



Parliament of South Australia

A review of the Department of Health's report into hypnosis

TWENTY-NINTH REPORT
OF THE
SOCIAL DEVELOPMENT COMMITTEE

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TABLE OF CONTENTS

ESTABLISHMENT AND COMPOSITION OF THE COMMITTEE.....	III
FUNCTIONS OF THE COMMITTEE	III
TERMS OF REFERENCE.....	V
EXECUTIVE SUMMARY	1
RECOMMENDATIONS	3
BACKGROUND TO THE INQUIRY	5
SCOPE AND METHODOLOGY	5
INTRODUCTION.....	7
DEFINITION.....	7
POSSIBLE BENEFITS OF HYPNOSIS.....	8
POSSIBLE HARMS OF HYPNOSIS.....	8
PROFESSIONAL ASSOCIATIONS.....	8
PSYCHOLOGICAL PRACTICES ACT 1973.....	9
PSYCHOLOGICAL PRACTICE BILL 2006.....	10
POLICY CONTEXT	10
REGULATORY MEASURES.....	12
SUMMARY OF OTHER EVIDENCE	13
CONCLUDING REMARKS.....	15
LIST OF WITNESSES.....	17
LIST OF SUBMISSIONS	17
APPENDIX 1: TERMS OF REFERENCE.....	19

ESTABLISHMENT AND COMPOSITION OF THE COMMITTEE

The Social Development Committee is established pursuant to Sections 13, 14 and 15 of the *Parliamentary Committees Act 1991*. Its six Members are drawn equally from the Legislative Council and the House of Assembly:

Hon Ian Hunter MLC (*Presiding Member*)

Hon Dennis Hood MLC

Hon Stephen Wade MLC

Mr Adrian Pederick MP

Ms Lindsay Simmons MP

Hon Trish White MP

The Committee is assisted by:

Ms Robyn Schutte and Ms Kristina Willis-Arnold
(Committee Secretaries: 0.8 FTE and 0.2 FTE)

Ms Sue Markotić (Research Officer)

Ms Cynthia Gray (Administrative Officer: 0.3 FTE)

FUNCTIONS OF THE COMMITTEE

The functions of the Social Development Committee are set out in Section 15 of the *Parliamentary Committees Act 1991* and charge the Committee—

- (a) to inquire into, consider and report on such of the following matters as are referred to it under this Act:
 - (i) any matter concerned with the health, welfare or education of the people of the State;
 - (ii) any matter concerned with occupational safety or industrial relations;
 - (iii) any matter concerned with the arts, recreation or sport or the cultural or physical development of the people of the State;
 - (iv) any matter concerned with the quality of life of communities, families or individuals in the State or how that quality of life might be improved;
- (b) to perform such other functions as are imposed on the Committee under this or any other Act or by resolution of both Houses.

TERMS OF REFERENCE

During the course of its Inquiry into bogus, unregistered and deregistered health practitioners¹, the Social Development Committee received an additional reference to investigate hypnosis.

Specifically, on 7 May 2008, the House of Assembly resolved, on a motion of the Minister for Health (Hon John Hill, MP), that a report produced by the Department of Health be referred to the Committee for its examination.

The full title of the Department of Health report is: *Report on Harms Associated with the Practice of Hypnosis and the Possibility of Developing a Code of Conduct for Registered and Unregistered Health Practitioners*.

While the Committee's examination of this report occurred concurrently with its Inquiry into bogus, unregistered and deregistered health practitioners, the Committee considered the issue separately and determined that a stand-alone report was warranted.

¹ See Appendix A.

EXECUTIVE SUMMARY

During the course of its Inquiry into bogus, unregistered and deregistered health practitioners, the Social Development Committee received an additional term of reference to investigate hypnosis. Specifically, on 7 May 2008, the House of Assembly resolved on a motion of the Minister for Health, (Hon John Hill MP), that the *Report on Harms Associated with the Practice of Hypnosis and the Possibility of Developing a Code of Conduct for Registered and Unregistered Health Practitioners*, produced by the Department of Health, should also be referred to the Committee for its examination.

While some of the issues raised in relation to the practice of hypnosis and hypnotherapy overlap with those raised during the Committee's Inquiry into bogus, unregistered and deregistered health practitioners, the Committee determined that its examination into the Department of Health's report should be dealt with as a distinct entity and a separate report produced.

Hypnosis can be difficult to define but is generally considered to be an altered state of consciousness characterised by heightened suggestibility. Evidence suggests that hypnosis and hypnotherapy can be a useful adjunct to psychological therapy. It can be used to treat depression and anxiety and can assist in the management of a range of symptoms and conditions including chronic pain, obesity and sleep disorders.

In South Australia, the practice of hypnosis is regulated by legislation, specifically the *Psychological Practices Act 1973* (SA). Section 39 of the Act restricts the practice of hypnosis to certain registered professions – that is, psychologists, medical practitioners and dentists – and, under particular conditions, to individual prescribed persons.

In September 2006, the State Government introduced the Psychological Practice Bill to, among other things, remove this restriction. Concerns were raised during parliamentary debate that the Bill would provide the opportunity for untrained and unqualified individuals to carry out hypnosis and hypnotherapy. These concerns prompted the Department of Health to commission its report.

The Department's report notes that the introduction of the Psychological Practice Bill 2006 needs to be considered in the context of the National Competition Policy Agreement principles. Those principles state, among other things, that legislation should not restrict competition unless it can be demonstrated that it is in the public interest to do so. In South Australia, the current legislative restrictions on the practice of hypnosis prevent a range of health practitioners – for example, specialist mental health care nurses – from using hypnosis to assist their patients.

The Department's report also notes that in the mid 1990s, the Australian Health Ministers' Advisory Council (AHMAC) established a process for determining whether to regulate any currently unregulated health profession. A number of core criteria were set by AHMAC for assessing whether a profession should be regulated by legislation. The criteria (re-endorsed in March 2007) posed a number of questions including: 'Do the activities of the occupation pose a significant risk of harm to the

health and safety of the public?’ In 1996, AHMAC determined that there was no need to regulate hypnosis and hypnotherapy on the grounds that there was no demonstrable harm.

The Department of Health’s report goes on to summarise the main reasons supporting the removal of current restrictions on the practice of hypnosis. These include:

- the practice is not considered to pose a significant risk of harm to the health and safety of the public,
- other professionals may wish to use hypnosis as part of their treatment modality but are unable to do so under the current legislation restricting the practice to certain professionals;
- as ‘hypnosis’ and ‘hypnotherapy’ are often difficult terms to define, it is possible for similar services to be provided under a different name; and
- as the law presently stands medical practitioners and psychologists are allowed to practise hypnosis irrespective of whether they are appropriately trained to do so.

The Department of Health’s report also notes that in Australia and other comparable countries, very few jurisdictions regulate the use of hypnosis and hypnotherapy. Indeed, the Committee notes that the current restrictions placed on the practice of hypnotherapy in South Australia are out of step with interstate jurisdictions.

The Social Development Committee’s principal task was to examine in detail the Department of Health’s report. In doing so, it called upon Ms Kay Anastassiadis, Senior Policy Officer, Department of Health, and Ms Lee Wightman, Principal Policy Officer, Department of Health, to provide background information.

The Committee received a small number of written submissions which, for the most part, supported the report’s findings. One submission, however, from the South Australian Society of Hypnosis (SASH) strongly opposed the removal of restrictions on the practise of hypnosis. They argued that it would open up the opportunity for untrained and unskilled individuals to practise hypnosis.

The Committee notes the concerns expressed by SASH and – consistent with the main findings of the Department of Health’s report – agrees that any lifting of current restrictions on the practise of hypnosis should not occur without other safeguards being put in place to protect the public.

The Committee thanks all those who participated in the Inquiry. The information provided to the Committee consolidated its understanding of the key issues and informed its deliberations.

RECOMMENDATIONS

The Committee notes the main findings of the Department of Health's *Report on Harms Associated with the Practice of Hypnosis and the Possibility of Developing a Code of Conduct for Registered and Unregistered Health Practitioners* and accepts its conclusions that while there is 'poor scientific evidence of the safety and efficacy of hypnosis and hypnotherapy as practised by lay hypnotherapists, the evidence of a high risk of harm to the public does not appear sufficient to warrant a prohibition on practise.'² Furthermore, the Committee notes that there is some 'emerging and promising evidence regarding the benefits and safety in the use of hypnosis as an adjunctive therapy.'³

The Committee notes that in South Australia the practice of hypnosis is regulated by legislation. This legislation restricts the practice of hypnosis to the following registered professions: psychologists, medical practitioners and dentists. The Committee does not consider that members of these professions are necessarily the most appropriately qualified or trained to practise hypnosis. The Committee is concerned that current legislation allows a number of registered professions to practise hypnosis without requiring them to have completed any specific training in the area.

In keeping with the findings of the Department's report, the Committee supports the lifting of the current legislative restrictions placed on the practice of hypnosis. It does, however, strongly support the introduction of a new regulatory framework to ensure that only those who are properly trained and have met appropriate standards of education are able to practise hypnosis. As such, the Committee makes the following recommendations:

1. The Committee recommends that the Minister for Health ensure that – consistent with national competition policy principles – current legislative restrictions limiting the practise of hypnosis to certain health professions are removed.
2. The Committee recommends that the Minister for Health:
 - a) examine the merits of other models regulating the practice of hypnosis and hypnotherapy to determine their appropriateness and applicability to South Australia;
 - b) introduce a new regulatory framework to cover the broad range of currently unregistered health practitioners and ensure that the practice of hypnosis and hypnotherapy falls within this framework;
 - c) ensure that, as part of the new regulatory framework, proper standards of education and training for the practice of hypnosis are established.

² Department of Health, *Report on Harms Associated with the Practice of Hypnosis and the Possibility of Developing a Code of Conduct for Registered and Unregistered Health Practitioners*, April 2008, page 2.

³ Department of Health, April 2008 page 2.

3. The Committee recommends that:
 - a) the Department of Health undertake an evaluation, within two years of the introduction of a new regulatory framework, to assess its impact on the safety and efficacy of the practice of hypnosis and hypnotherapy.
 - b) the findings of the evaluation be communicated to relevant stakeholders and made publicly available.

BACKGROUND TO THE INQUIRY

During the course of the Social Development Committee's Inquiry into bogus, unregistered and deregistered health practitioners, it received an additional reference to investigate hypnosis. Specifically, on 7 May 2008, the House of Assembly resolved on a motion of the Minister for Health, (Hon John Hill MP), that a report produced by the Department of Health should be referred to the Committee for its examination.

The full title of the Department of Health report is: *Report on Harms Associated with the Practice of Hypnosis and the Possibility of Developing a Code of Conduct for Registered and Unregistered Health Practitioners* (hereinafter referred to as the Department of Health's report).

SCOPE AND METHODOLOGY

On 16 February 2008, notices were placed in *The Advertiser* and *The Australian* to inform the public of the terms of reference for the Social Development Committee's Inquiry into bogus, unregistered and deregistered health practitioners.

The House of Assembly subsequently referred an additional term of reference to the Social Development Committee. This additional term of reference called on the Committee to examine the Department of Health's report into hypnosis. Given the limited scope of this term of reference, the Committee determined that it was not necessary to advertise this matter in the print media. Instead, the Committee placed relevant information on its website and sought input from a number of parties and stakeholders.

Specifically, the Committee wrote to the South Australian Psychological Board (SAPB) – responsible for the oversight of hypnosis in South Australia – seeking comment on the Department of Health's report. The Committee also contacted the South Australian Society of Hypnosis (SASH), a professional association of hypnosis practitioners whose members come from the three groups that are currently able to practise hypnosis in South Australia, namely medical practitioners, psychologists and dentists. SASH was invited to provide a submission to the Inquiry addressing the findings of the Department of Health's report. In addition, the Council of Clinical Hypnotherapists – a peak group representing the interests of clinical hypnotherapists in Australia – was contacted and invited to comment on the report. All of these organisations took up the Committee's invitation and provided written submissions. The Council of Clinical Hypnotherapists also gave oral evidence to the Inquiry.

As part of its examination, the Committee also invited Ms Kay Anastassiadis, Senior Policy Officer, Department of Health, and Ms Lee Wightman, Principal Policy Officer, Department of Health, to provide background information.

Two further written submissions relating to hypnosis were received from the Australian Hypnotherapists Association and the Hypnosis Association of Queensland.

INTRODUCTION

In South Australia, the practice of hypnosis is regulated by legislation, specifically the *Psychological Practices Act 1973* (SA). Section 39 of the Act restricts the practice of hypnosis to certain registered professions – that is, psychologists, medical practitioners and dentists – and, under particular conditions, to individual prescribed persons.

In September 2006, the State Government introduced the Psychological Practice Bill to, among other things, remove those restrictions. Concerns were raised during parliamentary debate that the Bill would provide the opportunity for untrained and unqualified individuals to carry out hypnosis and hypnotherapy. Those concerns prompted the Department of Health to commission a report: *Report on Harms Associated with the Practice of Hypnosis and the Possibility of Developing a Code of Conduct for Registered and Unregistered Health Practitioners*

In examining the subject of hypnosis, the Department of Health considered scientific literature on the harms and safety associated with hypnosis. It also examined professional and consumer protection issues related to hypnotherapy and international and Australian regulatory approaches. The report concluded that the practice of hypnosis should be deregulated in South Australia.

DEFINITION

The Committee notes that the terms ‘hypnosis’ and ‘hypnotherapy’ are often used interchangeably. Evidence presented to the Inquiry suggests that the terms sometimes lack clear definition. According to the Department of Health, hypnosis is generally defined as:

[A]n altered state of consciousness which is characterised by increased responsiveness to suggestion. The hypnotic state is attained by first relaxing the body, then shifting the client’s attention toward a narrow range of objects or ideas as suggested by the hypnotist or hypnotherapist. The procedure is used to access various levels of the mind to effect positive changes in a person’s behaviour and to treat numerous health conditions⁴.

Notwithstanding this definition, the Department of Health report states that ‘there is currently no universally accepted definition of hypnosis.’⁵

The report does, however, differentiate ‘stage hypnosis’ – generally considered to be a form of entertainment – from other forms of hypnosis. For that reason, the Department did not include it in its investigation noting that its use ‘remains a controversial area of concern [that] warrants separate consideration.’⁶

⁴ The Department of Health’s report (2008 page 8) notes that this definition is generally used by the National Institute of Complementary and Alternative Medicine, US National Institutes of Health.

⁵ Department of Health, April 2008 page 9.

⁶ Department of Health, April 2008 page 2.

POSSIBLE BENEFITS OF HYPNOSIS

The Department of Health report notes that there is some ‘emerging and promising evidence’ that suggests hypnosis and hypnotherapy may be a useful adjunct to psychological therapy. For example, it can be helpful with pain management and promoting better recovery following major surgery. It may also serve as a supplementary technique in the management of chronic conditions such as asthma and irritable bowel syndrome. The report also notes that while hypnosis has been used to manage such problems as eating disorders, insomnia and nicotine addiction, ‘most studies do not provide an adequate basis for establishing efficacy or safety due to the inadequate research design, lack of clear results and small size.’⁷

POSSIBLE HARMS OF HYPNOSIS

The Department of Health’s report indicates that while hypnosis has the potential to assist in a range of health-related conditions, there is a small risk that it could also cause harm. Having reviewed the relevant scientific literature, the report concludes that while there are known harms associated with hypnosis, these ‘are not common’ and can be minimised or even prevented if:

- the training and education curriculum for lay hypnotherapy properly covers these issues
- national standards of competency for practising hypnosis, including scope of practice, are established
- hypnotherapy associations establish an effective, national, voluntary self-regulation scheme.⁸

The report observes that while there is a paucity of scientific evidence of the safety and efficacy of hypnosis as practised by lay hypnotherapists, ‘the evidence of a high risk of harm to the public does not appear sufficient to warrant a prohibition on practise.’⁹

PROFESSIONAL ASSOCIATIONS

The Department of Health’s report notes that in Australia there are a number of professional bodies representing hypnosis or hypnotherapy service providers and that the education standards and accreditation of these bodies vary considerably.

While the majority of these associations have established similar codes of professional practice/ conduct and complaints mechanisms, the Department’s report notes that:

⁷ Department of Health, 2008 page 11.

⁸ Department of Health, 2008 page 2.

⁹ Department of Health, 2008 page 2.

- health consumers still have difficulty ‘identifying the relevant association to which a complaint should be made’
- there are ‘limited public accountability mechanisms for investigating complaints,’ and
- if and when ‘a hypnotherapist is found to have acted unprofessionally or unethically,’ an association’s powers of response are limited.¹⁰

Committee Comment

The Committee accepts that some professional associations are more active than others in establishing codes of conduct and implementing continuing professional education programs. The Committee would be keen to see a consolidation of professional bodies representing hypnosis or hypnotherapy service providers. The Committee is presently examining issues related to the large number of professional associations and variations in training and educational standards in more detail as part of its inquiry into bogus, unregistered and deregistered health practitioners.

PSYCHOLOGICAL PRACTICES ACT 1973

In South Australia, the *Psychological Practices Act 1973*; restricts the ‘practice of hypnosis’ to registered psychologists, medical practitioners, individually approved dentists and prescribed persons.

Specifically, Part 4, Section 39 – Practice of hypnosis states:

39—Practice of hypnosis

- (1) A person other than—
- (a) a registered psychologist, in the ordinary course of his (sic) psychological practice; or
 - (b) a legally qualified medical practitioner, in the ordinary course of his (sic) medical practice; or
 - (c) a dentist as defined in the Dentists Act 1931, approved by the Board, in the practice of dentistry as defined in that Act; or
 - (d) a prescribed person, under or in accordance with the conditions specified in relation to him (sic) by the Board,

shall not engage in the practice of hypnosis.

Penalty: Five hundred dollars or three months' imprisonment.

According to the Department of Health, as of April 2008 there were only four lay hypnotherapists approved by the South Australian Psychological Board (SAPB)

¹⁰ Department of Health, 2008 page 36.

practising in South Australia¹¹. It is, however, possible that other individuals continue to provide hypnosis under various names such as trance work, relaxation, guided visual imagery or deep meditation. According to the Department of Health, such practices would not come under the jurisdiction of the South Australian Psychological Board should a complaint be made.

PSYCHOLOGICAL PRACTICE BILL 2006

The Psychological Practice Bill 2006, introduced into Parliament on 27 September 2006, aims to remove the current restrictions placed on the practice of hypnosis. The grounds for removing the restriction include:

- The practice of hypnosis and hypnotherapy does not warrant regulation since the nature and severity of the risk to the client group, wider public or practitioner, based on the evidence provided does not pose a significant risk of harm to the health and safety of the public.
- People in a number of professions and disciplines may wish to use hypnosis for fee or reward but have been restricted from doing so by Part 4, Section 39 of the current Act.
- There are difficulties in defining hypnosis and in identifying related practices that could be defined as hypnosis under the Act. It is therefore possible to provide a similar service using a different name.
- The Act enables certain practitioners such as medical practitioner and psychologists to provide this service regardless of whether they are qualified to do so.¹²

The Bill has not yet passed. If passed, the Bill would repeal the *Psychological Practices Act 1973*.

POLICY CONTEXT

In its report, the Department of Health noted that there are a number of other national and state initiatives that impact on this issue¹³:

National Competition Policy Agreement

In 1995, the Commonwealth and all state and territory governments signed the Competition Principles Agreement. The Agreement stated that legislation should not restrict competition unless it can be demonstrated that the benefits of restriction to the community as a whole outweigh the costs; and the objectives of the legislation can only be achieved by restricting competition.

¹¹ Department of Health, 2008 page 5.

¹² Department of Health, 2008 page 7.

¹³ For the most part, the policy context section presented here is an abridged version of the Department of Health report (pages 5-7).

Under the National Competition Policy Agreement, all Australian States and Territories were required to review health practitioner legislation to ensure it was consistent with national competition principles.

National Competition Review Panel of the South Australian *Psychological Practices Act 1973*

In the late 1990s, as part of the review of all health practitioner legislation, the National Competition Review Panel examined the South Australian *Psychological Practices Act 1973*. In doing so, the Review Panel recommended that all references to hypnosis be deleted, noting that people working in a number of professions and disciplines may want to use hypnosis in a professional context but are restricted from doing so because of the provision contained in Part 4, Section 39 of the Act.

Moreover, the Review Panel found that the definition of ‘hypnosis’ in Part 4 of the *Psychological Practices Act 1973* had limited effect because it allows other providers to offer a related or identical service as long as the term ‘hypnosis’ is not used. The effectiveness of Section 39 of the Act was also questioned because it allows any psychologist or medical practitioner to use hypnosis regardless of whether they have any specific training in that field.

The National Competition Review Panel also noted that there was little evidence of harm resulting from the practice of hypnosis or similar practices and, in addition, there is a continuing difficulty in defining ‘hypnosis’ and related terms such as ‘hypnotherapy’.

As a result of the findings of the review, the State Government developed the Psychological Practice Bill 2006 and removed the reference to hypnosis in this Bill—in line with similar legislation across Australia.

Australian Health Ministers’ Advisory Council (AHMAC) criteria and process for the regulation of unregulated health occupations

In 1995, the Australian Health Ministers’ Advisory Council (AHMAC) established a process for determining whether to regulate any currently unregulated health profession. A number of core criteria were set by AHMAC for assessing whether a profession should be regulated by legislation. The criteria (re-endorsed in March 2007) are as follows:

- Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?
- Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?
- Do existing regulatory or other mechanisms fail to address health and safety issues?
- Is regulation possible to implement for the occupation in question?
- Is regulation practical to implement for the occupation in question?

- Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

AHMAC decision on hypnosis and hypnotherapy

In 1996, AHMAC determined that there was no need to regulate hypnosis on the grounds that there was no demonstrable harm to the public.

REGULATORY MEASURES

While the Department of Health's report explains why the current legislative restrictions placed on the practice of hypnosis should be lifted, it also importantly recommends that some protections need to be put in place. Specifically, the Department's report suggests that a code of conduct for unregistered health practitioners (including lay hypnotherapists) should be considered, and could be modelled on those which exist in New South Wales and New Zealand.

The Committee understands that New South Wales introduced a code of conduct for unregistered health practitioners on 1 August 2008.¹⁴ The code underpins the amendments made by the *Health Legislation Amendment (Unregistered Health Practitioners) Act 2006* and strengthens the NSW Health Care Complaints Commission's powers relating to:

- health providers who are not registered with a registration board, such as naturopaths, acupuncturists, and psychotherapists
- practitioners whose registration has been suspended or cancelled, and who seek to practise in an area where they do not need registration
- registered practitioners who provide health services that are unrelated to their registration.

In providing background information, Ms Kay Anastassiadis, Senior Policy Officer, Department of Health told the Committee:

[The] New South Wales code of conduct for unregistered health practitioners was developed following a consultation process that included a wide range of organisations and individuals from relevant health-care professions and services. The provision for this code of conduct is found in the New South Wales *Public Health Act 1991* under the *Health Legislation Amendment Act* and the *Health Legislation Amendment (Unregistered Health Practitioners) Act 2006* ... Under the Act, the term 'unregistered health practitioner' refers to any person who provides a health service and who is not registered under a health professional registration Act in New South Wales. It includes counsellors, psychotherapists, massage therapists, naturopaths, herbalists, reiki therapists, homoeopaths, and other

¹⁴ Information sourced from the NSW Health Care Complaints Commission website accessed 4 September 2008 at www.hccc.nsw.gov.au/html/Code_Conduct_Unregistered_page.htm

complementary and alternative health practitioners, so it is quite broad in its application.¹⁵

In explaining the New Zealand code, Ms Anastassiadis, noted:

[This] code confers a number of rights on all consumers of health and disability services in New Zealand and it also places corresponding obligations on providers of those services. The application of the code is very wide, and extends to any person or organisation providing or holding themselves out as providing health services to the public or a section of the public, whether that service is paid for or not. The code therefore covers all registered health professionals, such as doctors and nurses, and also covers alternative therapy or unregulated practitioners.¹⁶

The Department of Health's report notes that the primary issue for consideration in establishing a code of conduct is the enabling legislative framework. It concludes that the South Australian *Health and Community Services Complaints Act 2004* is the most appropriate legislation for establishing this. The report also states that there ought to be processes in place to allow for greater collaboration between the lay hypnotherapy professions and the medical and psychological hypnotherapy profession to progress such things as research on national training curriculum standards, standards of practice and on the effectiveness and safety of lay hypnotherapy.

SUMMARY OF OTHER EVIDENCE

In all, the Committee received seven submissions (five written submissions and two oral presentations).¹⁷

One of those submissions was from the South Australian Society of Hypnosis (SASH), a professional association of hypnosis practitioners whose members come from the three groups that are currently able to practise hypnosis in South Australia, namely medical practitioners, psychologists and dentists. According to SASH:

[T]he practice of hypnosis should **not** be deregulated completely in South Australia. Significant potential harms are likely to the public if this technique is used by practitioners who have had no training in a healthcare field and are not accountable to a professional body.¹⁸

While SASH supports 'some deregulation', it considers that the practise of hypnosis should remain the preserve of healthcare professionals who belong to professional bodies. It further recommends that these health professionals 'should be encouraged

¹⁵ Ms Kay Anastassiadis, Committee Hansard, 2008 page 158.

¹⁶ Ms Kay Anastassiadis, Committee Hansard, 2008 pages 158 and 159.

¹⁷ It should be noted that the Council of Clinical Hypnotherapists provided a written submission as well as providing oral evidence to the Inquiry.

¹⁸ South Australian Society of Hypnosis, written submission, 2008 page 4.

to undergo formal training in [the use of hypnosis] to a standard at least equivalent to that recommended by the Australian Society of Hypnosis.’¹⁹

In contrast, another submission argued that the resistance by some psychologists towards lifting the current restrictions on the practice of hypnosis had very little to do with any possible harm that may ensue, but more to do with a ‘fear of justifiable competition and loss of income.’²⁰ The submission also argued that over the past two decades ‘training hours, qualifications and accreditation of hypnotherapists ... exceed by hundreds of hours the hypnotherapy training, which some psychologists choose to study, outside of their University courses.’²¹ The Committee is concerned that current legislation allows some registered professions to practise hypnosis with little to no training in the field.

As the Board responsible for the oversight of hypnosis in South Australia (other than for registered medical practitioners), the South Australian Psychological Board (SAPB) was requested to comment on the Department of Health’s report and the proposal to lift the restriction to practice. In response, the SAPB commented that it agreed with the ‘findings and conclusion reached’ in the report and supported the removal of the prohibition to practice from the *Psychological Practices Act 1973*.

Two further submissions specifically relating to hypnosis were received from the Australian Hypnotherapists Association and the Hypnosis Associations of Queensland. Both submissions were generally supportive of the findings arrived at by the Department of Health and supported the recommendation that hypnosis be deregulated in South Australia.

Committee Comment

The Committee notes the concerns expressed by the South Australian Society of Hypnosis (SASH) and does not support the lifting of current restrictions on the practise of hypnosis without the concomitant introduction of a new legislative framework to ensure the public is protected from untrained and unskilled practitioners.

¹⁹ South Australian Society of Hypnosis, written submission, 2008 page 4.

²⁰ Mr Bruce Richardson, written submission, 2008 page 2.

²¹ Mr Bruce Richardson, written submission, 2008 page 2.

CONCLUDING REMARKS

The Committee has examined the Department of Health's *Report on Harms Associated with the Practice of Hypnosis and the Possibility of Developing a Code of Conduct for Registered and Unregistered Health Practitioners*. The Committee notes the report's assessment that across Australia and internationally very few jurisdictions regulate the use of hypnosis and hypnotherapy. The Committee notes that an earlier review of the *Psychological Practices Act 1973 (SA)* (as required under the National Competition Policy Agreement) recommended that current restrictions on the practice of hypnosis should be lifted to allow other professionals to use hypnosis as part of their treatment modality.

The Committee accepts the conclusions contained in the Department of Health report that while there is a paucity of scientific evidence of the safety and efficacy of hypnosis and hypnotherapy as practised by lay hypnotherapists, 'the evidence of a high risk of harm to the public does not appear sufficient to warrant a prohibition on practise.'²² Furthermore, the Committee notes the report's findings that there is some 'emerging and promising evidence regarding the benefits and safety in the use of hypnosis as an adjunctive therapy.'²³

In keeping with the findings of the Department of Health's report, the Committee supports the lifting of the current legislative restrictions placed on the practice of hypnosis. It does, however, strongly support the introduction of a new regulatory framework to ensure that only those who are properly trained and have met appropriate standards of education are able to practise hypnosis. The Committee therefore makes the following recommendations:

1. The Committee recommends that the Minister for Health ensure that – consistent with national competition policy principles – current legislative restrictions limiting the practise of hypnosis to certain health professions are removed.
2. The Committee recommends that the Minister for Health:
 - a) examine the merits of other models regulating the practice of hypnosis and hypnotherapy to determine their appropriateness and applicability to South Australia;
 - b) introduce a new regulatory framework to cover the broad range of currently unregistered health practitioners and ensures that the practice of hypnosis and hypnotherapy falls within this framework;
 - c) ensure that, as part of the new regulatory framework, proper standards of education and training for the practice of hypnosis are established.

²² Department of Health, April 2008 page 2.

²³ Department of Health, April 2008 page 2.

3. The Committee recommends that:
- a) the Department of Health undertake an evaluation, within two years of the introduction of a new regulatory framework, to assess its impact on the safety and efficacy of the practice of hypnosis and hypnotherapy.
 - b) the findings of the evaluation be communicated to relevant stakeholders and made publicly available.



Hon Ian Hunter MLC
Presiding Member

LIST OF WITNESSES

The following people provided oral submissions specifically related to the hypnosis Inquiry:

15 September 2008

Council of Clinical Hypnotherapists

- Mr Alan Stubenrauch, President
- Mr Bruce Richardson, Vice President

27 October 2008

Department of Health

- Ms Kaye Anastassiadis, Principal Policy Officer, Policy & Legislation Unit
- Ms Lee Wightman, Principal Policy Officer, Policy & Legislation Unit

LIST OF SUBMISSIONS

The following organisations provided written submissions specifically related to the hypnosis Inquiry:

- Australian Hypnotherapists Association
- Council of Clinical Hypnotherapists
- Hypnosis Association of Queensland
- South Australian Psychological Board
- South Australian Society of Hypnosis

APPENDIX 1: TERMS OF REFERENCE



Social Development Committee South Australian Parliament

BOGUS, UNREGISTERED & DEREGISTERED HEALTH PRACTITIONERS

This reference was referred to the Committee on a motion of the Hon P L White MP, on Wednesday 20 June 2007 that ~

The Social Development Committee investigate and report upon the issue of bogus, unregistered and deregistered health practitioners in South Australia, and in particular —

- a) *their prevalence in South Australia;*
- b) *the practices they use, and associated health and safety risks;*
- c) *the methods they use to promote their services and the risks of exploitation of sick and vulnerable people;*
- d) *the measures, regulatory or otherwise, that can be taken to better protect the public; and*
- e) *any other related matter.*

In addition on 7 May 2008 the House of Assembly resolved on a motion of the Minister for Health that:

the Social Development Committee examine the report on harms associated with the practice of hypnosis and the possibility of developing a code of conduct for registered and unregistered health practitioners in the context of its current inquiry into bogus, unregistered and deregistered health practitioners.

