



Medicare provider numbers for Counsellors and Psychotherapists

Submission from the Australian
Register of Counsellors and
Psychotherapists (ARCAP)

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About ARCAP

The Australian Register of Counsellors and Psychotherapists (ARCAP) is an entity jointly established by the Psychotherapy and Counselling Federation of Australia (PACFA) and the Australian Counselling Association (ACA) as a national register of qualified Counsellors and Psychotherapists. Practitioners listed on the ARCAP are qualified Counsellors and Psychotherapists actively registered with PACFA or the ACA. As such, Counsellors and Psychotherapists listed on the ARCAP meet the member registration requirements of PACFA or the ACA, including qualifications, annual requirements for professional development and supervision, adherence to a Code of Ethics and requirements to be insured. Practitioners on the ARCAP are geographically distributed throughout Australia in urban, regional and rural areas.

Terms used in this Submission

In this submission, the term “Counsellors and Psychotherapists” is used to refer to practitioners who are registered with the Australian Counselling Association (ACA) and/or the Psychotherapy and Counselling Federation of Australia (PACFA). They have completed appropriate training in counselling or psychotherapy and at least two years full-time practice since qualifying (a minimum of 750 supervised client hours). These practitioners are competent to provide evidence-based interventions to support people with their mental health.

The terms “Certified Practising Counsellors and “Certified Practising Psychotherapist” refer to those members of the ACA and PACFA who meet all of the member registration requirements described in this submission and have also been through a comprehensive assessment by ARCAP against the *ARCAP Mental Health Practice Standards*, to demonstrate that their practice meets expected standards for Medicare provider number eligibility.

Introduction

The Australian Register of Counsellors and Psychotherapists (ARCAP) has prepared this submission to the Minister for Health to propose the addition of appropriately qualified and experienced Counsellors and Psychotherapists to the list of allied health professions in the *Health Insurance (Allied Health Services) Determination 2014* which provide Focussed Psychological Strategies under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access)* initiative (BAI).

Counsellors and Psychotherapists are a qualified and skilled but under-utilised part of the mental health workforce. This submission outlines why Counsellors and Psychotherapists are an appropriate, cost-effective option for patients with mild to moderate mental health issues, while also having the expertise to support patients with more complex mental health issues.

The rationale for adding Counsellors and Psychotherapists to Medicare-funded mental health providers is to improve access to and targeting of services provided under BAI. The most recent national figures on MBS-funded mental health services indicate that usage has nearly doubled over the last decade, with 10.2% of Australians accessing services in 2017-18, compared to 5.7% in 2008-09 (AIHW 2019a). However, access to services is not proportionate to need, with very high uptake in metropolitan areas and relatively low access in areas of workforce shortage, rural and remote areas, where the underlying need for mental health supports is greatest (AIHW 2019b). There is also a disproportionate reliance on services provided by mental health professions with relatively high per capita service fees, and whose workforce distribution is overwhelmingly urban-based (AIHW, 2019b).

The addition of Counsellors and Psychotherapists as BAI providers would help address workforce shortages in rural and regional areas and in metropolitan areas with poor service access, have a positive impact on the per capita service costs for Government and on out of pocket costs for consumers accessing services under the BAI. It will also improve consumer choice by making a wider range of skilled mental health professionals available under the MBS to all Australians.

Under ARCAP's proposal, Counsellors and Psychotherapists would be required to go through a certification process involving assessment by ARCAP against the assessment requirements described in this submission, including the *ARCAP Mental Health Practice Standards* in order to be deemed eligible for Medicare provider numbers for the BAI. In addition, we propose that the Government explores the potential for Counsellors and Psychotherapists to be added to the list of allied health professions that provide other MBS services:

- Non-directive pregnancy support counselling
- Individual Allied Health Services under Medicare for Chronic Disease Management

ARCAP thanks the Minister for Health and the Australian Government for engaging with us on the crucial issue of improving access to skilled, safe and qualified mental health professionals to support the mental health and well-being of all Australians.

About the counselling and psychotherapy profession

What are counselling and psychotherapy?

Counselling and psychotherapy are interdisciplinary activities provided by a range of health professionals including Counsellors and Psychotherapists as well as psychologists, social workers, occupational therapists, nurses, doctors and psychiatrists. No one professional group holds exclusive rights to practice counselling and psychotherapy but all have a contribution to make in providing these services.

Counselling and psychotherapy aim to:

- prevent mental illness;
- promote mental health and wellbeing;
- provide psychotherapeutic interventions for psychological difficulties such as depression, anxiety, trauma, drug and alcohol abuse, eating disorders, ante and post-natal depression; and
- support people with life's challenges such as relationship difficulties, family violence, chronic illness, disability, bereavement, bullying, discrimination, homelessness, sexual assault and natural disasters.

Counselling and psychotherapy involve a safe and confidential collaboration between qualified practitioners and clients to promote mental health and wellbeing, enhance self-understanding, and resolve identified concerns. Clients are active participants in the therapeutic process at every stage. There is a continuum of services covered by the overarching term "counselling and psychotherapy" from brief and solution-focussed interventions through to longer-term or in-depth interventions to address long-standing patterns impacting on mental health and well-being.

While some other health professions approach mental health using a medical model, counselling and psychotherapy are based on a non-medical, biopsychosocial model (Stallman, 2018). Counselling and psychotherapy focus on the treatment and prevention of mental illness, while actively promoting mental health and wellbeing. The focus on client wellbeing is seen as a distinguishing feature of counselling and psychotherapy (O'Hara & O'Hara, 2015) and this is consistent with the emphasis on well-being and recovery-oriented care in Australian mental health policies and frameworks.

Who are Counsellors and Psychotherapists?

Counsellors and Psychotherapists use empirically supported interventions and specialised interpersonal skills to facilitate change and empower clients. Counsellors and Psychotherapists are, by definition, relational practitioners. The therapeutic relationship between the Counsellor or Psychotherapist and the client is central to practice and underpins the effectiveness of treatment.

Counsellors and Psychotherapists are trained and experienced in delivering person-centred services, supporting clients to develop their own understanding of their experiences, and facilitating clients' recovery process. The person-centred approach places the client at the centre of their own care (Australian Commission on Safety and Quality in Healthcare, 2011).

While several health professions deliver counselling and psychotherapy as a component of their practice, Counsellors and Psychotherapists specialise in counselling and psychotherapy and therefore have highly developed relational expertise. Counsellors have been found to be more accepted by clients compared to psychologists or psychiatrists (Sharpley, Bond & Agnew, 2004).

What is the Scope of Practice of Counsellors and Psychotherapists?

Scope of practice is the area of the profession in which a Counsellor or Psychotherapist has the knowledge, skills and experience to practise competently, safely, and lawfully, in a way that meets standards and does not pose any danger to the public or to themselves.

The professional competence of Counsellors and Psychotherapists is well established through research (Pelling, 2009; Hughes, 2014). The knowledge and therapeutic skills of Counsellors and Psychotherapists are developed through comprehensive theoretical and skills training, combined with practice experience under supervision.

Counselling and psychotherapy training is a unique form of relational training and this distinguishes Counsellors and Psychotherapists from mental health professionals trained in other disciplines who also provide counselling services. The curriculum of Counselling and Psychotherapy training focuses on the reflective-practitioner model which fosters accountability through reflexivity and ongoing supervision (O'Hara & O'Hara, 2015). This model, alongside the profession's strong focus on ethical practice, and the regulatory functions provided for the profession ensures protection to clients, their carers and families.

Using their specialised relational skills, Counsellors and Psychotherapists have the capacity to support clients presenting with a range of mild to moderate through to more complex mental health issues and are able to work with, and within, multi-disciplinary mental health teams.

Refer to the ACA's and PACFA's Scopes of Practice for Registered Counsellors to survey the breadth and depth of the competencies, qualifications, practice domains and safe practices of Counsellors within the Australian health system context (PACFA, 2018a; ACA, 2016).

We are a self-regulating profession

The counselling and psychotherapy profession is one of a large number of health professions that are considered safe to be self-regulating, with a range of industry-based regulatory mechanisms in place to support self-regulation. This regulatory model means that Counsellors and Psychotherapists, like Social Workers, are appropriately regulated for inclusion as Medicare providers.

The reported incidence of complaints against Counsellors and Psychotherapists in Australia is low. Regulation by the Australian Health Practitioner Regulation Agency (AHPRA) is reserved for those health professions that pose sufficient risk to the community to warrant government regulation. Based on the low risk profile of Counsellors and Psychotherapists, the Federal Government has determined that Counsellors and Psychotherapists do not require regulation by AHPRA. Regulation by AHPRA does not determine whether a health profession is qualified to deliver Medicare-funded health services. For example, Social Work is a self-regulating profession and appropriately qualified Social Workers are already eligible to deliver mental health services under Medicare.

ARCAP provides robust self-regulatory functions for the counselling and psychotherapy profession, including:

- The PACFA National Register and the ACA National Register which combined, make up the ARCAP
- Training standards for the profession
- Annual supervision requirements
- Annual professional development requirements
- Insurance requirements
- Codes of Ethics for Counsellors and Psychotherapists
- Complaints handling processes

In addition to having robust self-regulation, Counsellors and Psychotherapists are also subject to a limited form of co-regulation that applies to all self-regulating health professions through the *National Code of Conduct for Health Care Workers* (AHMAC, 2014). The Australian Health Ministers' Advisory Council (AHMAC) has agreed this Code will be implemented nationally and the Code is in the process of being legislated at State and Territory level. In addition to setting standards for practice, the National Code enables disciplinary action to be taken and prohibition orders issued in circumstances where a practitioner poses a risk to public health and safety.

Rationale for the inclusion of Counsellors and Psychotherapists as Medicare providers

We are part of the mental health workforce

The Australian mental health workforce requires strengthening in a rapidly changing environment characterised by growing demand on services, increasingly diverse and complex patient needs, divergent demands caused by an ageing population and the increasing prevalence of youth mental health issues and suicide. ARCAP proposes a flexible, multidisciplinary mental health workforce in order to address workforce shortages and meet the increasingly diverse and complex mental health needs of the Australian population.

Historically in Australia, counselling has been a practice that streamed horizontally across multiple professions (Lewis, 2016). There continues to be an overlap in counselling services provided by Counsellors and Psychotherapists and services provided by psychologists, social workers and occupational therapists. Counsellors and Psychotherapists, therefore, share their scope of practice, knowledge and skills with other professions but are currently under-utilised in the Australian health system, including under the BAI and in the regional service coordination activities of commissioning bodies such as Primary Health Networks (PACFA, 2018a).

Full utilisation of an appropriately qualified and skilled mental health workforce, including Counsellors and Psychotherapists, will achieve better client outcomes from mental health services and reduce financial strain on the health system.

Practice standards for the mental health workforce are detailed in the *National Standards for the Mental Health Workforce (2013)*. However, Counsellors and Psychotherapists are not currently included in the professions covered by the National Standards. ARCAP has therefore developed its own *Mental Health Practice Standards* which align with the National Standards. These are detailed on page 12 below.

Consumer access and choice

ARCAP believes that client choice is crucial to access and efficacy of care. People are more likely to seek help if they can consult practitioners who they feel comfortable with and trust. Consumer choice will be increased when a wider range of mental health professionals are recognised as providers under BAI. Consumers may wish to choose Counsellors and Psychotherapists because of their relational expertise and range of evidence based therapeutic practices that match the needs of consumers.

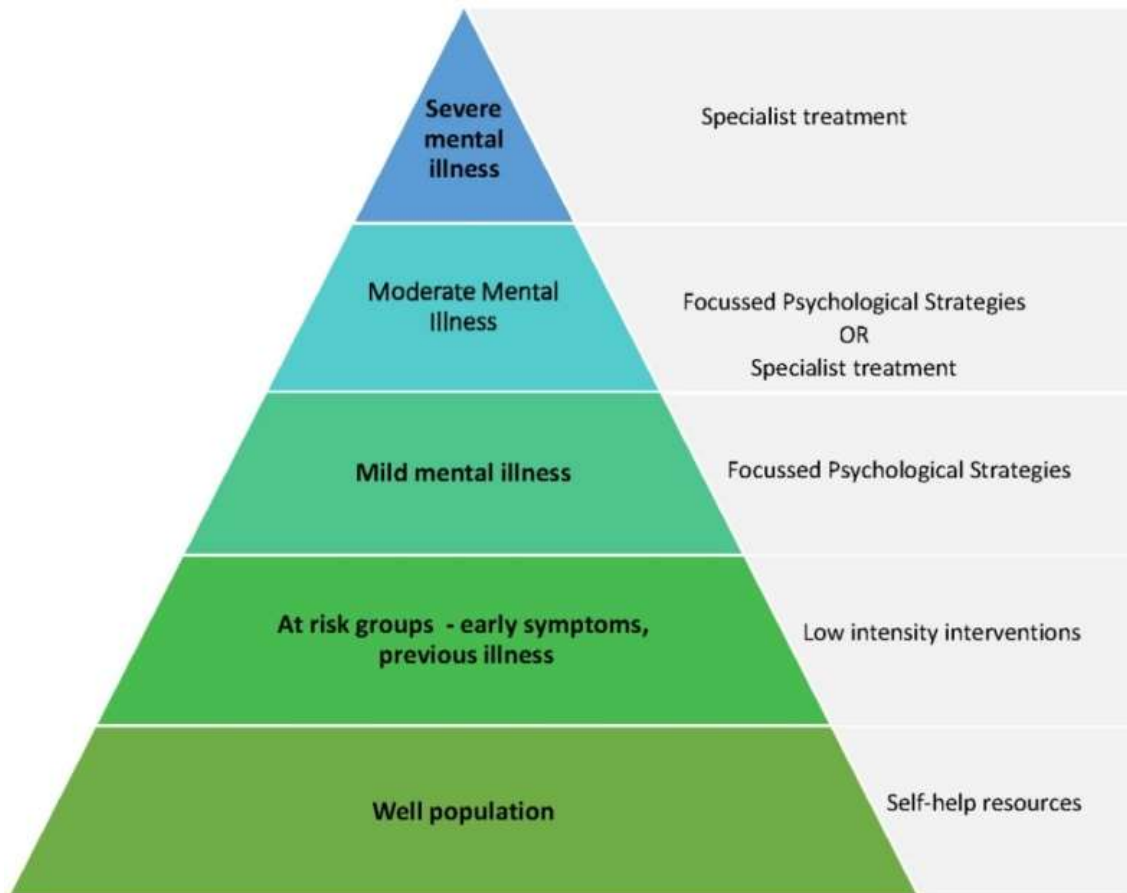
There is strong evidence for the contribution of counselling and psychotherapy to the prevention and treatment of mental illness, including depression, anxiety and trauma (Cuijpers, van Straten, Smit, Mihalopoulos & Beekman, 2008). These findings are supported by research into the common factors underlying the effectiveness of counselling and psychotherapy (Duncan, Miller, Wampold & Hubble, 2009; Wampold, 2015) which has found that all types of therapy achieve broadly similar outcomes and the strength of the client-therapist relationship is a key determinant of outcomes. There is also strong evidence that providing services according to client preference improves therapy outcomes (Iacoviello, McCarthy, Barrett, Rynn, Gallop, & Barber, 2007; Lindhiem, Bennett, Trentacosta, & McLearn, 2014; McLeod, 2012).

Better targeting of services

The addition of Counsellors and Psychotherapists as Medicare providers will help improve targeting of BAI services. The majority of consumers with mild to moderate depression and anxiety do not specifically require intervention from psychologists or from clinical psychologists. These consumers could be effectively assisted by receiving counselling from a Practising Counsellor or Psychotherapist. Prior to the introduction of BAI in 2006, General Practitioners readily referred patients to Counsellors and Psychotherapists but this referral pathway has largely disappeared.

Counsellors and Psychotherapists have competencies, skills, and experience delivering evidence-based psychological strategies (ACA, 2016; PACFA, 2018a) equivalent to the other allied health professionals who currently deliver BAI services. They are well placed to deliver services at all levels in a stepped care service delivery model, from mild to moderate mental health issues, through to more severe mental health issues that require more specialist intervention.

Diagram 1: Targeting services to meet patient needs



Matching the needs of patients with timely, appropriate and targeted care through the inclusion of Counsellors and Psychotherapists in BAI will address current over and under-servicing issues and provide a broader range of services to better target consumer needs. Counsellors and Psychotherapists are qualified to deliver continuous care to consumers with different levels of need.

Utilising Counsellors and Psychotherapists to deliver Focussed Psychological Strategies will increase service capacity for primary care mental health services and move towards optimal use of the existing workforce. This in turn will allow for a more effective system of secondary care and specialist services with greater capacity and flexibility to receive patients and meet service demand. This would lead to a reduction in inappropriate referrals to secondary mental health care services and reduce secondary care assessment times and patient waiting times, allowing for greater continuity of care and better client outcomes.

Addressing workforce shortages

There are currently shortages in the mental health workforce with patients experiencing limited availability and long waiting times for initial appointments and between sessions in some metropolitan areas and other areas with low service access and high levels of underlying mental health need, such as rural and regional Australia. This leads to potentially prolonged psychological distress, contributes to disruption in treatment and increases therapy drop-out rates, which in turn increases the likelihood of future mental health issues. See [Appendix A](#) for an example of the impact

of workforce shortages in one regional area, covered by the Hunter New England and Central Coast Primary Health Network.

BAI has substantial issues catering to the demand for mental health services in regional and rural Australia. Demand for mental health services is high and is not being met by the current pool of providers.

The addition of Counsellors and Psychotherapists to the workforce for BAI will address these workforce shortages and ensure clients have more immediate and ongoing access to the mental health services they need. Counsellors and Psychotherapists are distributed throughout the country and make a significant contribution to services in regional, rural, and remote areas, where specialist services are more difficult to access (Gittoes, Mpofu & Matthews, 2011).

The latest available Mental Health Workforce figures (2017) indicate that nearly 90% of the psychiatrist workforce and 82.7% of the psychologist workforce are situated in major cities (AIHW 2019b). Data on access to MBS-funded mental health services in 2017-18 demonstrates a stark difference between access in major cities and inner regional areas, where approximately 10% of the resident population accessed MBS-funded services, compared to 5.5% and 2.7% respectively in remote and very remote areas (AIHW 2019a). In contrast to the predominantly urban distribution of some other mental health professions, Australian studies of the counselling workforce have found that approximately one third of Counsellors work in regional, rural, and remote areas (Vines, 2011; Pelling, 2005; Schofield & Roedel, 2012; Schofield, 2015).

Counsellors and Psychotherapists currently deliver the same Focussed Psychological Strategies as other allied health professionals working in private practice. The inclusion of Counsellors and Psychotherapists to deliver MBS items for Focussed Psychological Strategies, consistent with other allied mental health providers, will build workforce capacity and provide proven evidence-based therapies to patients seeking MBS-subsidised treatment.

Counsellors and Psychotherapists will also be able to boost uptake of digital health-based counselling for people in rural and remote areas, particularly Aboriginal and Torres Strait Islander and rural populations who are unable to travel great distances for in-person appointments. Counsellors and Psychotherapists are trained and experienced in this mode of service delivery to ensure ethical and safe practice and provide a cost-effective solution for telehealth services.

Cost-effectiveness

Currently, MBS expenditure under Better Access Focussed Psychological Strategy items is inefficiently weighted towards relatively high-cost service delivery options. As at 30 June 2019, services provided by psychologists pay a benefit of \$86.15 per session while services provided by clinical psychologists pay \$126.50 per session. This compares to a benefit of \$75.95 for other allied health providers. This price differential exists even though all providers are providing similar services to their clients.

Table 1: Expenditure on specific MBS funded mental health items by profession, July 2018 – June 2019 (Australian Government, 2019)

Item	Description	Benefit	Services	Cost (Total)
Group M7 Focussed Psychological Strategies				
80160	Focussed Psychological Strategies by Social Worker (>50 mins)	\$75.95	303,247	\$23,540,692
80135	Focussed Psychological Strategies by Occupational Therapist (>50 mins)	\$75.95	56,448	\$4,712,212
80110	Focussed Psychological Strategies by Psychologist (>50 mins)	\$86.15	2,775,299	\$245,056,162
	Totals		3,134,994	\$273,309,066
Group M6 – Psychological Therapy Services				
80010	Assessment and Treatment by Clinical Psychologist (>50 mins)	\$126.50	2,351,468	\$301,990,165
	Totals		5,486,462	\$575,299,231

Services could be provided by a range of suitably qualified practitioners, including Counsellors and Psychotherapists, at the lower rate that currently applies to social workers and occupational therapists of \$75.95. There is no research evidence to indicate that the higher fees paid to psychologists result in better treatment outcomes.

As a workforce, Counsellors and Psychotherapists generally charge lower fees than psychologists. Setting the benefit at \$75.95 for Counsellors and Psychotherapists delivering Focussed Psychological Strategies will be a cost-effective option that is likely to reduce out of pocket expenses for clients, thereby encouraging client participation and delivering per capita cost savings to the health system.

Meeting the needs of under-serviced groups

There is an opportunity to meet the needs of sectors of the community that have been under-serviced or are unable to access services. For example, under-serviced groups such as family and carers of people with mental illness may benefit more from family therapy or relationship counselling where Counsellors and Psychotherapists are highly experienced and have significant expertise. Increasing services to groups such as aged persons, people in rural and remote settings, Aboriginal and Torres Strait Islander peoples, newly settled migrants, and refugees, requires a larger and more diverse workforce.

Aboriginal and Torres Strait Islander people experience significantly poorer mental health outcomes than non-Indigenous Australian. In the 2014-2015 ABS National Aboriginal and Torres Strait Islander Social Survey, 33 per cent of adult respondents had high/very high levels of psychological distress 2.6 times that of non-Indigenous adults (Australian Government, 2017). Counsellors and Psychotherapists would provide a bolstered workforce to respond to the high incidence of social and emotional wellbeing problems and mental ill-health. Further, to help ameliorate the intergenerational effects of trauma, Counsellors and Psychotherapists use culturally competent and safe practices, and a wide range of interventions to respond to cultural diversity, such as Narrative Therapy when working with Aboriginal and Torres Strait Islander clients (Nagel & Thompson, 2007).

Requirements for Counsellors and Psychotherapists to be certified by ARCAP

The following sections outline the proposed requirements for ARCAP certification of Counsellors and Psychotherapists by ARCAP to be eligible to provide Medicare-funded services under the BAI.

Members of PACFA and the ACA will be required to demonstrate that they meet four requirements to be eligible for certification by ARCAP as a Certified Practising Counsellor or Certified Practising Psychotherapist. These requirements relate to:

1. Training
2. Supervised practice experience
3. Professional Association membership
4. ARCAP Mental Health Practice Standards

For a summary of the ARCAP certification requirements, see Appendix B.

1. Training

The minimum qualification requirement for PACFA and ACA members to be considered for certification as a Certified Practising Counsellor or Certified Practising Psychotherapist by ARCAP will be completion of a Bachelor's degree (AQF Level 7) or a Masters degree (AQF level 9) in discipline specific training in counselling or psychotherapy. Training must meet the requirements of the PACFA Training standards (PACFA, 2018b) or the ACA Accreditation of Counsellor Higher Education Courses (ACA, 2012).

PACFA and ACA will be available for discussions with the Department of Health in relation to the specific details of ARCAP's training requirements.

2. Supervised practice experience

To be considered for certification by ARCAP, Counsellors and Psychotherapists are required to have completed a minimum of 750 hours of client contact over a minimum of two years since completing their training, with a minimum of 75 hours of clinical supervision (PACFA, 2018c; ACA, 2016).

Through supervised practice, Counsellors and Psychotherapists have gained the practical experience, knowledge and skills required for competent, ethical practice. As specialists in mental health, their Professional Development and Clinical Supervision are focused on mental health practice and they have gained additional knowledge and experience of current assessment techniques and interventions in mental health, and understanding of research and evaluation methods in mental health. Counsellors and Psychotherapists therefore have the capacity to support clients with complex mental health issues and to work as members of multi-disciplinary mental health teams.

3. Professional Association membership

To be certified, Counsellors and Psychotherapists are required to hold current membership of PACFA at Clinical level, or of the ACA at Level 3 or 4. In order to join PACFA or the ACA, applicants go through a process of verification to ensure that training, qualifications, and supervised experience

meet required standards. Ongoing annual membership of both PACFA and the ACA require practitioners to meet standards around professional development, clinical supervision, insurance and ethics.

i) Professional development

All practicing members of PACFA and the ACA are required to meet minimum Professional Development standards in order to renew their membership annually. Both the ACA and PACFA have policies which set out the annual requirements for professional development, and standards for determining the types of activities that are considered appropriate:

- PACFA Registrants are required to complete a minimum of 20 hours' Continuing Professional Development each year relating to clinical practice in counselling and/or psychotherapy (PACFA, 2017a)
- ACA members are required to complete a minimum of 25 points of Ongoing Professional Development each year (representing a minimum of 25 hours of professional development). Activities must further a member's skills and qualifications as a Counsellor (ACA, 2016)

For the purposes of certification, Counsellors and Psychotherapists will be required to undertake an additional 10 hours per year professional development specifically relating to Focused Psychological Strategies. This will ensure compliance with section 10 of the *Health Insurance (Allied Health Services) Determination 2014* which requires practitioners to undertake 10 hours per year of Focused Psychological Strategies Continuing Professional Development. See [Appendix C](#) for details.

ii) Clinical supervision

Supervision is a contractual, collaborative process which monitors, develops and supports supervisees in their clinical role (PACFA, 2018d). Supervision is central to counsellor training and practice. It provides the counselling and psychotherapy profession with a culture of support and audit and acts as a quality assurance mechanism. The rigour with which Counsellors and Psychotherapists engage in supervision supports to the trust and confidence the community has in Counsellors and Psychotherapists.

Supervision has a positive impact on the practitioner's self-development, ethical and reflective practice, professional development, and self-efficacy (Schofield & Roedel, 2012; Wheeler & Richards, 2007). The focus in supervision is on both the optimum treatment outcome for clients and the professional development and self-care of supervisees. It is an opportunity for the supervisee to present material regarding their practice, with space for reflection by the supervisee and feedback by the supervisor.

Clinical supervision is a requirement during training an ongoing requirement for membership of both PACFA and the ACA. Practicing members of both bodies are required to show evidence of adequate supervision when applying for annual membership renewal:

- PACFA requires 10 hours of Clinical Supervision per year or 15 hours where the member accrues more than 400 client hours in the year (PACFA, 2018c)
- ACA requires 10 hours of Clinical Supervision per year (ACA, 2019b)

iii) Insurance

Practicing members of PACFA and the ACA are required to maintain continuous cover for professional indemnity insurance.

- PACFA requires evidence of currency of insurance (PACFA, 2017b)
- ACA requires evidence of currency of insurance (ACA 2019a)

iv) Ethics

Members of PACFA and the ACA are required to sign an annual declaration that they adhere to the requirements of their Code of Ethics and that they will comply with the applicable complaints handling process in the event of an ethical complaint being made.

Codes of Ethics:

1. *PACFA Code of Ethics* (PACFA, 2017b)
2. *ACA Code of Ethics and Practice* (ACA, 2019a)

Complaints handling processes:

3. *PACFA Professional Conduct Procedures* (PACFA, 2017c)
4. *ACA Complaints Policy and Procedural Guidelines* (ACA, 2019)

The PACFA and ACA Codes of Ethics provide guidance to members and act as a compass towards safe practice. The counselling and psychotherapy profession is trusted by the community because Counsellors and Psychotherapists are trustworthy and act accordingly. Counsellors and Psychotherapists have a sophisticated awareness of confidentiality issues, respect diversity, avoid conflicts of interest, respect professional boundaries, and uphold the key aim of ethical practice which is “do no harm”.

4. ARCAP Mental Health Practice Standards

The *ARCAP Mental Health Practice Standards* have been developed to align with the *National Practice Standards for the Mental Health Workforce 2013* (State of Victoria, 2013), and in compliance with current legislative requirements for allied health professionals eligible for Medicare provider numbers under BAI.

ARCAP is committed to the *National framework for recovery-oriented mental health services* (AHMAC, 2013) and this is reflected in the requirements of the ARCAP Mental Health Practice Standards. In fact, the practice of counselling and psychotherapy aligns closely with the model of recovery-oriented practice both as a process and as an outcome, as counselling and psychotherapy promote hope, wellbeing, self-determination, and active participation in life for people living with mental illness.

The *ARCAP Mental Health Practice Standards* will be used as the basis for rigorous assessment of ACA and PACFA members' eligibility for certification by ARCAP. It is proposed that Certified Counsellors and Psychotherapists will be eligible to apply for Medicare provider numbers.

The *ARCAP Mental Health Practice Standards* provide detailed benchmarks to guide the work of Counsellors and Psychotherapists supporting clients with their mental health. They consist of 20 mandatory Standards against which applicants for certification are assessed, and 69 other Standards

which are included to guide professional practice. The application of these additional standards will depend on the practitioner's experience, practice setting and role.

The *ARCAP Mental Health Practice Standards* are to be read by PACFA and ACA members in conjunction with the PACFA or ACA Code of Ethics (as applicable) as the Codes of Ethics underpin all other PACFA and ACA policies. The ARCAP Mental Health Practice Standards are provided in [Appendix D](#).

Certification of Counsellors and Psychotherapists

Assessment process

ARCAP's certification process for PACFA and ACA members who wish to be recognised as Medicare providers will involve an assessment process that ensures applicants meet four criteria and includes demonstrating the capacity to apply the ARCAP Mental Health Practice Standards in their clinical practice.

A Panel of mental health experts will be formed by ARCAP to oversee the certification process. Applications will be assessed by Designated Assessment Officers employed by PACFA and the ACA and recommendations will be made to the Panel on the suitability of particular applicants for certification. The Panel will make final determinations on all certification applications.

Applicants are required to demonstrate they meet the ARCAP assessment criteria, which are covered in more detail above:

1. Completion of appropriate training
2. Two years of supervised practice experience post qualification
3. Professional Association membership of PACFA (Clinical) or ACA (Level 3 or 4), which require compliance with the following annual requirements:
 - i) Professional Development
 - ii) Clinical supervision
 - iii) Professional indemnity insurance
 - iv) Declaration of adherence to a Code of Ethics and complaints handling process
4. Demonstrated capacity to apply the ARCAP Mental Health Practice Standards in their professional practice by addressing 20 essential points from the Practice Standards

Applicants are also required to provide evidence of suitability to be certified:

5. A written referee statement from a current supervisor or employer.

Certification titles

Following successful assessment against the ARCAP assessment criteria, applicants will be certified by ARCAP and will be eligible to apply for a Medicare provider number. Certified Practising Counsellors and Psychotherapists will be clearly identifiable in a separate Division on the ARCAP.

Certified Practising Counsellor

Certified practitioners from PACFA and the ACA will be listed on a new Division of the ARCAP with the designation “**Certified Practising Counsellor**” (CPC).

Certified Practising Psychotherapist

Certified practitioners from PACFA and the ACA will be listed on a new Division of the ARCAP with the designation “**Certified Practising Psychotherapist**” (CPP).

Renewal requirements

PACFA and ACA members who are successful in achieving certification by ARCAP are required to maintain their certification by meeting the annual membership renewal requirements of their professional association which are detailed in criteria 3.

Utilising Medicare provider numbers for Counsellors and Psychotherapists

In addition to adding ARCAP certified counsellors and psychotherapists as Medicare providers who can provide Focussed Psychological Strategies under BAI, ARCAP also proposes that Certified Counsellors and Psychotherapists could be added to the list of providers that deliver other appropriate MBS services.

- Non-directive pregnancy support counselling
- Chronic Disease Management - Individual Allied Health Services under Medicare

Better Access Initiative

Certified Practising Counsellors and Psychotherapists will be practitioners who have the training and expertise to provide Focused Psychological Strategies under BAI. They are trained to undertake an assessment of the client’s treatment needs, to plan appropriate interventions from the list of Focussed Psychological Strategies, and to report back to the referring GP on the treatment provided and future treatment needs.

Amendments to the *Health Insurance (Allied Health services) Determination 2014* would be required to add ARCAP Certified Counsellors and Psychotherapists to the list of allied health professions eligible to deliver Focussed Psychological Strategies under BAI. This would require the creation of eight new MBS item numbers as detailed in Table 1 below. ARCAP proposes that pricing for the items should be benchmarked against the Schedule fees currently paid for the same service provided by Accredited Mental Health Social Workers and Accredited Mental Health Occupational Therapists.

Table 2: New MBS items for ARCAP-certified Counsellors and Psychotherapists

Item No.	Description	Benefit (85%)
NEW	Focussed Psychological Strategies by a Certified Practising Counsellor or Psychotherapist (<50 mins)	\$53.80
NEW	Focussed Psychological Strategies by a Certified Practising Counsellor or Psychotherapist (<50 mins) via video conference	\$53.80

Item No.	Description	Benefit (85%)
NEW	Focussed Psychological Strategies by a Certified Practising Counsellor or Psychotherapist (<50 mins) other location	\$89.10
NEW	Focussed Psychological Strategies by a Certified Practising Counsellor or Psychotherapist (>50 mins)	\$75.95
NEW	Focussed Psychological Strategies by a Certified Practising Counsellor or Psychotherapist (>50 mins) via video conference	\$75.95
NEW	Focussed Psychological Strategies by a Certified Practising Counsellor or Psychotherapist (>50 mins) other location	\$97.90
NEW	Group Focussed Psychological Strategies by a Certified Practising Counsellor or Psychotherapist (>60 min) per person	\$19.30
NEW	Group Focussed Psychological Strategies by a Certified Practising Counsellor or Psychotherapist (>60 min) per person via video conference	\$19.30

Other relevant Commonwealth Government funded programs

Once Counsellors and Psychotherapists have Medicare provider numbers, there is the potential to include them in the workforce for the delivery of other MBS services in addition to BAI. This could help to address workforce shortages for these other services, for example in rural and regional areas or for underserved client groups. The two services below have been identified by ARCAP.

Non-directive pregnancy support counselling

Medicare rebates are available for up to three visits per patient per pregnancy for non-directive pregnancy support counselling. This service is currently provided by Psychologists, Accredited Mental Health Social Workers and Credentialed Mental Health Nurses (MBS Items 81000, 81005 and 81010). Counsellors and Psychotherapists are ideally suited to providing a non-directive counselling service for patients seeking to resolve issues relating to pregnancy and could therefore be added to the list of providers that provide this service.

Chronic Disease Management - Individual Allied Health Services under Medicare

Medicare rebates are available for up to five visits per calendar year to certain allied health professionals assisting in the care and management of a chronic disease. This service is currently provided by Aboriginal and Torres Strait Islander Health Workers, Psychologists and Mental Health Workers (MBS Items 10950, 10956 and 10968). Counsellors and Psychotherapists could be added as providers for this service to improve access to mental health support for the growing number of patients with chronic diseases.

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Appendix A: Hunter New England and Central Coast Primary Health Network - Mental Health Waiting Times, January 2018 (HNECC, 2018)

Service Location	Waiting Time (days) to assessment	Waiting Time (days) to commence treatment	Provider Name
Armidale	0	41	Centacare New England North West
Barraba	15	15	HealthWISE
Bingara	0	0	Centacare New England North West
Boggabri	0	0	Centacare New England North West
Cessnock	2	25	Hunter Primary Care Ltd
Dungog	5	5	Life Matters Psychologists
Forster	5	5	Life Matters Psychologists
Glen Innes	0	18	Centacare New England North West
Gloucester	10	10	Life Matters Psychologists
Gosford	14	14	Central Coast Primary Care
Gosford	17	17	Yerin Aboriginal Health Services Inc
Gunnedah	15	15	HealthWISE
Guyra	0	33	Centacare New England North West
Inverell	0	8	Centacare New England North West
Lake Macquarie	2	18	Hunter Primary Care Ltd
Maitland	2	18	Hunter Primary Care Ltd
Maitland	3	3	Life Matters Psychologists
Manilla	17	17	HealthWISE
Moree	0	29	Centacare New England North West
Mungindi	0	0	Centacare New England North West
Muswellbrook	3	15	Hunter Primary Care Ltd
Narrabri	0	34	Centacare New England North West
Newcastle	2	15	Hunter Primary Care Ltd
Port Stephens	2	17	Hunter Primary Care Ltd
Quirindi	20	20	HealthWISE
Scone	3	20	Hunter Primary Care Ltd
Singleton	2	15	Hunter Primary Care Ltd
Tamworth	0	18	Centacare New England North West
Tamworth	23	23	HealthWISE
Taree	15	15	Life Matters Psychologists
Tenterfield	0	0	Centacare New England North West
Walcha	15	15	HealthWISE
Warialda	0	0	Centacare New England North West
Wee Waa	0	8	Centacare New England North West
Wyang	9	9	Central Coast Primary Care
Wyang	17	17	Yerin Aboriginal Health Services Inc

Appendix B: Summary of ARCAP certification requirements

Requirement	PACFA members	ACA members	ARCAP Certification
1. Training	Training in counselling or psychotherapy at AQF level 7 or 9	Training in counselling or psychotherapy at AQF level 7 or 9	As per requirements of PACFA or ACA (PACFA, 2018b; ACA, 2012)
2. Supervised practice	750 hours of post-qualifying client contact hours and 75 hours of clinical supervision complete over a minimum of 2 years	750 hours of post-qualifying client contact hours and 75 hours of clinical supervision complete over a minimum of 2 years	As per requirements of PACFA or ACA
3. Membership	PACFA Clinical membership. For Psychotherapists, Clinical membership of the PACFA College of Psychotherapy is also required.	ACA Level 3 membership ACA Level 4 membership	PACFA or ACA membership as appropriate
3.1 Continuing Professional Development	20 hours of Continuing Professional Development (CPD) per year	25 points of Ongoing Professional Development (OPD) per year	As per requirements of PACFA or ACA plus 10 hours of Focused Psychological Strategies CPD per year
3.2 Clinical Supervision	10 hours of clinical supervision per year or 15 hours for more than 400 client contact hours per year	10 hours of clinical supervision per year	As per requirements of PACFA or ACA
3.3 Code of Ethics	PACFA Code of Ethics 2017	ACA Code of Ethics 2018	As per requirements of PACFA or ACA
3.4 Insurance	Professional Indemnity Insurance	Professional Indemnity Insurance	As per requirements of PACFA or ACA
4. Mental Health Practice Standards	Not applicable	Not applicable	Assessment against ARCAP Mental Health Practice Standards
5. References	Not applicable	Not applicable	1 reference from a current employer or Clinical Supervisor

Appendix C: ARCAP Continuing Professional Development (CPD) Requirements

In addition to the annual CPD requirements of PACFA or ACA membership, Certified Counsellors and Psychotherapists are required to undertake 10 hours of ***Focussed psychological strategies continuing professional development*** per year.

Focussed psychological strategies continuing professional development means the completion of 10 continuing professional development units per CPD year, each unit being 1 hour that relate to the delivery of focussed psychological strategies in any of the following areas:

- a) psycho-education;
- b) cognitive-behavioural therapy including;
 - (i) behavioural interventions;
 - (ii) behaviour modification;
 - (iii) exposure techniques;
 - (iv) activity scheduling;
- c) cognitive interventions including:
 - (i) cognitive therapy;
- d) relaxation strategies including;
 - (i) progressive muscle relaxation;
 - (ii) controlled breathing;
- e) skills training including;
 - (i) problem solving skills and training;
 - (ii) anger management;
 - (iii) social skills training;
 - (iv) communication training;
 - (v) stress management;
 - (vi) parent management training;
- f) interpersonal therapy;
- g) narrative therapy (for Aboriginal and Torres Strait Islander people);
- h) clinical skills to undertake a full assessment of a patient in order to form a diagnosis and commence treatment planning.

Appendix D: ARCAP Mental Health Practice Standards

The Australian Register of Counsellors and Psychotherapists (ARCAP) has developed these standards to guide Counsellors and Psychotherapists in their practice supporting clients who have mental health issues.

Certified Counsellors and Psychotherapists are advanced practitioners who specialise in mental health practice. In addition to their training and experience in counselling and/or psychotherapy, they have additional knowledge and experience of current assessment, techniques and interventions in mental health, and understanding of mental health research and evaluation methods. Continuing professional development and clinical supervision are focused on mental health practice. They have the capacity to support clients with mild to moderate through to more complex mental health issues and to work with multi-disciplinary mental health teams.

The ARCAP Mental Health Practice Standards have been developed to provide a set of minimum practice standards for Certified Counsellors and Psychotherapists. The ARCAP Mental Health Practice Standards are based on the [National practice standards for the mental health workforce 2013](#). Evidence of compliance with these standards is a core component of assessment to become a Certified Counsellor and Psychotherapist.

These Standards align with the principles of recovery oriented mental health practice, which apply to the whole mental health service system in Australia. These principles exist to ensure that mental health services are delivered in a way that supports the recovery of clients.

Recovery-oriented care actively supports clients to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations. For an individual requiring support with their mental health, recovery does not mean “cure”; it means having personal autonomy, retaining meaning and purpose in life, restoring a positive self-identity, fostering hope, and leading a contributing life.

The ARCAP Standards are to be read in conjunction with other relevant standards for the counselling and psychotherapy profession:

5. PACFA Code of Ethics (2017)
6. PACFA Scope of Practice for Registered Counsellors (2018)
7. ACA Code of Ethics and Practice (2019)
8. Australian Counselling Association Scope of Practice for Registered Counsellors (2016)

For Counsellors and Psychotherapists applying to ARCAP for certification to be a Medicare provider, the 20 essential Mental Health Practice Standards, which are to be addressed in the certification application process, are detailed in the Appendix.

STANDARD 1: RIGHTS, RESPONSIBILITIES, SAFETY AND PRIVACY

Privacy, dignity and confidentiality are maintained, and safety is actively promoted. Certified Practising Counsellors and Psychotherapists apply legislation, regulations, policies and ethical standards relevant to their role when providing services to clients and their families and carers.

Certified Practising Counsellors and Psychotherapists:

- 1.1 Provide services to clients within the boundaries prescribed by legislation, professional standards, codes of ethical practice and any other applicable national standards.
- 1.2 Apply the principles and accepted standards of human rights in the delivery of mental health services and recognise and support clients' capacity to exercise self-determination in the recovery process
- 1.3 Provide information to clients on their rights and on legislation that may impact on their rights
- 1.4 Comply with State or Territory legislation related to the treatment of mental illness, safety, protection of children and vulnerable adults, privacy, confidentiality and anti-discrimination
- 1.5 Follow appropriate procedures related to client safety and privacy, taking into account risks, age, gender and other relevant factors
- 1.6 Promote an environment that protects clients from all forms of abuse while receiving mental health care, and report incidences of abuse, neglect or violence to appropriate authorities in accordance with relevant legal requirements
- 1.7 When involuntary treatment is being delivered, provide services in compliance with state/territory legislation in the least restrictive environment, and for the minimum duration required
- 1.8 Apply trauma-informed approaches for the support of vulnerable or traumatised clients to ensure the safety of clients and colleagues and to reduce the likelihood of re-traumatisation

STANDARD 2: WORKING WITH CLIENTS AND THEIR FAMILIES AND CARERS IN RECOVERY-FOCUSED WAYS

In working with clients, their families and carers, Certified Practising Counsellors and Psychotherapists support clients to become decision-makers in their own care, implementing the principles of recovery-oriented mental health practice.

Certified Practising Counsellors and Psychotherapists:

- 2.1 Apply the principles of self-determination to support clients, and their family members and carers as appropriate, to be decision-makers in the recovery process
- 2.2 Express hope and optimism, apply a strength-based approach and value clients', families' and carers' knowledge and perspectives
- 2.3 With the clients' informed consent, engage with families and carers in treatment, care and decision-making and ensure family members and carers feel heard, informed and supported
- 2.4 Acknowledge the impact of mental illness on families and carers and support referrals and interventions to help meet these needs
- 2.5 Assist clients and their families and carers to contact peer advocates and consultants
- 2.6 Demonstrate respect for family members' and carers' roles, acknowledge diverse family capacities, experiences and value systems, and use language that demonstrates this respect

- 2.7 Facilitate social inclusion, social connectedness and engagement of clients in activities that offer meaning, satisfaction and purpose to them, such as recreation, education and vocational opportunities
- 2.8 Provide accessible information to clients and their families and carers on mental and physical health issues and conditions, mental health services, and support and self-help organisations.

STANDARD 3: MEETING DIVERSE NEEDS

Certified Practising Counsellors and Psychotherapists actively respect the social, cultural, linguistic, spiritual and gender diversity of clients and their families and carers and incorporate that diversity into their practice.

Certified Practising Counsellors and Psychotherapists:

- 3.1 Acknowledge and articulate diversity in the social, cultural and spiritual values of clients, families and carers, including factors such as age, gender, class, culture, religion, spirituality, disability, power, status, gender identity, sexuality, sexual identity and socioeconomic background
- 3.2 Provide care without discrimination and promote equality of access to therapeutic services
- 3.3 Facilitate care, treatment and support in a manner that demonstrates respect for the diversity of clients and their families and carers, taking into account their lifestyle, values, gender, age, ability, culture, religion, spirituality and sexual identity
- 3.4 Communicate effectively with clients and their families and carers with assistance from interpreters or Aboriginal or Torres Strait Islander health workers as required
- 3.5 Determine if there are cultural considerations that might assist clients and their families and carers to feel more comfortable when receiving services
- 3.6 Employ culturally appropriate approaches to assessment, care and treatment and implement culturally specific practices as appropriate for particular client groups
- 3.7 Work collaboratively with culturally and linguistically appropriate care partners and organisations
- 3.8 Recognise and articulate the extent and limits of their own cultural understanding and seek cultural advice or support where needed.

STANDARD 4: WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE, FAMILIES AND COMMUNITIES

When working with Aboriginal and Torres Strait Islander clients, families and communities, Certified Practising Counsellors and Psychotherapists actively and respectfully reduce barriers to access and facilitate culturally safe care.

Certified Practising Counsellors and Psychotherapists:

- 4.1 Respect Aboriginal and Torres Strait Islander concepts of health and well-being and recognise the influence of historical, social, cultural and linguistic factors on health.

- 4.2 Develop an understanding of Aboriginal and Torres Strait Islander history, particularly the impact of colonisation on present day grief, loss and trauma and its complexity
- 4.3 Communicate in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past experiences
- 4.4 Collect and record information identifying Aboriginal and Torres Strait Islander status respectfully in line with current policy directives
- 4.5 Use culturally sensitive language and preferred terminology in line with current policy directives
- 4.6 Work within the local cultural protocols and kinship structures of Aboriginal and Torres Strait Islander communities
- 4.7 Work in collaboration with Aboriginal and Torres Strait Islander cultural advisors when needed
- 4.8 Provide Aboriginal and Torres Strait Islander people with the option to work with Aboriginal or Torres Strait Islander practitioners where practicable

STANDARD 5: ACCESS

Certified Practising Counsellors and Psychotherapists facilitate timely access to mental health services and provide a high standard of initial assessment and service planning to address potential risks and ensure that services will meet the needs of clients and their families and carers.

Contact

Certified Practising Counsellors and Psychotherapists:

- 5.1 Create a respectful service environment to set clients, families and carers at ease at initial contact or on entry into the service
- 5.2 Clearly explain service processes and parameters in particular, the right to confidentiality and the limits to confidentiality
- 5.3 Provide clear and relevant information for clients and their families and carers about the services, supports and resources that can be provided

Entry to service

Certified Practising Counsellors and Psychotherapists:

- 5.4 Where appropriate, gather information from clients and their families and carers, in order to assess risks and plan services to meet the needs of clients and their families and carers
- 5.5 Conduct risk assessments, taking into account the client's presenting mental state, and potential risks of suicidality, self-harm or harm to others
- 5.6 Collaborate with clients and, with clients' consent, their families and carers, to develop an initial service plan to address key risk issues
- 5.7 Document and clearly communicate the outcome of risk assessments and initial service planning with clients

5.8 Advocating for clients', families' and carers' needs with other relevant services

STANDARD 6: INDIVIDUAL PLANNING

Certified Practising Counsellors and Psychotherapists identify and facilitate access to quality, evidence-informed, values-based health and social care interventions to meet the needs, goals and aspirations of people and their families and carers.

Certified Practising Counsellors and Psychotherapists:

- 6.1 Seek the involvement of clients, and families and carers as appropriate, in treatment planning and reviews
- 6.2 Conduct, within the scope of practice, a comprehensive, trauma-informed, mental health assessment, including but not limited to:
 - risk and protective factors within the client's family and environment
 - triggers for suicidality and risk of harm to self and others
 - developmental tasks and life stage transitions such as changes relating to school or work, housing, life partners and bereavement
 - issues related to drug and alcohol use, exposure to trauma, grief/loss, violence, sexuality, sexual health, sexual identity, gender identity and intimate relationships
- 6.3 Evaluate readiness to engage with the service and any real or perceived barriers to service access
- 6.4 Develop and articulate a comprehensive case formulation that informs treatment planning
- 6.5 Actively seek and incorporate client preferences and expertise in providing mental health treatment
- 6.6 Regularly review progress and update the treatment plan

STANDARD 7: TREATMENT AND SUPPORT

Certified Practising Counsellors and Psychotherapists deliver quality, evidence-informed health and social interventions to meet the needs, goals and aspirations of clients and their families and carers.

Certified Practising Counsellors and Psychotherapists:

- 7.1 Identify signs and symptoms of mental health conditions, including concurrent conditions, taking into account, as appropriate, current systems for the classification of mental health conditions, and make referrals where required.
- 7.2 Together with clients, make informed decisions about suitable interventions to address the presenting issues and their impacts, taking into account individual, family, social and cultural contexts
- 7.3 Plan, implement and monitor a range of engaging, evidence-informed, safe and effective evidence-informed, recovery-focused intervention strategies

- 7.4 Identify, work with and develop the client's strengths and experience of what works and what does not work, working flexibly with the client's pace and priorities
- 7.5 Recognise the importance of early intervention in the treatment of mental health conditions to reduce the length of time for recovery and risk of recurrence
- 7.6 Critically appraise and apply a professional knowledge base in mental health, including one or more of the following focussed psychological strategies:
 - Psycho-education including Motivational Interviewing;
 - Cognitive-Behavioural Therapy;
 - Relaxation strategies including progressive muscle relaxation and controlled breathing;
 - Skills training including problem-solving skills;
 - Anger management;
 - Social skills and communications training, stress management, and parent-child management;
 - Interpersonal Therapy, especially for depression;
 - Narrative Therapy for Aboriginal or Torres Strait Islander clients

STANDARD 8: TRANSITIONS IN CARE

Certified Practising Counsellors and Psychotherapists actively support clients who are exiting a service or having care transferred through a timely, relevant and structured handover, in order to maximise optimal outcomes and promote wellness.

Certified Practising Counsellors and Psychotherapists:

- 8.1 Prepare clients, and families or carers if applicable, for the ending of therapeutic services, breaks in services, or the transfer of care
- 8.2 Adhere to policies and procedures regarding transfer of care, with a focus on recovery and health promotion
- 8.3 Provide the client and, with the client's informed consent, their family/carers and relevant agencies, with information to support transfer of care
- 8.4 Apply relapse prevention strategies to assist clients manage their symptoms and reduce the risk of further episodes requiring mental health support.

STANDARD 9: INTEGRATION AND PARTNERSHIP

Certified Practising Counsellors and Psychotherapists recognise clients, and their families and carers, as being part of a wider community, and mental health services are viewed as one element in a wider service network. They support the provision of coordinated and integrated care across programs, sites and services.

Between agencies

Certified Practising Counsellors and Psychotherapists:

- 9.1 Develop and apply current local knowledge of other service providers, including their roles, service access criteria and referral protocols, and work with clients, and their family and carers, to make appropriate referrals
- 9.2 Work in partnership with clients to define issues that require collaborative care, obtain and document consent for information sharing, and promote access to other services to clients
- 9.3 Coordinate or participate in interdisciplinary and/or interagency case conferences or networks
- 9.4 Make appropriate referrals to consumer and carer networks, support groups, primary health care services such as GPs, emergency services such as hospitals and crisis mental health services, and housing and welfare services

Within an agency or team

Certified Practising Counsellors and Psychotherapists:

- 9.5 Contributes discipline-specific skills and knowledge to interdisciplinary team practice while also valuing the lived experience of clients
- 9.6 With the client's consent, involves other team members in care and support for clients and their families and carers
- 9.7 Communicates effectively within the interdisciplinary team, using language that can be understood by all members of the interdisciplinary team
- 9.8 Supports the integrity of team practice by collaborating in decision making, following team processes and sharing team responsibilities

STANDARD 10: QUALITY IMPROVEMENT

Certified Practising Counsellors and Psychotherapists take active steps to improve services and mental health practices using quality improvement frameworks, in collaboration with clients with lived experience, families and where applicable, other team members.

Service improvement

Certified Practising Counsellors and Psychotherapists:

- 10.1 Understand and actively participate in processes for the development, implementation, integration and review of mental health services
- 10.2 Contribute to a positive, accountable service culture that addresses ethical dilemmas, with a quality-improvement focus that includes learning from mistakes
- 10.3 Facilitate service access and improved health outcomes for priority groups (e.g. Aboriginal and Torres Strait Islander people, children at risk, and groups disadvantaged by geographical location, socioeconomic circumstances, disability or other limiting factors)
- 10.4 Use feedback tools and outcome measures to support service improvement
- 10.5 Work in partnership with clients and their families as carers, as appropriate, to enhance treatment outcomes and encourage their participation in the service delivery process

Research and evaluation

Certified Practising Counsellors and Psychotherapists:

- 10.7 Demonstrate familiarity with current research and evaluation processes in mental health
- 10.8 Apply and integrate current research evidence to practice, aimed at improving outcomes
- 10.9 Analyse and interpret client feedback and research data to inform clinical practice
- 10.10 Contribute to the workforce knowledge base and participate in information and knowledge dissemination activities

STANDARD 11: COMMUNICATION AND INFORMATION MANAGEMENT

Certified Practising Counsellors and Psychotherapists establish connection and rapport with clients and colleagues to build and support effective therapeutic and professional relationships. They maintain a high standard of documentation and use information and evaluation systems to ensure data collection meets clinical, service delivery and evaluation needs.

Communication

Certified Practising Counsellors and Psychotherapists:

- 11.1 Establish positive rapport with clients and their family members and carers, using active listening and advance interpersonal skills
- 11.2 Use culturally appropriate verbal and non-verbal communication strategies
- 11.3 Ensure verbal and written communications are well-formulated, concise and clear
- 11.4 Provide timely written feedback or correspondence to clients, their family members and carers, referrers and other professionals as appropriate

Information management

- 11.5 Maintain high quality, legible records of client contact that are factual, sequential and consistent with professional, organisational and legislative requirements.
- 11.6 Make appropriate use of data collection systems to ensure the reliability and validity of client records, timeliness in reporting and continuity of care when working in a team
- 11.7 Collect only clinically relevant data and ensure clients are fully aware of their rights in relation to collection of data

STANDARD 12: HEALTH PROMOTION AND PREVENTION

Certified Practising Counsellors and Psychotherapists recognise mental health promotion is an integral part of all mental health work. They use mental health promotion and primary prevention principles, and seek, within their scope of practice, to build resilience in communities, groups and individuals, and prevent or reduce the impact of mental illness.

Certified Practising Counsellors and Psychotherapists:

- 12.1 Work collaboratively with clients, and their families and carers as appropriate, to identify behaviours that increase the risk of mental illness and to promote protective factors to support mental health and wellbeing
- 12.2 Apply culturally relevant and appropriate health promotion and primary prevention approaches to people from diverse backgrounds
- 12.3 Support clients to engage in activities for improvement in physical health, exercise, recreation, nutrition, expression of spirituality, creative outlets and stress management
- 12.4 Deliver psychoeducational activities to promote mental health and wellbeing for individuals, families and groups in the community in order to raise awareness of mental health and wellbeing, mental health problems and comorbidities in order to prevent onset
- 12.5 Develop and implement tailored strategies to promote mental health and wellbeing for clients aimed at building resilience across the lifespan and reduce the risk of suicide and self-harming behaviours

STANDARD 13: ETHICAL PRACTICE AND PROFESSIONAL DEVELOPMENT RESPONSIBILITIES

Certified Practising Counsellors and Psychotherapists recognise the rights of people, carers and families, acknowledge power differentials and minimise them whenever possible. Their provision of treatment and care is accountable to people, families and carers, within the boundaries prescribed by national, professional, legal and local codes of conduct and practice. They take responsibility for maintaining and extending their professional knowledge and skills, including contributing to the learning of others.

Certified Practising Counsellors and Psychotherapists:

- 13.1 Work within their scope of practice and seek assistance as required to support safe and effective services or refer clients on to other practitioners if required
- 13.2 Demonstrate legal, ethical and accountable mental health practice and ethical decision making that remains open to the scrutiny of people with lived experience, peers and colleagues
- 13.3 Comply with policies and procedures for reporting potential breaches of codes of conduct, including potential impairment or incompetence of themselves or other practitioners
- 13.4 Participate in professional development, including clinical supervision, to ensure knowledge and skills are current
- 13.5 Engage in reflective practice, and effectively use feedback, evaluation and research to review practice
- 13.6 Demonstrate a commitment to effective self-care

ESSENTIAL MENTAL HEALTH PRACTICE STANDARDS

STANDARD 1: RIGHTS, RESPONSIBILITIES, SAFETY AND PRIVACY

- 1.5 Follow appropriate procedures related to client safety and privacy, taking into account risks, age, gender and other relevant factors
- 1.8 Apply trauma-informed approaches for the support of vulnerable or traumatised clients to ensure the safety of clients and colleagues and to reduce the likelihood of re-traumatisation

STANDARD 2: WORKING WITH CLIENTS AND THEIR FAMILIES AND CARERS IN RECOVERY-FOCUSED WAYS

- 2.1 Apply the principles of self-determination to support clients, and their family members and carers as appropriate, to be decision-makers in the recovery process

STANDARD 3: MEETING DIVERSE NEEDS

- 3.3 Facilitate care, treatment and support in a manner that demonstrates respect for the diversity of clients and their families and carers, taking into account their lifestyle, values, gender, age, ability, culture, religion, spirituality and sexual identity
- 3.8 Recognise and articulate the extent and limits of their own cultural understanding and seek cultural advice or support where needed

STANDARD 4: WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE, FAMILIES AND COMMUNITIES

- 4.2 Develop an understanding of Aboriginal and Torres Strait Islander history, particularly the impact of colonisation on present day grief, loss and trauma and its complexity
- 4.3 Communicate in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past experiences

STANDARD 5: ACCESS

- 5.2 Clearly explain service processes and parameters in particular, the right to confidentiality and the limits to confidentiality
- 5.5 Conduct risk assessments, taking into account the client's presenting mental state, and potential risks of suicidality, self-harm or harm to others
- 5.7 Document and clearly communicate the outcome of risk assessments and initial service planning with clients

STANDARD 6: INDIVIDUAL PLANNING

- 6.2 Conduct, within the scope of practice, a comprehensive, trauma-informed, mental health assessment, including but not limited to:
 - risk and protective factors within the client's family and environment

- triggers for suicidality and risk of harm to self and others
- developmental tasks and life stage transitions such as changes relating to school or work, housing, life partners and bereavement
- issues related to drug and alcohol use, exposure to trauma, grief/loss, violence, sexuality, sexual health, sexual identity, gender identity and intimate relationships

6.4 Develop and articulate a comprehensive case formulation that informs treatment planning

STANDARD 7: TREATMENT AND SUPPORT

7.3 Plan, implement and monitor a range of engaging, evidence-informed, safe and effective evidence-informed, recovery-focused intervention strategies

7.6 Critically appraise and apply a professional knowledge base in mental health, including the following focussed psychological strategies:

- Psycho-education including Motivational Interviewing;
- Cognitive-Behavioural Therapy;
- Relaxation strategies including progressive muscle relaxation and controlled breathing;
- Skills training including problem-solving skills;
- Anger management;
- Social skills and communications training, stress management, and parent-child management;
- Interpersonal Therapy, especially for depression;
- Narrative Therapy for Aboriginal or Torres Strait Islander clients

STANDARD 10: QUALITY IMPROVEMENT

10.1 Understand and actively participate in processes for the development, implementation, integration and review of mental health services

10.6 Contribute to a positive, accountable and solution-focused service culture that addresses ethical dilemmas, with a quality-improvement focus that includes learning from mistakes

10.7 Demonstrate familiarity with current research and evaluation processes in mental health

10.8 Apply and integrate current research evidence to practice, aimed at improving outcomes

STANDARD 12: HEALTH PROMOTION AND PREVENTION

12.5 Develop and implement tailored strategies to promote mental health and wellbeing for clients aimed at building resilience across the lifespan and reduce the risk of suicide and self-harming behaviours

STANDARD 13: ETHICAL PRACTICE AND PROFESSIONAL DEVELOPMENT RESPONSIBILITIES

13.1 Work within their scope of practice and seek assistance as required to support safe and effective services or refer clients on to other practitioners if required