

The Turf War: Recognizing and Regulating Counsellors in the U.S. and Hong Kong

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Abstract

This article discusses the historic and potential future roles, functions, and settings of counsellors in the United States (U.S.) and Hong Kong. The “turf war” in the mental health professions in the U.S. around the recognition and regulation of the title, professional counsellor or mental health counsellor, and the practice of counselling also will be presented including some activities (e.g. accreditation of training programmes, licensure & certification for professional counsellors) that were pursued in an attempt to resolve it. The “turf war” in Hong Kong will be discussed as well along with a rationale for why the title, counsellor, and the practice of counselling now warrants formal recognition and regulation so that there is parity among the various Hong Kong mental health professionals. It will be argued that achieving these objectives in both the U.S. and Hong Kong is beneficial to the emerging global importance of multidisciplinary integrated health care and providing a diverse group of potential clientele (e.g. individuals, couples, families, groups, organizations) with a broader array of qualified mental health care professionals, particularly in more rural and underserved communities.

Keywords

Recognizing, regulating, mental health profession

It is a great honour to have this opportunity to write an article for the first issue of the Journal of Counselling Profession. The publication of this Journal marks a major milestone in the further development of the counselling profession in Hong Kong, building on the previous success of the Asian Journal of Counselling. Through the vision, wisdom and dedication of the inaugural editor of the Journal of Counselling Profession, Professor Lai Chu Fung, and the sponsorship of the Hong Kong Professional Counselling Association (HKPCA), this periodical has the potential to help shape the future practice and science of counselling not only in Hong Kong, but worldwide as well. It also has the potential to contribute to how counsellors are trained and educated in Hong Kong and elsewhere, especially in Asia.

The launching of any new journal offers the chance to envision the future as well as reflect on the past. Thus, the overarching purpose of this article is to do just that, and in specific, discuss the historic and potential future roles, functions, and settings of counsellors and to some extent other helping professionals in the United States (U.S.) and Hong Kong.

The History of Counselling

The act of individuals counselling each other has been around for centuries. In fact, informal and formal helpers or counsellors for a range of emotional and psychological concerns can be traced throughout the history of many civilizations. Family members, romantic partners, and intimate close friends have often been the first source of counsel worldwide that people have turned to in time of need or simply for advice with day-to-day experiences. Tribal leaders, indigenous healers, astrologists, and religious figures (e.g. Priests, Ministers, Monks, Nuns, Mystics, Shamans) also have been sought out for their counsel all around the planet from the beginning of time. In the last few centuries, however, individuals have shared their emotional and psychological concerns with persons trained in the medical field (e.g. physicians). It is only quite recently that people specifically trained to address such concerns have been available. In the latter part of the 1800's, psychiatry emerged as a distinct discipline and psychology evolved as an offshoot of the academic pursuit of philosophy. The early psychologists providing counselling type services were even considered applied philosophers (Cangemi & Kowalski, 1993; Resnick, 1997). However, these

professionals were few in number compared to the sizable number of medical doctors, particularly in Europe, that offered various forms of psychoanalysis to distressed adults, especially women. Many believe that professional psychology (i.e., providing mental health services) emerged during World War II (Cummings, 1990).

The Roots of the Counselling Profession in the United States

In contrast, the emergence of the profession of counselling, originated in the U.S. in the early years of the 1900s (Aubrey, 1977, 1982). Its beginnings can be traced to the growth and prevention work of Frank Parsons with young people (Gladding, 2013). Without a doubt, his approach to helping young people was quite different from the philosophies and strategies of psychoanalysis and its offshoots. Parsons introduced vocational guidance counselling as a means to assist large numbers of individuals with vocational decision-making leading to entrance into the workforce. In 1907, Jesse Davis was the first to establish systematized school guidance programmes (Aubrey, 1977; Brewer, 1942). Vocational guidance then can be considered the first and primary root of the distinct profession of counselling. It should be mentioned that counselling as a unique profession in Europe and some of the Oceanic countries began decades after its inception in the U.S. Consistent with the U.S., the early emphasis was on vocational guidance in the schools. In the last 30 years or so, the counselling profession emerged in Asia and parts of Africa with a diffuse focus though predominately vocational and school based.

As the vocational guidance movement grew in the U.S. in the 1920s, so did the number and types of specialists in this field, the settings where they were employed, and the breadth of services these individuals provided. With the advent of World Wars I and II there was an urgent and great need to place military recruits in suitable jobs in the U.S. Armed Forces (Hollis, 2000). Thus, vocational guidance psychologists developed vocational scales to fulfil this need. Hence, scale development, administration, and interpretation can be considered the second major root in the evolution of the counselling field in the U.S. This root also blossomed in other parts of the world, particularly in Europe.

The third root took form in the mid 1940s and spread rapidly and globally in the years to follow though it also can be traced to Clifford Beers's

efforts in the beginning of the 1900's. Beers advocated for reform in the treatment of people with mental illness and the improvement of mental health facilities (Kiselica & Robinson, 2001). The substantial growth of this root in the 1940s is attributed to the groundbreaking vision, creativity, work, and perseverance of the clinically trained psychologist, Carl Ransom Rogers. Rogers broke rank with the mainstream of clinical psychology and counselling by placing little focus on psychological tests and the worldwide zeitgeist of the time that was relying on various forms of psychoanalysis to treat individuals. His courageous departure from the establishment in psychology led to a revolution in how psychological services were delivered, by whom, where, and for how long. It also expanded the operationalization of the formal function of counselling to include not only vocational guidance, but also assistance with emotional, personal, and psychological concerns as well. Rogers's lifelong dedication to the science of studying and researching the process and outcome of counselling and his articulation of a Client Centred and later Person Centred approach to engaging in counselling including his emphasis on the importance of counsellors displaying the core conditions (i.e., empathy, warmth, acceptance, genuineness, and unconditional positive regard) set the stage to radically and permanently alter how counselling was (is) perceived, conceptualized, and investigated worldwide.

The fourth root in the counselling profession is unique to the U.S. and is linked with the passage of the 1983 Community Mental Health Centres Act spearheaded by U.S. President John F. Kennedy. President Kennedy introduced this legislation in an effort to deinstitutionalize a sizable number of psychiatric patients that were presumed to benefit from community based services. The establishment of community mental health centres/clinics was initially geared to achieving this goal. In the years to follow the implementation of Kennedy's legislation and with the nationwide growth of these centres/clinics, persons trained in graduate level counselling programmes in colleges of education and psychology departments secured positions in these organizations. Moreover, counselling professionals began to offer services to a population of individuals presenting with much more severe and complex psychological difficulties. As a result, counselling graduate degree programmes at the masters and doctoral level began to shift in their training focus from vocational behaviour and providing services

predominantly in schools to a curriculum that mirrored clinical psychology. That is, teaching students about psychopathology, diagnosis, and long-term psychological interventions.

The fifth root often called a force in counselling is multiculturalism. This focus evolved from the 1960s civil rights and women's movement in the U.S. Members of the counselling profession began to systematically advocate for the unique needs of African Americans and women as this movement grew and also began to introduce models and strategies to assist persons affiliated with these populations in a multiculturally appropriate and respectful manner. Widespread interest in multicultural issues and populations blossomed in the late 1980s and has continued to accelerate in its growth since then in the U.S., and to some extent elsewhere around the globe though at a much slower pace and with a narrower cultural lens. Currently, this emphasis is integral to every aspect of counselling in the U.S. and encompasses a broad spectrum of populations. From an early analogue of an umbrella to the present day U.S. depiction of this focus as a kaleidoscope, the multicultural movement itself has been renamed as a diversity movement that captures, for example, biological sex, gender identity, sexual identity and lifestyle, race, ethnicity, nationality, physical ableness, religion, cognitive functioning, socio-economic status, and military status. As an umbrella, the movement focused on individual characteristics of a specific "rib in the multicultural frame." That is, for example, only race or only sexual identity. As a kaleidoscope, however, the field's embracing of diversity strives to comprehend the intersectionality of characteristics that forms and maintains both a shared and unique pattern reflective of an individual's personality. That is, how one's gender identity, sexual identity, race, and religious beliefs, for instance, interact to influence a person's cognitions, emotions, and behaviour. Counselling models and strategies congruent with understanding the role of intersectionality in client's thoughts, emotions, and behaviours are currently at the forefront of discussion and innovation in the counselling profession in the U.S. This development has led to a reassessment and deconstruction of traditional theories of counselling, and in turn, the call for and effort to create new paradigms to guide interventions that account for the intersectionality of diverse individual identities.

The sixth root or force influencing the face of counselling is tied to promoting and valuing social justice. This force emerged in the U.S. in

the latter decade of the 20th century. Social justice deals with both addressing the inequities in the balance of power and resources available to members in a society and also efforts to redistribute power and resources (Fouad, Gerstein, & Toporek, 2006) so that minority or marginalized populations are not adversely affected and instead gain equal access to these fundamental features of privilege. An outgrowth of the U.S. multicultural movement, the social justice movement in counselling has embraced a framework that advocates and intervenes along a continuum from the micro level (e.g. focusing on social justice issues within a counselling session) to the macro level (e.g. emphasizing systemic, structural, and policy strategies to introduce or modify legislation and laws) of functioning. It should be noted that engaging in social justice work in the context of counselling is in its infancy outside of the U.S.

The final and most recent root or force in counselling has to do with the internationalization of the field. Since the beginning of this century, the U.S. counselling profession has looked more extensively beyond its own borders to better understand how the field is structured and practiced worldwide; a strategy and objective non-U.S. counselling professionals have embraced for numerous decades! The dialogue that has ensued between professionals around the globe has contributed to deepening this understanding and also strengthening and establishing meaningful and sustained cross-national collaboration. Additionally, this dialogue has motivated the U.S. counselling profession to embark in an effort to respect and value intervention models and approaches developed and used elsewhere and to promote the essential assumption that counselling must be culturally valid, relevant, and informed (Gerstein, Heppner, Ægisdóttir, Leung, & Norsworthy, 2009). Moreover, this endeavour has contributed to the more recent effort among counselling professionals worldwide to deconstruct Eurocentric and U.S. centric counselling theories and strategies, and modify and replace them, when appropriate, with more culturally valid and at times indigenous frameworks and approaches (Norsworthy, Heppner, Ægisdóttir, Gerstein, & Pedersen, 2009).

Philosophic Framework of Counselling

Along with explaining the roots of the counselling profession in terms of specific historic developments, it also is possible to describe the evolution of the field with respect to its philosophic premises. Since its inception, the profession has been grounded in principles, models, and strategies of human development and education, and a focus on individuals' strengths. Theories and strategies in the discipline of psychology also have guided the work of counselling professionals. Historically, these professionals have assisted individuals that present with less severe and complex difficulties and who seek outpatient services. Recently, however, this situation has changed as counselling professionals are now helping persons that present with very serious concerns. These professionals are also more frequently employed in hospital settings.

Counsellor Roles, Functions, and Settings

Having discussed an overview of the historic roots or forces that have contributed to shaping the identity of the counselling profession, it would seem important to turn next to the roles and functions of counsellors, and the settings where they are employed, particularly in the U.S. and Asia. In part, counsellors in the U.S. and different parts of Asia including Hong Kong are direct providers of remedial and preventive services to children, youth, and adults, administrators of agencies and organizational units, supervisors of other professionals, programme and policy developers, implementers, and evaluators, trainers, consultants, and researchers. As direct service providers, they engage in administering and interpreting psychological, vocational, and educational tests to name a few, they provide counselling to individuals, couples, families, and groups, and they offer psychoeducational prevention and outreach programmes to various groups of individuals.

Counsellors in the U.S. are employed in primary, middle, and secondary schools, university counselling centres, university student affairs units, community and government agencies, business and industry, hospitals, the military, not for profit organizations, private clinics, and private practices. Counsellors in Asia including Hong Kong work in primary, middle, and secondary schools, university counselling

centres, community agencies, business and industry, hospitals, not for profit organizations, private clinics, and private practices though their employment title might not be counsellor. In the U.S., there are a number of distinct recognized counselling specializations including clinical mental health counselling, school counselling, clinical rehabilitation counselling, marriage, couple, and family counselling, career counselling, addiction counselling, college counselling, student affairs counselling, and group counselling. The recognition of specific counselling specializations is not a common practice in Asia including Hong Kong, and instead, it is more often the case that guidance counselling, career counselling, and simply the term counselling are used.

The U.S. Mental Health Professions “Turf War”

While it may seem the U.S. counselling profession is on solid ground, this is not quite an accurate conclusion. Throughout its history, the field has fought to establish and preserve its unique identity and struggled to secure and promote its credibility as a viable and valuable human services profession even though some key leaders in the social work (Garcia, 1990), psychology (Cummings, 1990), marital and family therapy (Evertt, 1990), and counselling (Gerstein & Brooks, 1990) fields advocated for the importance of interprofessional collaboration and recognition. This battle was waged both inside the profession itself and with other allied human service providers including, for instance, psychologists, social workers, psychiatrists, psychiatric nurses, and marriage and family therapists. In the U.S., beginning in the early 1970s and throughout the remainder of the century, the majority of powerful leaders in professional counselling associations were against counsellors wanting to treat individuals presenting with psychological or emotional difficulties and wanting to be employed in community mental health centres, psychiatric hospitals, and private practices. This was the case though counsellors started to emerge in health care settings in the late 1960s and early 1970s (Brooks & Gerstein, 1990). Further, in the mid 1980s, the number of counsellors in private practice became larger than persons employed in schools (Brooks & Gerstein, 1990).

In addition to inside the counselling profession in the U.S., the “turf war” between counsellors and the other professionals in the U.S. began

in the mid 1970s and accelerated during the 1980s and 1990s. Framed as a protection for the public, counsellors interested in employment outside of schools and universities and wanting to provide mental health and not just vocational services were considered by other human service professionals, particularly psychologists and social workers, as inadequately prepared and potentially harmful to “uninformed” clients or consumers.

On the surface, it appeared the motivation of other human service providers was admirable. In reality, however, these individuals and their professional associations were interested in protecting their position, power, identity, and prestige in the employment marketplace and their financial security, and restricting who could offer various services and how such services were provided. The American Mental Health Counsellors Association (AMHCA) and later the American Personnel and Guidance Association (APGA) (now called the American Counselling Association [ACA]) mounted a large scale, systematic, and methodical nationwide campaign and lobbying effort to overcome the major obstacles and challenges presented by the other human services professions, especially the National Association of Social Workers (NASW) and American Psychological Association (APA). At this same time, the American Association for Marriage and Family Therapy (AAMFT) also was engaged in a battle to establish parity with the other human service professions. In time, AMHCA, APGA, and AAMFT joined forces at the national and state levels to promote and advocate for their causes and attempt to overcome the enormous strength of NASW and APA.

Accreditation Standards for Counsellors in the U.S.

One early initiative in the late 1960s and early 1970s that the leaders of the Association for Counsellor Education and Supervision (ACES; a division of APGA) pursued as a strategy in response to the “turf war” with other human services professionals was the development of standards and accreditation documents to facilitate voluntary accreditation of graduate level counsellor training programs (Brooks & Gerstein, 1990). Later, as a result of ACES and APGA's efforts, in 1981, a separate free standing accreditation body was established, the Council for Accreditation of Counselling and Related Educational Programs (CACREP). CACREP's mission is to promote the professional competence of counselling and related

practitioners. The organization accredits masters level training programmes in a) clinical mental health, b) clinical rehabilitation, c) school, d) marriage, couple, and family, e) career, f) addiction, and g) college counselling and student affairs counselling, and doctoral programmes in counsellor education and supervision. As of March 2017, there were 688 master's level and 76 doctoral level CACREP accredited counsellor training programmes in the U.S. and also 6 programmes affiliated with universities outside of the U.S. that were members of the International Registry of Counsellor Education Programs (CACREP, 2017).

Legal Recognition of U.S. Counsellors

Returning to the “turf war,” the epicentre of this conflict between counsellors (marriage and family therapists), and the other providers was the battle to secure legal recognition in each U.S. State (and the District of Columbia & Puerto Rico) for the title professional counsellor or mental health counsellor (marriage and family therapist) and the practice of counselling (marriage and family therapy). The rationale to support this agenda was threefold. First, it was argued that such recognition would protect the public from receiving services from unqualified individuals as persons licensed as counsellors would be required to meet specific educational and experiential requirements and pass various relevant content and ethics tests. Second, it was argued that underserved populations would have greater access to mental health care if the title and practice of counselling were regulated since this would lead to an increase in available service providers in urban, rural, and underserved communities. And third, it was argued that professional counsellors or mental health counsellors provide similar and also unique services compared to, for example, psychologists and social workers though they might also rely on some different theoretical models, conceptualize client problems somewhat differently, and employ some different types of intervention strategies.

There were a number of challenges to counsellors securing licensure including “the reluctance of state legislators to consider legislation regulating additional professions, the political naiveté of many counsellors at both the leadership and grass roots levels, and the opposition of other professions, especially those already licensed” (Brooks & Gerstein, 1990; p. 480). The persistence of counsellors, and also the establishment

of CACREP and the ensuing accreditation of graduate level counsellor training programmes were critical milestones and essential achievements in the effort to secure the passage of counsellor licensure laws in each U.S. State and the District of Columbia and Puerto Rico. Legislators and other key decision-makers viewed this as a necessary step to help establish basic educational and training requirements for qualified counselling service providers. Another important step taken by various counselling associations in the U.S. was the creation of organizations that offered certification to counsellors with specific specializations.

Certification for U.S. Counsellors

The first such organization, National Academy of Certified Clinical Mental Health Counsellors (NACCMHC), was developed by AMHCA in 1979. This organization issued a certificate, Certified Clinical Mental Health Counsellor (CCMHC), to individuals that met educational and work experiences criteria and also passed a unique examination. In 1982, another certification body, National Board for Certified Counsellors (NBCC) was formed (NBCC, 2017) as a result of the efforts of APGA and ACES to offer certification (NCC) to “generalists” in counselling that also met basic educational and work experiences criteria and had passed a unique examination. Later on, NBCC integrated the CCMHC specialty credential into its portfolio and established recognition for other specialties in counselling including certified Masters Addiction Counsellor and National Certified School Counsellor. To earn a specialty certification, individuals must first become NCCs (NBCC, 2017). Currently, there are 62,000 NCCs living in 40+ countries (NBCC, 2017). There also is certification for rehabilitation counsellors in the U.S. Since 1974, the Commission on Rehabilitation Counsellor Certification (CRCC) has regulated the national standard for the delivery of quality rehabilitation counselling services. This organization recognizes Certified Rehabilitation Counsellors (CRC). To become a CRC an individual must meet stringent eligibility requirements, such as advanced education and work experience. Additionally, the applicant must assist individuals with disabilities. The applicant must pass the CRC Examination as well (CRCC, 2017).

The Outcome of the U.S. Mental Health Professions “Turf War”

Implementing standards, policies, and procedures for accrediting counsellor training

programmes and establishing certifications for counsellors, most definitely contributed significantly to the success of passing counsellor licensure laws in each U.S. State and the District of Columbia and Puerto Rico. Further, achieving the goal of legal recognition for the title professional counsellor or mental health counsellor, and the practice of counselling was accurately considered to be the vehicle to fully open up the employment marketplace so that counsellors could provide a range of services that they had been trained to perform. Currently, counsellors are employed in a wide variety of settings (e.g. schools, universities, community clinics, hospitals, the military, government agencies, business and industry, not-for-profit organizations) performing a highly diverse set of tasks (e.g. assessment, testing, individual, couple, family, & group counselling, consultation, evaluation, administration, policy development & implementation). Additionally, and most importantly, since 1976 the title professional counsellor or mental health counsellor, and/or the practice of counselling are now legally protected in all 50 states in the U.S. along with the District of Columbia and Puerto Rico. This means that individuals without the necessary training and who have not passed the counsellor licensure examination cannot legally call themselves counsellors and/or practice counselling. Stated another way, it is illegal to use the title professional counsellor or mental health counsellor and/or practice counselling unless a person is licensed in a particular U.S. State, the District of Columbia or Puerto Rico.

As was expected (Swanson, 1983), the legal recognition of the title professional counsellor or mental health counsellor, and practice of counselling has resulted in a highly significant increase in the formal inclusion of the job title, professional counsellor or mental health counsellor, in the U.S. employment marketplace including most local, state, and federal government agencies as well as almost every other potential work setting where counsellors are (can be) employed. In other words, the title, professional counsellor or mental health counsellor, is now in the mainstream of officially recognized human service provider titles found in employment settings in the U.S.

As also was anticipated, the legal recognition of the title professional counsellor or mental health counsellor, and practice of counselling in the U.S. has led to licensed counsellors, in most instances, being eligible to receive third party

payments from many insurance carriers; a critical source of revenue in the human service provider marketplace. This important accomplishment increased the ways in which counsellors could be compensated for their services.

The obtainment of legal and formal recognition of the title, professional counsellor or mental health counsellor, and the practice of counselling as well as the other accomplishments in the counselling profession mentioned earlier were hard fought battles. While the “turf war” in the U.S. human services arena continues, it is not as broad in scope. In fact, the earlier fears expressed by the psychology and social work professions have proved to be unfounded. The widespread entrance of counsellors into the employment sector has not resulted in fewer jobs for psychologists or social workers, less income for these professionals, or a restriction in the employment roles and functions of these two groups.

There have been, however, some other negative outcomes for the profession of psychology. First, CACREP’s requirement that newly hired faculty members graduate from CACREP accredited doctoral programmes has reduced drastically the number of academic positions that counselling psychologists can secure. And second, the growing policy of State Counsellor Licensure Boards deeming graduates of counselling programmes in psychology as ineligible for counsellor licensure has restricted the employment opportunities for this group of professionals. In response to these two developments, in 2011, a new accreditation body was formed, Master’s in Psychology and Counselling Accreditation Council (MPCAC), “to promote training in the scientific practice of professional psychology and counselling at the master’s level” (MPCAC, 2017). As of March 2017, there were 46 MPCAC accredited master’s programmes. The APA Minority Fellowship Program in collaboration with the APA Board of Directors subgroup on master’s training and APA executive staff initiated another response to these two developments. These groups hosted a Summit on Master’s Training in Psychological Practice in December 2016. Of the many consensus conclusions resulting from this Summit, two important outcomes will be mentioned here. First, it was recommended that APA support the training of psychological practitioners at the master’s level and that APA support the accreditation of master’s degree preparation programmes. And second, it was

recommended that APA advocate for the licensing and consistent titling of master's trained individuals in psychology (APA, 2016).

Regardless of the current "turf war" involving counsellors and psychologists, the overt formal presence of counsellors in the U.S. has expanded the number of qualified providers available to the public, increased the geographic coverage of providers, and enhanced the breadth and type of counselling services offered. Interestingly, the Summit report mentioned above also argued that the licensing of master's level psychological practitioners would help to achieve these same outcomes (APA, 2016)!

The Mental Health Professions "Turf War" in Hong Kong

The challenges and battles fought by the counselling profession in the U.S. are not unique to this particular country. Similar situations have occurred and continue to occur around the globe, particularly in The Middle East and many Asian countries and locales including Hong Kong. On the surface, the arguments presented by the other helping professions like psychology and social work are the same that were espoused in the U.S. Counsellors are inaccurately portrayed as unprepared and not competent to provide mental health services. The hidden agenda for the psychology and social work fields is also the same. That is, persons affiliated with these professions are concerned that establishing legal and/or official recognition of counsellors and counselling will endanger their livelihood, power, prestige, and identity, and counsellors will encroach on their employment territory and occupational security. Thus far, there is no evidence to support such claims in The Middle East and Asia including Hong Kong.

Justification for Recognizing Counsellors in Hong Kong

Professional Counselling Association

In the case of Hong Kong, there is ample justification to legally and officially recognize the title counsellor and the practice of counselling. First, there is a professional organization specifically established for counsellors, the Hong Kong Professional Counselling Association (HKPCA), that has a clear mission, identity, and rich history of promoting professional standards and practices, and developing counselling services in Hong Kong. HKPCA was started in 1995 by experienced practitioners and

professionals in academia that were affiliated with the Hong Kong Branch of the Association of Psychological and Educational Counsellors of Asia. The mission of HKPCA is to a) To promote the standard of practice of counselling in Hong Kong; b) To advance researches including the publication of researches in the field of counselling in Hong Kong; c) To establish ethical standards and provide guidance for counselling education in Hong Kong; and d) To enhance the understanding and acceptance of counselling and to develop and maintain counselling services for the promotion of mental health in society (HKPCA, 2017). As of March 2017, there were approximately 1,069 active members and/or affiliates of this organization including 23 students. HKPCA is the largest counselling organization in Hong Kong.

Counselling Code of Ethics in Hong Kong

Next, there is an established and agreed upon Code of Ethics for counsellors in Hong Kong that was unveiled when HKPCA was started in 1995. This Code was based on the Codes adopted by ACA and APA. In 2011, HKPCA issued a revision of the original Code (HKPCA, 2017). Like the ACA and APA Codes of Ethics, the HKPCA Code includes specific principles on beneficence, responsibility, integrity, justice, and respect, and general principles about the Counselling Relationship, Confidentiality and Privacy, Fees and Bartering, Cooperation with Other Professionals, Assessment and Evaluation, Research and Publication, and Resolving Ethical Issues (HKPCA, 2017). Persons belonging to HKPCA are required to adhere to the HKPCA Code of Ethics, thereby providing an official and accepted framework of "practice" designed, in part, to provide the public with ethical services.

Counselling Accreditation Standards in Hong Kong

Third, the HKPCA (2017) has established standards to accredit counsellor training programmes in Hong Kong. As of March 2017, there were 9 accredited programmes in Hong Kong located at 7 universities (Bethel Bible Seminary, The Chinese University of Hong Kong, City University of Hong Kong, Hong Kong Baptist University, The Education University of Hong Kong, The Hong Kong Polytechnic University, and The University of Hong Kong). There also were unaccredited programmes at 4 other institutions of higher learning in Hong Kong (Shue Yan University, Monash University, via Kaplan Higher Education, China Graduate School of Theology, Hong Kong Institute of Christian

Counsellors) (HKPCA, 2017). It should be noted that unlike CACREP that has accreditation in a restricted set of specializations, the HKPCA has accredited master’s degree programmes in a wide variety of areas (e.g. Counselling; Christian Marriage & Family Therapy; Guidance and Counselling; Specialized Stream: Counselling and Comprehensive Guidance, Guidance and Counselling; Specialized Stream: Special Needs, Family-Centred Practice and Family Therapy).

Certification of Hong Kong Counsellors and Supervisors

The fourth justification to legally and officially recognize the title counsellor and the practice of counselling in Hong Kong is that there is a certification structure in place to recognize qualified counsellors and supervisors. In 2008, the HKPCA established the Certified Counsellor Membership status in its organization. This initiative was launched “to protect consumers, to maintain and monitor the professionalism of counselling, and to guide the continued growth and development of the counselling discipline” (HKPCA, 2017). To obtain this status, individuals must meet minimal, detailed academic requirements (e.g. graduates of accredited master’s degree programmes in counselling), possess the appropriate professional credentials, and complete specific practice-related experiences. The latter experiences must be performed under the supervision of an HKPCA Approved Counselling Supervisor. Additionally, an applicant for Certified Counsellor Membership status also must be examined and endorsed by the HKPCA Council (HKPCA, 2017).

HKPCA has a clear policy and procedure to recognize counsellors as approved supervisors as well. These individuals must have a master’s degree in counselling (or its equivalent), 20 or more years of experience in providing counselling (including counselling training) and/or 10 years of post-master experience in providing counselling, and at least 5 years of post-master experience in providing counselling supervision (HKPCA, 2017).

Summary of Evidence to Recognize Hong Kong Counsellors

Taken together, it is quite evident that the profession of counselling in Hong Kong has made substantial progress in its efforts to systematically establish rigorous academic and practice criteria to enter the field and for individuals to use the title, counsellor. Standards, policies, and procedures have been created and enforced to determine the appropriate

curriculum for graduate training programmes and to recognize qualified individuals for professional counsellor and approved supervisor certification. Moreover, a Code of Ethics has been established to provide counselling professionals with a framework to guide their occupational activities. All of these accomplishments by the Hong Kong professional counselling community closely mirror many of the initiatives and achievements in the profession of counselling in the U.S. (see **Table 1**). Further, like the activities pursued by U.S. counsellors and their professional organizations, the pursuits by the HKPCA and its leaders and members were undertaken to both serve as a means of monitoring and

Table 1
Hong Kong versus U.S. Counselling Profession

	HK	US
Professional Counselling Association	✓	✓
Counsellor Certification	✓	✓
Supervisor Certification	✓	✓
Accreditation of Training Programmes	✓	✓
Ethical Code of Practice	✓	✓
Legal Regulation of Title	–	✓
Legal Regulation of Practice	–	✓

Note. ✓ means this feature is present.

managing who entered the profession, and more importantly, as a way to put in place some safeguards to protect the public and offer them services provided by qualified individuals.

Mental Disorders in Hong Kong and Utilization Rates

There is yet one more important reason that justifies the critical and urgent need to legally recognize the title, counsellor, and the practice of counselling in Hong Kong, and also to institutionalize this title in a wide array of employment settings in Hong Kong. Mental health difficulties are fairly common in Hong Kong. According to a study conducted by Lam et. al (2015), for example, involving 5,719 adults (16-75 years old) and based on the results of the assessment procedures employed, 13.3% of the participants had some type of mental health concern with a mixture of anxiety and depression being the most common problem. For men in the sample, the prevalence of a common mental disorder was 9.38%, while for women it was 16.94%. Individuals between the ages of 26-35 years old had the highest prevalence

rate (16.46%), whereas persons 66–75 years old had the lowest (11.2%). Further, almost one-third of the unemployed individuals in the sample and participants that reported financial difficulties were found to have a common mental disorder (30.39% & 31.42%, respectively). One of the most alarming discoveries in the Lam et al. (2015) study was the fact that only 26% of the individuals in the sample had sought professional help for their problem. Thus, 74% did not seek professional services. Of those that did consult with a professional, a psychiatrist was the most frequently visited provider followed by social workers and counsellors.

Other older studies have reported somewhat lower prevalence rates for common mental disorders in Hong Kong. For instance, Lee, Tsang, and Kwok (2007) discovered that 4.1% of their sample experienced a general anxiety disorder, while Lee, Tsang, Chui, Kwok, and Cheung (2007) found an 8.4% prevalence rate of a major depressive episode in their sample.

Assuming the more recent 13.3% prevalence rate of common mental disorders found by Lee et al. (2015) and reported earlier can be generalized to the larger population of 7 million people currently living in Hong Kong, it would mean that 931,000 individuals in Hong Kong have some type of common mental disorder. This number is probably even higher if one takes into consideration that there a larger number of persons on the streets of Hong Kong with severe psychiatric disorders, a growing number of students experiencing academic stress and workers feeling occupational stress, a rise in addictions, and an increasing number of people that are facing financial difficulties due to Hong Kong's rapidly changing economy.

If the 26% utilization rate of professional services also discovered by Lee et al. (2007) could be generalized to the larger Hong Kong population, it would suggest that almost 689,000 individuals are not consulting professionals about their mental health problems. Perhaps this is because of the stigma associated with seeking mental health services and/or the rising cost of care for such services.

Mental Health Providers in Hong Kong

Complicating this situation even further is the lack of qualified mental health providers in Hong Kong. According to a 2016 report, there were only 345 Psychiatrists and 443 Clinical Psychologists in Hong Kong (Diplomat, June 2016). Moreover, other recent reports indicated there were only 66

Counselling Psychologists (Hong Kong Psychology Society Register, 2017), 21,292 Social Workers (Social Workers Registration Board Statistics, 2017), 1,046 Counsellors (HKPCA, 2017), and 2,060 Psychiatric Nurses (WHO Mental Health Atlas 2011). As of March 2017 then, the total number of Hong Kong mental health providers was approximately 25,252. This translates to about 1 provider for every 278 persons in the entire population of Hong Kong. If counsellors were removed from this total, there would be only 1 provider for every 290 persons in Hong Kong. Clearly, there is a need for counsellors in Hong Kong to provide services. To increase the likelihood that counsellors are qualified to fulfill this need it is absolutely essential to legally recognize the title, counsellor, and the practice of counselling, and also to institutionalize the title in a large variety of employment settings in Hong Kong. Achieving these goals will go a long way towards protecting the public in Hong Kong. Additionally, it will enhance the probability that a broader array of qualified mental health care professionals including competent counsellors are providing a diverse group of potential clientele (e.g. individuals, couples, families, groups, organizations) with services, particularly clientele in more rural and underserved communities.

Interestingly, many of the graduates of master's degree counselling programmes in Hong Kong are already employed in settings (e.g. clinics, schools, universities, hospitals, not-for-profit organizations, Employee Assistance Programmes, human resource departments, correctional institutions, private practices) that either offers mental health services or could provide such services. Though this is the case, in most instances, these graduates are not employed as counsellors because their workplace has no such title and/or they are not permitted to engage in professional counselling activities. The legal recognition of the title counsellor, and the corresponding practice of counselling along with the institutionalization of the title in relevant employment settings would create opportunities for persons in Hong Kong with the appropriate academic degrees and training credentials to officially join the ranks of qualified mental health professionals in order to provide needed counselling services to the general public.

The Future for Hong Kong Counsellors: Some Recommendations

There is little doubt that in the next decade or so, counsellors will secure legal recognition in Hong

Kong and the title, counsellor, will be formally included in the human resource infrastructure and lexicon (e.g. job announcements, descriptions & titles) of numerous employment settings. The ongoing efforts of HKPCA and its leaders and members are unequivocally committed to fulfilling these goals. The Department of Applied Social Sciences at the City University of Hong Kong also can continue to be extremely instrumental in helping to achieve these goals. This department offers graduate training programmes in not only counselling, but also social work and psychology. Further, faculty members in this Department are leaders in professional associations for counsellors, social workers, and psychologists. Many of these faculty members teach classes in all three fields of study. Moreover, students from the three different programmes are enrolled in the same classes.

The structure of the City University Department of Applied Social Sciences and the representation of the mental health fields in this department offer a rich environment to further facilitate cross-disciplinary understanding, collaboration, and support, and advocacy for mental health providers and the general public. This Department has the potential, therefore, to take additional steps to enact formal policies, procedures, and infrastructures that can operate as a model for how to promote effective interprofessional collaboration in order to provide the best care possible to the people of Hong Kong. Taking such steps has even further importance if Hong Kong follows the path evolving in other parts of the world, particularly the U.S. where integrated health care is on the rise and the need for multiple disciplines including counselling having a presence and effectively collaborating in a setting is essential.

There are some other initiatives that can be pursued to help achieve securing legal recognition for counsellors in Hong Kong and formal inclusion of the title, counsellor, in the human resource infrastructure of employment settings in Hong Kong. First, if it is not occurring regularly, HKPCA could offer its members training on how to approach legislators, government staff, and employers to discuss policy, legislation, and employment practices and procedures. Further, HKPCA could host “lobbying” days with various key legislators and government staff. Implementing both of these recommendations will contribute to counsellors gaining a much better understanding of how various agencies and organizations operate and how to approach individuals affiliated with these settings.

Next, when possible, HKPCA could collaborate with other mental health professional groups to promote mutually acceptable current and future policies and legislation. For instance, all of these groups may join forces to pursue initiatives that focus on substance abuse, domestic violence, homelessness, poverty, and unemployment. Related to this last recommendation, the HKPCA might offer to co-host collaborative conferences on topics of shared interest with the other mental health professionals. Any mutually agreed upon activities that foster positive relationships between the different mental health professions or are designed to identify common ground will help to reduce prejudice between the groups, enhance cooperation, and potentially strengthen the ability of counsellors to secure legal recognition and formal inclusion in the human resource infrastructure in Hong Kong. It is highly recommended that HKPCA consult the assumptions of the contact hypothesis (Allport, 1954) and the theory of intergroup contact (Dixon, Durreheim, & Tredoux, 2005; Pettigrew, 1998) to guide the types of interactions between the various professional groups that will result in positive outcomes. Some of these assumptions include: a. the groups must work on a task and share this as a common goal; b. the groups must work cooperatively together for their common goals without competition; and c. the contact between the groups needs to involve informal, personal interactions between group members (Hewstone & Brown, 1986).

Fourth, the Hong Kong counselling profession could conduct research on the costs of counselling provided by counsellors and the effectiveness of services offered by these professionals. Fifth, the profession could brief key stakeholders (e.g. legislators, government staff) on the outcomes of such studies and other studies that yield beneficial results, for example, to improve the counselling services offered to a host of clientele. And finally, the various graduate level counselling training programmes in Hong Kong could invite potential employers to serve on a programme Advisory Board. Implementing this suggestion could increase employers’ understanding about the qualifications and skills of counsellors leading to more employment opportunities for counsellors.

Conclusion

Ultimately, social workers, psychologists, and counsellors in Hong Kong and the U.S. as a result of their educational and training experiences

possess the same basic human relations or micro-counselling skills. They also provide many similar services (e.g. assessment & testing, counselling, case management, consultation, psychoeducation, crisis intervention, programme evaluation) to similar clientele (e.g. individuals, couples, families, groups, organizations) yet they vary slightly in their philosophies (e.g. emphasis on wellness, human development, psychopathology, prevention), theoretical orientations (e.g. reliance on cognitive-behavioural, humanistic, psychodynamic, systems models), and intervention practices (e.g. focus along the micro to macro level of functioning).

To deny the similarities just mentioned is to ignore the shared competencies of all three groups of professionals and to deprive the Hong Kong public of the mental health services they require to enhance their quality of life, prevent an increase in psychological disorders, and address the existing common mental health problems in the society at large. Additionally, achieving a level of effective interprofessional collaboration in Hong Kong will result in what leaders in the fields of social work (Garcia, 1990), counselling (Brooks & Gerstein, 1990; Gerstein & Brooks, 1990), psychology (Cummings, 1990) and marital and family therapy (Everett, 1990) believed would happen in the U.S. That is, the improvement of a society's mental health. As Cumming's (1990) so aptly stated, "To continue to waste our energies on internecine warfare will result in a disservice to the American people and the diminishing of all of our disciplines" (p. 489). This observation also has relevance to the current situation among mental health providers in Hong Kong and the various clientele they serve or have the potential to serve!

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