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

August 30, 2012

Dear Hon Matthews,

My name is Dr. Christina Vento and I am a New Mexico Prescribing Psychologist and the Training Director of New Mexico State University's post-doctoral Master's Degree Program in Clinical Psychopharmacology. Based on my experiences, I strongly urge you to support legislation advancing in the Ontario provincial parliament granting psychologists with advanced psychopharmacology training prescriptive authority.

For the last four years, I safely and effectively prescribed psychotropic medications for adult and adolescent patients in a rural State Psychiatric facility and an urban Community Mental Health Center, both serving impoverished, seriously mentally ill, medically complex and frequently addicted patients.

Opponents of prescriptive authority for psychologists often cite safety concerns, projecting their fears that prescribing psychologists will ignorantly harm or kill hundreds through their lack of "medical" training. That has simply not been the New Mexico experience. *In the 10 years since we were granted prescriptive authority there has never been a complaint to our regulatory agency that alleges patient harm of any kind.* Prescribing medications is something we take very seriously; I studied for a total of 7 years before I wrote my first prescription.

Rising healthcare costs are always a pressing concern for administrators and governmental officials. Though prescribing psychologists tend to earn more than their non-prescribing peers, their typical salaries in New Mexico remain still about 30% less than the typical psychiatrist. Dr. Troy Jones, the administrator of the NM State Hospital, sometimes refers to prescribing psychologists as "psychiatrist

extenders” and partially credits the cost savings with helping his facility weather multiple severe budget cuts without reducing services to patients or decreasing quality of care.

Quality of care is an important issue to prescribing psychologists; we are determined to avoid the pitfalls of some of our psychiatric colleagues such as over-reliance on medications at the expense of effective non-pharmacological interventions. *Psychologists are trained initially without using any medications, so when we gain this additional intervention, we tend to use it judiciously, as one of several tools.* We often say, “The power to prescribe is the power to unprescribe”. My personal record for examples of extreme overmedication by a psychiatrist was a patient referred to me at the Hospital simultaneously taking: four antipsychotics, three mood stabilizers, three tranquilizers and two antidepressants! Gradually, I was able to safely discontinue almost all of these medications without any behavioral decompensation.

I would be happy to answer any questions you might have about prescribing psychologists in New Mexico or provide testimony before the provincial legislature. I sincerely believe that it can only be of great benefit to the people of your province to safely increase the availability of mental health prescribers by supporting prescriptive authority for psychologists.

Sincerely,



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