

# Child Focus, Inc.

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## Behavioral Health

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I am a clinical psychologist writing in support of a Senate Bill 300 that would significantly address the lack of professionals to serve patients with mental illness and drug abuse disorders. There is a need for additional providers for mental health and addiction treatment as Medicaid develops the re-design of the behavioral health system to provide better more efficient integrated health care. The current opiate epidemic also makes it clear that we need more trained professionals who can assist young people and adults avoid addiction in the first place and recover if they have become addicted. This bill would add specialized psychologists with authority to prescribe medication for their patients who need them.

I am a licensed psychologist working in a community mental health center for children and adolescents. The youth we treat have a range of mental health issues including depression, anxiety, ADHD, behavior problems, thought disorders, to name a few. I'm sure you are aware of individuals who face such issues. It is because of them that I urge you to co-sponsor and support this bill.

Psychologists evaluate and treat using evidence-based psychological treatments. We often work on a team with case managers and providers from other systems, including schools, juvenile court, and children's protective services. We also consult with the patient's primary care physician and often refer to psychiatrists for medication.

We are experiencing a crisis with a shortage of psychiatrists and others with a specialty in mental health medications. 55% of psychiatrists in the US are 59 years of age or older. Many of them will be retiring in the next few years. Presently, only 4% of students graduating from medical school choose to train in psychiatry post-graduation. This suggests that the problem is going to get worse before it gets better. Moreover, there are few Primary Care Physicians, Certified Nurse Practitioners or Physicians Assistants with mental health or psychiatric specialists. Many will only prescribe a restricted panel of mental health drugs. This shortage of providers creates a significant wait-time to see prescribers. The patients at my agency typically wait anywhere from 6 weeks to 4 months for their first appointment. This leaves patients with severe symptoms waiting much too long for help.

Another problem is that many psychiatrists don't take insurance payments. That means that patients are paying the fees for these visits out of their pockets and that patients with Medicaid or Medicare may wait even longer than those who can pay the \$200+ fee.

To avoid these issues, many patients ask their primary care doctors to write their prescriptions. Most family doctors, internists and certified nurse practitioners are not mental health specialists and many of them actually ask psychologists what they think they should prescribe.

*The mission of Child Focus, Inc. is to join with communities in strengthening families and improving the quality of life for children.*

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Other credentialed individuals don't bring the wealth of knowledge the psychiatrists bring. But, we have no choice but to seek other credential individuals to address the lack of psychiatrists. Otherwise, Child Focus' ability to provide needed medications to individuals would have come to a halt quite some time ago. There are huge barriers to hiring mid-level practitioners, as well. It took me 3 years to find a psychiatrist willing to enter into a collaborative agreement with a nurse practitioner. Physician's assistants require an even higher level of supervision (it is actual supervision, not consultation and the psychiatrist must be providing the same service at the same location). I have yet to find a psychiatrist who will agree to provide the level of supervision necessary to hire a physician's assistant.

It is my belief that in order for this crisis to be remedied, we have to take an innovative approach to it. Tele-psychiatry is one of those innovative approaches and can significantly help with the shortage of psychiatry in rural areas. But tele-psychiatry is not the full answer because there are still not enough psychiatrists. We can no longer limit provision of this service to psychiatrists alone. This should not be a turf issue – there are plenty of patients to be served. Psychiatrists are absolutely necessary, but the shortage means that perhaps we need to utilize them for the highest need and highest complexity patients. We need to increase the number of individuals who are able to prescribe for the less complex patients.

Primary care physicians need more education in order to feel comfortable prescribing psychiatric medications for lower level patients. This can be done both in medical school and through continuing education courses. They need to have access to consultation with psychiatrists provided in such a way that it won't be cost prohibitive for them. We also need to make it easier for mid-level practitioners with appropriate education and training to provide services. This crisis, however, has reached a critical level and is only going to get worse.

As such, we need to look beyond the medical field and consider other high level professionals such as psychologists. Several states (Louisiana, New Mexico, Illinois, Texas) and the military have authorized a restricted panel of psychiatric medications that psychologists can prescribe. In those states and the military, psychologists must have a doctorate and then earn a post-doctorate Master's degree in Clinical Psychopharmacology. There are 3 such approved programs in the United States. The programs are 2-1/2 years long with strict requirements. The first courses include biochemistry, neurochemistry, neuroanatomy, and neuropathology. These are followed by clinical medicine and pathophysiology which are courses that cover the main systems including cardiovascular, lymphatic, pulmonary, hematologic, renal, urologic, and gastrointestinal systems to name a few. Only after students have successfully passed those courses do they move into psychopharmacology instruction. I am enrolled in one of these programs and am more than halfway finished. I enrolled, not because I wanted to go back to school in my 40s, but because I wanted to be ready to be part of the solution should Ohio move in this direction.

Senator Seitz has introduced legislation that would permit psychologists, already trained and treating mental illness to be certified to prescribe mental health medications for their patients. As noted above, the additional qualifications to be certified are extensive and psychologists trained in this manner have been prescribing safely in New Mexico and Louisiana for over 10 years. Given the dire circumstances we are in, I hope you will give your full consideration and support for this bill.

Dr. Laura Stith, Ph.D.  
Chief Clinical Officer  
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