Psychedelics, ketamine or MDMA for mental health conditions access and outcomes: Australian longitudinal cohort study

Myfanwy Graham[1], Adrian Carter[2,3], Shalini Arunogiri [1,4], Paul Liknaitzky [2,5], Suzanne Nielsen[1]

[1]Monash Addiction Research Centre, Monash University, Melbourne, Australia, [2]School of Psychological Sciences and the Turner Institute for Brain and Mental Health, Monash University, Melbourne, Australia, [3]Monash Bioethics Centre, School of Philosophy, History and International Studies, Monash University, Melbourne, Australia, [4]Turning Point, Eastern Health, Melbourne, Australia. [5]Department of Psychiatry, School of Clinical Sciences, Monash University, Australia.

Presenter's email: Myfanwy.graham@monash.edu

Introduction: Psilocybin (for depression) and MDMA (for post-traumatic stress disorder) became legally accessible in Australia in July 2023, through authorised psychiatrists. Off-label ketamine prescription for depression and clinical trials provide additional regulated pathways for psychedelic and related treatments. While there is considerable demand, these pathways serve a small fraction of those seeking these treatments. Little is known about how individuals attempt to access regulated psychedelic treatment and what barriers they face.

Methods: This study is a national longitudinal online survey of adults who are seeking access to psychedelics, ketamine or MDMA for mental health conditions to describe use motivations, access barriers and health outcomes. Participants were contacted via study flyers, Facebook advertisements, and email, using lists of individuals who had unsuccessfully attempted to enrol in clinical trials. Survey questions incorporating validated mental health screening tools (e.g., GAD-7, PHQ-9, PCL-5, EQ-5D-5L) were administered at baseline and 6-months thereafter.

Results: Baseline data (n=653 individuals; mean age 44.8 years; females 59.1%) were collected between Jan-31st–July 1st-2025. The most common motivation for seeking access was for therapeutic purposes (n=527/618; 85.3%), with psilocybin being the leading substance participants sought access (n=288/621; 46.4%). Most participants had experienced access barriers (n=494/615; 80.3%), including inability to obtain an off-label or authorised psychiatrist prescription (n=309/494; 62.6%) and cost (n=201/494; 40.7%). After 6 months, 40.5% (n=147/363) of participants reported they had accessed one of these drugs, mainly outside of legal markets (n=96/101; 95.0%) and in the absence of a therapist (n=64/82; 78.0%). Few participants (n=5/101; 5.0%) accessed one of the drugs, predominantly off-label ketamine (n=4), via a psychiatrist's prescription.

Conclusions: Significant barriers to psychedelics remain despite regulated access pathways, including an inability or ineligibility to access a psychiatrist's prescription or clinical trial, and high cost.

Implications: Individuals who were unable to access via regulated pathways often gain access via nonmedical pathways without therapist support.

Disclosure of interest statement:

MG was supported by an NHMRC Postgraduate Scholarship and Monash Graduate Excellence Scholarship (ID: 2030765) and has no other financial or commercial interests to disclose. SN is an NHMRC Leadership Fellow (L2, ID: 2025894). AC is supported by an Australian Research Council Future Fellowship (L3, ID: FT220100509). SA is supported by an NHMRC investigator grant (GNT2008193)