

Mandatory reporting -
Psychology or policing

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In recent times there has been considerable discussion in the "West Australian" newspaper and on radio about the mandatory reporting of child sexual abuse. I wish to raise a concern that I have about the whole area of psychologists being required to engage in mandatory reporting. In my view it tears at the core of what psychologists have to offer the community.

I recently wrote an article on assessing suicide risk (White(2004)). Below are some excerpts from that document.

"Assessing a client for their potential to commit suicide is significantly hampered by the current legislation in Australia. At present it is legally incumbent on a counsellor or psychotherapist to break confidentiality and inform the relevant authorities (usually the police or the psychiatric emergency team) if they believe that a client of theirs is a significant danger of harming self. This is deemed their duty of care and they are legally bound to break confidentiality in such instances.

This leads to significant difficulties and hampers the treatment of suicidal clients. Clients are usually aware that counsellors are bound to break confidentiality in such circumstances. So all that happens if they are feeling like harming self is they either do not tell the counsellor, significantly modify what they tell the counsellor and maybe even say untrue things to put the counsellor 'of the scent'. For instance telling a counsellor that they have not stock piled medication when in fact they have. Or telling a counsellor that the urge to kill self is only fleeting when in fact it is very strong and persistent at times.

This of course is very detrimental to the treatment of the suicidal individual as the counsellor is then uninformed or misinformed and thus will make poor decisions about the treatment and management of the client. If there was ever a time that a counsellor needs to be well informed about a clients mental state it is when they are having suicidal thoughts. In my view there needs to be a change in the legislation so that counsellors are specifically prohibited from breaking confidentiality when a client is in danger of harming self. Then clients are much more likely to keep their counsellor fully and accurately informed and much better client management decisions will be made by the counsellor. The current legislation in my view directly increases the mismanagement of suicidal individuals. It forces the client into a position where that have to not tell the truth or at least not tell the whole truth to the counsellor thus increasing chances that an individual will die or be maimed by suicide." (Pp23 - 24)

So here we have a situation where mandatory reporting has been implemented and we can see the long term consequences of that. People quickly learn what is reportable and thus just don't tell the psychologist. However not only does it hamper how the client behaves but also the psychologist behaves.

Working in drug rehabilitation as a psychologist one quickly learns that to function one has to get around mandatory reporting. Working with such a population it is inevitable that one will come across people who are allegedly engaged in illegal acts. To function one has to learn how to avoid the conversation going in a direction where specific information is going to be given by the client or if something does slip by you learn to cough at the right time so that it cannot be heard by your self. If the psychologist does not do this then it will not be long before he hears something that needs to be mandatorially reported. If he goes and reports it then in very quick time his name would be known in the drug using community and no one would go near him let alone confide anything in him. One's career as a drug counsellor is quickly terminated. If drug rehabilitation centres adopted a strict mandatory reporting line then they would be shutting their doors in quick time for the same reasons. If this happens then everybody loses - the community, the counsellor and the drug user.

These examples show a key problem with mandatory reporting - it blurs the line between the helping professions and the law. It automatically makes me (a psychologist) a representative of the law. Telling me is the same as telling the police or some other authority. The line between the helping professions and the law must be kept very clear or the effectiveness of such psychological help to the public is dramatically reduced. People with emotional difficulties need a place where they can discuss anything without fear of it becoming public knowledge. If this line is not clear then the public will begin to perceive the psychological profession as a policing body.

Pursuant to this, many years ago the Catholic church discovered the therapeutic value of the confessional, which in some ways was one of the first psychotherapies. They discovered that if a person is troubled by some prior event or some thoughts or feelings then it is therapeutic to tell such troubles to another person particularly in an environment that is sympathetic. The simple act of talking out to a confidant has considerable therapeutic value. This is one of the core assets that psychologists can offer to the public. The confidentiality that it possesses is of considerable therapeutic value.

Finally I would like to mention that WA is the only state that does not have the mandatory reporting of child sexual abuse. In my view this is a positive thing for a whole variety of reasons, none less so than the one I just described. A significant section of the media in this state have taken up the line that mandatory

reporting is the right way to go. From what I have seen psychologists have been deafening in their silence on this matter. I have corresponded a number of times with the media on this and they are not lending a sympathetic ear. To have such an important social policy adopted due to pressure from the media rather than by reasoned assessment of the facts is most undesirable. I hope that in the near future psychologists will start expressing their views, (whatever they may be) on this very important social problem rather than just sitting by and waiting to see what happens.

References:

White, T.

"Assessing Suicide Risk". TA Times. August 2004.