

**Psychedelic Therapy: A New Wave of Mental Health Treatment**

Ellie Sabby

New York University

Writing and Social Science Research PWRT-GC3035

Professor Beauzil

November 24, 2024

## **Psychedelic Therapy: A New Wave of Mental Health Treatment**

Psychedelics, otherwise known as “drugs,” allude to agents that cause adverse side effects when taken (Yehuda and Lehner, 2023, p. 813). However, drugs prescribed by a medical expert to aid the healing of an illness are considered beneficial. Drugs that treat symptoms of mental illness, such as antidepressants, are also associated with positive results. These drugs are referred to as medications, a word with a more positive connotation. Psychedelics do not currently have a medicinal status in our society, but these substances have healing properties and should not be discredited to treat the things antidepressants do. They may even produce better results in the mental health field as a treatment for major depressive disorder.

Psychedelic therapy is focused on addressing mood-based symptoms alongside physiological ones (p. 813). Psychedelics frequently used for treatment sessions are ketamine and psilocybin (p. 813). This unique treatment plan takes a more holistic approach to mental health care by targeting deeper-rooted issues and providing long-term relief psychotropic medications cannot (p. 813). Psychedelic therapy is controversial, and modern clinical trials have only recently begun, but the data is promising. Psychedelic therapy has the potential to improve mental health treatment for specific diagnoses (p. 813).

Three hundred million people across the globe are diagnosed with major depressive disorder (Jakobsen et al., 2019, p. 1). The mental health crisis worsens each year as more people are diagnosed with a mental illness or begin to experience the symptoms associated with one, such as major depressive disorder and suicidal ideation (p. 1). Major depressive disorder (MDD) is a disability, and the ratio of psychiatrists and psychologists to those with a mental health disability is disproportionate and has created a need for more support in the field (p.1). MDD is “characterized by feelings of feelings of hopelessness, apathy, [and] anxiety,” but symptoms are

unique to each individual and not limited to ones found in the DSM IV, the manual detailing criteria for diagnosing patients (McCartney et al., 2022, p. 10). Yehuda and Lehrner noted that “dysphoria, irritability...and sleep problems” are other MDD symptoms and that overall dysregulation in patients is something psychiatrists focus on treating when a person presents with these ailments (2023, p. 813). When symptoms that affect a person’s ability to complete routine tasks at work, care for themselves, and socialize appropriately are present, it is suggested they visit a psychiatrist and seek relief through medication. Psychotropic medications effectively treat “underlying pathophysiology or biological dysregulation” by decreasing physiological issues to allow the person to resume their regular routines, but taking an antidepressant does not account for processing emotions connected to MDD (2023, p. 813). McCartney et al. defined MDD as a condition that includes “feelings of hopelessness [and] apathy,” two emotion-based symptoms (2022, p. 10). The difference in specific treatment needs creates room for psychedelic therapy.

### **Problem Statement**

Psychotropic medications are not effective for each person diagnosed with MDD. Psychotherapy is recommended alongside medicines for a person in a mental health crisis, but talk therapy is not always effective when physical symptoms overtake that person’s ability to express the emotions behind those symptoms. This can lead to increased negative thoughts because the person believes they have no treatment options and these feelings will be permanent (Yehuda and Lehrner, 2023, p. 813). Psychedelic therapy is an option for these people and can effectively treat resistant MDD. Research on this type of treatment has been conducted on a smaller scale than psychotropic medications, leading to skepticism from patients and clinicians.

There is a lack of widespread education on psychedelic therapy and psychedelic properties, but there are many positives to this treatment. Psychedelic therapy is an

empathy-based approach to care designed to address feelings of despair over the lack of treatment options for resistant symptoms. It is essential to educate people on the positive benefits and safety of psychedelic therapy to support people with treatment-resistant MDD effectively. Working to discredit the idea that psychedelic “drugs” are harmful will change the narrative for people struggling with hopelessness daily and actively fight the increasing mental health crisis around the world (p. 813).

### **Positionality**

I was introduced to psychedelic therapy through a book I read, but I later took a more in-depth interest in the treatment when I began working as a mental health specialist.

I led group therapy sessions for children in crisis. It was a rewarding yet challenging career. I noticed how many patients felt hopeless when it came to their mental health recovery. In transparency, I experienced similar feelings about my mental health and empathized with what I was noticing in my patients. Many of them were not eager to work on themselves because as their symptoms became more challenging to treat, hopelessness became more present.

I assumed psychedelic therapy was taboo when I first heard about it. Given its socio-political history, it is a relatively uncommon title for a medical treatment. Many believe the therapy involves unsafe recreational substances, but as research advances, this is disproved. Not all psychedelic substances are FDA-approved, which leads to people doubting the success of the treatment. We often believe FDA approval is a standard for psychiatric treatments, but I believe in taking a holistic approach to health care, and psychedelic therapy falls under that category.

I want to educate others on the benefits of psychedelic therapy because there are both physical and mental positives. I want to humanize the treatment and reduce the stigma. I hope that when patients read the research, understand the treatment process, and experience it for

themselves, psychedelic psychotherapy will begin to normalize in the mental health field. I want patients to feel empowered and confident in knowing they have a variety of choices for treatment depending on what is best for them.

### **Project Goals**

The purpose of this study is to analyze the benefits of psychedelic therapy for the treatment of resistant major depressive disorder (MDD). Psychedelic therapy can provide immediate relief for patients and target mood and emotions to improve care long-term as opposed to the short-term treatment psychotropic medications offer.

The stigma around psychedelic therapy needs to be removed to give people with severe depressive symptoms the option to participate in an effective form of long-term treatment. Practitioners who are accustomed to prescribing psychotropic medications and psychotherapy can engage in training from researchers working on psychedelic therapy treatment so they can provide patients with a variety of treatment options should they experience treatment-resistant symptoms. As we increase studies, education, and analyses of existing research, we can work to expand mental health care to give people suffering from symptoms a chance to feel heard and supported. We can also work to decrease the global mental health crisis by expanding treatment plans.

### **Literature Review**

Psychedelic therapy is relatively new to the research world but was studied as early as the 1950s (Tabacc et al., 2024, p. 123). Psychedelic therapy can change the way major depressive disorder (MDD) is treated. Patients experiencing symptoms resistant to first-line care options, such as antidepressants, qualify for this form of therapy. The need for research on psychedelic

treatment stems from the global mental health crisis that has created a greater need for therapists, psychiatrists, and alternative treatment options (Barber et al., 2022, p. 583). Quantitative statistics from different studies will be used to show the positive significance of both ketamine therapy and psilocybin therapy compared to antidepressants.

## **History**

Psychedelic substances were negatively portrayed in the past. They were in “the most restrictive class of drugs... [during] the ‘war on drugs’” in the 1970s (Yehuda and Lehrner, 2023, p. 813). It was challenging to change how the public thought about drugs, such as ketamine and psilocybin, because the government was heavily involved in the limitations set for use (p. 813). People take government testing and FDA approval seriously regarding healthcare, but regulations do not always correlate with research results.

In 1958, Swiss scientist Albert Hofmann had the idea to begin researching the scientific properties of psilocybin, a substance found in mushrooms most commonly known for its hallucinogenic properties (Tabacc et al., 2024, p. 122). His goal was to see if the use of these drugs could be therapeutic for individuals struggling with mental illness (p. 123). When research first began to see if psilocybin had medicinal properties, regulations were not as strict as they are today, and it was easier to gain clearance for studies (p. 122). Other scientists, such as Timothy Leary, continued psychedelic therapy research in the 1960s to see if the substances changed the way humans thought and behaved after treatment (p. 122). Many obstacles stood in the way of his research. Using psychedelics to treat mental illness was discouraged because psychedelics were known to affect individuals negatively, such as inducing psychosis or increasing the severity of the illness being treated (p. 123). People were less interested in undergoing treatment

because the effects substances had on a person with a mental illness were not understood. That notion has since been disproved, but psychedelic therapy caused more harm than good in the public's eyes. This reputation led to the end of research when operations were wholly shut down when psychedelics were labeled Schedule I substances in the 1970s, becoming the most strictly regulated drugs federally (p. 122).

Research studies did not resume until the 2000s, creating a significant gap in data compared to other drugs used for the treatment of mental health, such as antidepressants (p. 122). Psychedelic therapy is understudied, but research from the 1960s-1970s produced many positive results. Current studies are exploring those outcomes in modern, regulated studies.

### **Psychedelic Therapy in the Modern World**

MDD is the focus of this review because it is a condition that can be safely studied during psychedelic research trials. The mental health epidemic is widely known but not often understood by people. It is easier to read about mental illness than put yourself in someone's shoes who struggles with it daily. Social media movements even lead us to believe that posting to spread awareness makes a big difference in someone's life who is actively struggling with mental health. These actions effectively spread awareness about the stigma around mental health but leave out the emotional trauma felt by people with an illness. Our goal should be to support those in a mental health crisis by giving them access to resources and treatments that provide short-term and long-term relief, not just promoting the status of the mental health crisis.

MDD is stereotypically known for feeling sad and being unable to be productive, like not leaving bed or socializing. Apathy is not the only thing depression causes; intense feelings such as suicidal ideation and self-harm related to that apathy are present. Depression presents itself in

many ways, but people who do not deal with it directly misjudge the severity of the disease and contribute to the stigma surrounding mental health. It is essential to change this narrative and educate people on the specific symptoms of MDD and why it is crucial to offer many types of treatment.

MDD diagnoses are based on “biological dysregulation,” or physical symptoms that impact a human’s ability to function and complete tasks without difficulty (Yehuda and Lehrner, 2023, p. 813). These symptoms impact emotions and cognition because a person experiencing negative feelings outside of their control due to physiological circumstances may not understand the reasoning behind those feelings. Hopelessness is a common symptom of MDD and worsens when symptoms do not respond to first-line care options that include psychotherapy and antidepressants. It should be noted that psychotherapy is an effective form of treatment. Still, people in crisis are often too dysregulated to discuss feelings and circumstances, preventing progress. Hopelessness increases when healthcare providers label depression as treatment-resistant due to a lack of results from past interventions. These providers must understand the severity of limited care options and work to offer new treatment options for resistant symptoms to include a broader range of patients.

One first-line care option psychiatrists endorse is the consumption of an antidepressant, something working to halt physical symptoms. Psychedelic therapy is different from antidepressants because of the cognitive changes the treatment creates (Barber and Aaronson, 2022, p. 584). Treatment-resistant depression can be formed from a lack of physiological changes after taking medications. Antidepressants overlook the emotional implications depression has on a person. Psychedelic therapy does not. Psychedelic therapy allows the brain to experience “altered states of consciousness, including changes in perception, thinking, and



feelings,” something antidepressants cannot do, leading to a deeper understanding of depression and how to cope with those feelings (p. 584).

Timing is a critical component in mental health treatment. If you were in crisis, you would want a solution to relieve you of the intense symptoms as quickly as possible, yet our first-line care options cannot provide that. We must increase the number of first-line care options to reduce the crisis.

Antidepressants are taken daily, but it takes an average of two to four weeks to see a significant change in depressive symptoms (McCartney et al., 2022, p. 14). Some patients take longer to see results or struggle to find the correct antidepressant for their situation, leading to an extended waiting period filled with stress. Yehuda and Lehrner discussed a negative aspect of using antidepressants, where they shared that a person taking a medication daily will need to continue that chronic use for long periods to manage their symptoms (2023, p. 813). This is not ideal for many people. Antidepressants also pose numerous side effects, including “sexual dysfunction, fatigue, weight gain, liver toxicity, irregular heart rhythms, insomnia, tremor, and apathy” (Tabbac et al., 2024, p. 123). The combination of chronic use, lack of emotional depth, and adverse side effects creates a need for new treatment options, and this is where psychedelic therapy makes its debut.

Psychedelic therapy provides rapid intervention for people in crisis. The effects of the treatment occur within hours. Kheirabadi et al. stated the use of ketamine for a single treatment resulted in “safe and rapid relief of depression and anxiety symptoms” (2020, p. 589). Psilocybin has also been used for quick treatment of depressive symptoms. The amount of time psychedelic therapy takes to see results compared to the speed of antidepressants has the potential to reduce

SI rates that present in patients with MDD during depressive episodes. This intervention can help lower the percentage of people dealing with a treatment-resistant depressive episode by quickly providing symptom relief to give people the regulation needed to address underlying feelings in psychotherapy sessions, aiming to find a long-term solution.

A vital component of this treatment is psychotherapy talk therapy sessions with a licensed clinician trained in the psychedelic therapy experience. Antidepressants do not typically incorporate psychotherapy that is specific to their use. Psychotherapy may be recommended alongside medication use, but the therapy sessions do not influence the success of the medication.

Psychedelic therapy has the unique ability to combine medicinal treatment and talk therapy, which are directly influenced by each other. During ketamine and psilocybin sessions, “a window of cognitive and neural flexibility may open a window of plasticity” that allows the patient to rewire negative thinking patterns and deal with strong feelings as they are supported by a trained clinician (Doss et al., 2021, p. 7). This distinction between psychedelic psychotherapy and antidepressant interventions is what sets the treatments apart. Psychedelics create an empathetic standard for care using psychotherapy sessions alongside physiological treatment, something that should be more present in the mental health field as the crisis worsens globally. Empathy allows patients to feel understood and increases regulation, leading to the ability to use coping skills and reducing the need for consistent trials of antidepressants and unsuccessful psychotherapy sessions. Resources for new patients will increase, waiting lists for treatment will shorten, and society will learn to forgo the stigma around mental illness through education and patients who have undergone psychedelic therapy who can normalize treatment and inspire others to get help.

### ***Limitations***

Psychedelic psychotherapy has had successful results in research studies and continues to present the research field with positive data as new studies refine existing studies. All research studies have limitations, and ketamine and psilocybin research is no different. After research was shut down in the 1970s, psychedelics were highly illegal (Yehuda and Lehrner, 2023, p. 813). Psychedelics are not entirely FDA-approved today, and this poses issues with the growth of studies (McCartney et al., 2022, p. 13). Financing studies is also difficult, and this confines research to smaller studies, whereas more extensive studies would garner more data (p. 13). These smaller studies only allow for small groups of subjects. Subjects are selected randomly, but the scale of participants does not allow for cross-cultural comparisons, leading to a significant gap in data reliability (p. 13). Patients and providers need education on these limitations and how they can be remedied to provide patients with the best possible care safely.

### ***Study Screening Process***

One way to reduce errors in reliability and validity is to have specific criteria patients meet before participating in psychedelic therapy. Patients must complete the Hamilton Depression Rating Scale or the Beck Scale, two questionnaires that screen for the severity level of symptoms to ensure patients qualify for this level of care (Kheirabadi et al., 2020, p. 589). Patients also needed to be in good health and have none of the following that would affect their treatment: “current antidepressant [use], substantial lifetime use or recent use (past 6 months) of ketamine or classic psychedelics, a current significant medical condition, personal or family history of psychotic or bipolar disorders, [and] moderate or severe alcohol or other drug use disorder (including nicotine) in the past year” (Doss et al., 2021, p. 2).

### ***Significant Clinical Trials Data***

Cross-examination of clinical trial data confirmed psychedelic therapy's promising outlook as a first-line treatment option for major depressive disorder. The following qualitative data analysis was pulled from three research studies in the last four years.

Doss et al. conducted a study on psilocybin and its effect on neural plasticity, leading to improved depressive ratings on the Hamilton Depression Rating Scale (HDRS) (2021, p. 2). The results from the study showed changes in the HDRS were lower than initial ratings because  $p < 0.001$ , indicating the data was significant because  $p$  represents the probability that the data successfully represented the goal of the study (p. 5). The data for increased cognitive flexibility, a necessary component of psychotherapy used during psychedelic sessions, was also significant with  $p < 0.001$  (p. 5).

Kheirabadi et al. had similar results to Doss et al. Their study focused on using ketamine to decrease depressive symptoms and suicidal ideation. They measured ratings using the HDRS and the Beck Scale for Suicidal Ideation (BSSI) (2020, p. 589). BSSI score results indicated  $p < 0.001$  (p. 590). HDRS scores also indicated  $p < 0.001$  (p. 590).

Tabbac et al. conducted the third and final study included in this analysis. Using the HDRS to measure depression scores before and after psilocybin sessions, results showed  $p < 0.001$ , and four weeks following the treatment, 54% of patients continued to notice a decrease in their depressive symptoms after only one session (Tabbac et al., 2024, p. 124).

The significant data results compared from these three studies clearly show the promising future of psychedelic psychotherapy using both psilocybin and ketamine. Treating resistant

depression with alternative methods will allow for a more empathetic and inclusive intervention for mental health care.

### **The Future of Psychedelic Therapy**

Psychedelic psychotherapy is a necessary addition to first-line treatment for MDD. As a society, it is our job to foster an inclusive environment for all, and mental health treatment has significant gaps in that department. By educating providers and patients on the safe benefits of treatment, we can change the stigma around psychedelic therapy. This change will create a long-term solution for mental illness remission. It will allow people to live freely without taking a pill every day or experiencing adverse side effects from medications. Continuing to advocate for the therapy and fund more extensive studies will allow this treatment to become more widespread and readily available to aid the mental health crisis.

### **Research Questions**

After assessing the past and present state of psychedelic psychotherapy, I began to look forward to the coming years. I drafted these questions to continue the research holistically and address areas of research that are missing in current studies.

My first question is how we will work to reduce the stigma associated with psychedelic substances to propose FDA approval for future research. I also wonder if FDA approval will increase funding for studies to gather a broader set of data.

How will this treatment differ from antidepressant interventions, and how can we make it as accessible as antidepressants are currently? Will this change increase the well-being and

confidence of patients as they make an educated choice about their health as opposed to having a singular option?

Psychotherapy is crucial for patients and is recommended before and after treatment. If the session is successful, how can we support patients through psychotherapy long-term once they have completed a beneficial amount of psychedelic treatments?

### **Research Plan**

Quantitative data will be collected from the results section of studies conducted with random participants. These studies will collect data from a larger group of participants to increase data accuracy. The size of these studies is important because examining cross-cultural differences in success rates can only be done with a broad group of participants. Future studies aim to recruit a minimum of 350 participants to increase the validity of the results. Participants must be thoroughly screened to meet the criteria for appropriate testing circumstances. This will ensure all participants start testing with equal symptom ratings and eliminate bias. The significance of results will be decided after analyzing scores patients reported to measure symptoms, such as “the Hamilton Depression Rating Scale and the Beck Scale for Suicidal Ideation [where] scores significantly improved in all groups compared with baseline with no significant differences” (Kheirabadi et al., 2020, p. 538). Data will be collected from ratings before the treatment and from the ones given following the sessions. The significance (p) will be compared from multiple studies by coding a “preestablished set of categories” (Maxwell, 2013, p. 107). Categories will include psilocybin testing with psychotherapy, ketamine testing with psychotherapy, psilocybin testing without psychotherapy, and ketamine testing without psychotherapy.

## Conclusion

Ignoring the need for a new treatment that improves the quality of life for people suffering from major depressive disorder cannot be overlooked. Psychedelic therapy is controversial and has been challenging to present to clinicians and patients due to a lack of FDA approval and the smaller sizes of recent trials. The need for effective mental health care for all supersedes past controversy. It is crucial to the improvement of the mental health field. Clinical trials have proved this form of therapy can revolutionize how we care for people when it comes to mental health treatment.

Treatment-resistant MDD decreases the physical and emotional well-being of people diagnosed with MDD who have tried other forms of therapy (Yehuda and Lehrner, 2023, p. 813). Antidepressants and talk therapy are effective options for some, but not all. People excluded from the effectiveness of those treatments deserve a new option that will treat their symptoms rapidly and provide them with long-term results. Psychedelic therapy can do that, whether patients try ketamine or psilocybin therapy based on what is available to them. Furthermore, psychedelic therapy has the potential to treat psychological symptoms alongside the physiological symptoms MDD presents. The use of psychotherapy before and after psychedelic therapy helps patients find the openness to be vulnerable and discuss deep-rooted emotions and feelings that are not present physically (p. 813). Psychedelic therapy is mentally and physically freeing for people during times of crisis and hopelessness. Combining empathy, physiological treatment forms, education, safety, and clinical research studies is the future of mental health treatment. Psychedelics should be referred to as positive medications like many others used to treat mental health.

## Resources

- Barber, G. S., & Aaronson, S. T. (2022). The Emerging Field of Psychedelic Psychotherapy. *Current Psychiatry Reports*, 24(10), 583–590. <https://doi.org/10.1007/s11920-022-01363-y>
- Doss, M. K., Považan, M., Rosenberg, M. D., Sepeda, N. D., Davis, A. K., Finan, P. H., Smith, G. S., Pekar, J. J., Barker, P. B., Griffiths, R. R., & Barrett, F. S. (2021). Psilocybin therapy increases cognitive and neural flexibility in patients with major depressive disorder. *Translational Psychiatry*, 11(1), 574–574. <https://doi.org/10.1038/s41398-021-01706-y>
- Jakobsen, J. C., Gluud, C., & Kirsch, I. (2019). Should antidepressants be used for major depressive disorder? *BMJ Evidence-Based Medicine*, 25(4), 130–130. <https://doi.org/10.1136/bmjebm-2019-111238>
- Kheirabadi, D., Kheirabadi, G. R., Mirlohi, Z., Tarrahi, M. J., & Norbaksh, A. (2020). Comparison of Rapid Antidepressant and Antisuicidal Effects of Intramuscular Ketamine, Oral Ketamine, and Electroconvulsive Therapy in Patients with Major Depressive Disorder: A Pilot Study. *Journal of Clinical Psychopharmacology*, 40(6), 588–593. <https://doi.org/10.1097/JCP.0000000000001289>
- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed., Vol. 41). SAGE.
- McCartney, A. M., McGovern, H. T., & De Foe, A. (2022). Psychedelic assisted therapy for major depressive disorder: Recent work and clinical directions. *Journal of Psychedelic Studies*, 6(1), 10–22. <https://doi.org/10.1556/2054.2022.00211>
- Tabaac, B. J., Shinozuka, K., Arenas, A., Beutler, B. D., Cherian, K., Evans, V. D., Fasano, C., & Muir, O. S. (2024). Psychedelic Therapy: A Primer for Primary Care Clinicians-Psilocybin. *American Journal of Therapeutics*, 31(2), e121–e132. <https://doi.org/10.1097/MJT.0000000000001724>
- Yehuda R, Lehrner A. (2023). Psychedelic Therapy—A New Paradigm of Care for Mental Health. *JAMA*. 2023;330(9):813–814. doi:10.1001/jama.2023.12900



