

About Us

The National Alliance of Professional Psychology Practitioners (NAPPP) is a voluntary association of licensed doctoral-level psychologists. Our behavioral healthcare partners and other mental health associations and groups likewise are concerned that mental health has become trapped in a maze of practices that essentially deny patients appropriate care.

As an organization, we are not against the use of medications in the treatment of behavioral disorders. In fact, a large portion of our membership hold postdoctoral graduate degrees in clinical psychopharmacology and many are board-certified medical psychologists. Because of our expertise in this matter, NAPPP believes that we have a responsibility to address the problems associated with using medications as a first-line treatment for behavioral disorders.

The positions we take on this matter are firmly rooted and based in scientific research as well as doctoral-level practice. The contributors to this report all are very experienced psychologists who are board-certified medical psychologists and highly trained in psychopharmacology. We do have a bias, however, and that bias is a desire to ensure that the public and our patients receive the safest, best and most efficacious treatment for their behavioral conditions. As providers in a vast and expensive healthcare system, we also are concerned that tens of billions of dollars are being spent on medication treatments that are not effective or safe for our patients.

We are concerned that billions more have been transferred to primary care providers who have little, if any, training in evaluating, diagnosing and providing the necessary treatment to patients experiencing behavioral difficulties. In a healthcare system that requires provable outcomes as well as cost effectiveness, NAPPP believes that we must act quickly and responsibly to alert the public, policymakers and physicians that the science and experience simply do not support this continued mismanagement of patients and the resources of our healthcare system. The positions and recommendations that are offered in this paper conform to best practices and the standards of care required to treat behavioral disorders. They are supported by the most recent and rational research findings. If adopted by physicians and policymakers, these recommendations will result in:

1. Significant increases in positive outcomes for patients.
2. A decrease in overall treatment costs for both physical illness and behavioral disorders.
3. A concomitant increase in patient safety.

Achieving these goals is not difficult or complex. It will, however, require organized medicine and insurers to put patients ahead of turf issues and their alliances with the pharmaceutical industry. Drug manufacturers have long asserted to the public experiencing behavioral health problems that the medical treatments they receive from drugs are a result of a long and rigorous process that demonstrate these medications are safe and effective. However, this assertion is far from what is scientifically proven or, in fact, a reality. Safety and effectiveness have proven to be little more than marketing slogans used by these companies to lure naive patients into a false sense of security. Moreover, many physicians, lacking the experience, knowledge and time to research the claims made about these drugs, also have naively accepted these generally false claims and have become the distributors for a host of drugs that simply do not work as advertised.

In fact, a number of legal actions for fraud, both criminal and civil, have been filed in the United States against psychiatrists, pharmaceutical companies and others for selling, distributing and prescribing psychotropic drugs that have no valid medical purpose. Unfortunately, organized medicine has a long history of not dealing with and covering up the reality that many of the treatments physicians provide to patients are not beneficial, are ineffective and, many times, even harmful.

In 2007, a report¹ published by the Congressional Budget Office outlining scientific evidence relied upon by the public and physicians with respect to medical treatments used and prescribed by physicians, authors found no hard evidence that demonstrates which treatments work best for which patients and, moreover, whether the added benefits of more-effective but more expensive services even warrant their use. Nevertheless, physicians tend to use more expensive treatments even in the absence of data on whether they work or are cost-effective. This study is not unique. In 1978, in a first for this type of study, the US Office of Technology Assessment reported that only 10% to 20% of medical treatment showed any evidence of their effectiveness.² With respect to treatment with psychotropic medications, both the biological theory that they are based upon and their efficacy is highly questionable given the poor scientific evidence relied upon by patients prescribed these drugs and practitioners prescribing them.

More recently, an important article published in the New England Journal of Medicine (NEJM) reported that, as a whole, patients experiencing a wide range of conditions are not receiving the standard of care by their physicians required for the conditions for which they are being treated. The authors report that patients being treated for depression, for example, only receive 57% of the standard of care required for that diagnosis.³ By any definition, a patient who only receives half of the standard of care required to treat a condition is being shortchanged and put at risk. Moreover, the healthcare system, as a whole, is literally being defrauded of resources that could be better saved or used elsewhere. It is not unreasonable, therefore, to require physicians to obtain an evaluation and appropriate diagnosis from a doctoral-level psychologist or psychiatrist who is uniquely trained and qualified to provide these services, before writing a prescription for a medication that is not indicated or useful to the patient. This is a sound and rational procedure that is easily implemented and cost-effective.

To this end, we advocate and call for the American Medical Association and all other medical specialty groups, such as the American Academy of Family Physicians, to adopt guidelines and policies to require physicians to seek and obtain an evaluation and diagnosis from an appropriately trained specialist in mental health before considering medication as a first-line treatment for behavioral disorders. We also advocate and call upon these medical associations to require their physician members to adhere to and provide 100% of the standard of care for patients requiring behavioral treatments.