

June 30, 2006

The Honourable George Smitherman
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister,

Re: Regulation of Psychotherapy

We are writing to support the response of the Ontario Coalition of Mental Health Professional to the recent report *Regulation of Health Professions in Ontario: New Directions* by the Health Professions Regulatory Advisory Council (HPRAC).

OACCPP has been actively promoting the regulation of mental health professionals for many years and was the original convener of what later became the Coalition. As a founding member of the Coalition, we have watched the organization grow and become the voice of currently unregulated mental health practitioners. The Coalition now comprises over fifteen member organizations and is a recognized stakeholder in the current discussion on statutory regulation. As signatories to the Coalition's brief, OACCPP has already endorsed its analysis of the Council's recommendations on psychotherapy/psychotherapists. However, we wish to elaborate on several issues.

First, we commend the Council for conducting a very effective consultation in 2005 and soliciting a wide range of opinions. OACCPP submitted an initial brief to the Council last May 2005 outlining how the unregulated sector had responded to earlier recommendations to amend the *Regulated Health Professions Act (RHPA)*. We also participated in the Council's invitational workshop on July 13-14, 2005 to discuss their excellent background materials and help shape the *Consultation Discussion Guide on Issues Relating to the Ministerial Referral on Psychotherapy and Psychotherapists*. OACCPP submitted a response to the *Guide* last fall and we were also signatories to the Coalition's submission.

Second, OACCPP has over 2000 active members of which fifty-five per cent are psychotherapists. Although the majority of our members would be eligible for registration in the new College of Psychotherapists proposed by HPRAC, we wish to express our grave concern about the possible exclusion of many other members who are qualified clinical counsellors and mental health specialists such as family therapists. We strongly support the Coalition's call for the inclusion of all qualified mental health professionals in any new regulatory regime.

Third, many OACCPP members who are not in private practice are employed by agencies, educational institutions and Employee Assistance Programs (EAP). Although most of them practice as counsellors, rather than psychotherapists, it would be highly misleading to conclude that their work does not include psychotherapy. For example, most EAPs cover counselling for a wide range of personal problems, including marriage and relationship issues, depression, anxiety disorders, substance abuse, work-related stress, legal and financial problems, family illness, parent-child relationships, divorce and separation, grief and loss, and elder care.

It is not unusual for EAP cases to involve the treatment of “cognitive, emotional and behavioural disturbances”, the Council’s way of defining psychotherapy. The rationale is that early intervention through an EAP can often resolve problems before they reach crisis proportions and adversely affect work performance. Hundreds of thousands of Ontarians are covered through EAPs and are able to access qualified mental health practitioners who practice as counsellors but have training in the advanced modality of psychotherapy. OACCPP can speak for its own membership and strongly affirm the Coalition’s contention that there are no bright lines between counselling and psychotherapy. Making a hard and fast distinction is arbitrary and does not reflect the realities on the ground in the mental health field.

Some members of OACCPP have offered examples from their own professional practice to illustrate the continuum between counselling and psychotherapy:

- I have been working in the EAP field more than a quarter century. About 60% of my work would fall under the heading of counselling by exploring better coping strategies and stress management techniques with clients. There are, however, cases pertaining to mental and emotional disorders such as depression, anxiety, and obsessive-compulsive disorders; in such cases I employ psychotherapeutic techniques and typically there is a diagnosis on file from the family physician.
- I am employed by a community agency to provide vocational assessment and guidance for groups of disadvantaged women. In most cases, the assessment is not enough. Most of my clients require further therapeutic interventions. Many of them are dealing with abuse and other traumatic issues. In other words, psychotherapy is practiced in this context and, of necessity; it is part of what I offer my clients.

OACCPP shares the Coalition’s concern about the Council’s recommendation for an enforceable scope of practice (ESP) for psychotherapy. If you draft legislation for a new regulatory model involving ESP, OACCPP would strongly urge you not to limit it to psychotherapists only but to extend it to all qualified mental health professionals, many of whom practice as counsellors but are trained in the advanced competency of psychotherapy.


Finally, OACCPP strongly supports the Coalition’s call for protecting more than the single title of “Psychotherapist”. The field of mental health is rich and diverse and growing more so every day. We see no public benefit in restricting the protected title to only one particular competency. We would urge you to consider the use of hyphenated titles such as “physician-psychotherapist”, “addiction counsellor-psychotherapist” as was recently recommended by the Quebec *Expert Committee on Modernizing Professional Practice in Mental Health and Human Relations*. We believe that this would assist the public in understanding the broad range of practitioners available for their mental health care needs.

We thank you for this opportunity to express our concerns and we look forward to ongoing dialogue on these important issues.

Yours very truly,



Paul Morgan
President



Naseema Siddiqui
Vice President/
Chair Public Policy