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3 March 2014

The President,  
Australian Psychological Society  
Level 11  
257 Collins Street  
Melbourne VIC 3000  
AUSTRALIA

Dear Professor Hannan,

**Re: Response to article on *Clinical Psychs gravely concerned about pretenders' standards***

In your recent President's Note (*InPsych*, February 2014, Vol 36, Issue 1) you wrote that the APS Code of Ethics Standard A.2.1. "requires psychologists to communicate respect for other people through their action and language, and not to behave towards others in a manner that may be perceived as demeaning." You also noted that there are some "individuals and organizations which do not strive to demonstrate such principles in their public statements, and which seek to advance the interests of one group of psychologists by disparaging others."

Thank you for your timely comments. I would like to draw yours and the APS' attention to an article titled *Clinical psychs gravely concerned over pretenders' standards* published on the internet which appears to illustrate the concerns that you have expressed. This article was published on the online edition of *Hospital and Aged Care* by Yaffa publishing Group. The article can be found on the following link:

<http://www.hospitalandagedcare.com.au/news/clinical-psychs-gravely-concerned-over-pretenders-standards>

A copy of the internet article is attached for your convenience.

The article contains a letter written by Dr Judy Hyde, the President of the Australian Clinical Psychology Association (ACPA) to the former Minister for Health, Tania Plibersek, expressing grave concerns about “people with inferior training working as clinical psychologists.” The article quoted Dr Hyde as saying that “Australia has the lowest standard of training for generalist psychologists in the Western world” and that “around 75% of Australian psychologists would not be permitted to practice as psychologists in any other Western jurisdiction.”

Amongst other comments, Dr Hyde also referred to the practice of the APS’ “recognition of a very large number of psychologists as clinical psychologists who have not undertaken the required accredited clinical psychology training in order for them to obtain the higher clinical rebate from Medicare.” She alleged that this is the result of the APS’ practice of “grandparenting into clinical psychology” psychologists who have not undertaken “the accredited post-graduate training in clinical psychology. Dr Hyde argued “the public has been put at risk” by this practice.

Dr Hyde attempted to support her points by commenting on the suicide of my former client, Ms Charmaine Dragun in 2007, and the coroner’s inquest into her suicide in 2010. She stated that “it’s been found that her misdiagnosis by psychologist Dr Belinda Khong contributed to her death.” Dr Hyde further alleged in her letter that “Dr Khong too was practicing with endorsement in counselling psychology obtained via the APS, but without the accredited qualifications required by PsyBA for practice as a clinical psychologist. The coroner commented that few of the cases in which suicide occurred under these circumstances were investigated by the Coroner’s Court.”

The article casts serious aspersions on the reputation of fellow psychologists, and the standing, reputation and integrity of the APS as our governing body. Additionally, Dr Hyde also appeared to suggest that only clinical psychologists are qualified to make diagnoses. As a longstanding member of the APS, and the College of Counselling Psychologists, I believe that the article, and in particular the letter by Dr Hyde, does a great disservice to psychologists in general, and to the APS.

More specifically, the article contains references to myself that carry imputations that are defamatory including the following:

- that Dr Khong is a “pretender” with respect to her practicing as a psychologist
- that Dr Khong holds herself out as a clinical psychologist without having the necessary qualifications

- that Dr Khong’s training is inferior
- that Dr Khong practices psychology without having adequate qualifications
- that in practicing as a psychologist, Dr Khong is putting members of the public at risk, and
- that “*it’s been found*” that Dr Khong’s misdiagnosis contributed to the death of Charmaine Dragun.

The imputations carried by the article about myself are very serious in that they impugn on my ethical and professional standing, and have caused me significant concern, distress and embarrassment. I am aware of a number of people, including clients, who have read the article.

The purpose of my letter is to correct the false allegations made by Dr Hyde with regard to my status as a psychologist, and the coroner’s findings about Ms Dragun’s death.

The statements made by Dr Hyde in her letter to the Minister concerning my registration and practice as a psychologist are incorrect and misleading.

- I have been a member of the APS and the College of Counselling Psychologists for a number of years. I am also a member of the American Psychological Association (APA). I have published and presented at a number of International Conferences, and serve on the editorial boards of *The Humanistic Psychologist* and *Mindfulness* journals.
- I hold a general registration with the Psychology Board of Australia (PsyBA) with practice endorsement from PsyBA and the APS as a counselling psychologist and I practice in this area. I have not sought endorsement or registration as a clinical psychologist and have never held myself out as such.

Regarding the Coroner’s inquest into the suicide of my former client, Ms Charmaine Dragun, Dr Hyde stated that “it’s been found that her misdiagnosis by psychologist Dr Belinda Khong contributed to her death.”

In his report, the NSW Deputy State Coroner, Malcolm MacPherson did not find that my “misdiagnosis” contributed to Ms Dragun’s death. The coroner found that Ms Dragun’s death was the result of a range of factors including amongst other things, “the failure [by her treating psychiatrist] to alert her [Ms Dragun] to the drug effects of ‘cross-tapering’ ” and “the failure to prevent access to the cliff edge at the Gap.”

A copy of the report of the full findings of the coroner is available at the following:

[http://www.coroners.lawlink.nsw.gov.au/agdbasev7wr/assets/coroners/m40160114/41\\_draguncharm\\_aine072000full.pdf](http://www.coroners.lawlink.nsw.gov.au/agdbasev7wr/assets/coroners/m40160114/41_draguncharm_aine072000full.pdf)

Regarding the question of misdiagnosis, the coroner stated that if Ms Dragun's treating health professionals (2 general practitioners, 1 psychologist and 1 psychiatrist) had made the "correct diagnosis of Bipolar II disorder, she would have been properly treated with a mood stabiliser and she probably would not have committed suicide."

You might like to consider the following information about Ms Dragun's diagnosis in order to appreciate the seriousness of the groundless allegations made by Dr Hyde in her letter and in the published article:

- All Ms Dragun's treating health professionals (2 general practitioners, 1 psychologist, 1 psychiatrist) formed the opinion that she was suffering from mixed high anxiety and depression, developmental issues, long standing problems with low self-esteem and perfectionism, a previous eating disorder and was high self-critical. She often worried about what others might think of her. She experienced significant difficulties in relocating from Perth to Sydney for work, and had ongoing concerns with her finances, relationship issues with her boyfriend, and about starting a family. She was also suffering from premenstrual dysphoria.

Additionally, Ms Dragun was encountering sexual harassment from a colleague and was often rostered to work alone with him including the evening of the day she died. One of the expert psychiatrists surmised that "this arrangement may have accentuated her sense of isolation and lack of a sense of safety." Another expert psychiatrist noted that this arrangement were among a number of issues in the "period prior to her suicide ... that may or may not have impacted on her mood state and on her suicidal preoccupations ..."

The above facts were accepted by the coroner.

- Despite the widely held diagnosis by Ms Dragun’s treating health professionals, the coroner stated that “whilst the diagnosis of depression that followed Charmaine since her teenage years may have been understandable, it was almost certainly wrong.”
- The majority of the expert witnesses at the inquest (3 psychiatrists and 1 clinical psychologist) agreed with the diagnosis of Ms Dragun reached by her treating health professionals. One expert psychiatrist stated that she was probably suffering from Bipolar II disorder. His opinion was based largely on his interpretation of evidence which were also suggestive of other plausible explanations. The third treating general practitioner who saw Ms Dragun for one half hour consultation surmised that she might be experiencing Bipolar II disorder, and recommended further assessment from a psychiatrist. However even this doctor admitted that Ms Dragun did not meet one of the classical criterion of bipolar disorder— “She did not spend too much money which is something that classically bipolar disorder people can do.”
- During my counselling with Ms Dragun, I had assessed her for the differential diagnosis of Bipolar I and II disorders. I formed the opinion that she did not meet the criteria in the Diagnostic and Statistical Manual (DSM-IV) for these disorders. In arriving at this opinion, I had also taken into account my knowledge and information of Ms Dragun derived from my counselling with her. The Coroner was aware of my differential diagnosis that Ms Dragun was not suffering from Bipolar 1 or II disorders.
- The expert clinical psychologist stated that “It would have been reasonable for Dr Khong to question the presence of a Bipolar disorder in Ms Dragun’s case, although there was no evidence as far as I can see of manic episodes or behaviour, or a clinically elevated or manic mood. Rather Ms Dragun’s primary mood concerns seemingly related to anxious and depressive symptomatology.”
- According to one of the expert psychiatrists, the diagnosis of Bipolar II is not “an easy diagnosis to make for several reasons: for example, the difficulty with distinguishing ‘highs’ from normal states. ...It is also hard to make judgements without the living patient to interview. ... Also, the explanation of Ms Dragun’s problems is ambiguous. For example, it is hard to know if busyness is part of a mood swing or a coping mechanism to avoid blackness, anergia and/or a sense of lack of authenticity or internal meaning.”

- Another expert psychiatrist noted that “there are numerous pointed [sic] in the documents provided to suggest that Ms Dragun experienced an upshift in mood on an intermittent basis. This should not be in dispute. However it would be far more difficult (particularly in retrospect) to determine whether the deceased had a depressive disorder which she attempted to control through adopting a hypomanic defence or whether she suffered from a bipolar 2 disorder.”
- The coroner acknowledged my role in persuading Ms Dragun to consult with a psychiatrist for a second opinion on her condition and medication, given her resistance to seeing a psychiatrist as a result of her previous negative experiences with her former psychiatrist in Perth.

I hope that the above information will afford my colleagues and the APS a better appreciation and understanding of Ms Dragun’s mental health issues and suicide, independently of the coroner’s conclusion about her “misdiagnosis.” The expert witnesses’ statements, opinions and diagnoses were set out in their reports to the coroner (and part of the public documents). Unfortunately, many of these statements/opinions/diagnoses were not commented upon by the coroner in his findings. He referred primarily to statements that appeared to support his conclusion that Ms Dragun suffered from a Bipolar II disorder.

I believe that I had formed an opinion that is discrepant from the conclusion reached by the coroner. However I do not accept that I had made a “misdiagnosis” in arriving at the opinion that Ms Dragun was not suffering from Bipolar 1 or II disorder. My diagnosis was substantially supported by the majority of her treating health professionals and the expert witnesses.

The coroner handed down his findings in October 2010. Many psychologists including members of the APS expressed considerable concerns about his conclusions and recommendations, particularly in relation to practice. I was made aware of these concerns and have given talks and seminars to the APS members in Sydney and Brisbane. These events organised by the APS’ Sydney and Brisbane branches were oversubscribed—a reflection of the considerable concerns of its members.

These concerns are likely to be compounded by the disparaging statements made by Dr Hyde as the president of the Australian Clinical Psychology Association regarding the qualifications and professionalism of practitioners who are trying to do their best by their clients. Her actions will further exacerbate the difficulties associated with practice.

The allegations made by Dr Hyde are very serious in nature. Apart from the questions they might give rise to concerning my competence and professionalism as an APS member and a practicing psychologist; the allegations may also cause the public to lose confidence in the reputation, integrity and standing of the APS and its members. I hope that the contents of this letter will lessen my colleagues' concerns about practice and about making diagnoses, especially when serious aspersions are casted on their judgements, professionalism and qualifications by persons in authority. More importantly, I hope that the letter helps to restore the confidence of the public in the APS and its members.

Yours faithfully,

A handwritten signature in cursive script that reads "Belinda Khong". The signature is written in black ink and is positioned above a horizontal line.

Dr Belinda Khong

c.c. Professor Lyn Littlefield  
Michael Di Mattia