

Hello, my name is Ashley, and I would like to tell you a little about myself.

I am a married, 28 year old stay at home mother of two. I've acquired two bachelor's degrees, one of which is in psychology. I grew up in a wealthy home in St. Louis, Missouri and I am currently not below the Federal or State Poverty Level. Before February 14, 2014, I worked for the State of Nebraska, in multiple departments over the years. I have been diagnosed with a myriad of mental illnesses including Major Depressive Disorder, Anxiety Disorder, Post Traumatic Stress Disorder and over the years a gamut of other diagnoses such as Bipolar Disorder, Anorexia, Bulimia, Eating Disorder – Not Otherwise Specified, Obsessive Compulsive Disorder, and Borderline Personality Disorder. I have been on some type of psychotropic drug since I was 13.

I moved to Western Nebraska in 2010. I also had my first child in 2010. During my pregnancy and shortly after, my OB-GYN agreed to manage my medications as part of my pregnancy. However, once I was past my 8 week post-partum check up, he had to refer me to a psychiatrist, because my case was too complex for him to ethically handle. In 2011, our only psychiatric office consisted of one female doctor and two male doctors. With my extensive trauma history, I prefer to meet with a female doctor to talk about my psychological issues. Making an appointment with her was almost impossible. There was always a one to two month wait to make an appointment for a 10 minute slot. If I missed an appointment, for illness or inclement weather, I couldn't reschedule for another month or so. For a new, first time mother with an eating disorder and other mental illnesses, this was detrimental. I was lucky to have two therapists to meet with every week, as well as a general practitioner to manage my overall health.

In 2012, I had a complete relapse. My health declined to the point that my Psychiatrist ordered me to find another treatment facility for my anorexia. She stated that if I had to be emergency hospitalized, I would be flown to Denver because our hospital's facilities could not accommodate an issue like mine. In early 2013, I became pregnant with my son. My psychiatrist and I agreed that meeting monthly would be in my best interest, because I was a high risk pregnancy, however, there was no room in the schedule for me to meet with her monthly. In 2013, my psychiatrist also became pregnant. I discovered that my psychiatrist decided to leave the Scottsbluff area for personal reasons. All of her current patients would have to be split between the two remaining doctors. When I called the psychiatric office, I was told that they would decide what doctor I would go see and they would make an intake appointment for me. My intake was in August 2013. My appointment ran behind schedule because the doctor that I was seeing was also the on-call doctor for the psychiatric unit. I met with him for less than 10 minutes, as he had to get back up to the unit floor. He stated that he wanted to see me prior to my son's due date (October 25, 2013), to talk about a treatment plan after my baby was born. When I tried to make an appointment, the scheduler laughed and explained that he was booked out for three months, and that the first available appointment would be in November. My son was born October 5, and once again, I had to rely on my OBGYN to prescribe medications to help with my depression. I made the decision to stop going to the psychiatric doctor's office, because their scheduling was unreliable and the doctors were difficult to reach in emergencies.

I began my hunt for a Primary Care Physician that could manage my medications in early 2014. I say hunt, because that's what it is. Not every PCP is knowledgeable about mental illness, especially Eating Disorders and Mood Disorders. One doctor blatantly told me that he knew nothing about "anorexics" and asked "if something bad happened to me to make me this way." After basically having "Doctor Shop," I was finally able to find a physician that was able to manage my medication. It still felt as if I was the one really managing it though, as she would ask what medications I wanted to be on and then agree or disagree. If it wasn't for my 15 years of experience with being on medication, I don't know what I would do. Mid 2014, I was given the information, through the local paper, that this particular doctor was also leaving Scottsbluff abruptly. To be able to see her would be an additional 45 minute drive to her new location. I am currently without a doctor to prescribe me medications and I have 1 refill left on all prescriptions. I'm at a loss.

Not only have I personally had a turbulent experience with mental health care in Western Nebraska, but I had clients in which I witnessed the same experience. Clients receiving mental health care in order to retrieve their family back, or to regain independence from having the State in their lives. No individual should have to wait months to receive care for an illness that could be life threatening. Moreover, every individual, regardless of their physical location, should have access to an educated physician that can help manage and treat their illness.

The only people, in my experiences both professional and personal, that have been consistent with scheduling, with availability during a crisis time (i.e. when I was threatened with being hospitalized in Denver), and that will take the time to find out what my "symptoms" or "issues" without blindly making a determination on my treatment with a 10 minute conversation, are psychologists. In St. Louis, I was able to have a full encompassing experience with a provider. I was able to receive cognitive therapy and then discuss the pros and cons of different medication choices. The only individuals in the Western Nebraska community that would be able to give this experience, would be psychologists. It's also obvious through my experiences that individuals in the above stated profession would be the most reliable and knowledgeable regarding client care. If psychologists were granted the latitude to prescribe and manage medication, it would be a benefit, and perhaps a life saver to those of us with mental hurdles. This possible capability would be a monumental positive change in the Scottsbluff community. Not only to be able to prescribe, but allow providers with ample time in their schedules to assist in psychiatric medication management.

Without any intervention or change in laws, I will continue to hunt for another general physician that may have some experience with mental illness. I will more than likely continue to manage my own medications with a doctor by my side, rather than have a provider that knows enough to try something new to help manage my symptoms and issues better.