A snapshot of the counselling and psychotherapy workforce in Australia in 2020:

Underutilised, poorly remunerated yet highly qualified and experienced - now needed more than ever

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Abstract

The aim of the 2020 workforce survey was to profile professionals affiliated with the Psychotherapy and Counselling Federation of Australia (PACFA) to inform future policy and service planning. PACFA is a national peak body for Australian counsellors and psychotherapists, representing 3500 members across states. The current study builds on previous workforce studies, the first conducted in 2004. An online questionnaire was circulated to PACFA members covering participants' demographics, qualifications, employment, sources of client referrals, client groups and presentations, along with the impact of the covid-19 pandemic. Reflecting previous findings, participants predominantly identified as female, from Australian and English backgrounds, who are located in or around major cities. Notably, a higher proportion of counsellors and psychotherapists than psychologists and psychiatrists (who also have qualifications as counsellors or psychotherapists) were found in regional and rural Australia. The shortage of mental health services in Australia, especially in remote areas, and the desire for more working hours among a quarter of registered practitioners, mean this workforce needs to be far better utilised to meet public demand. Government recognition of registered counsellors and practitioners through Better Access subsidised sessions would significantly remedy the shortage of mental health services.

Keywords

Counselling and psychotherapy workforce, professional identity, mental health services, underemployment, covid-19 pandemic, counselling and psychotherapy in Australia, remuneration

There is increased demand on the mental health care system in Australia (Lakeman et al., 2020), with evidence that 46% Australians aged 16–85 experience a mental disorder during their lifetime (Australian Institute of Health and Welfare, 2021, March). The recent impacts of COVID-19 are also like to further increase this demand (Rossell et al., 2021). Despite this need, there is currently a shortage of mental health services in Australia with long waiting lists reported for psychologists and psychiatrists impacting mental health care (Boseley & Davey, 2020; Dunlevie, 2020; Policy Writing Group, 2020; Rosenberg et al., 2020). Similarly, the Productivity Commission's Draft Report (Productivity Commission, 2019) acknowledges current data gaps in mental health service provision and client outcomes. A more inclusive approach to the stepped care model in Australia is needed, with more efficient and appropriate use of the existing health workforce, an increased focus on collaborative care models, and a mental health system that places clients, their families, and carers at the centre (PACFA, 2020, p. 6).

Though psychologists and psychiatrists have long waiting lists, at the same time, counselling and psychotherapy professionals are currently underutilised as indicated by previous workforce studies (Lewis, 2015; Pelling, 2005; Pelling et al., 2006; Schofields, 2008; Schofield & Roedel, 2012). While the practices of counselling and psychotherapy have a long history in Australia, starting formally with the establishment of the National Marriage Guidance Council in 1948 (O'Hara & O'Hara, 2015; Schofield, 2013), these professions are not tracked by the Australian government as an occupation. Yet psychotherapy, which comprises a smaller workforce compared to counselling, is included as a skills shortage in the list of skilled occupations for migration to Australia (Lewis, 2015). The profession of psychotherapy and counselling is still emerging in the context of Australia and the Southern hemisphere. The profession has almost doubled in size between 2011 to 2018, with the number of counsellors increasing from 13100 to 25900; and a projected 30500 Counsellors in

2023 (Joboutlook.gov.au). These figures may underestimate the actual size of the workforce, however, because some people working as counsellors and psychotherapists may identify with other professions (e.g., nursing, psychology, social work, and teaching) when official employment data is collected (Schofield, 2013). Traditionally, counsellors and psychotherapists have multidisciplinary backgrounds illustrated by the fact that about a third of them belong to other regulated or well recognized professions such as psychology, social work, nursing, medicine, and psychiatry. Given that these professionals affiliate themselves with PACFA associations suggests that PACFA is fulfilling an unmet need for recognition of counselling and psychotherapy as a unique profession with considerable specialised training and supervision requirements (Schofield, 2008, p. 9).

Two Counselling workforce studies (Pelling, 2005; Pelling, Brear & Lau, 2006) and two Psychotherapy and Counselling studies (Schofield, 2008; Schofield & Roedel, 2012) have been published in Australia and inform this study, as well as providing a basis for comparative analysis of this changing workforce. Workforce studies provide data used to inform workforce-planning, provision of services, and professional development. The current 2020 workforce study is based on questions from these previous surveys, so meaningful comparisons can be drawn to past data.

Given the lack of recognition of the counselling and psychotherapy workforce in Australia (Day, 2015), along with the considerable contributions PACFA registered practitioners can make to the mental health system, there is a continuing need for advocacy work. Hence, the aim of the 2020 workforce survey was to profile professionals affiliated with the Psychotherapy and Counselling Federation of Australia (PACFA) to inform future policy and service planning. This profiling serves several potential purposes, including (a) informing the selection, training, and development of professionals; (b) supporting professionals with a view to preventing burnout; (c) understanding the influence on

professionals on the therapeutic process and outcomes; and (d) defining the workforce to facilitate government and service planning (Schofield & Roedel, 2012). As such workforce survey data allow for a better understanding of the available workforce for managing Australia's increasing mental health demand and are an important part of developing policy submissions advocating for the profession.

Method

Design

The 2020 workforce study was a mixed method design intended to gather quantitative and qualitative research via an online anonymous survey distributed to members of PACFA. Participants were recruited via email, posts on the PACFA website, Facebook page, and the membership newsletter. This purposive sampling method ensures targeted access to a wide sample of psychotherapists and counsellors in Australia. The data was gathered via an online survey, with 959 participants completing the survey. The survey was live from 1 October 2020 to 15 November 2020.

The survey included questions relating to participants' demographic characteristics, qualifications, professional development, years of registration, type and location of employment, positions, hours, pay, professional association membership, sources of client referrals, main client groups, main client presentations, and main practice modalities, as well as the impact of the COVID-19 pandemic. The survey comprised a combination of multiple choice and open-ended questions. The data was analysed using SPSS and thematic analysis. The current study builds on previous workforce studies, the first conducted in 2004 (Schofield, 2008). The University of Adelaide's Human Research Ethics Committee granted approval for this research (H-2020-170). All participants were required to provide informed consent prior to responding to the survey questions.

Participants

Eligible participants were qualified counsellors and psychotherapists currently working (in a paid or unpaid capacity) in Australia. There were 959 responses to the online survey. This level of response represented 27.4% of people in the PACFA registry.

Data Analysis

The responses to questions were summarised using descriptive statistics (frequencies and percentages). Due to the non-normality of the data within the continuous variables, medians (*Mdn*) and interquartile ranges (*IQR*) were used as measures of central tendency and spread.

Findings

Demographic Characteristics

The participants were predominantly female (79.8%), had a median age of 55 years (*IQR*=16), and married (57.9%) (see Table 1). A broad range of cultural identities were reported, with the most common being Australian (35.1%, n=337). Nine Aboriginal people responded to the survey.

Qualifications, Personal Development, and Years of Registration

Two-thirds of participants had postgraduate education (67.2%), with almost half having completed masters' degrees in counselling or psychotherapy (43.4%) (see Table 2). Almost half also indicated that counselling or psychotherapy for personal development was a requirement of their courses (43.5%). A third of participants had been registered for 10 years or more (31.4%).

Type and Location of Employment

Participants commonly listed counsellor (46.5%) and psychotherapist (24.1%) as the job titles of their primary positions (see Table 3). Qualified counsellors and psychotherapists predominantly had roles in practice (85.3%), as did those who were registered (83.9%).

Describing their work activities, over half the participants indicated that they were individual practitioners working in private practice (56.8%), and a quarter were employed in non-government or charity organisations (24.0%). Although most participants worked in major cities (59.6%), a significant proportion worked in regional cities (22.9%), rural areas (7.9%), and remote areas (2.1%).

Positions, Hours, and Pay

The majority of participants held one paid full-time or part-time position (57.8%) and worked 20 hours or less per week (54.6%) (see Table 4). Although half the participants were satisfied with the number of hours of paid work they had per week (49.7%), over a quarter indicated they would like to work more hours (27.1%). Income from counselling- or psychotherapy-related activities for the last financial year varied widely between participants, with three-quarters of those who reported their income earning less than $75,000 (74.7%).

Professional Association Membership

Most participants were members of PACFA (76.5%) (see Table 5). Some participants were members of Australian Counselling Association (8.2%) and other associations (17.4%).

Source of Client Referrals

More participants reported word of mouth as a source of client referrals than any other method (57.6%) (see Table 6).

Main Client Groups

Participants reported working mainly with adults (76.6%) and young people (27.9%) (see Table 7).

Main Client Presentations

Participants reported that their main client presentations were anxiety (67.5%), depression (55.3%), relationships (52.1%), grief and loss (51.6%), and life stress/transitions (47.2%) (see Table 8).

Main Practice Modalities

Collectively, the participants used a broad range of practice modalities (see Table 9). The most reported modality was person-centred therapy (19.5%).

Impacts of the COVID-19 Pandemic

Many participants reported gaining more new clients (34.6%) and seeing regular clients more often (15.7%) during the pandemic. Technical difficulties were the most common effect of the COVID-19 pandemic on practice that participants reported (30.4%) (see Table 10). Almost half of the participants indicated using online platforms to work with clients (47.4%).

Three quarters of the participants reported having received tele-counselling training (73.1%, *n*=701). These participants received a median 5 hours of training (*IQR*=12 hours).

Discussion

The findings of this study show that counsellors and psychotherapists continue to be a highly qualified workforce. Two thirds of the participants had postgraduate qualifications with the majority being registered with PACFA. This finding is broadly consistent with the figures from the 2012 survey of the Australian counselling and psychotherapy workforce (Schofield & Roedel, 2012).

Although personal therapy is widely recommended in the professional training of counsellors and psychotherapists, it is not a mandatory requirement internationally (Edwards, 2018; Ivey & Waldeck, 2014). For two fifths of participants, undergoing counselling or psychotherapy for professional development was an aspect of their training courses. The rationale for personal therapy during training is multifaceted, including to enhance the trainee's capacity for empathy towards the client, to enhance the trainee's knowledge of techniques and capacities for use in practice, to reduce the likelihood of future harm towards clients, to contribute to the trainee's personal growth, and to help the trainee gain deeper

insight into therapeutic processes (e.g. mitigate the effects of transference and countertransference) (Edwards, 2018). This is indicator of quality and a valuable point of difference for the profession, from other allied health workers.

Overall, the demographic profile of counsellors and psychotherapists in this study is similar to those obtained from surveys conducted previously (Pelling, 2005; Pelling et al., 2006). A similar survey of the Australian counselling and psychotherapy workforce in 2015 involved an online survey of 1022 respondents (Lewis, 2016). The current study found that practitioners most commonly identified as female (78.67%), aged between 46 and 65 (67%). The dominant cultural identity for practitioners was Australian, followed by English. The majority of practitioners (70.33%) worked in central and metropolitan areas of major cities. The remaining 29.67% worked in regional, rural and remote areas, which is a similar finding to previous workforce studies (Lewis, 2015). Participants worked predominantly in major cities (71%), across many types of employers (e.g., public health services, private schools, and higher education), with almost three quarters working in private practice (70%). Over half the counsellors and psychotherapists held multiple positions (56%), with their most common primary positions being counsellors (41%) and psychotherapists (27%). Most had annual incomes of $75,000 or less (85%). The counsellors and psychotherapists commonly reported having caseloads of 1 to 25 hours per week (86%). The counsellors and psychotherapists worked across a broad range of client presentations. Relationship issues was the most common client presentation (70%). Other main client presentations included life stress/transitions (67%), grief and loss (62%), and trauma (53%). The four main modalities practised by counsellors were Cognitive-Behavioural Therapy (CBT), Narrative and Solution-Focused Therapies, Couple and Family Therapy and Humanist and Existential Therapies. The four main modalities practised by psychotherapists were Psychodynamic and

Psychoanalytic Therapies, Humanist and Existential Therapies, Couple and Family Therapy, and Integrative Therapies.

Similarly, to the previous workforce survey (Lewis, 2016), respondents from the current survey were predominantly female and middle aged. The extent to which the gender imbalance in the workforce could be problematic is uncertain. Recent research conducted in the United Kingdom (Liddon et al., 2018) and Australia (Black & Gringart, 2019) has shown that the majority of clients do not have a preference for the gender of their therapists. When clients do have preferences, the literature is equivocal about whether clients prefer therapists of the same, or different, gender profile. Potential clients may be more willing to seek help, however, if their preferences for the gender of their therapist can be accommodated (Black & Gringart, 2019).

Different to the 2015 findings (Lewis, 2016), the most common client presentations participants encountered in practice were anxiety and depression. This finding is consistent with international evidence from the World Health Organization, which found that depressive and anxiety disorders were the most frequent psychological problems seen in primary health care (Sartorius et al., 1996). Many of the other presentations that participants identified (e.g., eco-anxiety and post-traumatic stress disorder) also have elements of anxiety and depression to varying degrees.

Previous surveys conducted in Australia (Lewis, 2016; Pelling, 2005; Pelling et al., 2006; Schofield & Roedel, 2012) and overseas (e.g., Barth & Moody, 2019) have consistently found that counsellors and psychotherapists draw upon multiple therapeutic modalities in their practices. In the present survey, participants indicated their main practice modality rather than all modalities that influenced their practice. The most common modalities were person-centred therapy, integrative therapy, psychodynamic therapy, cognitive behavioural, eclectic therapy, Gestalt therapy, and solution-focused therapy. The prominence of these

modalities is consistent with international evidence that found cognitive-behavioural, person-centred/interpersonal, strength-based, and solution-focused approaches were the top four most influential modalities (Barth & Moody, 2019); although this can be understood alongside the common factors research that finds client factors and the therapeutic alliance have more significant impact on therapeutic effectiveness than modality *per se* (Duncan, et al., 2010).

The most common source of referrals to counsellors and psychotherapists was word of mouth. This finding underscores the importance of maintaining good reputations. The finding also seems to suggest that there has been a shift in where potential clients were obtaining information about counsellors and psychotherapists. An Australian study of adults in the general public conducted during 2001 and 2002 showed that most people would seek help from a medical doctor to find a counsellor (82%), followed by friends (62%) and family members (41%) (Sharpley et al., 2004). In addition, web listings were the source of 26% of clients for counsellors and psychotherapists in the present study, whereas no electronic medium was mentioned in the report on the 2001/2002 study. The studies are not directly comparable, in that the earlier study asked people in the general public about their intentions (many of whom may not have been considering counselling or therapy), whereas the present study asked participants where clients were sourced in general. Even so, there perhaps has been a shift away from medical practitioners towards word of mouth (which may be families and friends) and online sources of information about counsellors and psychotherapists.

Unemployment in the counselling and psychotherapy workforce is below average compared with other industries in Australia (Department of Jobs and Small Business, 2019) and the COVID-19 pandemic has increased demands for services (Australian Institute of Health and Welfare, 2021, March). However, a third of study participants were dissatisfied

with the hours they worked, with almost all these counsellors and psychotherapists indicating that they would prefer to work more hours. This finding is at odds with evidence of shortages of mental health services in Australia (Boseley & Davey, 2020; Dunlevie, 2020; Policy Writing Group, 2020; Rosenberg et al., 2020).

There are several possible reasons why some counsellors and psychotherapists may be underemployed despite the significant demand for mental health services. First, the services of counsellors and psychotherapists who are not eligible to register with APHRA are not being recognised to provide psychological therapies that attract a rebate under the MBS as prescribed under the Health Insurance Act 1973. Medicare rebates under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access)* initiative are available for (a) clinical psychologists providing psychological therapy and (b) psychologists, social workers, and occupational therapists providing focused psychological strategies (Department of Health, 2019). Through Better Access, a two-tier rebate system has been established, in which most counsellors and psychotherapists are not eligible to have their services subsidised. However, research has highlighted that use of Better Access, is skewed towards the more affluent client along with lack of services in remote and rural areas (Papadopoulos & Maylea, 2020; Rosenberg & Hickie, 2019). Some potential clients may find it more cost effective to seek the services of psychologists through general practitioner referrals. Second, there is an insufficient number of funded positions for counsellors or psychotherapists (non-AHPRA health professionals) to meet community demand (Department of Health and Human Services, 2018). There is not a shortage of qualified practitioners, but a lack of appropriately funded and graded positions. Third, some counsellors and psychotherapists may find it challenging to promote their services. Strategies to raise the profiles of counsellors and to assist counsellors and psychotherapists to develop their practices (e.g., training in business development) may need to be pursued.

It is also noteworthy that 32.9% of counsellors and psychotherapists are working in regional cities, rural, and remote areas. This compares to 16.8% of psychologists, and 14.6% of psychiatrists (Australian Institute of Health and Welfare, 2021). Given the higher incidences of mental health emergencies, suicides, and lower uptake of Medicare subsidised mental health services in rural and remote areas (Farmer et al., 2020), the demography and availability of counsellors and psychotherapists represents an under tapped source of psychological support for Australians who need it most. Given that accessing counselling is generally accepted to be less stigmatising than seeking psychological treatment as well as lower in cost, this presents an opportunity to support rural and remote mental health more effectively.

This latest survey of the Australian counselling and psychotherapy workforce was conducted during the novel coronavirus disease (COVID-19) pandemic. Public health measures implemented in response to the pandemic focused on domestic and international border control, personal protective and other equipment and testing capabilities, contact tracing, and social distancing (Johnston, 2020). Although successful for reducing disease outbreaks, these measures contributed to widespread mental health problems (Fisher et al., 2020; Rossell et al., 2021). This was especially the case for people who experienced highly negative impacts from the restrictions on their daily lives, those who were greatly worried about contracting COVID-19, and those who lost their jobs (Fisher et al., 2020). The COVID-19 pandemic influenced participants' practices in several ways. More participants reported increased demand for services than indicated reduced client numbers. This finding is consistent with the overall increase in demand for mental health services evident in Australia during the pandemic (Australian Institute of Health and Welfare, 2021, March). The most common challenge for participants seemed to have been technical difficulties, which seems to have been due to the significant use of online platforms in work with clients.

This research has several limitations. First, the advertising of the survey was skewed towards people on the PACFA registry. Although the plan was to promote the survey through the Australian Register of Counsellors and Psychotherapists' public register, access to this register could not be negotiated. Despite this situation, the promotion of the survey was able to attract participants who did not have membership with PACFA. Second, the cultural identity item facilitated free-text responses and elicited a broad range of identifications, including nationality, race, ethnicity, religion, and sexual orientation. The diversity of interpretations of this item means that conclusions cannot be drawn on the cultural identities of counsellors and psychotherapists. A more thorough understanding of the demographic profile would be beneficial, as some research has shown that some clients prefer therapists whose demographic characteristics (e.g., ethnicity and race) match their own (Cabral & Smith, 2011). Even so, there is substantial heterogeneity in clients' preferences for therapists of the same ethnicity or race and in therapeutic outcomes (Cabral & Smith, 2011). That is, some clients prefer therapists who share the same ethnicity or race as them. For other clients, however, matching ethnicities or races may be less important than having a therapist who is open and willing to engage with each client's cultural framework (Swift et al., 2018). Research is still required to explore preferences based on client disability, sexual orientation, socio-economic status, and religion. With respect to future counselling and psychotherapy workforce surveys, multiple choice items should be used to elicit data on patient demographics.

This survey shows that the demographic profile of Australian counsellors and psychotherapists has changed little since earlier surveys. The responses to this latest survey indicate that counsellors and psychotherapists registered with PACFA are highly educated and commonly work in private practice. They meet rigorous training and accreditation

standards, including qualifications, annual requirements for professional development and supervision, adherence to a Code of Ethics and requirements to be insured.

Surveyed psychotherapists and counsellors reported consistent available capacity to support people with challenges relating to self-awareness, behaviour change, relationship trouble, or grief and loss, all of which are recognised to contribute to protective factors and the prevention of mental health conditions. In addition, accredited counsellors and psychotherapists are able to provide evidence-based talking therapies to treat serious mental health conditions such as trauma or eating disorders.

The shortage of mental health services in Australia, especially in remote areas, and the desire for more working hours among a quarter of registered practitioners, mean this workforce needs to be far better utilised to meet public demand. Longstanding government non-recognition - in any meaningful way - of registered counsellors and practitioners presents a roadblock to provision of services at a time of enormous and growing population level mental health needs.

As this snapshot shows us, the workforce is significantly well qualified (over two thirds postgraduate), experienced (a third registered for 10 years or more), with almost half having undergone development through personal therapy (an indicator of quality in therapy outcomes). Working largely in a person-centred way with common presentations of anxiety, depressions, relationships, stress, and grief, counsellors and psychotherapists make a significant contribution to mental health service in Australia. In a registered workforce of 3500, currently working around 20 hours per week and signalling a desire to work more hours, this represents around 100 000hrs per week of potentially subsidised sessions currently unavailable to the public due to non recognition of registered counsellors and psychotherapists. Government recognition through Better Access subsidised sessions would significantly remedy this shortage of services.

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Table 1

Demographic Characteristics

	n	%
Gender		
Female	765	79.8%
Male	161	16.8%
Preferred not to say	5	0.5%
Non-binary/gender diverse	2	0.2%
Gender identity not listed	2	0.2%
Other	2	0.2%
Age		
below 30	34	3.5%
30 to 39	72	7.5%
40 to 49	188	19.6%
50 to 59	281	29.3%
60 to 69	232	24.2%
70 to 79	70	7.3%
80 and above	5	0.5%
Relationship/family status		
Single	203	21.2%
Partnered	164	17.1%
Married	555	57.9%
Has children	383	33.9%
Indigeneity		
Aboriginal	9	0.9%
Torres Strait Islander	0	0.0%
Cultural identity [a]		
Australian	337	35.1%
Anglo/Anglo Saxon	66	6.9%
Australian European	39	4.1%
Anglo-Australian	52	5.4%
Asian	11	1.1%
Caucasian	38	4.0%
European	20	2.1%
Mixed/multi-cultural/culturally and linguistically diverse	11	1.1%
No response	149	15.5%

Note. N=959. [a] Identities stated by <1% of participants not reported.

Table 2

Qualifications, Personal Development, and Years of Registration

	n	%
Highest qualification		
PhD/professional doctorate in counselling/psychotherapy	32	3.3%
Masters in counselling/psychotherapy	416	43.4%
Graduate diploma/graduate certificate in counselling/psychotherapy	196	20.4%
Bachelors in counselling/psychotherapy	101	10.5%
Diploma in counselling/psychotherapy	18	1.9%
Non-AQF-accredited training course accredited by PACFA	9	0.9%
Non-AQF-accredited training course not accredited by PACFA	3	0.3%
Currently enrolled in qualifying course	11	1.1%
Other	44	4.6%
Course requirement of counselling or psychotherapy [a]		
Yes	417	43.5%
No	385	40.1%
Years of registration as a counsellor or psychotherapist		
Less than one year registered	22	2.3%
1 to 4.5 years registered	290	30.2%
5 to 9.5 years registered	224	23.4%
10 to 14.5 years registered	97	10.1%
15 to 20 years registered	160	16.7%
20.5 to 29 years registered	44	4.6%
30 and more years registered	25	2.6%

Note. N=959. AQF=Australian Qualifications Framework; PACFA= Psychotherapy & Counselling Federation of Australia. [a] For personal development.

Table 3

Type and Location of Employment

	n	%
Job title in primary position		
Counsellor	446	46.5%
Psychotherapist	231	24.1%
Student	34	3.5%
Manager/Administrator	23	2.4%
Academic/Trainer	21	2.2%
Other health professional [a]	112	11.7%
Roles of qualified counsellors and psychotherapists		
Practice	818	85.3%
Managerial/administrative role	71	7.4%
Academic role	67	7.0%
None of these roles	49	5.1%
Roles of registered counsellors and psychotherapists [b]		
Practice	805	83.9%
Managerial/administrative role	55	5.7%
Academic role	53	5.5%
Enrolled in a counselling and/or psychotherapy training course	57	5.9%
Work activities [c]		
Individual practitioner in private practice	545	56.8%
Individual practitioner in a shared group practice	74	7.7%
Employed by an NGO/charity	230	24.0%
Employed by private health service providers	61	6.4%
Volunteer with an NGO/charity	56	5.8%
Employed by a statutory body (e.g., Mental Health Commission)	11	1.1%
Employed by a school/college as a well-being support/school counsellor	57	5.9%
Employed by a school/college/university as a teacher/trainer/lecturer	45	4.7%
Employed by a school/college/university as an academic researcher/ supervisor	14	1.5%
Student	46	4.8%
Other	106	11.1%
Work location		
Major city	572	59.6%
Regional city	220	22.9%
Rural area	73	7.6%
Remote area	20	2.1%

Note. N=959. NGO=non-government organisation. [a] Not case worker, psychologist, or social worker. [b] Intern, provisional, or clinical registration with a professional registration body, such as Australian Counselling Association or Psychotherapy and Counselling Federation of Australia. [c] Participants could select up to three activities.

Table 4

Positions, Hours, and Pay

	n	%
Number and type of positions		
One paid full-time position	243	25.3%
One paid part-time position	311	32.4%
Two paid part-time positions	133	13.9%
One paid casual position	153	16.0%
Two paid casual positions	3.2	31%
Number of paid hours provided per week [a]		
No paid hours	42	4.4%
Less than 10 paid hours per week	202	21.1%
10 to 15 paid hours per week	157	16.4%
16 to 20 paid hours per week	123	12.8%
21 to 25 paid hours per week	111	11.6%
26 to 30 paid hours per week	66	6.9%
31 to 38 paid hours per week	77	8.0%
39 and more paid hours per week	42	4.4%
Satisfaction with number of hours of paid work per week [a]		
Yes, I am satisfied	477	49.7%
No, I would like to work less hours	50	5.2%
No, I would like to work more hours	260	27.1%
Not sure	49	5.1%
Annual income from counselling- or psychotherapy-related activities [b]		
No income	62	6.5%
Below $1000	9	0.9%
$1000 to $4999	20	2.1%
$5000 to $9999	38	4.0%
$10.000 to $29.999	123	12.8%
$30.000 to $49.999	129	13.5%
$50.000 to $74.999	183	19.1%
$75.000 to $84.999	93	9.7%
$85.000 to $99.000	37	3.9%
$100.000 and above	61	6.4%

Note. N=959. [a] As a counsellor or psychotherapist. [b] Income for the last financial year.

Table 5

Professional Association Membership

	n	%
Association membership		
PACFA only	522	54.4%
PACFA and ACA	47	4.9%
PACFA and other associations	148	15.4%
PACFA, ACA and other associations	17	1.8%
ACA only	13	1.4%
ACA and other associations	2	0.2%

Note. N=959. ACA=Australian Counselling Association; PACFA= Psychotherapy and Counselling Federation of Australia.

Table 6

Sources of Client Referrals to Practice or Organisation

	n	%
Source of referrals		
Advertising	144	15.0%
Community organisation	218	22.7%
Medical practitioner	174	18.1%
Mental health service	139	14.5%
Professional association register	82	8.6%
Social media	105	10.9%
Web listing	251	26.2%
Word of mouth	552	57.6%
Other	186	19.4%

Note. N=959.

Table 7

Main Client Groups

	n	%
Main groups		
Aboriginal people	57	5.9%
Adults	736	76.6%
Children	166	17.3%
Indigenous people	47	4.9%
LGBTIQA+	96	10.0%
Migrants	73	7.6%
Prisoners	20	2.1%
Refugees	27	2.8%
Torres Straight Islanders people	18	1.9%
Young people	268	27.9%
Other	77	8.0%

Note. N=959. LGBTIQA+=lesbian, gay, bisexual, trans/transgender, intersex, queer/questioning, and asexual.

Table 8

Main Client Presentations

	n	%
Presentations		
Alcohol and other drugs	150	15.6%
Anxiety	647	67.5%
Body image issues	106	11.1%
CALD	50	5.2%
Child abuse	167	17.4%
Cross cultural	86	9.0%
Depression	530	55.3%
Domestic violence	225	23.5%
Eating disorders	91	9.5%
Eco-anxiety	23	2.4%
Family conflict	369	38.5%
Gender identity	73	7.6%
Grief and loss	495	51.6%
Indigenous people	57	5.9%
Intimate partner violence	114	11.9%
Life stress/transitions	453	47.2%
Personality issues	180	18.8%
Post-traumatic Stress Disorder	309	32.2%
Relationships	500	52.1%
Sexuality	131	13.7%
Suicidality	205	21.4%
Spirituality	156	16.3%
Wellbeing	320	33.4%
Other	99	10.3%

Note. N=959.

Table 9

Main Practice Modalities

	n	%
Modality		
Art therapy	11	1.1%
Body-oriented therapies	19	2.0%
Cognitive behavioural therapy	48	5.0%
Couples therapy	38	4.0%
Dance therapy	2	0.2%
Eclectic therapy	45	4.7%
Emotion-focussed therapy	28	2.9%
Existential therapy	13	1.4%
Family therapy	25	2.6%
Gestalt therapy	44	4.6%
Hypnotherapy	8	0.8%
Integrative therapy	71	7.4%
Narrative therapy	25	2.6%
Person-centred therapy	187	19.5%
Psychoanalytic therapy	11	1.1%
Psychodynamic therapy	60	6.3%
Psychodrama	11	0.1%
Solution-focused therapy	41	4.3%
Spiritually informed	4	0.4%
Soul-centred Psychotherapy	9	0.9%
Transactional analysis	5	0.5%
Other	134	14.0%

Note. N=959.

Table 10

Impact of the COVID-19 Pandemic

	n	%
Effect on client numbers		
More new clients	332	34.6%
Seeing my regular clients more often	151	15.7%
No drop off	146	15.2%
Some drop off	180	18.8%
Major drop off	66	6.9%
Other	148	15.4%
Effect on practice		
Payment	129	13.5%
Ethical issues	97	10.1%
Financial issues	191	19.9%
Technical difficulties	292	30.4%
Other	382	39.8%
Ways of working with clients		
Online platforms such as Zoom and Skype	455	47.4%
Phone	274	28.6%
Face-to-face	287	29.9%
No change due to Covid-19	54	5.6%
Other	100	10.4%

Note. N=959.