

PSYCHEDELIC RESEARCH SNAPSHOT

Community-Led Ketamine-Assisted Therapy in Siksika Nation

Overview

Indigenous communities in Canada carry a disproportionate burden of depression, anxiety, and PTSD left in the wake of colonial harms.

Ketamine-assisted therapy (KAT) shows promise for treatment-resistant conditions, but there are few accounts of its delivery in Indigenous communities.

To remedy this, Siksika Health Services spent over a year co-designing a program with a psychedelic healthcare company.

So, what changes when a First Nation designs its own psychedelic intervention?

The Program

Study Design: A quality improvement pilot with five phases co-designed by Siksika Health Services and ATMA CENA.

Participants: Staff asked to receive treatment first. 7 staff were treated, including 4 Indigenous and 3 non-Indigenous participants.

Treatment: Six group ketamine sessions were offered over five treatment weeks, each followed by integration therapy.

Measures: Standard depression, anxiety, and PTSD questionnaires, plus an anonymous survey.

A Room the Community Built

Siksika Health Services chose the location and designed the treatment room, including plants, artwork, reclining chairs, soft lighting, and traditional and weighted blankets.

Participants were **encouraged to bring comfort items,** including personal objects of remembrance and medicine bundles.

Orientation opened with a shared meal and a **sharing circle that included leadership and the clinical team,** not only participants.

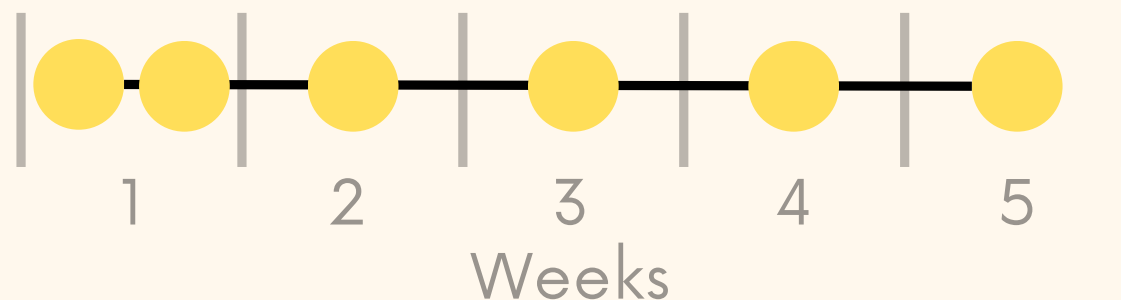
The Three-Week Pause

After the fourth session, treatment stopped for three weeks, atypical for most KAT protocols.

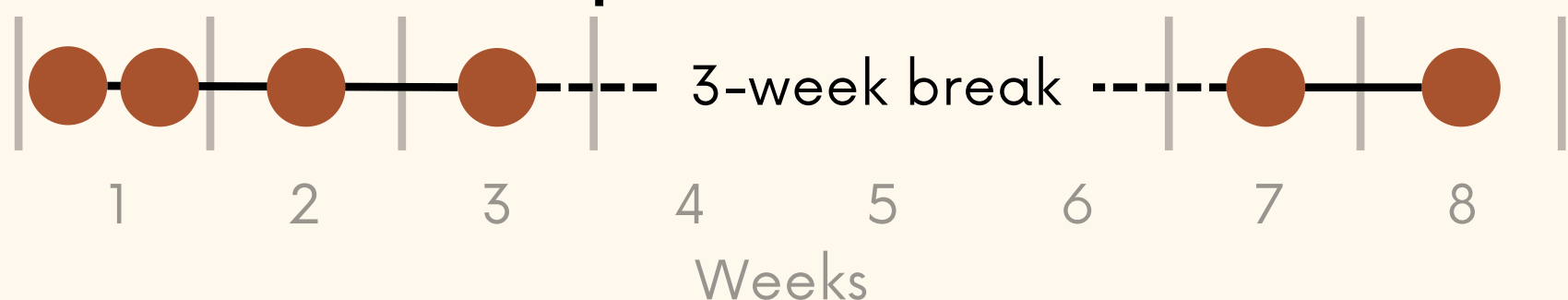
This was requested by Siksika leadership and participants so they could attend Siksika Nation's annual ceremonies and Pow Wow.

Participants reported the pause deepened trust and strengthened integration sessions.

Planned KAT Schedule



Adapted KAT Schedule



Meaning-Making and Cultural Humility

Every participant completed **intention-setting and integration** with a psychologist experienced in rural First Nation communities.

Participants processed grief and loss, spiritual connection, ancestral presence, and reconnection with land and culture.

Some Indigenous participants described visions how ancestral guidance, animal protectors, and **spiritual encounters were shaped by Christian teachings from residential schools.**

Authors noted that **interpretation required cultural humility,** not Western psychological frameworks.



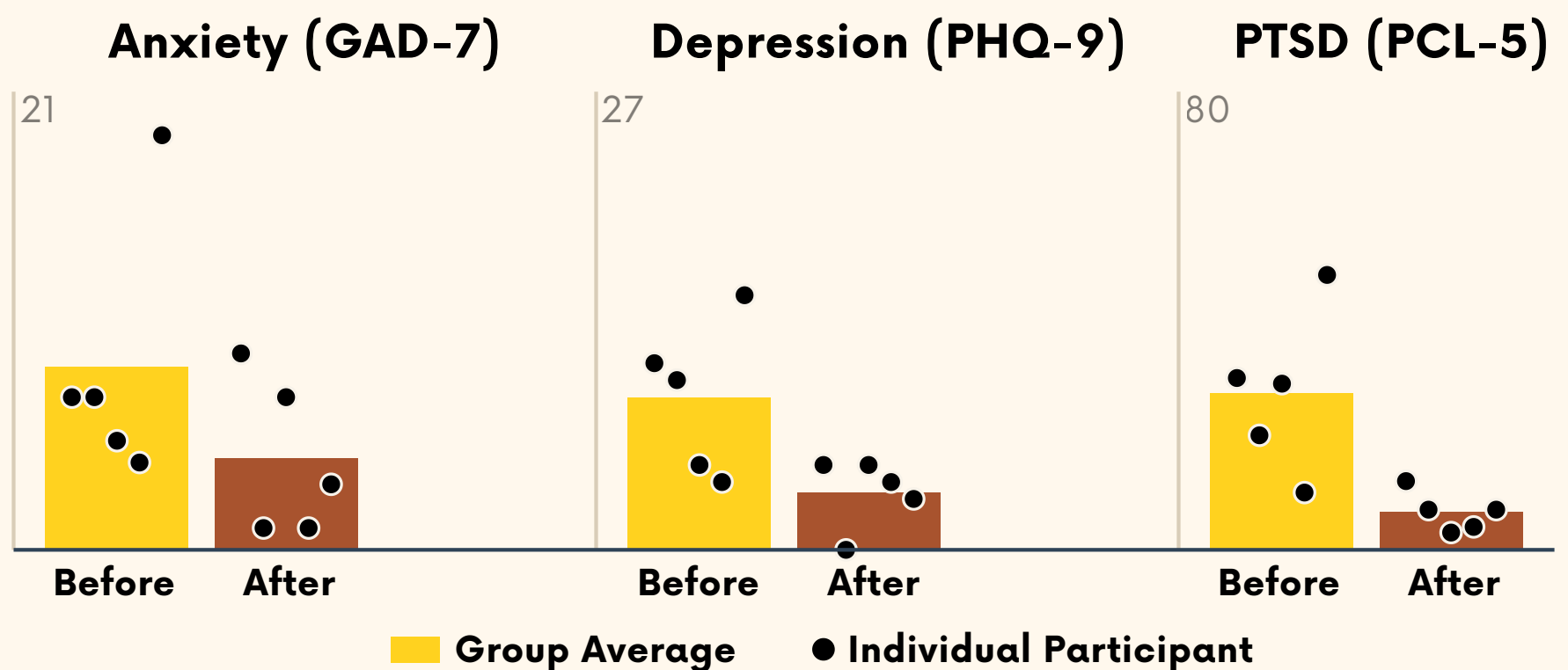
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What Participants Reported

Six of seven participants continued past the first session, and five completed follow-up questionnaires after treatment.

Average scores improved across all domains with some variation, with two participants reporting worsened anxiety. Outcomes were similar whether participants completed four sessions or six.

Most described better mood, more energy, and less irritability. Three reported stronger spiritual grounding and connection.



Limitations

This pilot offers early insight into Indigenous KAT implementation, but its limitations are real.

Seven participants, all SHS staff. They worked for an organization that co-designed the program, and the sample is too small to generalize from.

A quality improvement project, not a trial. There was no comparison group, so improvement cannot be attributed to the therapy alone.

Outcomes were self-reported. The authors flag social desirability and recall bias.

Lessons for Future Programs

Plan for nutrition: Given high diabetes prevalence, pre-treatment eating guidance is recommended. One participant withdrew after diabetes-related nausea.

Call, don't email: Technology-based contact largely failed. Participants responded best to phone calls and texts.

Introduce every provider early: Staffing changes risk fragile rapport, especially where mistrust of health systems runs deep.

Build for the long term: The authors call for larger cohorts, longer follow-up, sustained funding, and continued guidance from Elders and knowledge keepers.

Reference

Evidence in practice: implementing KAT in indigenous health services.

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