

So you want to see a counsellor or psychotherapist.. Are you out of your mind?

Recently I discovered that the waiting list for counselling and psychotherapy in one GP's practice in Harrogate was about eight or nine months. Further practice managers, stated three to four. In this region, in secondary and tertiary care (hospitals), psychotherapists and counsellors are almost non-existent, not because there aren't the psychotherapists wanting to work there, nor because there are no patients in hospitals wanting psychotherapy or counselling. So what's going on?

All trainee psychotherapists and counsellors need to accrue 450, one to one client hours, of approximately one hours duration, before they can seek registration with either one of the two main governing body's who regulate the practice of counselling and psychotherapy (the United Kingdom Council for Psychotherapy (UKCP) and the British Association for Counselling and Psychotherapy (BACP)). They therefore *need* patients. With new courses being offered by universities and training organisations each year, the steady influx of potential psychotherapists needing work is growing. However, for a number of reasons this is not yet helping to reduce the waiting list for patients in primary care, and has only served to increase the number of trainees vying for a handful of placement opportunities.

The main reason for the shortfall of placement opportunities relates to the number of qualified practitioners willing or able to take on trainees. On the positive side, partially qualified trainees offer the possibility of cheaper counselling for patients and the more who are taken on, the better this would be in terms of shortening waiting lists. However, many psychotherapists work in their own homes. Not necessarily out of choice but frequently out of necessity. Most psychotherapists work part time, approximately twenty hours per week but a significant proportion of this time is not face to face contact with clients and cannot therefore be charged. This makes full time renting of a room not financially viable. Nonetheless, practitioners working in their own home are less likely to want to take on a trainee, compared with those working elsewhere. This is therefore the first limitation on the number of psychotherapists able to offer placements to trainees.

There also becomes the huge issue of who is responsible for the trainees practice? The supervisor at the establishment where they work, the trainee, or the trainees supervisor? Whilst all practitioners, trainee or otherwise, carry their own indemnity insurance and most trainees would claim they are responsible for their own practice, there is still a lot of insecurity over who

would be liable if something went wrong. In an increasingly litigious society no-one wants to take any unnecessary risks.

Trainees also need to have appropriate referrals based on their level of expertise. Initially they may only be able to offer a supportive listening ear to less troubled patients who need someone to talk to and who will try and understand. This means that qualified psychotherapists need to assess the patients' level of distress and make an appropriate referral based upon this. This is not an exact science. It is reliant on the patient telling the psychotherapist at the assessment interview precisely what is wrong, as well as the therapist being always able to pick this up straight away. This in itself can be very difficult. For example, some patients may need a protracted period of time before they can fully disclose their difficulties. Therefore, sometimes, what appears on the surface to be someone who has a fairly straightforward difficulty transpires to be having more complicated problems, requiring the handling of a more experienced psychotherapist. This can potentially cause problems for the organisation offering the placement, as well as the trainee and the patient themselves.

A further difficulty in taking on trainees, relates to supervision. All trainee psychotherapists require a high level of supervision (a ratio of one hour supervision to six client hours for psychotherapists, one to eight for counsellors) this is usually sought and paid for privately by the trainee. However, the place offering the training placement ideally also needs to be able to offer in-house supervision from a qualified psychotherapist should the trainee need more immediate support.

For all these reasons qualified psychotherapists are less likely to take on trainees, despite their need for the experience and the potential positive effect their employment could have on patients who are sat on waiting lists.

However, what about secondary and tertiary care? Areas in which psychotherapists gain placements or gainful employment, are commonly limited. For example, hospitals in this area, typically only take on psychologist trainees, with no or very limited placement opportunities for psychotherapists and counsellors. This may be partly due to the extremely limited number of qualified psychotherapists in hospitals at present (again I refer to this region, I am told this varies from one region to another) and therefore, an inability for trainees to be appropriately supervised. It is however, a bit of a chicken and egg scenario, in that you can not have the trainees because you can not supervise them but you can not get experienced supervisors because their training hours and experience was all acquired in primary, not secondary, or tertiary care.

So what happens in hospitals to patients wanting psychotherapy? Some are seen by psychologists, some never get it, many receive “psychological work” from nurses who are either unqualified or partly qualified in counselling training. This makes a mockery of the Donaldson report (see BACP’s website for a copy) outlining all the positive steps being taken to safe guard the public against people who are unqualified.

Therefore, on the one hand, we have fully trained psychotherapists, who have typically spent four years in post graduate training, had their own extensive psychotherapy (in order to learn their own pathologies, and limit the likelihood of them harming patients) had rigorous supervision by fully trained psychotherapists, in order to meet the imminent government regulation of all psychotherapists (having either UKCP registration or BACP accreditation or equivalent) but unable to work in secondary care and limited training opportunities in primary care. On the other hand, we have untrained or partly trained nurses “doing psychological work” on the most psychologically fragile patients, that is the ones in secondary and tertiary care (if they aren’t the most fragile, why would they be hospitalised?). As an untrained nurse, do you mind if I take your blood.. give you today’s medication.. or what about that jab..?