

**The Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament house
Canberra ACT 2600**

To Whom it may concern

Re Committee of Enquiry into the Commonwealth Funding and Administration of Mental Health Services.

I have been a psychologist for 35 years and in the current climate of professional discrimination initiated by the APS, would be called a “generalist” psychologist. I have a masters degree with 1st class honours in psychology, 2 post masters graduate diplomas in Psychology and a double major bachelors degree with honours in psychology. The composition of both my bachelors and masters degree qualifications includes all of the course work and research components included in current clinical masters qualifications.

I also have some 35 years experience in providing psychological services of a “clinical” nature in a variety of publicly funded and private settings. For 20 years I have provided training placements, supervision and employment opportunities for psychologists many of whom were enrolled in clinical masters programmes in 5 different universities. Over the last 10 years or so demand for clinical placements for masters students in my service has been enormous We provide placements for between 6 and 10 students each year and also provide free external supervision and work placements for up to 5 interns from other agencies who are unable to provide supervision. We are constantly being asked by tertiary institutions to take more students.

With the current divisive position adopted by the APS in its pursuit of “clinical” elitism I and my team of 6 similarly experienced and previously highly regarded “clinicians” are now considered to be “unqualified” to provide training or supervision and are simply dismissed as somehow being less able to provide either training or psychological services based on a clearly spurious and unsupported belief that so called “clinical” psychologists are “better” than those that do not have membership of this exclusive club. This position is clearly documented in the Australian Government Department of Health and Ageing Review

This raises a number of issues

1. Transparency Equity and Open Communication

If membership of an exclusive group is to be regarded as a requirement for access to not only medicare but ultimately to any employment as a psychologist in a “clinical” setting, then access to this club needs to be fair reasonable and equitable. The conduct of the APS and AHPRA in this matter has been appalling, unprofessional, confusing and partisan. There has been poor and confusing communication constantly changing “rules” and processes and multiple interpretations of requirements not only between agencies but within agencies. I personally received 3 different interpretations of a situation by three different people within the APS in the same week. I have had to deal with students who are anxious and distressed because they have received multiple interpretations of requirements for them to

transition between programs. I am also aware of a situation in which an individual has appeared to gain “special” consideration in securing clinical membership, by the simple expedient of hiring a high priced lawyer.

At the end of the day University training programs do not train psychologists they train people to acquire a framework in which they can learn to become psychologists. Over many years of supervising students I can confidently say that there is no evidence that so called “clinical” training has any identifiable differential in preparing interns for supervised practice in the “real world”, indeed many interns that come with an arguably wider training base are better prepared to accommodate the exigencies of real life practice.

2. Recognition of Prior Learning and Experience

It seems unreasonable that prior learning and experience is effectively ignored and/or applied arbitrarily to the rules for “club” membership. As indicated above I have completed all of the required course work and training and some, yet I am considered ineligible because my qualifications are “*more than 10 years old*”. I assume that this means that when the current club members come to their annual renewal of membership of the “clinical college” that there will be progressive drop in membership as those whose qualifications reach the 10 years mark are refused ongoing membership!! Despite being considered ineligible for membership/endorsement I am still being begged by university clinical training programs to take on more students. So I am deemed to be ineligible for endorsement/membership but acceptable to provide training and supervision for the prospective members.

Apart from the totally unprofessional and demeaning implications of this position it would seem that the APS is prepared to continue to **use** the “generalists” that have provided the bulk of training support and supervision of their members for years but in the same breath dismiss, demean and I suspect defame them in the process. One only has to look at the content of many APS submissions to be sickened by the personal and professional vilification to understand the “no holds barred” attitude of the APS in its pursuit of elitism. I personally have no issue with these people considering themselves as equivalent to “Psychiatrists” or “Heart Surgeons” as claimed by two APS submissions, however they should not be allowed to let their professional insecurities and grandiosity obscure the professional contributions of the great majority of us who are capable, competent and experienced in providing mental health services to many hundreds of thousands of people who are unable to afford the services of the “Harley Street Club”

3. Mental Health Workforce Issues

Nobody would disagree that the national MH Workforce is under resourced. Given that some 86% of the nations psychologists are “generalist” trained it would seem counterproductive to embark on a workforce strategy that effectively will limit and indeed ultimately remove the capacity of the majority of the nations MH psychologist workforce. Tertiary training placements are extremely limited and it will be many years before the capacity to train enough “clinical” psychologists satisfies workforce needs. This will be further hampered by the inability of University training programs to place their trainees in internships because as will now be the case for me, we will

withdraw those placements on the grounds that the APS does not endorse or recognise their value. For me this is not about medicare benefits but the much wider issue of the integrity of a profession which for years has served the community faithfully, effectively and for little cost. To trade this in for the financial security a minority group who seem determined to protect their turf at all costs would seem completely at odds with the spirit and intent of the Better Outcomes in Mental Health Initiative.

I increasingly feel that my contribution to the profession and my expertise have been devalued and disrespected by the self appointed “clinical” uberclass and have felt continually disappointed at the short sightedness of the APS campaign which seems to be driven solely by financial motives and elitist thinking. There appears to have been very little thinking about the implications for future workforce, clients and the profession if the proposed changes go ahead and little consideration for the overriding principles of the BOMH Initiative – better, more effective and cost efficient access to MH services.

I am writing to you as a psychologist who has always worked hard to maintain high levels of professional practice in both the public and private sector and increasingly feels disillusioned by the future of this field. I just want the opportunity for my skills and ongoing contribution to the profession and clients to be recognised and not just dismissed .

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