Why California Should Legalize Supervised Psilocybin Therapy

California can expand access to promising new treatments for treatment-resistant depression by legalizing psilocybin therapy through its existing network of regulated ketamine clinics.

Izzy Bent

Many people assume that mental health treatment works if you follow a standard process: therapy, medication, and time. However, that is not always the case. One in three people who have been diagnosed with major depressive disorder and have gone through the recommended care see no improvement. This is called treatment-resistant depression (McIntyre et al., 2023). This leaves a large group of patients without an effective option, which is why new treatments need to be seriously considered. California has the opportunity to legalize psilocybin for supervised therapeutic use using its existing ketamine clinic system, giving patients access to mental health treatment while maintaining regulation. It should do so.

Growing scientific evidence suggests that psilocybin-assisted therapy could become an important tool in treating serious mental health disorders. Although ketamine and psilocybin work differently in the brain, the growing use of ketamine in mental health treatment offers a potential model for expanding access to other emerging therapies (Hartz, 2024). Ketamine is FDA-approved as an anesthetic, and it is also used off-label to treat depression. Its derivative, esketamine (Spravato), has received FDA approval specifically for treatment-resistant depression. The experience of providers offering these treatments may offer useful lessons for developing appropriate approaches to psilocybin therapy. Although the two substances require different treatment protocols, California's existing ketamine treatment infrastructure could provide a starting point for expanding patient access to psilocybin.

The FDA recognizes psilocybin’s therapeutic potential for severe treatment-resistant depression and major depressive disorder, which will allow further research and policy development (Schonholz et al., 2024). A majority of voters also see the potential for this treatment, with 61% of them supporting the regulated use of psychedelics in therapy (Ibarra, 2025). However, the keyword here is regulated; proper use of these psychedelics is crucial for safety and efficacy. The combination of psilocybin with other therapy treatments, like cognitive behavioral therapy, for example, has been shown to have higher effects and (higher rated by patients), when compared to psilocybin alone (Schonholz et al., 2024). Psilocybin could be a powerful treatment option. Using California’s existing system of supervision is a sensible step forward if full legalization is not yet politically an option.

California has experience with ketamine clinics offering psychedelic-like or dissociative mental health treatments. This makes it a good place to expand to supervised psilocybin therapy. The state has shown interest in the legalization of psilocybin treatments in therapeutic clinics. In 2023, California Governor Gavin Newsom was presented with a bill to decriminalize possession

of psychedelics. He vetoed it primarily because he wanted a bill more focused on therapeutic use (Ibarra, 2025). Since then, research on these psychedelics, specifically ketamine and psilocybin, has increased significantly. In fact, several California cities have already taken steps to decriminalize psilocybin, showing that the state is moving toward a new approach to psychedelic policy (Schonholz et al., 2024). California is also a leading state in the implementation of ketamine in therapeutic settings. There are many more clinics available than in most other US states (McClurg, 2025). The existence of these clinics is exactly why California is best positioned to begin providing psilocybin treatment, as it can leverage existing clinics and regulations. These clinics and their therapists have experience with administering psychedelic treatments in a safe but effective way.

While concerns about safety and long-term effects are valid, they do not support continued prohibition. Critics argue that psilocybin's hallucinogenic effects make it too risky to legalize. However, psilocybin is relatively safe, especially when used in a supervised environment. In the largest controlled study of psilocybin safety, conducted by King's College London, subjects experienced no serious adverse effects (Smith & Salinas, 2022). Additionally, psilocybin-induced suicide is uncommon, and there are only two known deaths that resulted solely from psilocybin (Smith & Salinas, 2022). A supervised clinical model at least begins to respect the rights of individuals to try what they believe might help them, while addressing ethical and safety concerns such as patient screening, informed consent, provider training, and the monitoring of adverse effects (Schonholz et al., 2024).

Treatment-resistant depression leaves millions without effective options. Psilocybin offers a promising path forward. By legalizing psilocybin for supervised therapeutic use, California can give patients a new, effective treatment option while ensuring safety and regulation. Policymakers and citizens should support this move to improve mental health care with regulated psychedelic therapies.

About the Author

Izzy Bent is a student at Carnegie Mellon University pursuing studies in information systems with an interest in healthcare and medicine. She is originally from New Hampshire.

Declaration of Conflicting Interests
The author has declared no potential conflicts of interest with respect to the research, authorship, or publication of this article.

Copyright
©2026 Center for Modern Health. All rights reserved. https://centerformodernhealth.org/

Works Cited

Hartz, K. (2024, June 12). Ketamine vs. psilocybin therapy: The difference. *Sona Collective*.

Ibarra, A. B. (2025, January 2). California almost legalized psychedelics. Now, supporters are looking for a good test case. *CalMatters*.

McClurg, L. (2025, December 9). A maze of clinics: Navigating ketamine's rapid rise. *KQED*.

McIntyre, et al. (2023). Treatment-resistant depression: definition, prevalence, detection, management, and investigational interventions. *World Psychiatry: Official Journal of the World Psychiatric Association* (WPA), 22(3), 394–412.

Schonholz, et al. (2024). Legal and Ethics Concerns of Psilocybin as Medicine. *The Journal of the American Academy of Psychiatry and the Law*, 52(4), 477–485.

Smith, L., & Salinas, T. (2022, September 14). Can you overdose on shrooms? *Recovered*.