

Submission to the Senate Inquiry

into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)

Referring to Terms of Reference a), b), c) and d)

(a) capacity and ability of AHPRA to implement and administer the national registration of health practitioners;

(b) performance of AHPRA in administering the registration of health practitioners;

(c) impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers;

(d) implications of any maladministration of the registration process for Medicare benefits and private health insurance claims;

I am currently registered with the AHPRA as a general psychologist. I welcomed the National Registration after having worked in several states and needing to register in every state separately. I am a Clinical Psychologist by training. I received my university and practical clinical training in Germany (Masters equivalent at University of Heidelberg). I have worked in Germany and USA in psychiatric hospitals, university settings, research and in private practice. My experience working with people with mental and emotional health issues is very rich and comprises a wide spectrum of psychiatric and psychosocial problems.

After immigrating to Australia I joined the Australian Psychological Society and registered as a Psychologist in South Australia in 1997. I began working in my own private practice, specialising in relationship issues, family and couple therapy and also collaborating with my partner, a general practitioner in his medical practice, specialising on men's emotional health and relationship concerns.

My training, my clinical experience and my ongoing commitment to continuing professional development seem to be unjustly devalued simply because I did not join the APS College of Clinical Psychologists. There have been valid scientifically based reasons for my decision not to join.

That I should soon be an unendorsed psychologist because I did not join the APS College of Clinical Psychologists does not make any sense. The general public and other health professions are misled by the 2-tier system of Medicare, implying that Clinical Psychologists are the "better" psychologists. There is no science or evidence which would confirm this as was shown by the evaluation of The Better Access Scheme.

The hierarchy of mental health workers from different disciplines (including social work, counsellors, psychotherapists) can only be justified by an outdated mechanistic scientific paradigm, but this is not supported by the emerging systemic and relational paradigm.

The current debate neglects the bigger picture of societal and global change. We are living in a time where scientific frameworks are being questioned and it is certainly not useful for a profession which should be concerned with enhancing the understanding of cognition, emotion and brain-science, to adjust itself to the restrictions of the medical model and force its members to work in this frame in order to receive government funding.

We (Australians and the world) simply cannot any longer afford to neglect the evidence of the connection between economy, social status and mental health, and approach emotional and mental health issues from a pathologising, medicalising worldview. Recent advances in neuroscience, especially interpersonal neurobiology, show the importance of systemic thinking in mental health care.

To really make a difference to the mental and emotional health of Australians of all ages, mental and emotional health care and relationship education should be provided beyond and before any DSM diagnoses.

Diagnosing and labelling language has taken over in the discourse of people's daily lives. This is of great concern to me as a psychological practitioner, and as a citizen and community member. Labelling is a form of blame, and prevents people from forming responsible, healthy and fulfilling relationships, which are needed to build cohesive and resilient communities.

The current registration process rewards one world-view only. This is anti-evolutionary. One definition of mental health is "neural integration". The way we get there is through differentiation, not by reduction.

Solutions to improving the mental health of Australians have to be found collaboratively. The stance of the APS reflects the current dominant medical model and does not represent the many valuable and distinguished backgrounds and contributions of members of the psychological profession.

Although I am an APS member and have been a Clinical Psychologist, I advocate for diversity and participation. I strongly advise against reliance by the AHPRA on the APS as the sole advisory and accrediting body for psychologists.

Brigitte Kupfer, Psychologist, Systemic Family Therapist

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*"It is difficult to get a man to understand something when his salary is dependent on him not understanding it."
Upton Sinclair*