



Queensland Counsellors Association Inc
**Member Association of Psychotherapy and Counselling Federation of
Australia**

PO Box 3319
Bracken Ridge, Qld 4017

28 August 2008

Mr Dan Harvey
Service & Workforce Planning Branch
Department of Human Services
GPO Box 4057
MELBOURNE QLD 3001

Dear Mr Harvey,

**Best Practice Self-Regulation Model for Psychotherapy and Counselling in
Australia: Final Report – Submission from Queensland Counsellors Association**

I am writing on behalf of the Queensland Counsellor's Association (QCA), a Member Association of PACFA with regard to the above Report. QCA is a member association of psychotherapists and counsellors that has been going since 1979 and currently has 270 members. The Association fully endorses PACFA's recommendations in response to the above report, namely:

1. QCA supports the development of a best practice model for self-regulation of the counselling and psychotherapy professions in Australia as a transitional step towards a preferred position of a national statutory regulatory system on a similar basis to the provisions that have been adopted in the Intergovernmental Agreement of 26th March 2008 that commits the states, territories and the Commonwealth to a national registration scheme for the health and allied health professions.
2. QCA recommends that key government incentives be provided to treat the professions of counselling and psychotherapy as competent contributors to the development of a comprehensive, equitable and accessible source of emotional and social health and wellbeing through liaison with ARCAP as the most appropriate single credentialing system bringing together members of both the ACA and PACFA. We note the current gross inequities in relation to our Clinical Members being denied access to the Medicare Benefits Schedule purportedly because it is perceived that they do not have the knowledge, skills and experience to be equivalent to those mental health professionals currently eligible to provide services under the Better Access initiative. This is having an adverse impact on the businesses of many

members, and a deleterious effect on consumers of services in that they are being given a restricted range of choice in terms of treatment options. The majority of our Clinical Members have at a minimum post-graduate qualifications in psychotherapy and counselling, with many holding Masters qualifications. A considerable number of QCA Clinical Members have worked in clinical environments throughout their careers, and have accrued many hours of professional development and supervision in the mental health arena. Many of our members currently work in non-government organisations responding to the needs of clients with complex mental health needs including dual diagnosis, trauma, personality disorders, depression, suicide, etc.

Ongoing professional supervision is something that sets the field of psychotherapy and counselling apart from psychology and is a significant time and money commitment on the part of practitioners to ensure that clients receive appropriate, timely, quality services and that practitioners act ethically and professionally. I would add that many of our Clinical Members have qualifications and experience in the mental health area that surpasses that of many psychologists and medical doctors.

3. In line with the PACFA submission we are therefore supportive of:
 - a. Recognition of counsellors and psychotherapists as an allied health profession under the allied health and chronic disease plans, Work Cover and as a source of qualified mental health professionals and other funded counselling services.
 - b. Access to employment positions designated as requiring the competencies of persons listed on the ARCAP.
 - c. Recognition of the minimum standards established in the ARCAP for counselling and psychotherapy services to be granted the same status in laws and regulations as is applied to professional associations recognised under Part 9 of the Private Health Insurance (Accreditation) Rules 2008.
 - d. Inclusion of Counsellors and Psychotherapists in government funded schemes such as Medicare payments and specialised subsidised counselling programs, crisis counselling, to support early intervention and other allied health programs on a client sensitive and cost effective manner, within the allied health and chronic disease plans.
 - e. Support further research into:
 - The relationship between different levels and types of training, practitioner competence and client outcomes through programs such as the UK CORE system of engagement with the professions;
 - The processes of supervision that improve practitioner competence, to inform development of supervisor training and recognition standards;
 - Mapping of requirements for mental health practitioners against the National Practice Standards for the Mental Health Workforce; and
 - Cost-effectiveness analysis of counselling and psychotherapy in different work contexts.
 - f. Provide an effective public education program that enables greater social inclusion and access to qualified health and allied health services for persons seeking clinical and professional psychotherapeutic and counselling services.

To this end QCA supports PACFA's position in recommending that the Australian Health Minister's Advisory Council (AHMAC) and the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the DHS Report in consultation with the Member associations of the ACA and PACFA in the context of the Council of Australian Governments ('COAG') agreements concerning unregistered health professions within the national registration scheme.

QCA, as a Member Association of PACFA endorses the following recommendations:

1. The Boards of ACA and PACFA recommend that the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the proposed single national credentialing system for unregulated health professions that has been adopted in principle for ARCAP by the Counselling and Psychotherapy professions and recommend its acceptance as a transitional model for these professions until an alternative statutory regulatory model has been presented for wider community consultation in respect of any subsequent national registration system.
2. That the AHMAC accept that if statutory regulation is not a readily available option, that the alternative self-regulatory single national credentialing system for counsellors and psychotherapists be adopted as an interim measure to obviate discrimination in government policy and practices between regulated, partially regulated and as yet unregulated health and allied health professions.

Yours sincerely

Julie Wilson-Hirst
President