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Mr Dan Harvey
Service and Workforce Planning Branch
Department of Human Services
GPO Box 4057
Melbourne 3001

RE: Best Practice Self-Regulation Model for Psychotherapy and Counselling in Australia: Final Report 08

Dear Mr Harvey please find below the Australian Counselling Associations response to the above report.

ACA SUBMISSION

Prior to discussing recommendations ACA feels it is necessary to correct a major misleading contention that is perpetuated throughout the report. The author frequently states throughout her report that ACA was consulted in regard this report. ACA categorically stated in its response to the original report in 2006 and subsequent reports that it was not consulted with by the author or, any of her representatives. This final report has continued to perpetuate this misleading contention, again stating that ACA was consulted. The final report even goes on to state that information was gained from an ACA Member Association. This again is misleading; ACA received no formal requests from the author or her representatives, nor was any consultation process entered into with ACA with the author, her representatives or any other party in regard to this report. It must also be stated that no ACA Member Association was authorised nor sought authority from ACA to represent ACA in relation to this report and ACA was at no time informed by any of its Member Associations that they were acting on behalf of ACA or its members. ACA did respond with a written report to the Department (DHS) in regard the initial report submitted to DHS in 2006. However this was after the consultation period and should not be misconstrued as being part of the consultation process.

In light of ACA representing over 3000 counsellors and psychotherapists, any statements relating to an open consultation process of the profession is clearly incorrect. The report is more accurately a representation of PACFA and its Member Associations at that time. Therefore any references to ACA, its members or any conclusions drawn on behalf of ACA in relation to being consulted are assumptions by the author only. Many of the statements referring to ACA are materially inaccurate.

It must also be recognised that the report was written within the historical context of an era in which the profession was quite divided and advocates of one side or the other sometimes engaged in somewhat polemical activities and statements that underplayed the true value of the adversarial organisation and failed to take into account the validity of the variety of opinions as to the topic of self-regulation and the manner in which to best achieve it. This resulted in a position being presented that was detrimental to the ACA.

Australian Counselling Association (ACA) 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.

It is recommended 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.

Such incentives would include:

- 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
 - 1.1.1 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.
 - 1.1.2 The processes of supervision that improves practitioner competence, to inform development of supervisor training and recognition standards.
 - 1.1.3 Mapping of requirements for mental health practitioners against the National Practice Standards for the Mental Health Workforce, and
 - 1.1.4 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.

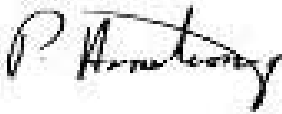
To this end it is recommended that the Australian Health Minister's Advisory Council (AHMAC) and the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the DHS Report in consultation with the Member associations of the ACA and PACFA in the context of the Council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

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.

Please do not hesitate to contact me should you require further information or clarification of this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P. Armstrong', written in a cursive style.

Philip Armstrong
CEO