3 March 2016

# Psychology Board of Australia

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# Re: Public consultation paper 26: Area of practice endorsements

Dear Board members,

I understand that the *Association of Counselling Psychologists* (ACP) and the *APS College of Counselling Psychologists* (APS) have worked together within the profession to update the description for Counselling Psychology. I support their efforts and point out that these are the only professional bodies in Australia which represent our distinctive practitioner group.

Having read their corrected description, I wish to express my full support for their points of correction. These proposed updates are a true reflection of contemporary training, research, and practice of Counselling Psychology both in Australia and internationally.

For over a decade I have worked for agencies and in private practice. Seeing people with complex, co-morbid, and severe mental health problems is an everyday part of my work. In any given week I will see a number of people who are transitioning out of hospital-based psychiatric care, dealing with homelessness, family breakdown, violence, complex trauma, and co-morbid drug and alcohol problems. Many people I work with have diagnoses such as schizophrenia, bipolar disorder, PTSD, and/or personality disorders.

Each week I provide therapy to a number of couples and families, often in relation to the issues mentioned above, but also for problems around infidelity, violation of trust, and managing relationships characterised by paranoia, fear, controlling behaviour, and abuse. Being able to offer couple therapy not only assists individuals in their relationship with their own personal issues (which include mental health conditions), but it also helps protect vulnerable others in our society whose lives are deeply affected by their exposure to dysfunctional relationships and conflicted family dynamics.

The inclusion of competencies relating to mental health assessment, case formulation, and appropriate evidence-based care (including couple therapy), are absolutely essential for the work of Counselling Psychologists. These areas of expertise apply across practically every context and setting where Counselling Psychologists are utilised by Australian society. I would therefore urge the Board to implement the changes suggested by the ACP and APS to recognise our existing levels of advanced training, research, and applied mental health care competencies.

To the Board and Ministers for Health reading this letter, I humbly request that you ask, ‘How could we have avoided these issues with the definition of Counselling Psychology?’ We must bear in mind that both the APS and the ACP – two entirely separate bodies - have repeatedly asked the Board to correct their description, in much the same ways as we are asking for now. To the Ministers and Board members I ask, should a profession of scientists and mental health care professionals be forced into a position where they are left with a public definition of their work which is so grossly misrepresentative for years on end?

I put it to you that we should not be put in a situation where we need to ask our colleagues to write in to public consultations, like this one, just to explain to the Board what kind of work we do. We should not be taken to the brink of non-existence with the cancellation of all but one of our full-time post-graduate training programs. We should not be left with a public description which is so far out of alignment with the rest of the world that our overseas counterparts feel compelled to write in and ask for the Australian definition to be corrected.

All that ought to have happened is for the Board to involve us directly as co-authors of our own description as a professional group. You do not define a person from the outside, and likewise, our professional identity belongs to us. We look with hope to a better future.

Thank you for your time.



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