

Saturday, October 9, 2021  
Arizona Psychological Association Convention

**Psychologists' Prescriptive Authority - Impact on  
Populations Who May Require Additional Support  
or Care for Positive Health Outcomes**

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## Meet the Presenters

**Dr. Northup** is a 2021 pre-licensed doctor of psychology graduate from Midwestern University in Glendale, AZ. In 2015, Kristen received an undergraduate degree in psychology from the University of Arizona and a master's degree in social work from Arizona State University in 2017. Kristen spent five years working part-time as a mental health associate at Fourth Avenue Jail and has engaged in volunteer work, including through the American Red Cross. Practicum experiences include training in a rehabilitation hospital, administering psychological assessments for disability evaluations, and providing psychotherapy in private practice settings. In September 2021, Kristen completed her psychology doctoral internship at the Community Recovery Unit at Southwest Behavioral & Health Services. Research has included surveying medical and mental healthcare professionals' views of prescribing psychologists and analysis of self-harm events among state prisoners. Kristen currently serves as one of AzPA's prescription rights committee co-chairs.

**Dr. Blankenship** is a fully licensed clinical psychologist currently employed by the United States Department of the Air Force and Department of Defense as an embedded clinical psychologist and consultant. I have Seven years of experience conducting psychotherapy, consultation, psychological and neuropsychological assessment, and research. Currently I am serving as a Governing Council member and legislative representative of the Arizona Psychological Association; currently introducing and defending a bill in the state legislature for appropriately trained psychologists to prescribe psychotropic medications. Specialized training in assessment, consultation, health psychology, primary care psychology, clinical supervision, and trauma informed care. In my spare time I enjoy reading, playing board games with my wife, training in self-defense/martial arts, gardening, chess, and playing instruments.

## Learning Objectives

- Gain an understanding of mental health care shortages in the United States and Arizona
- Be able to understand how the history of prescribing psychology has led to the present
- Learn about the clinical populations prescribing psychologists commonly encounter
- Understand barriers to accessing mental healthcare in Arizona
- Have knowledge of the diversity of medical and mental healthcare professionals' views on prescriptive rights for psychologists
- Be able to understand and describe how prescriptive authority for psychologists would benefit communities - especially underserved populations

# Psychotropic Medications

## Basic Facts

- Antidepressants
- Benzodiazepines
- Stimulants
- Antipsychotics
- Mood Stabilizers
- Other medications might be used off label



## Who can currently prescribe in AZ?

ADHS 3.15.3-A. - Medications may only be prescribed (for psychiatric reasons) by T/RBHA credentialed and **licensed physicians, licensed physician assistants, or licensed nurse practitioners**

# History of Prescribing Psychologists in the U.S.

1981 – APA Board of Professional Affairs takes public position that RxP is within the scope of practice of psychology

1985 – First bill seeking RxP for psychologists is introduced in Hawaii

1989 – Board of Professional Affairs endorses psychopharmacology training program for psychologists

1991 – Licensed psychologists begin prescribing in the US military

1995 – APA Council of Representatives makes RxP for psychologists APA policy

1999 – Guam grants RxP to appropriately trained psychologists

2002 – New Mexico grants RxP to appropriately trained psychologists

2004 – Louisiana grants RxP to appropriately trained psychologists

2005 – First prescription written by civilian psychologists

2014 – Illinois grants RxP to appropriately trained psychologists

2016 – Iowa grants RxP to appropriately trained psychologists

2017 – Idaho grants RxP to appropriately trained psychologists

## The American Psychological Association (APA) on Psychotropic Medications

“Today, patients often receive psychotropic medications without being evaluated by a mental health professional, according to a study last year by the Centers for Disease Control and Prevention (CDC). Many Americans visit their primary-care physicians and may walk away with a prescription for an antidepressant or other drugs without being aware of other evidence-based treatments — such as cognitive behavioral therapy — that might work better for them without the risk of side effects.”  
(Smith, 2012).

## Group Discussion

Based on the history of  
prescribing psychologists  
you've learned....

- Do you feel there is a strong enough foundation to assert the safety and necessity of prescriptive authority for Psychologists? Why or Why Not?
- Do you have concerns?

## Mental Health in the United States Today

- 1 in 5 adults in the US (approximately 46.7 million people) suffer from a mental illness (SAMHSA, 2019)
  - 57% of these individuals do not receive mental health treatment (SAMHSA, 2019)
  - 11.4 million people had serious mental illness over one year period
  - 358,000 adolescents and 9.2 million adults with co-occurring substance use disorder and mental health disorder (SAMHSA, 2019)
  - In 2018, 11.2 million adults with a mental health disorder had “perceived unmet need” for mental healthcare

## Food For Thought...



- Which health condition is believed to cause more disability in developed countries...mental health disorders, cancer, or cardiovascular disease?

## Mental Health in the United States Today

- Mental health disorders are more of a “disease burden” than cancer or heart disease in the US (Journal of the American Medical Association, 2017)
- It is estimated that about 27% of the need for mental healthcare providers has been met (U.S. Health Resources and Services, 2020)

## Mental Health in The United States Today

United States Population in 2018:  
327, 167, 434  
(United States Census Bureau)

- 2018 report - “The Silent Shortage: A White Paper Examining Supply, Demand and Recruitment Trends in Psychiatry” by Merritt Hawkins (a large physician search firm)
  - 30,451 practicing psychiatrists in the United States

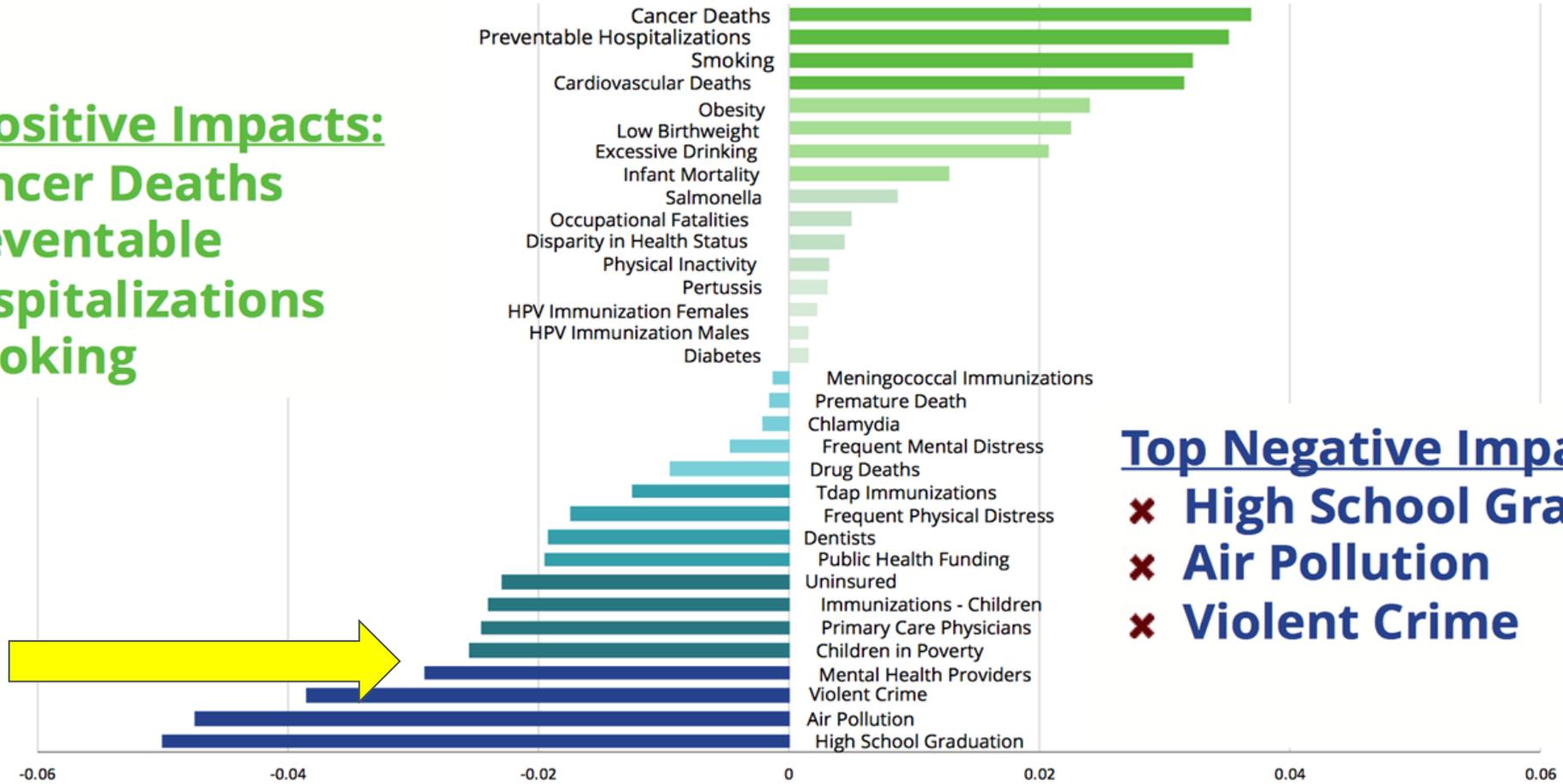
## Mental Health in Arizona

- According to the Arizona Department of Health Services, **suicide is the second leading cause of death in Arizona for individuals 15 to 44 years of age**
- In 2017, 36.4% of high school students reported experiencing sadness or hopelessness almost daily for 2 consecutive weeks, which resulted in stopping participation in usual activities
- From 2016 - 2017, 10% of children (age 0-17) lived with someone who was mentally ill, suicidal, or severely depressed (ADHS, 2019)
- In 2015 - 2016, **“more than 20% of Arizonans ages 18 to 25 reported having a mental illness in the past year”** ... **“However, only about half of those individuals received mental health services during that period”** (ADHS, 2019, p. 58)

## Arizona Core Measure Impact, 2018

### Top Positive Impacts:

- ✓ Cancer Deaths
- ✓ Preventable Hospitalizations
- ✓ Smoking

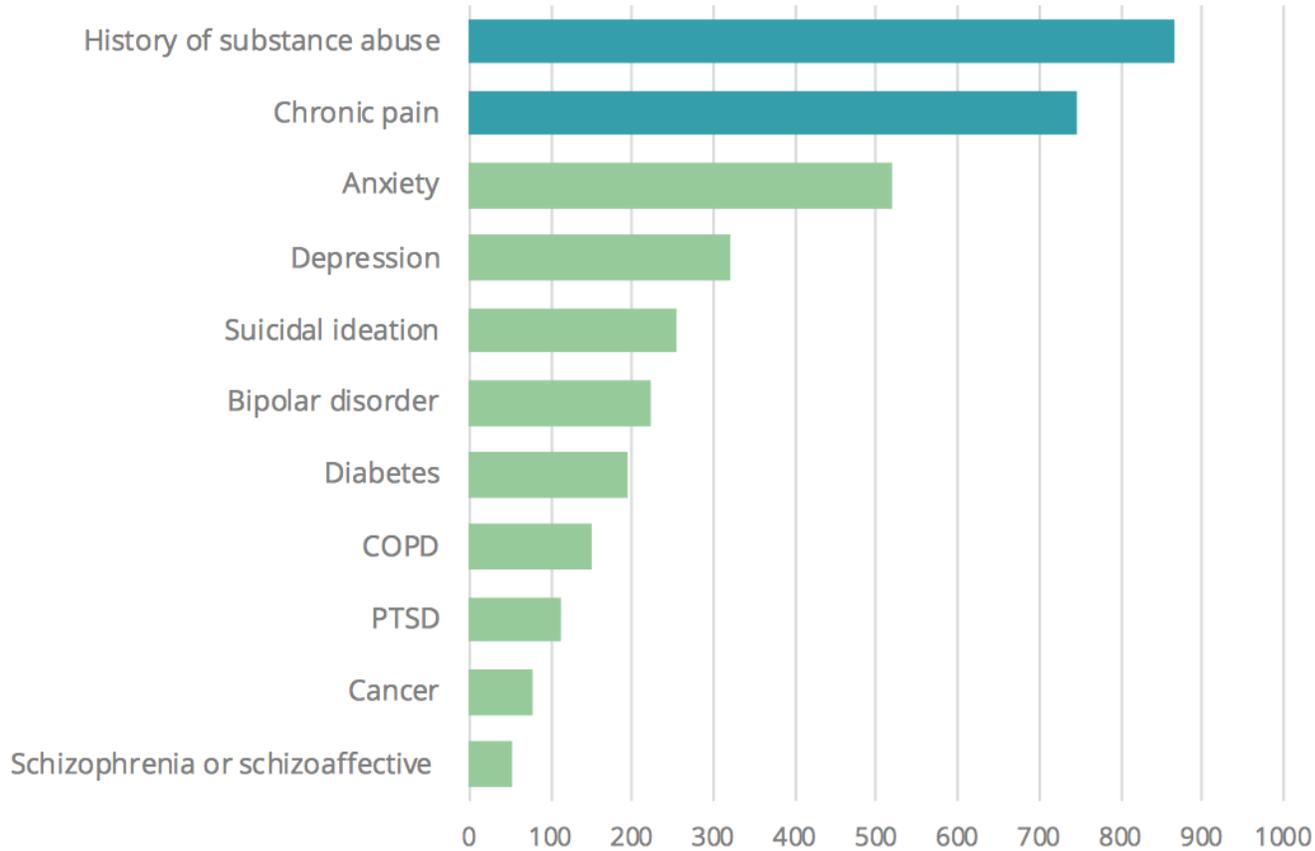


### Top Negative Impacts:

- ✗ High School Graduation
- ✗ Air Pollution
- ✗ Violent Crime

(Arizona Department of Health Services, 2019)

## Reported Pre-Existing Conditions for Verified Opioid Overdoses, 2018



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18.0

Arizona experiences **higher** rates of suicide mortality than the country (**14.0**) as a whole

93%

In 2017, the veteran suicide rate was 93% **higher** than that of the state's rate

(Arizona Department of Health Services, 2019)

The top 3 health priorities  
across all Arizona counties are

**Obesity**



**Mental Health**

**Chronic Disease**

## Cultural and Underserved Populations

- Children/ACES
- Low Socioeconomic Status
- Rural Communities
- Minorities

## ACES & Childhood Trauma

- Exposure to adversities during childhood can have lasting impact on an individual's emotional and physical health which can be costly to the healthcare system
- Children exposed to serious childhood adversity without parental support often experience toxic stress, which is the continual activation of the stress response
- Children exposed to adversities may experience alterations in brain structure and other body systems during developmental periods
- Adverse Childhood Experiences (ACE) study
- Important for pediatricians to identify children experiencing toxic stress response
- American Academy of Pediatrics recommends offering parental support, providing peer-based education, identify community resources, and integrating behavioral healthcare in the home for children to address childhood adversity

## Socioeconomic Status

- In 2015, adults with “serious psychological distress” = 19.5% uninsured
- More individuals with serious psychological distress have public coverage, rather than private insurance
- From 2012-2015, the number of individuals receiving mental healthcare declined
- 55-60% of psychiatrists accept insurance, meaning many are private pay or pay-for-service
- Shortage is impacting all income levels (Harrar, 2020)



# Rural Communities

- No prescribing psychiatrist in 60% of US counties
- Majority of counties without psychiatrists are in rural areas
- Coverage is “uneven” across the US
- In Arizona, there is uneven distribution of providers (AZDHS, 2019)
  - 2,407 people to 1 primary care physician in urban areas and 3,896 people to 1 primary care physician in rural areas

(Harrar, 2020)

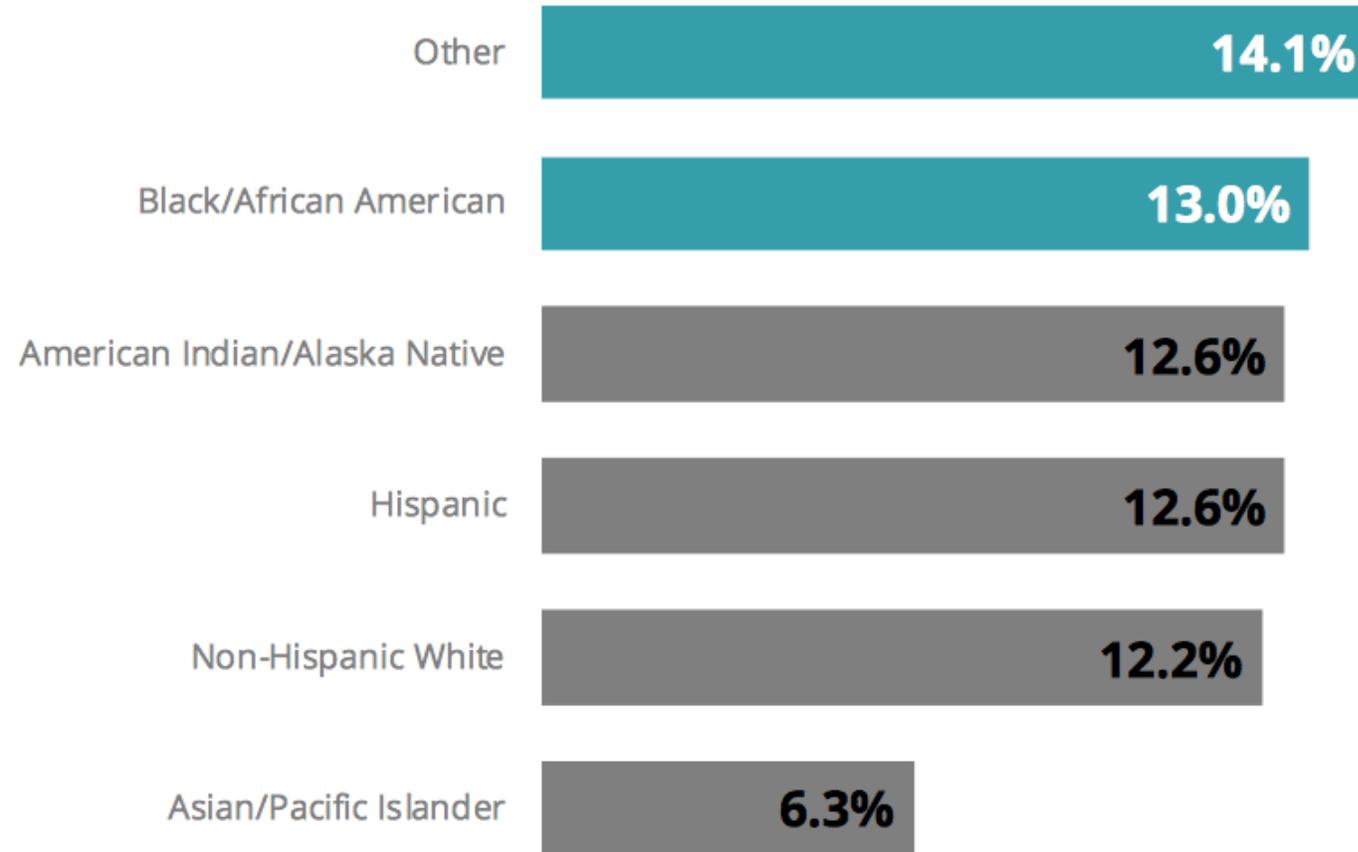


## Minority Status or Vulnerable Populations

- Decreasing number of inpatient programs, limited health insurance, and psychiatrist shortage negatively impacts individuals with serious mental illness, foster children, and older adults (Harrar, 2020 – 2017 National Council for Behavioral Health report)
- In Arizona, there are racial and ethnic disparities in health insurance coverage = less access to care



# Percent of Arizona Adults Who Reported Frequent Mental Health Distress, by Race & Ethnicity, 2017



BRFSS

## Group Discussion

What other impacts do you feel prescribing psychologists may have, for better or worse, on underserved populations?

## Mental Health Treatment

*Psychotherapy and prescriptive medications are primary tools of treatment for mental healthcare.*

*Many studies show that psychotherapy and pharmacotherapy are individually effective but are most effective when combined.*

## Prescribing Over the Past Decade

- Nearly 60% of individuals with depression in the US receive mental health treatment from their PCP (Barkil-Oteo, 2013 - Yale Journal of Biology and Medicine)
- PCPs were responsible for prescribing a higher percentage of psychotropic medications to children than psychiatrists (Anderson, Chen, Perrin, & Van Cleave, 2015 - Journal of the American Academy of Pediatrics)
- In the US, 4 out of 5 psychotropic medication prescriptions were written by physicians other than psychiatrists (Psychiatric Services, 2009)
- PCP's may have limited training in treating mental health disorders (Psychiatric Services, 2009).

The ratio of population to PCPs in **urban** areas is

**2,407:1**

compared to

**3,896:1**

in **rural** Arizona

(Arizona Department of Health Services, 2019)

“In the US, 96% of counties had unmet need for prescriber”

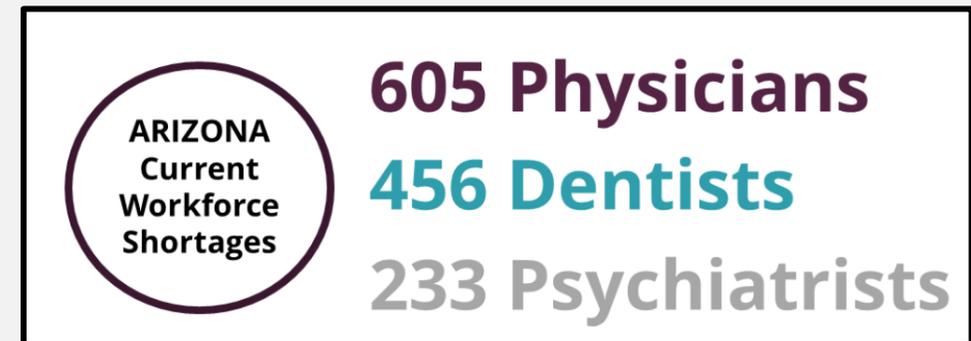
(Satiani, Satiani, Niedermier, & Svendsen, 2018)

## Current Trends

- As population in Arizona increases, total number of individuals with mental illness requiring treatment will increase
- From 2003 to 2013, median number of psychiatrists declined 10.2% and continues to decline
- **Decrease in Psychiatrists** -“U.S. psychiatry residency programs are not producing enough psychiatrists to keep up with population growth and the expected rate of retirement”
- 55-60% of psychiatrists accept insurance
- Wait times are long

(Satiani, Satiani, Niedermier, & Svendsen, 2018)

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(Arizona Department of Health Services, 2019)



“The biggest problem that patients run into is that they have difficulty finding a psychiatrist that has open slots—never mind that actually take their insurance,” says Benzion Belch, MD.

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# Child Psychiatrist Shortage in AZ

## Overall Shortage

- Dr. John Zaharopoulos (child psychiatrist at Phoenix Children's Hospital - "According to stats right now, there are nine child psychiatrists for about 100,000 children in Arizona" (Thomason, 2020)
- Some children are waiting up to six months to see a psychiatrist (Thomason, 2020)

## During the Pandemic

- Dr. Zaharopoulos said he believes children are experiencing increased stress due to COVID-19
- More children in the emergency room waiting for a psychiatric bed

# Projected Shortage of Psychiatrists in 2030

U.S. Department of Health and Human Services  
Health Resources and Services Administration Bureau of Health Workforce National Center for Health  
Workforce Analysis

- Shortage of psychiatrists for children and adults in 2030 (projected year)
- Baseline data = shortage of 350 to 430 psychiatrists in Arizona
- By 2030 = Shortage of 540 to 640 psychiatrists in Arizona

## Group Discussion

How do you feel prescribing psychologists and psychiatrists could collaborate?

What barriers do they face?

*Research: AZ Medical / Mental Health  
Professionals views on Prescription Rights for  
Psychologists*

Research Questions:

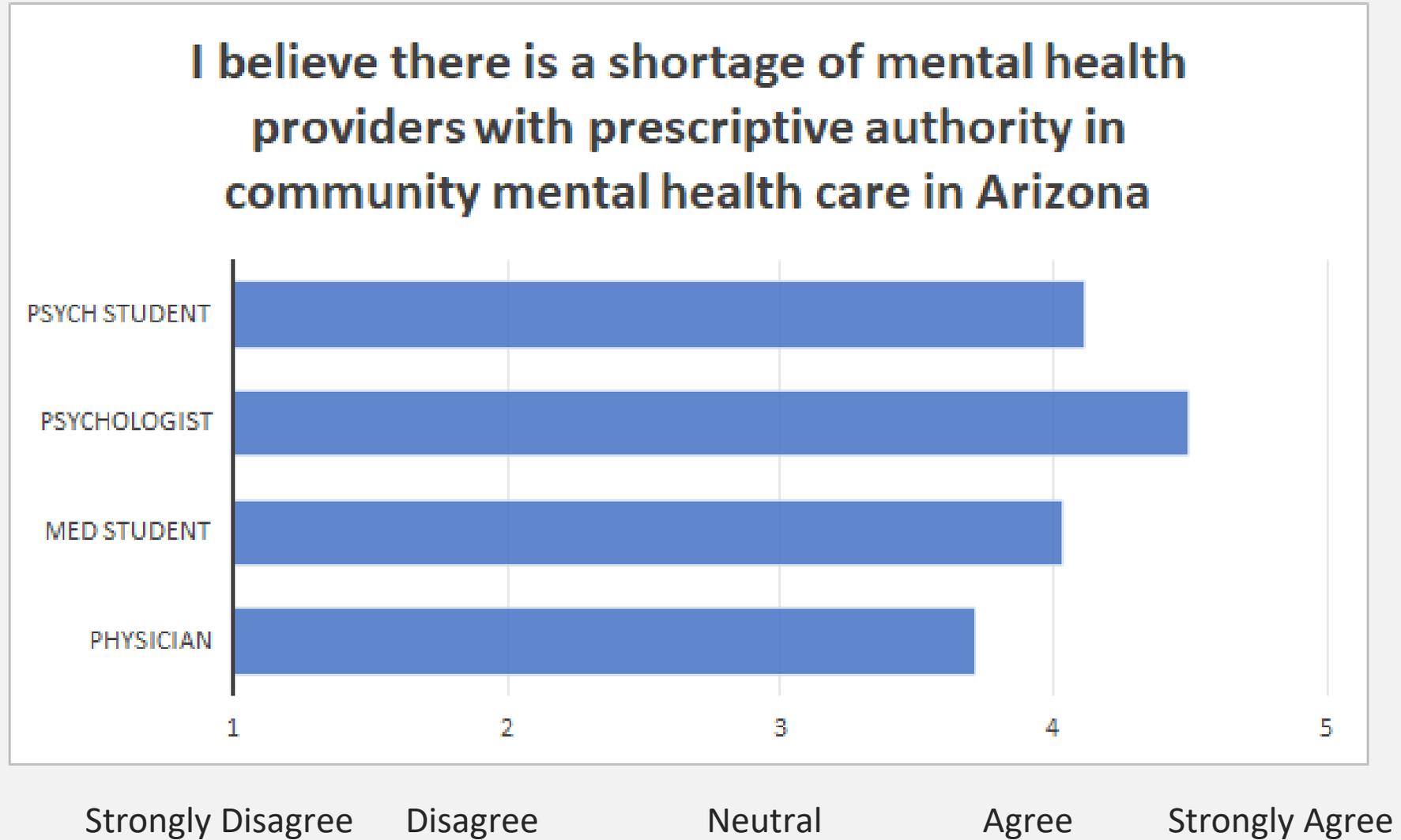
Does profession type and student status impact various attitudes about prescription needs, rights, or privileges?

How does additional information about prescribing psychologists history, scope of practice, and educational requirements impact those attitudes?

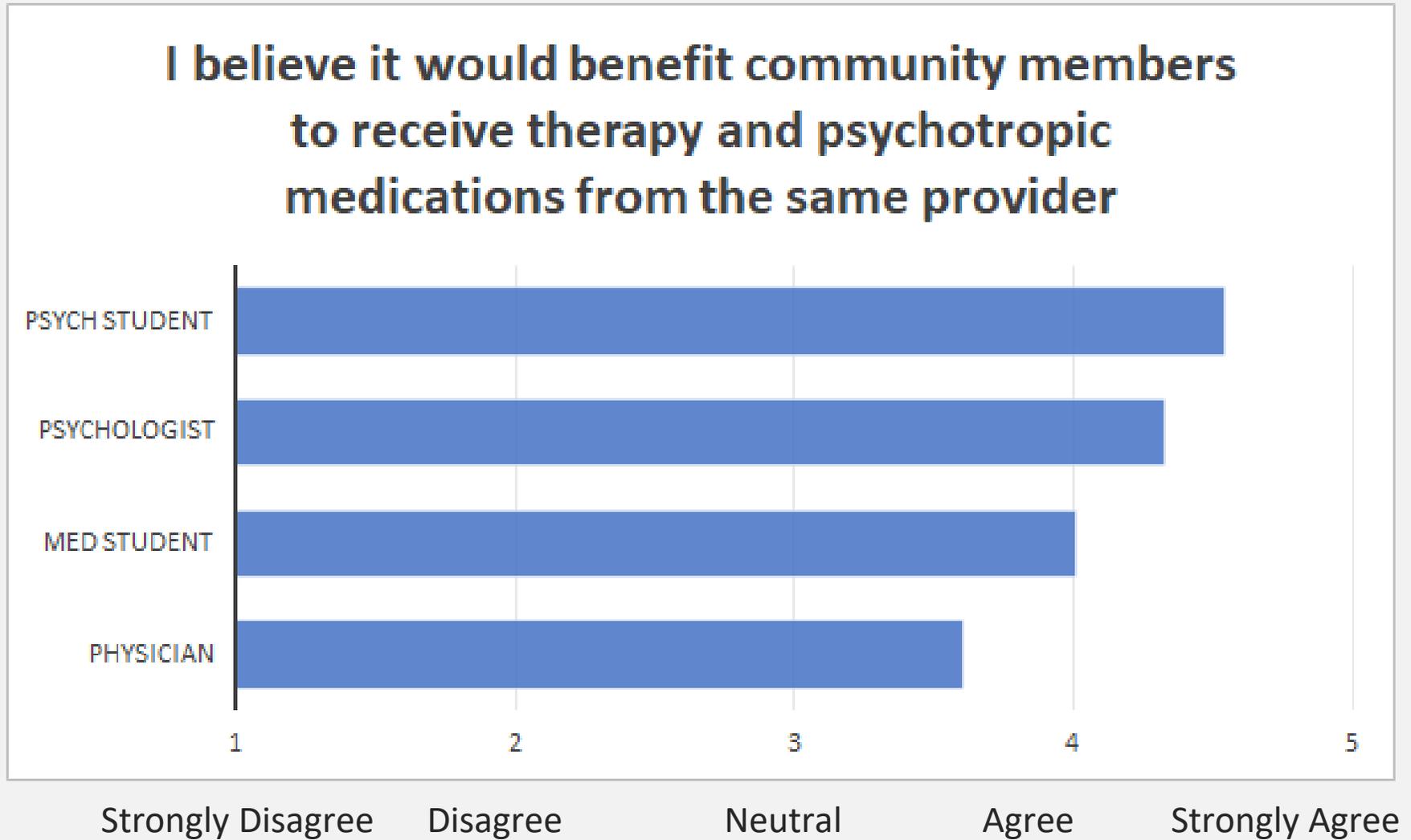
# SURVEY

- 1) I am knowledgeable about prescriptive authority for psychologists.
- 2) I believe that psychologists should have the right to prescribe psychotropic medications
- 3) With additional training in psychopharmacology, I believe psychologists would be qualified to prescribe psychotropic medications.
- 4) I believe there is a shortage of mental health providers with prescriptive authority in community mental health care in Arizona.
- 5) I believe it would benefit community members to receive therapy and psychotropic medications from the same provider.
- 6) I believe prescriptive authority for psychologists would result in public harm.
- 7) I believe prescriptive authority for psychologists would result in greater proportions of medical malpractice.
- 8) I believe the prescription authority for psychologists would lead to a decreased reliance on psychotherapeutic interventions.
- 9) I believe psychologists with prescriptive rights would promote psychopharmacological treatment over psychotherapeutic interventions.

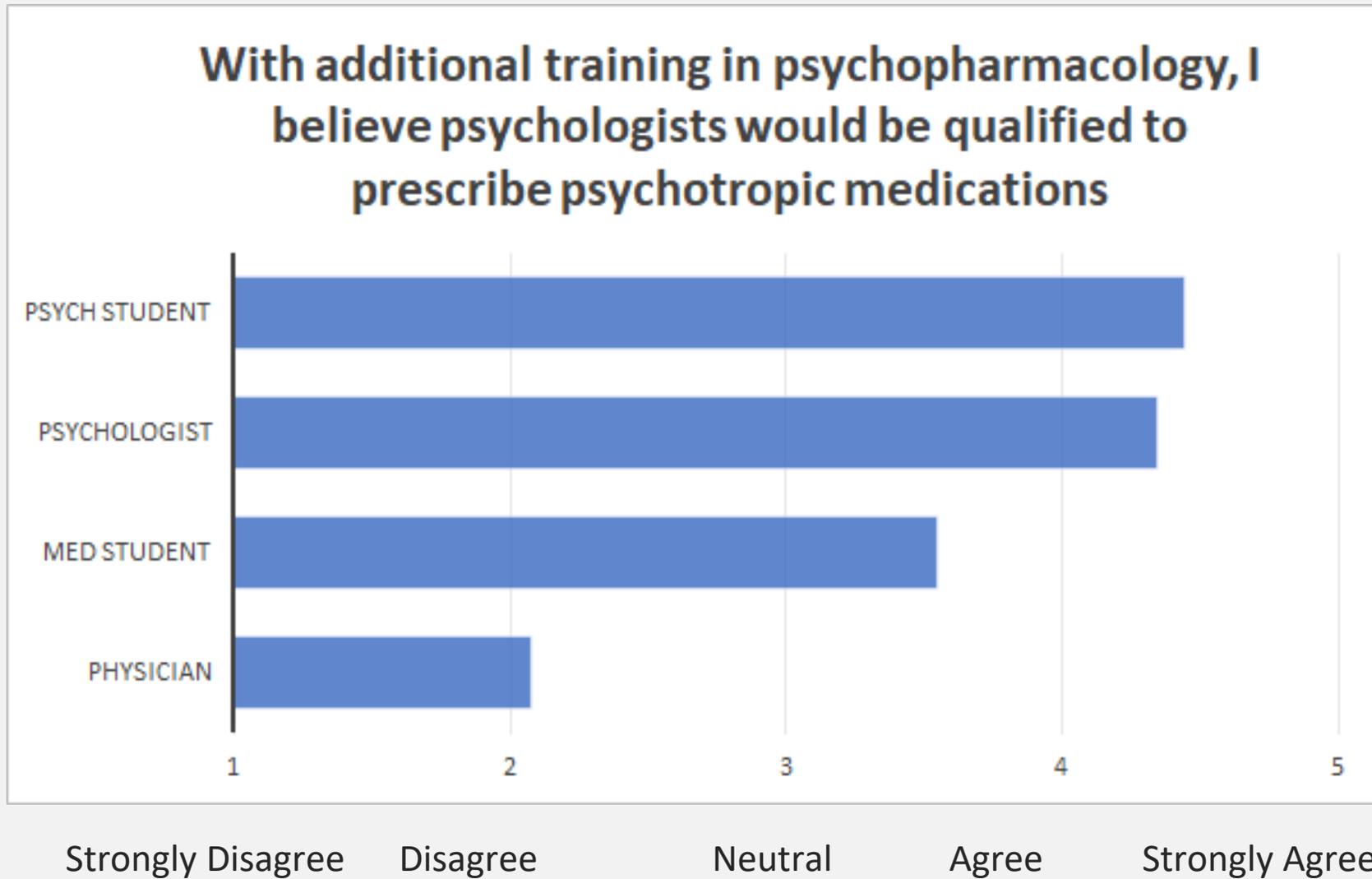
# RESULTS



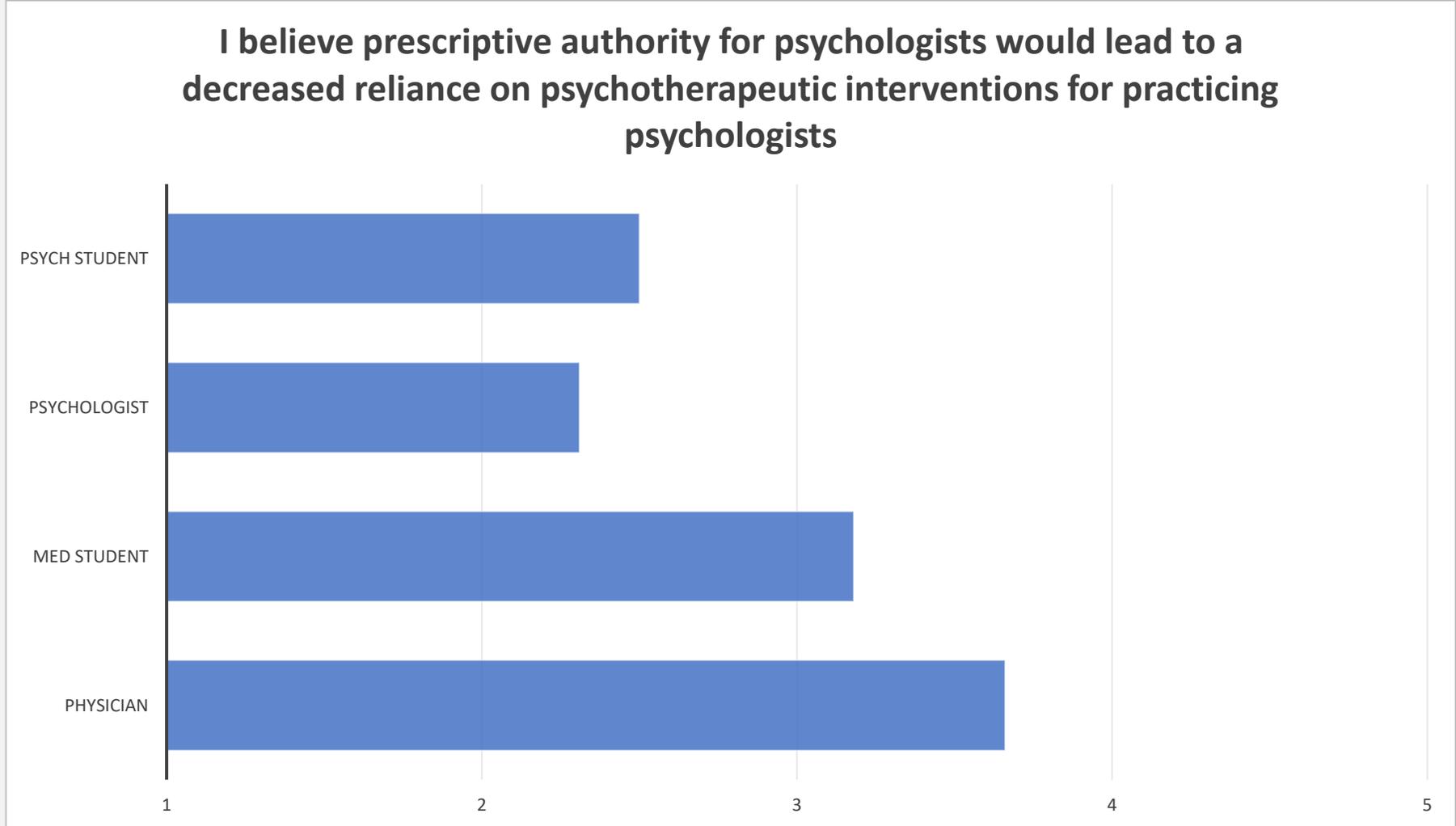
# RESULTS



# RESULTS



# RESULTS



Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

## Practical Implications

- Mental health and medical professionals agree that there is a need for more prescribers, but disagree on who those prescribers should be
- Simple and accurate information about prescription authority did not impact views of psychologists nor medical professionals
- The public would benefit from receiving therapy and medications from the same provider
- More research is needed to examine community sentiment on the issue, including some of the key attitudinal factors for those who oppose

# What Is Being Done To Fill The Gap?

**Medical Field:** Physician Assistant and Nurse Practitioners with training in Psychiatry

Dr. Zaharopoulous – webinars with pediatricians about mental health conditions

**Psychology Field:** Interdisciplinary Care, Proposed Prescriptive rights for appropriately\*\* trained psychologists

- \*\*PsyD or PhD, Licensed Psychologist, Masters in Psychopharmacology, supervised clinical hours under a physician, state licensing exam
- Training is greater than or equal to current prescribers in AZ such as Physician Assistants and Nurse Practitioners

## Prescribing in Other States

- “Why It Works: The RxP Difference does not replace the good work done by psychiatrists and hospitals and community centers. It builds on that foundation and takes Illinois’ mental health care to the next level” (Illinois Psychological Association, 2021)
- Psychologists often recommend combination of therapy and medications
- In 20 years of prescribing, military psychologists and civilian psychologists have had no malpractice cases or complaints
- Prescribing psychologists have four times more didactics in psychopharmacology than primary care physicians
- Prescribe 60% fewer psychotropic medications than other states
- More likely to “unprescribe” psychotropic medications

## An Opportunity To Bridge The GAP

- Provide comprehensive mental health care (psychotherapy and/or medication management)
- Increase the number of mental health professionals with prescriptive authority
- The right to prescribe is also the right to *un-prescribe*
- *Psychologists trained to prescribe are also able to un-prescribe, ensuring that all patients receive the proper combination of therapy and medication when they need it.*

## The Right to Unprescribe

- Misdiagnosis
- **Dr. Mario Marquez** – first civilian psychologist to prescribe psychotropic medications in the United States
  - Take children, elderly, and others off of psychotropic medications when necessary
  - Psychotropics should be used “cautiously, conservatively, and in many cases, temporarily especially with children and the elderly.”

## Legislation

- The Arizona Psychological Association's role and status of current legislation
- Proposal to add prescribing psychology as a specialty for psychologists, like neuropsychology
- Stakeholders
- APA's role
- Timeline

## For More Information...

- Facebook: <https://www.facebook.com/MentalHealthNowAZ>
- Instagram: <https://www.instagram.com/mentalhealthnowaz/>
- Arizona Psychological Association:  
[https://azpa.org/Prescriptive\\_Authority\\_in\\_Arizona](https://azpa.org/Prescriptive_Authority_in_Arizona)

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Questions/Feedback

Thank you! 😊

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