

Making And Fighting The Good Fight

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Psychology practitioners are on the edge of the mental health care system. In a matter of perhaps 15 years, we have descended from being the premier providers of mental health services to being replaced by any number of providers including non-doctoral level providers, nurse practitioners, and primary care physicians. The shift of mental health care to primary care has been dramatic. Moreover, as primary care physicians have become the first line providers of mental healthcare, so has the overall mental health budget, which now accounts for about 4% of total healthcare expenditures. This is down from 8% over the last decade.

Real Healthcare Reform Is Not On The Horizon

In getting involved in healthcare reform, psychology practitioners had much to be excited about. The initial proposals held so many good things for mental health justifying that excitement. However, the future for psychology practitioners is now less clear. It is likely that the shift to primary care will continue and the use of non-doctoral level providers will expand. Recognizing this, many professional schools of psychology are becoming professional schools of non-doctoral level counselors. Although this scenario dims the prospects of psychologists, NAPPP is preparing to make the good fight and has a plan to confront and reverse these trends.

Making The Good Fight

For over two decades many psychologists have called for a massive and focused public awareness campaign to elevate doctoral level practice and the superiority of the services we provide. Dr. Nicholas Cummings, one of the most persistent and visionary proponents of psychology practice, tried to get APA to take on this type of campaign two decades ago but was shunted aside and lambasted for being “too assertive” and being a “Chicken Little.” Clearly, Dr. Cummings was correct then as we are correct now. If we fail to reverse the current trends, psychology providers will literally disappear into the maze of the lessor skilled mental health workforce. We cannot let this happen!

The NAPPP Public Awareness Campaign For Psychology Practice

The NAPPP Executive Committee has retained the services of a Washington DC consulting group to help us design and implement a major public awareness program. The program will be implemented in stages and will continue until we have reached our goals. The first phase of the program will consist of full page ads in major newspapers, such as the New York Times, Washington Post, and Wall Street Journal. . A copy of the first draft ad can be read at <http://nappp.org/draftad.pdf>. The goals of the first phase of this program are as follows. A PowerPoint Presentation of the goals can be read and downloaded at <http://nappp.org/goals.pdf>

1. Informing the public that medications should not be their first line treatment for depression, anxiety and other psychological conditions. Before medications should be considered, the standard of care requires an evaluation by a doctoral level psychologist who can provide a correct diagnosis and an appropriate treatment plan.

Should medications become part of the treatment plan, the standard of care requires that these patients be followed by a doctoral level psychologist.

2. NAPPP will provide practitioners and the public with information sheets detailing the questions they must ask primary care providers before agreeing to accept a medication only treatment plan. Just as pharmaceutical companies have encouraged the public to request specific medications from their physician, we will provide the public with the standards of care that are required but are not now being followed.

3. NAPPP will take on the misrepresentations of the drug companies who have consistently misinformed the public about the efficacy of medications, such as anti-depressants. We are developing fact sheets with the most relevant research to support our assertions. The public needs to know the truth and, while some physicians do not tell them, we will. Moreover, we are able to support our claims. These will be available on our website.

4. NAPPP will contact and work with physician groups to support our efforts. Many physicians are just as disappointed with the current system as we are. By accepting NAPPP guidelines for evaluations and correct diagnosis before prescribing medications, these physician groups will be adhering to the standard of care and this will make for better outcomes in the treatment of their patients.

5. The public must be made aware of the differences between a doctoral level psychologist and non-doctoral level provider. Referring to others as “master level counselors” also gives an incorrect perception to the public. To most, a “master” connotes superiority. In the case of mental health providers, the value and designation of doctor must be appreciated and understood. Only doctoral level psychologists have the scope of practice, training, and experience to provide the evaluations and appropriate diagnoses required under the standard of care for patients receiving mental health services.

6. Insurance Panels. The public must be made aware that they are being denied the appropriate standard of care when insurers restrict psychologists from their panels of providers. The public will be educated and we will show them how to rightfully demand and get access to doctoral level psychologists. Non-doctoral level providers are being utilized outside their scope of practice by insurers who do so simply to cut costs and increase profits. This needs to be addressed and stopped.

How Will The Plan Be Implemented And Funded?

Clearly, this type of campaign will be costly. However, the costs will be small in comparison to what we will receive. The NAPPP Executive Committee has authorized significant funding for the campaign but individual practitioners must also share in the costs. We can no longer be enablers and ask a small number of concerned and committed psychologists to bear the burden for the profession. It is not right or ethical and we will not do it. NAPPP will utilize a pledge system to obtain the needed funding. We will not

ask anyone to contribute any money until we reach our funding goals. The budget for each aspect of the program will be posted on the NAPPP website along with a “pledge” page where practitioners can pledge a contribution and the present amount contributed. There will be no suggested amount to be pledged by individual practitioners. Each of us will need to set the value that we place on our practice and profession.

When the funding goal is reached, only then will we ask for those pledges to be honored. NAPPP will contribute the first significant pledge along with paying the consultants. We believe this to be a fair way of funding the program. It will then be up to every practitioner to demonstrate their commitment to practice and their profession. If the program does not receive the level of support that it deserves and needs, we will not go forward. We all must be part of the success when we succeed or failure if we do not act. Sitting on the sidelines may not be an option we are prepared to accept.

We look forward to making this program a success with your help and support,

The NAPPP Executive Committee.