A Prescription for Greater Access to Care

John C. Courtney, PsyD, MP, wishes there were more psychologists like him — those who have the training, experience and license to prescribe psychotropic medications to their patients. The unmet need for such medication among patients in post-Katrina New Orleans is so great that he feels “like I’ve got my finger in the dike,” says Courtney, assistant director of the psychology department at Children’s Hospital of New Orleans. “If I had my druthers, the city would have 20 of me!”

And the situation could get worse. By 2020, the U.S. Bureau of Health Professions projects the demand for psychiatrists will increase by 100 percent for child and adolescent psychiatrists and 19 percent for generalists, yet the number of physicians entering psychiatry is plummeting.

Courtney is one of about 70 prescribing psychologists in the U.S. who are helping ensure that patients get the help they need. Often based in isolated or underserved areas, they are also finding themselves working in settings that go far beyond private practice. Good Practice spoke with prescribing psychologists working in a big-city hospital, a rural jail and a remote Indian reservation.

In a Big-City Hospital

Courtney didn’t set out to become a medical psychologist, as prescribing psychologists are called in Louisiana. (Louisiana is one of two states that certify prescribing psychologists, along with New Mexico.)

After 15 years in private practice as a pediatric neuropsychologist, Courtney simply thought that training in psychopharmacology would help him better understand his patients. “I suspected that whether or not I ever prescribed a single medication, getting the training in psychopharmacology was going to make me a better psychologist,” he says.

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After two years at Children’s Hospital of New Orleans and several thousand prescriptions, he knows that’s true. The psychopharmacology training he received at Nova Southeastern University gave him a greater understanding of the biological underpinnings of mental disorders. And that, he says, helps him better meet the needs of his young patients and the medical doctors who treat them.

Courtney now spends his days responding to requests for consultations from physicians in every corner of the hospital. An endocrinologist might ask him to see whether medication could help a patient in the hospital for a

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medical problem but having behavioral issues related to bipolar disorder, for instance. Or a rehabilitation team might ask for his help with a patient with depression, insomnia and trouble concentrating following a traumatic brain injury. Working hand-in-hand, Courtney and the medical team at Children’s Hospital address patients’ psychological and physical needs in an integrated treatment model.

“Physicians have been uniform in their support of my work here,” says Courtney. In fact, medical psychology has been so well-received that the hospital has hired two more medical psychologists.

That’s still not enough, says Courtney. “My waiting list is far too long,” he says, noting that the hospital’s patients are primarily Medicaid beneficiaries.

“There’s a shortage of pediatric psychiatrists around the country,” he says. And the situation is even worse in New Orleans. “The city,” he says, “was hit by the loss of specialty practices and probably no place more poignantly than pediatric psychiatry.”

At a Rural Jail

Rural areas can also benefit from prescribing psychologists. A recent geographic analysis of the availability of licensed psychologists and psychiatrists commissioned by the APA Practice Organization determined that 740 counties in the U.S. lack psychiatrists but do have psychologists.

Robert Sherrill, Jr., PhD, a private practitioner in Farmington, New Mexico, is in one of those areas where access to care is limited. “The psychiatrists here are just run ragged,” he says, noting that getting an initial appointment can take two months. That’s one reason he sought psychopharmacology training at the Southwestern Institute for the Advancement of Psychotherapy in Las Cruces.

“A new challenge is exactly what Sherrill found — at the San Juan County jail. After he started providing services at two substance abuse treatment programs in the area, the county asked him to handle the pharmacological consulting at the jail. As a result, Sherrill has been spending one morning a week there for the last year and a half.

“I think of the county jail — half jokingly but also half seriously — as our county’s other psychiatric unit,” says Sherrill. “You’ll see people in jail who obviously have severe problems.” Some inmates are hallucinating or delusional. Others have lapsed into psychosis from long-term methamphetamine use. More than a few are suicidal.

Past several sets of clanking doors, Sherrill finds a stack of charts waiting for him. “Between the general jail staff and the medical staff, they can pretty much flag who’s most urgent for me to see,” he says. After prioritizing the cases, he visits the inmates to evaluate or re-evaluate their medication needs. He also keeps an eye on their medical problems and alerts the medical staff when he notices something amiss.

Although the time constraints make it difficult to do much psychotherapy, Sherrill does manage to make time for some talk therapy. He’s building relationships with inmates who cycle in and out of substance abuse treatment and the jail. And as chair of the New Mexico State Board of Psychology Examiners, he’s leading the charge to bring more prescribing psychologists to the state.

On the Reservation

It doesn’t get much more remote than the Spirit Lake Sioux
Reservation in North Dakota, an area that Michael R. Tilus, PsyD, MSCP, describes as “the frozen prairies.” That isolation is why Tilus is intent on becoming a full-fledged prescribing psychologist and helping to make the Indian Health Service (IHS) facility in Fort Totten “one-stop shopping” for the Native Americans he serves.

“Right now we end up having to do a lot of outside referrals and have people waiting for two or three months trying to find a psychiatrist,” says Tilus, director of social services and mental health programs at Spirit Lake Health Center and a Lieutenant Commander on active duty with the U.S. Public Health Service Commissioned Corps. “Or we have to send them to Grand Forks, which is 90 miles away.”

Tilus has already completed his psychopharmacology training at Alliant International University in San Francisco. And he has applied to New Mexico and Louisiana for prescriptive authority certification. Once his certification is granted, he’ll be able to prescribe psychotropic medications.

Until then, he’s doing everything a prescribing psychologist does short of actual prescribing.

Everything he does is integrated with the medical staff’s work. “This is a very intentional plan to be a primary behavioral health provider, not just a sideline consultant,” he says. In addition to traditional psychological services, Tilus works with the medical staff in assessing and managing patients’ psychotropic medications. The doctors are “flooding me with referrals,” says Tilus. It’s not just the doctors who are turning to Tilus for help. When the pharmacy launched a smoking cessation class, Tilus was there to assist patients with depression.

Now seven more psychologists in the Indian Health Service’s Aberdeen Area Behavioral Health Division are getting the psychopharmacology training they need to serve Native Americans on isolated reservations.