

The contribution of private practice counselling



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Why private practice counselling?¹

A summary of the arguments

The mental health needs of the UK population have increased to the extent that now one in four people will experience some kind of mental health problem in the course of a year, ten percent of UK children are considered to have a mental health problem and the UK has one of the highest rates of self-harm in Europe at 400 per 100,000 (The Mental Health Foundation, 2014). Despite the English Government's 'Increasing Access to Psychological Therapies' programme (IAPT), and the provision of counselling in some workplaces, schools, colleges and universities, not all of these needs can be met by existing services. This means that while some kinds of psychological help will be free at the point of access for some clients with some kinds of psychological problems, the interventions offered will be limited in type, timing and location, and will not be available to all who wish to receive them.

For those people who cannot access free services or who wish to have more choice in terms of the counsellor they see, the type of counselling they are offered, the number of sessions they can have, the location and timing of their sessions, and for those who want a high level of confidentiality such that their mental health issues or attendance at counselling do not form part of their NHS or educational records, seeing a counsellor in private practice is an important alternative.

Who are private practice counsellors?

Counsellors working in private practice are normally self-employed. They may work from an office in their home or in a clinic, and their income is the fee which clients pay for their service. Some private practitioners have a set fee and others may be able and willing to negotiate a fee dependent on the client's financial circumstances. As of September 2014, over 11,000 BACP members – i.e. 27% of the total membership – worked for at least some proportion of their time as a counsellor in private practice. Many counsellors work in private practice alongside work in other sectors such as the NHS, workplace, school or university counselling or the voluntary sector.

Ensuring quality – selecting a good private practitioner

Counselling is lightly regulated by the standards of many other medical and psychological professions, with the result that from the client's point of view, it can be quite difficult to know how to judge one counsellor from another. The main 'kite marks' for counselling are professional registration and accreditation.

BACP is the UK's largest professional organisation for counselling, and BACP registration is a minimum standard which clients should expect in a counsellor. Clients can check online if a counsellor is on the BACP register at; www.bacpregister.co.uk. Accreditation with BACP is a higher standard and demonstrates that the counsellor has gone through a more rigorous professional assessment process. Further help for clients in selecting a suitable counsellor can be found at: www.itsgoodtotalk.org.uk, which includes a search facility by location.

Reasons for seeing a counsellor in private practice

Choice

Probably the main reason people choose to see counsellors who are in private practice rather than through their GP, or other NHS services or in their workplace, school, college or university, is choice.

Choice of person

Seeing a private practice counsellor allows the client to choose the kind of counsellor they want to see. They can choose on whatever basis is important to them, for example:

- demographic characteristics (e.g. age, ethnicity, gender, sexual orientation etc.);
- language spoken;
- level of training and/or experience;
- experience of, or interest in, a particular issue (e.g. eating disorders, anxiety, bereavement etc.);
- type of counselling approach used.

The client may wish to meet with more than one counsellor and then decide who they wish to continue to work with on the basis of their experience with them. Some counsellors in private practice will offer an initial meeting free of charge.

Choice of location

Private practice counsellors are available in all cities, most towns and many rural locations in the UK, so clients can select a counsellor who operates in a location that is convenient to where they live or work. This is important as most people will want to fit counselling in with their work and home life.

¹ For brevity, the term 'counselling' is used in this document to refer to both 'counselling' and 'psychotherapy'.

Choice of timing

Private practice counsellors often work evenings and some at weekends, as well as during the week, so clients can attend at a time that works for them and fits around other commitments in their lives. Frequency and timing of attendance is something the client and their private practice counsellor can negotiate to ensure the client is getting the help they need.

An advantage of seeing a counsellor in private practice is that should the client wish to return for support in a crisis or when another problem arises after counselling has ended, they will be able to see the counsellor who already knows them.

Choice of counselling approach

When accessing NHS psychological services, clients are assessed and then referred to the service deemed most appropriate to their needs. In many areas, those assessed as needing lower intensity intervention will be offered online or group interventions, with only those assessed as requiring higher intensity intervention being offered counselling on a one-to-one, face-to-face basis. In addition, many NHS counselling services, offer only one approach (often CBT) for specific problems. Client choice of intervention is rarely a possibility within NHS services. In contrast, many private practitioners are trained in more than one therapeutic approach and are able to discuss options with their clients and tailor their approach to each client's needs and wishes. As no one approach works for everyone, it can often be helpful for clients to try out an approach, whilst retaining the option to change if it doesn't work for them.

Many private practitioners also offer more than individual, face-to-face counselling for adults. Some will offer couples therapy, family therapy and specialist therapy for children and young people. In addition, some private practitioners will provide online, video or telephone counselling so that clients who work away or who because of physical or psychological conditions, or social circumstances, are unable to attend face-to-face sessions, are still able to access therapy.

Finally, while counselling provided by the NHS, workplace and educational institutions will normally be limited to a specific number of sessions or a specific period of time, clients who see a counsellor in private practice will have the freedom to decide, in discussion with their counsellor, the length of their counselling contract. This means that for some clients, counselling/therapy can be relatively short (from a single session to several), but for others it can continue as long as the client needs it (potentially over a number of years).

Getting counselling when it is needed

Waiting times to see a counsellor on the NHS vary considerably, depending on the level and type of service the client needs and what is available in their area, however they are always much longer than waiting times to see a private practice counsellor. CORE data from across the UK in 2011 reported an average waiting time for primary care counselling of 64 days (CORE IMS, 2011).

The annual report on IAPT for England for 2013/14 indicated that 61% of referrals that resulted in treatment were seen for their first appointment within the target of 28 days of referral, but a further 28% waited up to 3 months and the remainder longer still (Health and Social Information Centre, 2014). In terms of access to secondary interventions on the NHS, the Royal College of Psychiatrists' National Audit of Psychological Services (2013) found that 91% of service users in those services from England and Wales which provided data, began treatment within 18 weeks of referral (Royal College of Psychiatrists, 2013). The report also noted that these waiting times were considered too long by at least one third of service users. In addition, The Centre for Mental Health, an independent mental health charity, provided anecdotal evidence of many people waiting for as long as a year to access secondary psychological interventions (Centre for Mental Health, 2013).

The problem with longer waiting times between referral and intervention is that by the time the client is able to begin counselling, their problem may have resolved, or more likely, worsened. A significant advantage of seeing a counsellor in private practice is that the client can usually begin counselling within a few days of making contact with the counsellor.

Getting help without a diagnosis

Unsurprisingly, many NHS services are based on the medical model in which a diagnosis is required before 'treatment' can be offered, and the diagnosis determines the type of treatment that is offered. However, emotional/psychological issues are not easy to categorise into diagnostic categories, and indeed, it is often not helpful to the client or the outcome, to diagnose. Many of the issues that people want to bring to counselling do not require or benefit from a mental health diagnosis. Issues such as grief at the death of a loved one, adjustment difficulties and homesickness when first moving away from home to university, anxiety when faced with redundancy, distress at the break-up of a relationship – all are examples of issues which would be considered 'normal' reactions to challenging situations. Counselling can help people cope better and make positive adjustments to these situations, and yet they may not be considered serious enough to warrant referral to NHS services.

In addition, some clients without significant distress will want to explore and perhaps understand issues from their past that are impacting on their current life. While prevention may be a good use of resources, in the context of demand for counselling outstripping supply, the focus of statutory, and workplace- and education-based services, tends to be on treatment of disorder or distress. This does not, however, invalidate the value of helping people resolve issues before they impact significantly on their lives and their ability to function. Therefore, the preventive and early intervention 'markets' are important areas of work for private practice counsellors and arguably, hold significant implications for the well-being of individuals and of society.

A final reason for not having a diagnosis is that it will be recorded on the client's permanent health record. Some clients may be concerned about the impact this could have on future training or career prospects, as this is information that will be disclosed in occupational health checks.

Confidentiality

People considering counselling may be concerned about confidentiality. Many clients do not want friends, work colleagues, family, or even their GP to know they are seeing a counsellor. Whilst all counsellors will guarantee a reasonable level of confidentiality, clients who are referred to a counsellor through their GP, will have information about their psychological problems and about them receiving counselling held permanently on their medical records. Likewise, some clients have concerns about accessing counselling through their workplace or other public settings in case they are seen by people who know them. A private practice counsellor, whilst still being supervised in line with professional requirements, is not required to inform anyone that someone is attending counselling with them, and therefore many people choose to attend a counsellor in private practice to ensure the highest level of discretion and confidentiality.

Accepting and working with risk

Some people who are experiencing psychological distress feel suicidal or engage in other risk behaviours (e.g. excessive alcohol use) from time to time. Counsellors in NHS and voluntary sector settings often have strict policies which may involve taking action with or without the client's consent, where risk is deemed significant. Private practitioners have more discretion in this situation and whilst still considering risk, may be able to help clients explore thoughts and feelings that would be difficult to express elsewhere.

From patient to client/customer

When a client sees a private practice counsellor, they negotiate a fee and pay them directly. Arguably, this is symbolic of a counsellor/client relationship that supports autonomy, choice and empowerment on the part of the client, which in itself can be more therapeutic for some people than being a patient within the medical model.

Conclusion

Private practice counselling makes a significant contribution to both prevention and intervention in relation to psychological distress and mental illness in the general population. In order to ensure the greatest benefit to the client, it is important that the public and other professionals are aware of its value relative to statutory and voluntary sector provision, and have the knowledge to access and refer to private practitioners where appropriate to the client's circumstances.

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