

Strategic Considerations in Patient Recruitment for Psychedelic Clinical Trials

By AutoCruitment



Executive Summary

Psychedelic-assisted therapy trials are rapidly expanding as multiple compounds advance through late-stage FDA review, yet recruitment and retention remain unusually challenging. Patients often have limited knowledge, mixed perceptions of safety, and concerns about placebo effects, emotional intensity, and long-term risks. Survey data from AutoCruitment show high interest but low familiarity, underscoring the need for transparent communication, culturally attuned outreach, and strong trust-building from the first point of contact. Because these trials involve intensive preparation, dosing, and integration sessions, sponsors must adopt human-centered, operationally sophisticated recruitment strategies that address logistical burdens, psychological support needs, and site-level consistency.

Successful recruitment programs will rely on clear messaging, realistic expectation-setting, and robust support systems that guide participants through complex protocols. Retention hinges on continuous engagement, high-touch therapeutic environments, and streamlined coordination across clinical sites. As psychedelic therapies move toward mainstream psychiatric care, sponsors must prioritize empathy, transparency, and operational rigor to ensure representative enrollment, reliable data generation, and positive participant experiences.

Key Findings

01

Public interest is high, but knowledge is low: 90.5% of surveyed patients were unfamiliar with psychedelic-assisted therapy, yet 73% said they would likely join a study.

02

Trust-building is essential: Evidence of safety/effectiveness, reputable institutions, and transparent communication were among the strongest motivators for enrollment.

03

Placebo and unblinding issues are major retention risks: Strong subjective drug effects can compromise blinding, while placebo recipients may experience worsening symptoms.

04

Psychological support is critical: 74% of respondents rated psychotherapy/support as important for navigating a trial, and fear of negative psychological effects was the top concern.

05

Operational complexity requires enhanced infrastructure: Intensive dosing sessions, integration visits, and site variability demand structured coordination tools, flexible logistics, and culturally sensitive recruitment practices.

Background and Impetus for AutoCruitment's 2026 Global Survey

After a decades-long hiatus, the testing of psychedelic therapies in central nervous system (CNS) medicine and psychiatry has recently reemerged, driven by modern clinical trials. Today's regulated healthcare environment has strict requirements around clinical research of medical treatments including LSD (lysergic acid diethylamide) and amphetamines for conditions such as serious mental illness. Current protocols routinely combine active drug administration sessions with structured, integrated pre-treatment preparation and post-treatment psychological follow-up.



As a result, the operational realities of psychedelic clinical trial patient recruitment now require a significantly different approach from other studies. Traditional site- and CRO-led recruitment strategies often fall short. Prospective patients' experience, including their pre-trial expectations and trust (or lack thereof) in the healthcare system (especially among historically mistreated or underdiagnosed demographic groups), can heavily influence recruitment outcomes. The nuances of this type of intensive therapy call for a clear value proposition to participants that balances the demands on their time, risks, and hopes.

Positive media hype and fears of receiving a placebo also directly shape whether eligible participants enroll or drop out. Last but not least, double-blind controlled trials can be challenging due to the substances' unmistakable subjective effects, which often lead to unblinding and retention issues (i.e., the impacts of patients knowing whether or not they received the active drug).

The Current Clinical Research Environment for Psychedelic-Assisted Therapies

In 2026, psychedelic-assisted therapies are at the forefront of psychiatric research, with several compounds moving through final Phase 3 trials and expedited review by the U.S. Food and Drug Administration (FDA). These trials pair controlled dosing of psychoactive substances such as psilocybin, LSD, 5-MeO-DMT and MDMA (3,4-methylenedioxymethamphetamine, commonly known as "Ecstasy" or "Molly") with psychological support.¹



Mainstream drug companies are seeing the commercial potential. For example, AbbVie, the world's third largest pharmaceutical firm, is developing a short-acting psychedelic candidate for Major Depressive Disorder (MDD). The Japanese biopharma Otsuka also now has a proprietary psychedelic-based FDA Phase 2 candidate drug under evaluation for MDD.² Other major players include Eli Lilly (now completing acquisition of a fast-acting nasal spray based on 5-MeO-DMT, aimed at Treatment-Resistant Depression or TRD), Janssen (marketing a nasal spray derived from ketamine for similar conditions) and Compass Pathways (the current industry leader in classic psychedelics, developing a proprietary synthetic formulation of psilocybin, now in advanced Phase 3 clinical trials for TRD and Phase 2 trials for Post-Traumatic Stress Disorder and anorexia nervosa).

The FDA has recently (as of July 14, 2026) finalized its formal guidance for clinical trials involving psychedelic drugs, including recommendations for trial design, participant safety, abuse potential and data collection.³ In conjunction with the guidance, the FDA and Department of Health and Human Services (HHS) will hold a public hearing on the therapeutic use of psychedelics on September 14.

Understanding Patient Perceptions about Psychedelic Clinical Trials: AutoCruitment Survey Insights

Despite renewed government and public support, psychedelic therapy clinical trials remain uniquely difficult to recruit for. Stigma, misconceptions and lack of awareness are often roadblocks for effectively recruiting patients. Addressing these issues involves transparent communication, educational outreach, patient-centered recruitment campaigns and systems to help participants feel informed, safe and supported throughout the process.

A recent global survey of 328 anonymous respondents from AutoCruitment's clinical trial database, the vast majority of whom have shown interest in various CNS trials for managing symptoms, explored potential patient insights, awareness and retention in these studies. The survey revealed some of the concerns regarding this course of treatment for indications such as MDD, TRD, Post-Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder (GAD), Opioid Use Disorder (OUD), Obsessive-Compulsive Disorder (OCD), Attention Deficit/Hyperactivity Disorder (ADHD), bipolar disorder, schizophrenia, autism spectrum disorder, Alzheimer's/dementia, and other substance use disorders and neurological conditions.

Recruitment success begins long before the first referral. It starts the moment a potential participant sees a study advertisement or hears about the trial. Patients and caregivers often turn to digital platforms for education, treatment options, and strategies to manage symptoms. The importance of a preemptive information campaign was borne out by survey findings that the vast majority of respondents (90.5%) were only moderately to not at all familiar with psychedelic-assisted therapy for mental health, and most had heard about it via social or news media or other online resources, rather than from a healthcare provider. Allowing for multiple answers, most respondents associated psychedelics with treatment for depression (77%), PTSD (72%) or anxiety (64%). Less than half had ever used a psychedelic substance in any context (which can lead to expectation bias).

Although perceptions of safety and effectiveness were mixed, with only about 42–47% believing psychedelic therapies are very safe or effective, the overall willingness to participate was strikingly high. Nearly 73% of respondents said they would be likely or very likely to join a psychedelic therapy study if one were available. This combination of ambivalence and openness suggests that the public is



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not rejecting psychedelic research outright; instead, they are waiting for reassurance. Sponsors should interpret this as an opportunity: the interest is already there, but trust-building must be intentional and evidence-driven.

The strongest motivators for participation reveal what future recruitment strategies must prioritize. Clear, compelling evidence of safety and effectiveness would encourage roughly two-thirds of the respondents to enroll, making scientific transparency a central recruitment asset. Compensation also plays a major role (65%), which aligns with broader industry trends, i.e., longer, more intensive studies (with most lasting several months to one year) require meaningful recognition of participant time and effort.

The influence of reputable institutions reported in the survey (62%) underscores another trend in psychedelic research: legitimacy matters. As psychedelic therapies move from fringe to mainstream, affiliation with well-known academic medical centers or respected research networks will increasingly differentiate credible trials from questionable ones. Physician recommendations ranked far lower (43%), suggesting that participants in this space may be more self-directed, motivated by personal interest and perceived benefit rather than traditional medical gatekeeping.

Sharing previously published clinical trial results (62%) and educating prospects about risks and benefits (55%) appear to be the most influential communication strategies, again reinforcing that transparency is the currency of trust in psychedelic research. Hearing from other patients (51%) also carries weight, reflecting a broader shift toward peer-validated healthcare decisions. In contrast, FDA approval and hospital availability (39–43%) matter less, indicating that regulatory milestones alone will not drive enrollment. This is notable given the rapid evolution of psychedelic policy and commercialization; participants appear more persuaded by real-world evidence and relatable narratives than by government endorsements.

Specific Retention Issues with Psychedelics

The likelihood of patient drop-out in these trials is elevated due to the complexity, uncertainty and emotional intensity involved. Unlike daily medications taken continuously, psychedelic-assisted therapy typically involves a small number of supervised sessions combined with psychotherapy. The goal is not symptom suppression but rather, supporting psychological insight, emotional processing, and longer-term change through enhanced neuroplasticity (the brain's ability to adapt, reorganize, and form new connections).⁴

The use of placebos is a huge issue. The FDA's psychedelic drug guidance notes that patients receiving the active drug may experience functional unblinding because of intense perceptual effects, while patients receiving the placebo in a high-expectancy context may experience worsening symptoms if they believe they did not receive the active treatment.⁵

Minimizing placebo effects and measurement bias calls for consistency and oversight across all clinical research sites involved in the trial. Tactics may include having investigators use standardized scripts to guide participants, providing placebo-response training for all trial staff to reinforce neutral interactions, and offering frequent reminders about randomization and the importance of candid symptom reporting. Ideally, every communication should sustain empathy without inadvertently introducing expectation bias or unblinding participants.

Other practical adjustments may be necessary, such as administering lower doses, or offering open label extension, an optional follow-up phase of the main blinded study in which all participants, including those who received a placebo initially, are given the active study drug.

Patient engagement also directly impacts study performance. Potential participants for these trials express a need for support, clarity, and connection throughout their medical journey. Consistent communication, the setting of clear expectations, and ongoing emotional support (i.e., psychotherapy) remain critical drivers of patient retention in such studies.

In the survey, 74% said support/psychotherapy is moderately to very important to navigating the trial experience.

74% of respondents considered support and psychotherapy moderately to very important to navigating the trial experience, while 60% identified fear of negative psychological effects as their top concern—underscoring the need for sustained patient support throughout the study.



This finding is upheld by research from the National Institutes of Health, which suggests that patients may have difficulty coping with the potentially overwhelming experiences induced by psilocybin and other psychedelic substances.⁶ Likewise, 60% of the survey respondents reported fear of negative psychological effects as their top concern, followed by long-term safety (48%) and lack of information (42%).

Most psychedelic development programs include preparation, support during dosing, integration sessions, and/or psychotherapy. These components can be clinically important, but they also create significant interpretive challenges. When an investigational drug is paired with a psychological intervention, regulators need to understand what is driving the observed

effect: the drug, the psychotherapy, the interaction between the two, participant expectation, the treatment setting, or nonspecific therapeutic support.⁷ The use (or cessation) of concomitant medications must also be defined from the outset.

Psychedelic trials present unique challenges to blinding and outcome measurement. Intense perceptual effects can lead to functional unblinding and expectation bias, making standardized protocols, staff training and consistent participant communication critical to preserving trial integrity.

How Sponsors Can Improve Patient Recruitment and Retention in These Trials

The complexities noted above influence who enrolls in psychedelic therapy trials, how participants experience the study, and whether they remain engaged through completion. Addressing these operational considerations is essential for generating reliable data and ensuring that trials are both feasible and representative. As sponsors explore the therapeutic science, they must also design recruitment and retention strategies that account for the unique demands of psychedelic protocols: intensive time commitments, emotionally challenging sessions, and the need for sustained rapport with study staff.

Specifically, patient recruitment in psychedelic therapy trials requires establishing early trust and empathy, offering transparent and plain-language communication, and actively reducing logistical and cultural barriers. For example:

01

What Messaging and Outreach Strategies Support Effective Patient Recruitment?

Multi-channel patient recruitment incorporating social media and search engine optimization can lead to faster enrollment. Direct-to-patient advertising is an effective strategy to engage the desired study population, as they frequently research information on psychological conditions online. This creates an opportunity to identify prospective participants through advanced targeting algorithms, delivering precise clinical trial messages directly to those seeking alternatives to conventional treatment pathways.

However, it is essential to eliminate hype from advertisements and set realistic parameters regarding the likelihood of challenging trial experiences, keeping in mind the concerns and frustrations of potential participants. Conducting pre-trial surveys of likely participants may assist in identifying common friction points and help to convey empathy and respect.

Recruitment materials, investigator scripts and patient-facing communications should use plain, non-stigmatizing verbiage and avoid overstated claims or any language that implies a transformative benefit. Sponsors and study teams should invest in educational content, publish accessible summaries of prior results, and insert patient testimonials into outreach materials. In addition, informed consent materials must present balanced risk/benefit information.

To reach vulnerable populations effectively, partnering with local patient advocacy groups and primary care networks for community outreach can be an important adjunct to relying solely on digital ads. Related tactics include developing culturally sensitive materials, using culturally attuned language and assessments, and diversifying study staff and treatment room setups to foster a culturally safe and welcoming environment from the first in-person visit.

Throughout the trial, patients should feel heard and understood by their healthcare professionals. The latter should practice active listening, view each patient's health holistically, express appreciation for their participation frequently, and acknowledge the emotional realities of what can be a very stressful situation.

Effective recruitment begins with trust. Sponsors should prioritize transparent, plain-language communication, realistic expectations and culturally attuned outreach to help prospective participants make informed decisions about psychedelic clinical trials.

02

How Can Study Teams Assess Patient Motivations and Set Realistic Expectations?

As patients enter the recruitment funnel, it is important to conduct thorough psychological screenings to assess their underlying motivations early on. Building rapport during the intake phase can include establishing a dedicated human support contact to answer questions and offer reassurance. This person can also set realistic treatment expectations, clearly explaining safety measures, data security, and the mechanics of the trial (such as placebo versus active treatment arms and the realities of tapering off standard medications) for fully transparent disclosure.

03

What Operational Factors Improve Recruitment and Reduce Participant Burden?

Logistically, recruitment requires careful pacing and alignment with session capacity. Psychedelic trials often have limited dosing-day slots and long preparatory and integration phases, so coordinators must manage calendars tightly to avoid bottlenecks. Secure handling of sensitive data, adherence to regulatory requirements, and ongoing risk monitoring create further complexity.

Recognizing and addressing the real-world constraints participants face in their daily lives and minimizing the burden that clinical trials can impose (e.g., creating flexible schedule times for fatigued patients) are also key. In addition to documentation and scheduling, operations personnel may be responsible for arranging travel and lodging reimbursement and/or study compensation to remove pragmatic transportation-related and financial obstacles. (Ideally, compensation should reflect the length and intensity of psychedelic protocols.)



Recruitment and retention strategies must account for the intensive demands of psychedelic protocols. Flexible scheduling, dedicated patient support, streamlined coordination and assistance with logistical barriers can reduce participant burden and sustain engagement throughout the trial.

Some of the recommendations for improving psychedelic therapy clinical research patient retention extracted from the survey insights were as follows:

01

How Can Consistent, Multi-Channel Engagement Strengthen Patient Retention After Enrollment?

As with initial recruitment, this strategy includes using every available channel to communicate consistently with the trial participants. Depending on the patient's level of technical savvy, multiple motivational touchpoints, personalized messaging, and milestone-based education (i.e., "what to expect next") could be provided via SMS, email, short videos and/or regular in-person check-ins. All of these can reinforce the patient's commitment to the trial and reduce anxiety and disengagement.

Implementing a recruitment dashboard can also help to track what is happening in real time and personalize and enhance the participant experience. Automated touchpoints can trigger timely reminders, educational materials and pre-screening updates to keep participants invested even before their first clinic visit.

02

What High-Touch Practices Help Maintain Trust and Support Patients Through Dosing and Integration?

Maintaining trust once the patient has given his/her consent requires continuous human contact throughout the trial. Warmth, calm and encouragement from the study team can help build the crucial foundation of safety needed to undergo altered states of consciousness. On the other hand, disappointment over inadequate post-dosing psychological integration or lack of ongoing care can lead to high attrition.⁸

Study-branded comfort kits (with calming items such as eyeshades, soft blankets, and headphones for curated music to support the psychological ascent, peak and descent of the psychedelic experience) can also be used to optimize the trial "set and setting" (the mental state of the participant and physical environment of administration). By providing a self-contained sensory cocoon, these items encourage the patient to navigate the experience quietly and autonomously, promoting deep internal introspection and emotional safety during acute dosing sessions that can last 6-12 hours. Standardizing these physical comfort items also keeps the baseline external environment uniform for all participants, promoting data integrity.⁹

In the days to weeks after a psychedelic session, participants return for integration sessions to process their experiences and consider how to translate resulting insights into durable, practical behavioral change in everyday life.¹⁰ As noted above, practical measures such as flexible scheduling and transportation assistance can make a substantial difference in retaining patients during this series of follow-ups.

03

How Can Centralized Tools Improve Coordination and Standardization Across Trial Sites?

The integration of psychotherapy with psychedelic administration presents standardization challenges across multiple clinical sites, where therapeutic approaches, facilitator training, and session quality may vary. External trial recruitment support can reduce operational burden on study teams by providing research sites with a patient portal to serve as a central engagement hub. The benefits include better study coordination, enrollment visibility, and centralized reporting within a single, secure environment. Streamlined workflows within a dedicated study portal can also facilitate retention and ongoing communication.

For example, automating an integrated visit schedule can help to coordinate logistics and track outcomes, as investigators can monitor the exact status of prospective participants in real time, from initial digital outreach to final site scheduling. Then the research sites and clinical personnel can update patient statuses directly in the portal as they progress through the study. This can reduce reliance on individual emails, spreadsheets or status requests to understand the full recruitment picture, including patients who may require follow-up, or where delays or drop-offs are occurring that may necessitate adjustments to the overall campaign. The portal data can be supplemented with site feedback and insights gathered directly from patients and the study team.





The Future of Patient Recruitment in Psychedelic Clinical Trials

Human-centered recruitment not only enhances awareness of clinical research opportunities but also empowers individuals and their caregivers to explore tailored solutions. It connects them to studies designed to align with their specific mental health needs and goals, leading to a more personalized approach to care.

In addition to protocol-specific qualification, recruitment for psychedelic therapy trials should include layered patient qualification designed to evaluate participant safety, motivation and medical/psychiatric history via sequential tiers, such as initial digital questionnaires, phone interviews, retrieval and validation of existing electronic medical records, and in-person clinical evaluations.

Registered nurse-led screenings are important for psychedelic drug clinical trials to ensure participant safety, check for complex medical and psychiatric contraindications, and maintain strict research protocols. These personnel also protect vulnerable volunteers by carefully evaluating health histories (e.g., a personal or family history of psychosis) before administration, and assessing baseline physical health, which can be heavily altered by powerful psychoactive compounds.

To promote ongoing engagement, aspects of the trial such as dosing visits, specialized staff training in psychological support, and participant follow-up all need to be planned in a way that enhances reliable data generation without overburdening patients or sites. Constant monitoring of participants in altered states under highly controlled settings, along with the integration of psychotherapy, can be more than what most traditional clinical research sites are equipped to handle. Tools such as structured checklists, session logs, role-play training and periodic oversight can assist in aligning site practices. (As the FDA guidance notes, untrained staff could undermine trial consistency, patient safety and long-term treatment outcomes.)¹¹

In summary, successful recruitment programs in psychedelic clinical trials should be defined by patient-centered communication; compassionate, human-focused support; clear management of patient expectations; targeted strategies including culturally attuned outreach across global markets; and comprehensive operational and logistical management. All of these factors contribute to better qualified patients, faster enrollment, more predictable recruitment across regions, and less risk for the study sponsor. As the industry grows, and as more psychedelic therapies approach regulatory review, these insights will help trial teams navigate a global landscape where public interest is high, but trust must be earned through transparency and authentic engagement.

As psychedelic therapies move closer to regulatory review, successful recruitment will depend on more than reaching interested patients. Sponsors must build trust through transparent communication, rigorous qualification and compassionate support—while creating the operational infrastructure needed to safely and consistently manage complex trials.



Statistical findings in this paper were based on proprietary survey research conducted by AutoCruitment, a leading global patient recruitment and enrollment partner, among individuals within our patient database. The findings provide insight into patient awareness, perceptions, willingness to participate, motivations, barriers, and concerns related to psychedelic clinical trials.

AutoCruitment combines digital recruitment expertise, registered nurse-led patient qualification, patient engagement services, enrollment analytics, and operational support to help study teams identify and recruit the right patients and improve enrollment performance. AutoCruitment's dedicated Project Management, Patient Acquisition, and Site & Patient Engagement teams provide localized patient recruitment and operational services on a global scale across 120 therapeutic areas, 38 countries, and 17 languages; together with transparent, real-time reporting; and a secure, user-friendly Patient Management Portal.

AutoCruitment's patient recruitment platform supports Pharmaceutical Sponsors, Biotechnology and life sciences companies, CRO Partners and Site Networks by decreasing time, risk, and cost to bring new therapies to market. Clients experience an average 97% increase in patient enrollment and eight months' reduction in enrollment timelines. Performance-based guarantees and pricing align the sponsor's investment with measurable study milestones, helping reduce financial risk. Learn more at: <http://www.autocruitment.com/>

CITATIONS:

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