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### Prescribing psychologists would help Hawaii health care

By Drs. Marie Terry Bivens and John Kurap

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Imagine that a loved one is suffering from a serious mental illness and has thoughts of hurting themselves or others, but can't get in to see a psychiatrist to get medication because there aren't any accepting new patients.

Imagine assisting in their search for care and finally finding a provider, but there is a six- to eight-week wait before the first appointment.

Unfortunately, this is all too common in Hawaii, where a well-documented shortage of medical providers exists in rural areas. Patients may be able to get in to see psychologists for cognitive behavioral therapy sessions, but often are forced to wait and suffer without proper medication due to this scarcity of prescribing providers.

In Louisiana, New Mexico and Illinois, similar shortages have been addressed successfully when prescription privileges are granted to doctors of psychology who undergo rigorous, medically oriented advanced training, much in the same way that physician assistants and nurse practitioners have earned prescribing privileges.

Prescribing psychologists also have been prescribing safely and effectively for the past 20 years in the military and on Native American reservations without any negative consequences for patients. A survey of family physicians who refer patients to prescribing psychologists in the Army Medical Command's Western Region found that 87 percent believe prescribing psychologists (RxP) have improved care.

House Bill 1072 would allow RxPs in Hawaii. Safety would be ensured because it would require all prescriptions written by prescribing psychologists to be approved by a psychiatrist or physician. The bill passed the state House this session but was not offered up for a vote by Senate Health Committee Chairman Josh Green.

Limiting prescribing to psychiatrists or other physicians ignores the obvious shortage of all health care providers here. Those who exist, such as family practice physicians, lack the training and experience in mental health and psycho-pharmacology that is essential to effective treatment.

Critics bemoan the quality of training that clinical psychologists receive in order to write prescriptions for their patients, and secondarily, minimize similar education for physician assistants and nurse practitioners.

Students enrolled in postdoctoral programs such as the master of science in clinical psychopharmacology at the University of Hawaii-Hilo's Daniel K. Inouye College of Pharmacy already have extensive training from Psy.D. or Ph.D. degree programs. The masters curriculum gives clinical psychologists further specialization that can improve treatment.

An extensive practicum training with oversight by a psychiatrist or physician is required in HB 1072 and the UH-Hilo masters program. The qualifying national certification examination is written with input from

psychologists, nurses, pharmacologists, pharmacists, physicians and psychiatrists (<http://dhhs.ne.gov/publichealth/licensure/documents/PEPApplication.pdf>).

Judi Steinman, the UH-Hilo psychopharmacology program coordinator, notes that students receive didactic training based on the doctor-of-pharmacy curriculum, which includes organic- and bio-chemistry, pathophysiology, pharmacology and pharmacotherapy for every organ system and disease state. Those who say training for these providers is insufficient are naïve to the rigors of the coursework.

Another objection is that psychologists are not trained to be physicians, but that misses a critical aspect of prescribing psychology. Psychologists are not being trained to replace physicians; they are being educated to hone their excellent diagnostic and therapeutic training to improve integrated patient care.

When a patient with diabetes, hypertension and depression presents, the medical staff may prescribe medications for each problem, but it is time to cast the net of providers wider to include prescribing psychologists so that many of the biopsychosocial ills associated with mental health and drug abuse can be effectively dealt with, and those patients with mental health concerns aren't allowed to fall through the cracks.

It is time for residents of Hawaii to receive the access to care that they deserve.

*Co-signatories of this commentary are Marya Grambs, executive director of Mental Health America of Hawaii; and Judi Steinman, master of clinical psychopharmacology program coordinator at the University of Hawaii-Hilo.*

*Marie Terry Bivens, Psy.D., left, is president of the Hawaii Psychological Association; John Kurap is a family physician in Hilo.*

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