

Healing Trips: Use of Ketamine-Assisted Psychotherapy to treat mental illness in the African-American community.

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The idea of offering Black patients a controlled substance and telling them it can be a healing tool might create confusing or traumatic responses. For generations, Black and Brown bodies have been targeted through drug policies aimed at criminalizing substance use issues or better known as ‘the war on drugs,’ have effectively deterred our community from seeking or taking “drugs.” This historical and intentionally conditioned fear and belief or reality of perceived negative consequences, can outweigh any known benefits derived from mood and mind altering substances. Systemically conditioned fear is long rooted in racist policies that continue to keep Black patients at an impasse when deciding whether to treat their distressing mental ailments or refuse the path to medication assisted wellness. This fear is not irrational and is often justified due to cultural and historical implications of the imprisonments, criticism, judgment, hypocrisy, and overall misinformation associated with psychiatric treatment for the Black community.

The American Psychiatric Association (2017) publishes statistics on mental health needs and service utilization among African-Americans in the United States (U.S.). Black people experience mental health issues at the same rate compared to the general population in the U.S. Despite evidence suggesting Black people are just as likely to suffer from mental health issues, disparities exist in access to quality mental healthcare. One in three Black people who require mental healthcare are actually receiving the necessary care (APA, 2017). Mental health services including psychiatric medication management and outpatient psychotherapy services are utilized at lower rates by Black people. In turn, emergency room visits and visiting a primary care physician are the leading avenue of choice by Black people instead of seeking care from a mental health specialist (APA, 2017). The lack of appropriate, guideline-consistent mental healthcare for treating and evaluating Black people means they are suffering from under- and mis-diagnosis at rates higher than other populations in the U.S.

More importantly, the barriers for seeking mental healthcare exist from a systemic and cultural perspective are particularly salient among Black communities. The American Psychiatric Association (2017) identifies barriers to adequate mental health care for African-Americans to include cultural stigma associated with mental illness, justifiable distrust of the healthcare system, healthcare insurance that does not cover adequate mental health treatment, the lack of racial and ethnic diversity among mental healthcare providers, and the lack of culturally competent providers. These barriers are a primary reason why the care provided by the professionals at PsychConnectOnline is based on research-based, evidenced supported and culturally informed practices. Utilization of high standard training institutes and disrupting the industry standard of quality care being provided by only non-Black faces. The inclusion of Black providers in spaces such as training programs, educational institutions, supervision of practicing

clinicians, licensing and ethics boards committees, and within organizations intentional about providing care to Black patients is at a high demand.

With the acknowledgment of the need for increased mental health services in the Black community, there is an expectation that institutions, governmental agencies, research programs, and providers alike come together to address this healthcare crisis. Instead, research shows African-American's are being excluded from research trials and studies to examine the effectiveness of psychiatric treatments, including psychedelic-assisted treatment (Michaels, et al. 2018; Halstead, et al., 2021; Fogg et al., 2021). It is important to note, most research conducted in the U.S. related to medical and psychiatric medications is funded by the National Institute of Health (NIH) and requires equity and inclusion of all represented populations in the U.S. Inclusion is a crucial factor to consider in research for generalizing results to the wider population. That is, when enough Black people are not included in research is it difficulty to say these treatments are just as effective for Black people as they are for individuals included in the research study. When looking at research in psychedelic-assisted treatment, these studies are primarily funded privately and are lacking the mandate for inclusion, specifically for Black participants. In a study conducted by Michaels, Purdon, Collins, and Williams (2018) there were less than 50 published studies on psychedelic use for treatment of mental illness to mention the inclusion of African-American participants and of those studies, less than 3% of participants identified as African-American. These numbers grossly underrepresent Black people in research exploring psychedelic-assisted treatment and further threaten the ability for results of these studies to generalize to anyone aside from White, affluent males that are over represented in this area of research.

What is psychedelic-assisted psychotherapy? The use of naturally derived psychedelics for healing is rooted in cultural practices among indigenous populations for centuries. Many psychedelics have been used by highly trained shaman or indigenous community spiritual leaders to heal spiritual and physical ailments. The concept of using psychedelics is not a foreign or new concept to medicine, although is becoming more accepted and researched in Western medicine. Use of psychedelic-assisted treatment is currently seen across the globe in countries such as Argentina, Mexico, Russia, and Switzerland (Dore, et al., 2019). In the U.S., we are currently in the “second wave” of the use of psychedelics in medication since the first FDA approval of ketamine for psychiatric treatment in 1970 (FDA, 2019). In 2019 the FDA approved additional derivatives of ketamine or esketamine, also known as Spravato nasal spray. Similar to the inclusion of other historically “illicit substances” in research, psychedelics have gained attraction and much deserved attention for research. Findings have been promising for the use of psychedelic-assisted treatment for psychiatric conditions including PTSD, depression, anxiety, OCD, substance use and addiction disorders, and ADHD (Dore et al, 2019; Fogg et al., 2021; Halstead, et al., 2021; Feder, et al., 2021).

There are suggestions noted in the existing research for supporting the inclusion of African-American's in research and psychedelic-assisted treatment programs include creating culturally inclusive environments, especially in rooms for overnight stays to encourage minority participants to feel more comfortable (Michaels, et al., 2018). Use of diverse artwork and ethnically themed magazines, inclusive music, culturally inclusive language in session scripts while avoiding any jargon that is biased towards "White" culture, and an ethnoracially-matched clinician participating during this process (Michaels, et al., 2019). These suggestions indicate the need to make room for the inclusion of researchers and providers with an expertise in areas of cultural diversity, inclusion, and those who identify as culturally diverse and specifically African-American.

In spite of the research disparities excluding African-Americans from psychedelic-assisted treatment for mental illness, what research has consistently shown are the benefits outweighing the risks, for everyone. Currently, ketamine is the only FDA approved psychedelic to be used in conjunction with psychotherapy for treatment of mental health issues (FDA, 2019). Studies published in 2021 are offering support for the inclusion of all ethnoracial backgrounds in existing treatment programs offering ketamine-assisted psychotherapy, with particular emphasis on culturally sensitive and ethical delivery of services (Fogg et al., 2021; Dore et al., 2019).

If you or anyone you know is interested in participating in research studies with intention for including diverse participants, specifically African-Americans, the following agencies are recommended: Multidisciplinary Association of Psychedelic Studies (MAPS), The Usona Research Institute and Campus Pathways, and John's Hopkins Center for Psychedelics and Consciousness Research. You can also reach out to the providers at PsychConnectOnline for additional information for how to start ketamine-assisted treatment if you are seeking culturally competent, highly trained providers for your journey.

References:

- American Psychiatric Association. (2017). Mental health disparities: African americans [Fact sheet]. <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-African-Americans.pdf>
Note for in-text citations: (American Psychiatric Association, 2017)
- Michaels, T.I., Purdon, J., Collins, A., Williams, M.T. (2018). Inclusion of people of color in psychedelic-assisted psychotherapy: A review of the literature. *BMC Psychiatry* 18, 245. <https://doi.org/10.1186/s12888-018-1824-6>
- Feder, A., Costi, S., Rutter, S., Collins, A., Govindarajulu, U., Jha, M., Horn, S., Kautz, M., Corniquel, M., Collins, K., Bevilacqua, L., Glasgow, A., Brailer, J., Charney, D. (2021). A randomized controlled trial of repeated ketamine administration for chronic posttraumatic stress disorder. *The American Journal of Psychiatry*, 178(2), 193-202. <https://doi.org/10.1176/appi.ajp.2020.20050596>
- Mills, K. (Host). (2020, July). Psychedelic therapy. On *Speaking of Psychology* [Audio podcast]. American Psychological Association. <https://www.apa.org/research/action/speaking-of-psychology/psychedelic-therapy>
- Halstead, M. Reed. S., Krause, R., Williams, M. (2021). Ketamine-assisted psychotherapy for ptsd related to racial discrimination. *Clinical Case Studies*, 20(4), 310-330. DOI: 10.1177/1534650121990894
- Fogg, C. Michaels, T.I., de la Salle, S., Jahn, Z., Williams, M. (2021). Ethnoracial health disparities and the ethnopsychopharmacology of psychedelic-assisted psychotherapies. *Experimental and Clinical Psychopharmacology*, 29(5), 539-554. <https://doi.org/10.1037/pha0000490>

Dore, J., Turnipseed, B., Dwyer, S., Turnipseed, A., Andries, J., Ascani, G., Monnette, C., Huidekoper, A., Strauss, N., & Wolfson, P. (2019). Ketamine assisted psychotherapy (KAP): Patient demographics, clinical data and outcomes in three large practices administering ketamine with psychotherapy. *Journal of Psychoactive Drugs*, 51:2, 189-198. doi: [10.1080/02791072.2019.1587556](https://doi.org/10.1080/02791072.2019.1587556)

FDA approves new nasal spray medication for treatment-resistant depression; available only at certified doctor's office or clinic. (2019 March 05). FDA News Release. U.S. Food and Drug Administration. <https://www.fda.gov/news-events/press-announcements/fda-approves-new-nasal-spray-medication-treatment-resistant-depression-available-only-certified>