Submission concerning the proposed regulation of Counsellors and Psychotherapists under the Health and Social Care Professionals Act 2005

On behalf of

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Date of submission: 30/11/16

Introduction

Bodywhys - The Eating Disorders Association of Ireland - is the national voluntary organisation supporting people affected by eating disorders, including friends and family members. Our work ranges from the provision of support services and information resources to the promotion of positive body image and media awareness in schools.

As with any submission that forms part of this consultation, we are conscious of writing from a specific perspective and will focus comments on the areas which are relevant to the work that we do in the field of eating disorders. People affected by eating disorders, along with family members, frequently contact Bodywhys in relation to treatments and with questions about counselling and psychotherapy. Bodywhys welcomes the opportunity to address the issue of the regulation of counselling and psychotherapy.

In particular, the Bodywhys submission addresses:

- Eating disorders and associated risks
- The role of counsellors and psychotherapists
- Risks in the absence of regulation
- Recommendations for regulation

Individuals working in this field may work directly with people affected by eating disorders, including children, adolescents, adults and family members. It is vital that practitioners are appropriately trained, qualified and accredited and sufficiently skilled in dealing with the serious and complex challenges associated with eating disorders.

Yours sincerely,

Barry Murphy

Communications Officer

About Eating Disorders

Up to 200,000 people in Ireland may be affected by eating disorders with 400 new cases emerging each year, representing 80 deaths annually. According to the Health Research Board, in 2015, 12% of all admissions for under 18s to Irish psychiatric units and hospitals had a primary diagnosis of eating disorders. Eating disorders are serious and complex mental health problems. They often feature severe disturbances in a person's thought processes and their relationship with food, their body and weight. This may lead to significant complications for a person's quality of life, and in their physical and mental health. Full recovery is possible, but it is often a complex process and an individual's support needs can vary from personto-person.

Risks

Individuals affected by eating disorders may be at risk in terms of their own safety.³ This may include medically, psychologically, psychosocially and their capacity for insight and motivation. Eating disorders can also lead to risk in terms of mortality and suicidality.⁴,⁵ Individuals affected by eating disorders may be extremely vulnerable, at risk or in crisis. In severe cases, immediate and ongoing medical intervention and supervision may be required.

Individuals affected by eating disorders may present with additional issues such as:

- Anxiety⁶,⁷,⁸
- Depression⁹, ¹⁰, ¹¹
- Self-harm 12, 13, 14, 15, 16, 17
- Suicidal ideation and behaviour¹⁸.¹⁹

Role of Counsellors and Psychotherapists

Professionally trained counsellors and psychotherapists play a crucial role in treating a person affected by an eating disorder. Psychotherapeutic treatments, which differ depending on the theoretical background and training of the psychotherapist, are the treatments of choice for people affected by eating disorders. It is well-documented that medical treatment alone is rarely sufficient in promoting full recovery and any

treatment strategy or treatment programme always involves the person with the eating disorder working with a trained and qualified psychotherapist.

A counsellor or psychotherapist must be appropriately qualified, accredited and have the experience and expertise to deal with serious psychological and psychiatric disorders such as the eating disorders categorised in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5).²⁰

The potential damage and wasted opportunities that an unqualified or inexperienced counsellor or psychotherapist can incur if they work with someone with a serious psychiatric disorder is immense. As such, Bodywhys endorses and recommends the regulation of the fields of counselling and psychotherapy to the highest standard.

To state clearly, Bodywhys is concerned with the following two major risks in the absence of regulation:

- Risk 1: The current lack of regulation in the area of counselling and
 psychotherapy has resulted in many poorly qualified, and inexperienced
 practitioners self-identifying as 'counsellors' or 'psychotherapists', working
 with people who are seriously and dangerously mentally ill, in turn risking
 exacerbating the person's problems and causing detrimental damage to their
 well-being.
- Risk 2: The current lack of regulation in particular in relation to the training and education requirements for those entering the field of counselling and psychotherapy is resulting in individuals with minimal training, and a lack of skills to safely manage working with seriously at risk clinical populations, including people with eating disorders.

Conclusion and Recommendation

Bodywhys supports the regulation of 'counsellors' and 'psychotherapists' in line with The Health and Social Care Professionals Act 2005 which facilitates the State to initiate a registration process, stating: 'The object of the registration board of a designated profession is to protect the public by fostering high standards of professional conduct and professional education, training and competence among registrants of that profession.'²¹

Bodywhys supports the protection of the terms 'counsellor' and 'psychotherapist' within the registration board.

Registration and regulation for Psychotherapist

Bodywhys supports the following baseline and hour requirements for registration as a psychotherapist (which are in line with the European Association for Psychotherapy, the Irish Council for Psychotherapy and the Psychological Therapies Forum).

Qualification at baseline level 9 of the National Framework of Qualifications.

In total a minimum of **3,200 hours** of training and education over 7 years as follows:

- A Degree or equivalent in human sciences (medical, psychological, social, educational, etc)
- Interview
- Minimum of four years continuous training in a specific psychotherapy modality at master's level (1400 hours) to include:
- 250 hours / sessions personal psychotherapeutic experience
- 500-800 hours of theory and methodology
- 300-600 hours / sessions supervised clinical practice with clients/patients
- 150 hours / sessions of supervision
- Clinical placement in a mental health or psycho-social setting

Registration and regulation for Counsellor

Bodywhys recommends that for the regulation of counsellor the following standards are adopted (in line with the Psychological Therapies Forum proposal).

A baseline academic qualification for entry to training is:

- Entry level 1 leaving certificate or equivalent
- Entry level 2 relevant degree of equivalent prior learning
- Interview
 In addition to this, the minimum baseline requirement being:

- A minimum 4 years training in a specific counselling and psychotherapy modality of 1250 hours to include:
- 600 hours of academic training including theory over minimum of 4 years
- 400 hours of supervised clinical practice with clients/patients during training
- 100 hours supervision (supervision ratio 1:4)
- 150 hours of personal development experience to include minimum of 100 hours of personal psychological therapy.

Bodywhys is concerned that some inexperienced or unqualified counsellors and psychotherapists may be working with individuals affected by eating disorders whilst having limited direct knowledge of the complications and risks associated with the issue.

Bodywhys strongly urges that the recommendations outlined above in accordance with the Irish Council for Psychotherapy²² (ICP) and Psychological Therapies Forum²³ (PTF) are implemented in full. In particular, the baseline qualifications and experience requirements for registration as a counsellor or psychotherapist.

¹ Department of Health & Children (2006) A Vision for Change: Report of the Expert Group on Mental Health Policy

² Daly, A. & Craig, S. (2016) Activities of Irish Psychiatric Units and Hospitals 2015 Main Findings. Health Research Board.

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⁴ Chesney, E., Goodwin, G.M. & Fazel, S. (2014) Risks of all-cause and suicide mortality in mental disorders: A meta-review. *World Psychiatry*, *13*(2), 153-160.

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⁶ Swinbourne, J., Hunt, C., Abbott, M. et al. (2012) The comorbidity between eating disorders and anxiety disorders: Prevalence in an eating disorder sample and anxiety disorder sample. *Australian and New Zealand Journal of Psychiatry, 46*(2), 118-131.

⁷ Kaye, W.H., Bulik, C.M., Thornton, L. et al. (2004) Comorbidity of anxiety disorders with anorexia and bulimia nervosa. *The American Journal of Psychiatry, 161*(12), 2215-2221.

- ⁹ Hughes, E., Goldschmidt, A.B., Labuschagne, Z. (2013) Eating disorders with and without comorbid depression and anxiety: Similarities and differences in a clinical sample of children and adolescents. *European Eating Disorders Review, 21*(5), 386-94.
- ¹⁰ Araujo, D.M., Santos, G.F., Nardi, A.E. (2010) Binge eating disorder and depression: A systematic review. *World Journal of Biological Psychiatry*, *11*(2 Pt 2), 199-207.
- ¹¹ Presnell, K., Stice, E., Seidel, A. et al. (2009) Depression and eating pathology: prospective reciprocal relations in adolescents. *Clinical Psychology & Psychotherapy, 16*(4), 357-65.
- ¹² Verschueren, S.,Berends, T., Kool-Goudzwaard, N. et al. (2015) Patients with anorexia nervosa who self-injure: A phenomenological study. *Perspectives in Psychiatric Care*, *51*(1), 63-70.
- ¹³ Claes, L., Norré, J., Van Assche, L. et al. (2014) Non-suicidal self-injury (functions) in eating disorders: Associations with reactive and regulative temperament. *Personality and Individual Differences*, *57*, 65-69.
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- ¹⁵ Claes, L., Soenens, B., Vansteenkiste, M. et al. (2012) The scars of the inner critic: perfectionism and nonsuicidal self-injury in eating disorders. *European Eating Disorders Review*, *20*(3), 196-202.
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⁸ Pallister, E. & Waller, G. (2008) Anxiety in the eating disorders: Understanding the overlap. *Clinical Psychology Review*, 28(3),366-386.

¹⁷ Peebles, R., Wilson, J.L. & Lock, J.D. (2011) Self-Injury in adolescents with eating disorders: Correlates and provider bias. *Journal of Adolescent Health, 48*(3), 310-313.

¹⁸ Crow, S.J., Swanson, S.A., le Grange, D. et al. (2014) Suicidal behaviour in adolescents and adults with bulimia nervosa. *Comprehensive Psychiatry*, *55*(7), 1534-9.

¹⁹ Suokas, J.T., Suvisaari, J.M., Grainger, M. (2014) Suicide attempts and mortality in eating disorders: a follow-up study of eating disorder patients. *General Hospital Psychiatry*, *36*(3), 355-357.

²⁰ American Psychiatric Association (2013) *Desk Reference to the Diagnostic Criteria from DSM-5.*

²¹ Health and Social Care Professionals Act 2005

²² Irish Council for Psychotherapy (2015) *Position paper on statutory registration and the distinction between the related professions of counselling and psychotherapy.*Accessed 15 November 2016. Available from:
http://www.psychotherapycouncil.ie/wp-content/uploads/2016/07/ICP-Position-Paper-January-2015.pdf

²³ Psychological Therapies Forum (2008) *Submission on the Statutory Registration* of Counsellors and Psychotherapists in Ireland.