

Scope of Practice: Psychologist Prescribing

Psychotropic medications used to treat mental illness are among the most powerful in modern medicine, and affect all parts of the body, not only the brain. Prescribing these medications requires the judgment of a physician with specialty training. Child and adolescent psychiatrists (CAPs), who have on average five years of post-medical school training, are best suited to safely and appropriately prescribe these medications to children and adolescents, whose brains are still developing. Allowing psychologists to prescribe medications will not improve access to quality mental health services. Rather, it will risk patient safety and expose more children and adolescents to inadequate care.

The Facts on Safely Prescribing

- Half of all patients prescribed a psychotropic medication have a co-occurring major illness requiring medication, creating potential for drug interactions. Without medical training, mental health providers are ill-equipped to understand and manage these potentially adverse interactions.
- If improperly prescribed, psychotropic medication can have dangerous side effects such as convulsions, epilepsy, heart arrhythmia, blood disease, seizures, coma, stroke, and even death. To prescribe these medications safely, one needs extensive medical training to understand a patient's complete medical history, perform a medical exam, make a correct diagnosis and treatment plan, and prescribe the appropriate medication at a safe dosage.
- Other professionals with prescription privileges, such as nurse practitioners, dentists, and physician's assistants, all have medical training, which a PhD or PsyD psychologist do not have.
- Granting psychologists prescription authority exploits the misunderstandings between the depth and breadth of the medical education and clinical training between a PhD or PsyD psychologist with training in social behaviors, and an MD or DO physician with years of biomedical training; let alone a physician subspecialist, such as a CAP, who are fully trained psychiatrists with typically two-years of additional specialized training to understand the developing brain.
- Research has shown a consistent lack of evidence on the safety of granting prescription privileges to psychologists.ⁱ
- Giving psychologists the right to prescribe medication will not alleviate the shortage of mental health providers in underserved areas, as they are generally located in the same geographic areas as physicians and psychiatrists.ⁱⁱ
- Programs training psychologists to prescribe are not cost effective. For example, a U.S. Department of Defense program, terminated in 1996, cost more than \$6 million to train 10 psychologists to prescribe under close supervision of a psychiatrist – roughly \$610,000 per psychologist.ⁱⁱⁱ
- Currently, 48 states and the District of Columbia do not grant psychologists prescriptive authority. Only New Mexico and Louisiana allow certain psychologists to legally prescribe. While Illinois and Iowa have passed laws to establish new paths for psychologists to earn prescriptive authority, these laws remain mired in their state's respective regulatory process, due to concerns over patient safety.
- Neither New Mexico nor Louisiana have conducted formal studies on the impact that prescribing psychologists have had on the access to, or quality of, mental health care.

Act to Improve Access to Quality Mental Health Care

Rather than granting psychologists prescription privileges, lawmakers must invest in proven solutions to improve access to quality mental health care in underserved areas, such as:

- Supporting collaborative care programs between CAPs, primary care physicians, and other mental health providers.
- Increasing funding for the overall mental health system, especially programs serving youth and adolescents.
- Increasing the CAP workforce:
 - Provide incentives for medical students to become CAPs; and
 - Provide funding for additional residents in CAP training program.
- Supporting appropriately reimbursed psychiatry services through telepsychiatry.

ⁱ Lavoie KL, Barone S. Prescription Privileges for Psychologists: A Comprehensive Review and Critical Analysis of Current Issues and Controversies. CNS Drugs, 2006; 20(1): 51-66

ⁱⁱ AMA Health Workforce Mapper, American Medical Association. Access at: ama-assn.org/go/healthworkforcemapper.

ⁱⁱⁱ Prescribing Psychologist: DoD demonstration: participants perform well but have little effect on readiness or costs. Pub GAO/HEHS-99-98. Washington, DC: US General Accounting Office, 1999.