

To: Members of Panel on Health Services, Hong Kong Legislative Council

Re: Pilot Accredited Registers Scheme for Healthcare Professionals

10 Dec 2018

My name is Dr Bertie Wai. I am a clinical psychologist in private practice.

The obstacles facing the AR scheme have very much been powered by a disagreement of words. Some of these disagreements pertain to what counts as quality supervision, what's "the gold standard" etc etc. The hard evidence consistently presented by the CSPP-HK program to testify to the quality of its training has fallen on deaf ears. Mind-boggling as it is, that is not what I came here to talk about today. I came here to talk about what is really at stake: in our professional lives, what is really at stake is the future of a child, a person's emotional wellbeing, a patient's feeling that there is help out there and that society cares.

So today, I want to talk about how we change lives, not how we quibble with words.

As is consistent with professional practice, I have obtained parental consent to share the following material and all personally identifying info has been modified to protect client confidentiality.

I'll call my patient Tinker Bell who was previously diagnosed with ADHD. Upon entering into treatment with me when she was in primary 6, I contacted teachers at her school and I received 2 pages of problematic behavior about my patient. After a year of psychotherapy I attended a teachers' meeting at her new high school and when I asked about her ADHD, I was met with a room of blank stares, as if they were asking "What ADHD?" A teacher kindly explained, "Tinker Bell can be distracted *like everyone else* but she's easily redirected. She's motivated, cooperative, and eager to learn. And she has a nice group of friends. In other words, she doesn't have a learning disability; she has a learning *problem*. Her learning problem is her English, since she comes from a Chinese school." From a student that teachers complained about, Tinker Bell has become a student that teachers love to have in class, and her grades and social relationships have improved significantly.

That's the kind of change that clinical psychologists create, in the lives that we touch.

It is no secret that mental health service is sorely needed. Even in private practice, I find myself facing more requests for services than I can fill. It wasn't exactly my graduate school aspiration to ask a suffering soul to wait to be seen, when they're in the grip of deep emotional turmoil.

To the public we serve, we have a question to answer: "As a society, what do we say to mental health patients that a group of internationally qualified clinical psychologists with culturally-immersed local training and clinical experience is being kept from serving them, a group of professionals who is already practicing and whose services are sorely needed for this very vulnerable population?"

To government officials, I have this question: "Why would a sound public health proposal result in a more restricted access to mental health service, when hard evidence is presented over and over that a group of internally qualified clinical psychologists has both the training and qualifications to meet the needs of the public?"