PsiloIMAGINE: Investigating the acceptability and societal barriers to the implementation of psychedelic-augmented therapy in young people with self-harming behaviour

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Background

Self-harm:

- Self-harm (SH) is a major public health issue with health and societal impact [1]
- Approx. **20%** of **young people** (YP) aged 16-25 have **self-harmed** in their lives [2] with rates increasing [3]

Barriers to seeking help [4]:

1. **Attitudinal** – Held by mental and healthcare professionals e.g., 'self-harm is not serious or important enough', 'YP should cope on their own'
2. **Fear or stigma** – Professionals: Not paying attention/listening, judging YP, dismissing YPs experience; YP: e.g., fear of confidentiality breach
3. **Intrapsychic** – Mental health comorbidities e.g., depression, anxiety, and suicidal ideation
4. **Practical** – High costs of therapeutic intervention, lack of time, inability to get health services, and geographical factors

Psychedelics:

- Cautiously favourable societal attitudes and policy shifts toward psychedelics in the past twenty years [5]
- Increase in psychedelics (e.g., 'magic mushrooms', LSD) use in YP since the COVID-19 pandemic in 2020 [6]
- In the year ending March 2023 → **17.6%** of YP (approx. one million people) reported using **any drug** in the past 12 months; approx. **2%** used **psychedelics** [7]
- No research on YPs attitudes and knowledge of psychedelics or their use in a therapeutic framework

Objectives & Research Question

Objectives:
To explore the **acceptability**, **potential harms**, **benefits**, and modes of delivery of a **psychedelic-augmented therapy** for YP with self-harming behaviour through focus groups with YP.

Research Question:
What are the **beliefs**, **attitudes**, and **expectations** toward the use of a **psychedelic-augmented therapy** in a diverse group of **YP** with lived experience of **SH** behaviour?

Methodology

- **Online Focus groups** (6-8 participants/group) (Figure 1)
  - 16-19 years old
  - 20-25 years old

- **Main inclusion Criteria**
- Age 16-25
- At least 2 lifetime SH episodes, 1 in past year, no in past 3 months
- Previous psychedelic experience (with and without)

- **Example Topic Guide Questions**:
- "When seeking help, what barriers did you face and what was helpful? "
- "What is the most effective way for clinicians to approach a YP who is SH?"

- "What do you know about psychedelics and their side effects?"
- "What are your views on using psychedelics to assist therapy for YP who SH?
- "Would you use psychedelics in a therapeutic context and why / why not?"

Findings (to date)

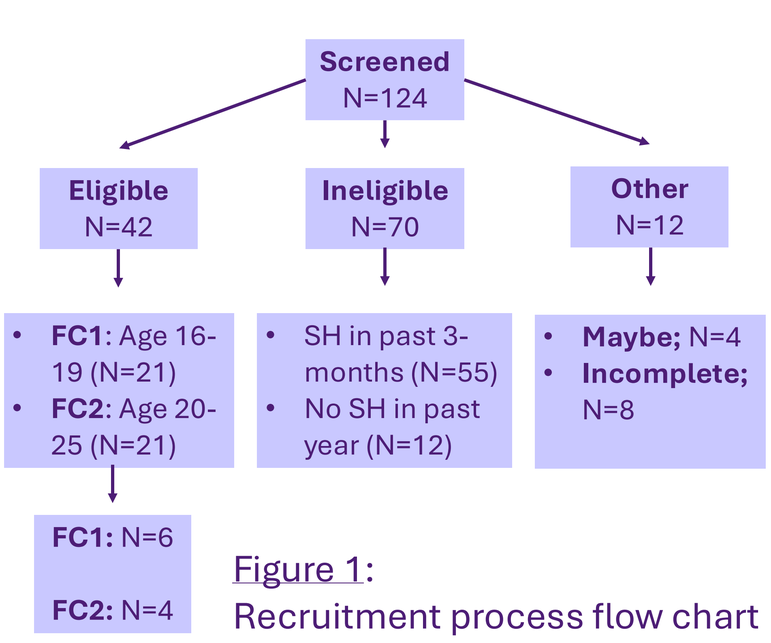

Figure 1:
Recruitment process flow chart

Demographics	Focus Group 1 & 2 (N=10)
Average Age	19.1 years
Gender	Female (N=9) Non-binary (N=1)
Sexual Orientation	LGBTQIA+ (N=7) Heterosexual (N=2) N/A (N=1)
Ethnicity	White British (N=7) Mixed (N=2; Asian or Black Caribbean/white) Asian (N=1)
Occupation	Student (N=7) Employed part-time (N=2) Unemployed (N=1)
Psychedelic Use	No (N=9) Yes (N=1)

Table 1: Demographics

Themes	Subthemes
1. Limited knowledge/ misconceptions around psychedelics	- Psychedelics are addictive - Social media misinformation - Confusion around which are psychedelic compound
2. Negative views on psychedelics	- Escaping reality - Stigma - Risky/ harmful/ worsen mental health
3. Cautiously open to the use of psychedelics in therapy	- Psychedelics as an option if other treatments haven't worked - Psychedelics for more complex/severe mental health issues - Need more research

Table 2: Preliminary themes and subthemes

Implications

- First of its kind study investigating the views, attitudes and knowledge of YP (who SH) on the use of psychedelics in therapy
- Lack of knowledge and misinformation around psychedelics and their therapeutic potential
- Our sample is inherently biased even if only one person with psychedelic experience
- Our sample size was small and not representative of the population of YP who SH
- We will conduct one or two more focus groups, aiming to include a more inclusive sample regarding gender, ethnicity, and psychedelic use

References

[1] Morgan et al, 2017, bmj, 359 [2] Gillies et al., 2018, JAACAP, 57, 733-741 [3] McManus et al., 2019, The Lancet Psychiatry, 6(7), 573-581 [4] Nada-Raja et al., 2003, Aust. N. Z. J. Psychiatry, 37(5), 600-605 [5] Davis et al., 2021, JAMA Psychiatry, 78(5), 481-489 [6] Keyes & Patrick, 2023, Addiction, 118(12), 2449-2454 [7] Office for National Statistics, 2023

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