

**North Dakota Psychiatric Society  
Judicial Process Committee  
ND Legislative Council  
December 14, 2009**

Madam Chairman Meyer and Committee Members, I am Dr. Terry Johnson, and I represent the North Dakota Psychiatric Society (NDPS). The Society is the professional membership organization for North Dakota psychiatrists and psychiatrists in training.

The ND Psychiatric Society offers whatever assistance it can provide the Committee in the coming months in studying the availability of psychiatric services in the state and the state's mental health commitment procedures. My purpose today is to provide some general information, perhaps add to some of the comments already provided this morning, and determine from you what additional information may be helpful in your study.

The ND Psychiatric Society is interested in participating in the discussion regarding the state's mental health commitment procedures. However, our society has not taken a position with regard to the issues discussed this morning, including the issue of extending the time from the initiation of emergency procedures for an expert examination.

With respect to the availability of psychiatric services in the state for acute hospital commitment evaluations, barriers to availability are not so much related to the numbers or prevalence of psychiatrists as they are to other factors such as lack of transportation which can cause difficulty for some patients. In regard to availability of psychiatric services in general, we testified in the 2009 Legislative Assembly, that increasing the availability of psychiatric services can be accomplished through expansion of telemedicine and psychiatric consultation with family medicine physicians and other medically-trained professionals, including continued development of tele-psychiatry which is expanding in North Dakota. In the longer-term, we can ensure future availability of psychiatric services by working to ensure collaboration among all mental health and primary care providers, and work to build incentives and opportunities for those in medical training to pursue mental health practices. We also need to work to garner more psychologists, therapists, and behavioral analysts to assist in the non-medical behavioral care of people in our

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state. Currently, primary care resident physicians in ND are required to spend time in psychiatry rotations and in Fargo there is integration of psychiatry training built into the internal medicine residency. The Family Practice residency in Bismarck also integrates psychiatric training into their program. At the medical school we prepare future doctors who will be going into more primary care specialties to be knowledgeable about and understand the basics of psychiatric medicine and how to diagnose, treat as appropriate, and refer/consult as appropriate.

Thank you Madam Chairman for this opportunity to comment. We look forward to working with you and the committee on these issues.