

**Submission to the Department of health on the regulation of
counselling and psychotherapy from the Irish Hospice Foundation
November 2016**

The issues which the Minister would like addressed by the submissions are as follows:

- **Whether the professions of counsellor and/or psychotherapist ought to be subject to State regulation. If so, whether the professions ought to be regulated under the Health and Social Care Professionals Act 2005 or otherwise.**

The Irish Hospice Foundation has a concern for the psychological wellbeing of Irish citizens of all ages facing end of life and bereavement. We believe that the professions should be regulated and that, as has been outlined in the CORU report, this is a matter of public concern.

We agree that the most appropriate route for regulation is the Health and Social Care Professionals Act 2005.

- **If the professions are to be regulated under the 2005 Act whether it would be appropriate to regulate one or two professions under one registration board.**

Notwithstanding the Minister's proposal to maintain two separate registers, we believe that the distinction between counselling and psychotherapy is presently unclear and that insufficient mapping has been conducted to remedy this. Also the QQI Awards Standards are devised for both professions suggesting inter-changeable roles and domains. The CORU document recommended market research and public polling to uncover public & stakeholder perceptions and we would welcome that. More specifically the referral pathways through primary care, mental health and community are all underpinned by perceptions of what each practitioner's scope of practice is. We would welcome further research amongst health professionals and communities about appropriate referrals to specific professions.

With respect to bereavement, along with other organisations, the Irish Hospice Foundation is working to clarify a continuum of supports and pathways. Bereavement is a 'normal' life event but one which requires great adjustment and presents challenge, sometimes requiring external, normalising support. For a proportion of people a counselling approach (often provided through free community or volunteer-based services) may help to integrate the loss. For a still smaller proportion of people who have complications of grieving and who reach diagnostic criteria for persistent complex grief disorder a more focussed grief therapy would be indicated. Clarity of core role and competence of counsellors/ psychotherapists is imperative to promote appropriate referral practices in bereavement care. Evidence-based recommendations for bereavement care from the National Institute for Clinical Excellence support this tiered approach page 61

<https://www.nice.org.uk/guidance/csg4/resources/improving-supportive-and-palliative-care-for-adults-with-cancer-773375005>

Research also supports this approach and there is an ethical dimension around providing counselling in bereavement if it is not shown to be efficacious. (eg Waller et al, 2015;

- **The appropriate level of “grand parenting” qualifications to be set for existing practitioners having regard to the QQI Awards standards**

A grandfathering procedure should be pitched to demonstrate level 8 equivalence with respect to breadth and depth of knowledge and preparation for contemporary practice.

- **The appropriate level of qualifications to be set for future applicants for registration having regard to the QQI Awards standards**

The Irish Hospice Foundation recommends a Level 8 qualification level for entry into psychotherapy/counselling professions. The range and context of knowledge (including appreciation of diagnostic criteria set out in DSM) as well as the competences and reflective practice described at this level is required to ensure an appropriate response to bereaved people requiring therapeutic intervention, and to identifying need and referring on where complicated ‘grief’ is a diagnosis. We note the IAPC’s developments in this direction.

The QQI document refers to the existence of specialisations in these professions. In particular the Irish Hospice Foundation draws attention to children’s needs and recommends that both education standards and regulation should give more specific guidance on counselling/ therapy for children.

The extent to which specialisation is regulated will also need to be addressed at some future point. Supplementary (level 9) education on bereavement and loss may be indicated particularly for those who wish to help people who reach diagnostic criteria for grieving complications (about 10%) (Aoun et al, 2012)

- **The title or titles that ought to be protected for the exclusive use of registrants.**

The manner in which ‘specialties’ can be attached to the eventual agreed protected title requires some attention. In particular, the use of ‘bereavement counsellor’ is an unhelpful label as there is no set requirement for additional education, training and practice underpinning the term which has become prevalent in recent years.

References

Waller, A., Turon, H., Mansfield, E., Clark, K., Hobden, B and Sanson-Fisher, R (2015) Assisting the bereaved: a systematic review of the evidence for grief counselling *Palliative Medicine* 30(2) 132-148

Aoun, S., Breen, L., O’Connor M (2012) A public health approach to bereavement support services in palliative Care *Australian and New Zealand Journal of Public Health* 36 14-16