

Ontario Coalition of Mental Health Professionals
Executive Summary
Response to the
Health Professions Regulatory Advisory Council's
Regulation of Health Professions in Ontario: New Directions
Chapter 7: Regulating Psychotherapy

The brief begins by recognizing that, unlike in the past, this Council's research and consultation process was fully inclusive of the currently unregulated mental health practitioners who provide Ontarians with high-quality, cost-effective services and who belong to voluntary self-regulating professional associations.

The central premise of the brief is that public protection must be the driving force behind regulation because:

- people receiving mental health care are vulnerable at the time in their lives when they seek assistance or treatment
- all mental health professionals, regardless of the titles they use, pose a risk of harm to the public due to the nature of their work
- mental health practitioners will continue to provide much-needed services and this a broad spectrum of professionals needs to be regulated

The brief posits that it is in the public interest for Ontarians to have the choice of a wide range of mental health services to ensure that:

- the pool of qualified providers is not diminished
- services are available in remote areas
- services are available in languages other than English and French
- culturally competent services are accessible to diverse communities

The brief focuses exclusively on two broad areas of the Council's report:

- the rigid dichotomy between counselling and psychotherapy
- the mechanism of an enforceable scope of practice.

The Coalition argues unequivocally that there are no bright lines between counselling and psychotherapy as maintained by the Council. Rather, all mental health professionals are seen to have in common what the Council ascribes only to psychotherapists:

- that the services are for mental health, psychological or emotional reasons
- that the services are delivered through a psychotherapeutic relationship.

Specific examples are cited from the case load of mental health professionals who practice as "Counsellors" to show that counselling and psychotherapy operate on a continuum and cannot be arbitrarily separated.

The Coalition takes issue with the Council's recommendation that there should be an enforceable scope of practice (ESP) for psychotherapy. The brief cites the legal opinion from Symes & Street which argues that an ESP is even more restrictive than a controlled act under the Regulated Health Professions Act (RHPA).

The Council maintains that an ESP is somewhere between title protection and a controlled act and rejects a controlled act of psychotherapy as too restrictive. However, Coalition counsel, Beth Symes, argues that an ESP is more restrictive than a controlled act because it bars non-registrants of the regulatory body from practicing the entire scope of practice, not just certain parts of it, and in the case of psychotherapy, that would be every aspect of “the treatment of cognitive, emotional or behavioural disturbances”.

The brief warns that regulating only psychotherapists, rather than a broader range of mental health professionals, and granting psychotherapy an enforceable scope of practice, would seriously curtail the choice of safe mental health services for scores of Ontarians across the province. Thousands of professionals who are qualified and experienced mental health practitioners, but not psychotherapists *per se*, would be legally barred from continuing to offer services that deal with “cognitive, emotional or behavioural disturbances”.

Those barred from practice would include chaplains who work in prisons, psychiatric hospitals and general hospitals and college counsellors who work in the public education sector in programs that receive millions of dollars annually in government funding, who all would be in breach of the proposed ESP for psychotherapists.

The Coalition signals its concern that the effect of this approach would be precisely the opposite of what the RHPA was designed to avoid: giving health professions exclusive monopolies over scopes of practice or, put another way, protecting the interests of the professions rather than protecting the interests of the public.

The brief also warns that such a regulatory regime would not protect the public, the cornerstone of the RHPA, because it would be virtually unenforceable. How would the new regulatory body police thousands of non-registrants who are trained to provide treatment for “cognitive, emotional and behavioural disturbances” and whose services are desperately needed in communities across Ontario? How could the government justify the expense of prosecuting mental health counsellors who are infringing on the enforceable scope of practice of psychotherapists? The resources needed to protect the interests of the new profession of psychotherapy would be better spent on providing a broad range of quality mental health services to Ontarians.

The brief ends by urging the Minister of Health and Long-Term Care to ensure that any new regulatory regime uphold the public policy objectives of the RHPA: choice, access and public protection. The Coalition strongly recommends that if the government proceeds with draft legislation based on an enforceable scope of practice for psychotherapy, that it do so in conjunction with the following measures:

- Adopt a broad definition of psychotherapy that includes all mental health workers, including those who are currently unregulated.
- Require currently regulated health professionals who are practicing psychotherapy to meet qualifications and accountability measures specific to psychotherapy.