



Editorial



The shape of things to come-psychedelic assisted therapy and the role of the mental health nurse

The landscape of mental health treatment is quietly evolving. Following decades of stigma and prohibition, psychedelic-assisted therapy (PAT) is re-emerging as a promising intervention for treatment-resistant depression, post-traumatic stress disorder (PTSD), alcohol addiction, and existential distress related to terminal illness (Carhart-Harris et al., 2016; Mitchell et al., 2023; Ross et al., 2016). Substances like psilocybin and MDMA (3,4-methylenedioxymethamphetamine) are leading current research, showing strong potential for therapeutic benefit. As the UK moves closer to the possible integration of psychedelic treatments into mainstream mental health services, there is an urgent need to explore how these therapies can be delivered fairly and sustainably. A key consideration is the role of the mental health nurse.

In the UK, Schedule 1 of the Misuse of Drugs Regulations 2001 (under the Misuse of Drugs Act 1971) classifies certain substances as having no therapeutic value and a high potential for misuse. Conducting clinical research with these substances requires a licence from the Home Office, involving strict compliance with security regulations and extensive documentation. This process poses significant administrative and financial burdens on researchers, often delaying the start of studies and limiting scientific investigation, particularly regarding the long-term safety and effectiveness of these treatments (UK Parliament, 2025). The publication of *POSTbrief 64: Psychedelic Assisted Therapy for Mental Health: Policy Considerations* by the UK Parliament suggests increasing recognition of PAT as a potential treatment option within the NHS. As a publicly funded health service, the NHS is primarily financed through National Insurance contributions and general taxation, providing mental health care free at the point of access.

In the UK, PAT has been offered through private, specialist clinics, typically led by psychiatrists, psychotherapists, or psychologists. One example in the UK is *Klearwell*, a company providing ketamine-assisted therapy. However, this model risks deepening existing disparities in mental healthcare, with access often constrained by geographic location, financial resources, and social capital. The limited number of available psychotherapists and psychologists also slows down the process of workforce development, and scepticism remains high among some professional groups, including psychiatrists (Barnett et al., 2022).

Mental health nurses currently comprise 32 % of the UK mental health workforce (Nuffield Trust, 2023). They bring extensive expertise in therapeutic communication, trauma-informed care, risk assessment, and supporting individuals through altered states of consciousness—competencies that align well with the needs of PAT. Many mental health nurses are trained in, or familiar with, humanistic and person-centred approaches such as Carl Rogers' core conditions: empathy, congruence, and unconditional positive regard. These qualities are

critical during the preparation phase of PAT, when expectations are discussed and anxiety is addressed. The psychedelic session itself can last up to 8 h, during which the therapist supports the participant as they process their experience. The final stage, known as integration, involves helping individuals make sense of the material that surfaced during the session. Self-reflection at this stage can lead to greater insight into the root causes of mental health difficulties and support meaningful personal change (Bathje et al., 2022). Integration sessions may take place over a short timeframe and can incorporate techniques from cognitive behavioural therapy and mindfulness practices (Cavarra et al., 2022).

These therapeutic skills align with the everyday practice of mental health nurses, whose roles involve being present with individuals in distress, facilitating hope, and helping manage emotional experiences. While some nurses already have training in counselling or psychotherapy, the specific demands of PAT require further specialist education. This includes working with non-ordinary states of consciousness, managing unresolved trauma, addressing ethical considerations, and engaging with spiritual or existential themes. Ongoing professional development and opportunities for reflective practice are essential for maintaining therapeutic standards and supporting staff well-being. As research into PAT progresses, there will be increased understanding of the therapeutic components that contribute to its efficacy. The UK may look to existing international education frameworks in countries already offering PAT, drawing on evidence-based approaches to develop a contemporary and in-depth national curriculum. Cavarra et al. (2022) highlights that many models of assisted therapy exist, here the UK has an opportunity to shape its own training model using the most robust and effective methods currently available.

There are several advantages to involving mental health nurses in delivering PAT. Firstly, it is less resource intensive than relying solely on psychiatrists, psychotherapists, or clinical psychologists. Given the ongoing staffing pressures facing the NHS, drawing on the existing mental health nursing workforce presents a practical and scalable solution. Mental health nurses are used to working within multidisciplinary teams and have experience in supporting individuals with complex mental health needs. Their inclusion in psychedelic services would help integrate PAT into the broader care system, avoiding the creation of isolated, exclusive treatment models.

Secondly, involving mental health nurses in PAT delivery could help reduce health inequalities. Individuals from minoritised communities are often excluded from innovative treatments due to systemic, financial, or cultural barriers. Embedding PAT within the NHS and ensuring delivery by a diverse and culturally competent nursing workforce would promote more equitable access and help ensure that this form of care is not limited to those with financial privilege.

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Furthermore, current treatment options for conditions such as PTSD, depression, and addiction often rely heavily on long-term pharmacological management. Holistic care resources are intensive and can be disrupted by service reconfigurations or changing commissioning priorities. These structural issues can interfere with sustained recovery, limiting individuals' ability to access employment, relationships, and broader life opportunities that support flourishing within society.

McCrone et al. (2023) examined the cost-effectiveness of psilocybin-assisted therapy for individuals with severe depression, comparing it to traditional treatments like antidepressants and cognitive behavioural therapy. Although standard treatments were initially cheaper, PAT showed greater clinical effectiveness, suggesting its potential to address systemic gaps in care. Costs could be further reduced by incorporating mental health nurses into the delivery model.

In conclusion, as the evidence supporting psychedelics continues to expand, so too must our approach to deciding who delivers this care. Instead of reproducing the exclusivity of previous mental health models, there is a unique opportunity to design a more inclusive, compassionate, and values-driven system. Mental health nurses with their relational expertise, adaptability, and commitment to person-centred care are ideally placed to lead this transformative shift in practice.

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Declaration of competing interest

The author declares that she has no known competing financial

interests or personal relationships that could have appeared to influence the work reported in this paper.

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