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Developing Psycheedelic-Assisted Therapies: Implications For Nursing Practice

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ABSTRACT

Background

Recent research on psychedelic-assisted therapy has shown notable promise in addressing mental health challenges, substance use disorders, and the psychological distress associated with end-of-life experiences. The renewed interest in psychedelics represents a meaningful shift in how complex human conditions are understood and treated, carrying significant implications for nursing knowledge, advocacy, and clinical practice worldwide.

Objective

This article seeks to examine the current landscape of psychedelic-assisted therapy and to identify the practical implications this evolving field holds for nursing professionals.

Methods

A scoping review of the literature was conducted, focusing on applications in mental health, addiction treatment, and palliative care. The review included commentaries, syntheses, and literature reviews published over the past two decades, along with all relevant primary research. We also explored what is known about the historical and contemporary contributions of nurses within this field.

Results

Despite its relevance, the role of nurses in psychedelic-assisted therapy has remained largely unrecognized and underexplored. Nevertheless, the nursing profession is uniquely positioned to play a central role in advancing and shaping the future development of this therapeutic approach.

Conclusion

As advocates for ethical, safe, and collaborative care, nurses are well-equipped to lead efforts in shaping practice standards, ethics, research, policy, and education related to psychedelic-assisted therapy. This article offers direction and support for forward-thinking nursing leadership in this emerging area.

Introduction

For thousands of years, psychoactive substances have been used across cultures to support human health and well-being. Their history is complex, marked by periods of both scientific curiosity and social controversy. Between the 1950s and early 1970s, psychedelics were actively studied as potential treatments for a wide range of conditions.[1] However, their association with the countercultural movements of the late 1960s fueled political backlash and a media-driven "moral panic." In response, psychedelic substances were prohibited in the United States, Canada, and many other countries. Shortly thereafter, the global "war on drugs" began. These social and legal pressures brought nearly all human research involving psychedelics to a halt, rendering the exploration of psychedelic-assisted therapies untenable. For decades, scientific inquiry into their therapeutic potential remained largely dormant.

In recent years, interest in the therapeutic value of psychedelics has resurged. What would have seemed implausible in the late 1970s—such as the possibility that a single dose of psilocybin (the active compound in "magic mushrooms") administered alongside psychotherapy could significantly improve treatment-resistant depression—is now increasingly supported by emerging evidence. Today, psychedelic research is advancing at an unprecedented pace.[2] Studies investigating psychedelic-assisted treatment have deepened our understanding of brain function and the human psyche,[3] and early findings show notable promise in addressing mental health disorders, end-of-life distress, and substance use challenges. Although some data remain preliminary, the growing body of evidence has been compelling enough for several psychedelic-based therapies to receive "breakthrough" designation for conditions that have historically been difficult to treat.

As these developments unfold, nurses and other healthcare professionals will soon be expected to possess a solid understanding of emerging psychedelic therapies. Nurses, in particular, are poised to play a vital role in research, treatment innovation, and the delivery of psychedelic-assisted care. In this article, we review the existing literature and examine the nursing profession's historically overlooked yet essential contributions to this field. Having considered both the evolution of psychedelic therapies and the involvement of nurses to date, we argue that nurses are uniquely positioned to lead, advocate, research, innovate, and practice within what has been described as the "psychedelic renaissance."

METHOD

In this discursive scoping review, we propose that treatment approaches for complex human conditions are undergoing a significant shift due to recent advancements in psychedelic research. We conducted a literature review focusing on mental health, addiction, and palliative care applications. The review incorporated commentaries, syntheses, and literature reviews published over the past 20 years, as well as all relevant primary studies. Reference lists were cross-checked, and informal discussions with experts in the field were used to further identify what is currently known about the historical and contemporary roles of nurses within psychedelic-assisted therapy.

Psychedelic-Assisted Therapy as an Emerging Practice

The term psychedelic, meaning "mind-manifesting" or "mind-revealing," was coined in 1957 by English psychiatrist and researcher Humphry Osmond while working in Weyburn, Saskatchewan.[4] Osmond used lysergic acid diethylamide (LSD)—commonly known as "acid"—in experimental studies aimed at understanding the subjective experience of schizophrenia. His work, along with that of colleagues around the world, contributed significantly to modern psychiatric theory, including the finding that neurotransmitter activity in the brain may correspond with behavioral changes.[5]

Osmond also became intrigued by participants' accounts describing their psychedelic experiences as meaningful and beneficial to their long-term mental health. This led him to investigate the use of LSD as a therapeutic intervention for individuals with alcoholism. Supported by both community and institutional partners, this work reportedly achieved a 40–45% success rate one year after treatment.[467] Similar research was conducted internationally, where psychedelic substances were used to explore and potentially treat alcohol dependence and various mood disorders.[8] Many early findings appeared promising until support for psychedelic research declined and the substances were classified as Schedule I drugs. Within the broader

sociopolitical climate, psychedelics came to be viewed as dangerous, lacking therapeutic value, and carrying a high potential for misuse.

Entering the 21st century, researchers and clinicians reintroduced psychedelic studies with a strong emphasis on rigorous scientific methodology. In particular, the concepts of set and setting were intentionally structured to counter stigmatizing discourses surrounding illegal drugs and to reduce risks for participants.[3] Set refers to an individual's internal state—including their psychological readiness and goals for treatment—while setting encompasses the external cultural, social, and physical environment in which the experience occurs.[9]

Establishing appropriate set and setting begins with comprehensive screening, including detailed histories and physical and psychological assessments based on strict eligibility criteria. For eligible participants, treatment generally involves several preparatory psychotherapy sessions with one or two trained practitioners, followed by drug-facilitated sessions and subsequent integration sessions. Careful attention to the chosen substance, dosage, environmental conditions, and the therapeutic relationship is considered essential to achieving positive outcomes and minimizing adverse events.[10][11]

During a psychedelic-assisted session, participants typically receive a controlled dose of the substance, along with eyeshades, a comfortable therapeutic environment, and music designed to support relaxation and introspection. They are encouraged to "let go" and explore emerging thoughts and emotions, while being continuously monitored and supported by trained practitioners. Depending on the protocol, sessions may last several hours or extend overnight.

Participants often struggle to articulate the nature of their experiences, though descriptions commonly include terms such as mystical, spiritual, transcendental, interconnected, oneness, self-actualization, and existential awe.[12][13] Researchers have identified associations between these "mystical-type" experiences and "abrupt, substantial, and sustained changes in behavior and perception."[14] Although psychedelics possess inherent pharmacological effects, their therapeutic value appears to be maximized within a structured intervention delivered by trained professionals.[15] Practitioners in this field have included psychiatrists, psychologists, psychotherapists, physicians, nurses, social workers, and other trained support personnel. Accordingly, psychedelics are understood as assisting the therapeutic process rather than acting as stand-alone treatments.

Johnson, Richards, and Griffiths[16] outlined detailed guidelines for minimizing adverse reactions in human psychedelic research. They concluded that psychedelic therapies are generally well tolerated, with most side effects being mild and resolving by the end of the session. Controlled clinical use has demonstrated a favorable benefit-to-risk ratio.[12][17][18] Although serious adverse events are rare, potential risks include physiological toxicity, abuse or dependence, acute psychological distress, dangerous behavior, prolonged psychosis, and persistent perceptual disturbances.[16] To ensure safety, researchers emphasize careful participant selection, thorough preparation, an appropriate physical environment, continuous supervision during sessions, and structured post-session follow-up.

While contemporary psychedelic-assisted therapy has largely focused on individualized treatment, ceremonial and group-based practices have deep historical roots and may represent cost-effective and potentially effective treatment models deserving further investigation.[19]

Traditional psychotherapy and conventional pharmacological treatments—whether used alone or together—are frequently insufficient for individuals with chronic or treatment-resistant mental health conditions.[20] Psychedelic-assisted therapy integrates a structured psychotherapeutic framework with the administration of a potent psychoactive substance in a carefully curated set and setting. Emerging evidence suggests that this approach can be highly beneficial, particularly for individuals who have not responded to other treatments.[3][21] Although the full therapeutic protocol may extend over several weeks or months and is resource-intensive, it differs fundamentally from mainstream psychiatric treatments in that it does not require daily medication use or lifelong pharmacotherapy. This represents a significant shift in the treatment paradigm for mental illness.

Psychedelic Research and Nursing Practice

Despite the long-standing involvement of nurses in the research, development, and delivery of psychedelic-assisted therapy, their contributions remain largely unrecognized. In the acknowledgements section of his

345-page book detailing his 1990s research on N,N-dimethyltryptamine (DMT), Strassman[22] somewhat paternalistically remarked that nurses "provided heroic, cheerful, and disciplined […] support for all the studies." Notably, one nurse involved in this research observed that "while clinical writing related to psychedelic nursing is relatively meager throughout the '60s, writing by nurses about their experiences during the thousands of hours of intensive psychedelic research is virtually non-existent. No nurses, to the best of my knowledge, served as co-authors on published research papers, and no narrative or journal notes by nurses working in psychedelic studies are available."[23]

Little appears to have changed in the ensuing 25 years. Rosa, Hope, and Matzo[24] noted that, unlike psychology, medicine, and pharmacology—which have widely disseminated findings from their psychedelic research—nursing has not done so. To the best of current knowledge, no nurse-led psychedelic studies have been published to date, meaning none have identified a nurse as the primary investigator.

Nevertheless, a closer look at the literature reveals important aspects of nursing involvement in psychedelic research. In the first clinical trial investigating 3,4-methylenedioxymethamphetamine (MDMA)-assisted therapy for post-traumatic stress disorder (PTSD), the co-therapy team consisted of a psychiatrist and a psychiatric nurse, and nursing presence was required onsite during all experimental sessions and overnight stays.[25] Nurses are also explicitly identified as therapists or support personnel in studies involving psilocybin,[24] LSD,[46] DMT,[22] and ketamine.[26]

Contemporary clinical trials typically require extensive pre-treatment assessment and continuous monitoring throughout and after psychedelic sessions. These procedures often include blood tests, vital signs, electrocardiograms, urine screenings, breathalyzers, pregnancy tests, physical examinations, and, in some cases, MRI or other diagnostic evaluations. Given the traditional scope of nursing practice, it is reasonable to infer that nurses who participated in these studies contributed meaningfully to screening, assessment, and data collection processes.

In the current resurgence of psychedelic-assisted therapy, emerging evidence highlights an opportunity to expand nursing roles. Phelps[11], in the first comprehensive guidelines and competencies for training psychedelic therapists, identified nurses as suitable candidates for this work. Phelps also developed a certificate program in psychedelic-assisted therapies and research at the California Institute of Integral Studies, available since 2016.[27] Registered nurses and nurse practitioners are listed among eligible applicants, and several program cohorts have included nurses.

Although recent developments suggest that a small number of nurses and nurse practitioners are becoming more visible in psychedelic-assisted therapy, there remains considerable potential for broader nursing engagement in both research and clinical practice within this evolving field.

Indications for Psychedelic-Assisted Therapies

Psychedelic-assisted therapies are currently indicated primarily for chronic, complex, and treatment-resistant conditions that have not responded adequately to conventional pharmacological or psychotherapeutic interventions. To focus on clinical evidence without becoming mired in the often intricate and sometimes inconclusive details of neuropharmacology, this section reviews several psychoactive substances commonly grouped under the umbrella of psychedelics. Although all of these substances produce pronounced psychological and perceptual effects at higher doses, only some qualify as "classic" psychedelics—typically defined as compounds that exert agonist activity at the serotonin 2A receptor.[14]

A full pharmacological review is beyond the scope of this article; therefore, we provide a concise overview of the most commonly studied psychedelics and their therapeutic applications as reflected in current research.

MDMA and Post-Traumatic Stress Disorder (PTSD)

One of the most widely discussed applications of psychedelic-assisted therapy involves the use of 3,4-methylenedioxymethamphetamine (MDMA)—commonly known as ecstasy or molly—for the treatment of post-traumatic stress disorder (PTSD). In the first randomized controlled pilot study evaluating MDMA for PTSD, 83% of participants who received MDMA-assisted psychotherapy no longer met DSM-IV criteria for PTSD, compared with only 25% in the psychotherapy-only control group. In a separate phase 2

randomized controlled trial conducted by Ot'alora et al., participants who received at least one MDMA-assisted session alongside psychotherapy demonstrated significant reductions in PTSD symptoms, including depression, sleep disturbances, dissociation, and suicidal ideation. Notably, 76% of participants in the treatment group no longer met criteria for PTSD 12 months after completing therapy.

Physiological changes such as temporary increases in heart rate and blood pressure were anticipated and were managed without the need for medical intervention. Reported adverse effects were generally mild and transient, with anxiety and jaw clenching being the most common. Overall, participants tolerated the treatment well, and findings suggested that MDMA-assisted therapy may produce enduring therapeutic benefits for individuals with chronic or severe PTSD. Case studies have further supported MDMA's potential in alleviating complex trauma-related symptoms.

In recognition of these promising results, the U.S. Food and Drug Administration (FDA) designated MDMA-assisted therapy for PTSD as a Breakthrough Therapy in 2017, a status intended to expedite research and development. A large-scale, randomized, double-blind, placebo-controlled phase 3 clinical trial is currently underway, enrolling participants with severe PTSD across multiple international sites, including Vancouver and Montreal. With an anticipated sample size of 200–300 participants, this trial aims to evaluate the safety and efficacy of MDMA-assisted psychotherapy in a more rigorous and diverse population. Should the phase 3 findings replicate earlier results, MDMA-assisted therapy may become an FDA-approved treatment option for PTSD.

Psilocybin and Depression

Psilocybin is a psychoactive compound found naturally in more than 100 species of mushrooms, though it can also be synthetically produced.[2131] Early evidence suggests that psilocybin may offer advantages over existing treatments for depression. Reflecting this potential, the FDA has granted Breakthrough Therapy designation to psilocybin-assisted therapy for both treatment-resistant depression[32] and major depressive disorder.[33]

In an open-label feasibility study conducted by Carhart-Harris et al.,[34] participants with moderate to severe treatment-resistant depression—who had been ill for an average of 17.7 years and had failed an average of 4.6 treatments—received two oral doses of synthesized psilocybin (10 mg and 25 mg) administered seven days apart. Psychological support was provided before, during, and after each dosing session. Among participants who completed the entire protocol (n = 19), depression scores decreased significantly at all follow-up points, including at the six-month assessment. No serious adverse events occurred, and treatment was generally well tolerated. Common side effects included transient anxiety (79%), headaches lasting fewer than two days (42%), and brief episodes of nausea without vomiting (26%).

Importantly, the extent of symptom improvement appeared to be predicted by the subjective quality of the acute psychedelic experience. Participants who reported more intense "mystical-type" experiences showed the greatest clinical improvements at the five-week mark.[34] In a qualitative analysis of six-month follow-up interviews, participants described experiences of mental "expansion" or "rebooting," marked by a shift from disconnection—whether from oneself, others, or the external world—to a renewed sense of connection. They also described moving from avoidance of painful emotions or memories to acceptance of them.[35]

Although the absence of a placebo or control group limits the strength of the conclusions, both the safety profile and preliminary efficacy suggest that psilocybin-assisted therapy warrants further rigorous investigation. Following its Breakthrough Therapy designation, large-scale clinical trials are currently underway by COMPASS Pathways[32] and the Usona Institute.[33]

Ayahuasca, N,N-Dimethyltryptamine, and Depression

Emerging evidence suggests that ayahuasca may hold therapeutic potential for depression, paralleling early findings observed with psilocybin.[14] Ayahuasca is a traditional South American sacramental brew composed of several psychoactive constituents, the most notable being N,N-dimethyltryptamine (DMT). DMT occurs naturally in numerous plant species and is also endogenous to animals, including humans, although its physiological role and biosynthetic origins in humans remain incompletely understood.[36]

Across multiple studies conducted in both clinical and ceremonial settings, participants have shown significant reductions in depressive symptoms after ayahuasca administration, as measured by a range of validated depression rating scales.[14] In an open-label trial involving six individuals with mild to severe depression, a single dose of ayahuasca produced statistically significant decreases in depressive symptoms ($p < .01$).[37] The primary adverse effect reported was vomiting, experienced by half of the participants, though none described it as severely distressing.

Clinical research examining intravenous administration of DMT has further demonstrated a favorable safety profile, a low incidence of adverse events, and a very short duration of psychoactive effects (approximately 5–15 minutes).[22] Participants frequently report profound mystical-type experiences, which may have therapeutic relevance not only for depression, but also for PTSD, alcoholism, obsessive–compulsive disorder, and for psychological or spiritual support in end-of-life contexts.[22]

Ketamine, Depression, and Anxiety

Ketamine has been used off-label for several decades as a treatment for depression, with or without adjunctive psychotherapy. A dissociative anesthetic with psychedelic properties, ketamine is legally available and listed by the World Health Organization as an essential medication.[38] In addition to its established role as a safe and effective anesthetic, ketamine is recognized as a rapid-acting antidepressant and has also been used therapeutically for PTSD, obsessive–compulsive disorder, bipolar I and II disorders, and other psychiatric conditions.[26]

Treatment protocols vary depending on the clinician and patient needs, but approaches often involve a short series of sessions for acute symptom relief, followed by maintenance sessions as clinically indicated. In a retrospective analysis of outcomes from three U.S. psychiatric practices offering ketamine-assisted psychotherapy, Dore et al.[26] reported clinically significant reductions in both depression and anxiety scores ($p < .0001$). Participants had an average of 3–5 years of prior psychotherapy and were taking approximately 2.84 psychiatric medications for moderate depression and anxiety ($n = 235$). Individuals who received a greater number of ketamine-assisted sessions, as well as those presenting with more severe baseline symptoms—including suicidality—exhibited the largest improvements.[26]

No cases of physical dependence or drug-seeking behavior were observed following treatment, and fewer than 15% of participants reported adverse effects such as nausea or vomiting.[26] A patented intranasal formulation of ketamine, esketamine, received FDA approval in March 2019 for treatment-resistant depression.[2] Doblin[2] emphasizes, however, that although ketamine alone may alleviate certain symptoms, combining the medication with psychotherapy is more likely to yield durable therapeutic change. This perspective reflects the broader and evolving view that psychological support is a critical—perhaps essential—component of psychedelic-assisted therapies.

Microdosing and Well-Being

Taken semi-regularly in very small, sub-perceptual amounts known as microdoses, certain psychedelics are increasingly used in non-clinical contexts by individuals who report improvements in mood, creativity, and overall well-being. In the first worldwide open-enrollment study, participants followed a one-month microdosing regimen using self-acquired LSD or psilocybin and reported outcomes using a validated mood assessment tool.[39] Preliminary findings indicated that more than 80% of participants ($n > 1000$) experienced positive or neutral effects. Commonly reported benefits included elevated mood, enhanced productivity and creativity, and improved social relationships.

Given the substantial methodological limitations of open and exploratory designs—including self-selection bias, lack of blinding, and unregulated dosing—multiple clinical trials are now underway. These studies employ controlled administration of pharmaceutical-grade LSD or psilocybin, along with placebo conditions, to rigorously examine the physiological and psychological effects of microdosing.[39]

Psilocybin, LSD, and End-of-Life Care

Individuals facing terminal or life-limiting illnesses often experience profound anxiety and psychological distress. Current palliative care practices frequently lack sufficient resources to address spiritual or existential suffering, leaving many patients with unmet needs.[24] Although psychedelic research in this area

was active in the 1950s and 1960s, interest has recently re-emerged as clinicians search for effective treatments to alleviate end-of-life distress.[40]

In 2016, two landmark clinical trials investigated psilocybin for cancer-related anxiety and depression. In a randomized, double-blind, crossover study, participants with life-threatening cancer who received a high dose of psilocybin with psychological support ($n = 46$) experienced significant ($p < .001$) and enduring reductions in anxiety and depressive symptoms, alongside improvements in quality of life.[41] At six months, approximately 80% of participants continued to show clinically meaningful relief.

A second double-blind, controlled trial ($n = 29$) similarly found that a single active dose of psilocybin combined with psychotherapy produced rapid and sustained decreases in anxiety and depression, reduced existential distress, and improved spiritual well-being.[42] No serious adverse events occurred in either study, and transient effects—such as anxiety, nausea, and mild hypertension—resolved by session end.

LSD has also shown promise. In a randomized, double-blind, active placebo-controlled pilot trial ($n = 12$), Gasser et al.[43] demonstrated that LSD administered with psychological support can reduce anxiety associated with life-threatening illness. While preliminary, these findings support expanding research into psychedelic-assisted therapies within palliative care.

As Carhart-Harris and Goodwin[8] note, it appears "paradoxical, even incredible, that such drugs should not be available for medical use in conditions for which euthanasia is already available." With limited options for treating spiritual distress and increasing access to medical assistance in dying (MAID), palliative care may be approaching a pivotal moment in considering psychedelic-assisted therapies as a means of addressing the psychological and existential suffering of the seriously ill.

Psychedelics and Alcohol Dependence

At first glance, using one psychoactive substance to treat problems related to another may seem counterintuitive. However, there is a long history of research exploring psychedelic-assisted treatments for substance use disorders. Studies from the 1950s onward investigated LSD for alcohol dependence, and a meta-analysis of six randomized controlled trials from the 1960s and 1970s found that individuals with chronic alcohol dependence who received a single high dose of LSD were nearly twice as likely to reduce alcohol consumption for up to 12 months compared to controls. Across 536 participants, only eight adverse events were reported, none resulting in lasting harm.

More recent research has renewed interest in this area. In a small proof-of-concept study of psilocybin-assisted therapy for alcohol dependence, Bogenschutz and colleagues observed substantial reductions in drinking days, with many of these improvements persisting at a nine-month follow-up. Greater intensity of mystical-type experiences correlated with larger reductions in alcohol use, and no lasting adverse effects were reported. Given the unusual durability of these outcomes—particularly following just one or two doses—Krebs and Johansen have recommended larger trials exploring multiple-dose protocols and additional psychedelic compounds.

MDMA-assisted psychotherapy is also being investigated for trauma-related alcohol dependence and broader substance use disorders. An open-label proof-of-concept study found that an eight-week MDMA-assisted regimen was safe and well tolerated for individuals with alcohol use disorder, with long-term drinking outcomes pending publication. Further supporting evidence comes from observational studies of religious or spiritual communities that regularly use ayahuasca or peyote; these groups consistently demonstrate lower rates of alcohol and substance use.

Psilocybin and Tobacco Cessation

In the first-ever study exploring the use of psyche- delics as an adjunct to tobacco cessation treatment, 15 participants with an average of 6 previous attempts at quitting and 31 years as smokers underwent 2-3 psilocybin-assisted sessions as part of a 15-week treatment protocol.[48] In this open-label pilot study, the psychological and biological assessment showed 80% of participants were smoking abstinent at the 6-month follow-up. In a long-term follow-up study of these participants, 67% were still abstinent at the 12-month follow-up and 60% at the ≥16-month follow-up.A majority (86.7%) of participants felt their psilocy-bin experience was "among the five most personally meaningful and spiritually significant experiences of their lives."[49] In a qualitative follow-up study whichinterviewed these same participants an average of 30 months

after their treatment, the psilocybin-facilitated experiences of interconnectedness, awe, and curiosity, along with preparatory counselling, rapport-building, and reduced tobacco withdrawal symptoms were re- ported as central to successful smoking cessation.[13] With no reported clinically significant adverse events (transient experiences of fear, headaches, and elevated systolic blood pressure resolved within hours of the psilocybin sessions), these preliminary findings sug- gest greater success than conventional behavioral and pharmacological treatments for tobacco dependence, which typically have <35% success rate.[48]

Psychedelics and Opioid Dependence

Ibogaine is an alkaloid derived from the root of an African shrub, Iboga. Ibogaine has been used to treat opioid dependence for decades and evidence of its efficacy is growing.[50,51] In an observational study, 30 people with an average of 3 previous opioid dependence treatment attempts were treated with ibogaine for daily opioid use.[50] Half of the partici- pants reported no drug use at the 1-month follow-up,with no clinically significant adverse effects. Severalpharmacological theories exist to explain the drug'sefficacy in attenuating opioid cravings and withdrawal symptoms; however, individuals treated with ibogaine also reported a powerful sense of meaning as a resultof their intense ibogaine-facilitated treatment whichreduced or eliminated their opioid dependence.[51]

In a double-blind, randomized, active-placebo controlled trial of 70 long-term heroin users who weretreated with either low dose or high dose ketamine- assisted psychotherapy, those treated with high dose ketamine had significantly greater rates of abstinence($p<.05$) and reduced cravings at the 2-year follow-up.[52] Consistent with other ketamine-assisted therapies,there were no reported adverse events (beyond anacute increase in blood pressure during the session) norwas any consequent ketamine dependence reported.

IMPLICATIONS FOR NURSING PRACTICE

Existing commentary and emerging research into psychedelic-assisted therapies suggests that nurses have had and will continue to have an important role to play in psychedelic-assisted research and treatment. The current psychedelic renaissance promises new treatment approaches that can benefit people who experience mental illness and addictions. This promise extends into the development of new roles and practices for nurses. Nurses are healthcare leaders in practice development, ethics of care, research, patient and caregiver education, and patient and health system advocacy. Nurses are, therefore, well suited to be leaders in the development of psychedelic-assisted therapies.

LEADERSHIP IN PRACTICE

As the demand for psychedelic-assisted therapy undoubtedly increases, there will be a need for trained, competent, and experienced practitioners, as well as a governing body, to oversee the licensing of indi- viduals involved in this work.[9] As a self-governing profession emphasizing public good, evidence-based practice, and collaborative models of care, nurses are appropriately primed for this work that demands a high degree of professionalism, responsibility, inter- personal skills, and ethical integrity. Phelps developed six competencies for the training of psychedelic practitioners: "empathic abiding presence, trust en- hancement, spiritual intelligence, knowledge of the physical and physiological effects of psychedelics, self- awareness and ethical integrity, and proficiency in complementary techniques."[11] These competencies are strongly aligned with the values and practices of nurses, particularly in contexts that have integratedspiritual care and complementary techniques, such as palliative and holistic care.[24]

Due to their proximity to patients and the emphasison the development of therapeutic, trusting relation-ships, nurses have historically been the professionals who remain at the bedside, 'hold space', and serve as a supportive witness to the complex narratives of patients' lives.[24] As such, nurses occupy a unique position of trust, which is critical for the safe and meaningful integration of psychedelic-assisted ex- periences. These trusting, therapeutic relationships create opportunities for care for patients and health providers. Penn et al.[28] argued that these relationships enable authenticity, self-compassion, and healing. People undergoing psychedelic-assisted therapy also require physical assessment and monitoring during treatment. In addition to spiritual and other perhaps intangible aspects of nursing care, nurses are also highly educated health practitioners with knowledge and skill in physical and psychological assessment and intervention. Nurses can provide psychological support to persons undergoing psychedelic-assistedtherapies; they are also able

to screen and monitor patients and intervene in the event of an adverse reac- tion or medical emergency. With this dual-mandate of medical and spiritual care, nurses are uniquely qualified to become psychedelic practitioners and totake a leadership role in the provision of psychedelic- assisted therapies.

LEADERSHIP IN ETHICS AND RESEARCH

The introduction of psychedelic-assisted therapies calls forth obligations for ethical practice and meaning- ful research inquiry. If psychedelic-assisted therapyis to become an available treatment option, ongoingethical oversight will be needed to ensure that practi- tioners and researchers comply with ethical standards, and are being appropriately trained and governed.[1,9]The literature shows that psychedelic-assisted therapy research is multi-dimensional. The focus on 'set and setting', psychological support, and integra- tion, suggest that research needs to extend beyond randomized-controlled drug trials and pharmaceuticaldevelopment. Nurses possess expanded knowledge of and insights into the impacts of social determinants on individual and population health. In the past, psychedelic trials have typically lacked diversity in both researchers and participants, including minority groups such as autistic adults, LGBT persons, and people of colour; this presents an ethical concern astrial outcomes may not be generalizable to these populations. Consequently, some groups may be denied access to treatment or provided inappropriate treatment, further deepening systemic inequities to health and well-being for minority populations.[53,54] As such, nurses can bridge gaps between the production of evidence for treatment and service provision that alleviates suffering for those who need it. With a professional mandate to promote health, prevent illness, restore health, and alleviate suffering,[55] nurses will need to advocate in practice, research, and leadership contexts to ensure that psychedelic-assisted therapies are ethically and inclusively researched and enacted.

Also, the increasing 'medicalization' of psychedel- ics creates ethical tensions between effective service provision and for-profit pharmaceutical ventures. These include concerns of exaggerated efficacy claims and conflicts of interests over the production of psychedelic research and knowledge on behalf of the pharmaceutical industry.[56] It is also possible that the sanctioning of psychedelics for medical purposes may embolden some to use these potent drugs for self-treatment, particularly if there is limited ac- cess to psychedelic-assisted therapy in controlled, supportive contexts. As seen today in recreational contexts, a harm reduction education approach would be appropriate in limiting adverse effects from the quasi-therapeutic use of psychedelics. There is also an ethical imperative to ensure that people who use these drugs, whether in recreational contexts or more traditional, ceremonial settings, are not criminalizedunder this new paradigm. A cautious and diligent yet steadfast approach is required to ensure the ethi-cal integrity of the psychedelic renaissance in both research and practice.

LEADERSHIP IN POLICY, ADVOCACY,AND EDUCATION

For nurses in influential positions in government, educational institutions, and other policy and practice decision-making roles, there is a need to re-examine the evidence for psychedelic-assisted therapies that should be unhindered by social and political pressures which have inhibited past research and treatment development. Key among the challenges nurses face are prohibitionist drug policies worldwide. These policies hinder research by unduly limiting access to psychedelics drugs; they also reinforce the "moral panic" and stigma associated with these drugs, thepeople who might benefit from using them, and those wanting to study them. So while the primary aim of these emerging psychedelic-assisted therapies is to alleviate human suffering, more broadly it may also be "the thin end of a wedge that moves drug policy away from the elusive goal of eradication in favor of more nuanced strategies that harness the benefits of psychotropic drugs while minimizing their risks."[57]In the current psychedelic renaissance, policy related to regulation, treatment, and harm reductionwill need to be guided by public health principles.Haden et al.[9] proposed a public-health-based modelfor the regulation of psychedelic drugs drawn fromlessons learned from alcohol and tobacco regulation.This model includes considerations of governance,supervision, youth access, supply control, demand mitigation, and evaluation. The lessons learned from the legalization and regulation of cannabis in many jurisdictions will also help inform approaches to psychedelic drug regulation. Nurses are strongly po-sitioned to lead and develop public-health-informedinitiatives to guide the implementation, delivery, andevaluation of psychedelic-assisted therapies. Nursesare established policy and advocacy leaders, yet thehealth system does not make full use of this aspectof registered nurses' scope of

practice.[58] Nurses canadvocate for the expansion of innovative and evidence- based treatments that support the health and well-being of stigmatized populations, such as those with mental illness or addictions. For example, Argento, Tupper, and Socias[59] surmised that psychedelic-assisted therapies might be a missing link to a successful, multifaceted response to the opioid overdose crisis in North America. Accountable, professional care and advocacy have their roots in professional and pre-licensure educa-tion. As psychedelic-assisted therapies become more available, the curricula of professional programs in psychiatry, medicine, social work, and nursing willneed to be adapted. The next generation of health and social care providers will need to be open to these newoptions for mental health care, palliative care, and addiction treatment while navigating ethical, social, and political pressures. It would behoove nurse educa- tors, professors, academics, and clinicians to remain current and responsive to this emerging field. If we do not, nurses will lose opportunities to investigate,develop, and practice in the context of psychedelic-assisted therapies. The absence of a nursing voice inthis context will represent a loss for patients. Nurses'knowledge and skills are valuable clinical and socialresources for the development and enactment ofpsychedelic-assisted therapies.

CONCLUSION

The emergence of psychedelic-assisted therapies, the psychedelic renaissance, is an unprecedented opportunity for nurses to support the health and well- being of persons with complex mental health challenges and addiction disorders. By framing psychedelic-assisted therapy as an issue that aligns with the values and competencies of the nursing profession, the context is created for nurses to participate in interdisciplinary research and practiceto advance these innovative approaches to care. As such, there is an opportunity for nurses to cultivatea distinct area of nursing practice, and to be advocates, leaders, innovators, researchers, practitioners, and educators in this field. We must not, however, allow ourselves to be governed by the moralistic and deep-seated sociopolitical ideasabout the use of mind-altering drugs - to do sowould be to prevent people who are suffering from receiving potentially life-changing treatments. If nurses allow themselves to be left behind, we do a disservice not only to the profession, but also to thepatients, clients, and the communities we care for.

DISCLOSURE

This article addresses the emerging field of psychedelic-assisted therapy, discussing its historical context, current research, and implications for nursing practice. The content is based on a scoping review of literature spanning the last two decades, which highlights the significant potential of psychedelics in treating mental health issues, addictions, and end-of-life distress.

The authors acknowledge that while there is a resurgence of interest in psychedelic therapies, much of the existing research remains preliminary. As such, findings should be interpreted with caution. The article emphasizes that nurses, as advocates for ethical and safe practice, have a critical and often overlooked role in this field. It encourages nursing professionals to engage in leadership, advocacy, research, and education related to psychedelic therapy.

The authors declare no conflicts of interest related to this article. The information provided is intended for educational purposes and should not be construed as medical or therapeutic advice. Readers are urged to consult qualified healthcare professionals for guidance on mental health treatments.

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