General Information

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A New Mexico law passed in 2002 allows psychologists to prescribe medication to patients, usually a power only given to psychiatrists. But psychiatrists feel that the new laws compromise the quality of healthcare for patients.

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Citation

MLA

APA
KATIE COURIC, co-host:

A psychiatrist is, of course, a medical doctor. A psychologist is usually a Ph.D. An MD can write prescriptions, a psychologist cannot. But beginning July 1st, psychologists in New Mexico will gain the power of the pad, and that has some psychiatrists concerned. Dr. Patrice Harris is a practicing psychiatrist and member of the American Psychiatric Association and Dr. Russ Newman has a Ph.D. in psychology and is with the American Psychological Association.

Good morning to both of you.

Dr. RUSS NEWMAN, Ph.D. (American Psychological Association): Good morning, Katie.

COURIC: Nice to see you.

Dr. Newman...

Dr. PATRICE HARRIS (American Psychiatric Association): Good morning, Katie.

COURIC: Good morning.

Let me start with you. First of all, tell us why did New Mexico pass this law to begin with, and why is--are similar pending in several other states?

Dr. NEWMAN: Sure. New Mexico is a state which has some significant mental health service access problems. Outside of the Albuquerque area, there are waiting times of up to five months in order to see a psychiatrist. With the training that has been demonstrated in a Department of Defense Demonstration Project, psychologists with their already trained practicing doctoral degrees plus additional training of considerable medical course work and pharmacology course work have been found quite able to prescribe safely and effectively. Four separate studies of the Department of Defense Demonstration Project found that psychologists trained prescribed safely and effectively, and that's good news for the consumers in a state like New Mexico where there is that access problem.

COURIC: You mentioned this training program with a medical course load, we're talking about a 45-hour training course to help psychologists learn more about prescribing drugs, is that correct?

Dr. NEWMAN: The--the course in New Mexico is 450 hours of course work, plus 80 hours of clinical practicum, plus 400 hours of supervised prescribing experience prior to being given a conditional license that then gives them the opportunity to prescribe under supervision before ultimately prescribing...
COURIC: All right. Dr. Patrice Harris, obviously it seems as if these psychologists are going through a great deal of training, but you still have a problem with this new law and the laws that are being considered elsewhere. Why is that?

Dr. HARRIS: Yes, I do, Katie. I first want to say that I think the governor of New Mexico and the legislators have passed legislation that seriously compromises the quality of health care for their citizens. This training is woefully inadequate. Four hundred and fifty hours of training really is equivalent to one semester, around 11 to 12 weeks of full-time study in any medical program. It certainly is a short-cut to training and it will not adequately prepare psychologists. Dr. Newman mentioned the DOD program, this program that's proposed in New Mexico is nowhere near the DOD program; those folks, those psychologists, went to school for one year full-time in a classroom and did one year of clinical practicum, six to nine months of that practicum was spent on an in-patient psychiatric setting.

COURIC: Do you're--you're saying that basically the--the--the model in New Mexico is not as intense a study program as the one recommended by the DOD?

Dr. HARRIS: That is absolutely correct. And when you read an evaluation report by that, the psychologists who completed the DOD program warned against any short-cut programs like the one in New Mexico.

COURIC: Does that worry you, Dr. Newman, I mean, some short-cut programs that may lead to perhaps incorrect prescriptions written by psychologists? I mean, isn't there some dangers here?

Dr. NEWMAN: Well, actually, Katie, the--there seem to be changes that took place during the demonstration project. The first class had over 1200 hours, but the second, third and fourth classes actually had half as much course work as that. And many said that was still more course work than they thought was needed. We think with the kind of protections that New Mexico has put in place, in addition to the training that goes on, they'll be prescribing under the supervision of a physician for two years before going through independent peer review, in addition to a sign-off by the supervising physician. Ultimately, then, they still will be collaborating with the patient's primary care physician. We're confident and I think consumers can be confident that they'll be getting good care from those who are trained to prescribe, as will be the case in New Mexico.

COURIC: Dr. Harris, I have to ask you, you know, many consumers may be watching this and wondering, gosh, are psychiatrists freaked out that they're going to have a lot of business taken away from them if psychologists can in fact write prescriptions? Is there some economic objection that psychiatrists nationwide may have to these new laws?

Dr. HARRIS: Actually, not at all, Katie. This is not a turf issue. The psychologists have actually made this a turf issue. But there are many patients to go around, unfortunately, a lot of patients suffer from these brain disorders. This is not a turf issue, this is not about money, this is about the quality of patient care.

Dr. NEWMAN: In terms of the quality, Katie, I have to say that the most comprehensive study of those psychologists who have been prescribing found not only that they prescribed safely and effectively, but in fact the study said, and this is a quote, "they filled a critical need and performed with excellence wherever
they served." So we think quality is being well-served by the kind of training that's in place. And we think consumers will be well-served, especially in places like New Mexico and Georgia, where there are significant access problems. In Dr. Harris' state herself, there are only 10 counties out of 159 where there's child psychiatry access.

COURIC: And there's some thought that this will save consumers money, because they won't have to go first to a psychologist and then to a psychiatrist if in fact they're in need of medication.

Dr. Harris, in closing, you know, I know some dentists, podiatrists, nurse practitioners and pharmacists in some states have the power to write prescriptions without having a full-fledged medical degree. And it seems to have worked for them. Or do you dispute that?

Dr. HARRIS: Actually, Katie, some of those other professionals it has worked for, but they in no way compare to psychologists, they have had so much more basic science training and other medical course work. And so definitely psychologists, I think I mis-spoke before, psychologists do not compare to some of these other professionals.

I'd also like to say, as far as the issue of access, when there are not psychiatrists around there certainly are other physicians around. And access is a problem in some states, but we do not want to solve the problem, we cannot solve the problem of access by sending out improperly trained professionals to treat pa--

patients with brain disorders.

COURIC: All right. I'm afraid that's going to have to be the last word. Dr. Patrice Harris, Dr. Russ Newman, thank you both so much for joining us this morning.

Dr. NEWMAN: Thanks, Katie.

COURIC: Appreciate it.

Dr. HARRIS: Thank you, Katie, for having me.

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