

Trials and Tribulations of Clinical Psilocybin Use for Mental Health

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BACKGROUND

- ❖ Classical serotonin psychedelics, such as psilocybin and LSD, act as 5-HT2A receptor agonists that alter consciousness and create a “therapeutic window” that enhances self-awareness, emotional insights, and perspective shifts.
- ❖ The U.S. government has labeled psychedelics such as psilocybin, LSD, and MDMA (Ecstasy) as Schedule I drugs, which are considered unsafe, have high abuse potential, and have no accepted medical benefit.
- ❖ International and national restrictions complicate research efforts, as obtaining permits and substances can take years and research costs can be expensive.
- ❖ The FDA issued a “Breakthrough Therapy” designation for MDMA to treat PTSD in 2017, followed by psilocybin for treatment resistant depression in 2018.
- ❖ In 2020, Oregon passed a ballot measure allowing the Oregon Health Authority to license and regulate psilocybin services, and in May 2023 the nation’s first Psilocybin Service Center opened and began treating clients.
- ❖ Given the limited research on psilocybin’s therapeutic use and the potential for broader legalization, it is imperative to investigate the impacts of Oregon’s Psilocybin Service Center program.

PURPOSE

To understand the perspectives, attitudes, and beliefs of clinical psilocybin facilitators in Oregon on the legal use of psilocybin for treating mental health disorders.

METHODS

- ❖ A qualitative descriptive research design was used to address this research question
- ❖ This study was approved by the Stanford University IRB on June 15th, 2024 and conducted June - September 2024,
- ❖ Participants were recruited via email through the publicly available Oregon Psilocybin Services Licensee Directory.
- ❖ Participant eligibility: > 18 years old; licensed as a psilocybin facilitator in Oregon; ability to read, speak, and understand English
- ❖ Utilized open-ended, semi-structured virtual interviews in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ). Interview questions covered the participants’ background and prior experiences, patient outcomes, barriers, and recommended changes to the psilocybin program
- ❖ Interviews were conducted until saturation was reached. They were recorded and transcribed via Zoom and analyzed using NVIVO software.
- ❖ Thematic analysis was applied, and a codebook was generated. Three categories were then organized, and one overarching theme was developed.

RESULTS

Participants:

- ❖ 10 Total Participants (5 Female, 5 Male)
- ❖ Age: Median 50 years (range 28-69)
- ❖ Years of Practice: Median 12 months (range 6-14 months)
- ❖ Backgrounds: Trauma Therapist (3), Counselor (3; 1 Addiction), Marriage and Family Therapist (2), Teacher (2), Psilocybin Facilitator Educator, None (2)



Category 1: Potential For Breakthrough Mental Health Healing

Definition	Clients report shifts in perspectives while using psilocybin that led to sustained reductions in anxiety/depression (along with decreased medication use), improved trauma perspectives, stronger relationships, and self-acceptance.	
Key Codes	<i>Alternative healing, Emotional engagement and empowerment, and Long-term transformational outcomes</i>	
Narrative	“What I’ve seen is truly incredible. This client had been to Afghanistan, experienced lots of other trauma, and had a court-mandated therapist because he was fighting people every week and breaking his fingers due to stress. After his first session he never broke another finger, and by his third session he gave me the bullet he was going to kill himself with.”	“I’ve seen of the most traumatized people in the system, and I have seen more healing with psilocybin than I would see doing trauma therapy with these adults that have complex PTSD. So that has blown my mind.”

Category 2: Navigating the Unknowns of Clinical Psilocybin Use

Definition	Building trust and rapport with clients through empathy and shared experiences or values, as well as pre-session intention setting and post-session integration, are all crucial components of successful psilocybin treatment.	
Key Codes	<i>Personalized session design, Building trust and rapport, Importance of integration, and Dosage estimation.</i>	
Narrative	“I’ve had to help people use the bathroom or with menstruating. I have a bruise from a lady who was really graspy. Some people say things that aren’t directed at me, but the content is violent or misogynistic. Someone threw up on the floor and on herself, so I had to clean that up. Some clients are physically catatonic for along time, which can be anxiety provoking.”	“I know a facilitator who had never taken mushrooms before, because I helped facilitate their first time. They have since changed their name to something new age hippie-ish, started telling people they have been facilitating in the underground space for years, and they are charging twice as much as me. That’s all complete bullshit. But the point of the underground is that there is no way to verify these things.”

Category 3: Limitations of Psilocybin Treatment of Mental Health

Definition	Facilitators are prone to burnout from long hours, high-stress sessions, and managing physical and emotional reactions. Psilocybin treatment also comes at high costs to clients and facilitators, and the industry is tightly regulated.	
Key Codes	<i>Regulatory and Accessibility barriers, Facilitator burnout, High treatment costs, Physical reaction management</i>	
Narrative	“It costs an exorbitant price of \$2,000 for a license each year. There’s also a \$10,000 service center fee, and you are legally required to practice in a service center. If I charge full price based on how much the mushrooms cost, how much I pay the service center, and my time with the client, it runs around \$3,000. Currently it is much more accessible to people of privilege, economic advantages and education, compared to marginalized communities.”	“This year I experienced burnout. I was out for a month with a vestibular reaction, really dizzy. The doctor said, ‘Your work up is completely normal, I think it’s your stress that’s causing this.’ I had to take a month off facilitating. Now I’m back. It was a wake-up call, because I thought I was taking care of myself, but I wasn’t.”

Overarching Theme

The legal use of psilocybin to treat mental health shows great promise in providing a supplement to mainstream mental health treatments, but many challenges and uncertainties serve as a barrier to broad acceptance and implementation.

Narrative	“My girlfriend asked me once, ‘This is pretty expensive, do you honestly think it’s worth the cost?’ My honest answer to her was – for some people no, it’s not worth it. And for other people, it’s absolutely worth it. The problem is, there’s no way to tell which is which before a session. It’s not a magic bullet for everybody. But there are people who do gain amazing benefits, benefits that years of therapy haven’t provided them. In that case, the cost was worth it.”
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DISCUSSION

- ❖ Oregon facilitators’ narratives suggest psilocybin may catalyze deep, lasting healing in individuals with treatment-resistant mental health conditions, including PTSD, anxiety, and depression.
- ❖ Clinical psilocybin use involves several unknowns, including varied facilitator backgrounds, unpredictable client responses, a lack of standardized dosing, and physical or emotional challenges during sessions.
- ❖ Building rapport and trust, along with thorough preparation and integration, are widely seen as essential to positive outcomes.
- ❖ Legal and regulatory limits, high costs, stigma, and lack of uniformity pose major barriers to access, acceptance, and implementation of psilocybin services.
- ❖ Overall, findings suggest psilocybin may be best suited as a complement to, rather than a replacement for, traditional therapy—especially when conventional treatments have failed.

LIMITATIONS

- ❖ This study had a small sample size, predominantly white and English speaking. These limited demographics make it difficult to generalize these findings to the broader population.
- ❖ Participants volunteered their time, which may introduce bias, as they could have more favorable attitudes towards Oregon’s psilocybin program.

CONCLUSION

- ❖ Understanding facilitator perspectives on psilocybin services will help address the needs of both facilitators and clients as more states legalize its use.
- ❖ This study demonstrates how psilocybin can provide alternative benefits for mental health conditions resistant to traditional therapies.
- ❖ This study highlights major barriers within the psilocybin space, highlighting the need for further research and policy change
- ❖ Future research on psilocybin’s mechanism of action, risks, legal frameworks, dosing, and accessibility constraints can aid in ethical and sustainable expansion of legal psilocybin services.