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Lobbying for Endorsement of Community Psychology in Australia

Lynne Cohen[1], Julie Dean[2], Heather Gridley[3], Rebecca Hogea[4], Ken Robinson[5], Emma Sampson[6], Anne Sibbel[7], and Colleen Turner[8]

Australian Psychological Society College of Community Psychologists

Abstract

In November 2010, the areas of practice known as community psychology and health psychology were endorsed by the Australian Health Workforce Ministerial Council (AHWMC). This was a major reversal of the Council's earlier decision in April that year to limit the endorsed areas of practice to those represented by the other seven Colleges of the Australian Psychological Society. This paper describes the intense lobbying effort coordinated by the National Committee of the Australian Psychological Society College of Community Psychologists and their supporters, which was sustained over many months and led ultimately to a changed decision by the Australian Health Ministers. The story is important for community psychology as it demonstrates the power of collective, integrated and focussed political lobbying, in this case to promote and to inform others of the key contributions of community psychology to health policy, illness prevention and primary care. Without endorsement there would be little incentive for universities to offer postgraduate programs in Community Psychology, which would then choke the only pathway to future membership of the College, rendering it unviable. With no further training offered, and eventually no representative body within the APS, there would be direct implications for the sustainability of the whole discipline and practice of community psychology in Australia.

[1] School of Psychology and Social Science, Edith Cowan University, Perth, WA.
[2] School of Population Health, University of Queensland
[3] School of Social Sciences and Psychology, Victoria University, Melbourne
[4] School of Social Sciences and Psychology, Victoria University, Melbourne
[5] School of Psychology and Social Science, Edith Cowan University, Perth, WA.
[6] APS College of Community Psychologists
[7] School of Psychology and Social Science, Edith Cowan University, Perth, WA.
[8] Broadmeadows Uniting Care, Victoria.

Lobbying for Endorsement of Community Psychology in Australia

This paper describes the campaign that members of the Australian Psychological Society (APS) College of Community Psychologists shared with members of the APS College of Health Psychologists, together with a host of supporters, following the 1 April 2010, when it was announced by the Australian Health Workforce Ministerial Council (AHWMC, made up of all Commonwealth (national) and State/Territory health ministers, henceforth 'The Health Ministers') that there would be only seven endorsed areas of practice in psychology under the new national registration system for health professionals. The two areas of practice recognised by the APS, but not endorsed by the Ministers were community psychology and health psychology. The Ministers noted that their decision was "consistent with local and international categories for the psychology profession such as branches of psychology in Western Australia (WA), and the recently recognised domains of practice in the United Kingdom" (AHWMC, 2010, p.1).

The profession of psychology within Australia now formally recognises nine areas of specialist psychological practice, as represented by the nine Colleges of the APS: the APS Colleges of Clinical Neuropsychologists, Clinical Psychologists, Community Psychologists, Counselling Psychologists, Educational and Developmental Psychologists, Forensic Psychologists, Health Psychologists, Organisational Psychologists, and Sport and Exercise Psychologists. 'Generalist' registration (akin to licensing) as a practising psychologist does not require specialisation or endorsement of any one area of practice; in February 2012 there were 28,632 psychologists registered in Australia, of whom 7550 (26%) held an area of practice endorsement (Psychology Board of Australia, 2012).

In November 2010, all nine areas of practice were endorsed by the Ministers following a concerted campaign. It is important to clarify the links between the Ministers and their regulators. Australian psychologists are regulated by the Psychology Board of Australia, operating under the auspice of the Australian Health Practitioner Regulation Agency (AHPRA), which in turn, is responsible to the Health Ministers. AHPRA is the organisation responsible for implementing the new National Registration and Accreditation Scheme (NRAS, henceforth 'National Registration Scheme') across the eight State and Territory jurisdictions of Australia, bringing together the functions of 85 separate health practitioner boards to ten National Boards, covering 530,000 health practitioners (AHPRA, 2011). Prior to the formation of AHPRA, and under the Australian Constitution, health practitioner regulation was the responsibility of the individual States and Territories. Following a joint decision by the Health Ministers, the National Registration process commenced in 2008.

Although the decision to exclude community psychology and health psychology as endorsed areas of practice under National Registration was formally announced in April 2010, it had been 'in the wind' for several months. The Australian Health Ministers Advisory Committee (AHMAC, made up of the Director Generals of Health in each State, henceforth 'Advisers to the Ministers') had initially recommended that the Health Ministers endorse only four practice areas: clinical psychology, counselling psychology, forensic psychology and clinical neuropsychology, with the rationale being that these four were the most likely to represent areas within psychology which would need regulation to protect the health interests of the public. In retrospect, it might have been better for community psychology in Australia had the endorsed areas of practice been confined to the context of direct health service delivery. Had the initial recommendation been followed, then the sizeable minority of psychologists represented by the other five APS colleges would have represented a sustainable counterweight to the power vested in the four that were originally intended to be endorsed. This situation would then have been similar to the New Zealand scenario, where only clinical, educational and more recently, counselling psychology are designated as specialist scopes of practice within their parallel registration system, with the remaining areas (known within the New Zealand Psychological Society as Institutes, more or less corresponding with the nine APS colleges) being content for now at least to be subsumed under the mantle of generalist psychological practice.

The decision, however, to endorse seven areas of practice left the remaining two areas of practice in an invidious situation. It was fortunate that health psychology was also excluded, as the task might have been much more difficult had sport psychology been excluded (with an APS college as small in size as community psychology, with fewer than 100 members nationally at the time) or had organisational psychology been excluded, which was and is as difficult as community psychology to accommodate within a narrow framework of health

service delivery. Although the number of trained or self-identified community psychologists in Australia exceeds 250, about a third of those had elected to join the college. Moreover, both community psychology and health psychology were well represented at senior levels within the APS National Office, which helped to maintain the steadfastness of the APS to keep lobbying for all nine specialist areas, in keeping with its official policy that all the areas of practice represented by all nine Colleges of the APS should be endorsed.

The Health Ministers' decision to endorse seven areas of psychological practice, rather than the four originally proposed, was associated with the political situation in WA, and as such was both political and pragmatic. WA was the only jurisdiction to have had a pre-existing system of specialist registration at the time of announcement of the areas of endorsed practice, with practitioners in these seven areas having been recognised by the WA Registration Board for many years as holding specialist title registration. No such system operated in the more populous States of Victoria and New South Wales, and specialist registration had indeed been abandoned in Victoria during the 1990s, as having no demonstrable added value. But among WA psychologists, a major concern was that their specialist titles would be lost with the introduction of endorsed areas of practice, and a well organised pressure group had emerged in that state to advance the interests of specialist psychologists within the new national system.

As WA had been the only State to have a pre-existing system of specialist registration, its list of seven areas became the fallback position as the Advisers to the Ministers were pressured by the APS and other bodies to expand on the original four. Hence, the WA Health Minister, the Hon Dr Kim Hames stated that approval for area of practice endorsement was based on maintaining consistency with WA's seven branches of specialist registration, pending development of national criteria for assessing specialist registration proposals. It is interesting to speculate why the regulation system in the least populated State in Australia was accepted without any supporting evidence from the six other States and Territories. Pragmatically, it would have been more difficult to completely remove the existing specialist status from WA psychologists than to 'grant' it to the rest of the country; and politically, at the time WA was the only state with a conservative government that needed to be accommodated by the Federal Labor Government that was ultimately responsible for implementing the National Registration scheme.

So 'endorsement' was the compromise position; very few of the health professions were permitted to include specialist titles at all under the National Registration Scheme.

In the section that follows, the authors have collated reports from some of the key individuals associated with the collective community psychology response to the Health Ministers' decision to endorse seven areas of psychological practice, rather than all nine areas long recognised by the APS. These voices provide a narrative that should be understood within the political framework of Australia, which is a federation of State and Territorial governments, represented by the Federal or Commonwealth Government based in Canberra, Australian Capital Territory, and also within the context of Australian community psychology, which traditionally has been strongest in Victoria, WA and Queensland, where postgraduate courses are running or have run in the past. The Appendix at the end of this paper summarises all the initiatives undertaken by different groups to obtain endorsement for community psychology.

The College Chair's perspective - *Lynne Cohen*

It was shortly after I became National Chair of the APS College of Community Psychologists, that the news of our failure to be endorsed by the Health Ministers was released by the Psychology Board of Australia. This devastating information was set to unite a group of people in ways we could never have envisaged. Once the disbelief had settled came the realisation that this could mean the demise of the College and community psychology in Australia, as there would be no incentive for universities to offer postgraduate training programs, and the numbers of students electing to study community psychology would soon reduce to the stage where programs would be unsustainable. Postgraduate students would be unlikely to elect a study pathway which would not lead to professional endorsement. A meeting was organised in Melbourne, Victoria to which members of the National Committee of the College, (comprising the Chair, Secretary, Treasurer, Membership Secretary, Program Accreditation and Professional Development convenors, state section and student representatives), and other interested parties were invited. I was extremely apprehensive prior to the meeting as there was little indication at that point of whether there was adequate support and motivation by the members to pursue endorsement. However it soon became apparent within a short timeframe that there was overwhelming support for developing a campaign

and not giving up in the face of adversity. I was also aware that the campaign would require coordination and monitoring across Australia. Leaders emerged from the different State branches and the entire operation was managed with precision by Dr Anne Sibbel in WA.

My role in the subsequent months became one of facilitation by writing and meeting with various Members of Parliament, using personal contacts to acquire support from international organisations, as well as government and non-government agencies with which we had previously worked and who supported the skills and competencies of community psychologists. A defining moment for me during this time was a decision that the committee had made to consider seeking expert advice from a professional lobbyist to assist us with our endeavours. An appropriate person was recommended and a meeting was arranged. It was after the meeting when I realised that all our members and supporters were already engaged in the activities suggested by the expert. I knew from that moment that we were taking the correct approach and that we were going to excel in at least trying to achieve our goal – the endorsement (and survival) of community psychology in Australia.

Letters of support and cultivating champions

Anne Sibbel - National Secretary of the APS College of Community Psychologists

Following the Health Ministers' decision not to recognise community psychology under the National Registration Scheme, our National Committee convened an urgent face-to-face meeting to put together our response to this decision. We agreed on a number of strategies (See Appendix A), realising we needed a fluid process that was able to be responsive to future developments. Letter writing and meetings with key decision makers to present our case for endorsement, to correct misinformation about what community psychologists do, and to cultivate support for our endorsement were two of these strategies. As a small college, we needed members of the various government committees who had the decision making power in this process to understand who we were, what we did and our unique contribution to the wellbeing of the Australian population.

In WA, we tried to arrange a meeting with Health Minister Hames, but for "ordinary" people such meetings are usually booked months in advance, time we didn't have. I mentioned our plight to a neighbour at our local residents and ratepayers association meeting. A few days later I was thrilled to receive an email from that neighbour asking if we'd like him to use his political connections to arrange a meeting for us with the WA Shadow[9] Minister for Health, Roger Cook. A few days later Ken Robinson and I met with Roger at Parliament House in Perth. Roger was sympathetic to our cause and seemed to have a good understanding of the situation but we weren't sure how he could further help us. But sometimes luck can be on your side and you can be in the "right place at the right time". Just as we were about to close our meeting with Roger, Minister Hames walked past where we were sitting. Roger asked him over and introduced us. Minister Hames immediately told us he understood our situation; he was supportive of us being granted endorsement and suggested we needed to get similar support from ministers in the other states in Australia so he would not be a lone voice on the council. This was our first breakthrough and we quickly emailed the news to our colleagues around the country.

At this time we also decided to ask the organisations and companies we work for and with as community psychologists to write to the WA Health Minister in support of our endorsement, detailing value of the particular work we do. I approached the WA Chamber of Minerals and Energy, the peak body representing the booming resource sector, to write on our behalf. The Chamber is a high profile organisation that has the "ear" of government, with the impact of mining on the wellbeing individuals and communities often on the public agenda. A number of community psychologists work in this sector; my own work is with fly-in/fly-out workers and their families, and the Chamber readily agreed to write in our support. The Minister's Chief of Staff replied to their letter within two weeks confirming the Minister's understanding of the situation and his support for community psychology, and suggesting that the Chamber also write to the Chair of the newly formed Psychology Board of Australia.

There were, however, several points in that reply that I thought should be clarified, so a couple of days later I decided to "cold call" the Minister's office and see if they would put me through to his

[9] Shadow ministers are Members or Senators from the Opposition party who are given a 'shadow' portfolio with responsibility to scrutinise the work of a particular Government minister/department. They have no official power, and may or may not be allocated the same portfolio should their party be subsequently elected to government.

Chief of Staff. I was also keen to see if they could advise us on further strategies. I dialed the number and expected the "gatekeepers" to deflect me elsewhere. However, I was very pleasantly surprised a few minutes later to be speaking with Minister Hames' Chief of Staff. He gave me the opportunity to clarify the issues and then made some suggestions for future action. Over the duration of the campaign, the Chief of Staff proved to be an extremely valuable ally – he provided information and advice that I'm sure was crucial to our ultimate success in the campaign – a champion indeed.

Brian English - Committee member of the WA Section of the APS College of Community Psychologists
I was always looking at the issue from two perspectives, first, as a negotiation, and second, from the need for diversity in our profession. The basics of effective negotiation require establishing any fair and reasonable benchmarks: from a procedural justice point of view what I thought was needed was a public statement to correct the information presumably used to justify the decision not to endorse community psychology - hence our decision to write an open letter.

From the perspective of the need for diversity within any profession, the fact that community psychology is relevant to mental health not only needed to be said loud and clear, but it needed to be said by the people and organisations that work with community psychologists (i.e., in most cases Non-Government Organizations). I considered there was not much point in us making our own claims as others would simply point to self-interest, hence my strong advocacy for the NGOs to say it. My psychologist partner Kerry, and I initially drafted letters for NGOs to write to the WA Minister of Health, which raised our profile. These were not chain letters, but individually crafted for each NGO, and for their Ministerial recipients.

Later, when we started receiving contradictory and misinformed replies, for example, that the decision not to endorse community psychology and health psychology had been taken on the advice of the Psychology Board of Australia to the Health Ministers, Kerry and I spent three days researching and writing the draft open letter to all Ministers of Health across Australia. After much email debate, input from the College Committee members across four states and multiple redraftings, the open letter was sent to the Ministers, as a strategy to resolve the misconceptions, factual errors and inconsistencies in reply we had received during the campaign.

Dances with bureaucrats - *Emma Sampson, Co–Chair of the Victorian Section of the APS College of Community Psychologists*

I agreed to follow-up with the Victorian Health Minister, as part of our strategy to contact all Health Ministers to rectify incorrect information and put our case forward to ensure a corrective decision with respect to the endorsement of community and health psychology.

The Minister's office replied promptly – "*Unfortunately the Minister for Health, Hon Daniel Andrews MP, is unable to meet with you at this time. However, the Minister would like for you to meet with his adviser, to discuss your concerns. [The adviser] will be in touch to arrange a convenient meeting time...*" Five weeks later, following numerous attempts to contact the Minister's adviser, Heather Gridley, Victoria University community psychology student Jacinta Wainwright and myself found ourselves outside his office. By this stage it had become apparent that factually incorrect information, such as community psychology not having had specialty status in any jurisdiction in Australia, had been used to justify the initial decision to exclude community and health psychology. Furthermore, the broader context (that WA is not representative of the national context, and that the Psychology Board had actually recommended endorsement of both community psychology and health psychology) was being ignored, not to mention the contradictions with the Government's own health reform agenda that emphasised prevention approaches.

The other 'hook' we had was a media release by David Davis MP (the then Victorian Shadow Health Minister), showing his understanding of the issue and support for endorsement. He had met with Heather and a senior Health Psychology colleague soon after the Health Ministers' decision was announced, and was receptive to anything that might embarrass his ministerial opponent!

Along with the Minister's adviser, another bureaucrat attended our meeting; together they proceeded to question us about community psychology's position. They had been involved in workforce sector reforms within the state, so were aware of the context and particularly interested in why community psychologists needed 'endorsement' and what the 'public' would lose if this area of psychology was not endorsed.

While as community psychologists we are used to 'justifying' our existence within the context of the broader psychology profession, I must say their phrasing (and directness) threw me a little. While not endorsing clinical psychology would have a direct impact on the quality of services for those with mental health issues (as put by the bureaucrat), community psychology is broader, less 'client focused' and more indirect in its processes and outcomes. For a minute I went blank - it is funny how particular language or different ways of phrasing something can stop you in your tracks! I will also admit that I myself questioned our 'need' for endorsement throughout the campaign. Was it necessary to insist on the specialist status of community psychology, given the values and philosophy that drive it? Do we really want or need to professionalise community psychology? Will it just make it more inaccessible to both students and the community? Wouldn't our efforts be better directed towards advocating for the rights of asylum seekers in the face of continuing detrimental immigration policies? Of course, as Heather has pointed out, it is about the recognition among nine specialisations (colleges) and for me the future of the Victoria University course (Masters in Applied Psychology – Community Psychology) – this had been my 'way in' to community psychology, and I didn't want to see this opportunity lost for future students/community psychologists.

In response to their questioning, we managed between us to quickly identify that without endorsement the preventative and strengths-based approaches taken by community psychologists would not be available to the public (phew!). Heather pointed out that, particularly pertinent to the Victorian context, Victoria University currently hosts one of only two accredited programs in Community Psychology in Australia, operating in a stream alongside the equally niche market area of Sport and Exercise Psychology (which did receive endorsement). Thus both streams of the program would be under direct threat if community psychology was not endorsed, which would represent a significant loss to the diversity within the psychology profession. They took note of this point. Jacinta then provided an example of how studying community psychology had 'added value' to her career, providing her with a unique perspective in her work in the family violence field and enabling her to build on the skills she already had.

They were particularly interested in our links with Indigenous psychologists and communities. We explained that community psychologists are oriented to work with Indigenous people and communities in ways that are effective and empowering, and following the meeting, we forwarded them a letter in support of endorsement by Professor Pat Dudgeon APS Fellow and Chair of the Australian Indigenous Psychologists Association, outlining community psychology's role in facilitating the change required to deliver equitable, accessible, sustainable, timely and culturally safe psychological care to Aboriginal and Torres Strait Islander peoples in urban, regional and remote Australia.

In a way only bureaucrats can manage, they didn't give much away! We left happy with the case we had put forward but with not much insight into where it might lead!

Gaining the support of the profession

The APS and broader psychology profession lent their support to our endorsement campaign. I was also armed with the task of putting together an article for *InPsych*, the bi-monthly APS bulletin that goes to all members. Because the endorsement process (and lack thereof in our case) under National Registration was related to the Federal Government's health agenda, after collecting the stories of several community psychologists 'in the field', I familiarised myself with the *National Health and Hospitals Reform Commission* (2009) report. While I could easily promote community psychology and espouse its benefits to communities, it was important to align these with the Government's agenda. The resulting article discussed community psychology's vital role in prevention and health promotion, in advocacy for minority groups and in fostering consumer involvement in health care – three goals of the national health reform agenda. See: http://www.psychology.org.au/publications/inpsych/2010/#jun2010

Some general reflections

The process has since had some unexpected outcomes, with community psychologists and community psychology graduates coming together as never before. The efforts to gain endorsement have also increased College membership by twenty-five per cent since 2010, with one prospective member commenting 'I'll have to join now, after that effort! I have learnt a lot about how decisions are made, and the importance of speaking to the 'right' people. Having a committed group around the country also made an effective campaign possible, as did the constant email

contact, providing key pieces of information throughout the process.

The Student Perspective - *Rebecca Hogea, Postgraduate community psychology student, Victoria University, Melbourne.*

The community psychology postgraduate students at Victoria University were concerned about the decision to exclude community psychology from the list of endorsed areas of practice. We were concerned about the continuation of one of the only community psychology programs in Australia. We were equally concerned about whether this body of knowledge would be available to future students of psychology.

On behalf of the current students, I wrote a letter to Federal Health Minister Nicola Roxon explaining community psychology and its applicability in promoting wellbeing. I also mentioned my own journey to community psychology and how some students travel interstate (myself included) and internationally to study this course. We invited Minister Roxon to speak with students in her own electorate (which includes Victoria University) about this issue.

I received a reply on behalf of Minister Roxon declining the invitation to meet and assuring us that the course was fully accredited, which we already knew - this was not our concern. In an attempt to correct the misunderstanding that students were concerned about their future registration as psychologists, I sent a second letter informing Minister Roxon that the decision to exclude community psychology from endorsement was based on incorrect information. I also highlighted that the focus of both community and health psychology was reflected in her Government's health agenda and reform plans. Once again, on behalf of the students in Minister Roxon's electorate I requested a meeting to discuss this matter in person.

The final letter I received from Minister Roxon's office once again declined the request to meet with her, but this time correctly acknowledged our concerns. We were informed that this matter would be discussed at the approaching Health Ministers' meeting in November. We were pleased that our concerns were eventually understood and acknowledged with a promise of some action. The students wish to thank the College of Community Psychologists for their ongoing updates, information and documentation that supported us to continue correspondence with Minister Roxon. To our knowledge we were the only group that focussed our campaign on her as Federal Minister, while others approached the various State ministers.

Lobbying for support - *Ken Robinson, Chair of the WA Section of the College of Community Psychologists*

During late April 2010, shortly after the adverse announcement by the Health Ministers, Professor Lynne Cohen and I enrolled in a lobbying workshop organised by the WA Public Health Advocacy Institute entitled '"How to lobby me" - Working with politicians – learn from the experts'. The advice had been forwarded by Dr Anne Sibbel, who had received the information from her daughter, a research officer for a State politician. Anne's role as communicator and information forwarder was critical as she was able to tell us the progress of legislation both in WA and in other States.

The workshop speakers were the Hon Jim McGinty, former State Minister for Health and Attorney-General, Federal Government Senator Rachel Siewert, Dr Janet Woollard, independent State Member of the Legislative Council, and Mr Peter Tagliaferro, former Mayor of Fremantle. These speakers represented each of the three tiers of government in Australia: Federal, State and Local. All advised that it was imperative to know and target your politician, to find out their background and what they stand for, to be clear on what you want, and what you want them to do. Jim McGinty advised that it was important to make being persuaded desirable and to arrange third party support, such as the letter from Professor Pat Dudgeon mentioned by Emma Sampson previously. In addition, he advised that it was important to keep repeating the same message, until you find that the message is repeated back to you, and to prepare information kits for speeches, press releases and other communications. Senator Siewert advised us to do our homework and find out what the political process was, to use local state illustrations, for example, research on suicide in WA regional communities, to ensure the information is accessible, and to consider what the opponents, in our case those people who would resist the endorsement of community psychology, would say and be prepared for that[10]. Janet

[10] There was not so much direct opposition to the endorsement of either health or community psychology, as resistance (for some understandable reasons) to a burgeoning of specialist designations

Woollard advised using your Local Member as your lobbyist, as they are able to talk to the Minister responsible on your behalf; she stressed that presentation is important and to ensure that the lobbyist is a good communicator, provides a clear rationale, with examples, and statistics, and leaves the politician thinking that they are now better informed. She emphasised that form letters and chain email should not be used, and that multiple, individually crafted letters were far more effective. Finally, she advised that the help of the politicians lobbied should be acknowledged. At the end of the session, I asked for advice regarding the hiring of professional political lobbyists, and was advised by all four politicians that it was best for groups to do their own lobbying, as they had a much better appreciation for their particular political issue. Both Lynne and I relayed this advice to our National Committee, which subsequently informed our national strategy, as well as our WA State strategy.

At the National meeting convened by Lynne Cohen at the start of our campaign, I volunteered to investigate how to petition. Initially, I considered a petition for the Senate, which is the Commonwealth Upper House, and found I could run an online petition. Most jurisdictions in Australia have adopted the Westminster system of bicameral representation, where legislation is enacted by the lower house, and reviewed by the upper house. Under this system, petitions are far more effective addressed to the upper house. The national petition was important to raise the issue, and to demonstrate widespread support, given that the College of Community Psychologists had fewer than 100 members at the time, and might appear to be in a weak position to argue for its own relevance. It was important to address this misperception, and point out the broader implications of not endorsing community psychology, in that it addresses systemic change that is not necessarily considered in the approaches of other psychology specialities. By November we had generated nearly 3000 signatures to the online petition, which was remarkable.

I quickly realised, however, that a second petition was required as legislation was going through each State House of Parliament, and that the appropriate petition within WA was to its upper house, being the Legislative Council. Although we generated far fewer signatures with the paper-based petition, it was important because it leveraged the role of the house of review in our State. The tabling of this petition raised the profile of our concerns among all politicians within the WA Parliament, and forced me and Anne Sibbel to learn about government process, which proved important in our ongoing strategy and actions.

In keeping with advice from the lobbying workshop, I lobbied Alan Plumb, who at the time was the Chair of the APS WA Branch, and a member of the WA Psychology Registration Board. He is a prominent psychologist whom I convinced to write a letter of support to the Hon. John Hill, South Australian Minister of Health, who is the Chair of the Australian Health Workforce Ministerial Council. Alan's support was important, because it demonstrated third party endorsement for our issue, and that our cause was not limited to the few members of the Community College in WA. It showed that the WA psychology establishment was in sympathy with endorsement of both community psychology and health psychology.

My final recollection is about using the information from the workshop in lobbying prominent WA health bureaucrats. With the WA Section Chair of the College of Health Psychologists, Dr Rosie Rooney, I visited the WA representative on the Health Workforce Principals Committee, made up of senior public service officers representing each State in Australia. This committee is the body that prepares and provides the enabling documentation to be considered by the Advisers to the Ministers, which then passes recommendations to the Health Ministers for their decision. The meeting and subsequent advice from this prominent public official was critical in advising our ongoing strategy. It was she who indicated that we had to lobby and be active in more states than just WA and Victoria, and that it was essential to include Queensland and, if possible, South Australia. She further indicated that it was more important to "convince the organ grinder, rather than the monkey", and therefore to concentrate our efforts on the relevant Health Ministers, their Council Chair, Minister Hill, and his principal adviser, rather than senior health bureaucrats like herself. Her strong advice was to concentrate on the Ministers, as they could either accept or reject advice provided to them. Her advice was important as it ensured that members of our National Committee would involve more States (Heather's

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across the various health professions covered by National Registration. And there was a sense from some quarters within the profession that endorsement of all nine areas might represent 'a bridge too far', so if a campaign was to be waged, we would have to lead it ourselves, in collaboration with the health psychologists.

action with Dr Y, described later, and Julie's action with the Queensland Health Minister) which I believe eventually made the difference to the decision to endorse community and health psychology.

A particularly concerning comment this public official made was that that if the endorsement issue were to be raised with the Health Ministers, it would be likely referred back to the Ministerial Advisers to consider adding endorsements for community psychology and health psychology. This advice corroborated a letter we had recently received from Minister Hill which said that the Ministers "recently decided to refer this matter for the consideration of the Health Workforce Principals Committee..." She explained that this particular Committee was working on the new framework for endorsement which might take more than 12 months to finalise, and that progressing our case would probably have to wait until this process was established. This was the preferred option for Ministers, as it would ensure would ensure that any success on our part would not form a precedent for other professions to make similar claims to endorsement. It seemed that after all our campaigning, all we would achieve was the opportunity to put our case forward whenever the new rules for endorsement would be established, at best in 12 months time.

A glimmer of hope lay in her further advice that we had to show that both community and health psychology had been through a process of independent review to establish that they were, indeed, areas of practice that ought to be endorsed. When I reported this discussion back to the National Committee, Heather Gridley indicated that community psychology had been confirmed as an area of specialist practice within Victoria under its regulations in 1992, and had gone through a process of review sanctioned by its State Government. In addition, Heather pointed out that Health Psychology was one of the recognised areas under the recently established British Health Professions Council. This was the evidence we wanted; we could demonstrate that both community psychology and health psychology had gone through independent review.

The basketball mum's story - *Colleen Turner, Committee member of the Victorian Section of the APS College of Community Psychologists.*

My contribution to the salvation of community psychology was unexpected. Heather Gridley as campaign manager was keeping us up to date and I was trying hard to understand the complexities and circularities. I was prepared to write letters of support, and there was discussion of whether my organisation, and my program area of Communities for Children, would be willing to lend their official support to the campaign.

Amid all of this, Jess my 11-year-old daughter joined a new basketball team, along with a team of parents I needed to meet and bond with, so while watching our girls run up and down and throw endless baskets I fell into conversation with Sally's mother (not the girl's real name). We shared names, children's schools and interests, and eventually our jobs…

Sally's mum worked for the Victorian Department of Human Services. She had, I discovered, been one of the Victorian representatives involved in drafting the new national legislation for health professionals' registration. We had a fairly 'robust' discussion about the pros and cons of national registration and how that would affect existing structures and specialities. I think I expressed some scepticism about the efficiency of introducing yet another layer of bureaucracy, and relayed to her my limited understanding of the community psychology situation. Then training ended and we all went home.

I told Heather about this chance meeting and she, true to the role of campaign manager, urged me to follow up with better information and more questions for this possibly influential person. And so the conversations continued over several weeks of training sessions until I reached the absolute limits of my understanding of the issues, which became more complex as we discussed them.

Sally's mum's opinion – as I recall it, because the bouncing noises were distracting – was that three or four specialist areas in psychology were enough, and that any more would be confusing to psychology consumers, whether they be individuals, organisations – or indeed communities. Further she thought (bounce, bounce, good shot Sally, good shot Jess…) that enough concessions had been made to the APS by the expansion of the list to seven specialities (or endorsed areas of practice).

All of this was logical and sensible. I gave my opinion that the most important thing for community psychology was maintaining the very different skill set through the continuation of specialist university programs. As I recall, Sally's mum was sceptical that refusing endorsement would mean the end of the programs. I confirmed that this was the case because one had already

ceased in WA[11]. But I couldn't explain the hows and whys of the argument.

So back to Heather, who suggested she should have a conversation with Sally's mum. It had become clear at campaign headquarters that the basketball connection was important. Sally's mum had a pivotal role in working from and shaping the Victorian Government's perspective, and ensuring her clear understanding of why community psychology mattered and how its exclusion from endorsement would impact on programs seemed vital.

I admit that at this point I became quite hesitant – it seemed one thing to have general, if increasingly technical, conversations at basketball training and quite another thing for direct lobbying to take place. I worried that exploiting the random personal connection would be seen as unfair; I worried that Sally's mum would cease speaking to me at training, which might impact in turn on Jess and Sally's incipient friendship, and so on… I eventually decided it was ok to lobby after Sally's mum advertised their school fete though the basketball email trail – wasn't that a form of lobbying too? So I gave Heather Sally's mum's contact number, after warning her that Heather might call.

Anyway, they then had a productive conversation including much history and much technical detail. The bit I remember hearing about is Sally's mum disputing that Victoria had ever had specialist registration at all, much less for community psychologists. Heather was able to quote the legislation almost verbatim, including the date the Act was introduced (1987), the date the Regulations were implemented (1992), and indeed, when it was repealed (2000) and specialist registration abandoned on the grounds that it was too much trouble to administer for too little demonstrable additional public benefit beyond general registration of all psychologists.

I don't really know how far this series of conversations fed into the general mix of advocacy and information – Heather believes it contributed to the general softening of attitudes towards psychology, and/or a better understanding at least of community psychology, within the bureaucracy overall. Jess and Sally still play basketball together, and I enjoy conversations with her mum about all sorts of things.

Some reflections

Every 2-4 years there is a crisis in which community psychology needs to review its status as a postgraduate course, as a practice speciality within psychology, as a subgroup of the APS. For me this process has continued for perhaps 15 years now. It's interesting that the battle keeps needing to be fought, and a new generation of policy makers, educational institutions and internal APS management needs to be convinced of the difference, specialness and contributions of community psychology – and so far each time it happens I am persuaded to be part of the campaign. I do think it is important to maintain specialist training, even though I am no longer registered as a psychologist, and registration is not relevant to the work I do or to my professional identity as a community psychologist.

Dances with decision-shapers - *Heather Gridley, Past Chair and current Victorian and National Committee member, APS College of Community Psychologists*

What stands out from the campaign for me is the importance of the chain(s) of correspondence with the key decision makers and their advisers and gatekeepers. As they trickled in, the responses to Brian's much discussed, debated, and redrafted letter to each health minister were notable for their inaccuracies – it was tempting to use some of the more egregious examples to embarrass the minister concerned, but instead we simply used them as hooks for the next letter, email, phone call or, with luck, face-to-face meeting. 'Is the Minister aware that there has been a postgraduate program in community psychology running successfully in her own electorate since 1994?' 'We are concerned that the Minister appears to have been poorly advised; if he is unable to schedule a face-to-face meeting or phone call, is there a senior adviser on health workforce matters we could speak to…?'

We knew that the Chair of the Health Ministers Council was the South Australian Minister, and that

[11] The postgraduate program previously offered by Edith Cowan University was not submitted for accreditation in 2010, soon after the original announcement that community psychology was not to be one of the endorsed areas of practice under National Registration. This meant that there would no further intake of students into the program, as the School of Psychology and Social Science reasoned that potential postgraduate students were more likely to choose a specialty which would gain them endorsement with the Psychology Board of Australia. That decision has now been reversed and a new intake is anticipated in 2013.

the Head of his Department was also Chair of the Ministerial Advisers group. Quite late in the campaign (October 2010), I was visiting Adelaide, capital of South Australia, for another purpose, and took the chance to stay overnight in the hope of arranging a meeting with either the Minister or his chief adviser. We knew that both had been heavily lobbied by the health psychologists, who are strong in that state (where there are only two Community College members). We had communicated with the health psychologists in South Australia, and their advice was that they were not being heard by the Minister or his chief adviser. And we had even heard the Department Head had expressed more comfort with the case for community psychology as a distinct area than with health psychology, which he found harder to distinguish from clinical psychology. So there was now a sense that all the lobbying had prompted some kind of rethink where it mattered, although the APS had been advised (similarly to Ken) that there would be a 12 month delay before the Ministers would be able to review their endorsement decision. And time was running out to reverse that position – the Advisers to the Ministers were due to meet at the end of October, the last opportunity for them to recommend that the Ministers make a corrective decision.

My main task in Adelaide was to find a way to make it easier for the decision to be reversed without too much loss of face. I called and emailed the offices of both the Health Minister and his Department Head, and somehow managed to secure a brief interview with Dr Y that afternoon, perhaps on the basis that he had been well briefed on the health psychology case but had never spoken directly with a community psychologist. I arrived somewhat flushed and dishevelled after walking several long city blocks in warm spring weather, and tried to act cool and composed. Dr Y was fairly gruff and the meeting was brief, but it was obvious he was across his job and didn't really need the supporting documents I had brought with me, as much to prompt myself as to persuade him – a letter of support from Australian Indigenous Psychologists Association Chair Pat Dudgeon, and an excerpt from the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) contexts, which specify a background in community psychology or public health as essential for foreign mental health professionals seeking to work in international disaster settings.

I spoke frankly about our main motivation lying not in achieving specialist status per se, but in the certain demise of all community psychology training, and eventually practice, if endorsement was not granted sooner rather than later. 'We simply don't have 12 months to spare,' I explained, with the next community psychology postgraduate intake in Victoria due in February 2011, and applications already affected by the endorsement issue – 'most students don't know the difference between registration, accreditation, endorsement, APS membership… but they will hear "non-endorsed" and think "don't go there"'. I think this was one point he hadn't fully grasped until now, believing that universities usually have internal reasons for closing down programs. I didn't mention that the Victoria University program had managed to douse one such internal bushfire less than two years earlier, but I did point to the WA program's bid for reaccreditation in mid-2010, which had been put on hold by the university in the wake of the Ministerial decision in April.

But rather than pushing a case that he mostly understood very well, and risk annoying him further than he clearly already was by the stridency of 'the psychology lobby', I sought his advice on where we should direct our energies at this point – to the Ministers or their advisers? Should it be en masse and in public, or carefully targeted behind the scenes? He was quick to suggest targeting the Ministers themselves, possibly to deflect the barrage away from himself and his staff, but his advice extended to which Ministers were likely to be most influential (one was about to face an election and could not participate while in caretaker mode; another would need some convincing; another was already on side, as we knew).

Time was up – the meeting had lasted no more than 10 minutes, yet I felt I had had a respectful hearing and said most of what I had wanted to say – and more importantly, I had come away with some very helpful advice that enabled us to narrow down our campaign strategy for the run home.

FAQs for a BlackBerry: Just-in-time policy advocacy in Queensland - *Julie Dean*

As a member of the APS College of Community Psychologists in Queensland, I was asked if I could represent their voice to the Queensland Health Minister prior to the critical Ministerial Advisers' meeting on October 29. Whilst my previous history of activism has included joining rallies, writing letters of concern to decision-makers and being arrested alongside 500 others for refusing to leave an unwanted uranium mine site, face-to-face presentation of complex arguments to government policy makers was a first for me. In short, it was a little daunting.

My initial task was to understand the complexities of the issues. I was greatly assisted by some timely telephone coaching from the ever-supportive Heather Gridley in Victoria. The next step was to contact the Minister to request a meeting. I first picked the brains of a colleague at my work who also happened to be a member of the ruling Labor party in the state. One his key tips was to emphasise any funding implications (or lack of) for the government regarding the decision to endorse community psychology. Our meeting was scheduled for the afternoon before the all-important Ministerial Advisers' meeting – not much time for things to go wrong!

On the morning of the meeting I participated in my second coaching session; a senior member of the Psychologists Registration Board of Queensland firmly advised me to practise my spiel several times with colleagues before doing the real thing. Thunder and rain poured down as I caught the bus to the city for the meeting. Arriving in good time and huddling under shelter, I realised five minutes before the meeting that I was at the wrong government building! The sprint three blocks to the correct address meant I arrived flustered and wet. I was ushered in to meet three policy advisers, none of whom was the Health Minister, although at least one held a senior government role. I was told that a policy adviser unable to be there that day was in fact a psychologist. There was an atmosphere of reserved friendliness in the air.

My effort to comprehend the dimensions of the issues and practise communicating them was now 'gold'. I firstly explained why I was there and what I wanted. After my five-minute pitch they let me know that they required very brief answers to several specific questions – some I could not even begin to answer. This FAQ style material would inform the Ministerial adviser at the conference first thing the next morning. Critically the answers needed to be brief so they could be quickly understood by reading them on the screen of his BlackBerry.

I dashed back to work, emailing and leaving messages with as many members of the College of Community Psychologists as I could. Thankfully Heather returned my call immediately and we began the task of answering the specified questions:

- What do Community Psychologists do?
- How many Community Psychologists are working in Australia?
- How many Community Psychologists are in training?
- Are Community Psychologists registered in the UK?
- Key issues requiring urgent consideration

Throughout the evening and late into the night emails came in from Victoria and Western Australia from the national community psychology team helping to refine the shape of the all important FAQs. The information was duly sent, and the next day I received an encouraging message from the senior policy adviser "Great work – I have sent it to [the Director-General of Queensland Health]". And so, the FAQs made it to the BlackBerry!

On November 13, 2011, we discovered the results of our long campaign. The Ministerial Advisers had made a positive recommendation, and the Ministers had subsequently agreed to endorse community psychology and health psychology under the National Registration scheme in Australia. A flurry of emails across the country between members of the National Committee and well wishers both nationally and internationally were shared, as were a number of bottles of champagne! On a longer term basis, we have found that our membership has increased by over 25% since this period, with the total number of members of the College of Community Psychologists now being 107. Moreover, as a direct result of the decision to endorse community psychology, the WA academic program was reinstated and will take initial enrolments in the first semester of 2013.

What helped?

This was a collaborative, interactive, multilevel, iterative process, which demanded continued action over a lengthy period of time, shown by the various points made by members and friends of the National Committee of the APS College of Community Psychologists. The points made below in Table 1 are a bald summary of protracted processes that succeeded in convincing State and Federal Health Ministers with respect to the case for endorsement of community psychology as an area of psychological practice. We have provided them also as a reminder that collective, integrated and focussed political lobbying is an important aspect of community psychology practice itself.

Table 1
Strategies used in the campaign

Member action:

- Writing letters and emails to local Members of Parliament and health bureaucrats.
- Signing and promoting petitions.
- Active participation in ICAP Community Psychology sessions.
- Communicating with College Committee and APS National Office about responses received.
- *College National Committee action*:
- Convening the Initial meeting to develop strategy and identify resources such as personal contacts with politicians, bureaucrats, NGO staff etc. Tasks were allocated, and then regular meetings were held afterward by telephone conference and group email.
- Letters and emails to identify key people to lobby and influence; listing of contacts, replies received regularly updated.
- Letter sent to the Ministerial Council (after many discussions and drafts over a number of weeks).
- Attendance at "How to lobby me" politician workshop.
- Developed, maintained and distributed information kit and letter templates for members to use and adapt for own personal communications.
- Developed and distributed national and state level petitions.
- Instigated and attended meetings with identified key politicians, bureaucrats and NGO staff across states.
- Developed questions to be asked in parliament by key politicians.
- Ensured that our State message was supportive and consistent with the APS College of Health Psychologists through their State Section Chair.
- State level support: South Australia, Tasmania, Queensland, esp. WA and Victoria as they have or had recent community psychology programs.
- Support for current students of community psychology by liaising with them and encouraging them to lobby politicians, Psychology Board of Australia, APS.
- General information gathering and development of deep understanding of political and bureaucratic processes involved, including need to have a ministerial champion to support our case from within the ministerial committee.

College Chair action:

- Communication to members – regular updates via Bulk Email.
- Letters, emails and visits to key politicians and bureaucrats challenging misconceptions.
- Elicited support from CP 'champions' around Australia and internationally.
- Strategy co-ordination and ongoing monitoring of current state of affairs.
- Ensured that our message was supportive and consistent with the APS College of Health Psychologists through their National Chair.
- External support from allied professional organisations and non-government organisations:
- Letters of support from BPS, APA, CPS (Canadian), Norwegian colleagues etc; ICAP international keynotes.
- Letters of support from key NGOs, such as the WA Chamber of Mines and Energy.

Note. This Table is provided to assist others who may welcome proven strategies for lobbying, and outlines the varied processes that were used by the APS College of Community Psychologists to obtain area of practice endorsement under National Registration. They are presented as a collection of strategies which were found to be useful and will hopefully assist others in their future endeavours. The examples are provided under major headings which reflect the action taken by a particular group. We investigated an external political lobbyist but it was not seen to be cost-effective, as we had established enough high level personal contacts through members not to require their services. Similarly, we decided not to pursue a media strategy to publicise our concerns, but rather to make extensive use of letter writing, lobbying and persuasion.

Final Reflections

This paper, and indeed the writing of it, revealed the interplay of many skill sets and perspectives

that typify the breadth and diversity of community psychology itself. The process of writing this paper has been collaborative and interactive, as were the processes underlying the successful campaign for endorsement of the areas of community and health psychology in Australia. The breadth and diversity of the accounts reported in the paper indicate that the degrees of separation to the powers that be can be very small; the stories of basketball mums, daughters working for parliamentarians, ministers strolling by, and ratepayers associations demonstrate that effective process is as much informal as formal.

Community psychology in Australia has now been formalised to a greater degree than anywhere else in the world (Fisher, Gridley, Thomas, & Bishop, 2008), not only within the APS but now to the extent of area of practice endorsement within the national registration (licensing) system. The ongoing tension between our often uncomfortable fit with bodies such as these, and our dependence on these same structures for survival, is apparent in the comments of our narrators. Foundation member Stephen Fyson (1992, cited in Gridley & Breen, 2007) summed up the dilemma in compromising the original vision for the sake of professional/organisational survival:

> When we started the Board [now College], we hoped the emphasis would be on interdisciplinary exchange, as well as a common meeting ground for psychologists who wanted to think more broadly - it was thus a tension when it became 'professionalised' (in the Sarason sense of limiting access to knowledge and recognition) as a College… The 'professional' recognition is important, but it has greatly limited the original attempts at the broader aims... (p.135)

Meanwhile the people with whom we like to think we have most in common – community development workers, social planners, Indigenous mental health workers, political activists, epidemiologists, community artists, and so on – are excluded from 'the club', and/or are mostly unaware of our existence (Gridley & Breen, 2007). The energy expended in responding to and complying with burgeoning administrative demands and regulatory practices has often restricted the field to an inward 'maintenance' focus, instead of a more transformative, outward engagement with Australian society at large. We were thrilled when the number of signatories to our online petition reached 3000 – but somewhat shamed when it was noted that fewer than 1000 Australians had signed a petition for the restoration of the Racial Discrimination Act in the Northern Territory. Within mainstream psychology community psychologists might feel like minnows, but we still have more power to 'work the system' than many of the communities we work with. In the midst of our euphoria, we can find ourselves concurring with our UK colleagues (Burton, Boyle, Harris & Kagan, 2007)

> With … a permeating notion of liberatory practice, any debate about who is really doing CP, and about how to organise to do it, perhaps fades away as only of interest to careerist professionals. (p.232)

References

Burton, M., Boyle, S., Harris, C., & Kagan, C. (2007). Community Psychology in Britain, Chapter 10 in S. Reich, M. Reimer, I. Prilleltensky, & M. Montero (Eds.), *International Community Psychology: History and Theories*, NJ.: Kluwer/Springer pp.219-237. ISBN 978 0 387 49499 9.

Fisher, A., Gridley, H., Thomas, DR., & Bishop, B. (2008). Community Psychology in Australia and Aotearoa/New Zealand. *Journal of Community Psychology 36*, 649-660.

Gridley, H. & Breen, L. (2007). So far and yet so near: Twenty-five years of community psychology in Australia, Chapter 5 in S. Reich, M. Reimer, I. Prilleltensky, & M. Montero (Eds.), *International Community Psychology: History and Theories*, NJ.: Kluwer/Springer pp.119-139. ISBN 978 0 387 49499 9.

Inter-Agency Standing Committee (IASC) (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.

National Health and Hospitals Reform Commission (2009). *A Healthier Future For All Australians - Final Report of the National Health and Hospitals Reform Commission.* Canberra: Commonwealth of Australia.

Psychology Board of Australia. (2012). *Connections, 4,* March. http://www.psychologyboard.gov.au/News/Newsletters.aspx Accessed 5 April 2012.