steps, respectively (Figure 3). Those who do respond to treatment must wait an average of six weeks before any response is observed. Further, once a patient has responded to their second antidepressant medication, before their depression is considered treatment-resistant, the average time to relapse is only four months. A trial and error, "wait and see approach" is not serving the best interests of these patient populations (Warden et al., 2007).

Figure 3. Depression relapse rates increase with each treatment step (switching or augmenting medication).



While the treatment of mental health conditions – like depression – should be holistic in order to be successful in the long term, a lack of access to holistic treatment (e.g. a combination of psychotherapy, medication and other socio-behavioural interventions) remains a problem (Phelps, 2017). Of the estimated 17.3 million US adults who experienced a major depressive episode in 2017, including the 64% of whom who experienced severe impairment due to the episode, only 44% received care by a health professional and medication treatment (NIMH, 2018).

Recently, Spravato (esketamine) was approved for use in TRD in Canada and the US. While the drug is a welcomed addition to the suite of treatment options, there lacks data comparing its efficacy to racemic ketamine, and its high list price may present access barriers for patients. Esketamine is a single enantiomer of ketamine, along with arketamine. Preclinical evidence suggests that arketamine may be largely responsible for the antidepressant effect of ketamine, rather than esketamine, alone (Hashimoto, 2019).

Beyond potential limitations in efficacy, chronic dosing at a high price point merits esketamine to be a less attractive option than ketamine for the treatment of mood disorders like MDD and TRD. In a cost-effectiveness review of Spravato (esketamine), the US-based Institute for Clinical and Economic Review (ICER, 2019) deemed the drug to not be cost-effective in the treatment of TRD and estimated first-year direct medical costs at US$36,500, compared to US$3,600 for ketamine.

2.2 Trauma- and stressor-related disorders

Trauma, whether in the form of chronic stress exposure or a singular event, can lead to a number of psychiatric disorders, including depression, anxiety, acute stress disorder, and post-traumatic stress disorder (PTSD). The lifetime prevalence of PTSD, specifically, is estimated to be 9.2% and 7.8% in Canada and the United States, respectively. More acutely, past-month prevalence of PTSD is estimated to be 2.4% and 3.5% in Canada in the United States, respectively (Van Ameringen et al., 2008; Kessler et al., 2005). Lifetime prevalence is higher among certain professions, including military, police, firefighters and paramedics (Van Ameringen et al., 2008).

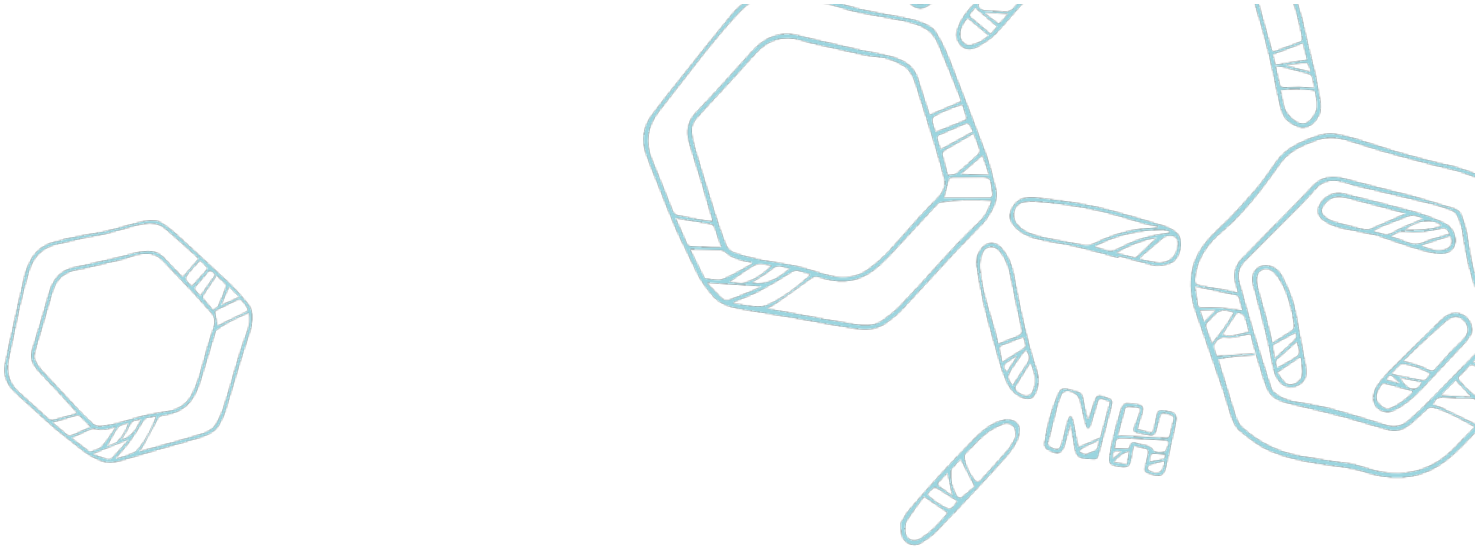
PTSD is highly comorbid with depression and substance use disorders (Table 1) and can cause stress-mediated health conditions such as obesity, cardiovascular disease and type-2 diabetes (Ahmadi et al., 2011; Dedert et al., 2010; Van Ameringen et al., 2008). While common treatment options include medication and psychological support, analyses have found that most people suffering from PTSD experience symptoms for well over one year, despite ongoing treatment, and at least 50% remain resistant to treatment, facing recurrent or chronic symptoms (Steinert et al., 2015).

A lack of direct data has limited the estimates of the economic impact of PTSD. However, the traumagenic nature of other mood and substance use disorders undoubtedly renders the economic impact of PTSD as intertwined with that of said conditions.

Table 1. Lifetime PTSD and comorbid disorders (n=645, weighted analysis).

	Men			Women			Total		
	With PTSD, %	No PTSD, %	O/R (95% CI)	With PTSD, %	No PTSD, %	O/R (95% CI)	With PTSD, %	No PTSD, %	O/R (95% CI)
MDD	63.0	22.6	5.8 (3.13-10.93)[a]	78.1	36.6	6.16 (3.94-9.64)[a]	74.0	30.9	6.36 (4.44-9.11)[c]
Alcohol abuse/ dependence	44.7	25.0	2.42 (1.34-4.01)[b]	21.3	12.1	1.97 (1.14-3.39)[b]	27.8	14.4	1.93 (1.25-2.71)[c]
Substance abuse/ dependence	41.3	10.3	6.14 (2.99-12.60)[a]	19.3	5.1	4.49 (2.17-9.30)[a]	25.5	7.2	4.43 (2.69-7.28)[c]

[a] $p < 0.001$, [b] $p < 0.01$: Men vs women and comorbidity for those with and without lifetime PTSD using Pearson chi-square and risk estimates.
c $p < 0.001$: Men and women combined, with and without PTSD and with comorbidity using Pearson chi-square and risk elements.



3. Ketamine-assisted psychotherapy

3.1 Ketamine as an antidepressant and anxiolytic agent

First approved by the US Food & Drug Administration (FDA) in 1970, ketamine was originally marketed as a safer alternative to existing anesthetics. At the start of the 21st century, ketamine was found to have potent and rapid antidepressant properties at sub-anesthetic doses (Zarate et al., 2006). The optimization of ketamine's antidepressant potential is an increasingly active area of medical inquiry.

Efficacy

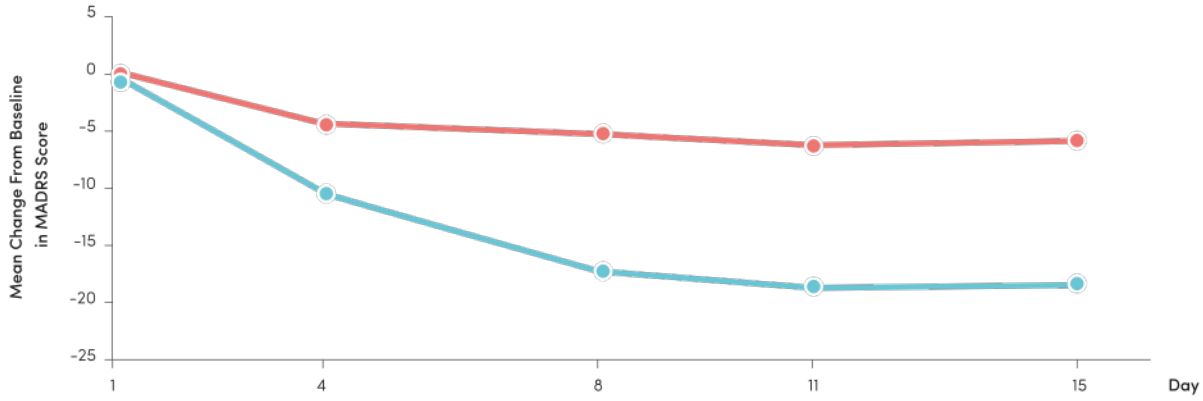
Ketamine is remarkably effective when compared with traditional antidepressant medications. Selective serotonin reuptake inhibitors (SSRIs) generally require weeks of continual exposure to achieve an antidepressant response, and approximately one third of patients will not respond to two or more antidepressant treatments. Moreover, the risk of violent and suicidal behavior increases in the acute period after starting a new medication. Thus, the need for safe, rapid-acting treatments for depressive conditions cannot be overstated (Earleywine & De Leo, 2020; Warden et al., 2007).

Ketamine can reduce depressive symptoms within two hours of administration, and these effects can be sustained for up to two weeks following a single dose. In the first studies of ketamine's efficacy in TRD, Zarate et al. (2006) found a response rate of over 70%, 24 hours after only one ketamine infusion.

Additionally, a meta-analysis found that a single administration of ketamine reduced suicidal ideation in over 50% of patients immediately after dosing, compared to about 20% in the control group – effects held up to one week later. Singh et al. (2012) demonstrated the strong efficacy of a twice-weekly dosing regimen in treatment-resistant depression over three weeks, with nearly 70% of patients achieving a response by day 15 (Figure 4).

Figure 4. Change in Montgomery-Asberg Depression Rating Scale (MADRS) Score, by dose frequency, from baseline through Day 15 of the double-blind phase in a study of intravenous ketamine in treatment-resistant depression.

A. Twice-Weekly Dosing



Number of Patients:					
Placebo	16	15	13	13	13
Ketamine	18	17	15	16	16

Safety

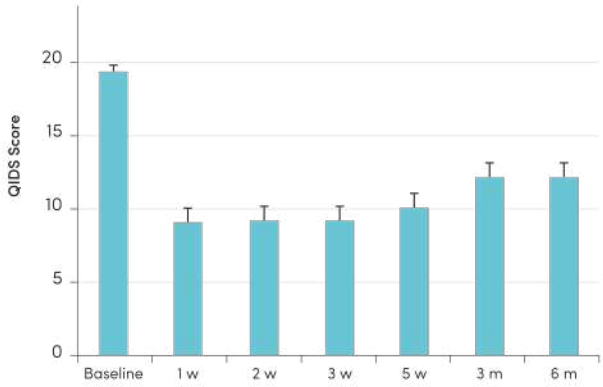
Ketamine is generally considered safe when administered in a clinical environment by medical professionals. Ketamine is contraindicated for individuals with diagnosed or suspected psychiatrically unstable conditions. Increases in blood pressure and heart rate can occur but rarely require any medical intervention at sub-anesthetic doses. Also rare at subanesthetic doses are slowed breathing and hypercapnia (elevated carbon dioxide levels in the blood) (Tyler et al., 2017).

While dissociative, or "psychedelic", properties may be present even at low doses, a number of studies point to these experiential components as positive mediators of the molecule's antidepressant effects. Indeed, research on psychedelics such as ketamine and psilocybin suggests that the experiential components of the treatment may be integral to enhancing and sustaining clinical outcomes (Luckenbaugh et al., 2014).

3.2 Why is psychotherapy an integral component?

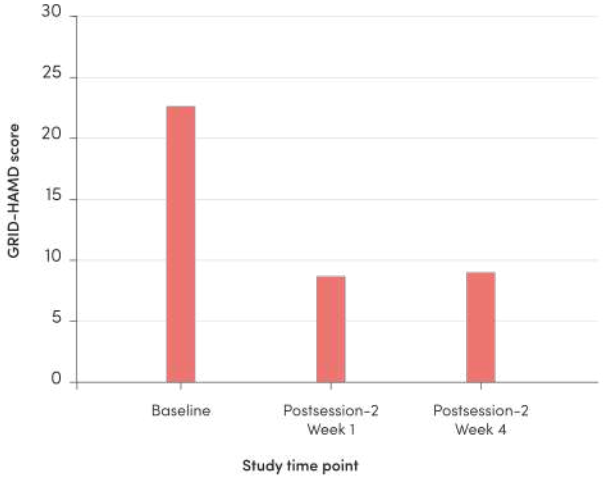
Ketamine alone can be used as a psychedelic molecule with antidepressant properties. When administered without psychotherapy, ketamine generally provides rapid relief from depressive symptoms for up to 1-2 weeks. Evidence supporting the combined use of ketamine and psychotherapy has a rich history and continues to emerge into mainstream psychiatry (Dore et al., 2019; Tyler et al., 2017). Studies with other psychedelics, such as psilocybin, suggest that the efficacy of the molecule may be amplified and extended substantially when psychotherapy is incorporated into the treatment protocol. For example, clinical research examining psilocybin-assisted psychotherapy has demonstrated a statistically significant antidepressant response after just two sessions. This benefit was maintained in numerous patients at a 6-month follow-up, without the use of traditional antidepressant medication (Figure 5; Carhart-Harris et al., 2017). These data were replicated in a randomized clinical trial by researchers at Johns Hopkins University in a study of patients with Major Depressive Disorder, with 71% of patient responding (>50% reduction in symptoms) and 58% of patients in remission at the 4-week follow-up (Figure 6; Davis et al., 2020).

Figure 5. Psilocybin-assisted psychotherapy for treatment-resistant depression demonstrates rapid, long-lasting improvements in depression severity (n=16).



Depression severity determined by the primary outcome measure, self-rated QIDS-SR16. Data are shown for the QIDS scores of 16-20 considered to reflect severe depression. All post-treatment assessments were obtained after the high-dose session, i.e. 1-week post-treatment refers to 1 week after the 25-mg psilocybin dose. All contrasts vs baseline yielded p values of < 0.001 with the exception of the 6 month contrast which was p = 0.0035.

Figure 6. Psilocybin-assisted psychotherapy for Major Depressive Disorder demonstrates rapid, long-lasting improvements in depression severity (n = 24).



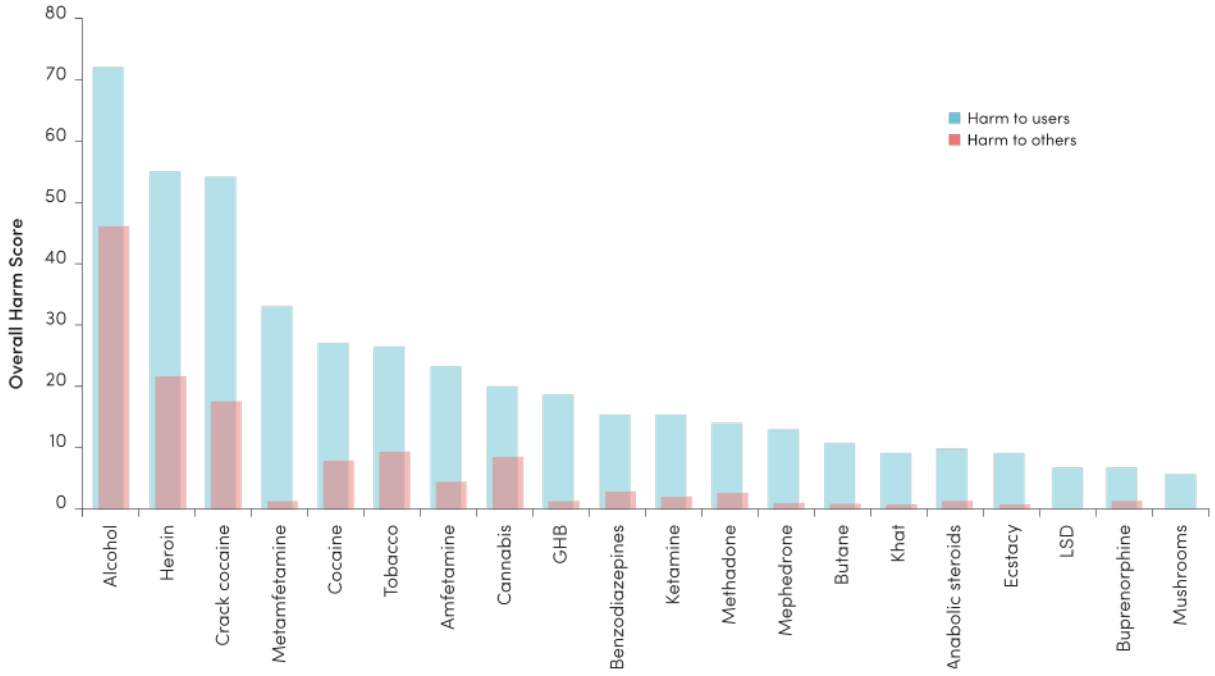
The mean (SD) GRID-HAMD score was 22.8 (3.9) at baseline, 8.7 (7.6) at week 1, and 8.9 (7.4) at week 4. Effect sizes (Cohen d with 95% CI) and P values reflect the results of a paired sample t test that compared scores between baseline and week 1 (Cohen d = 3.6; 95% CI, 2.2-5.0; P < .001) and week 4 postsession-2 follow-up (Cohen d = 3.6; 95% CI, 2.2-4.9; P < .001)

The prevailing hypothesis, put forth by leading researchers in the field, states that ketamine and other psychedelics induce a neuroplastic state that can then be used to facilitate insight and the formation of new patterns of thought and behavior in patients suffering from depression (Vollenweider & Preller, 2020). A skilled psychotherapist can help the patient in this creative endeavor, ensuring that the newly induced neuroplasticity and insights gained from their psychedelic experience(s) are sustained and integrated into their lives, ideally prolonging and preventing relapse (Phelps, 2017).

3.3 Psychedelic Medicine

While psychedelics have been used for millennia via traditional medicine and some indigenous spiritual-cultural practices, their incorporation into modern medical practices has been met with legislative and social hurdles (Vollenweider & Preller, 2020). The unmet and increasing need for treatments for neuropsychiatric disorders such as depression, coupled with the growing body of evidence supporting the efficacy of psychedelics, has renewed public and medical interest in psychedelic medicine. Scientists widely agree that psychedelics present promising health benefits and favorable safety profiles compared to most consumed substances (Figure 7; Nutt et al., 2010).

Figure 7; Nutt et al., 2010.



Psychedelics have shown the great promise in treating psychiatric and substance use disorders when used in a controlled environment with one or more skilled facilitators (Phelps, 2017). The various nuances of psychedelic medicine, from preparation for and integration of the experiences to the consideration of aesthetic features of the surrounding environment, are being studied at many world-renowned institutions such as Johns Hopkins University, Harvard, Imperial College London, Yale University, and the University of Toronto.

Evidence is mounting such that governments are beginning to acknowledge the benefits of these substances and permitting their use in a medical context. In 2020, **Health Canada** has approved the use of psilocybin-containing mushrooms to relieve depression and anxiety in patients facing terminal illnesses, and one patient without a terminal diagnosis.

Commercially, various companies are developing psychedelic molecules through the traditional clinical drug development pathway. Psilocybin and MDMA are in late-stage clinical trials for the treatment of treatment-resistant depression and post-traumatic stress disorder, respectively. Both molecules have been granted Breakthrough Therapy Designation by the US Food & Drug Administration (FDA) – a designation saved for drugs that treat serious conditions and demonstrate a substantial improvement over available therapies.

Notably, the Multidisciplinary Association for Psychedelic Studies (MAPS), has demonstrated substantial cost effectiveness of MDMA-assisted psychotherapy (MAP) in a population with PTSD. The peer-reviewed study estimated that, when used instead of traditional care, costs for MAP break

even at 3.1 years post-treatment. Over a 30-year time horizon, a population of 1,000 individuals receiving the treatment would lead to a discounted net savings of $103.2 million, the avoidance of 43 premature deaths, and an additional 5.5 quality-adjusted life years (QALYs) gained per patient, on average (Table 2; Marseille et al., 2020).

Table 2. Net present costs, health benefits and cost-effectiveness results for 30, 10, 3.1 and 1-year analytic time horizons for 1,000 patients undergoing MDMA-assisted psychotherapy (USD; Marseille et al., 2020).

			MAP	Control
Intervention costs and discounted future medical care costs	30 years	Costs	$270,195,980	$373,351,216
		Net cost (savings)	**($103,155,236)**	
	10 years	Costs	$140,326,654	$176,983,925
		Net cost (savings)	**($36,657,271)**	
	3.1 years*	Costs	$61,210,801	$51,210,801
		Net cost (savings)	**$0**	
	1 year	Costs	$28,388,045	$20,779,355
		Net cost (savings)	**$7,608,691**	
Health benefits	30 years	QALYs	13,591	8,037
		QALYs gained	**5,553**	
		Deaths	278.6	321.5
		Deaths averted [b]	**42.9**	
	10 years	QALYs	6,315	3,798
		QALYs gained	**2,517**	
		Deaths	53.4	72.3
		Deaths averted [2]	**18.9**	
	3.1 years*	QALYs	2,331.2	1,412.7
		QALYs gained	**918.4**	
		Deaths	14.2	20.1
		Deaths averted [b]	**5.9**	
	1 year	QALYs	733	445
		QALYs gained	**288**	
		Deaths	4.3	6.3
		Deaths averted [b]	**2.0**	
Cost-effectiveness	30 years	Net cost per QALY gained	Dominant [c]	
	10 years		Dominant [c]	
	3.1 years*		Dominant [c]	
	1 year		**$26,427**	

a. Approximate analytic horizon at which net costs are zero, i.e. 'break-even'
b. Undiscounted
c. MAP is less costly and yields more QALYs; no cost-effectiveness ratio calculated

4. Field Trip Health's approach

Field Trip Health provides legal psychedelic-assisted therapies for hard-to-treat mental health conditions like depression, anxiety and traumatic stress disorders. With a network of outpatient mental health centers spanning across North America, Field Trip Health's services focus on cultivating a deeply human experience, combining the science of modern medicine with the wisdom of the psychedelic approach along with technology-enabled personalized psychotherapy and wellness practices.

4.1 Client enrollment and referrals

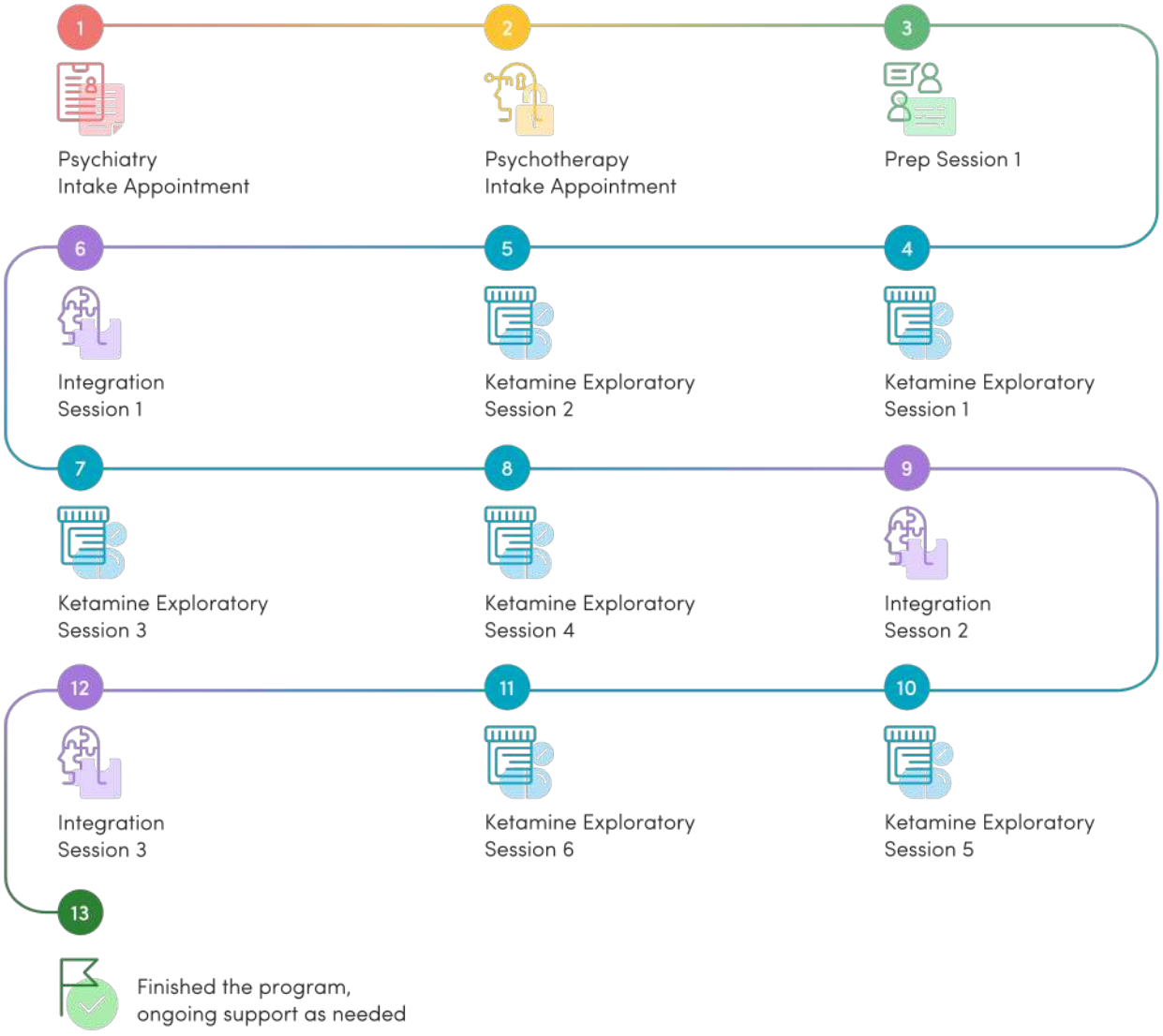
In Canada, clients require a referral from a physician. Once a referral is received, a Field Trip staff psychiatrist will screen prospective clients to ensure safety and confirm ketamine-assisted psychotherapy is the right fit.

In the United States, clients do not require a referral in order to begin the intake process. To qualify for treatment, a client will complete a secure medical intake questionnaire and conduct a consultation with a licensed medical professional to ensure the program is appropriate.

4.2 KAP for depression program (CORE)

Field Trip Health's ketamine-assisted psychotherapy (KAP) for depression program is designed for clients with difficult-to-treat depressive conditions, which is usually defined as depression that has not responded to two or more antidepressant medications and have, in many cases, received psychological interventions. The core of the program includes medical intake, one preparation therapy session, six ketamine sessions and three to four stand-alone integration therapy sessions via evidence-based, client-centered talk therapy techniques (e.g. cognitive behavioral therapy, motivational interviewing, behavioral activation, etc.).

Patient Journey



Overview of treatment sessions

A standard treatment block will involve a combination of Ketamine Exploratory sessions and Integration Sessions, depending on the client's need. Throughout the program, clients will be sent standardized clinical questionnaires to measure treatment progress and clinical outcomes. Additionally, they are given access to the Field Trip Health Patient Portal, which houses mindfulness tools, therapeutic exercises, mood tracking and other educational content to be used for building coping skills and integrating insights.

Psychotherapy Intake and Preparatory Session

In the Psychotherapy Intake session, the client will meet with a psychotherapist, who will be facilitating the client experience throughout the program. This intake is designed to allow the psychotherapist to get to know the client and understand their motivations and intentions for seeking this treatment. The therapeutic relationship is the foundation of the healing journey, and the intake session is the first step in building an alliance of safety and trust between therapist and client.

This session also has a preparatory component, which is designed to help prepare the patient for the initial ketamine experience. The therapist will provide the client with important information about the experience and give them an opportunity to explore thoughts, feelings, hopes, and concerns around it – setting the stage for an optimal session with both the medicine and the therapist present.

Ketamine Exploratory Sessions

A single Ketamine Exploratory Session will last for approximately 2 hours, including the acute effects of ketamine and additional time spent with the therapist. The ketamine journey itself typically lasts for 45-90 minutes, with time afterwards to reflect on the experiences with the support of the therapist.

Integration Sessions

Integration Sessions are typically conducted after one or two Ketamine Exploratory Sessions. The therapist will provide the client with a container to process emotions and insights that may have arisen during or after the Ketamine Exploratory Sessions, ultimately allowing for a sustainable integration into daily life. To achieve this, the therapists will employ client-centered, evidence-informed approaches specific to the clients' needs, including cognitive behavioral therapy, motivational interviewing, and behavioral activation.

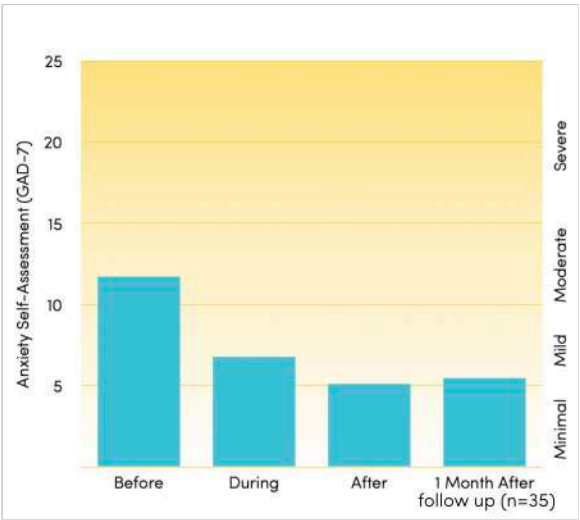
Beyond

As part of Field Trip Health's commitment to sustained mental wellbeing, clients have access to digital tools, educational materials and active treatment modules that can potentiate the benefits of ketamine-assisted psychotherapy. Moreover, clients are welcome to return for further sessions if deemed necessary. Field Trip is continuously fostering a network of healthcare and wellness partners that clients can access to complement their therapeutic experiences.

Client outcomes

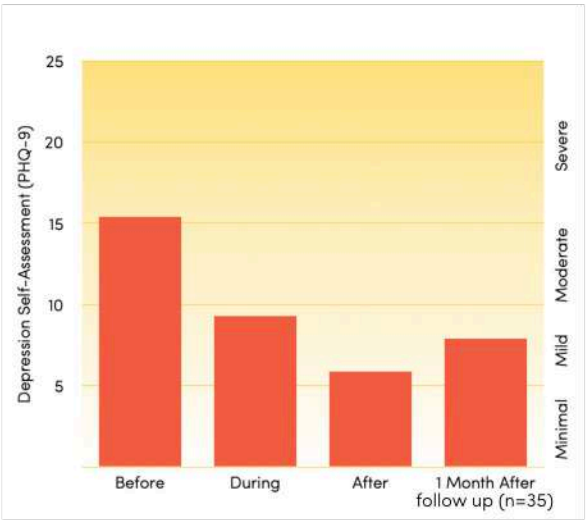
Early results from Field Trip Health centers demonstrate rapid and meaningful decreases in depression and anxiety scores in patients with difficult-to-treat mental health conditions, including depression, anxiety and trauma. Data from a subset of patients with 1-month follow-up data reveal the durability of these antidepressant effects, achieved with a combination of ketamine and client-centered psychotherapy protocols.

Figure 8. Patient self-reported depression scores (PHQ-9) before, during and after ketamine-assisted psychotherapy (KAP) for difficult-to-treat-mental health conditions.

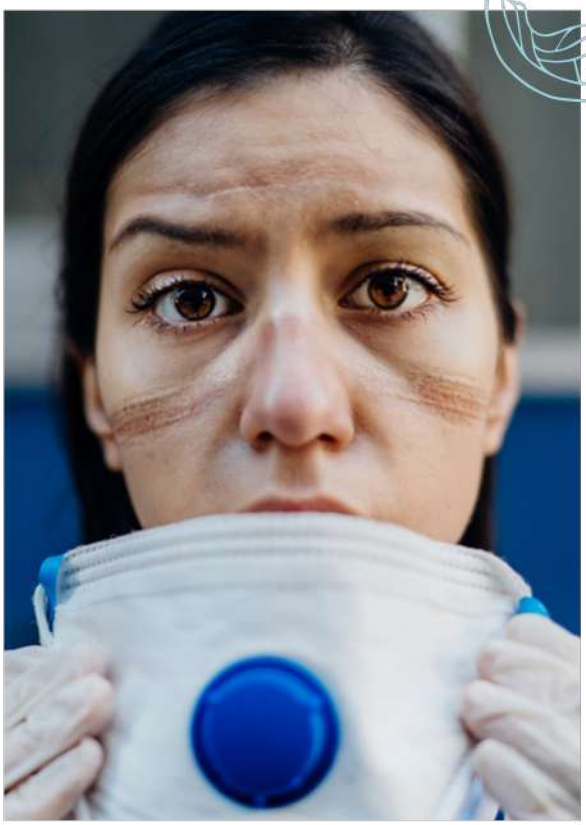


The data demonstrate a trending progression from severe depression to sub-clinical depressive symptoms after completing the KAP protocol, which consists of six ketamine-assisted psychotherapy sessions and at least four stand-alone psychotherapy sessions. For patients with 1-month follow-up measurements, the data show a maintenance of the antidepressant effect, with a slight trend upwards in depression score. The data represent fifty eight (58) patients with self-reported measurements before and after the treatment protocol, and thirty five (35) patients with self-reported measurements at the 1-month follow-up period.

Figure 9. Patient self-reported anxiety scores (GAD-7) before, during and after ketamine-assisted psychotherapy (KAP) for difficult-to-treat-mental health conditions.



The data demonstrate a trending progression from moderate-severe anxiety to minimal-mild anxiety after completing the KAP protocol, which consists of six ketamine-assisted psychotherapy sessions and at least four stand-alone psychotherapy sessions. For patients with 1-month follow-up measurements, the data demonstrates a maintenance of the anxiolytic effect. The data represent fifty eight (58) patients with self-reported measurements before and after the treatment protocol, and thirty five (35) patients with self-reported measurements at the 1-month follow-up period.

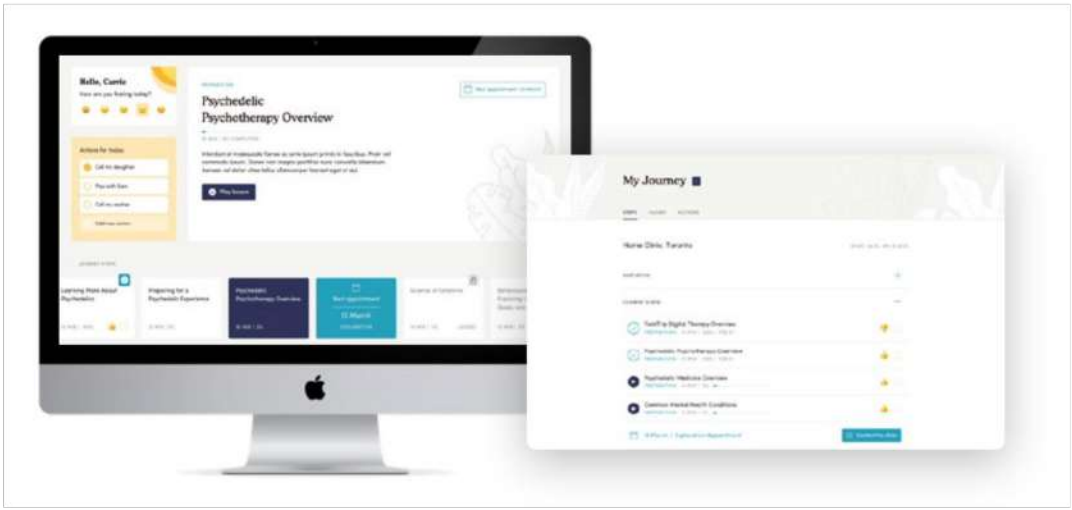


4.3 CORE+ for trauma and stressor-related disorders

Ketamine-Assisted Psychotherapy Plus (CORE+) takes a personalized, trauma-informed approach to address trauma and stressor-related conditions, including PTSD, Acute Stress Disorder, and other psychiatric disorders that are common for those who have been impacted by chronic stress exposure and event-based trauma that is characteristic of life adversities or of dangerous and high-risk professions. Anecdotal reports from KAP practitioners across North America suggest that certain clients benefit from additional time with their therapist to build rapport ahead of dosing sessions, as well as more frequent integration sessions following dosing sessions to develop insights and action items around difficult to process trauma-related material.

Field Trip Basecamp is a division of Field Trip Health that is dedicated to veterans, first responders and frontline workers. Through building programs and partnerships, Basecamp leads Field Trip's community-building efforts with veteran and frontline worker populations, ultimately resulting in enhanced access to and education around psychedelic-assisted therapies. Basecamp is currently working closely with the Heroic Hearts Project, a foundation that connects veterans with safe and effective psychedelic-assisted therapy options, and works to increase awareness around the potential of psychedelic medicine as a therapeutic option.

4.4 Field Trip Digital: Portal



Field Trip Health's Portal is a digital platform providing all Field Trip Health patients access to educational and interactive content to augment their treatment journey, including progress-tracking, mood-monitoring, mindfulness and other at-home exercises. Further, the platform enables patient-therapist communication in the form of an asynchronous chat and is regularly updated with new features complementing the in-center experience.

4.5 Field Trip Health Centers

The Field Trip Team

> — So far our patient outcomes reflect the remarkable results we see in the literature... and then some. The response rate for IV ketamine without the psychotherapy component has been determined to be an average of 75% for depressed patients. The majority of patients who receive ketamine without therapy, in a standard IV ketamine clinic, generally require regular boosters. Although the research for our model is in the early phase, when you look at in-house studies for clinics that pay particular attention to setting, while encouraging KAP, one finds considerably higher response rates (80-89%) and a drastically reduced need for boosters (as low as 10%). These findings are reflected here at Field Trip NYC, where the vast majority of our previously depressed patients have demonstrated precipitous drops in depression scores in less than 3 weeks, with considerable durability at 1 and 3-month follow-up marks.
>
> Dr. Ben Medrano, MD
> Medical Director, Field Trip Health

Santa Monica team

> — Ketamine-assisted psychotherapy (KAP) solves the problem of the slow onset of effects that we see today with typical antidepressants. Being able to treat severe mental illness in hours, compared to weeks or months, helps alleviate patient suffering immediately. Additionally, KAP allows patients to focus inward and safely address the issues they face, getting to the root of many of their health concerns rather than merely managing symptoms.
>
> Dr. Michael Verbora MBA, MD
> Medical Director, Field Trip Health

Field Trip Health adopts an interdisciplinary, integrated, team-based approach to care. The clinical team forms a "Circle of Care" that works together to facilitate a seamless client experience. Clients and their care team work collaboratively to develop the right "set and setting" for providing a safe, inclusive, and supportive environment where everyone can contribute positive therapeutic changes.

Each center is staffed by a medical director, psychiatrist(s), as well as other medical practitioners and psychotherapists. Each is responsible for different aspects of the comprehensive program. All therapists, who conduct in-clinic sessions, have been trained in therapeutic approaches specific to psychedelic-assisted psychotherapy.

Beyond the brick and mortar clinic, Field Trip Health works with community partners to ensure clients have access to the best complementary support post-treatment, including talk therapy, mindfulness training and physical activity. Field Trip Health also works with the clients' other care providers to ensure consistency of in the continuum of care.

Locations

Field Trip clinics exist to bring people to life through evidence-based, medically supervised psychedelic therapies. We intentionally design our spaces for your healing journey—clean, quiet, and alive with light and plant life, we have reimagined the health clinic to be a calming oasis inspired by all of the peaceful aspects of nature.

Open Now

Toronto
30 Duncan Street, Suite 400,
Toronto, ON, M5V 2C3
Call: 1-833-222-0084
Fax: 1-855-933-1211

New York City
137 E. 25th St. 11th Floor,
New York, NY 10010
Call: 1-888-519-6016
Fax: 1-855-719-1080

Atlanta
750 Glenwood Ave Building
200 Suite 210 Atlanta, GA,
30316
Call: 1-888-519-6016

Chicago
325 West Huron Street, Suite 603,
Chicago, IL 60654
Call: 1-888-519-6016
Fax: 1-855-719-1080

Los Angeles
1538 20th St. Santa Monica,
CA 90404
Call: 1-888-519-6016
Fax: 1-855-940-4088

Houston
4310 Westheimer Road, Suite
220 Houston TX 77027
Call: 1-888-519-6016

Open Soon

San Diego, CA San Carlos, CA Seattle, WA Washington, DC Fredericton, NB

Set & Setting

In relation to a psychedelic experience, set and setting refer to the patient's mindset ("set") and the physical and social environment in which they have the experience. Millenia of traditional use and recent studies from a number of world-leading academic institutions highlight the importance of set and setting in optimizing the experience and subsequent therapeutic benefit (Haijen et al., 2018).

Santa Monica

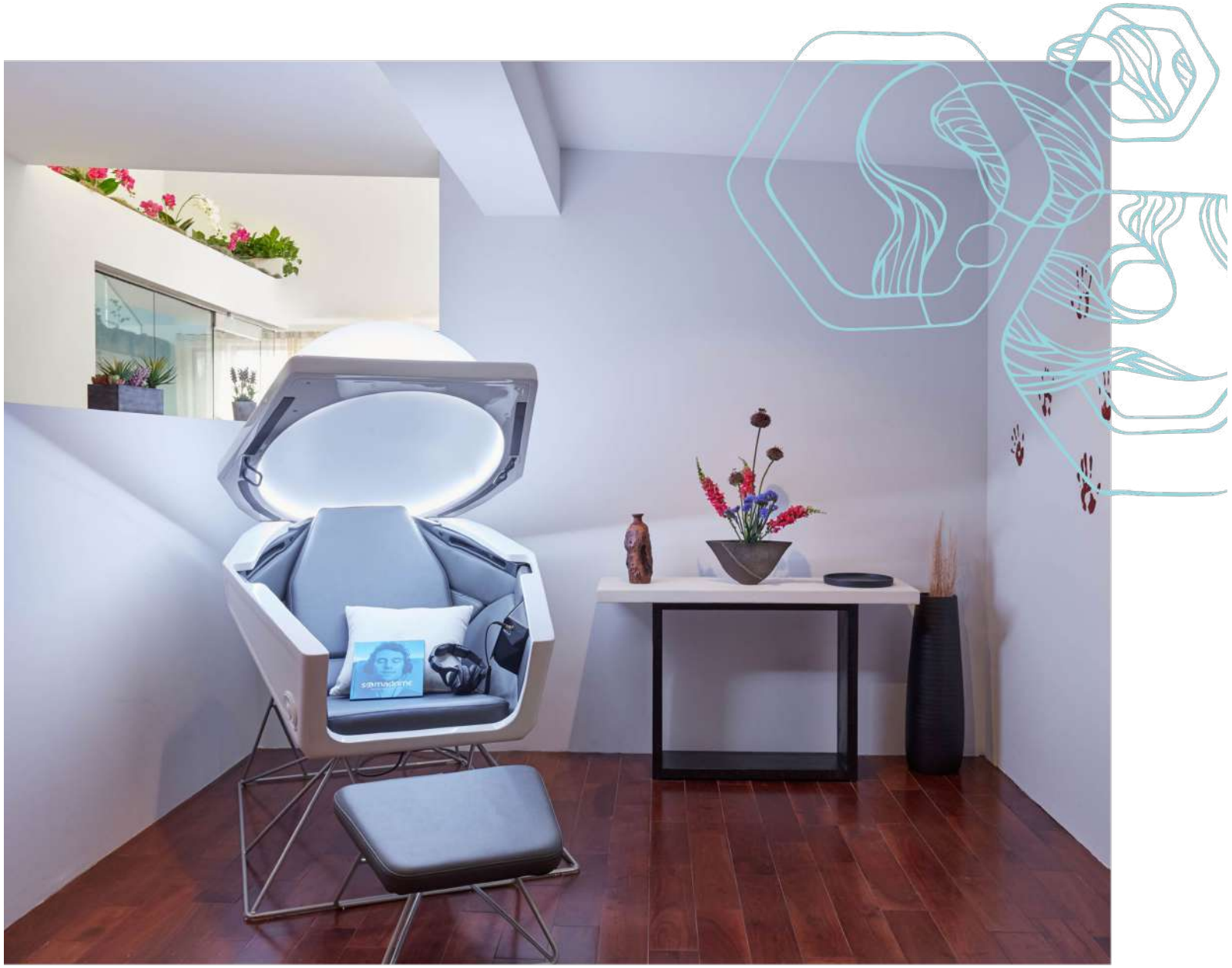
Toronto

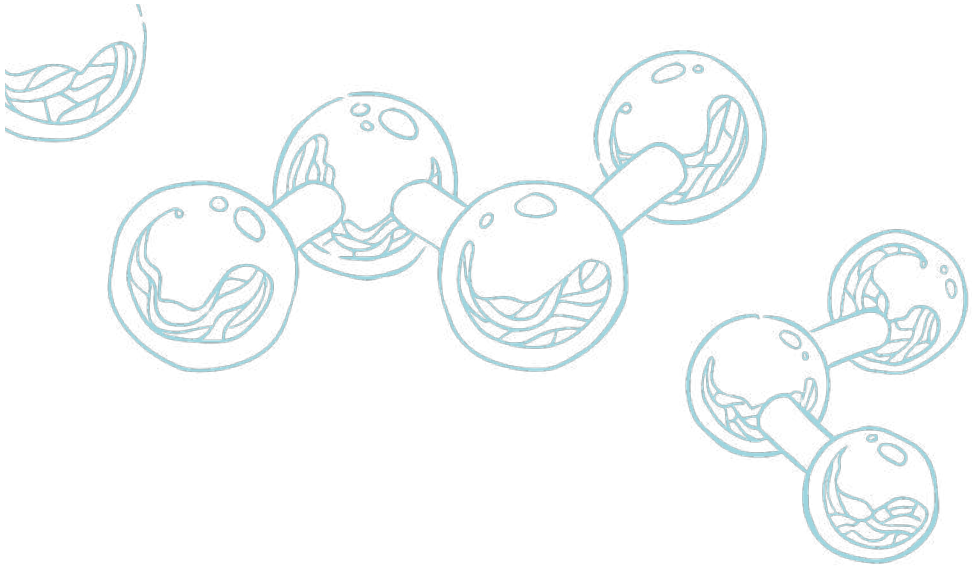
At Field Trip Health centers, the environment is designed to promote a soothing client experience, fostering feelings of safety and comfort for the clients. This setting is nurtured through carefully crafted interior design – including signature moss walls that bring nature indoors – curated music playlists, and other thoughtful touches like weighted blankets and eye masks. A prepared mindset is encouraged through mindfulness exercises and intention-setting, both before a ketamine session and throughout the consultations with therapists.

Field Trip Health strives to be the leader in innovating the psychedelic-assisted psychotherapy model, both in integrating effective psychotherapeutic approaches and in refining the concept of set and setting, ultimately to promote growth, healing and recovery.

Technology

Along with access to Field Trip Health's Patient Portal, patients benefit from state-of-the-art sound design, zero-gravity chairs, and experimental technologies like virtual reality. With different modalities used in different clinics, Field Trip Health clinics leverage the latest technologies to complement the patient's therapeutic program.





Frequently Asked Questions

Are psychedelics drugs of abuse? How is this different?

There is little evidence to suggest that experiences with psychedelic substances result in long-term addiction or physical harm. In fact, a growing set of studies indicates that these substances, when taken in a therapeutic setting, can be quite positive for mental health issues. However, as with any drug, there is potential for abuse and harm if not taken safely and under medical supervision. Field Trip Health only promotes the safe use of prescribed ketamine under the supervision of our expert medical team in a therapeutic setting.

What about scary or "bad" trips?

Psychedelics are powerful substances that have the potential to cause profound changes in perception and patterns of thinking. They can be unpredictable and, at times, overwhelming for some people. That said, it's often the difficult journeys that lead to the most significant breakthroughs and long-term benefits. Even difficult experiences can be opportunities to see life from a new perspective. Experienced professionals can help to minimize the anxiety felt during the experience. They serve as trusted guides and interpreters, while also maximizing the effectiveness of the treatment. By creating safe, comfortable environments and helping you establish an open, relaxed mindset, therapists help facilitate a beneficial experience.

Is this treatment covered by extended-benefit insurance providers?

As all sessions are conducted with licensed therapist, under the clinical supervision of a registered psychologist, clients may be eligible for partial reimbursement under a psychotherapist and/or psychologist benefit - the amount depending on employer and/or insurer coverage limits.

Emergency contacts

Canada

ONTX Distress and Crisis Ontario
Text 'SUPPORT' to 258258
Online Chat

Toronto Distress Centre – 24/7
Phone: 416-408-HELP (4357)
Website

Gerstein Centre (Crisis Line) – 24/7
Phone: 416-929-5200
Website

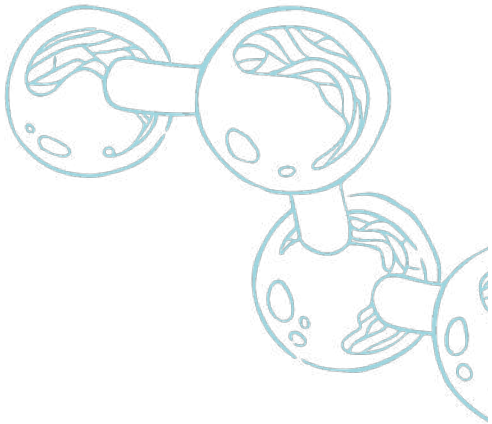
Centre for Addictions and Mental Health (CAMH)
Psychiatric Emergency Department – 24/7
Address: 250 College Street, Toronto
Website

United States

National Suicide Prevention Lifeline – 24/7
Phone: 1-800-273-8255

Disaster Distress Helpline – 24/7
Phone: 1-800-985-5990
Text: 'TALKWITHUS' to 66746

Veteran's Crisis Hotline – 24/7
Call: 1-800-273-8255
Text: 838255



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field trip