

Is allowing psychologists to prescribe good for Nebraska?

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Prescribing Psychologist

I am writing to offer support to the proposal before the 407 committee to allow psychologists to prescribe psychotropic medication. To begin with I will offer a full disclosure of acknowledging that I am a prescribing psychologist. I am licensed in Nebraska, but I am currently serving in the United States Air Force, which allows appropriately trained psychologists to prescribe psychotropic medications. It is my hope and intent to return to Nebraska after my military career, and I would very much like to continue to practice as I have been, with the ability to provide all of the care my clients may need. This is due in no small part to the level of comprehensive care I am able to provide my clients, but also to the convenience that this practice offers my clients. There are many reasons I have chosen to pursue prescriptive privileges, however, my own preferences and beliefs are hardly reason enough for Nebraska to adopt legislation to alter the scope of practice allowed clinical psychologists.

The first question we should examine is that of need. Is there a need for more providers to be able to provide psychotropic medications? Are there underserved populations that may have access to a psychologist, but not to a psychiatrist? In short does the current system adequately provide for the health, welfare, and safety of mental health patients? It has been my experience while living in western Nebraska that there is a great need for more mental health prescribers (I am originally from North Platte NE and still have friends and family members in that region). Psychologists are often posed with an ethical dilemma either in course work or on licensing exams and, of course in their actual practice that goes something like this: "You are a psychologist practicing in a rural area and a client comes in with a disorder that you are not well trained to treat. There are no other providers in the area who specialize in this disorder and it is not practical for them to travel to the nearest specialty care. What do you do?" There is then a list of choices ranging from refusing to provide any treatment, to obtaining as much training as possible and provide care with consultation. Of course the correct choice is to obtain as much training as you can and treat with consultation. Unfortunately our current scope of practice does not allow us to pursue this option when it comes to psychotropic medication, but I would argue that as a state we have an ethical obligation to alter that status quo, and to afford these patients access to quality care. Of course the training and consultation will be more involved and everyone will not choose to pursue that training, however, as a state we should allow for that option, so that we may have providers who can prescribe psychotropic medication dispersed to all regions of Nebraska.

In addition to the concerns regarding locality, there is also a concern about immediacy. When I was involved in providing mental health care in NE I often found that wait times to see a psychiatrist were prohibitive and left people without needed care for weeks or even a month or more. This was in Eastern Nebraska, in Lincoln and close to Omaha, our biggest metropolitan areas do not have a sufficient number of prescribing mental health providers to meet the needs of the population. While not everyone will choose to pursue the training to prescribe, we have an ethical obligation to, provide an answer to the current threat to the health, welfare, and safety of Nebraskans with mental health needs. Addressing the need by adding prescribing psychologists also increases the likelihood that clients will be followed in closer intervals allowing medication adjustments to be made in a more responsive fashion. It is vital that mental health clientele in Nebraska be treated based on need and clinical decisions. Nebraskans should not receive treatment that is driven by availability of a service.

I believe the discussion above supports the proposition that adding this capability to psychologists, who already vastly outnumber psychiatrists in rural areas, would lead to the enhancement in the health, safety, and welfare of mental health patients in Nebraska.

With this new authority there are those who will argue that it creates a risk, or a new danger to patients. This is one of the primary arguments against such a credential. We are fortunate in having a vast record of safety to examine. In New Mexico, Louisiana, and in all branches of the armed forces as well as US Public Health Service, there have been no incidents of harm or complaints filed against prescribing psychologists. This is in no doubt due largely to the rigorous training involved even after a provider has gone through many years of training to earn a doctoral degree in psychology.

Turning to those educational requirements, we must first understand that this course of training and credential is only open to those who have completed a doctoral degree. A doctoral degree which requires numerous hours of patient care under supervision, courses and training in differential diagnosis, studies in biological bases of behavior and a thorough understanding of the bio-psycho-social model of mental illness. The bio-psycho-social model of mental illness involves understanding behavior in terms of the biological systems, while also considering the social and environmental factors that may influence a patient. This model and training is especially important when prescribing medications, as psychologists are trained to consider factors that may influence a patient's desire or ability to take medicine. After completing a doctoral degree and becoming licensed, only then would psychologists be able to pursue additional training and assessment to prescribe. And this additional training delves deeply into review of systems and ensuring that we understand how psychotropic medicines interact with the body and with other medicines. The training is something no psychologist takes lightly, but which has been arrived at over decades of study to ensure that it is the requisite training to ensure patient safety, and the record of safety supports the level of training outlined in this proposal.

In addition to the above statements I would assert that not only does it provide no added harm, but that the benefit to health, welfare and safety goes well beyond providing timely access to care. Prescribing psychologists are poised to provide enhanced care. We typically see our patients at least every other week, where a psychiatrist may see their patients monthly or less and a primary care provider may only see a patient once every ninety days. Prescribing psychologists will catch side effects sooner, and be better able to adjust medications in response to changes stemming from other therapies. In addition we are the best able to provide medication in concert with therapy for the patients who do not wish to be on medication long-term (and these patients are numerous). We can effectively reduce medication while introducing other therapies that may lead to the patient needing little or no medicine. In fact psychologists are the only profession adequately trained in systems of therapy to be able to do this. When one considers not only the benefit to patients, but also the benefit to healthcare system, and to be blunt, to the taxpayers, there is no question that being able to provide someone with PTSD, for example, a treatment that can alleviate symptoms and not require long term medication maintenance, would be highly beneficial. There are a vast number of disorders which may require medication initially, but can in the long term be alleviated through other evidence based treatments.

Finally, the current system leaves patients desiring both medication and other forms of treatment no option, but to see multiple providers. This is an unsafe practice. Patients easily forget what they may have told one provider versus another. Thus they may report an occurrence which is significant for therapy, but forget if they told their psychiatrist or their psychologist. The current system creates unneeded seams and cracks, which compromise the quality of care being delivered. By having a single provider attend to all of the patient's needs these seams are closed and care necessarily is enhanced.

We have seen in the state of Nebraska arguments against nurse practitioners, against physician assistants, and countless other groups arguing that if one is not a medical doctor than one cannot possibly provide safe care. History has shown us that these types of providers have not presented a danger, but have actually been a huge benefit to our state and to the healthcare of our citizens. The same arguments will be made about prescribing psychologists and they are just as wrong now as they have been time and again. Integrating psychotropic prescriptions with evidence based talk-therapy is the best way to ensure the safety and health of our citizens. Allowing psychologists to prescribe is the one concrete step that can be taken to help stem the crisis in mental health care that many Nebraskans face. Long wait times, non-integrated care, multiple providers to treat a single problem, these are concerns that can only be addressed by allowing psychologists to prescribe. You may hear talk of adding physician assistants, or nurse practitioners, or even growing new psychiatrists. That hasn't happened despite this concern being present for over a decade. If another solution were available why hasn't it been adopted? Simply put there is no way to grow these new providers and there is no way to ensure that PAs or NPs will have adequate training in mental health concerns to make appropriate diagnoses and

render the best available treatment and none of them come even close to being able to combine medications with other proven therapies. There is only one response which answers the concerns our mental health system is facing and that is to allow doctoral level mental health professionals, to obtain the additional training and be able to fully care for the patients they are currently seeing in the manner those patients deserve.

A handwritten signature in black ink, appearing to read 'Mikel M. Merritt', with a stylized flourish at the end.

Mikel M. Merritt, PhD

Board Certified Clinical Psychologist