

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

I am a registered generalist Psychologist, having worked in my profession for the past 20 years. I now find I am to be unendorsed under new regulations.

The AHPRA register shows me as having only a Bachelor of Arts degree. I graduated with this degree, with a major in Psychology, in 1983 from the University of Wollongong. However, I subsequently completed Masters and Doctoral degrees, also at the University of Wollongong.

Of particular significance is my 1995 doctoral degree, a Doctor of Creative Arts, deemed by academia to be equivalent to a PhD. It involved a 55,000 word written thesis and six major exhibitions of my artwork. The thesis was entitled *The Archaeology of Masculinity – The Process of Personal Archaeology in the Creative Arts*. Of relevance to Psychology, this thesis contributed original research to several fields - the therapeutic content of the creative art process, masculinity and gender development, childhood trauma and abuse, family constellations and role models. The thesis was examined by two eminent academics. One was Professor Dennis Altman AM, Professor of Politics, School of Social Sciences, La Trobe University. The other was the Professor and Head of Art Therapy, Edith Cowan University. The thesis is lodged in the Psychology section of the University of Wollongong Library. An abstract is attached.

For ten years I held the position of Sub-Dean of the Faculty of Creative Arts, in charge of all student counselling within the Faculty. Since leaving the University in 1996, in my full-time private practice I draw on my wide range of training, which includes Cognitive Behaviour Therapy, Hypnotherapy, Art Therapy, Brief Intervention, Mindfulness, and ACT. I am a published author in the field of hypnotherapy (in journals, and in my book *Gremlins of the Mind*, 2003, where a major section is documentation of clinical case studies), and I was the Editor of *The Australian Journal of Clinical Hypnotherapy and Hypnosis* for five years. I am a Fellow of the Australian Society of Clinical Hypnotherapists, and I was the founding President of the Australasian Subconscious-mind Therapists Association.

For many years I have been an 'Approved Counsellor' - with Victims of Crime, for WorkCover, for two EAP companies, for the Division of General Practice ATAPS scheme based on GP approval and positive client feedback surveys. Even the NSW Psychologists Registration Board, and the APS approved of me for twenty years. How can I suddenly become a 'disapproved counsellor'?

It is spurious to declare that a Clinical Masters degree makes a better therapist. The most recent research shows that up to 87% of therapy outcomes depends on what the client brings to the therapy, NOT the technique or skill of the therapist. Quite a few of my clients,

who have previously consulted 'endorsed clinical psychologists' (even a member of the APS Board) before coming to me, have complained about the limited approaches and the lack of positive outcomes. In contrast, they have subsequently reported positive outcomes after working with me, 'a now unendorsed general psychologist'.

I am 64 years old with over 20 years of therapeutic and life experience, and at workshops I have worked alongside the 24 year old endorsed clinical psychologists, who know little more than CBT. There is no comparison. They are not better equipped. They should therefore not be privileged by the PBA and AHPRA for Medicare rebates and other elitist treatment.

This economic rationalism exercise by the government through the PBA, AHPRA (and hijacked by the APS) will not reduce the number of people with mental health issues. Instead of being treated within a reasonable timeframe, they will now suffer further mental anguish through long waiting lists to see the endorsed clinical psychologists, who will not be able to meet the demand, as in our hospital systems.

I see many of my low-income and Centrelink clients, both in the Blue Mountains and in the CBD, for an \$80 fee, the amount of their Medicare rebate. The majority of these are 'clinical' clients suffering depression, anxiety, addictions, bipolarity, PTSD. Who will now service them? Probably not the endorsed elite who charge only the APS recommended fee of almost three times that amount. This is a backward step for our society to take. The implementation of the Medicare rebate made mental health care more accessible, the first positive move since the Richmond Report cast our mentally ill onto the streets 28 years ago.

In conclusion, I put my case that therapeutic experience counts far more than post-graduate qualifications. However, if the government believes that a clinical masters degree is a valid measure, I submit my doctoral degree as just as valid.

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Attachment – Abstract to doctoral thesis

THE ARCHAEOLOGY OF MASCULINITY - The Process of Personal Archaeology in the Creative Arts

ABSTRACT

Contemporary gender studies reveal the evolution of a plurality of masculinities since World War Two. The associated social change surrounding masculinity has demanded a re-evaluation of gender roles by Western men who, historically, have not been encouraged to be introspective about their emotional development. However, when compelled by circumstances to examine some of the forces which have moulded their lives and which keep them in bondage they become aware that the traditional values surrounding patriarchal politics, women, war, religion and death are no longer adequate. A major factor in this inadequacy is that traditional role models have been superseded by those projected by Hollywood and the mass media.

The evolution of new role models has led to confusion and uncertainty about the definition of masculinity and what it is to be a man. To make sense of their personal identity and the construction of their masculinity some men embark on a process of personal archaeology. This is the theme of the research for *The Archaeology of Masculinity* which examines the heroic role played by fathers and other men in boys' lives. The creative work and the explication of it in the documentation deal with the broad issue of the construction of masculinity by addressing the specific relationships between incest and sexual abuse, dysfunctional father-son relations, and the construct of sexual preference within a particular historical and cultural context. It also reveals some of the unrealistic standards of unattainable masculine ideals promoted in popular Western culture. The thesis is both autobiographical and generalised and has been articulated in four exhibitions.

Central to the work is an analysis of the therapeutic content of the creative process. To some degree all art draws on the subconscious for inspiration. However, autobiographical art specifically objectifies emotions and sub-conscious feelings and is often self-revealing to the artist after the work is completed. Such unveiling of repressed knowledge can be cathartic, and this dissertation provides a case history where a fuller understanding of the effects of early childhood trauma was reached through a process of creative therapy.