

Mindbloom Ketamine Therapy: A Breakthrough in PTSD Care

Executive Summary

Groundbreaking new study shows at-home ketamine therapy can drive rapid, meaningful recovery from PTSD.

"I am a veteran with PTSD and severe depression. I've never tried therapy because I don't like to talk about my issues. I felt instantly connected to my Mindbloom guide and opened right up. Ketamine therapy has been life-changing for me."

JACOB M., MINDBLOOM CLIENT

For those living with PTSD, every day without relief can feel like a lifetime. Yet for decades, care has failed to meet the scale or urgency of the problem. Medications and therapy often take months to work, and for up to half of patients, they never do.

That's changing.

In one of the largest studies of ketamine therapy for PTSD to date, Mindbloom has shown that transformational recovery is possible, delivering results once thought out of reach for people living with trauma.

92% reported symptom improvement

79% response rate*

60% reported full remission

75% reported resolution of suicidal ideation

96% reported no side effects

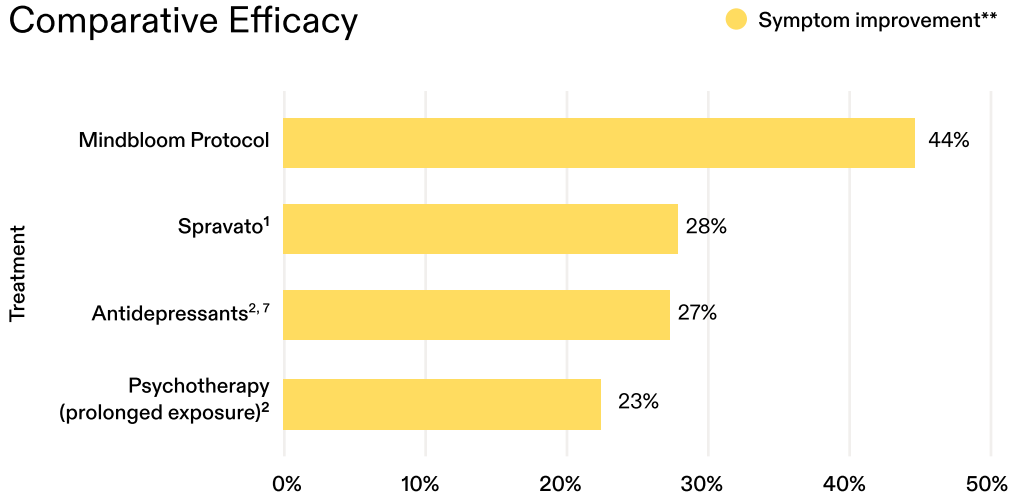
When compared to studies of other treatment types, Mindbloom's symptom reduction is up to:

91% stronger than studies of therapy

63% stronger than studies of antidepressants

57% stronger than the leading study of Spravato

Comparative Efficacy



Mindbloom's outcomes demonstrate that the future of PTSD care is not confined to clinics or slow-acting treatments. It is already here: **faster and within reach** for those who have waited too long for healing.

*Response rate calculated as ≥ 10 -point reduction on PCL-5

**Mindbloom and Spravato outcomes based on percentage reduction in mean PCL-5 scores from baseline to completion. Therapy and antidepressant outcomes reflect reductions on the CAPS scale.

PTSD: An Unsolved Challenge in Mental Health

PTSD is one of the most widespread and least effectively treated mental health conditions in the United States. It affects people from every walk of life: veterans, first responders, and survivors of sexual violence, abuse, accidents, natural disasters, and loss. Each faces a unique story of trauma, but all share a common challenge. Recovery through existing treatments is often too slow, insufficient, and uncertain.

The consequences reach far beyond the individual. Untreated PTSD strains families, workplaces, and the healthcare system itself, driving higher medical costs, lost productivity, and increased use of emergency and psychiatric services.

The need is not for incremental improvement, but for a new standard of care that helps people heal faster, sustain recovery, and live fully again while strengthening families, workplaces, and communities.

- **Limited effectiveness:** Only 30–60% of patients respond to medications or therapy².
- **Slow to work:** Antidepressants often take 8–12 weeks to show results, if they work at all².
- **High dropout rates:** Up to 37% of people discontinue therapy before improvement^{2, 3}.
- **Side effects:** Up to 50% of patients report side effects when taking antidepressants; including fatigue, weight gain, and sexual dysfunction that can make adherence difficult^{4, 5}.

Fast Relief, Life-Saving Results

Mindbloom's guided at-home protocol delivers measurable progress early and builds it over time. Most clients experience relief **within the first two sessions**, with continued improvement through the full course of treatment.

Suicidal thoughts are among the most devastating and persistent symptoms of PTSD, yet few treatments deliver meaningful change at speed. Mindbloom's outcomes show a level of rapid improvement and durability rarely observed in psychiatric care, pointing to a new, effective model for fostering recovery.

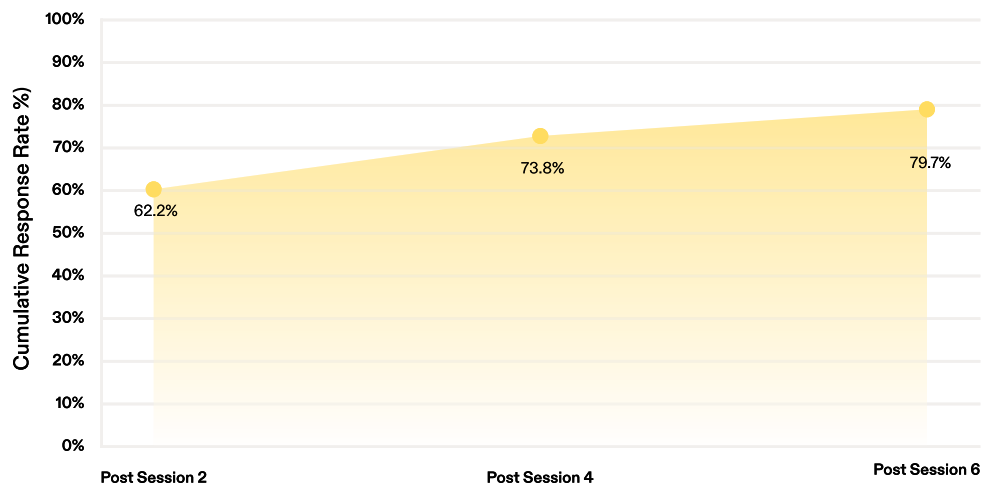
Early impact with sustained progress

- 62% of patients responded to treatment after only two sessions
- 79% achieved response by program completion

(Response = ≥ 10 -point reduction on PCL-5)

Treatment Response Trajectory

% of patients who achieve response (≥ 10 -pt PCL-5 reduction) across sessions

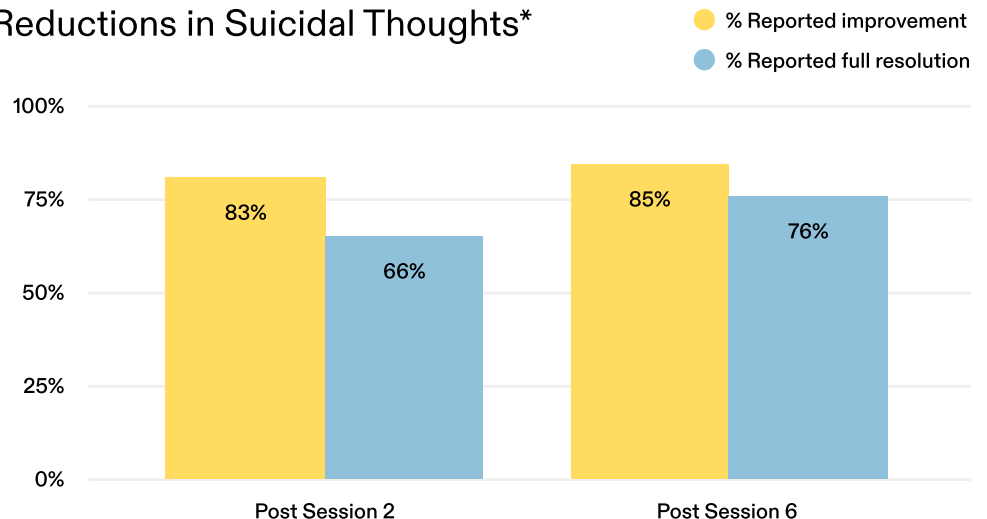


Rapid reduction in suicidal thoughts

- 8 in 10 clients who began with suicidal thoughts reported improvement within their first 2 sessions
- 3 in 4 reported full resolution upon completion

*Calculated from item 9 on PHQ-9. Client responded that they had "Thoughts that you would be better off dead or of hurting yourself in some way" at least "several days" over the past 2 weeks.

Reductions in Suicidal Thoughts*



Powerful Outcomes with At-Home Ease

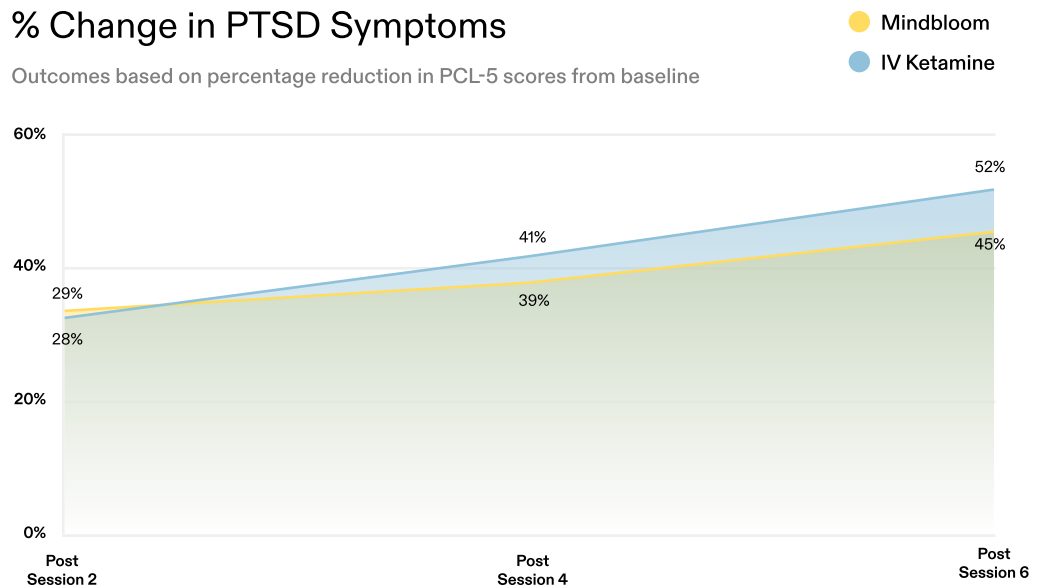
Across both PTSD and depression, Mindbloom clients achieved meaningful improvement that matched or surpassed the results seen in the largest study of IV ketamine therapy. With leading early symptom reduction and treatment completed from home, Mindbloom's protocol demonstrates that highly effective care can also be accessible and practical.

Faster early PTSD symptom relief

- Stronger initial outcomes than the largest study of IV ketamine⁶
- Sustained improvement across full course of treatment
- Achieved at a fraction of the cost⁶, less frequent sessions⁶, and lower overall burden

% Change in PTSD Symptoms

Outcomes based on percentage reduction in PCL-5 scores from baseline

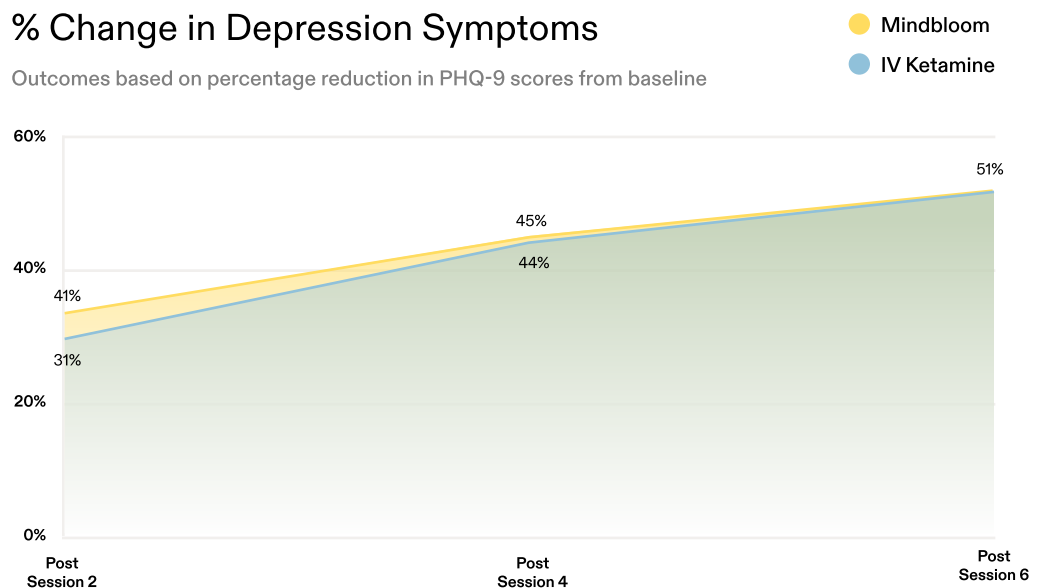


Robust improvement in depression severity

- Stronger improvement in early and mid-treatment than observed in the largest IV ketamine study⁶
- Consistent benefits without need for in-clinic care

% Change in Depression Symptoms

Outcomes based on percentage reduction in PHQ-9 scores from baseline



A New Standard for Tolerability

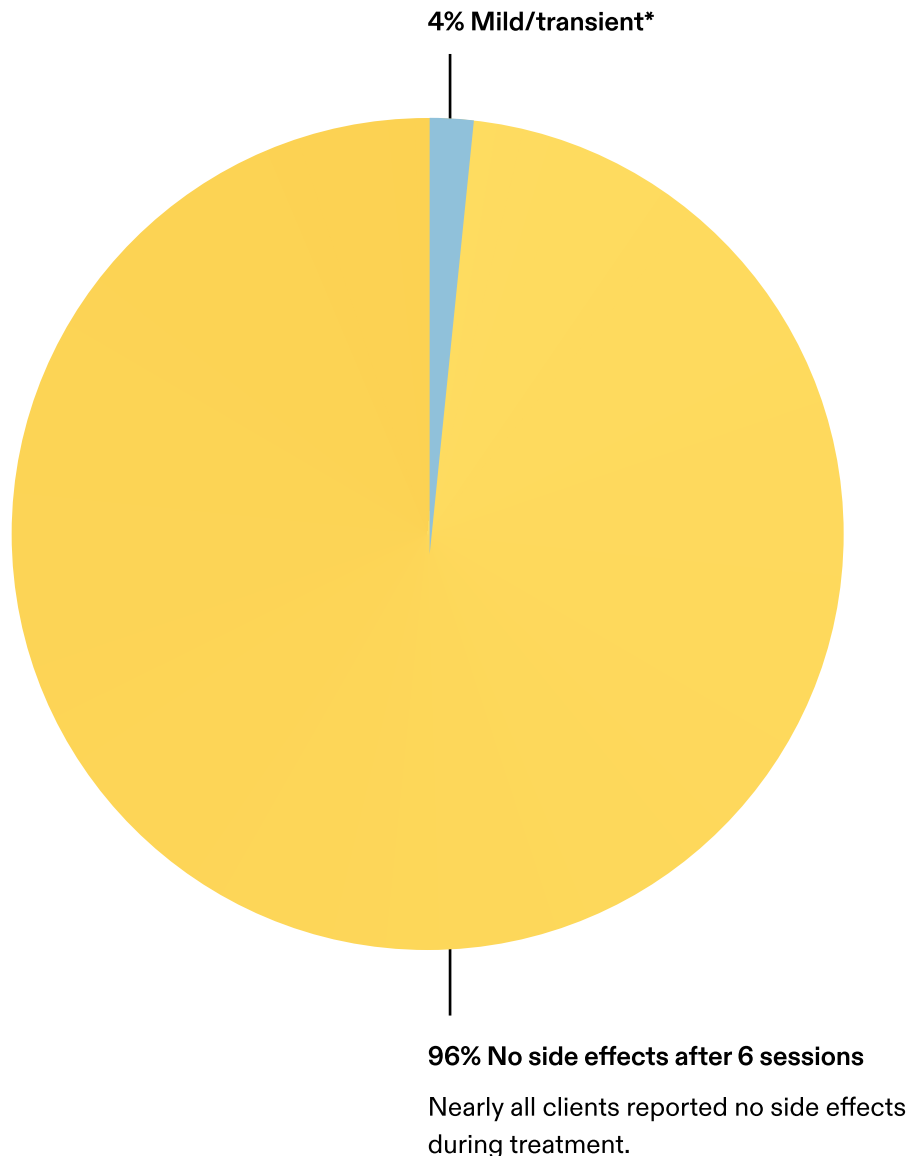
Mindbloom's guided at-home model delivers measurable results with an exceptional safety profile. Nearly all clients reported no side effects, underscoring the benefits of Mindbloom's structured, clinician-supported protocol.

Minimal side effects

- 96% reported no side effects
- Just 4% reported side effects of any kind

In contrast, up to 50% of patients report side effects when taking antidepressant medications⁵.

*When side effects did occur, they were generally mild and transient. Memory changes, GI discomfort, suicidal ideation, blood pressure changes, and headache.



Relief Beyond PTSD

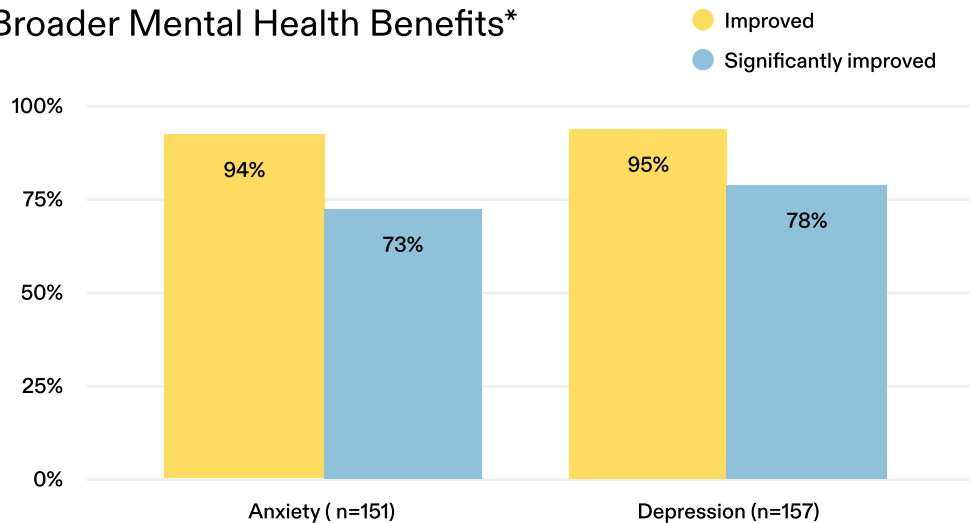
Mindbloom's treatment impact extends beyond PTSD symptoms alone. Clients with comorbid anxiety and depression experienced widespread improvement, underscoring the program's capacity to address the interconnected nature of trauma and mental health.

By addressing trauma at its root, Mindbloom's approach reduces the anxiety and depression that so often accompany PTSD. Behind these numbers are real people finding balance, connection, and a renewed sense of self and safety in their everyday lives.

Significant reductions in anxiety and depression

- 9 in 10 clients with anxiety or depression saw improvement
- Nearly 3 in 4 reported significant symptom reduction by completion

Broader Mental Health Benefits*



*Cohort includes 374 clients with comorbid anxiety or depression. Improvement defined as ≥ 1 -point reduction on PHQ-9 or GAD-7. Significant improvement defined as ≥ 5 -point reduction on the same measures.

"I used to wake up every morning feeling like something bad was going to happen. After Mindbloom, my PTSD and depression symptoms are gone. I absolutely love my life. For so long I didn't, and this is an astounding new feeling."



SETH M., FIREFIGHTER
MINDBLOOM CLIENT

"I was diagnosed with OCD, ADHD, depersonalization disorder, depression, anxiety, and PTSD, which were all very ingrained in my daily life. Ketamine eliminated it. Mindbloom is a damn miracle."



KARA M.
MINDBLOOM CLIENT

Methods

This retrospective analysis evaluated outcomes from Mindbloom’s guided, at-home ketamine-assisted therapy program for adults with post-traumatic stress disorder (PTSD). The objective was to assess clinical effectiveness, safety, & client experience in real-world settings.



Study Population

Participants represented a typical treatment-seeking PTSD population with a mean baseline PCL-5 score of 51.1, indicating moderate-to-severe symptom severity.

Primary Efficacy Cohort

Patients who self-identified PTSD as their primary indication, had a baseline PCL-5 score of ≥ 33 , had no prior ketamine therapy experience, completed all six sessions, and provided baseline and post-Session 6 PCL-5 assessments (n = 374).

Safety Cohort

Clients who received at least one ketamine treatment and provided safety monitoring data, representing the full treated population regardless of completion (n = 347).

Treatment Protocol

Six guided ketamine sessions over four to six weeks including preparation, medicine sessions conducted at home under remote clinical supervision, integration practices, and guided exercises between treatments. Clinicians provide continuous support throughout treatment.

Outcome Measure

PTSD symptom change was measured using PCL-5 PTSD checklist, the gold standard for measuring PTSD severity and change. Changes for anxiety used GAD-7, changes for depression used PHQ-9, and changes for suicidal ideation employed PHQ-9 item 9.

Transforming Trauma Care Through Evidence and Innovation

Mindbloom was built to transform how people access life-saving mental health care by combining clinical rigor, research leadership, and compassionate support.

This study builds on a growing body of Mindbloom-led research, including the two largest peer-reviewed studies of ketamine therapy ever published^{8,9}. Together, these findings establish Mindbloom as the nation's leader in clinically grounded, evidence-based ketamine therapy with an approach that addresses the barriers that keep effective care out of reach for so many:



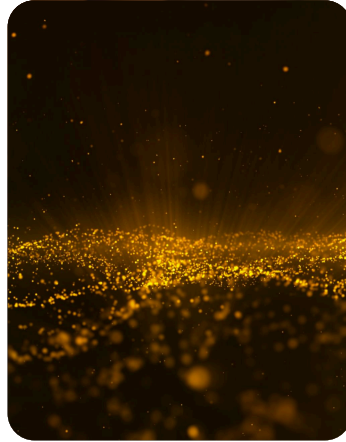
Accessibility

Clients receive treatment at home through secure telehealth, eliminating travel and time off work.



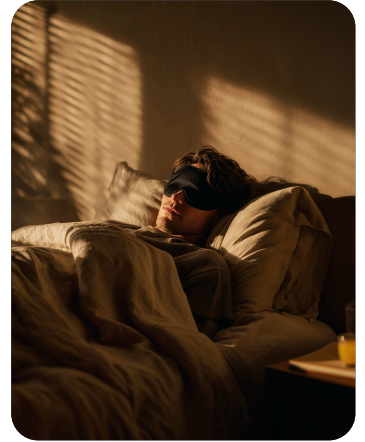
Affordability

At-home care reduces costs by nearly 80 percent compared to in-clinic infusions.



Scalability

Clinically validated protocols allow high-quality care to reach people across the country.



Comfort

Sessions take place in familiar settings that enhance emotional safety and reflection.

These findings show that safe, effective, and scalable PTSD care is not just within reach, **it is here.**

By improving outcomes while lowering costs, Mindbloom's model offers individuals and health systems a path toward expanding access and delivering genuine relief and lasting recovery.

CITATIONS

1. Johnson & Johnson Innovative Medicine Medical Information. (2025, September 17). Use of SPRAVATO in patients with comorbid posttraumatic stress disorder (PTSD). Retrieved from <https://www.jnjmedicalconnect.com/products/spravato/medical-content/use-of-spravato-in-patients-with-comorbid-posttraumatic-stress-disorder-ptsd>
2. Rauch, S. A. M., Kim, H. M., Powell, C., Tuerk, P. W., Simon, N. M., Acierno, R., Allard, C. B., Norman, S. B., Venners, M. R., Rothbaum, B. O., Stein, M. B., Porter, K., Martis, B., King, A. P., Liberzon, I., Phan, K. L., & Hoge, C. W. (2019). Efficacy of prolonged exposure therapy, sertraline hydrochloride, and their combination among combat veterans with posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*, 76(2), 117–126. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2716980>
3. Fortney, J. C., Kaysen, D. L., Engel, C. C., Watkins, K. E., Hoge, C. W., Pietrzak, R. H., Rauch, S. A. M., et al. (2025). Pragmatic comparative effectiveness of primary care treatments for posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*. Advance online publication. <https://doi.org/10.1001/jamapsychiatry.2025.2962>
4. Montejo, A. L., Llorca, G., Izquierdo, J. A., Rico-Villademoros, F., & the Spanish Working Group for the Study of Psychotropic-Related Sexual Dysfunction. (2001). Incidence of sexual dysfunction associated with antidepressant agents: A prospective multicenter study of 1022 outpatients. *Journal of Clinical Psychiatry*, 62(Suppl 3), 10–21. <https://www.psychiatrist.com/pdf/incidence-of-sexual-dysfunction-associated-with-antidepressant-agents-a-prospective-multicenter-study-of-1022-outpatients-pdf/>
5. Braund, T. A., Tillman, G., Palmer, D. M., Gordon, E., Rush, A. J., & Harris, A. W. F. (2021). Antidepressant side effects and their impact on treatment outcome in people with major depressive disorder: An iSPOT-D report. *Translational Psychiatry*, 11, Article 417. <https://doi.org/10.1038/s41398-021-01533-1>
6. McInnes, L. A., Berman, R. M., Worley, M. J., & Shih, E. (2025). A retrospective analysis of ketamine intravenous therapy for post-traumatic stress disorder in real-world care settings. *Psychiatry Research*, 352, Article 116689. <https://doi.org/10.1016/j.psychres.2025.116689>
7. Shiner, B., Westgate, C. L., Gui, J., Maguen, S., Young-Xu, Y., Schnurr, P. P., & Watts, B. V. (2018). A retrospective comparative effectiveness study of medications for posttraumatic stress disorder in routine practice. *Journal of Clinical Psychiatry*, 79(5), 18m12145. <https://doi.org/10.4088/JCP.18m12145>
8. Mathai, D. S., Hull, T. D., Vando, L., & Malgaroli, M. (2024). At-home, telehealth-supported ketamine treatment for depression: Findings from longitudinal, machine learning and symptom network analysis of real-world data. *Journal of Affective Disorders*, 361, 198–208. <https://doi.org/10.1016/j.jad.2024.05.131>
9. Hull, T. D., Malgaroli, M., Gazzaley, A., Akiki, T. J., Madan, A., Vando, L., Arden, K., Swain, J., Klotz, M., & Paleos, C. (2022). At-home, sublingual ketamine telehealth is a safe and effective treatment for moderate to severe anxiety and depression: Findings from a large, prospective, open-label effectiveness trial. *Journal of Affective Disorders*, 314, 59–67. <https://doi.org/10.1016/j.jad.2022.07.004>