



EPI7. Changing the landscape of mental health care

Dr Ekaterina Malievskaja, Compass Pathways

GT: Griselda Togobo

EM: Ekaterina Malievskaja

GT: Hi, this is Griselda Togobo, and this is a leadership podcast where I have the honour of sitting down with very inspirational female leaders to listen to their journey and also to learn practical strategies and skills on how they have won in the world of work.

Today I'm very excited to be speaking to Ekaterina Malievskaja – Katya, for short. Katya is taking the world of mental health by storm, and we know how impactful mental health is to our productivity, to our success, to our happiness and all that, so I'm really excited to hear from Katya today.

Katya, thank you so much for making time for us.

EM: It's a pleasure. Thank you for having me.

GT: So, Katya, you talk about a story, and that everybody has a story. What's your story? What has brought you to founding Compass?

EM: The story actually starts when I came to the US in 1991 from Russia. I was an immigrant living in New York, living in one of the poorest neighbourhoods. I literally landed in New York with \$100 in my pocket. Living the immigrant life for five or six years really taught me resilience.

As I progressed through life, as I learned the language, as I took my tests to start the residency, I crossed many social and professional layers. I was washing hair, I was babysitting, I was doing all sorts of random jobs while studying. Then when I started my residency, and then eventually finishing the residency, starting fellowship at Mount Sinai, I progressed through many layers but that early experience in the US as an immigrant, as a woman, and as a mother, never left me.





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So things started settling in. I was a practising physician, I was working in academia, public health. My son went to college and came down crashing with severe depression and OCD. It was difficult to understand, difficult to diagnose. As a physician, I always thought that psychiatry operates on the medical model, and I had experience of managing very complex patients in the hospital. So I said, 'How hard could it be? We'll whip that depression into shape in no time.' The more he was treated, the worse he was getting. I dropped everything, and I started looking for solutions and I started talking to everyone who would talk to me. On that path, I actually met hundreds, if not thousands of people, and every person had a story. Everyone had someone in their family, friends, or themselves, struggled with ineffective treatments, and side effects, and just really struggling. That was a real eye opener to me.

As I was trying to find solutions for my son, I came across the research on psychedelics. Then I started looking into it, I started reading the literature. There was not that much at that time. I started meeting with researchers, understanding what the signals are, and what it would take to develop these treatments for the population. But that immigrant in me, my first few years in New York as an immigrant, I always was thinking about this. Women, perhaps single mothers, working two full time jobs, how would they navigate it? I was already quite privileged and I had resources. I had ability to understand the literature, to ask questions, to assess risks and benefits. But I was thinking about all the people who did not have this privilege, who did not have these opportunities, and that's how we formed Compass.

We are not a psychedelic company. I cannot stress it enough. We are a mental health care company, and the difference is that we're not inspired by substances. We're not inspired by the effects of psychedelics. We are inspired by patient stories and by significant unmet medical need. We organise our thinking and all our work around patients, not around substances.

GT: Wow! You've talked about so much in this introduction. First of all, I just want to pick up on your son, because I have a son as well and as a Mum when



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your children are unwell, you literally have to drop everything as you did, and the world comes to a stop. So, I'm just wondering how you felt during that initial phase when you realised that the son that you had, and loved very dearly, was going through this difficult time and you couldn't really help. The science hadn't caught up with a solution that was readily available.

EM: Absolutely. I think it's so scary. When it happens to you, you know that you have resources, but you don't really know how much resources your child has. Every day I would think, if I could swap it with him, if I could take it on, I would do it in a blink. But unfortunately, I couldn't. I was afraid, but I was also really determined. I remember one meeting we had at one of the most reputable, prestigious universities in the US/ The psychiatrists, were sitting there rocking their heads and they were telling me he, might not get better. I think I was the only person in the room who was not taking no for an answer. I said to myself, 'He absolutely will get better,' and he did.

GT: Wow! The beauty of that story is a Mum's belief, and as you said, having the resources to go and find a solution at all costs.

EM: Yes. At every point I recognised how fortunate we were, and also understanding that essentially, I'm doing it for all the mamas.

GT: All the mamas really appreciate this. I am married to a doctor, so I have an idea of the medical field and the mindset of medicine around traditional, well-researched, well-accepted ways of patient care, and psychedelics and mental health is a bit outside of that boundary. So, I'm just wondering how you managed to get yourself out of the traditional mindset of medication, of all the ways that we treat patients now to move away from something that was not considered mainstream and has a bit of stigma as well attached to it.

EM: Yes, it's a really good question. So first of all, I want to say that it's not one or another. There is no juxtaposition of mainstream and something alternative. That's the way we see it. I think there are antidepressants, there are medications that absolutely work for some proportion of the population, and they change their lives and people go on, and there's nothing wrong with that. Unfortunately, they don't work for everyone, or they don't work for a high proportion of the population. We need to look for other solutions, and I think part of the problem is scientific.



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No one has ever seen depression. In cancer you can see the tumour on scans, you can measure the size, you can measure progression, you have blood work. In psychiatry there are no hard endpoints. In psychiatry the clinical impression forms between what patients can share, are willing to share and what orientation the clinician is pursuing.

So the same patient can have very different diagnosis depending on who this person is seeing. That requires the whole range of solutions. So let's not say that traditional medicine, the mainstream medicine, failed us, but we just need more solutions and that's how I approached this. From the very beginning we didn't come to psychedelics for the love of drugs. We didn't come with an aspiration, let's just unleash it on the unsuspecting population and see what happens. Everyone has the right to expand their consciousness, everyone absolutely has this right, but that was not our goal. Our goal was to take the substances and look at the signals and see if there is a therapeutic potential and then take a very traditional, very mainstream approach.

I think it's a socially responsible way of doing science, addressing significant unmet need, and you doing highest quality science - traditional randomised controlled trials, large trials, large number of patients, well-defined patient population. You document adverse events in safety profile according to the most rigorous regulatory standards, so it became just one of the medicines.

GT: So as your son got better, and being a doctor, at what point did you think, 'Right, I can start a company to provide a solution to the masses,' because doctors are so committed to their profession?

EM: I would say that it's not the story of a boy who was failed by traditional psychopharmacology, took magic mushrooms, and he got better the next day, and then his parents founded the mushroom company.

The company is dedicated to accelerating patients' access to innovation and mental health, and psychedelics are just one of them. So we're not just pursuing psychedelics, we're looking at complex solutions. If tomorrow there is something more effective and more interesting than psychedelics, we will absolutely look at it. We are again inspired by the significant unmet need in psychiatry, rather than let's find a suitable diagnosis for magic mushrooms.



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GT: So, at what point did you transition from a professional working in a large company to the entrepreneur and co-founder?

EM: Here I want to be very clear. I just want to manage the expectations that I am not on the traditional leadership path. I was a practising physician. I was in private practice, and I was a private hospitalist for a large multi-specialty group. So I was always what's considered in the corporate world an individual contributor, so I would work one on one with patients, and it's kind of a fluid team around the patient. So for doctors, as you probably know, (I don't know what field your husband is in), but there's not a lot of career progression. Once you're a doctor, you just want to be a better doctor. So if your patients are doing well, that's it. I never had an aspiration to be chief of anything. I loved being a doctor. So that's it, you're settled early on, and I always thought I never had a business bone in my body. I had very little interest in business, and I always thought that it's not for me. I love one-on-one contact I love seeing patients getting better.

It was kind of an involuntary start-up. We had to do it because there were no solutions. We would have invested if something would have been happening, I think, but we just had to do it.

GT: Wow! Which is what I found really extraordinary, because you're pursuing your passion rather than the business conventional angle. This is helping our industry get better. This is helping people access more innovative, more wholesome, complete solutions to mental health, which is beautiful in itself because that has then taken you on a journey where in some cases you move far away from what initially brought you into the sector.

So now moving beyond an individual contributor and being the founder of this business, this idea, this movement against big pharma, how are you managing that transition?

EM: Again, I want to say that I think people love vilifying big pharma. There is a lot of suspicion about big pharma and there is definitely a huge amount of misbehaving. But there is a huge amount of this misbehaving in other industries and a huge amount of misbehaving in non-profits. It's just people, right?



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Unfortunately we inherited quite a package when we started the company. There is mistrust and hatred towards the pharma industry in general. On the other hand, there is the side of mistrust in psychedelics and stigma of psychedelics. Now the pendulum is on the other side. Psychedelics are in the media every day, and they're pretty much a solution for everything from bad marriage to world peace. We just need to keep the eyes on the prize, and the prize is to develop effective treatments that will be adopted by health systems, that will be reimbursed, that will be accessible to people who otherwise won't be able to find shamans, won't be able to find private islands, won't be able to \$5000 for a retreat with mushrooms to be in a group of 20 other people.

So we're working a very, very thin line here trying to keep the balance, and we are very well aware of the misbehaviour of Pharma and we've made early commitments not to repeat them. We hold ourselves accountable to that. I think us coming not from pharma, not being career drug developers, as founders allowed us to actually keep ourselves and the team honest about it, and be aware and bring the common sense to this work.

I would also be defensive of pharma because pharma has one of the largest research budgets. We don't drive outside of the city to chew on willow bark. We buy a bottle of aspirin, and we wouldn't be able to do it without pharma. So there are good things about pharma too. It's the 21st century and we need to be sober and we need to know what it is that we're trying to achieve.

GT: So, someone listening to this now will be thinking, so what are psychedelics? There's so much stigma attached to it. Is it safe? How do I find it? What do you have to tell an untrained novice ear listening to us who is wondering 'I have a bit of depression, I have a bit of anxiety?' Based on your experience, where do I start? Where should I start my journey?

EM: Well, it depends again what you're trying to achieve. There is a very common sentiment that psychedelics have been used by traditional societies for centuries. Therefore, somehow we arrived at the conclusion that they're safe. But never in the history of traditional societies psychedelics were used it as nasal sprays ordered by a new order.



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Never did people in traditional societies wander into the woods and micro dose on mushrooms. They were always administered in a controlled setting by tribal nobility. To that point, the shamans, nobility, the priests, knew their flock. They knew who was up to what, and they were able to in traditional terms prepare, manage and integrate because it was a closed society.

So, if you are a healthy, well-integrated, person that has few hang-ups and you want to think about your life from a different perspective, by all means. Probably nothing bad will happen to you if you decide to use psychedelics recreationally, but if you are a person living with serious mental illness, you have severe anxiety, if you have severe treatment resistant depression, if you have OCD, if you have eating disorders, I just don't think that these people should self-medicate. I think the safety and the ways of supporting people with these conditions is just not well-established yet, and I think it's not the opposite solution to decriminalisation or legalisation. It's just if people decide to do it, they need to have as much information as possible and they need to be able to make decisions based on high quality data, and we just don't have that data yet.

GT: Fantastic! I'm a researcher at Strathclyde University, I'm very passionate about gender and leadership and working in a STEM environment. One of the things you noticed very quickly as an outsider looking in is that a lot of the data, the population isn't very diverse. So speaking from an ethnic minority background that's my perspective, and I was very intrigued on your website when I saw reference to the fact that you try very hard to make sure that the data, the sample sizes you have, are diverse. The resistance you get from talking to businesses is that that takes a lot of extra work to do that. Has that been your experience? Because you're a woman you try and do that organically, or has it been quite intentional?

EM: It's absolutely intentional because the marginalised communities - and they're not only communities of colour - they're communities with different experience of socio-economic struggle. There are a lot of marginalised communities and their way of accessing, trusting and benefiting from novel treatments would be different from upper middle class, educated people who have this language for ineffable experiences and can spend days and weekends talking about their most mystical



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experiences.

Obviously, the underprivileged communities are not excluded from being all mystical, but at the same time my sense is just not everyone wants to get enlightened. Some people just want to get better. Some people just want to have less anxiety, less depression, be present to their children, do well at work, be happy. Those are our people, right. I think the communities that will benefit the most from this are the underprivileged communities. As we go through the clinical development programme we make a conscious effort to understand the experience and attitudes and barriers to access in those communities.

For example, we're working in Atlanta, which is considered the black capital of the US. It has the largest black population in the US. We're working with Grady Trauma, Emory University to understand the attitudes and barriers to access in those communities to psychedelic treatments. We have a pretty good idea now how to make it more accessible, how to build trust, and how to design interventions that are friendly to these communities who have a lot of good reasons to mistrust the government and health systems. So we're doing that intentionally. We're looking at immigrants' mental health. We've identified the underprivileged groups within the population that we're going to pay special attention to and make sure that our treatments reach them.

GT: Yes. I was discussing you with my husband yesterday in preparation for the interview, and he said, I wonder how Katya found the funding for this initiative because it will take a lot of resources to pull off.'

EM: Yes, definitely. We were just fortunate, I think, in the beginning and continuously. We had seed investors. I think the seed round was fairly easy, and it was not a huge amount of money. It got progressively challenging because as you progress with your clinical development, you need to demonstrate more and more accomplishments.

I think what was really interesting is that we're not on the opposite sides of the table because again everyone has a story, and when you go and you pitch to a large investment bank and you tell the story of the company, you see the heads nodding. Then the Head of the Bank after the meeting would share his own story about struggles with mental health. We are all in it together, and I think people look at the business model, they look at the mission and I think majority of our investors are



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mission driven investors.

GT: I'm so intrigued by you saying that because again I'm not trying to put doctors in a box, but a lot of doctors are not traditionally great storytellers. You get to the heart of the matter, it's all about the data, but you seem to have a very natural way of storytelling, of getting people into the story. Some people will shy away from sharing that it was your son's journey that brought them into this section. So what's your process? Have you been through a journey? Or has this again been something that has been quite organic, natural?

EM: Yes, I think it's definitely a process. Not everyone is just ready to step out and say, 'These are my struggles.' I think it's one thing to share the struggles, the family story with friends, and just have a dinner conversation and trade war stories. But the other thing is to be a founder of the company and go in front of the investors and share the story, then you need to wrap it up with then what? So what are you going to do about this? How are you going to solve it? That's where the story pretty much ends, and that's where you need to show the data, you need to show the business model, you need to show you use the existing legal and government structures in order to advance this work.

So the sentiment is there, but you need to be skilful at building the business. You can't just ride on the story.

GT: Yes! So what have you learnt throughout this process? What's been the lessons you've learnt that you can share with us? If you were to look back now you've been so far in the journey, what do you know now that you wish you'd known when you started? What have you learnt from being the Mum who's gone on this journey, founded this company, and now leading this company to its next chapter?

EM: Well, I think you cannot underestimate the importance of the mission because you just cannot do it alone. I'm not a professional keynote speaker, or an author or a leader. I rely on the company to achieve the mission, so you need a team. Everything is in the team. We have a phenomenal team. We grew from 12 people five years ago to 140 people, I think, today. We have exceptional talent, and I don't think anyone joined us because we pay so well. The team is so motivated by mission, and again everyone has a story.



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So you cannot underestimate that, but then again we live in this reality. You have to be skilful, and you need to understand what your strengths and limitations are and then you need to make a decision. Are you going to lean into your weaknesses and try to develop yourself into something that you are lacking, or are you going to lean on your strength?

Because I'm so much older now, I've made a decision. There are a ton of people who are much better managers than me. My strategy is that I try to attract as much of a diverse talent as possible, and then just get out of their way. People often ask me, especially when it comes to women in leadership, 'What advice do you give to women who want to get to C-suite?' Well, the first advice is don't try to get to C-suite. It's a world of pain. If your goal is to be a C-suite, then I think it's a very different journey. I cannot help that, but if you want to be a leader, you need followers to start because it's kind of awkward if you're a leader and no one follows you.

I think you learn about yourself in this process from your team, and you need to be open to the feedback, be it through tangible feedback or implicit feedback, and you need to be very aware to understand what works, what doesn't for your team, for this particular stream of work. I think that's how it all hangs together.

And then as a leader, I think you take responsibility for pretty much all the failures. You take responsibility and you demonstrate courage when it's super difficult and you have no idea how you're going to move forward, but you need to be steady. Then you give all the credit to you because that's how it works.

GT: Yes. That's a lecture in leadership right there. One of the things I'm also quite keen on knowing is because leaders give so much - and I know you've been very reluctant to call yourself a leader even though you're running a company with your husband with over 100 people - you're still really reluctant to give yourself any of the accolades that come with what you've achieved.

So, I'm wondering, as you're giving all this acknowledgement to others, and you're showing up and being courageous, and you're leaning into your strength, and you're getting out of people's way, where do you go and find your support, your nourishment? Where do you get perspective? Is it from your partner or do you get that externally? Or is there a practice that you do to give you that?



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EM: Yes, that's a really good question. I co-founded the company with my husband, who is the CEO right now, and another co-founder, Lars Bilder. I think together the three of us we were very strong because we all brought different strengths. We all brought different experiences and I think we worked together pretty well.

I think the idea of work life balance when you are an entrepreneur or a start-up founder is a myth. I read about these people and admire these people who share their secrets of work life balance, but I wasn't able to do this, to be honest. But that's okay.

In the beginning of the journey before it really completely took over my life, I used to play piano. As any good Russian girl I learned to play piano very early. That was my way of taking my mind off all the challenges and refocus, but allows you to switch off and move your attention to something one hundred per cent would be beneficial, just to lighten that grip of trying to constantly problem solve would do. It can be a walk in the park. It could be white water rafting. Whatever works for you I think would bring a little bit of that balance.

GT: So, are you achieving that balance, or is completely out the window at the moment?

EM: Not at the moment. At the moment I'm failing. Periodically we'll try to recalibrate and then it holds.

GT: I love your honesty in sharing that. I read a book by Shonda Rhimes. She wrote all these famous TV stories and productions, and she said that every time she was winning at work she was failing at home, and when she was failing at work, she was winning at work. You just need to decide where you need to win at.

EM: Yeah, there are definitely people who can do it. Here I don't have anything to share, honestly.

GT: Fabulous! So someone looking at you now, your background, 'Oh my gosh, she's a doctor, she healed her son, she's founded a company and she looks amazing! Glorious skin! She moved from Russia to America. Her English is flawless. I'm sure you're multilingual. They'll be wondering, you're pretty much perfect, and that's what we women do, isn't it? We look at somebody else and think, 'I'm nothing like it.' I know you've shared that you're not achieving work life balance, but can you share any low point that would just help people feel that okay, we're all in it together?



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EM: Yes, one of us! In terms of my career, I don't think I had low points. I think the career choice was very intentional, was most conscious. I put a lot of work into it and I loved being a doctor, I loved being a practising physician. However, this inability to balance work and life, I had a couple of what I now understand were burnouts. Of course, at that time when I was a practising physician in New York we were not allowed to talk about this. All the doctors were martyrs. You have to show up. Sometimes I would be on call from Friday night to Monday night. That means for essentially three days I could get called to the hospital in the middle of the night. I have to show up, I have to perform. When you burn out your performance suffers and you can't really raise this issue. There is nowhere to go and there is no one to tell. Also as a doctor you need to know that you're doing your best. It's not I made a mistake in coding and it kind of flopped. This could be irreversible. So this fear and trying to hold it together to perform so no one knows how hard it is. I had couple of periods in my career as a practising physician, but they were also phenomenal highs of my career. So on balance looking back, it's okay.

GT: Wow! I think it's your perspective that makes you learn from things. You take the positives away from them as well. So that's really, really great to know.

One of the things I also love to know about the people I interview is, do you have a set routine or is every day different? Do you try and follow a set structure daily for your mental health?

EM: My structure is set by my calendar. I pretty much do what my phone calendar tells me to do. There is structure, there are certain meetings that I need to attend. I think what the company does now is meeting three mornings when we have four hours in the morning where we can actually read review, edit, write. That I find extremely extremely helpful where you can actually do what you do best, which is thinking. You don't have that luxury of thinking and reading and considering things, reflecting. So when I can have that, that's really, really helpful.

I think now that the team is growing, I have less of a pressure. It's still challenging and every day there's something new to manage and some new fires to put out, but



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in terms of routine, no, I don't think I have any routine other than trying to have regular meetings.

GT: Is there a time you wake up? Is there a time you go to bed?

EM: I wake up pretty early. Six probably is the latest. I like the morning hours that are quiet. I could get some reading and meditation if I feel I can do that. But just having a morning coffee and maybe a short walk in the park will do.

GT: Do you follow any special diets? Some people do intermittent fasting. Do you do any of that?

EM: No, I eat pretty much everything.

GT: Love that! Life is too short for diets! Excellent!

EM: That's not my thing.

GT: And just wrapping up now, is there any book recommendation that you have for our audience?

EM: Well, mental health is my passion. I just read a book called 'Healing' by Tom Insel, who was the Head of the National Institute of Mental Health in the US for 13 years, and then worked in industry, and now consults to the government. So huge experience in mental health and the 360 degree view of mental health. Very interesting perspective from someone who is a neuroscientist who was working on biomarkers, and yet he comes down to what we need for healing is human connections and communities. I cannot recommend it highly enough. It's called 'Healing' by Tom Insel.

GT: Fantastic! Is there anything else you'd like to leave with our audience before we part?

EM: I think I've said too much already!

GT: I've totally, totally enjoyed interviewing you, Katya. It's been amazing. You make it look too easy. Honestly, you're doing incredible work and I wish you and the team the most success because we could all do with people, changing the paradigm and the industries and bringing new solutions that work for all sectors. So thank you so much, and I wish you all the very best.





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EM: Thank you very much.



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