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The Honorable Deb Matthews, MPP
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Re: Prescriptive Authority for Appropriately Trained Psychologists

Dear Minister Mathews,

Thank you for this opportunity to write to you regarding this very important matter. I am writing to respectfully request your support for prescriptive authority for appropriately trained Ontario psychologists. This sorely needed policy change would allow appropriately trained psychologists to prescribe and/or un prescribe psychotropic medication within the scope of practice of psychology as defined by Ontario law.

I am a prescribing psychologist in New Mexico, United States, and work with children and adolescents. In 2005, I had the honor of being the first civilian psychologist in the USA to be certified to prescribe as a Conditional Prescribing Psychologist. I work in a rural part of the state, with poor and underserved families, the majority of whom are Medicaid recipients. I have worked as a psychologist with children and their families for over 25 years, the last 6 as a prescriber. I work in collaboration with patients' primary care providers as mandated in our statute, and only work within my scope of practice. When a medical condition arises or is uncovered during treatment, I refer the patient to their primary care health provider for follow-up.

I have established professional relationships with pharmacists, medical laboratories, and other medical and behavioral health professionals in my area of practice in order to provide the best possible quality care to my patients and their

families. This model of treatment has worked well and I look forward to continuing my work. Listed below are several reasons why I think your support of this policy would be in the best interest of Ontario's citizens:

1. Appropriately trained psychologists have been granted prescriptive authority within the United States Military, and the states of New Mexico and Louisiana. For over 15 years psychologists have written thousands of prescriptions for mental health medications. Of these, **not a single negative outcome has been registered against any of the psychologists involved.** Please note that this is a remarkable accomplishment and amazing track record of safety that should put to rest any false accusations of prescribing psychologists posing a danger to the public. We are not a public health hazard and we have the evidence to prove it. Civilian trained psychologists are being credentialed to prescribe in the United States Army, Navy, Air Force, U.S. Public Health Service, and Indian Health Services, in addition to the states mentioned.

2. These enlightening facts do not begin to explain all of the accomplishments of psychologists with prescriptive authority including treating thousands of people who otherwise may not have been treated due to lack of access (especially now in these hard economic times), decreasing waiting times for patients, providing better quality behavioral health care to patients, and most importantly in my opinion, taking children and the elderly, as well as others, off of unnecessary over-prescribed psychotropic drugs.

3. The right to prescribe is also the right not to prescribe. Furthermore, it is the right to un-prescribe when appropriate. This understanding has helped me immensely in treating my patients. I am very pleased to tell you that I take children off drugs when appropriate. I can assure you the psychopharmacology-trained psychologists in Ontario adhere to this same philosophy. **The over-prescribing of psychotropics, particularly to children and the elderly is a tragedy and has become a sensitive issue to psychologists trained in prescriptive authority.** Many of us have come to believe that we are now embattled in a moral obligation to provide appropriate high quality behavioral health treatment to those who need it most and receive it least.

4. Research has clearly shown it is much more effective to treat mental illness with a combination of therapy and medicine. For psychologists, prescriptive authority is another tool in our approaches of interventions utilized to combat mental and emotional illness and distress. **We attempt to use medications as a last resort.** In most instances, in my opinion, family psychotherapy, cognitive,

behavioral and social interventions are most effective.

5. The education and training that prescribing and medical psychologists receive provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. The training is post-doctoral and the costs will be covered by the individual psychologists, not the state of Ontario. Opponents of prescriptive authority for psychologists will argue that we are not properly trained - quite the contrary. **The fact is psychologists have more training than any of the other behavioral health care providers who specialize in mental disorders.** Only doctoral level Ontario licensed psychologists who undergo rigorous post-doctoral training in psychopharmacology will be allowed to apply for prescriptive authority. The post-doctoral training consists of an additional master's degree specifically in psychopharmacology with integrated clinical experience with hundreds of hours under the supervision of a physician. In addition, a comprehensive licensing examination must be approved by the Psychology Board, and must be passed before prescriptive authority will be granted. Once certified to prescribe, prescriptions written by psychologists will occur in collaboration with the patients' primary care health provider.

6. Psychologists in Ontario are trained experts in psychological approaches and will continue to utilize these techniques as a first line method. Medication will be used as an adjunct to these primary procedures. Psychotropics should be used cautiously, conservatively, and in many cases temporarily, especially with children and the elderly. Psychologists are trained to be empirical and systematic in their treatment approaches, and have shown to be more judicious in their use of medication.

7. We do not adhere to the 15-minute med check. We believe in doing the hard work of psychotherapy in treating our patients. In my opinion, this creates more long lasting change. The medical model assumes the physician is the expert. He evaluates the patient, makes the diagnosis, and prescribes the treatment. The patient is the passive recipient of the care. This works well for physical ailments, however, psychological care requires a more comprehensive approach, a therapeutic relationship with the doctor, and close collaboration with the patient and their families to obtain the best outcome.

8. Psychiatry's arguments against psychologists prescribing are the same arguments the medical guild has been using for decades against other health care providers when they too attempt to increase their scopes of practice. 'If you

want to prescribe go to medical school.’ The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position. If you will allow me to repeat, we are not a public health hazard, as some would have you believe. Many of the non-medical school trained practitioners with legal authority to prescribe including for example, dentists, podiatrists, advanced nurse practitioners, optometrists, physician assistants, and psychiatric nurses, in addition to psychologists have proven unequivocally that one need not have had to attend medical school to learn how to prescribe safely and effectively in each of their areas of expertise. No one or any profession has a monopoly on knowledge, skills, or abilities.

9. The shortage of psychiatrists is a serious problem and is getting worse.

It is most disheartening that psychiatrists are not always available to prescribe medications, even for renewals or refills. Waiting times to see a psychiatrist ranges from weeks to months. This heightens the level of anxiety and emotional distress that some patients are already experiencing. A psychologist with prescriptive authority would minimize these situations.

Please consider supporting prescriptive authority for appropriately trained psychologists. **This idea whose time has come should not be about turf, it is about the people of Ontario who are suffering emotional and psychological pain and not receiving adequate treatment, and in many cases, no treatment at all.** Psychologists are taking a proactive approach to the behavioral health crises in Ontario and across the country. The enduring shortage of psychiatrists and poor quality of medication management has forced psychology to take on this challenge. What is occurring in the U.S. military, in New Mexico and in Louisiana attests to the fact that citizens are receiving the safe and effective care they require and deserve.

Should you have any points of clarification, please feel free to contact me. Thank you.

Sincerely,

E. Mario Marquez, PhD, ABMP
Prescribing Psychologist
Albuquerque, New Mexico