THE BALANCE

Ketamine Addiction

Private treatment

A guide for individuals and families

Individual care shaped around you

MALLORCA / ZURICH

23 September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Ketamine use may need assessment when control becomes difficult or use continues despite physical, emotional or practical harm.

02 Treatment considers the pattern of use, emotional health and physical complications together. Urinary or abdominal symptoms need appropriate medical assessment.

03 Residential care is not a substitute for urgent medical treatment or specialist care. A prescribed therapeutic use of ketamine is a separate clinical context.

Individual care

Your treatment plan and therapies are organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Recognizing problematic use

Increasing time devoted to ketamine, craving, repeated unsuccessful attempts to stop and continued use despite consequences may signal a need for help. An assessment considers what use has come to regulate and how daily life has changed.

Taking physical symptoms seriously

Urinary symptoms, abdominal pain and other health concerns should not be treated simply as part of emotional recovery. Medical assessment and any necessary specialist care remain important alongside addiction treatment.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment reviews use, symptoms, physical health, medication, other substances and mental-health history. It also considers previous treatment, the person's goals and any outstanding specialist investigations before a residential plan is proposed.

Bring relevant records and describe what has helped, what has not and what daily life is like. A single symptom list or questionnaire cannot explain the whole situation.

Safety and the appropriate setting

Severe pain, inability to pass urine, marked confusion, collapse or another acute change requires urgent local medical assessment. Intoxication and co-use can change risk. Do not delay appropriate care while arranging travel.

04 / CARE BUILT AROUND YOU

Care built around you

Understanding triggers and patterns

Individual psychological care can address craving, coping and the circumstances that maintain use. Emotional distress is assessed without assuming a single explanation for every person.

Coordinated clinical support

Physical complications and prescribed treatment are reviewed within the appropriate clinical pathway. Specialist medical care should not be replaced by a general residential program.

Daily life and recovery planning

A treatment plan can include routines, relationships, work and practical support. Preparation for continuing care begins during treatment rather than only at discharge.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm setting can create room for individual treatment, rest and reflection. The residence, schedule and practical support are confirmed for your needs and the agreed accommodation arrangement.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01 **A confidential conversation**

Admissions listens to your circumstances and explains the clinical review process.

02 **Assessment and a recommendation**

The team considers suitability, priorities, setting and the individual plan.

03 **Personalized treatment**

Care is reviewed and adjusted as your needs and capacity change.

04 **Transition and continuing care**

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

The continuing-care plan connects psychological work, any specialist medical follow-up, local services and support at home. It identifies warning signs, agreed responsibilities and a response if symptoms or use return.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is this the same as ketamine-assisted treatment?

No. This guide concerns problematic ketamine use and addiction, not prescribed ketamine as a therapeutic intervention.

Do bladder symptoms need separate care?

Yes. Urinary symptoms need appropriate medical assessment and may require specialist care alongside addiction treatment.

Does stopping use complete recovery?

Stopping is not the entire plan. Ongoing care can address health, patterns of use and the situations faced after treatment.

Is residential care always necessary?

No. Assessment should explain which level of care is appropriate and whether another medical setting is needed first.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An inquiry carries no obligation to proceed.

+41 44 500 5111

admissions@thebalance.clinic

Full condition page

General admissions guide

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment. Evidence and sources are linked on the condition page.