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Dear Sir/Madam

Submission to the Senate Inquiry into Commonwealth Funding and Mental Health Services

I am a 'Generalist' Psychologist or 4 years trained and two years supervised by a Dr of Clinical and Forensic Psychology in situ in private practice. I qualified in 2008 and as given full registration status by the W.A. Psychologists Board. I have been a Student member and also an Associate Member of the Australian Psychologists Society since my second year at university.

Being a mature age student and, ultimately, a mature age therapist in private practice I have witnessed discrimination first hand by my highly politicised colleagues. I have tried, without success, to undertake my Master's in Clinical Psychology even though I am qualified to undertake this course. I do not doubt that my qualifications have not been called into question but I certainly know that my age has. I have highly qualified academic referees to support my endeavours into the Clinical Masters programme but without success. My last recent attempt for a mid year intake recently failed because I needed to attain further postgraduate qualifications (I only have two units left of a highly intensive Criminal Justice Masters at the elite University of Western Australia to complete) and they also wanted published papers to support my next application. This is a ludicrous situation and one which needs to be investigated by the Senate especially in the area of universities being the bottleneck of society for those wishing to spend their well earned money to attain Clinical Psychology status. I would certainly welcome funding to undertake my own research into ageism associated with intake into the Clinical Masters programme.

Since leaving university in 2005 I have undertaken well over 150 hours of professional development each year to better qualify myself for ultimately benefiting my clients. My resent application towards the Masters programme was for: (1) I have a good name in my community and am being referred clients with more multi-level and complex cases; (2) I have had the honour of being one of fifteen psychologists Australia wide who has been offered and completed the Schema Mode Therapy (at international standing) to work with personality disordered clients, especially Borderline Personality Disorder. I wanted to undertake my Clinical Masters in order that I can work within government institutions to ultimate research (at a Clinical Doctorate level) how Schema Mode Therapy could be developed/streamlined to train

private practitioners to work with this group of clients – thus reducing the wait listing at hospitals.

I have advanced (international) training in many other areas of psychological clinical therapy domains which is well above the training level of a 5th and 6th year student. However, because of the nationalisation of the Psychology Board, I am now only able to attain transition into a specialist area (for which I consider myself already in), by way of a Masters Clinical programme.

I am truly sick of the political cancer that is dominating my profession. The Clinical Psychologists in Western Australia led the game of being 'elite' which was NOT supported by the Australian Psychological Society Ltd in 2009. Verification of this can be clearly visualised in Professor Lyn Littlefield's article in volume 31, Issue 3 dated June 2009 of their in-house magazine InPsych which states:

"4. The effect of divisions within the profession related to the perceived superiority of clinical psychologists...". Also, "It is worth noting here that the original APS position in the negotiations before the introduction of the Better Access initiative was for a broader definition of a 'clinical and mental health specialist psychologist' that was not restricted to those eligible for Clinical College membership." and, "A second proposal from the Working Group was for the APS to adopt an unequivocal position that clinical psychologists are not superior to other psychologists, and to take active measures to counter the current perceived bias".

Perhaps, the only way to clearly move forward is to offer members of the public a chance to complete a survey. I can certainly offer this to my clients or, alternatively, send to the public who have used psychological therapy, directly.

What I do know is that Clinical Psychologists have no way of knowing what other members of their profession have undertaken by way of professional development and training. To say that they are better than 'Generalists' is based solely upon their own narcissistic sterile perceptions.

In the same issue of InPsych (above), again Professor Lyn Littlefield, Jill Giese and Emeritus Professor Gina Geffen reported that:

"for many years, the very limited number of postgraduate professional psychology courses on offer meant that the majority of psychologists achieved registration through the workplace training pathway." Also, "... but all Boards have in common dual pathways for psychology graduates to meet their professional training requirements for full registration. One workplace course pathway involves two years of supervised practice in the (Pathway 1), whereas the other is university based and incorporates work, applied research and supervised practice (Pathway 2)."

In essence they declared that there was no difference between the two pathways.

I trust that some of these points made here may be helpful towards any decision making that needs to be undertaken for the good of the people we help.

Yours faithfully

YVONNE C TOWN
Psychologist

25th July, 2011
