Psychotherapy & Counselling
Federation of Australia

Submission to the Consultation on the NDIS Rules

Submission to:
National Disability Insurance Scheme Secretariat
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Executive Summary

The Psychotherapy and Counselling Federation of Australia (PACFA) welcomes the National Disability Insurance Scheme (NDIS) as an initiative that will significantly improve the level and quality of support provided to people with disability and their carers and families. The principles set out in the NDIS Bill 2012 are welcomed, in particular that people with disability should be supported to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

The drafting of the NDIS Rules is a crucial part of the preparation process for the NDIS as the Rules will have a decisive impact on whether the principle of participant choice is achieved. The Rules should be drafted so as to facilitate tailored and flexible responses to the goals and needs of individual NDIS participants, as required by section 31 of the NDIS Bill. This should include the capacity for participants to choose counselling and psychotherapy for their support.

Access to counselling and psychotherapy services for people with disability is important to support them to improve their psychosocial functioning and increase their capacity to participate in employment and community life. Counselling and psychotherapy are professional services, with a strong evidence base, which assist people to develop greater self-understanding and to make changes in their lives. It is therefore important that short-term counselling and psychotherapy are included in the NDIS as early intervention supports and reasonable and necessary supports. Counselling and psychotherapy should also be provided as general supports for participants, as well as their carers and families, to maintain and improve the sustainability of informal supports. The inclusion of counselling and psychotherapy in the NDIS Rules will improve the choices available to people with disability, and their families and carers, while also improving their access to counselling and psychotherapy services.

PACFA operates a national register of counsellors and psychotherapists who are qualified, experienced and ethical practitioners, who must meet ongoing professional development and supervision requirements to maintain registration. Specialist supports provided by PACFA Registrants are of particular relevance to NDIS participants, including family therapy, relationship counselling, solution-focussed counselling, hypnotherapy and creative arts and experiential therapies.

PACFA intends to make an application for PACFA Registrants to be registered as providers of supports under the NDIS. Registration of counsellors and psychotherapists as eligible providers will be of benefit to NDIS participants, government and the community, due to the cost effectiveness of the support they can provide to people with disability, and the improved mental health and wellbeing of participants.

Recommendations

PACFA puts forward 13 key recommendations which are explained in full in the submission:

1. The NDIS Rules should be drafted so as to enable NDIS participants to choose to access counselling and psychotherapy services as part of their NDIS plans where relevant to meet their support needs.

2. Further consultation on the proposed NDIS Rules, once drafted, should be undertaken to ensure they meet the expectations of people with disability, their carers and families, and the broader community.

3. Rule 1 should enable general supports in the form of counselling and psychotherapy to be provided to NDIS participants, and also to their carers and families, in order to improve the quality and sustainability of informal supports. Rule 1 should identify PACFA counsellors and psychotherapists who are registered with the Agency as eligible providers for these services.

4. Rule 8 should specify that where the impairment is a psychiatric impairment relating to a mental disorder that is episodic in nature, a psychological assessment is required to determine if the impairment is permanent or likely to be permanent, despite the episodic nature of the mental disorder.

5. Rules 9 and 10 should require a full psychosocial assessment to be undertaken for all participants, not just for those with impairments attributable to a psychiatric condition. The assessment should identify current strengths so that these can be built upon, as well as identifying areas of deficit that may require support.

6. The Agency could keep a list of recognised early intervention supports. Any support for which there is research evidence, and which meets all other requirements of the NDIS, would be included on the list. Ideally the Agency would take submissions of research evidence on the effectiveness of particular supports for inclusion on the list. Importantly, the list should not be exhaustive but should be *inclusive*, so that participants can access other supports that are effective as early interventions, even if they are not yet on the list.

7. Rules 11, 12 and 13 should enable NDIS participants to be eligible to for early intervention support if they meet at least one of the eligibility criteria, such as those suggested by PACFA. This approach is intended to be *inclusive* so that participants' choice is not limited by a prescribed list of early intervention supports.

8. Rules 11, 12 and 13 should recognise the significant role of counselling and psychotherapy in early intervention, which is strongly supported by research evidence, by listing these interventions as recognised early intervention supports. The Rules should identify PACFA counsellors and psychotherapists who are registered with the Agency as eligible providers for these services.

9. Rule 14 should include an assessment process to determine the reasonable and necessary supports or the general supports to be funded or provided under the NDIS. Rule 14 should enable counselling and psychotherapy services to be funded and provided if these are the most appropriate supports for the individual. Again, this approach is intended to be *inclusive*, so that participants' choice is not limited by prescribed lists of supports.

10. Certain types of non-clinical counselling and psychotherapy services, as outlined in Table 5 of the submission, are appropriate for inclusion as NDIS supports and should be funded and provided through the NDIS. Rule 14 should identify PACFA counsellors and psychotherapists who are registered with the Agency as eligible providers for these services.

11. Counselling and psychotherapy should not be prescribed by Rule 15 as reasonable and necessary supports or general supports that will not be funded or provided under the NDIS. This would restrict participants' capacity to choose counselling and psychotherapy for their support and there is a need to improve access to these services for all people with disability.

12. All people with disability should be able to access counselling and psychotherapy for their support and there should be no individual participants or groups of participants excluded under Rule 16 from accessing these services.

13. The criteria under Rule 25 for approval of registered providers of supports should enable registration of counsellors and psychotherapists as providers of supports for the NDIS. PACFA-registered counsellors and psychotherapists should be listed as eligible providers.

Introduction

The Psychotherapy and Counselling Federation of Australia (PACFA) welcomes the National Disability Insurance Scheme (NDIS) and supports the principles of the scheme, in particular that people with disability should be supported to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

In the spirit of this principle, it is important that the NDIS Rules are drafted so as to enable NDIS participants to choose to seek support from counsellors or psychotherapists, either as an early intervention support, as a general support, or when this is a reasonable and necessary support to enable them to pursue their goals and maximise their independence, and to participate in the community and in employment.

In this submission, PACFA considers the issues that should be covered and the criteria that should be included in the NDIS Rules to ensure that NDIS participants and their carers and families will be able to choose to access their support in the form of counselling and psychotherapy.

The terms 'counselling' and 'psychotherapy' do not refer to particular therapy modalities but are inclusive terms covering a range of different therapeutic approaches and incorporating many different therapeutic interventions. Counselling and psychotherapy are informed by research and have a strong evidence base which has been established over many years. For an overview of research demonstrating the effectiveness of counselling and psychotherapy, see Appendix 1.

Currently, counselling and psychotherapy are not funded through Medicare as they are not considered by government to be clinical mental health services in the same way that services provided under Medicare by psychologists, social workers and occupational therapists are deemed to be clinical services. In a letter to PACFA from the Honourable Mark Butler, Minister for Mental Health and Ageing (August 2012), PACFA was advised that:

> *…the Australian Government recognises that counsellors play a particularly important role in assisting individuals and families during relationship difficulties, in managing grief and loss and in providing assistance in times of personal crisis.*

Minister Butler also noted our role in early intervention services:

> *Counsellors are the target providers for a number of early intervention and support programs…*

In some circumstances, counsellors and psychotherapists can and do provide clinical services, for example, providing counselling to clients experiencing high prevalence mental disorders such as depression and anxiety, or longer-term psychotherapy to clients with more complex issues such as trauma, personality disorders, substance abuse and dependence, or other mental disorders for which there is evidence that psychotherapy is effective. These services will continue to be provided by existing clinical service providers (which employ counsellors and psychotherapists as well as other health professionals), or by psychologists, social workers and occupational therapists with Medicare numbers.

For the purposes of the NDIS, PACFA recommends that certain types of non-clinical counselling and psychotherapy services are appropriate for inclusion as NDIS supports, when provided by counsellors and psychotherapists registered with PACFA. The counselling and psychotherapy services would be short-term with a focus on supporting participants to improve their capacity for social and economic participation, or their functional capacity or psychosocial functioning in undertaking communication,

social interaction, learning, mobility self-care and self-management. These support needs, as detailed in section 24(1)(c) of the NDIS Bill, are exactly the kinds of issues for which clients regularly seek support from counsellors and psychotherapists. These services may be needed by NDIS participants experiencing a range of impairments such as cognitive, neurological, physical or sensory impairments, and not only those with impairments attributable to a psychiatric condition.

PACFA acknowledges the need for financial sustainability of the NDIS. We submit that inclusion of counselling and psychotherapy is a very cost-effective way to support NDIS participants. With counselling and psychotherapy not being covered by Medicare as clinical services, people with disability currently have very limited opportunities to access counselling and psychotherapy privately (because of the prohibitive cost) and should therefore have the choice to seek these supports through their NDIS plans.

Background to PACFA

What is PACFA?

PACFA is the leading national peak body representing the self-regulating profession of counselling and psychotherapy. PACFA is a federation of 29 member associations which cover a range of counselling and psychotherapy modalities including family therapy, relationship counselling, experiential therapies, expressive arts therapies, hypnotherapy, integrative counselling and solution-focussed counselling.

PACFA advocates for appropriate, accessible health services to meet the bio-psychosocial needs of consumers. Counselling and psychotherapy focus on the prevention of mental illness and the provision of psychotherapeutic interventions for psychological difficulties, while actively promoting the development, mental health and wellbeing of consumers.

What are Counselling and Psychotherapy?

Counselling and psychotherapy are professional activities that utilise an interpersonal relationship to enable people to develop greater self-understanding and to make changes in their lives. Professional counsellors and psychotherapists work within a clearly contracted, principled relationship that supports individuals to explore and resolve their difficulties. The relationship between counselling and psychotherapy is seen as a continuum rather than as a complete demarcation. Counselling focuses more on specific life difficulties such as bereavement and relationships, adjusting to life transitions, and fostering clients' wellbeing, whilst psychotherapy focuses to a greater extent on achieving change in some aspects of the person's self or personality structure to reduce repetitive, maladaptive patterns in work and relationships.

Counselling and psychotherapy are interdisciplinary activities provided by a range of professionals, including psychologists, social workers, occupational therapists, nurses, doctors and psychiatrists, as well as counsellors and psychotherapists. Counselling and psychotherapy are not 'owned' by any one of these professional groups. Evidence for the efficacy of counselling and psychotherapy is included in the appendices to this submission.

PACFA Register

PACFA operates a national Register of suitably qualified and experienced counsellors and psychotherapists. PACFA Registrants are required to belong to one of the 29 professional associations which are members of PACFA as a condition of registration. Registrants must practice according to the PACFA Code of Ethics, as well as the Codes of Ethics of the member associations to which they belong.

Some PACFA member associations focus on certain therapy modalities which will be of particular relevance to participants in the NDIS. Practitioners who specialise in providing these types of supports are identifiable on the PACFA Register by their membership of one or more of these associations, as detailed in Table 1.

Table 1: Specialist supports provided by members of PACFA member associations

PACFA Member Association	Supports provided
Australian Association of Family Therapy (AAFT)	• Family therapy
Australian Association of Relationship Counsellors (AARC)	• Relationship counselling • Couples counselling
Association of Solution Oriented Counsellors and Hypnotherapists of Australia (ASOCHA)	• Hypnotherapy • Solution-focussed counselling
Australian Hypnotherapists Association (AHA)	• Hypnotherapy
Gestalt Australia New Zealand (GTA)	• Creative arts therapies • Experiential therapy
Melbourne Institute for Experiential and Creative Arts Therapy (MIECAT)	• Creative arts therapies • Experiential therapy
Music and Imagery Association of Australia (MIAA)	• Music and imagery therapy
Australian & Aotearoa New Zealand Psychodrama Association (AANZPA)	• Psychodrama
Dance Therapy Association of Australia (DTAA)	• Dance therapy

There are also general counselling and psychotherapy associations with members who provide a wide range of counselling supports is most states and territories throughout Australia:

- Counselling and Psychotherapy Association of Victoria (CAPAV)
- Counselling and Psychotherapy Association of New South Wales (CAPA NSW)
- Psychotherapy and Counselling Association of Western Australia (PACAWA)
- Professional Counselling Association of Tasmania (PCA)
- Counselling Association of South Australia (CASA)
- Queensland Counsellors Association (QCA)
- Counselling and Psychotherapy Association Canberra and Region (CAPACAR)

PACFA's 1,500 Registrants have completed training in counselling and psychotherapy to at least Bachelor degree level or equivalent, and many are trained at postgraduate levels. They have attained the required level of supervised practice experience and demonstrate that they meet ongoing professional development requirements.

NDIS Rules

In this submission, PACFA focuses on the NDIS Rules that will be relevant to NDIS participants who wish to choose counselling or psychotherapy for their support. PACFA's responses to these rules are not intended to be fully comprehensive but are focussed on issues of particular relevance to these participants. Most of our comments and recommendations are relevant to participants with any type of impairment i.e. cognitive, neurological, physical, sensory or psychiatric impairments, and other comments and recommendations relate specifically to those with impairments attributable to a psychiatric condition.

The drafting of the NDIS Rules is crucially important to ensure NDIS participants will have genuine choice about the supports they can access. The NDIS Rules must be drafted in a way that will ensure participants will be able to exercise their choice to seek support from practitioners most relevant for their needs, including counsellors or psychotherapists. Further consultation on the Rules, once drafted, will be required to ensure they meet the expectations of people with disability, their carers and families, and the broader community.

Recommendation 1:
The NDIS Rules should be drafted so as to enable NDIS participants to choose to access counselling and psychotherapy services as part of their NDIS plans, where relevant to meet their support needs.

Recommendation 2:
Further consultation on the proposed NDIS Rules, once drafted, should be undertaken to ensure they meet the expectations of people with disability, their carers and families, and the broader community.

Rule 1

The rule may prescribe matters for an in relation to this chapter (relating to the types of assistance for people with disability provided by the agency). [Clause 17].

The general supports provided by the Agency should include general information about counselling and psychotherapy for those participants needing this form of support, and referral information to the counselling services available in the community, for example through community health centres and non-profit organisations. As these community services are limited in scope and will generally not be tailored to the participant's needs, individual participants may need to access counselling or psychotherapy as a funded support in their Individual Support Plan. In this situation, the Agency (or the responsible service coordination agency) should refer the participant to a PACFA counsellor or psychotherapist registered with the Agency. PACFA intends to apply for appropriately qualified counsellors and psychotherapists to be registered with the Agency. PACFA can provide the Agency with resources such as printed brochures and web-based referral information.

For many people with disabilities, the informal supports provided by carers and family members are of central importance to their functional capacity and their social and economic participation. Sometimes, professional support - such as the support provided by counsellors and psychotherapists - is essential to help family supports work effectively and to be sustainable, and to help people cope with the stresses, conflicts and difficulties that can arise within families when caring for a family member with a disability. Family therapists and relationship counsellors are uniquely placed to support NDIS participants who need to improve their relationships with carers and family members and to strengthen the quality of the informal support they receive from them.

PACFA believes that carers and family members of NDIS participants, as well as the participants themselves, should be able to access general supports. The Rules should therefore specify *who* can access the general supports, as well as the types of general supports available. The general supports that can be accessed by carers and family members should be detailed in the Rules and should include short-term counselling and psychotherapy. Counselling services to support carers and family members could be delivered directly by the Agency by employing registered counsellors, however, it may be more appropriate for these services to be provided by PACFA counsellors and psychotherapists registered with the Agency, as envisaged by section 14 of the NDIS Bill.

Recommendation 3:

Rule 1 should enable general supports in the form of counselling and psychotherapy to be provided to NDIS participants, and also to their carers and families, in order to improve the quality and sustainability of informal supports. Rule 1 should identify PACFA counsellors and psychotherapists who are registered with the Agency as eligible providers for these services.

Rule 8

The criteria to be used to determine that the impairment or impairments are permanent or likely to be permanent. [Clause 27(1)(a)].

Where a person has a psychiatric impairment relating to a mental disorder of an episodic nature, Rule 8 should set out a clear process to enable the person to be assessed as having a permanent impairment, or an impairment that is likely to be permanent, notwithstanding the episodic nature of the mental disorder.

Participants with a psychiatric impairment that is episodic in nature should be able to access lifelong support. These participants need to be able to access supports promptly during times of crisis or serious deterioration in mental health, even though at other times their mental health may stable with few or no supports being required. Such support could also assist in developing safety plans for episodes of psychiatric impairment and building participants' skills in identifying early signs of onset.

Recommendation 4:

Rule 8 should specify that where the impairment is a psychiatric impairment relating to a mental disorder that is episodic in nature, a psychological assessment is required to determine if the impairment is permanent or likely to be permanent, despite the episodic nature of the mental disorder.

Rules 9 and 10

- *The criteria to be applied to determine that one or more impairments substantially reduce a person's functional capacity, or their psychosocial functioning, in relation to one or more activities such as communication, social interaction, learning, mobility, self-care or self-management. [Clause 27(1)(b)].*
- *The criteria to be considered in assessing whether and to what extent social and economic participation has been affected. [Clause 27(1)(c)].*

The assessment process for the disability requirements should evaluate each of the aspects of functioning listed in section 24(1)(c) and (d) of the NDIS Bill. It is important that a full psychosocial assessment is undertaken for all participants, not just for those with impairments attributable to a psychiatric condition. The assessment should identify current strengths so that these can be built upon, as well as identifying areas of deficit. Some examples of psychosocial assessment issues to be considered are provided in Table 2 below.

Recommendation 5:

Rules 9 and 10 should require a full psychosocial assessment to be undertaken for all participants, not just for those with impairments attributable to a psychiatric condition. The assessment should identify current strengths so that these can be built upon, as well as identifying areas of deficit that may require support.

Table 2: Psychosocial assessment issues

Activity	**Issues for Assessment**
Communication	Criteria for evaluating communication strengths and deficits include: • What are the participant's communication strengths? • What is the participant's level of confidence and does he/she have a positive self-identity? • Does the participant have any unhelpful or negative communication styles that impact on capacity to have positive relationships, engage in employment or otherwise participate in the community? • Do the participant's communication skills need development, e.g. assertiveness or conflict management skills?
Social interaction	Criteria for evaluating social interaction strengths and deficits include: • What relationships are currently supportive to the participant? • What relationships are not currently supportive to the participant? • Does the participant maintain leisure activities (Bland, 2012)? • What leisure activities, hobbies or community groups is the participant currently engaged in? • What new leisure activities, hobbies or community groups could the participant engage in to increase opportunities for social interaction? • What supports are needed for the participant to engage more fully in social interaction?
Learning	Skill deficits that can be addressed through psycho-education and professional intervention include: • Conflict management and assertive communication skills • Emotional regulation • Goal setting, planning and problem-solving skills • Self-care and self-management skills
Mobility	Criteria for evaluating mobility issues: • Mobility difficulties requiring support • Impact of mobility issues on mental health or psychological wellbeing
Self-care	Criteria for evaluating self-care issues include: • Is the participant able to maintain socially and culturally accepted standards of self-care (Gibbons, 2006)? • Does the participant have the capacity to perform daily self-care tasks such as eating, washing, dressing, attending to own elimination, hygiene, cleaning, personal appearance, exercise, preparing food and maintaining healthy diet, sleep, using the phone and managing stress? • Does the participant need support to help restore, develop, or maintain the skills necessary to perform daily self-care tasks? • Does the participant display signs of self-neglect such as unkempt appearance, hoarding items and pets, neglecting household tasks, living in an unclean environment or poor personal hygiene (Gibbons, 2006)? • Is the participant managing unwanted side effects of long term medication required to treat his/her disorder that impact on health, such as weight gain (Farhall, 2012)? • Is the participant able to maintain personal safety and to access help when they are feeling unsafe (Bland, 2012)?

Activity	Issues for Assessment
Self-management	Criteria for evaluating self-management issues include: • Does the participant have the capacity and motivation to effectively take care of themselves or learn how to do so? • What are the participant's problem-solving capacities and limitations in dealing with current problems? • Does the participant have the necessary skills and strategies to effectively direct their own activities towards achieving goals, including goal setting, planning, self-evaluation, self-intervention and self-development?
Social participation	Additional criteria for assessing for social participation include: • Is the participant able to provide adequate care and nurturing in parental roles (Bland, 2012)? • Is the participant able to maintain relationships and connections with carers and family, friends, neighbours and the community (Bland, 2012)? • Does the participant have the capacity to manage transport needs (Bland, 2012)? • Does the participant have the capacity to access services in health, income security, housing and law (Bland, 2012)? • Does the participant have the capacity to play valued social roles?
Economic participation	Additional criteria for assessing for economic participation include: • Is the participant able to manage a budget, pay bills and avoid unmanageable debt? • Is the participant able to obtain and maintain employment? • Is the participant able to access and succeed in informal learning and formal education to enhance skills and employability?
Consumer and carer involvement	The perspective of consumers and carers should always be considered: • Include the lived experience of the participant in assessing psychosocial functioning • Include the experience and capacity of carers in all assessments of psychosocial functioning

Rule 11, 12 and 13

- *Criteria for determining if early intervention supports are likely to reduce a person's future need for supports in relation to disability. [Clause 27(1)(d)].*
- *The criteria to be considered in assessing whether a support is likely to mitigate, alleviate or prevent of an individual's function capacity to undertake communication, social interaction, learning, mobility, self-care or self-management. [Clause 27(1)(e)].*
- *Criteria for determining if early intervention supports are likely to strengthen the sustainability of the informal supports available to the participant, including through building the capacity of a carer. [Clause 27(1)(f)].*

PACFA suggests that some basic criteria should be set out for Rules 11, 12 and 13 to assess whether early intervention supports will have a positive impact in relation to the participant's disability and therefore whether the supports should be provided and funded. The real issue is not so much whether a particular support should or shouldn't be accepted, but whether the support in question is effective as an early intervention.

First, the Agency could keep a list of recognised early intervention supports. Any support for which there is research evidence, and which meets all other requirements of the NDIS, would be included in this list. For supports to be recognised by the Agency as early intervention supports, research evidence would need to be available or provided to demonstrate that the supports are effective as early interventions. Any person or entity could submit research evidence on the effectiveness of a particular early intervention support for inclusion on the list of recognised early intervention supports.

However, PACFA cautions strongly against an approach where participant choice is limited to a specified list of supports contained in the Rules. It is expected the list would developed and evolve over time so this list is best to be kept by the Agency rather than being prescribed in the Rules. Even if recognised supports are to be listed in the Rules, the list should not be exhaustive but should be inclusive, enabling participants to request access, at any time, to supports not on the list, as long as the support is not excluded by the Rules.

> ***Recommendation 6:***
> The Agency could keep a list of recognised early intervention supports. Any support for which there is research evidence, and which meets all other requirements of the NDIS, would be included on the list. The Agency would take submissions of research evidence on the effectiveness of particular supports for inclusion on the list. Importantly, the list should not be exhaustive but should be *inclusive*, so that participants can access other supports that are effective as early interventions, even if they are not yet on the list.

Second, other early intervention supports (besides those listed with the Agency) should be allowed under an individual's Support Plan based on the criteria suggested in Table 3 below.

> ***Recommendation 7:***
> Rules 11, 12 and 13 should enable NDIS participants to be eligible to for early intervention support if they meet at least one of the eligibility criteria, such as those suggested by PACFA. This approach is intended to be *inclusive* so that participants' choice is not limited by a prescribed list of early intervention supports.

Table 3: Suggested criteria for early intervention supports

Likely impact of supports	**Suggested criteria**
Reduce a person's future need for supports in relation to disability - Clause 27(1)(d)	• Prevent deterioration in the participant's psychosocial functioning or mental health • Deliver relapse prevention programs to enhance the participant's recognition and management of early warning signals of mental illness • Improve the participant's capacity for consistent use of physical aids or prescribed medication • Deliver interventions to strengthen the participant's self-esteem and positive self-identity

Likely impact of supports	Suggested criteria
Mitigate, alleviate or prevent the deterioration of the functional capacity of the person to undertake communication, social interaction, learning, mobility, self-care or self-management - Clause 27(1)(e)	• Enable the participant to obtain or sustain employment • Enable the participant to access education to improve skills and employability • Provide psycho-education to improve capacity to undertake communication, social interaction, learning, mobility, self-care or self-management • Provide psycho-education to effectively manage early warning symptoms to prevent relapse and recurring episodes of mental illness • Strengthen and maintain informal support provided to the participant by carers and family members
Strengthen the sustainability of the informal supports available to the participant, including through building the capacity of a carer - Clause 27(1)(f)	• Strengthen relationships with carers and family members • Resolve and reduce conflict in relationships with carers and family members • Strengthen and maintain informal supports provided by carers and family members to ensure their sustainability, for example through support with conflict resolution, communication skills including assertiveness, and relationship building.

Role of counselling and psychotherapy in early intervention

It is PACFA's submission that counselling psychotherapy could play a significant role in the NDIS for early intervention and that counselling and psychotherapy should therefore be included in the list of recognised early intervention supports.

Research evidence demonstrates that counselling and psychotherapy are effective for early intervention to reduce the impacts associated with disability (World Health Organization & World Bank, 2011; Vuorialho, Karinen & Sorri 2006) and to promote wellness and prevent mental health conditions (Cuijpers, van Straten, Smit, Mihalopouls & Beekman, 2008; Stevenson, Meares & D'Angelo, 2005; Seligman, 1995). See Appendix 2 for further information on the effectiveness of counselling and psychotherapy as an early intervention for people with disability.

> ***Recommendation 8:***
> Rules 11, 12 and 13 should recognise the significant role of counselling and psychotherapy in early intervention, which is strongly supported by research evidence, by listing them as recognised early intervention supports. The Rules should identify PACFA counsellors and psychotherapists who are registered with the Agency as eligible providers for these services.

Rule 14

The methods for assessing, or criteria for deciding, the reasonable and necessary supports or general supports that will be funded or provided. [Clause 35 (1)(a)].

It is essential that Rule 14 is drafted in a way that will facilitate tailored and flexible responses to the goals and needs of individual NDIS participants. As already indicated, PACFA cautions against an approach where participant choice is limited to a specified list of supports. Even if lists are to be

developed, these should not be exhaustive but should be inclusive, so that participants can request access to supports, at any time, that are not already listed but which the assessment indicates will meet the individual's support needs. For example, if counselling is not listed as a recognised support, a participant could still seek to include counselling in her Individual Support Plan if this is the most appropriate form of support for that individual.

Similar to PACFA's suggestion for Rules 11, 12 and 13, the Agency could keep a list of recognised reasonable and necessary and general supports. Any support for which there is research evidence, and which meets all other requirements of the NDIS, would be included in this list. The Agency could receive submissions from individuals or entities on the research evidence on the effectiveness of a particular supports for inclusion on the list of recognised reasonable and necessary and general supports. Given the strong evidence base demonstrating the effectiveness of counselling and psychotherapy, these services should be included in the list of recognised NDIS supports.

A pre-determined Assessment Tool should be developed to identify the supports that would best meet the needs of the individual NDIS participant. For details, see Table 4 below. The assessment issues are broadly similar to those identified in Table 2 above. The Assessment Tool should be open and flexible to respond to client needs and should not be biased towards any particular type of support.

Recommendation 9:

Rule 14 should include an assessment process to determine the reasonable and necessary supports or the general supports to be funded or provided under the NDIS. Rule 14 should enable counselling and psychotherapy services to be funded and provided if these are the most appropriate supports for the individual. Again, this approach is intended to be *inclusive*, so that participants' choice is not limited by prescribed lists of supports.

Table 4: Assessment of support needs

Assessment issue	**Details**
Communication	• Confidence in communicating with others • Self-esteem & positive self-identity reflected in communication with others • Assertiveness • Skills in communicating about needs in relation to the disability
Social interaction	• Social skills • Family, social and community contacts and activities • Social roles valued by family and community • Recent or complicated bereavement
Learning	• Capacity to participate in lifelong learning activities • Success in formal education • Knowledge of disability and prescribed medication
Mobility	• Independent living • Capacity to travel by private and public transport

Assessment issue	Details
Self-care	• Safe, secure accommodation • Healthy diet and exercise habits • Daily self-care activities (e.g. washing, hygiene etc.) • Management of unwanted side effects associated with medication such as weight gain • Safety in relation to self and others • Concurrent health conditions are managed adequately
Self-management	• Sustainability of informal supports • Resolving conflict or difficulties in relationships with carers or family • Management of finances and budget without unmanageable debts • Identifying early warning signs of episodic disability • For carers and parents, fulfilling carer or parenting roles by providing appropriate care and nurturing
Social participation	• Participation in family, cultural, religious, spiritual and community activities • Participation in leisure activities and hobbies • Acting in socially valued roles e.g. peer mentoring
Economic participation	• Access to informal learning and formal education to improve skills, qualifications and employability • Maintaining employment in personally and socially valued work roles
Consumer and carer involvement	The perspective of consumers and carers should always be considered: • Include the lived experience of the participant in assessing psychosocial functioning • Include the experience and capacity of carers in all assessments of psychosocial functioning

Inclusion of counselling psychotherapy

Counsellors and psychotherapists provide a wide range of supports using different evidence-based therapy interventions. For an overview of the research evidence for the effectiveness of counselling and psychotherapy in general, see Appendix 1. For research evidence for the effectiveness of counselling and psychotherapy to support psychosocial functioning and capacity for social and economic participation, see Appendix 3.

PACFA has identified a list of counselling and psychotherapy interventions which are appropriate supports for NDIS participants and others such as carers and family members. Where counselling and psychotherapy are listed as recognised supports, it is suggested that these therapy modalities should be identified are accepted therapy modalities. Rule 14 should identify PACFA counsellors and psychotherapists who are registered with the Agency as eligible providers for these services.

Table 5 sets out suggested counselling and psychotherapy interventions recommended for the NDIS. These interventions could be provided in response to assessed deficits in psychosocial functioning.

Recommendation 10:
Certain types of non-clinical counselling and psychotherapy services, as outlined in Table 5 of the submission, are appropriate for inclusion as NDIS supports and should be funded and provided through the NDIS. Rule 14 should identify PACFA counsellors and psychotherapists who are registered with the Agency as eligible providers for these services.

Table 5: Counselling and psychotherapy interventions recommended for the NDIS

Counselling & psychotherapy intervention	Details
Brief therapy	Support to find solutions to specific problems
Cognitive-behavioural therapy	Support to change dysfunctional thoughts and behaviours
Couples therapy	Support with the primary relationship with a spouse or partner
Creative arts therapies	Support to improve psychosocial functioning through creativity
Family therapy	Support to improve relationships with family and carers
Group therapy	Support to develop and improve social and communication skills
Hypnotherapy	Support to increase motivation or change behaviour using hypnosis
Integrative counselling	Support for a wide range of issues using a range of interventions which are selected according to client needs and preferences
Mindfulness-based therapies	Support to develop awareness and acceptance of present experience
Motivational interviewing	Support to build motivation for behaviour change and reduce resistance
Person-centred counselling	Support to develop a stronger sense of self to help clients make changes
Psycho-education	Support to develop a wide range of psychosocial skills
Relationship counselling	Support to improve relationships with family, carers, friends and workmates
Solution-focussed counselling	Strengths-based support to assist clients to find solutions for specific problems and develop positive self-identity
Supportive counselling	Support with all aspects of functioning

Importantly, PACFA does not see section 34(f) of the NDIS Bill as a barrier to participants' seeking support in the form of counselling and psychotherapy. Counsellors and psychotherapists do not have Medicare numbers to provide clinical services, so they are not part of government's universal service obligation. Also, based on the limited levels of counselling services accessible to people with disabilities in the community sector, it cannot be argued that counselling and psychotherapy are more appropriately funded or provided through other general systems of service delivery. Access to counselling and psychotherapy services is very limited, particularly for those on low incomes who do not have the means to pay for private counselling or psychotherapy.

Cost effectiveness of counselling and psychotherapy

The need for the financial sustainability of the NDIS is an important principle in the NDIS Bill that PACFA supports. Short-term counselling and psychotherapy represent cost-effective supports which will be more accessible for people with disability if made available through the NDIS.

Currently consumers are not able to access counselling and psychotherapy services under Medicare and these services do not receive GST exemption. Very limited private health fund rebates are available. The only option for people with disability to access these services is through community health centres or non-government agencies, where there are limited services available. Community services not generally tailored to meet the needs of people with disability, and there are frequently long waiting lists. Whereas consumers who are in paid employment have the option of accessing counselling and psychotherapy services privately, this is not a viable option for most consumers who live with a disability and have very limited financial resources.

The counselling and psychotherapy services which PACFA proposes to be provided by PACFA Registrants are short-term interventions to support clients with their communication, social interaction, learning, self-care and self-management, as well as supporting clients to be able to participate in community life, both socially and economically.

Compared with psychologists, counsellors and psychotherapists provide cost effective counselling and psychotherapy services. While fees charged by counsellors and psychotherapists vary considerably, it is reasonable to state that the fees charges by psychologists are in general higher per session than those charged by counsellors and psychotherapists. Counsellors and psychotherapists generally charge between $70 and $130 per session *plus GST,* with $90 to $110 per session being average fees.

Psychologist consultation fees also vary greatly. It is quite common for psychologists to charge between $120 and $160 per session, although the fee recommended by the Australian Psychological Society is much higher at $222. It should be noted that some psychologists bulk bill when providing Medicare-funded services for which the fee would be lower at $83.25, or $122.15 for clinical psychologists. Psychologists' fees do not attract GST.

Research evidence shows that effective outcomes can be expected from one to twelve sessions of counselling or psychotherapy. 60 to 65% of people attending counselling experience significant reduction in their presenting issues after one to seven sessions (Miller, Duncan, Brown, Sorrell & Chalk, 2006). Table 6 compares the costs of one to twelve sessions of therapy at different hourly rates.

Table 6: Costs for counselling or psychotherapy

Number of sessions	$90 per session	$100 per session	$110 per session	$120 per session
1 session	$90	$100	$110	$120
2 sessions	$180	$200	$220	$240
3 sessions	$270	$300	$330	$360
4 sessions	$360	$400	$440	$480
5 sessions	$450	$500	$550	$600
6 sessions	$540	$600	$660	$720
7 sessions	$630	$700	$770	$840
8 sessions	$720	$800	$880	$960
9 sessions	$810	$900	$990	$1,080
10 sessions	$900	$1,000	$1,100	$1,200
11 sessions	$990	$1,100	$1,210	$1,320
12 sessions	$1,080	$1,200	$1,320	$1,440

* Sessions are between 50 minutes and 60 minutes

If the NDIS Rules include counsellors and psychotherapists as service providers, PACFA will establish a schedule of recommended fees. A maximum schedule fee of $100 is proposed, which would result in a cost of $1,200 for 12 sessions of counselling, or $1,320 where GST is charged.

Rule 15

The supports that will not be funded or provided under the NDIS. [Clause 35(1)(b)].

PACFA cautions against an approach that excludes particular supports. While it is understandable that it may be appropriate to specifically exclude certain services from being recognised as NDIS supports, this

list should not be extensive as excluding particular services from the scheme takes away participants' choices. Given that there is currently very limited access to counselling and psychotherapy services for people with disability, it is not appropriate to restrict access to these services as all people with disability may benefit from counselling and psychotherapy.

Recommendation 11:
Counselling and psychotherapy should not be prescribed by Rule 15 as reasonable and necessary supports or general supports that will not be funded or provided under the NDIS. This would restrict participants' capacity to choose counselling and psychotherapy for their support and there is a need to improve access to these services for all people with disability.

Rule 16

The supports that will not be funded or provided under the NDIS for certain participants. [Clause 35(1)(c)].

Counselling and psychotherapy should be accessible as a support for all NDIS participants. There are no particular participants or groups of participants that should be excluded from this key support service. Accordingly, participants or groups of participants should not be prescribed as being unable to access counselling and psychotherapy services as reasonable and necessary supports or general supports.

Recommendation 12:
All people with disability should be able to access counselling and psychotherapy for their support and there should be no individual participants or groups of participants excluded under Rule 16 from accessing these services.

Rule 25

Criteria for registering or revoking the registration of a service provider to deliver supports or a class of supports, including whether compliance with safeguards or quality assurance standards and procedures or qualifications of employees is required. [Clauses 70(1)(d); 72; 73(1)].

PACFA intends to make an application for PACFA Registrants to be registered as providers of supports to NDIS participants. PACFA recommends that the Rules should be drafted so as to enable registration of counsellors and psychotherapists as providers of NDIS supports.

Recommendation 13:
The criteria under Rule 25 for approval of registered providers of supports should enable registration of counsellors and psychotherapists as providers of supports for the NDIS. PACFA-registered counsellors and psychotherapists should be listed as eligible providers.

Table 7 set out PACFA's recommendations for the requirements that should be established in the Rules for registration of counsellors and psychotherapists as providers of supports. Similar requirements would be needed for other professions seeking registration with the Agency.

In accordance with section 73(1)(d), these recommendations will ensure that only suitably qualified practitioners are recognised, and that safeguards, quality assurance and ethical standards and procedures are met.

Table 7: Proposed requirements for NDIS registration as a provider of support

Requirement	Details
Registration with PACFA as a counsellor or psychotherapist	PACFA Registration includes requirements to: • Maintain professional indemnity insurance • Undertake annual supervision and professional development requirements • Comply with PACFA's Code of Ethics and the Codes of Ethics of PACFA member associations to which Registrants belong
Competence to provide one or more of the counselling and psychotherapy interventions recommended by PACFA for the NDIS scheme	The interventions recommended by PACFA are all evidence-based interventions which are relevant to the support required by NDIS participants in accordance with the NDIS disability requirements

Rule 26

Prescribing the consequences of registered providers failing to comply with the NDIS Act, regulations or rules. [Clause 73(2)(a)].

This should depend on the provisions with which the provider has not complied. Where the breach is of a minor nature, it may not be appropriate for the provider to be deregistered. However where the breach impacts on the safety of the NDIS participant, deregistration of the provider by the Agency would be appropriate. To ensure natural justice, there should be a right of appeal.

Rule 28

The obligations of registered providers in relation to the monitoring of compliance, complaints handling and auditing requirements. [Clauses 73(2)(c); 73(2)(d); 73(2)(e)].

PACFA supports the need for registration information to be provided to the Agency. At the time of application, information would need to be provided to demonstrate that the applicant meets the Agency's registration requirements. For details of the information PACFA suggests should be provided to apply for registration as an NDIS provider, see table 7 above.

In addition, some basic information about the practitioner should be provided and kept up to date:

- Practice name
- Practice address(es)
- PACFA registration number
- Areas of specialisation
- Therapy modalities
- Contact phone
- Contact email
- Website address

As providers would need to belong to a relevant professional association in order to be registered with the Agency, the professional association would also have a code of ethics to guide the providers' conduct. PACFA and all PACFA Member Associations have codes of ethics and complaints handling processes. It is a membership requirement that practitioners comply with these codes and make a declaration at the time of registration renewal each year in relation to their ethical conduct.

Appendix 1

Evidence for the efficacy of counselling and psychotherapy

There is a strong evidence base for the efficacy of psychotherapy and counselling. PACFA endorses the American Psychological Association's definition of evidence-based practice as 'the integration of the best available research evidence with clinical expertise in the context of patient characteristics, culture and preferences'.

In 1977, Smith and Glass published a meta-analysis of studies that compared outcomes for people who had received psychotherapy interventions with those who had not. They found a consistent, positive and substantial treatment effect, regardless of treatment approach or client group. While controversial at the time, these core conclusions have survived a further 45 years of research and continue to be supported in recent reviews of the effectiveness of counselling and psychotherapy.

We also have more than 20 years of knowledge concerning client experience of counselling and psychotherapy. A 1990 study by Scott and Freeman compared GP treatment, psychologist treatment, medication, and counselling treatment provided by social workers. All treatments achieved similar results for similar costs, however clients rated counselling more highly as the social workers spent more time with their clients.

Seligman (1995) undertook a large Consumer Reports study to discover the experiences of people who had undergone counselling or psychotherapy. The study was in effect a consumer satisfaction study of the kind that might be conducted with respect to any product or service. He concluded that there were substantial benefits for people in psychotherapy; that psychotherapy without medication produces the same effects as psychotherapy and medication; that no one model produces better outcomes than other models; and that psychotherapy is effective regardless of the practitioner's occupation, for example as a psychologist, psychiatrist or social worker.

These findings are supported by research into the common factors underlying the effectiveness of counselling and psychotherapy (Duncan, Miller, Wampold & Hubble, 2009) which has found that all types of therapy achieve broadly similar client outcomes and that the strength of the client-therapist relationship is a key determinant of therapy outcomes.

Recently, outcome data for Medicare's Better Access initiative indicates that similar outcomes are achieved from the counselling and psychotherapy services provided under the scheme regardless of whether treatment was provided by psychologists, social workers or occupational therapists. The level of psychological distress decreased from high or very high at the start of treatment to moderate by the end of treatment (Pirkis, Harris, Hall & Ftanou, 2011), regardless of the occupation of the practitioner delivering the service.

Counselling and psychotherapy have been demonstrated to be efficacious treatments for health in a number of ways. The contribution they make to health is both remedial and preventative.

Mental health

There is widespread evidence for the contribution of counselling and psychotherapy - of various orientations - to the effective treatment of mental illness. A pertinent example is the provision of counselling services for high prevalence disorders such as depression and anxiety. Where aspects of

personality functioning are a factor in mental health, psychotherapy has a particular role to play. There is also strong evidence for the contribution of counselling and psychotherapy to the prevention and treatment of mental illness, including depression, anxiety and trauma (Cuijpers et al., 2008).

Once mental illness develops and becomes severe, specialised clinical services, hospitalisation and a higher level of case management are required. A Cochrane review comparing psychosocial and pharmacological treatments for deliberate self-harm found the most effective treatment for females with Borderline Personality Disorder using self-harm is longer term psychotherapy (Hawton, Townsend, Arensman, Gunnell, Hazell, House, & van Heeringen, 1999). This group is at higher risk of completed suicide than the general population. There is evidence from an Australian clinical trial with a 5 year follow up (n = 150) that regular participation in psychotherapy for people with personality disorders reduced the rate of hospitalisation, incidents of self-harm and violence, reduced drug use and improved work history (Stevenson, Meares & D'Angelo, 2005).

Family therapy also has a strong level of evidence for effective interventions with adolescent anorexia nervosa, for example the Maudsley model which views parents as a resource for recovery (Le Grange, 2005). The evidence indicates that family therapy is more effective in the treatment of adolescent eating disorders than individual therapy. Recent systematic reviews have also shown that couple counselling and family therapy are more effective than individual treatment for treating substance abuse, and result in increased abstinence, reduced incidence of interpersonal violence and improved relationship functioning (O'Farrell & Clements, 2011; Ruff, McComb, Coker, & Sprenkle, 2010).

Relationship difficulties

The nexus between fulfilling and rewarding personal relationships and both physical and mental health is well documented by research. For example, a large Canadian population study showed that 12% of people who separate become depressed, and adult males in particular were six times more likely to become depressed after a relationship breakdown than men who remain married (Rotermann, 2007). Research supports counselling and psychotherapy as the indicated treatment for relationship difficulties and adjustment to separation.

Physical health and disease

It is recognised that the response of patients to interventions aimed at ameliorating or healing various physical conditions will be influenced by emotional and psychological factors. Examples include treatments for cancer, chronic conditions involving a degree of impaired functioning, and immune disorders including HIV/AIDS. Counselling and psychotherapy have a growing role as an adjunct to medical interventions in these situations.

There is also evidence that many physical ailments have a psychological component and vice versa. For example, recent research from the Australian Institute of Health and Welfare (2010) found that 1.8 million people experiencing back problems in 2007 to 2008 were 2.5 times more likely to experience mood disorders such as depression, 1.8 times more likely to suffer from anxiety and 1.3 times more likely to report a substance use disorder, compared with people without back problems. The provision of short term counselling and psychotherapy is a sound, evidence-based response to concurrent physical and mental conditions.

Appendix 2

Counselling and psychotherapy in early intervention services

There is a strong relationship between disability and inequality. The *World Report on Disability* (World Health Organization & World Bank, 2011) found that women with disabilities are more disadvantaged through the combined effects of gender and disability, and that people with mental health conditions or intellectual impairments are more disadvantaged than those with other forms of disability.

Counselling and psychotherapy services provide early intervention to address the impacts associated with disability. Early intervention reduces or prevents the impact of disabling conditions, and contributes to slowing deterioration in every aspect of the lives of people with disability (World Health Organization & World Bank, 2011).

There is strong evidence that counselling and psychotherapy promote wellness and prevent mental health conditions in people experiencing stress and life transitions. Life transitions and stress provide additional layers of disadvantage for people with disability. Counselling is found to increase the consistent use of physical aids and taking prescribed medication by people with disability (Vuorialho, Karinen & Sorri 2005; World Health Organization & World Bank, 2011). Counselling also assists people injured in the workplace to return to work (World Health Organisation & World Bank, 2011).

Counselling and psychotherapy provide effective treatment for high prevalence mental health conditions such as depression, anxiety and trauma (Cuijpers, van Straten, Smit, Mihalopoulos & Beekman, 2008). A large consumer reports study found consumers prefer counselling and psychotherapy to other professional treatments, because it is client focused and empowers people to make changes in their own lives (Seligman, 1995).

Appendix 3

Counselling and psychotherapy to support psychosocial functioning and capacity for social and economic participation

People with disability are more likely to be excluded from participation in everyday life (World Health Organization & World Bank, 2011). Many people with disability face "disabling barriers" (World Health Organization & World Bank, 2011, p. 9) in accessing counselling and psychotherapy services through lack of financial resources, poor coverage of public services and the need for assisted referrals. Counselling is one of the unmet needs for people with disability and their carers, the *World Report on Disability* (World Health Organization & World Bank, 2011) found. Lack of access to much needed services further contributes to the social exclusion of people with disability.

Mental health consumer and carer speakers at two major counselling and psychotherapy forums, the World Congress of Psychotherapy held in Sydney 2011, and the PACFA Conference held in Melbourne 2012, supported by funding from the Mental Health Council of Australia, emphasised the helpfulness of counselling and psychotherapy in restoring their health and dignity and supporting their recovery from mental health conditions.

Supportive counselling contributed to consumers' participation and inclusion in work and community activities. They were more able to be independent and to not over-rely on family and friends.

Carers were better able to support and advocate for family members with disability by having their own socio-emotional needs attended to within a therapeutic relationship. Family counselling is an aspect of rehabilitation. The *World Report on Disability* recommends the provision of counselling to improve carers' wellbeing (World Health Organization & World Bank, 2011).

Counselling also improves the participation of people with disabilities in the workforce. A five year outcome study on psychotherapy provided to people with personality disorders with related symptoms of depression and anxiety found reduced hospital admissions and absences from work, and fewer disruptions to family relationships (Stevenson, Meares & D'Angelo, 2005).

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