

Good evening,

I would like to contribute to the consultation around our psychology industry in Australia.

Psychologists, working in private practice know the faces of the poorest clients in our midst, (whom we choose to bulk-bill at a financial loss to our business) and the true complexity of their poverty, their trauma, the inter-generational grief and loss and their lack of opportunities, which they accept as a part of their lives. We have worked, for free (because to charge them for the report would mean that they do not eat for the week) to furnish them with Centrelink reports, which we know, takes some slight burden off them, when they arrive at an appointment with a report, which perhaps validates their suffering and supports them in communicating their challenges.

This level of voluntary service, which we provide, is now not accepted as Centrelink, upon advise by “experts” who’s identities are hidden, have deemed only ‘clinically endorsed’ psychologist competent to understand the complexity of psychological injury tables which Centrelink work with. When you continue to shut people down, and shut people out, they often see suicide as the only suitable option.

As someone who works for Lifeline, my mission is to see an Australia free of suicide. I am sure you would like to see that too.

All AHPRA Registered Psychologists, regardless of endorsement, have attained the competency to provide psychological treatment under Medicare and there is no evidence to date of any difference in patient outcomes for endorsed clinical psychologists compared to other registered psychologists in clinical practice. Psychologists cannot be considered better trained than each other merely by virtue of holding the title clinical psychologist or any other endorsed area. The quality, skills and knowledge of a psychologist cannot be deemed by endorsement status alone.

I would support the creation of a working party of highly experienced diverse private practicing psychologists, established to report to government on the variety of effective measures. This could be systematically investigated and rolled out into communities to establish baseline measures. This would allow clinicians and policy makers alike to understand what our starting place is, develop meaningful strategies, apply them with suitably qualified psychologists, and evaluate the effectiveness of the treatment protocols. It’s a very simple applied socially scientific research principle.

I would like to address that the impact of applying a 2-tier divide within the profession of psychology. What this has created is a bitterness within the profession, which leaves many clinically endorsed psychologists advising me of how embarrassed they feel about what has happened. Establishing parity for all Psychologists, equally, will remove this cancerous sore at the heart of mental health service provisions in Australia.

A comprehensive model of parity which can be applied across Australia has been submitted by the team of AusPsy, based on the well documented and researched EuroPsy model. I am sure the vast majority of Psychologists would both welcome and support the logical, sound principles and grounded approach which this model presents, as an opportunity to unite our profession and move forward in our aims to serve our communities and country both effectively and within the best practice model.

It is in the spirit of seeking beneficial solutions that I have taken the time to think about what best serves our communities, based on both my training and professional experience, and to communicate this here; I welcome the opportunity to discuss this further.

Thank you for your considered reading of this submission.

Kind regards,  
Amy Dyson  
Psychologist