



**Opening Statement to the
Joint Committee on the Future of Mental Health**

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Thank you for the opportunity to present to the Committee on the topic of Prevention, Early Intervention and Talk Therapy.

The difficulty in recruiting professionals to work in the mental health area has been identified by the HSE and the Joint Committee as a major barrier to effective service delivery. And yet there is a significant cohort of highly trained Psychotherapists on the ICP register who are underutilised in the State's response to early intervention and indeed crisis intervention.

The Irish Council for Psychotherapy (ICP) represents over 1,500 psychotherapists who are trained to the highest European standard. Psychotherapy is the most in-depth talk therapy available requiring intensive preparation and training. This includes an undergraduate degree followed by 4 years academic and clinical preparation. In all, ICP psychotherapists complete a minimum 7 year preparation comparable to a medical doctor. In addition, the on-going CPD and personal care requirements continue for as long as a psychotherapist practices.

I emphasise this point of intensive preparation to underline what is often missed by service planners. There is a lack of recognition of what this highly trained cohort can add in terms of additional professional capacity both in quality and quantity. A skilled psychotherapist can treat challenging conditions including serious psychological disorders. Psychotherapy does not merely aim to ameliorate symptoms, but can bring about significant change and the resumption of psychological growth where development has been suspended as a result of trauma, for example.

However, as a profession, psychotherapy is, in the main, excluded from the health system, depriving patients of the option of in depth talk therapy. The general public, including health administrators, assume that many mental health professionals, such as psychiatrists and psychologists have SPECIFIC training in psychotherapy. This is not the case. A very small number of psychiatrists may do a specific psychotherapy training, and psychologists are trained in a range of techniques but are not trained in intensive psychotherapy, unless they do additional training.

Patients hospitalized for depression, anxiety and so on, can spend months in a psychiatric hospital without having even one session of psychotherapy.

In spite of so much talk about suicide, and prevention, people who present to A&E with suicidal thoughts or suicide attempts are generally sent home with a psychiatric follow-up, but are not offered psychotherapy.

A Vision for Change recommended that Community Mental Health Teams should offer **multidisciplinary** outreach care and a comprehensive range of medical, psychological and social therapies across the lifespan. Psychotherapy needs to be instated as a crucial part of the multi-disciplinary approach to prevention and treatment of mental illness and psychological distress.

In addition to lack of recognition by service planners, another major challenge to access psychotherapy is affordability and availability. It is expensive for a client on an average income to pay for private short or long-term therapy as may be required. While direct service provision may be part of service configuration, consideration should be given to other funding models which put the client at the centre in terms of need and not ability to pay.

Psychotherapy may be practised in a variety of settings – medical, private practices, voluntary organisations, state agencies and so on. If we are to be truly person centred then one of the ways of making psychotherapy more accessible is to allow clients/patients in the community choose their therapist with financial support from the HSE rather than only providing institutional services which create a funnel effect leading to log jams and long waiting lists. This funding model of money following the client directly, by-passing overburdened organisations, is practised successfully in other countries.

It has been a major concern for ICP that the title of ‘Psychotherapist’ has been and still can be used by anyone, regardless of length, depth, breadth of their training. Or indeed no training at all. The need for quality training, stringent ethical guidelines and a robust complaint’s mechanism is clear.

For this reason ICP has long advocated for Statutory Regulation in order to safe guard the public. We have sent the Committee our Submission in relation to Statutory Regulation. We are pleased that the Minister for Health Simon Harris has designated two separate titles of Psychotherapist and Counsellor to be safeguarded and regulated by CORU.

Finally, ICP stands ready to contribute ideas and suggestions as to how we can work collaboratively to improve service delivery. Such collaboration would take into account the additional significant resource which psychotherapy offers; other funding models which would facilitate a more responsive referral system and inter-disciplinary co-operation which uses all the resources available in a coherent manner.

Thank You.