Transcript of the Sydney Forum

29 September 2016

Psychology Board of Australia

Brin Grenyer: Good evening and welcome to this national Psychology Board of Australia forum. I am foundation Chair of the Board and the NSW practitioner member. We are meeting here in Sydney at the Doltone House, Hyde Park, and I would like to acknowledge the Gadigal people of the Eora Nation, the traditional custodians of this land where we are meeting, and I pay my respects to the Elders both past and present. I'd like to welcome you all, and in particular welcome members of the national Psychology Board of Australia, members of the NSW regional Board of the PsyBA, members of the NSW Psychology Council, and staff of the Australian Health Practitioner Regulation Agency who are here to support this forum. Welcome also our senior psychologists, leaders of the profession, psychology supervisors, interns and students, and most importantly to our registered psychologists - we have about 300 registered here for this forum. The topics we are going to cover in this forum are (1) Current issues in psychology regulation and workforce reform, including specialist title and expanding scopes of practice, reform of training models and international benchmarks; (2) Social media and online communication with clients, including issues in e-therapy; Advertising your practice and how to represent your title, qualifications and services to others (3) The complexity of private practice including pitfalls in entering into contracts with others, issues in billing and communication, principles of confidentiality when balancing duty to employers, employees and the psycho-legal context and (4) Reconciliation action plan for Aboriginal and Torres Straight Islander health, cultural competencies and curriculum developments in psychology. We have five speakers, and I first welcome Marion Hale to commence this forum.

Marion Hale: My name is Marion Hale, I have the honour of being a community member on the national Board so I work in health promotion, usually in Tasmania. My job today is to give you a brief overview of the reconciliation plan that's happening across the National Registration and Accreditation Scheme, NRAS. So the reconciliation plan turns good intentions into actions. It's about recognising and valuing Aboriginal and Torres Strait Islands people and culture.

It's ensuring that the scheme is respectful and responsive to the needs of Aboriginal and Torres Strait Islander people and encourages and values their input and also contributes towards closuring the gap in health equity outcomes. So why are we doing it now? I guess because we can really. I think you can imagine six years into the scheme - earlier in the scheme there were a lot of competing demands and priorities so now we're at a place where we can actually start to take some action on closing the gap and improving those health equity outcomes.

We're using the resources of Reconciliation Australia. This because they are an experienced and well recognised organisation, both by the Aboriginal and non-Aboriginal community. As you can see, there are four types of Reconciliation Action Plans (RAPs) and we're starting off with reflect. The reflect

RAP we've chosen is a first step. You can imagine that doing a RAP for the whole of a scheme as big as NRAS is a really great undertaking. So making sure that we set realistic and achievable goals is really important.

So why are we developing a RAP across the scheme? The RAP will tie in with the national scheme strategy under the key strategic objectives of fostering a unified culture, increasing knowledge of the external environment, increasing strategic partner confidence and improving customer experience and quality of service.

What do we have so far? So we have in Martin Fletcher, the CEO of AHPRA a champion of the RAP. We've got a commitment to create the RAP right across the scheme. Discussions were held at the recent NRAS combined meeting. So if we have a look at what we're doing well, we've got a strong foundation in our commitment to protect the public but I guess you can see that we really are right at the start of this process, so we've got a lot of room for growth. What we can improve on? Well, as I said we're really at the start and there's plenty of scope for improvement. We don't have clear structures that specifically address ways to close the gap, we don't have protocols or policies that celebrate and respect Australia's indigenous culture. So there's lots of room for improvement.

So you can see the list there we've got of the key stakeholders. We'd love to hear from anyone who feels there are important stakeholders missing from that list, so please get in touch with us if there's anyone obvious that you think should also be included on that list. Finally, our next steps. We're just at the start of creating a working group which will be a nomination process from across the scheme and then we'll start the consultation process for drafting the RAP. So that's where we are for now. Thank you very much for your attention.

Brin Grenyer: Thankyou, Marion and we wanted to start there because that's one of the really big important priorities for the Board and for the national scheme, and ties in nicely with some of the statements you might have heard recently at the Australian Psychological Society conference as well. I think now is exactly the right time for us to be doing this.

I'm now going to talk about some of the contemporary and current issues in psychology regulation and workforce reform including specialist title and expanding scopes of practice. I want to share some of the thinking that we have around the reform of training models in the context of the international benchmarks that we're very mindful. The NRAS (National Registration and Accreditation Scheme) is designed for public protection: the only reason why the Psychology Board exists is because psychologists are dangerous. If we weren't dangerous we wouldn't be regulated and you wouldn't be sitting here today.

When the government set up the regulation scheme it was also very mindful about workforce. All of us expect to go down to our local community service and be able to access good health practitioners, and there's been various concerns over the years about the shortage of health practitioners. The concern that we won't have enough with the aging population to actually look after us, and look after our children. Governments within the National Registration and Accreditation Scheme built in the idea to the scheme that we should also be looking at health workforce which is very important for us.

Within the idea of public protection in the national law is the option of specialist registration. So for those of you who don't know the history, in 2010 when the scheme started the Psychology Board of Australia recommended to health ministers in our first consultation paper that psychology have specialist registration, and at the time Ministers said they weren't convinced that we had a strong enough case, and that the regulatory burden of specialist registration was not proportionate to the arrangements in specialist registration. Ministers recommended area of practice endorsement which confers title protection to specific areas of practice.

Area of practice endorsement is like the way specialist registration existed in Western Australia prior to the national scheme - but added title protection which was not in WA at the time. So in the new arrangments you can't call yourself a "counselling psychologist" for example, unless you hold an area of practice endorsement in counselling psychology. At that time in 2010 the Board did promise to go back to the profession after three years around the issue of specialist registration. So two years ago we directly addressed the profession around specialist registration and invited the profession to become involved in the debate and to contribute to the issue of specialist registration for psychology.

So that's happened. I know that a lot of you have talked about the idea of specialist registration; there's been discussions at conferences; there's been blogs. At the moment the Psychology Board has recieved two formal submissions on the issue of specialist registration, and we're thinking that there might be another two or three coming. So in terms of that the Board needs to obviously analyse those submissions and we need to determine whether or not there's a sufficient case for areas of psychology practice that are very risky and that need additional regulation, which will justify an application for specialist registration.

So that's where we're up to with specialist registration, we're still in that process. I think the other issue is health workforce. Health ministers are very interested in this, and want to be sure we are we all working to our full scope of practice. Ministers are interested to address if there particular areas or shortages in the health workforce which they may need to be addressing. One of the concerns that they have is that by 2030 there's projected to be a significant shortage of mental health trained staff, particularly mental health nurses, and they're very interested in potential solutions. I know nursing is going to try and do some work around that. But there needs to also be other models for particular jurisdictions with remote and regional reliance, which have a lot of challenges in recruiting staff with the appropriate skills and expertise.

So there's one jurisdiction for example who have already started the process of looking at what would it be like for some psychologists to have an area of practice of endorsement in prescribing. There are questions about whether that is a model that's in consultation with a GP, for example, so it's under medical supervision, or whether it's all the way through to independent prescribing.

In terms of the general reform agenda, the Board is mostly interested at the moment in the training and education reform project that it is currently progressing. The Australian Psychology Accreditation Council is currently reviewing its accreditation standards and I think these will sharpen the minds of higher education providers to think about how they train psychologists as fit for purpose for general registration and independent practice.

We held an education reform summit in Canberra at the end of last year where the regulators, accreditation agencies, professional societies, heads of schools of university programs, and large employers of psychologists from across Australia came and talked about what kind of a training model do we want for the next generation. This national education forum was on Friday 4 December 2015 at the Hyatt Hotel, Canberra. This was from the recognition that we have probably a once in a generation chance to re-think the model, and if we had a blank slate, how would we design how to train psychologists?

I think there's was a lot of recognition that currently the training of psychologists is complex and there are so many different pathways and so many different rules and a lot of red tape around some of those pathways. Some programs have developed over time by adding more and more things to them, rather than going back to square one and thinking about how we would do it from scratch.

There was recognition at the Canberra Forum that the current 4+2 is no longer fit for purpose into the future. It has served us well for many, many years and there's been many fine practitioners trained under the 4+2 route, but it is a high burden and we're getting feedback from Ministers in particular that it's a burden for employers because they have to do a lot of the professional training in the workplace. It's certainly a burden for the Board who oversee the program as we are not an education provider, and the approval processes are complex, so there's a lot of red tape in it as well.

We know it can be a high cost to some registrants and it has variable outcomes that are not accredited. So one of the recommendations of the Canberra Forum was to retire the 4+2 program and to ask what the impact of that would be in terms of the profession. I think the background behind that is that the psychology profession is growing strongly. So in the last five years we've grown by 13 per cent and we are growing well beyond what the population is growing (at 1.4 per cent) compared with the profession's growth at 2.6 per cent per year, and if you look at the number of psychologists (34,000) compared with the number of GPs we're similar - and way above of course psychiatrists who number just above 3,000.

This gives you a sense of the growth as well and so there's many more provisional psychologists now in training than there ever has been in the past. One of the things that really does concern us most though is if we are going to do a project around transitioning out of the 4+2 program in the medium term, what would that look like and where would the impacts be? Well, it varies across States and Territories. In NSW there are 650 people doing the 4+2 program and if you look at how many people are doing the 4+2 program in other States you'll see it's quite different. So the ACT it is 27, Northern Territory 20, Queensland 206, South Australia 25, Tasmania 12, Victoria 87, Western Australia 180. So 650 in NSW is

quite different from those other States and Territories, so it's a big training pathway here, specifically, and we need to understand that pathway and how we can help with any proposed transition. In New South Wales we obviously are very interested in understanding and analysing the 650-people doing the 4+2 across 1030 placements across 378 organisations.

In the context of international standards, the Board hosted in 2010 the 4th international congress of psychology regulators in Sydney, where we looked at international psychology standards. We now have as an outcome international competencies which were declared in Yokohama a couple of months ago, and I think they give us a really good opportunity to re-think what are the standards for general registration that are internationally equivalent, and how we can develop a different model that's going to be fit for purpose and meet international standards - which is increasingly a 5+1 model like the EuroPsy standard.

One of the things that's important in the context of this is that the Ministers have actually asked us to review it. We presented Ministers recently with the 4+2 revisions, and they talked about how it was too high a burden on workers, the workforce and on the Board, and asked the Board to do a piece of work over the next three years and come back to make the general registration standard simpler. They are very keen to see more robust 5+1 training in universities before interns join the workforce.

So I think it's important to recognise that this is not just the Board talking about reform - there is a broader context around it and a serious attempt to get rid of some of the red tape that's currently in the scheme. So if people say 'how do you become a psychologist', the answer might be 'how long have you got for me to explain all the different ways of becoming a psychologist?' The complexity of the pathways is very different from the 13 other regulated professions in the National Registration and Accreditation Scheme that have simpler training models. For example, if you want to become a nurse, you go and do a Bachelor of Nursing and when you graduate you're a registered nurse.

So this is a big piece of work and a priority for the Board. Some workplaces only take one 4+2 intern or two, the vast majority take a few but there are a few organisations that take a lot. So you can see there that there's one organisation in NSW which takes 237 interns into a 4+2 program - the Department of Education - as they are very interested in building and growing their school counselling workforce, so that's great. So we want to work with them on models of being able to achieve workforce growth that will work with our new reform model.

The other problem with the 4+2 is a lot of the work placements are deemed to be 'limited placements', in other words you can't do your whole two years in one workplace because you can't get all of the competencies in that workplace. So I think that's another example of where really the match between what we're trying to achieve educationally and what the workplace can offer doesn't necessarily add up. In six year university training for example, students generally rotate across three or four workplaces, to get a breadth of experience.

In 2009 we introduced this new route called the 5+1 program, which allows an extra year of professional training at the university that's accredited that includes internship hours. These graduates then go on to a one year workplace internship which is much easier to do, it doesn't have the burden of all of that extra training on employers, and has a lot less red tape. The advantage of the 5+1 is employers can complete the final year of a person's psychology training in their workplace which they find very attractive. We currently have ten 5+1 programs across Australia in most States and Territories, three more are about to commence, and there's 10 in preparation. So we are looking at about 23 programs at least across the country. If you add up how many 5+1 programs that are coming online, and also the growth of some of them that already exist, and we will be able to enrol more students than all of the 4+2 students currently we take. So I think we actually are growing a whole new pathway that's going to become a viable alternative to the 4+2, and will allow the 4+2 pathway to be retired in the future without affecting the psychology workforce numbers.

So that's an overview of where we're going with this training reform. Obviously, we're very mindful of international standards but at the same time also very interested to make sure that the Board does its job of being responsive to workforce development, and to maintain standards that we all expect for provisionally registered and then generally registered psychologists.

I'll pass over now to Rachel Phillips who is going to be talking about social media issues. Thank you, Rachel.

Rachel Phillips: Good evening. Australians on average own three online compatible devices - smartphones, iPads, laptops, standalone computers. Many regularly access some of the icons that you see, such as Facebook, Instagram, Twitter, Pinterest and YouTube.

So the census does a report on online usage, usually every couple of months and they recently did a 12-month review. They interviewed 800 adults which were across the spectrum of the Australian population and so what they found is that people use the internet regularly, most of them daily. There's minimal differences across the age ranges. Facebook is the most visited social networking site and 95 per cent of people surveyed have an active Facebook account.

The main reason for not using social media was disinterest but I think there's a large proportion that actually cited quite significant concerns about privacy regarding the information. So why present this information? I think it clearly shows that both our clients and probably ourselves have access to real time, intimate detailed knowledge about the people we care about but also potentially about our clients and vice versa and I think that's important for us to pause and consider the implications. So we're amidst a culture of sharing, so all would agree that at the moment we get access to a lot of information, probably more than we ever would have before from what our clients tell us.

There are changes away from tradition face-to-face therapy and phone calls, which provide an element of structure and containment, to web pages, Skype, internet based therapy, text, emails, blogs, and instant messaging. It raises ethical challenges that are associated with the security and interpretation of information, how current and prospective clients engage with us, and how we advertise our services including who we are as professionals. It's important that we actually reflect on how we can continue to provide good services across the multiple modes of communication and the next few slides actually talk through I guess what the Board thinks is probably some important issues for the profession to consider.

So the first area is security. Communication via different modes increases the risk of breaches of a client's right to privacy and the Australia privacy legislation. The APS Code of Ethics outline the principles that's important for us to remember when we try and protect a client's information. So questions you might consider are, have I considered how I protect a client's information that is available online or in a digital format? Do I have a policy on social media and online communication? Does my practice or the place I work have a policy, and am I aware of it, and is this discussed as part of the informed consent process with my clients?

How well do I know how client related information is protected? For example, have I checked the rigour associated with privacy settings with my emails and who would reasonably have access? Clients also need to understand their limitations of communicating effectively. For example, if they use a work email - who will have access to their information from work? What systems maintain the security of information stored electronically so that we can try and minimise unwanted access? What do I do and how do I store video recordings and audio transcripts - and consideration also needs to be given to the privacy of clients information outside of the therapeutic relationship.

So we potentially can now access a whole lot of information that clients actually don't even tell us. So consider whether it's appropriate that we actually are able to access this information and how is it actually relevant to the provision of the psychological service? I think the other really important flipside is actually the security of our psychologists personal information. So our own private life is potentially accessible now by our clients and I think it's really natural for clients to be curious about us. So who has had a client who has declared that they've Googled you? That made me a bit concerned so I had to go Google myself. Who has had a client who has sent a friend request on Facebook? Yes, there's a fair few.

Who has had a client who has contacted you using a contact number that's not on your business website or business cards? So I think that we need to consider our personal online presence and remember that this is going to be maintained much longer after it was actually originally posted. So what information is available electronically and how are you representing yourself? How can you protect your personal views, your values, your own right to privacy but also balance that with the best interest of the client, the community and our profession?

So provision of psychological services digitally, such as via Skype or other types of internet based therapy, has undoubtedly increased community access to psychological services and this is a good thing. The issue really is how do we actually manage the modes of communication in terms of immediacy of access and also interpretation of the information. So aside from ensuring that any therapy is evidence based, we've got to provision for when there's going to be a failure in technology as undoubtedly will

happen. We also need to ensure that we're still doing informed consent processes if we actually don't see people face-to-face.

We also need to know how we can manage a client's access to us beyond a therapy session or telephone message. It's really normal and appropriate to experience a sense of responsibility in terms of being able to meet a client's request for contact, and we need to consider how we actually meet these requests for every client, every time, and I think that's really important in terms of consistency. So some questions you might ask: do my clients have a clear understanding of my availability if we communicate via text or email? Do they know when and how to use the various methods of communication, especially in situations of risk or when they're highly distressed?

What will you do if a client crosses a boundary and contacts you outside of the agreed times of when you're available and what do I need to do to consider when communicating via Skype or email or text to minimise the risk of interpretation because we no longer have those non-verbal cues to guide us. The other aspect of social media and online communication is advertising. So advertising your practice or representing the psychology profession is a powerful method to engage with our community, to assist them in making informed decisions about their healthcare including who they choose as their provider, but also what interventions will be appropriate for their situation.

Advertising as a definition in terms of what we have within our guidelines on advertising health services includes, but is not limited to, all forms of printed and electronic media that promotes the service. It also includes any public communication - including situations in which practitioners make themselves available to provide information for media reports, magazine articles or online chat rooms. So given the primary aim of the national law is to protect the public, what we advertise needs to always be in the public interest. The national law outlines the limits placed on advertising including ensuring the accuracy of information, serious cautions and limits on the offer of gifts or use of testimonials, and claims about the expectations of treatment.

There is an Advertising guideline on the Board's website that's available which actually really explains each of these areas to guide us in our practice. So what does that really mean for us practically? We need to remember that as psychologists we know a lot about psychologists and we know a lot about psychological practice, much more than what we would expect our community to know. So people want to access our services, they may be in a more vulnerable position, and so they can be really affected by the information that we present about our service. If that information is misleading or is incorrect or isn't complete, this can actually compromise their ability to make good decisions about their healthcare.

The overarching concept is that all information needs to be honest, accurate, complete and presented in a way that the intended audience can understand. So an example might be that we need to ensure the information about a treatment is factual, based on the most current evidence and presented in a way that is unbiased. So there's a couple of questions that were posted around the use of testimonials so I thought I might just spend a couple of slides talking about that.

Testimonials are a positive statement about a personal thing and within healthcare it includes recommendations, statements about the quality of a health service or about the benefits of seeing a particular practitioner by someone who has received that service. This can be problematic as the basis for the testimonial might not be relevant or useful for that prospective client. It might not actually be relevant to why they're seeking healthcare but it can influence then who they choose to see. The community holds health professionals in high esteem and there's no doubt that a person's experience has a powerful influence in people making choices. Just consider yourself when you hear someone that you trust who talks about a positive experience that they had about a health professional it does influence whether you would choose to then go and see that person.

However, there's numerous independent websites that invite public feedback and reviews about a patient's experience and that's completely acceptable as long as the review is not about the quality of the clinical care provided. So an example was "the psychologist was prompt but the magazines were old". So that's perfectly acceptable and is not considered a testimonial under the national law. However, a practitioner must take reasonable steps to have any testimonials associated with their service or business removed if they become aware of that, and that's a really hard thing for us because we might not have hosted that, that might be on a feedback or review page. Remember also asking a vulnerable client to post a positive testimonial would generally be considered unethical and exploitative.

But, if we do become aware then we need to make sure that we can take reasonable steps to actually see if we can have that information removed and I think a lot of people ask, "but why because it

wasn't me that posted that information?" The thing for us to remember is that all psychologists have a role in protecting the public and representing the profession. So if we do become aware of that, we do need to take reasonable steps that are within our control to take action. So in summary our obligation is to always hold the client, the community and the profession in mind.

We need to ensure that the boundaries between our personal and professional communication can be maintained, to establish policies and procedures for communicating online, to ensure the ongoing security of information available electronically and to advertise our practice fairly to assist clients making informed decisions about their healthcare. So you can do this by being aware of the relevant legislation, ethical principles and guidelines, and remembering that information communicated digitally is open to interpretation and it will maintain a digital footprint. So if in doubt, consult. Thank you.

Brin Grenyer: Thanks, Rachel. So now I'd like to move on to our third topic which is the complexity of private practice. I think actually the last topic was about the complexity of private practice too - social media is very important and obviously an increasing challenge. So the complexity of private practice includes the pitfalls of entering into contracts with others, issues in billing, and upholding principles of confidentiality. This includes balancing a duty to employers, employees and the psycho-legal context, and who better to be able to talk about these issues than Professor Alfred Allan.

Alfred Allan: Good evening. I'm the practitioner member from Western Australia, so thank you very much for the very nice warm welcome that I've had from those of you who I have met. What I'm going to be talking about is just some of the issues where we see psychologists being vulnerable. We would like to alert you to these and also I'm going to ask you to go home and think about some of these things. Now the first thing that we're worried about, and you may have read the item in the newsletter a couple of months ago, and this is the contractual agreements that psychologists enter into around work arrangements. Sometimes they are called franchise agreements, sometimes they're just called agreements, sometimes they are contractor, subcontracting agreements and so forth. Now if we look at these agreements some of them are actually not strictly binding contracts, they're just a couple of words on a piece of paper, so that doesn't help much but some of them are excellent legal contracts, and clearly cost a lot of money. The only problem is the person who prepared the contract didn't know anything about psychology's ethics, and therefore the signatories of those contracts put themselves at huge ethical risk that they will not be able to perform or if they perform according to a contract they will be acting unethically.

Even worse, is that it also places clients at risk. One case that I'm aware of was where a psychologist was shut or out locked out from communicating with her client, a very vulnerable client, to the point that there was real concerns about self-harm. Fortunately, at that point in time, senior colleagues stepped in and said just forget about your legal rights, forget about whose side the law is on, do the right thing. Now, what I want those of you have contracts either as the contractor or the contractee, to look at your contracts because you might find that your contract may force you to do something that could be problematic and could lead to a death. Obviously such a situation would be unethical but it could also lead to you having a lot of guilt for the rest of your life, and I've spoken to people who have been in those positions, so it is not something you just want to ignore.

The second thing that's a worry across all the professions really, is that many practitioners practise in isolation. They do not have little contact with the profession, and are often sole practitioners, who seem to get into trouble more often than others. The problem there is obvious: the lack of professional input, the lack of support, the lack of friendly informal supervision. One of the things that people in the ethical arena are trying to do is encourage people to form what's called "competent communities" or "ethical communities." This is a way to work together with colleagues, even if you're a sole practitioner, and if you know that there are sole practitioners in your area that may be a bit isolated, try and draw them into one of these communities. One of the ideas with the peer consultation, and each of us need to do 10 hours of that, is to ensure that we are supported but at the same time that we support other people.

The third issue is becoming very important. Those of you who were around about 20 years or so ago will remember that we really started getting very worried about our clients' the risk of harm, both to others and to self, so we were starting to really look at training people to do that, to do risk assessments. Today it is risk to others that is increasingly important, and we're seeing it especially in the area of family

violence. We're also seeing it in the area of mass killings. We're actually fortunate, I don't think we've had a situation like that in Australia, but some overseas psychologists have had that experience and then there is also the worry about terrorism. We've reached a point today where wherever you work, if you're a psychologist you need to understand what the legal obligations are on you to disclose information about risks. You need to be able at least to identify the signs of a risk, to do screening and to have a management plan that may include referral options. Not every one of us will be an expert in the field, but we each in our area people who have the expertise we can identify.

The fourth area that we are seeing problems is that there's a lot of pressure on psychologists to disclose information, sometimes in part because of the risks of harm to others. This is an email on the slide, and some of you may have seen this email, and it's not a hoax email, it is a request from police - New South Wales Police for search warrants: "I am seeking your cooperation to determine the nature of the records held at your practice. These warrants, once approved will be executed in the near future. I want to avoid a scenario of police attending places and having to go through offices unnecessarily. I ask could you please call me on - and a number." Now, for a moment, just think what would you do if you received that email?

So now I want to tell you about a different case - EZ and EY. I didn't make up that name, it's a real name. It's a Privacy Commissioner case. What happened here was there was a disturbance in the community and Sergeant X called a psychiatrist who wasn't available. He called again later on and - and I'm quoting from the court case - “Sergeant X asked her whether in her opinion Mr Z was psychotic. Dr Y advised Sergeant X that ’it was possible but further assessment was needed.’" The Privacy Commissioner decided that that giving this information was a violation of the privacy legislation, and based on the facts, there was also a violation of standard A.5 on confidentiality of the APS Code of Ethics. This gives us the idea of the tension that we are under, because we're getting these emails and that sometimes on the face of it looks okay, but then you see what the Privacy Commissioner says.

Now just on the same topic, one of my graduates called and said, "I really feel very foolish to call you about this and this is something that bothers me. I've received this email from an organisation, a government department. It's a long email, lots of information, lots of quotes out of aspecific Act, so I called the social worker who sent it to me asking me information about a client. The person is not my client any more, I cannot get hold of this person but I just feel very uncomfortable about disclosing the information. The social worker said to me, it's okay, our legal advisers have looked at this and it's fine and if you look at a specific section then you will see that it's okay." So I read the Act and first of all that specific part of the Act is actually set up to allow the department to communicate with practitioners but it also has got this provision that practitioners can give information., There's a section that says “a service provider may comply with a request under subsection 3 despite any law of this State relating to secrecy or confidentiality”. It then goes on, "if information is disclosed there will be no civil or criminal liability, no breach of any duty of confidentiality or secrecy imposed by law, nor a breach of professional ethics or standards".

This is the difference between law and ethics. The law tells you what you can do, ethics is about deciding if is it right to do. In this case our ethical principles override the indemnities of the law. I was full of admiration that this graduate student asked me for an opinion. There is a really important tradition in psychology of supervision, and there's a tradition of consultation. So a psycholgist’s first, and the most important, line of defence, is to consult colleagues and preferably a senior colleague. Go and speak to a senior colleague and for those of us who are senior colleagues I think we should - and it goes back to the idea of a competent community - we should be prepared to listen and advise. There's obviously also insurance, and we all need insurance and if necessary consult a lawyer. Lawyers are brilliant but sometimes lawyers do not understand the ethical issues.

Brin Grenyer: Thankyou. The final presentation this evening will be on cultural competencies and I'd like Rebecca Campbell to take the stage.

Rebecca Campbell: Thank you, Brin. My name is Rebecca Campbell and I'm the practitioner member from the Northern Territory and I just can't help but comment that things are obviously done very different in Sydney than they are in Darwin. I went to the forum there last year and it was nowhere near this opulent a room, I can tell you. So I shall be discussing today the importance of cultural competencies and also some recent developments around training curriculums in this area. I know that this is an area of

concern and importance to a lot of you here today and I thank those people who made submissions about this topic prior to today's forum.

It's estimated that about 729,000 Aboriginal and Torres Strait Islanders live in Australia. The majority of those people live here in New South Wales, with a large percentage also in Queensland. In the Territory, we have the highest concentration or proportion by State population. As most of you are doubtless aware this population carries a far greater burden of disease than non-indigenous Australians do. Life expectancy is 11 years lower for adult males and about 9 years lower for adult females.

So obviously, there's a health crisis amongst this population and that most certainly extends into mental health. For example, statistically an Aboriginal or Torres Strait Islander person is twice as likely to commit suicide as non-indigenous Australians and other evidence points to greater psychological distress over a multitude of domains. It stands to reason therefore that this group deserves particular attention when it comes to delivering mental health services. Yet according to the Australian Institute of Health and Welfare the highest proportion of full time psychologists reside and work in areas where less than one per cent of that population is indigenous. Where the most indigenous people live, less than one per cent of our psychologists are practising. Clearly there are gaps. We now recognise that understanding and responding to mental health issues is very much culturally bound, that mental health can't be separated from culture. An important aspect of culture for indigenous Australians is their connection with country. As an example, the term, 'sickness for country', is a condition that indigenous Australians will use to describe some of the psychological distress that can be manifest and they experience. This is a good example of where some of the more widely used models of psycho-pathology and treatment don't really take into account enough cultural aspects of treating mental health. Issues such as discrimination and lack of trust further create barriers for indigenous Australians accessing psychological services. It's been suggested by the medical anthropologist, Greg Phillips, that an unlearning and the setting aside of systems which lacked cultural sensitivity is very much required in Australia.

This includes attempting to establish some degree of equity in mental health service delivery and importantly in the training of our profession. Steps towards this may include the enforcement of professional standards which address cultural needs and in curricular development and delivering of training for professionals. Systematic discrimination exists within our healthcare systems. This discrimination is not necessarily deliberate but rather the result of assumptions being made that all can access health services, if the same access is provided to all. However, equality is very different to equity. Equality involves providing the same to all and whilst in some cases that might be progress, it's not enough.

To fully recognise and address disadvantage we need equity. Equity ensures that opportunities and resources are provided which result in everybody reaching the same desired outcome. This requires services which give those who are disadvantaged resources which may exceed the resources given to those living without disadvantage. The National Scheme in its entirety has moved towards the adoption of a reconciliation action plan as Marion Hale has discussed previously tonight. The Psych Board wishes to emphasise the importance of addressing the gaps in Aboriginal and Torres Strait Islander mental health and in training and the Board achieves this via its regulation and associated roles, including the process of curriculum development for the national examination.

One of the core competencies for Australian psychologists seeking registration is working with people from diverse groups. It is ethically responsible practice to maintain knowledge and sensitivity around the issues and needs of Aboriginal and Torres Strait Islander people. The Australian indigenous psychology project is funded by the Office of Learning and Teaching, and this body has been established to increase cultural responsiveness, competence, via curriculum development and also, and very importantly, to increase indigenous participation in psychology education and training.

A major recent project that this group has been involved in is their submission to the Australian Psychology Accreditation Council (APAC) in the development of the new accreditation standards. The full submission from this project can be accessed via the website which I'll put up shortly. Importantly the new APAC standard is expected to include cultural responsiveness as a necessary component within psychology training programs. Hence, we shall hopefully see more specific needs of indigenous Australians addressed in structured and meaningful ways in psychology programs once this standard is adopted.

Cultural responsiveness has been identified as a preferred term over some previously used terms to describe the ongoing development in this area. Cultural responsiveness is more likely to achieve equity rather than merely being aware of, or acknowledging differences, as it entails focused attention and

looking at remedying gaps in the provision of psychological service delivery. So what is cultural responsiveness? It involves holding culture as central, it involves ongoing reflective practice and lifelong learning. It is relationship focused and it is person and community centred.

It involves appreciating diversity between persons, families and communities even when these people do come from the one cultural group and it requires access to knowledge about indigenous histories, peoples and cultures. There is a website on this slide that provides more information. Here we see a list of six capabilities thought to be essential to cultural responsive practice. So respect for that centrality of culture, self-awareness, proactivity, inclusive engagement, leadership, responsibility and accountability.

It's quite a comprehensive list and I might ask you to go away and spend some time thinking about how much - how many of these characteristics we're actually able to incorporate into our practice or how many of these the organisations that we work that might consider incorporating. So it's hoped that through incorporating cultural responsive practice into service delivery, and including this within training programs, that the psychological wellbeing of indigenous Australians may receive more of the attention that this issue so greatly deserves.

Brin Grenyer: Thankyou Rebecca. Thank you again to all speakers. Once again, thank you all for attending today in such great numbers and we would now like to open the floor for informal questions and discussion.

End of transcript