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February 28, 2010

Dear Ms. Nielsen:

I have read your editorial in this morning's Sunday Oregonian. I am compelled to write not only because your facts are wrong, but you appear to be heavily influenced by persons or organizations exerting self-interest concerns. I am a retired physician (25 years of Anesthesiology in Portland) as well as a PhD in Psychopharmacology. I have no axe to grind in this matter, and I have no self-interests. For 35 years I have authored 11 editions of a widely used textbook of Psychopharmacology (*A Primer of Drug Action)*. In addition, I present psychopharmacology lectures throughout the United States; I have trained nurse anesthetists, medical students, and graduate physicians. I educate, through psychopharmacology seminars, other prescribers including Naturopathic Physicians, mental health Nurse Prescribers, Clinical Psychologists and other mental health professionals. I am familiar with prescribing psychologists in Louisiana, and I meet monthly with a study group of Psychologists here in Oregon.

It is beyond question that Psychiatrists, if they adhered to the ideals of psychiatry training, would best serve all the mentally ill of Oregon. This, of course, would presume that we have sufficient numbers and that they would utilize 50 minutes per patient and utilize their psychotherapeutic skills. This does not happen; our few psychiatrists have become 10-15 minute medication managers as have our other physician prescribers. It is also a fact that over 90% of mental health prescriptions are written by persons with little or no training in assessment, testing, and provision of physiological therapies. These prescribers, more often than not, fail to utilize the "experts" in assessment, testing, and provision of physiological therapies. These are our doctoral-level Clinical Psychologists.

All objective data indicate that the "gold standard" of mental health treatment lies in the combination of psychological therapy plus medication. In Oregon this is not being done. Merely writing prescriptions for mental health medications (as TV adds promote) does not achieve this; nor does psychological therapy provided in isolation. We must develop a system to provide, in a cost-effective manner, this combination of medication plus non-medication therapy. We are blessed in Oregon that a few doctoral-level Clinical Psychologists have gone beyond their Doctorate to obtain a Master's degree in Psychopharmacology and undertook several years additional supervised training in the clinical use of these medications.

Clinical psychologists, based on their Doctoral training, are uniquely trained in assessment and diagnosis of mental health disorder in persons of all ages. These are skills beyond those possessed by family practice physicians, mental health nurse prescribers, or naturopathic physicians. These specialized Clinical Psychologists who possess a Master's Degree in psychopharmacology add to their psychology skills the education and competency to prescribe medication as part of their psychology practice. Their training in Clinical Psychopharmacology does not differ significantly from (and may even be superior to) that taught mental health nurse practitioners, physician's assistants, or Naturopathic Physicians, all of whom have much less training in psychological treatments and in the integration of psychological and pharmacological interventions. Here, one specialized group is prepared to deliver this integrative care efficiently and in a cost-effective manner. I therefore am an Oregon Physician who strongly supports prescription privileges for Psychologists with advanced training in Clinical Psychopharmacology.

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