



AUSTRALIAN REGISTER OF COUNSELLORS & PSYCHOTHERAPISTS

Granting eligibility to counsellors and psychotherapists to provide
Medicare Benefits Schedule mental health services



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Granting eligibility to counsellors and psychotherapists to provide MBS mental health services

Submission prepared by the Australian Register of Counsellors and Psychotherapists for the Australian Government Department of Health

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Key points

- This submission contains a simple and effective proposal to improve access to affordable mental health care.
 - It involves the Australian Government granting eligibility to appropriately qualified, experienced and regulated counsellors and psychotherapists to provide MBS services.
- The proposal pertains to:
 - experienced counsellors who are university trained with a Bachelors or Masters degree in counselling. It does not pertain to any or all counsellors.
 - existing services already funded under Medicare. It does not involve any new MBS services.
- A shortage of mental healthcare workers in Australia means that many people living with or at risk of mental ill-health are unable to access the care they need in a timely manner, nor from the providers they prefer.
- This workforce shortage is unnecessarily exacerbated insofar as it is policy induced.
 - Prior to the introduction of Better Access, GPs readily referred clients to counsellors.
 - Now a cohort of highly skilled mental health counsellors stands underutilised.
- Broadening the array of MBS allied health providers to include MBS Registered Counsellors and Psychotherapists would:
 - improve access to affordable mental health care immediately, especially in regional and rural areas
 - enable consumers to realise improved outcomes from services that more closely match their needs and preferences, and to avoid unnecessary out-of-pocket expenses
 - achieve a more efficient allocation of resources between primary and secondary mental health care.
- The proposal describes in detail the extent of industry self-regulation necessary to ensure that MBS services are delivered safely and effectively, including:
 - the requirements that MBS Registered Counsellors and Psychotherapists would need to meet to be recognised as allied health professionals who are eligible to deliver MBS services
 - the necessary regulatory oversight that the Australian Register of Counsellors and Psychotherapists would provide.

1 Introduction

The Australian Register of Counsellors and Psychotherapists (ARCAP) has prepared this submission for the Australian Government Department of Health to address urgent gaps in the mental health workforce.

ARCAP is the independent national register of qualified counsellors and psychotherapists. It is administered by the two major professional counselling associations in Australia: the Australian Counselling Association (ACA) and the Psychotherapy and Counselling Federation of Australia (PACFA). Collectively they represent about 15,000 specialist counsellors and psychotherapists, which is estimated to be nearly 90% of the profession in Australia.¹

A key shortcoming of Australia's health system is that many people living with or at risk of mental illness are unable to receive the mental health care they need and from providers they prefer. This shortcoming is especially acute in regional and rural communities. While many commentators point to workforce shortages, an underutilised cohort of university trained and experienced counsellors is available to help bridge these gaps. However, the current MBS arrangements render these mental healthcare workers inaccessible to those most in need.

This submission presents a proposal to address these gaps by the Australian Government granting eligibility to certain university trained counsellors to deliver particular MBS mental health services. It demonstrates that these counsellors are appropriately qualified, experienced and regulated to deliver MBS services safely and effectively.

Under the proposal, ARCAP would invite interested counsellors and psychotherapists to apply for certification as an MBS Registered Counsellor and/or MBS Registered Psychotherapist. Certification by ARCAP involves rigorous assessment against the requirements set out in this submission. In turn, the Australian Government would deem counsellors who hold such certification by ARCAP as eligible to apply for a Medicare provider number.

1.1 Terminology

This proposal pertains to university trained counsellors that ARCAP would certify as sufficiently experienced and professionally credentialed to deliver particular MBS mental health services safely and effectively. It does not pertain to any or all counsellors, nor all counsellors who are registrants of ARCAP.

¹ The total number of counsellors and psychotherapists in Australia in 2022 is estimated to be about 17,600. This is based on straight-line projections using ABS Census data for 2011 and 2016 for ANZSCO classifications: 272111–272199 and 272314.

Unless a contrary intention appears:

ACA means the Australian Counselling Association.

ARCAP means the Australian Register of Counsellors and Psychotherapists. The ACA and PACFA established ARCAP as a national register of qualified counsellors and psychotherapists.

counsellor means a counsellor or psychotherapist.

MBS Registered Counsellor means a counsellor or psychotherapist who has met ARCAP's standards for Medicare provider number eligibility and who ARCAP has certified as being a Clinical Registrant (under Division A of the ARCAP Register) or as a Registered Counsellor Level 3 or Level 4 (under Division B on the ARCAP Register).

MBS Registered Psychotherapist means the same as **MBS Registered Counsellor**.

PACFA means the Psychotherapy and Counselling Federation of Australia.

1.2 Relevant MBS item numbers

This submission seeks to make MBS Registered Counsellors eligible to deliver services already funded through the MBS. It does not seek eligibility to deliver new MBS services. In addition to adding MBS Registered Counsellors and Psychotherapists to the list of Medicare providers who can provide Focussed Psychological Strategies under Better Access, ARCAP also proposes adding them to the list of providers that can deliver several other MBS counselling services.

Better Access

MBS Registered Counsellors and/or Psychotherapists are allied health practitioners who would be eligible to provide Focussed Psychological Strategies under the Better Access initiative (table 1). They are trained to assess a client's treatment needs, to plan appropriate interventions from the list of Focussed Psychological Strategies and to report back to referring GPs on the treatment provided and future treatment needs.

Other MBS services

Once MBS Registered Counsellors have Medicare provider numbers, there is the potential to include them in the workforce for the delivery of MBS services beyond Better Access. This would serve to alleviate workforce shortages for these services, particularly in regional and rural areas, and among underserved population subgroups more broadly. ARCAP has identified three MBS services that would suit MBS Registered Counsellors: non-directive pregnancy support, chronic disease management, and veterans and families counselling under the Department of Veterans' Affairs program Open Arms.

Table 1 Descriptions of Focused Psychological Strategies under Better Access for delivery by MBS Registered Counsellors and/or Psychotherapists

Medicare item No.	Session Type	Description
NEW	Initial	20–50 mins
NEW	Initial	20–50 mins by video conference
NEW	Initial	20–50 mins other than consulting rooms
NEW	Initial	>50 mins in consulting rooms
NEW	Initial	>50 mins by video conference
NEW	Initial	>50 mins other than consulting rooms
NEW	Additional	20–50 mins in consulting rooms
NEW	Additional	20–50 mins by telehealth
NEW	Additional	20–50 mins by phone
NEW	Additional	>50 mins in consulting rooms
NEW	Additional	>50 mins by telehealth
NEW	Additional	>50 mins by phone
NEW	Group	>60 mins per person
NEW	Group	>60 mins per person via video conference

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 respectively). MBS Registered Counsellors would be ideally suited to providing non-directive counselling services for patients seeking to resolve issues relating to pregnancy and should therefore be added to the list of providers for this service.

Chronic disease management

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, Mental Health Workers and Psychologists (MBS Items 10950, 10956 and 10968 respectively). MBS Registered Counsellors should be added as providers for this service to improve access to mental health support for the growing number of patients with chronic diseases.

Open Arms – Veterans & Families Counselling

MBS Registered Counsellors who are eligible to provide mental health services under the Better Access initiative could also apply to Open Arms for statutory registration as an Outreach Program Counsellor. Open Arms is a national counselling service for Australian veterans and their families which is provided through the Department of Veterans' Affairs.

2 Rationale for including counsellors as Medicare providers

The rationale for including counsellors as Medicare providers is that it helps the MBS system to deliver more effectively, efficiently and equitably on three of four key goals² identified by the MBS Review Taskforce (2020 p. 9):

- affordable and universal access
- value for the patient
- value for the health system.

2.1 *Affordable and universal access*

An acute shortage of mental health workers in Australia means that many people living with mental ill-health are unable to receive the mental health care they need in a timely manner. This contributes to prolonged psychological distress, disrupted treatment and increased therapy drop-out rates which, in turn, increases the likelihood of future mental health issues. For example, the estimated supply of psychologists in 2019 was only 35% of the target in the National Mental Health Service Planning Framework (ACIL Allen, 2021 p. 17).

People living in regional and rural areas have poorer access to mental health services than those living in major cities. While the shortage of psychologists affects all regions of Australia, as with other mental health professions, undersupply of mental health services becomes more pronounced with increasing remoteness (Figure 1).

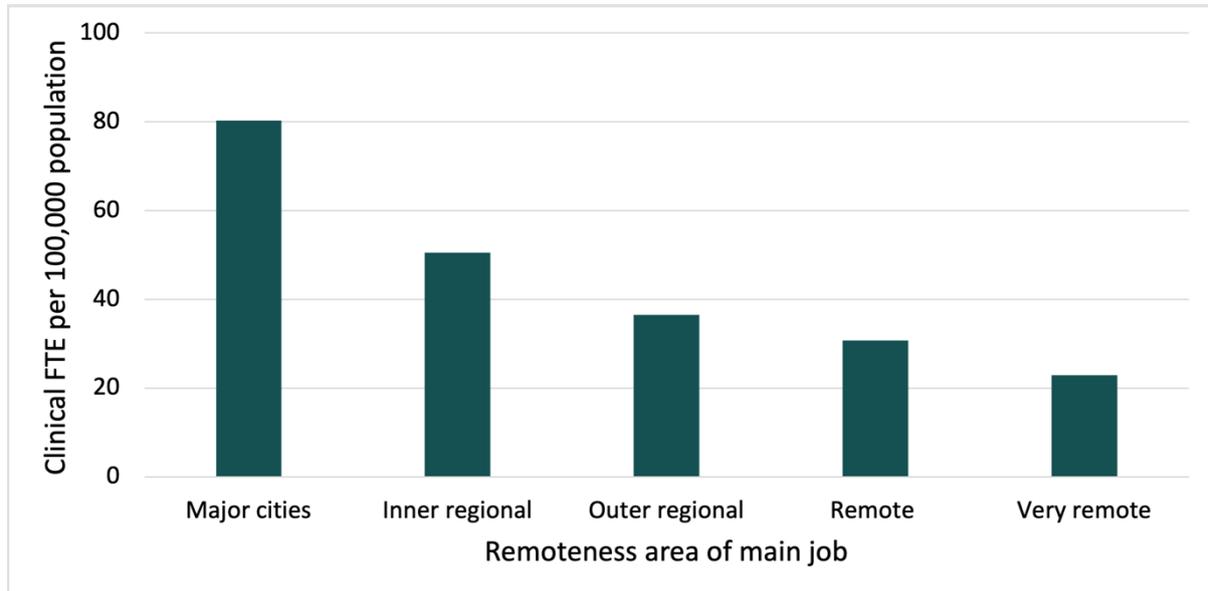
In addition, the demand for psychological services is rising in many areas across Australia (AAPi, 2021 pp. 13, 19). A recent survey of psychologists across Australia (n=1456) found that 1 in 3 psychologists were unable to see new clients and, of those able to accept more patients, 64% reported that waiting times were getting worse (APS, 2022a). And another recent survey of adults across Australia (n=2009) found 10% had sought help from a psychologist or psychiatrist over the past couple of years and, of these, a substantial minority (42%) had to wait at least four weeks, including 9% who had waited at least 10 weeks or been unable to get an appointment (ACA, 2022).

Moreover, mental health workforce pressures are set to continue after COVID-19 has abated. Long-term changes occurring at the intersection of geopolitical, socioeconomic, environmental and technological trends (known as megatrends) have withstood the pressures of the COVID-19 pandemic. For example, the risk of another infectious disease from zoonotic (animal sources) viruses and from anti-biotic-resistant bacteria is escalating due to rising jet travel (expected to resume

² This proposal does not address the key MBS goal 'best practice health services' (MBS Review Taskforce, 2020 p. 9) given its administrative nature, which relates to ensuring that individual MBS items and their descriptors are consistent with contemporary best practice and the evidence base where possible. Notwithstanding, MBS Registered Counsellors would deliver evidence-based outcomes, which the proposal demonstrates under the MBS goal of 'value for the patient' (section 2.2).

growing post COVID-19), urbanisation, livestock production and antibiotic use (Hajkowicz, 2021). And over the coming decades, other megatrends are likely to negatively affect the mental health and wellbeing of many young people (VicHealth and CSIRO, 2015).

Figure 1 Supply of clinical psychology services in Australia by remoteness area, 2019



Source: AIHW (2021, table WK.20).

Workforce shortage exacerbated by Medicare eligibility parameters

At first glance, the workforce shortages in non-metropolitan areas are consistent with workforce challenges facing a wide range of professions beyond mental health. In addition, the spatial inequities in mental health are long standing. As the 1993 Burdekin Inquiry into the Human Rights of People with Mental Illness concluded:

The irony is that in many areas where the need is greatest the services are fewest. (Human Rights and Equal Opportunity Commission, 1993, vol. III, p. 678)

However, in the case of mental health services, unmet demand is unnecessarily exacerbated to the extent that it is policy induced. More specifically, the introduction of Better Access in 2006 rendered a cohort of highly experienced counsellors largely inaccessible to those most in need. Prior to its introduction, before the MBS included psychological treatment services, GPs readily referred clients to counsellors. At that time, a large majority of the public (82%) most frequently mentioned a GP as the person whom they would seek help from in finding a counsellor (Sharpley et al., 2004 p. 103).

Now, GPs have largely ceased making referrals to counsellors who are not MBS registered. Although some GPs still refer some clients to non-Medicare registered counsellors (for instance, where they have a long-standing referral relationship), there are strong incentives for GPs to refer clients to Medicare-registered counsellors. These include the rebate benefit (given that GPs should discuss the

cost of alternative treatment options with their clients) and potentially an incorrect perception that MBS listed counselling providers necessarily deliver higher quality services.

Thus, an unintended consequence of Better Access has been to marginalise a cohort of highly skilled healthcare workers who can deliver mental health therapies. Although growth in telehealth has, to some extent, offset unmet demand and expanded consumer choice, a high level of unmet demand for affordable mental health care remains.

Improving access by extending Medicare eligibility to MBS Registered Counsellors

A simple and effective way to immediately improve access to affordable mental health care is for the Australian Government to grant eligibility to MBS Registered Counsellors to provide mental health services under Medicare. This would remove a policy barrier that is blocking the productive deployment of a flexible and multidisciplinary part of the mental health workforce. Re-established referral relationships between GPs and MBS Registered Counsellors would help alleviate unmet demand for counselling and reduce waiting times, especially in non-metropolitan areas.

Many counsellors stand ready to reduce unmet demand for mental health services. For example, a recent survey of counsellors and psychotherapists (n=959) by researchers at the University of Adelaide indicated that over a quarter (27%) would like to work more hours (Bloch-Atefi et al., 2021 p. 10). The ACA estimates there are at least 4000 counsellors registered with ARCAP who meet the current criteria for the MBS, while a further 1000 could be eligible to register within six months.

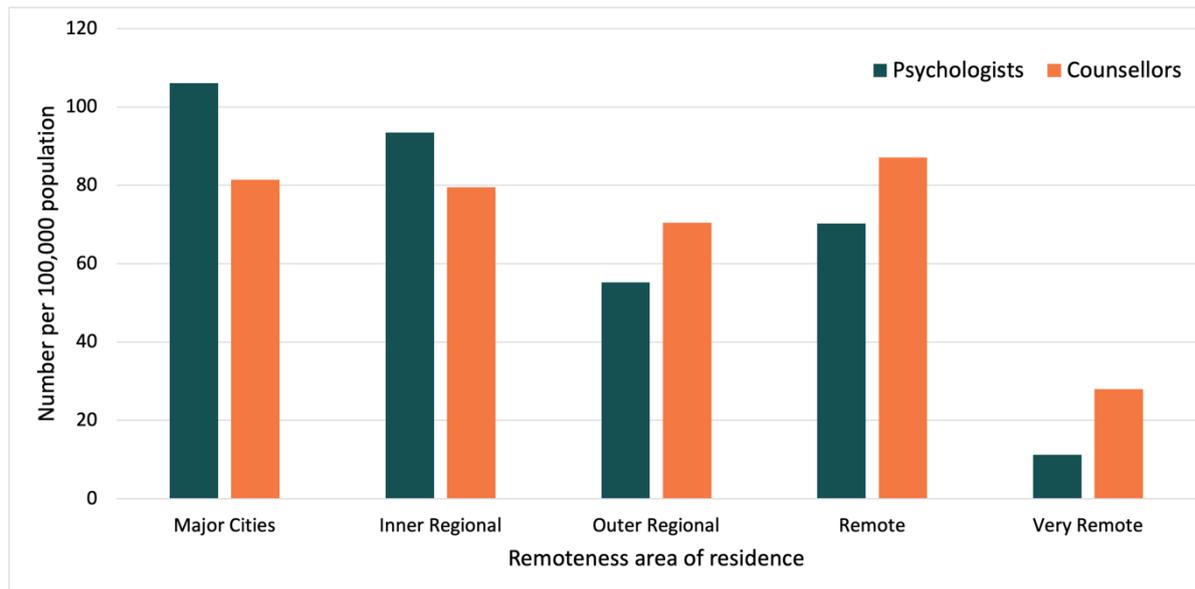
Moreover, including counsellors in the MBS workforce is likely to be more beneficial for consumers living in outer regional, remote and very remote areas. Although not all counsellors whom the ABS categorise as 'Social and Welfare Professionals' work in health care, the census data nevertheless suggests there are more counsellors living and working in these areas than psychologists (Figure 2).

The proposed MBS reforms would also assist in meeting the needs of diverse sectors of the community that have been under-served.

- Families and carers of people living with mental ill-health may benefit more from enhanced access to family therapy or relationship counselling, a service area in which counsellors and psychotherapists are experienced and have specialist expertise.
- Improving mental health services to aged persons, people in regional and rural settings, and newly arrived migrants and refugees, which requires a larger and more diverse workforce.
- When working with Aboriginal and Torres Strait Islander peoples, counsellors use culturally competent and safe practices, such as Narrative Therapy (Nagel and Thompson, 2007).

Further, MBS Registered Counsellors would be able to boost the availability of counselling over digital platforms for people in rural and remote areas, who are less able to travel great distances for in-person appointments. Many counsellors are trained and experienced to deliver therapeutic services safely and effectively via this service delivery platform.

Figure 2 Counsellors and psychologists in Australia by remoteness area, 2016



Source: Australian Bureau of Statistics (2016), Counsellors (OCCP 2721) and Psychologists (OCCP 2723) per 100,000 population by Persons Place of Usual Residence (RA (UR)), [Census TableBuilder], accessed 18 May 2022.

2.2 Value for consumers

Broadening the array of Medicare providers to include MBS Registered Counsellors would enable consumers to realise better value from the Medicare system in two ways. First, consumers would benefit from improved therapeutic outcomes to the extent that the services of specialist counsellors more closely matched their needs and preferences. Second, consumers would avoid unnecessary out-of-pocket expenses and risks.

More closely matching consumer needs and preferences

A key shortcoming of the current Medicare system is that it limits consumer choice in counselling. Notwithstanding efforts made by many allied health providers to apply the medical model in more person-centred ways, counsellors adopt a more holistic approach, which takes greater account of the wide range of biological, social and psychosocial factors that can influence mental health. As such, it is difficult or impossible for many consumers to access counsellors who offer MBS-subsidised services founded on a recovery approach.

Recovery approaches are viewed by the consumer movement as an alternative to the medical model with its emphasis on pathology, deficits and dependency. There is no single description or definition of recovery, because recovery is different for everyone. However, central to all recovery paradigms are hope, self-determination, self-management, empowerment and advocacy. Also key is a person's right to full inclusion and to a meaningful life of their own choosing ... (AHMAC, 2013b p. 17).

Consumer choice is crucial to the effectiveness of mental health care. People are more likely to seek help if they can consult with practitioners who they feel comfortable with and trust. For these

reasons, many consumers would prefer to choose MBS Registered Counsellors because of their relational expertise and evidence-based therapeutic practices. For example, a survey of a diverse sample of adults in northern NSW/southern Queensland (n=226) found that, on average, their perceptions about their ability to communicate with counsellors exceeded that of (in decreasing order of ability): psychologists, social workers and psychiatrists (Sharpley et al., 2004 p. 104).

Broadening the array of Medicare providers would improve outcomes for many consumers as they would be more likely to find a provider who more closely matches their needs and preferences. In contrast, persisting with the current one-size-fits-all strategy limits consumer choice and potentially undermines the relationship formation between the mental health professional and client, which is a significant determinant of the effectiveness of counselling (Flückiger et al., 2018 p. 316).

Delivering evidence-based outcomes

Counsellors use empirically supported interventions and specialised interpersonal skills to facilitate change and empower clients. As such, they are relational practitioners. That is, the therapeutic relationship between the counsellor and the client is central to practice and underpins the effectiveness of treatment.

There is strong evidence for the effectiveness of counselling outcomes for consumers with common mental health problems. For example, the UK's National Health Service and the University of Manchester collaborated to measure the effectiveness of primary care counselling (provided as person centred therapy) for 697 clients who were referred by their GP over a 5-year period from 2002 to 2007 (Gibbard and Hanley, 2008). After controlling for natural recovery³ and the effects of concurrent medication, the researchers concluded that:

[Person centred therapy] is effective for common mental health problems such as anxiety and depression. It is not limited to people with mild to moderate symptoms of recent onset, but is also effective with people with moderate to severe mental health problems of longer duration. (Gibbard and Hanley, 2008 p. 221)

Further, a comprehensive meta-analysis of 90 interpersonal therapy studies involving over 11,000 participants concluded that:

IPT [interpersonal therapy] is one of the best-examined treatments in mental health problems, and it is effective in depression and possibly in other disorders, such as eating and anxiety disorders. It is important to have more than one treatment option for patients, since no treatment works for everyone, and IPT, with its focus on salient relational and interpersonal experiences, provides an important alternative to pharmacotherapy or CBT. (Cuijpers et al., 2016 p. 686)

³ Researchers regard failure to control for 'natural recovery' as a crucial research problem because some individuals who receive counselling would have improved in the same period of time without the counselling, particularly when the onset of their problems was recent (Gibbard and Hanley, 2008 p. 220).

Moreover, counsellors can deliver higher levels of satisfaction and form more effective therapeutic relationships than psychologists. For example, a large Australian provider of Employee Assistance Program (EAP) services, Converge International, statistically analysed the outcomes from 60,000 hours of counselling provided to 5000 clients through contracted EAP services to over 1000 companies during 2019 (Page, 2020). Their analysis found that, relative to psychologists, counsellors were significantly better at helping with issues and more effective in establishing effective therapeutic relationships based on rapport and understanding (Page, 2020 p. 12).

Avoiding unnecessary out-of-pocket expenses

A concern for many Australians in lower income brackets is that they cannot afford mental health care because of out-of-pocket expenses (Productivity Commission, 2020 p. 537). Without reform to the MBS system, this issue is set to continue or potentially worsen (as discussed in section 2.1).

The persistent shortage of psychologists has put upward pressure on gap fees which can now account for half a consultation fee or more. For example, the Australian Psychological Society recommends a fee of \$267 for a standard consultation in private practice (APS, 2022b). At this level, clients receiving a Medicare rebate of \$129.50 would be left with an out-of-pocket expense of \$137.50 (51% of the recommended fee). Although gap fees can vary considerably – from \$64 to \$133 depending on the service and any concessions (The Psychology Hub, 2022) – many Australians would view this impost as counter to Medicare’s affordability objective.

Our proposal to expand the mental health workforce would reduce out-of-pocket expenses in two ways. First, increased competition between service providers would put downward pressure on gap fees. Second, the prevalence of bulk billing would likely increase as a vast majority of ACA members have indicated that they would welcome the ability to bulk bill their services.

Avoiding unnecessary risk

Counsellors want to help clients and keep them safe. This involves eliminating any risk that contributes no benefit to the safe delivery of a therapeutic service. In this regard, researchers have established the professional competence of counsellors (Hughes, 2014; Pelling, 2005).

Generally, there is little risk involved with counselling or psychotherapy (Mayo Clinic, 2022).

Nevertheless, counselling involves a non-zero level of risk. It can explore painful feelings and experiences, which may result in consumers feeling emotionally uncomfortable. In addition, counsellors often work with vulnerable people, including those at risk of suicide, self-harm (including self-injury) and/or endangering others. Moreover, counsellors need to engage collaboratively with consumers in positive risk-taking to achieve personal change or growth. Rather than trying to eliminate risk, positive risk-taking means managing risks to maximise consumer’s choice and control over their lives. This could involve, for example, encouraging a client to expand their support network, learn how to self-manage stress and anxiety, or create opportunities for success is not without risk.

Counsellors therefore need to be mindful of risks which could arise in the delivery of effective counselling. These need to be mitigated or, in the case of unnecessary risks, avoided all together.

ARCAP has developed a comprehensive Risk Framework that ensures MBS Registered Counsellors can deliver Medicare services safely and effectively. The framework recognises the wide context in which counsellors practise, which includes dimensions relating to:

- law, policy and good practice
- consumer's relational setting of family, friends and other supports
- consumer's institutional setting of local policies and processes
- therapeutic relationship between the consumer and the counsellor.

ARCAP's Risk Framework (appendix F) maps governance responses to five risk categories that relate to counselling practice: situational, relational, contextual, professional and personal (Reeves, 2015).

2.3 Value for the health system

Including counsellors as Medicare providers would achieve better value for the health system through a more efficient allocation of public resources. A vast majority of consumers with mild to moderate depression and anxiety do not require intervention specifically from psychologists or clinical psychologists. An MBS Registered Counsellor could effectively assist these consumers.

Counsellors are well placed to deliver services at all levels of the stepped care model, either individually or as part of a multidisciplinary care team. They have the competencies, skills and experience to deliver psychological strategies that are equivalent to those delivered by other allied health professionals, as set out in their scopes of practice (ACA, 2021; PACFA, 2018).

In addition, there are long run benefits to the extent that including counsellors and psychotherapists as MBS providers prevents new depressive disorders and relapses. While the number of trials on prevention is relatively small, a comprehensive meta-analysis of 90 interpersonal therapy studies involving over 11,000 participants concluded that:

IPT [interpersonal therapy] is effective in the acute treatment of depression and may be effective in the prevention of new depressive disorders and in preventing relapse ... IPT has the potential to be used more broadly for endemic mental health problems, as a preventative treatment, and to address the concomitant interpersonal stressors associated with the onset or worsening of disorders. (Cuijpers et al., 2016 pp. 680, 686)

Further, using MBS Registered Counsellors and Psychotherapists to deliver Focussed Psychological Strategies would lead to workforce efficiencies. Enlarging primary care would enable secondary care and specialist providers to receive more consumers with more complex needs. In turn, this would reduce inappropriate referrals to secondary care services, lower secondary care assessment times and patient waiting times, and facilitate greater continuity of care and better client outcomes.

3 Counsellors eligible to deliver MBS services

This chapter outlines the requirements that counsellors and psychotherapists would need to meet to be recognised as allied health professionals who can deliver MBS services.

Under the proposal, the ACA and PACFA would undertake credentialling of appropriately qualified and experienced counsellors on behalf of ARCAP, which would then certify them as an MBS Registered Counsellor and/or MBS Registered Psychotherapist. To be eligible to hold these titles, members of ACA and PACFA would need to demonstrate they meet requirements relating to:

- tertiary training
- supervised practice experience
- membership of a professional association
- mental health practice standards.⁴

3.1 Tertiary training

Tertiary training in counselling and psychotherapy is a unique form of relational training. Curriculums in counselling emphasise the reflective-practitioner model, which fosters accountability through reflexivity and ongoing supervision. Reflective practice is the hallmark that distinguishes counsellors from other mental health professionals who also provide counselling, but have been trained in other disciplines, such as psychology. Although there is significant overlap in training – psychologists value reflective practice and counsellors value scientific practice – the difference lies in the emphasis (O’Hara and O’Hara, 2015 p. 6). The reflective 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.

MBS Registered Counsellors and Psychotherapists must be tertiary trained with a Bachelor or Masters degree (Australian Qualifications Framework level 7 or 9 respectively) in a discipline that is specific to counselling or psychotherapy. Training must meet the requirements of ACA’s Accreditation of Counsellor Higher Education Courses (ACA, 2012 pp. 7–8) or PACFA’s Training Standards (PACFA, 2020d p. 9).

3.2 Supervised practice experience

MBS Registered Counsellors and Psychotherapists have the capacity to support clients with complex mental health issues and to work as members of multi-disciplinary teams. Through supervised practice, they gain the practical experience, knowledge and skills required for competent and ethical

⁴ While these requirements hold for both ACA and PACFA members, the specific requirements of each association can vary. A summary of the four requirements as they apply to ACA and PACFA members specifically, and to ARCAP registrants generally is provided in Appendix B.

practice, including knowledge and experience of current assessment techniques and interventions in mental health, and an understanding of research and evaluation methods in mental health.

MBS Registered Counsellors and Psychotherapists must have completed 750 hours of client contact accumulated over a minimum 2-year period post qualifying, of which 75 hours must be professionally supervised (ACA, 2021 p. 14; PACFA, 2020c p. 2).

3.3 Membership of a professional association

To be certified by ARCAP, MBS Registered Counsellors and Psychotherapists must hold current membership of the ACA at Level 3 or 4, or PACFA at the Clinical level. To join the ACA or PACFA, applicants go through a verification process to ensure their training, qualifications and supervised experience meet required standards. Ongoing annual membership of both the ACA and PACFA requires practitioners to meet standards pertaining to:

- ongoing professional development
- regular clinical supervision
- professional indemnity insurance
- adherence to Code of Ethics
- duty of care.

Ongoing professional development

All practising members of the ACA and PACFA must meet minimum professional development standards to renew their membership annually. Both the ACA and PACFA have policies that set out these requirements and standards for determining the types of activities they consider appropriate.

- ACA members must 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, 2021 p. 15)
- PACFA members must complete a minimum of 20 hours of Continuing Professional Development each year relating to clinical practice in counselling and/or psychotherapy (PACFA, 2020b p. 1).

For the purposes of ARCAP certification, an MBS Registered Counsellor or Psychotherapist is required to undertake an additional 10 hours per year of professional development that relates specifically to Focused Psychological Strategies. This would 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.

Appendix C contains more detail about ARCAP's Continuing Professional Development requirements.

Regular clinical supervision

Central to counsellor training and practice is supervision – a contractual, collaborative process which monitors, develops and supports supervisees in their clinical role (PACFA, 2020b p. 6). The focus of supervision is on both the optimum treatment outcome for clients and the professional development and self-care of supervisees. Quality supervision fulfils four core functions:

- acquisition and improvement of therapeutic skills and knowledge
- quality control and accountability to the client and to the public
- transmission of professional culture, including ethical behaviour
- professional development and growth (Grant and Schofield, 2007 p. 3).

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

- ACA requires 10 hours of Clinical Supervision per year (ACA, 2019b p. 4)
- 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, 2020c p. 5).

Professional indemnity insurance

Practising members of the ACA and PACFA must have adequate professional indemnity and public liability insurance cover in place and maintain continuous cover for the duration of their membership (ACA, 2019a p. 14; PACFA, 2017 p. 9).

Adherence to Code of Ethics

The ACA and PACFA 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'.

Members of the ACA and PACFA are required to sign an annual declaration that they adhere to the requirements of their respective Code of Ethics (ACA, 2019a; PACFA, 2017) and that they will comply with the applicable complaints handling process in the event of an ethical complaint being made (ACA, 2018; PACFA, 2020e).

Duty of care

Counsellors and psychotherapists have a non-delegable duty of care to ensure that consent appropriate to a treatment or service has been obtained and that it complies with the guidelines and laws of the jurisdiction in which they are practising. Duty of care is part of their legal and moral

obligation to safeguard others from harm while they are in their care, using their services, or otherwise exposed to their activities. As the National Code of Conduct for Health Workers explains:

Consent to treatment and the requirement to warn of material risk prior to treatment (sometimes referred to as informed consent) are dealt with in the common law. There is a substantial amount of case law in this area. As part of the duty of care, health care workers are obliged to provide such information as is necessary for the client to give consent to treatment, including information on all material risks of the proposed treatment. (AHMAC, 2015 p. 35)

Under their respective Code of Ethics, ACA and PACFA require their members to take all reasonable steps to be aware of laws applying to their State or Territory, which includes laws applying to health care workers to obtain consent before providing any treatment or care (ACA, 2019a p. 9; PACFA, 2017 p. 9).

3.4 Mental health practice standards

Rigorous assessment against mental health practice standards is an essential requirement for ARCAP certification as an MBS Registered Counsellor and/or Psychotherapist.

ARCAP developed its own mental health practice standards for counsellors and psychotherapists because these professions are not included in the *National Practice Standards for the Mental Health Workforce 2013* (Victorian Government Department of Health, 2013). In developing its practice standards, ARCAP aligned them with the 13 national practice standards and in compliance with the current legislative requirements for allied health professionals who are eligible for Medicare provider numbers.

In addition, the ARCAP Mental Health Practice Standards reflect the ACA's and PACFA's commitment to the *National framework for recovery-oriented mental health services* (AHMAC, 2013a; 2013b). In this respect, the practice of counselling aligns closely with the model of recovery-oriented practice both as a process and as an outcome, as counselling aims to promote hope, wellbeing, self-determination, and active participation in life for people living with mental illness.

Further, the ACA and PACFA require their members to read the *ARCAP Mental Health Practice Standards* in conjunction with their respective code of ethics as these codes underpin all other ACA and PACFA policies, including the practice standards.

The *ARCAP Mental Health Practice Standards* (Appendix D) comprises 72 benchmarks that provide detailed guidance for MBS Registered Counsellors and Psychotherapists in their professional practice. Although the applicability of all benchmarks is context specific (depending on practice setting and a practitioner's role), ARCAP would rigorously assess applicants for MBS certification against the 20 *Essential Mental Health Practice Standards* (Appendix E).

4 Regulatory oversight

This chapter explains the regulatory oversight necessary to support the certification of appropriately qualified and experienced counsellors to be eligible to deliver MBS services. It describes the main functions and activities, namely:

- determining scope of practice
- governing through self-regulation
- affirming ARCAP as the certifying body
- assessing applications for certification
- enforcing standards of professional conduct
- improving regulatory oversight continuously.

4.1 *Determining scope of practice*

Scope of practice is the area of the profession in which a counsellor 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. Across the counselling profession as a whole, scope of practice can be defined more specifically for particular cohorts, to reflect the practice areas for which they are educated, authorised and competent to perform.

The knowledge and therapeutic skills of MBS Registered Counsellors are developed through comprehensive theoretical and skills training to a level of Bachelors or Masters degree, and supervised practice experience. Using their specialised relational skills, they have the capability to support clients presenting with a range of mild to moderate through to more complex mental health issues and can work with, and within, multi-disciplinary mental health teams.

The ACA and PACFA have clearly established Scopes of Practice that MBS Registered Counsellors and Psychotherapists must comply with (ACA, 2021; PACFA, 2018). These set out, in detail, the breadth and depth of the competencies, qualifications, practice domains and safe practices for counsellors and psychotherapists within the Australian health system.

Importantly, these documents recognise that the counselling profession's view on 'scope of practice' requires regular review (ACA, 2021 p. 10; PACFA, 2018 p. 1). This is because changes in community expectations and government requirements, and emerging research evidence can all shape scope of practice over time. Similarly, the scope of practice for an individual practitioner often changes over time. This may occur as they acquire more experience, specialise in a particular area or with a particular client group, or move into management, education or research roles (PACFA, 2018 p. 1).

4.2 Governing through self-regulation

The counselling profession is one of many health professions (such as the social work profession) that governments considered safe to be self-regulating. These professions do not pose sufficient risk to the public to warrant government regulation. This is evidenced by the low incidence of complaints reported against counsellors and psychotherapists who are members of the ACA or PACFA.

The proposed self-regulatory model means that MBS Registered Counsellors and Psychotherapists are appropriately regulated for inclusion as Medicare providers, in the same way that Accredited Social Workers are already eligible to deliver mental health services under Medicare.

4.3 Affirming ARCAP as the certifying body

ARCAP is best placed to be the entity responsible for certifying the eligibility of appropriately qualified and experienced counsellors to provide Medicare services. As the ACA and PACFA are the foremost credentialing bodies for the profession, ARCAP already serves the interests of the vast majority of counsellors and psychotherapists who are or would likely be appropriately qualified and experienced to deliver MBS services.

Since its launch in 2011, ARCAP has demonstrated that it can work with and support multiple member organisations (currently ACA and PACFA). Subject to shareholder agreement, there is scope for other counselling organisations to join ARCAP where they support the same professional standards necessary to deliver safe and effective counselling therapies.

ARCAP has also worked effectively with government to support the development and implementation of mental health policies. Further, as government processes and requirements evolve over time, ARCAP would ensure that it reflects these changes in its own governance arrangements and those of its member organisations.

ARCAP has a range of industry-based regulatory mechanisms in place to support self-regulation and thereby maintain public confidence in the Medicare system. As explained in chapter 3, these include:

- the ACA National Register and the PACFA National Register which, together, 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 robust self-regulation, MBS Registered Counsellors would be 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, 2015). State and Territory Governments have

responsibility for implementing this code through their own legislation. In addition to setting standards for practice, the National Code enables disciplinary action to be taken and prohibition orders issued in circumstances where practitioners pose a risk to public health and safety.

4.4 Assessing applications for certification

Assessment process

ARCAP's certification process for ACA and PACFA members who wish to be recognised as Medicare providers would involve an assessment process against four criteria (discussed in chapter 3), namely:

1. completion of appropriate training
2. two years of supervised practice experience post qualification
3. professional association membership of the ACA (Level 3 or 4) or PACFA (Clinical), which requires compliance with the following annual requirements:
 - a. professional development
 - b. clinical supervision
 - c. professional indemnity insurance
 - d. 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 and, in particular, the *20 ARCAP Essential Mental Health Practice Standards*.

Applicants are also required to provide evidence of their suitability to be certified in the form of a written referee statement from a current supervisor or employer.

To implement the assessment process, ARCAP would form a panel of mental health experts to oversee certification. Designated Assessment Officers employed by the ACA and PACFA would assess applications and make recommendations to the Panel on the suitability of applicants. The Panel would make final determinations on all applications for certification.

Certification titles

Following successful assessment against the ARCAP assessment criteria, applicants would be certified by ARCAP and would be eligible to apply for a Medicare provider number under the following titles.

MBS Registered Counsellor	MBS Registered Psychotherapist
MBS Registered Counsellors from the ACA and PACFA would be listed on a new Division of the ARCAP with the designation 'MBS Registered Counsellor' (MRC).	MBS Registered Psychotherapists from the ACA and PACFA would be listed on a new Division of the ARCAP with the 'MBS Registered Psychotherapist' (MRP).

Registration in public domain

MBS Registered Counsellors and MBS Registered Psychotherapists would be clearly identifiable in a separate Division on the Australian Register of Counsellors and Psychotherapists.

Renewal requirements

The ACA and PACFA members who successfully achieve certification by ARCAP are required to maintain their certification by meeting the annual membership renewal requirements of their professional association, as listed in criteria 3 above.

4.5 Enforcing standards of professional conduct

The ACA and PACFA have well established and transparent policies and procedures for enforcing standards of professional conduct, as described in their *Complaints Policy and Procedural Guidelines* (ACA, 2018) and *Professional Conduct Procedures 2020* (PACFA, 2020e). These aim to protect both the public and counsellors, and to protect the reputation of the counselling profession. They do not apply to complaints or grievances currently before a legal body (ACA, 2018, article 10; PACFA, 2020e, article 7.2).

Sanctions for complaints or grievances upheld after investigation or appeal may, depending on their severity, result in:

- suspension, temporary disqualification or deregistration, or permanent termination of membership or deregistration (ACA, 2018, articles 6(c) and 9.3; PACFA, 2020e, article 4.2.5)
- publication of adverse findings, suspensions and deregistrations on the ACA or PACFA website and in association publications (ACA, 2018, articles 5.4.1, 5.10 and 9; PACFA, 2020e, articles 4.3 and 8.3).

4.6 Improving regulatory oversight continuously

The ACA and PACFA are committed to continuous improvement of their regulatory oversight of counsellors. This includes investing in research and reviews to inform the development of new policies and procedures, and to update existing ones to ensure they remain fit for purpose. In the past couple of years, this has included projects such as:

- Exploring the ongoing relevance of training in humanistic person-centred approaches to counselling, alongside influences of a range of contextual factors, on the professional identity, clinical practice and education of counsellors and psychotherapists in Australia. Research through the University of Western Sydney.
- Researching knowledge generation and application to professional practice to inform future research, develop practice and healthcare intervention outcomes. Research through Charles Sturt University.

- Investigating the value, issues, and effectiveness of Motivational Interviewing as a mental health intervention for use in Indigenous communities. Research through University of Western Sydney.
- Assessing the effectiveness of online counselling during COVID-19. Research through the University of Notre Dame, Australia.
- Survey of the counselling and psychotherapy workforce in Australia in 2020. Research through the University of Adelaide.
- Analysing the efficacy of counselling between counsellors, psychologists and social workers. Research through Converge International.

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Appendix A: Role of counsellors in the mental health workforce

Defining counselling and psychotherapy

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. Definitions of counselling and psychotherapy emphasise three key dimensions: relationship (trustworthy, ethical, egalitarian), training (academic qualifications and experience) and collaborative client involvement, as shown in the following examples.

Professional counselling is a safe and confidential collaboration between qualified counsellors and clients to promote mental health and wellbeing, enhance self-understanding, and resolve identified concerns. Clients are active participants in the counselling process at every stage. (PACFA, 2018 p. 2)

Counselling is the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth and the optimal development of personal resources. The overall aim is to provide an opportunity to work towards living more satisfyingly and resourcefully. Counselling relationships will vary according to need but may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insights and knowledge, working through feelings of inner conflict or improving relationships with others. (British Association for Counselling 1986 in Sheppard, 2015 p. 1)

In counselling, clients are active participants in the therapeutic process at every stage. It is this dimension that most clearly distinguishes counselling from the more hierarchical medical model, which seeks to diagnose disorders and encourage compliance with treatments (Beel et al., 2022 p. 118). Although counselling and psychotherapy do not reject the scientific understanding of psychological distress and impairment, they lean towards therapeutic practices that are more egalitarian, person-centred and relational.

Counselling and psychotherapy are interdisciplinary activities. This means a range of health care workers other than counsellors and psychotherapists can provide them as a component of their practice, including psychologists, social workers, occupational therapists, mental health nurses, GPs and psychiatrists. As such, no professional group holds exclusive rights to practise counselling. All contribute in providing these services. Notwithstanding, counsellors and psychotherapists specialise in these activities and therefore have highly developed relational expertise.

Services delivered by counsellors

‘Counselling and psychotherapy’ is an overarching term that covers a continuum of services 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.

Counsellors 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
- support people with life's challenges, such as relationship difficulties, family violence, chronic illness, disability, bereavement, bullying, discrimination, homelessness, sexual assault and natural disasters.

Appendix B: Summary of ARCAP registration requirements

Requirement	ACA members	PACFA 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 ACA or PACFA (ACA, 2012; PACFA, 2020d)
2. Supervised practice	750 hours of post-qualifying client contact hours and 75 hours of clinical supervision completed over a minimum of 2 years	750 hours of post-qualifying client contact hours and 75 hours of clinical supervision completed over a minimum of 2 years	As per requirements of ACA or PACFA
3. Membership	ACA Level 3 membership ACA Level 4 membership	PACFA Clinical membership. For psychotherapists, Clinical membership of the PACFA College of Psychotherapy is also recommended.	ACA or PACFA membership as appropriate
3.1 Continuing Professional Development	25 points of Ongoing Professional Development (OPD) per year	20 hours of Continuing Professional Development (CPD) per year	As per requirements of ACA or PACFA plus 10 hours of Focused Psychological Strategies CPD per year
3.2 Clinical Supervision	10 hours of clinical supervision per year	10 hours of clinical supervision per year or 15 hours for more than 400 client contact hours per year	As per requirements of ACA or PACFA
3.3 Code of Ethics	ACA Code of Ethics and Practice 2019	PACFA Code of Ethics 2017	As per requirements of ACA or PACFA
3.4 Insurance	Professional Indemnity Insurance Public Liability Insurance	Professional Indemnity Insurance Public Liability Insurance	As per requirements of ACA or PACFA
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 requirements

In addition to the annual Continuing Professional Development (CPD) requirements of the ACA or PACFA, MBS Registered Counsellors and Psychotherapists would be required to undertake 10 hours of focussed psychological strategies as part of their continuing professional development each 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 relates 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.

MBS Registered 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* (Victorian Government Department of Health, 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.

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

- *PACFA Code of Ethics* (PACFA, 2017)
- *PACFA Scope of Practice for Registered Counsellors* (PACFA, 2018)
- *ACA Code of Ethics and Practice* (ACA, 2019a)
- *Australian Counselling Association Scope of Practice for Registered Counsellors* (ACA, 2021)

Counsellors applying to ARCAP for certification to be a Medicare provider must address all 20 *ARCAP Essential Mental Health Practice Standards*, as detailed in Appendix E.

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 advanced 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

Appendix E: ARCAP Essential Mental Health Practice Standards

With reference to the ARCAP National Mental Health Practice Standards (Appendix D); ARCAP has deemed the following benchmarks as 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

Appendix F: ARCAP Risk Framework⁵

Risk category	Examples	Governance response
Situational	<ul style="list-style-type: none"> · potential for client suicide · self-injury and self-harm · safeguarding concerns · child protection · risk of violence to others 	<ul style="list-style-type: none"> · <i>Code of Ethics</i> (PACFA, 2017) · <i>Code of Ethics and Practice</i> (ACA, 2019a) · <i>Scope of Practice for Registered Counsellors</i> (ACA, 2021) · <i>Scope of Practice for Registered Counsellors</i> (PACFA, 2018) · <i>Training Standards</i> (PACFA, 2020d)
Relational	<ul style="list-style-type: none"> · sexual attraction · financial mismanagement or inappropriate interaction · unacknowledged or mismanaged transference issue · unacknowledged or mismanaged countertransference issue · actions that might deplete the client’s autonomy or wellbeing 	<ul style="list-style-type: none"> · <i>Code of Ethics</i> (PACFA, 2017) · <i>Code of Ethics and Practice</i> (ACA, 2019a) · <i>Complaints Policy and Procedural Guidelines</i> (ACA, 2018) · <i>Professional Conduct Procedures</i> (PACFA, 2020e) · <i>Scope of Practice for Registered Counsellors</i> (ACA, 2021) · <i>Scope of Practice for Registered Counsellors</i> (PACFA, 2018) · <i>Supervision Policy</i> (ACA, 2019b)
Contextual	<ul style="list-style-type: none"> · inconsistent or inequitable delivery of service · lack of clear ethical position in relation to the help being offered · inconsistent expectations of the helper in a working setting · poor working practices or procedures · established relationship inconsistent with the ethos of helping 	<ul style="list-style-type: none"> · <i>Code of Ethics</i> (PACFA, 2017) · <i>Code of Ethics and Practice</i> (ACA, 2019a) · <i>Scope of Practice for Registered Counsellors</i> (ACA, 2021) · <i>Scope of Practice for Registered Counsellors</i> (PACFA, 2018)

⁵ The risk categories and examples that underpin the ARCAP Risk Framework are drawn from Reeves (2015).

Risk category	Examples	Governance response
Professional	<ul style="list-style-type: none"> · being accused of an action that might lead to a criminal conviction · acting in a way that undermines a helpee's confidence in the act of helping itself (eg criticising the help offered within a context to the person being helped) · paying insufficient care and attention to the helping relationship and acting in a way that undermines it (eg working when exhausted or under the influence of alcohol/ drugs) · general actions in the public domain that lead to a negative association 	<ul style="list-style-type: none"> · <i>Code of Ethics</i> (PACFA, 2017) · <i>Code of Ethics and Practice</i> (ACA, 2019a) · <i>Complaints and Feedback Policy</i> (PACFA, 2020a) · <i>Complaints Policy and Procedural Guidelines</i> (ACA, 2018) · <i>Professional Conduct Procedures</i> (PACFA, 2020e)
Personal	<ul style="list-style-type: none"> · vicarious trauma · burnout · relationship or family difficulties · bring personal matters into the helping relationship · inappropriate self-disclosure · meeting own needs in the helping relationship at the expense of the client. 	<ul style="list-style-type: none"> · <i>Scope of Practice for Registered Counsellors</i> (ACA, 2021) · <i>Scope of Practice for Registered Counsellors</i> (PACFA, 2018)