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December 6, 2012

The Honourable Deb Matthews
Ministry of Health and Long-Term Care
Government of Ontario
80 Grosvenor St, 10th Floor
Toronto, ON M7A 1N8

Dear Honourable Matthews:

I am writing to lend support to the RxP efforts in Ontario.

I came to Indian Health Service after I completed my Master's in clinical psychopharmacology and passed the National (PEP) exam. I have over 25 years of clinical experience and started this journey to be better informed with psychotropic medications, to assist the numerous primary care doctors I worked with and answer patients with their many questions.

Once I completed the training, I decided to take the next step: to work with physicians and complete my 'residency' hours towards independent licensing as a prescribing psychologist.

Not long after I arrived in my present location, the pediatrician here became unavailable and there was no replacement. I immediately 'inherited' approximately 70 children/teens with ADHD for medication management. Some of these children were more complex than ADHD.

In addition to all the children I see, I see adults with myriad psychiatric issues. Many are similar to those I worked previously with the PCPs: depression, anxiety, OCD. But in addition there are those with bipolar disorder, schizophrenia, and schizoaffective disorder to name a few. There are many cultural issues of course, given that we are a Native American community, very rural and there are not only high levels of poverty, but also of substance use/abuse which has to be monitored carefully.

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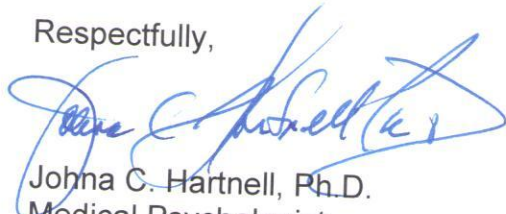
Were I not here, the medical staff could not handle all the things I must do: they simply do not have the time. Much of my work requires excessive inquiry, sometimes I must try to locate family members, I work closely with the schools with the children I work with, I could go on and on – none of these things would a primary care physician be able to do, nor would a psychiatrist, actually, if we could even get one here. The closest psychiatrist is over an hour away and they are booked out months ahead. Our population could never commute that distance not only financially, but it is just not something they would be able to do.

In addition to writing psychiatric medication orders, I order labs and when something unusual turns up, I call on my medical colleagues for their follow up.

As psychologists we are trained to diagnose, to interview and listen to patients. These skills allow me to be a valued addition to the patients and to the medical staff, and to manage patients who are normally too time consuming to be managed in a medical clinic. Last, most primary care providers have little training in psychiatric management and generally come to me when they have questions or needs if they need to start a patient on something before they can get the patient in to see me. They are more than happy to turn them over to me as soon as scheduling permits!

I hope some of this information in my “day-to-day” operations here are helpful to the pursuit of RxP in Ontario. If there are questions, feel free to contact me.

Respectfully,



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