

The Importance of Prescriptive Authority

By Jack G. Wiggins

Patients without ready access to the “best practices” model of mental care, consisting of both medication and psychotherapy, are placed at a disadvantage to obtaining the help they need. Sadly, an estimated 30 million Americans, 30% of those surveyed in Therapy in America 2004 by Pacific Behavioral Healthcare, had symptoms serious enough to warrant therapy but did not receive treatment. Non-psychiatric physicians treated about one-quarter of patients receiving medications only. If psychologists had prescriptive authority, like in Louisiana and New Mexico, the public would have made good use of these combined services of psychologists and many more troubled Americans would have been helped. The best practice model giving the patient access to both psychotherapy and pharmacotherapy leads to better treatment outcomes. It is therefore in the public interest that psychologists seek and obtain prescriptive authority to address the unmet needs of our nation.

The importance of prescriptive authority for psychology is illustrated by 47% of the people receiving mental treatment from 2002 to 2004 received only medication and no therapy! The Therapy in America 2004 survey (Google) also reported that 34% of the patients received both medication and therapy, while 19% received therapy only. Thus, medication has become the dominant treatment for mental conditions with 81% percent receiving medications and 43% receiving some psychotherapy. This is in sharp contrast to community based mental treatment prior to managed care where 80% of care provided was psychotherapy and about only 30% of the care involved the use of psychotropic medications. The public still favors treatment by psychologists as they have for the past three decades. However, if psychologists are to remain pre-eminent mental specialists they must be able to prescribe for their patients. Otherwise, psychologists will have to share treatment responsibilities with health care professionals that prescribe drugs but may have little training or interest in treating patients with mental disorders. Without prescriptive authority psychologists must compete with mental health counselors for lower paying practice opportunities.

Psychologists practicing in health care are keenly aware of developments in the drug field. Many psychologists actively collaborate with physicians by monitoring patients on psychotropic drugs and experts in prescribing and managing the use of psychotropic drugs. Psychologists have expanded their clinical knowledge of the use of psychotropic medications with seminars, special courses and for over a decade have enrolled in APA approved postdoctoral psychopharmacology training programs. Psychologists trained in psychotherapy have also expanded their practices through increased collaboration with prescribing health professionals as a

means of meeting public needs. This documented training in psychopharmacology has been the key to gaining prescriptive authority for psychologists and giving the public access to the “best practices” model of care. It is estimated that there is a shortage of 10,000 mental health specialists that can treat with both psychotherapy and medication. Certainly, psychology has an important responsibility and role in meeting this public need.

Prescriptive authority has been an issue for psychological practitioners in health care and researchers since the development of drugs for the treatment of schizophrenia in the 1950’s. The recognition of the mental health market by the pharmaceutical industry occurred in the 1970’s. This “discovery of a new market” was based on the fact that their medications for schizophrenia applied to less than two percent of the population, whereas, about 20 percent of the United States population experienced mental conditions, such as depression, during their lifetimes. Since drug companies were only reaching 10% of the market needs there was a rapid development of a plethora of psychotropic medication for the treatment of the full array of mental conditions that constituted one of their largest markets.

Coinciding with the development of new psychotropic medications was increased political advocacy by the pharmaceutical industry to cash in on Medicare benefits for the elderly. Drug makers step-by-step, virtually took over the Food and Drug Administration by gaining legislative authority to fund FDA research on their new medications being studied. In addition, drug companies gained federal legislative authority in the early 1990’s to advertise drugs to the public in the media. Also in the early 1990’s, the Agency for Health Care Policy and Research panel of experts on depression concluded that antidepressant medication was the first line of treatment for depression and should be tried before psychotherapy is attempted. Managed care companies seeking the cheapest mental health services turned to psychotropic drugs as the principal means of treatment, making psychotherapy a restricted secondary treatment. These developments in public policy resulted in an exponential growth and over-reliance on the prescribing of psychotropic drugs.

It is time for psychologists to accept their responsibility to meet the public health needs for mental care of this country and reduce over-reliance on drugs by obtaining training in psychopharmacology. Unfortunately, many psychologists have attributed the adverse effects of managed care on their practices as a vendetta against psychology rather than their inability to prescribe psychotropic medications. If managed care companies could hire psychologists to provide combined psychotherapy and medications they would. They use other expediences to meet the demand for mental health services. It is true that managed care companies would like to hire practitioners as employees at the lowest possible price. However, the demand of mental health specialists providing both psychotherapy and pharmacotherapy is so great that it is not necessary to be on a managed care panel. Psychiatry is unable to keep up with public demand for mental health care. Only about 5% of advanced nurse practitioners are interested in providing mental health services. Thus, managed care and competition is not really an obstacle for

psychologists in providing mental health specialty care to the public. The major public health obstacle in meeting demand for specialty care is psychologists' failure to obtain training in psychopharmacology and gain prescriptive authority. It is much less expensive and more efficient to train psychologists to prescribe psychotropic medications than to train physicians in psychotherapy, especially, if English is not their native language. Psychologists can demonstrate their added value to the mental health of this nation and will be rewarded for obtaining training to provide "best practices" care of combined psychotherapy and psychopharmacology that results in more effective treatment outcomes.