

How the active ingredient in magic mushrooms is helping treatment-resistant depression

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10–12 minutes

“Suddenly, in what can only be described as a very vivid dream, I was in the mountains. The car was parked beside a lake with my wife inside and the door open. As I stood next to the door, my wife looked into my eyes and repeated, ‘Nobody is trying to hurt you’ over and over again. It was powerful. I realised I had been so mistrusting of people my whole life, which held me back for so long and diminished my capacity to love. I was crying my heart out at this point, but the message was clear: get out of my own way.”

These are the words of a patient who took part in a recent study of psilocybin (the active ingredient of magic mushrooms) for treatment-resistant depression, based at Tallaght University Hospital. While this patient reported greater “functionality” with a combination of SSRI antidepressants and psychotherapy, he remained aware of the persistent shadow of depression: “It was still there lurking in the background, ready to start taking over at a moment of weakness.”

Psilocybin-assisted therapy offered him something which traditional therapies had not: he discovered “a deep sense of peace and compassion towards everyone”. He says, “It softened my ego. Since then, I have worked hard on the lessons I learned: I worked on forgiveness, letting go of grudges and being more open and less defensive.”

The psilocybin study — enabled by Irish research company Clinical Research Platform (CRP) — was part of a much larger double-blind trial involving 233 patients across 10 countries. Funded by British-based mental health company Compass Pathways, the [research found](#) that 30% of patients who received a 25mg dose of psilocybin (in combination with therapy) experienced rapid remission from treatment-resistant depression within three weeks. A second smaller [study](#) found that taking SSRI antidepressants did not interfere with the therapeutic benefits of psilocybin.

Irish psilocybin therapist

Lisa Burke is one of the two Irish therapists who delivered psilocybin-assisted therapy in the Tallaght-based study. A psychotherapist for over 16 years, Burke says the therapist’s role extends far beyond simply administering the psychedelic drug.

“I am there to prepare them for this [psychedelic experience], to support them during the experience and to help them afterwards in integration, to make meaning out of what they experienced,” she says.

In her view, the effectiveness of the treatment depends on participants' active engagement in all aspects of the therapy, including a series of 'preparation sessions' before treatment and 'integration sessions' after treatment.

Before administering the drug, Burke prepares participants for the intensity of the emotional experience. Since participants appear to gain maximal benefit when they notice and sustain attention on their inner experiences, the preparation sessions can serve as a "rehearsal" for being "still with [their] own thoughts and feelings".

She says that "lying on a bed in a darkened room" can prove surprisingly challenging when many of us are used to "living in a constant state of stimulation".

During the psilocybin session, Burke uses the mantras 'in' and 'through' as a reminder to patients to stay with whatever emotional material surfaces.

She says: "When a person takes psilocybin, what we want is for them to be ready for how it affects them physiologically so that they're not caught up with that, and so that they can have an inward focus."

While the psilocybin session provides a rare opportunity for participants to look at their problems from a different perspective, psychedelic-assisted therapy is neither a fast nor an effortless cure.

Patients may experience sudden, dramatic changes in mindset, but Burke says that lasting results are more likely when the psychedelic experience is revisited and processed within a strong therapeutic relationship. She says that psychoeducation is also important for managing patients' "high hopes" and reducing the likelihood of "huge disappointment" when outcomes fail to meet a patient's expectations.

The myth of the easy cure or "psychedelic miracle" is also dispelled by Dr Sarah Tai, professor of clinical psychology at the University of Manchester. Tai designed the specialised therapist training received by Burke and other therapists involved in the Compass Pathways trial.

"Recovery [from a mental health condition] is a challenging, trial and error process which may be more likely and easier with help from an experienced therapist," she says. "Psychedelic drugs can cause intensely unusual experiences, and without psychological support in a safe, controlled environment, there is a risk that people could become highly distressed Psychedelic drugs offer opportunities for positive change, but the drug alone doesn't solve problems — only the individual can do that."

Break on through to the other side

Media hype and myths aside, psychedelic research has seen tremendous breakthroughs in recent years. Compass Pathways is not the only influential player in this field, nor is psilocybin the only psychedelic to seize the attention of the scientific community. In the most advanced [clinical research](#) to date, 88% of PTSD sufferers showed a significant improvement after receiving MDMA-assisted therapy, while 67% achieved full remission. The Multidisciplinary Association for Psychedelic Studies (MAPS), which sponsored the research, says that the Breakthrough Therapy is likely to be approved by the FDA by the end of this year.

Leading biotech companies continue to make progress with a range of other psychedelic substances, including LSD, DMT, and ketamine. MindMed has shown the “significant, long-lasting beneficial effects” of LSD in reducing symptoms of anxiety. Small Pharma is currently investigating the potential of short-acting DMT-assisted therapy for alleviating the symptoms of major depressive disorder. And Awakn Life Sciences has [found](#) that 86% of alcoholics in their phase II trial remained abstinent six months after ketamine-assisted therapy, with relapse rates that were 2.7 times lower than for the placebo.

As the psychedelic renaissance in clinical research gathers momentum, Irish attitudes towards psychedelics are changing, especially among health professionals. Banned under Schedule 1 of the Misuse of Drugs Act, psychedelics have long been considered harmful and lacking in any therapeutic benefit. Dr Colm Harrington, a psychiatry registrar and founder of Irish Doctors for Psychedelic-Assisted Therapy (IDPAT), says that stigma is on the decrease now that there is “plenty of scientific evidence to the contrary”.

Harrington suggests that future psychedelic-assisted therapies could fill a large gap in psychiatric services, where standard psychotherapy in combination with selective serotonin reuptake inhibitors (SSRIs) can be limited. In his view, SSRIs “merely alleviate symptoms”, while the six to 12 hours of psychotherapy offered by the Health Service Executive (HSE) is often insufficient for those with severe conditions.

“Psychedelic medicines dramatically speed up the therapeutic process, allowing people to engage with repressed emotions, gain insights, and correct harmful ways of thinking,” he says. “Psychedelic-assisted therapy will be a huge boon to our severely under-resourced mental health services and the millions of Irish people they do their best to serve.”

Into the mystic

Interest in the therapeutic potential of psychedelics is also growing within psychotherapy circles. Rob Ó Cobhthaigh, an integrative therapist and co-founder of the psychedelic retreat centre Inwardbound, says that he first became aware of the therapeutic potential of psilocybin as part of his own “healing journey”. The centre, whose retreat programmes are held in the Netherlands, has research links to the PRSM (psychedelic, religious, spiritual, mystical) lab at the University of Leiden, and follows in the tradition of Czech psychiatrist Dr Stanislav Grof.

Dr Grof was a pioneer of LSD research, which he carried out throughout the 1960s at the Psychiatric Research Institute in Prague. By the 1970s he had moved to Big Sur, California, where he and his wife Christina developed holotropic breathwork as a non-drug alternative to accessing altered states of consciousness.

In Ireland, this combination of accelerated breathing and evocative music was pioneered by psychiatrist Dr Ivor Browne at St Brendan’s hospital in Dublin. According to Ó Cobhthaigh, the technique can induce the kinds of “non-ordinary states of consciousness [characteristic of] meditative, mystical, and psychedelic experiences”.

In December of last year, Ó Cobhthaigh wrote the first [scholarly article on psychedelic-assisted therapy](#) in the Irish Journal of Counselling and Psychotherapy. In the article, he stated that the “psychedelic renaissance” raises “major legal, ethical and educational considerations” for which “the psychotherapy profession [should] be prepared”.

One such consideration is the lack of any consistent global standard of psychedelic-assisted therapy training. Dr Sarah Bateup, who serves as therapy lead for the London-based clinical trial firm, Clerkenwell Health, says that without an “accredited pathway to becoming a psychedelic-assisted therapist”, clinical training has become “piecemeal and siloed”.

“One of the reasons [for this fragmentation] is that people have very different ideas about what psychedelic-assisted therapy is in the first place,” she says.

“Some people think it should be a guide or support which is borrowed very heavily from indigenous cultures. Other people have said that there is a problem with that so they invent their own [therapy model] and they use that. There are all sorts of people with their own hypotheses and beliefs that are in this space and it’s really confusing.”

In addition to the lack of standardisation in therapist training, Dr Bateup draws attention to the shortage of therapists specially trained to deliver future psychedelic-assisted therapies. Clerkenwell Health, among other psychedelic research organisations, has [predicted](#) a therapist bottleneck “will limit the progress of not only clinical development but also integration of [psychedelic] treatments into the health system.”

As psychedelic-assisted therapies loom on the international horizon, Dr Harrington reminds us of a duty to “ensure Ireland is not left behind.”