

Registered counsellors' perceptions of their role in the South African context

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PERMISSION TO SUBMIT

Letter of permission

Permission to submit this article for examination purposes

We, the supervisor and co-supervisor, hereby declare that the input and effort of Ms MM Rouillard in writing this manuscript reflects research done by her on this topic. We hereby grant permission that she may submit this article for examination in partial fulfilment of the requirements for the degree Magister Artium in Psychology.



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DECLARATION OF LANGUAGE EDITOR

I hereby declare that I have language edited and proofread the thesis Registered counsellors' perceptions of their role in the South African context by Marie Claire M Rouillard for the degree Magister Artium in Psychology.

I am a language practitioner who works as a Managing Editor for a leading publishing house in Johannesburg.

Karin Iten (BA Hons [UJ])

November 2013

DECLARATION

I, Marie Claire M Rouillard, declare herewith that the dissertation entitled:

Registered counsellors' perceptions of their role in the South African context, which I herewith submit to the North-West University: Potchefstroom Campus, is my own work and that all references used or quoted were indicated and acknowledged.

Signature: _____ Date: _____

Miss MCM Rouillard

PREFACE

- This dissertation is presented in article format as indicated in Rule A.13.7 in North-West University's Potchefstroom Campus Yearbook and according to the guidelines set out in the Manual for Postgraduate Studies of the North-West University.
- The article comprising this thesis is intended for submission to the *South African Journal of Psychology*.
- The referencing style used for Section A and C is in accordance with the APA reference style as set out in the North-West University Referencing Guide. The referencing in Section B was according to the APA (5th edition) reference style as stipulated in the journal guidelines (see Addendum 5).
- The study supervisor and co-supervisor of this article, Dr L Wilson and Mrs S Weideman, have submitted a letter consenting that the article may be submitted for examination purposes for the degree Magister Artium in Psychology.

SUMMARY

Registered counsellors were regarded as part of the solution to the ever-increasing void in mental healthcare and were acknowledged by the South African government over a decade ago. Some challenges have however arisen regarding the implementing of their vocations in the community, that impact service delivery as well as career satisfaction of registered counsellors, but limited information is available in terms of the exploration of the perceptions of registered counsellors regarding their role in the South African context.

This study focused on exploring how registered counsellors perceive their role in South Africa and describing these perceptions. This research is important because little is known about the perceptions of registered counsellors and their experience of their role in the South African context.

The research was conducted in Johannesburg and Kwa-Zulu Natal, South Africa. 12 participants (one man and 11 women) volunteered to be part of the research. The size of the sample was not predetermined, but was rather based on data saturation. The participants were purposefully selected on the basis of having acquired the registration of registered counsellor with the Health Professions Council of South Africa (HPCSA).

Data was collected through conducting semi-structured interviews with all the participants. An interview schedule was used to facilitate the interview process for consistency in the interviews. Thematic analysis was utilised to delineate different themes. To ensure the trustworthiness of the research process, the guidelines suggested by Lincoln and Guba (1985) were followed.

The current researcher found that the registered counsellors experienced conflicting perceptions of their role in South Africa. They felt that their role was a necessary and important one in South Africa and in the context of the development of mental healthcare in South Africa.

However, some negative feelings were also expressed as they experienced uncertainty regarding their role in the profession as well as the changing scope of practice for registered counsellors in South Africa. Additional negative perceptions were associated with a lack of acknowledgement of their role by other mental healthcare professionals and some ignorance from the public regarding the work of registered counsellors.

To promote adequate mental healthcare in South Africa, mental health professionals such as registered counsellors are particularly important. But what appears to be the uncertainty and a lack of information related to the role of registered counsellors, has impacted negatively on their perception of their role in South Africa and, as a result, many individuals do not work in the professional mental healthcare field. It is recommended that the perception of the registered counsellors be acknowledged and taken into consideration to further the development of mental healthcare and treatment for mental health difficulties within the South African context.

Keywords: Health Professions Council of South Africa, Mental healthcare, Psychology, Registered counsellors, Social dynamics, South Africa

OPSOMMING

Geregistreerde beraders word beskou as deel van die oplossing vir die toenemende leemte in geestesgesondheidsorg en is alreeds meer as 'n dekade gelede deur die Suid-Afrikaanse regering erken. Mettertyd, het daar egter verskeie uitdagings opgeduik met die implementering van hulle werksaamhede in die gemeenskap, wat 'n invloed het op dienslewering en beroepstevredenheid van geregistreerde beraders, maar beperkte navorsing en informasie is beskikbaar oor die persepsie van geregistreerde beraders oor hul rol in die Suid-Afrikaanse konteks.

Hierdie studie het gefokus op die verkenning van hoe Geregistreerde beraders hul rol in Suid-Afrika beleef, en op die beskrywing van hierdie persepsies.. Die navorsing is belangrik aangesien daar min bekend is oor die persepsies van Geregistreerde beraders se ervaring van hul rol in die Suid-Afrikaanse konteks.

Die navorsing was uitgevoer in Johannesburg en Kwa-Zulu Natal, Suid-Afrika. Twaalf persone (een man en elf vroue) het aangebied om deel te neem aan die navorsing. Die grootte van die steekproef was nie vooraf bepaal nie, maar was gebaseer op die versadiging van data. Deelnemers is doelbewus geselekteer op die basis dat hulle as geregistreerde beraders by die Raad vir Gesondheidsberoepes van Suid-Afrika (RGBSA) geregistreer is.

Data was versamel deur semi-gestruktureerde onderhoude met al die deelnemers te voer. 'n Onderhoudskedule was gebruik om konsekwentheid in die onderhoud prosedures te fasiliteer. Tematiese analise was gebruik om verskillende temas af te baken. Die riglyne wat deur Lincoln en Guba (1985) voorgestel is, is gevolg om betroubaarheid van die navorsingsproses te verseker. Die huidige navorser het bevind dat Geregistreerde beraders teenstrydige persepsies van hul rol in Suid-Afrika ervaar. Die gevoel was grootliks dat hulle 'n noodsaaklike en belangrike rol speel in Suid-Afrika en in die ontwikkeling van geestesgesondheidsorg in Suid-Afrika. Daar was egter

ook 'n paar deelnemers wat negatiewe gevoelens uitgedruk oor die onsekerheid wat hulle ervaar aangaande hul rol in die beroep sowel as die verandering in die praktyksbestek vir Geregistreerde beraders in Suid-Afrika. Ander negatiewe persepsies was geassosieer met die gebrek aan erkenning deur ander geestesgesondheidsorg beroepslui en ook die onkunde van die publiek ten opsigte van die werk van geregistreerde beraders.

Om voldoende geestesgesondheidsorg in Suid-Afrika te bevorder is geregistreerde beraders spesifiek belangrik. Wat egter voorkom as onsekerheid en gebrek aan inligting oor die rol van die geregistreerde berader het 'n negatiewe uitwerking op die persepsie wat beraders het oor hul rol in Suid-Afrika, en as gevolg daarvan, werk daar nie baie beraders in die geestesgesondheidsorg veld nie. Dit word aanbeveel dat die persepsie van die beraders erkenning moet kry en in ag geneem moet word om die ontwikkeling van geestesgesondheidsorg en behandeling van geestesgesondheidsprobleme in Suid-Afrika verder te bevorder.

Sleutel woorde: Geestesgesondheidsorg; Geregistreerde beraders, , Raad vir Gesondheidsberoepe van Suid-Afrika, Suid-Afrika, Sielkunde Sosiale dinamika

SECTION A

PART I: ORIENTATION TO THE RESEARCH

In an article published in the 2007 annual report of the Social Change Assistance Trust, it was written that South Africa's developmental challenges reflect world-scale complexity and mirror the unequal distribution of wealth in a globalised world. South Africa has been left with severe social issues including a majority of people who continue to live in poverty and mass unemployment (Smith, 2007). Millions of people are trapped on the margins of society, contending with the multiple crises of unemployment, landlessness, homelessness, lack of basic services, HIV and AIDS, food insecurity and unacceptable levels of crime and violence (Smith, 2007).

1. Problem statement

In a review on the state of South Africa, Mare (2005) noted that there are other areas of concern as well. Another key social concern in South Africa is the public health sector, which is in dire straits (Mare, 2005). This is not only limited to medical interventions, but also includes health and well-being related interventions as well as mental health and psychological interventions (Broomberg, 2011). Untreated mental illnesses place a burden on South African society in terms of a significant loss of social and occupational functioning and productivity, as well as a major burden on caregivers and families (Burns, 2011). The mortality, due to HIV and AIDS impacts on children, hundreds of thousands of whom have been orphaned. This has resulted in child-headed households becoming a common phenomenon in South Africa and, in turn, this causes severe mental anguish for the relatives (Burns, 2011). A study in rural South Africa, suggested that households in which an adult had died from AIDS were four times more

likely to dissolve than those in which no deaths had occurred (Hosegood & McGrath, 2004). There is now also substantial evidence that poverty, inequality, urbanisation, unemployment, trauma and violence and substance abuse are major environmental risk factors for mental illness and, therefore, increase the burden of mental illness and disability within a society (Patel & Kleinman, 2003).

The accessibility of mental health services does not only extend to availability and location, but to the cost implication for these services. According to the last statistical analysis conducted in the form of a General Household Survey in 2008/2009 (Statistics South Africa, 2009), approximately 26% of South Africans live below the food poverty line and 52% of people live below the lower-bound poverty line. With so many people in South Africa living below the poverty line (Armstrong, Lekezwa & Siebrits, 2009), the excess stress can stimulate and exacerbate mental illnesses. At the same time financial resources often do not allow for individuals to seek treatment for such difficulties. Psychological services are expensive in general and, to avoid paying, it is necessary for individuals to go to state hospital and clinics. Frequently, these services are not available at such facilities due to the low number of psychologists in South Africa (Petersen & Lund, 2011). In the same manner, people who are already overwhelmed by the stress of just surviving and maintaining the basics of shelter and food are not able to take the time off from work (if they have jobs) necessary to wait in long queues at clinics and state hospitals in the hopes of consulting with a psychologist. This impacts on their wages for the day and on their ultimate survival. The lack of availability of mental healthcare professionals and the long queues makes it difficult to have consistent interventions take place (Peterson, 2004). Thus, psychological services for the majority of South Africa remain under-resourced and inaccessible to the communities that would benefit making mental healthcare in South Africa largely fragmented (Petersen & Lund, 2011).

In the year 2002, the World Health Organisation (WHO) reported that South Africa's ratio for psychologists was four to 100 000 people corroborating the work of Petersen (2004) which indicated that there was a substantial need for mental health professionals in South Africa. Another more recent national survey revealed that, per 100 000 people, South Africa has only 0.28 psychiatrists and 0.32 psychologists (Lund, Kleintjes, Kakuma & Flisher, 2010). Until recently, these services were mainly administered by clinical, counselling and educational psychologists. Although a small number of lay counsellors were trained by non-governmental organisations (NGOs) and other specialists, such as nurses and social workers, were also trained to work within the mental health field to deliver mental healthcare services (Leach, Akhurst & Basson, 2003). Peterson (2004) emphasises that registered counsellors are the ones that could provide a back-up to primary caregivers, such as nurses, social workers and psychologists in the community and ease the burden on their workload and those afflicted by mental health difficulties in South Africa. Elkonin and Sandison (2006) recognised that the main purpose for formation of this category of mental health professionals was to facilitate care for communities where basic mental healthcare services were not available to a majority.

In an attempt to make basic primary psychological counselling services available to previously disadvantaged communities in South Africa, the category of registered counsellor was developed by the Professional Board for Psychology of the Health Professions Council of South Africa (HPCSA) and signed into law by the South African Minister of Health in December 2003 (Abel & Louw, 2009; Elkonin & Sandison, 2006). Around the time of inception, Petersen (2004) proposed that registered counsellors should work within the context of the district health system approach in South Africa. She, furthermore, indicated that it is entirely feasible that the quality of care provided by registered counsellors could be overseen by psychologists. The registered counsellors could be deployed to provide a consultancy-referral back-up service to

primary care providers (Petersen, 2004). However, this was not explicit in the general training of registered counsellors and limited resources were provided to registered counsellors to facilitate this proposed structure (Abel & Louw, 2009). In the scope of practice published in September 2008, it stated that: “Registered counsellors perform psychological screening and basic assessment as well as technically limited psychological interventions with a range of individuals aiming at enhancing personal functioning in a variety of sectors and contexts, including school, work, sport, family and community”. However, no specific criteria were developed to link the scope of practice of registered counsellors directly to community work and enable entry into the labour market (Kotze & Carolissen, 2005). Training programmes for registered counsellors could take place in the context of private practices thereby reinforcing private one-on-one work within a ‘private practice’ setting as against work within the district health system, which would be more community based as described by Petersen (2004).

In 2011, the scope of practice for registered counsellors and the entire psychological profession in South Africa was reformulated (HPCSA, 2011). The Department of Health received input from the public, which was considered and the scope of practice was finally promulgated on 2 September 2011 (Pretorius, 2012). The new scope of practice indicated that the role of registered counsellors was to perform psychological screening, primary mental status screening, basic assessment, and psychological interventions with individuals aiming at enhancing personal functioning and also to perform supportive, compensatory, and routine psychological interventions. However, Pretorius (2012) made it clear in the HPCSA Psychology News e-Bulletin in July 2012 that the intended role of the registered counsellor was not as a ‘mini-psychologist’ in private practices, but rather as a psychological professional working to develop and implement programmes in the community “to promote health in a socio-cultural appropriate manner” (Pretorius, 2012). In the 2011 scope of practice, it was detailed that, further

to the above stated roles, registered counsellors should be actively participating in policy formulation based on various aspects of psychological theory and research; participating in the design, management and evaluation of psychologically-based programmes in organisations including, but not limited to, health, education, labour, and correctional services. However, Pretorius (2012:1) remarks that “the purpose of registered counsellors is to firstly, act as "emotional paramedics" in cases of trauma, secondly, to act as a resource in communities and to promote health in a socio-cultural appropriate manner and thirdly, to design preventative and developmental programmes, to implement them in the widest possible context, and to monitor its effectiveness”.

The 2011 scope of practice for registered counsellors indicates that, in terms of psychological assessment, registered counsellors may participate in “psychological screening including primary mental status screening and psychological assessment on a basic level; registered counsellors need be able to identify clients requiring more sophisticated or advanced psychological assessment and make appropriate referrals” (Department of Health, 2011). In terms of psychological interventions, the scope of practice makes mention that registered counsellors can facilitate “supportive and compensatory and routine psychological interventions, including enhancing of personal functioning” (Department of Health, 2011). Furthermore, “proficiency in conducting and implementing research and policy and project formulation and implementation or management” (Department of Health, 2011) falls under the scope of registered counsellors. Pretorius (2012) further describes registered counsellors as having a necessary and important role to play in the context of South Africa’s mental healthcare system and notes that registered counsellors will add great value to the South African society, as well as to psychology as a profession. Pretorius (2012) expands on this, noting that with a greater understanding of the category of registered counsellors, they will be able to provide personnel to

address South African problems in the South African society, prevent mental health problems, and enhance well-being and development. Registered counsellors will also make primary psychological services on grass root level accessible and available. There are 1991 registered counsellors currently, as of October 2013, registered with the HPCSA (HPCSA, 2013).

In terms of literature pertaining to registered counsellors, the researcher was only able to identify a small number of research articles. Elkonin and Sandison (2006) and Kotze and Carolissen (2005) focused on the employment patterns of B.Psych graduates and their success in registering and finding work within the profession. Their findings indicated that many B.Psych graduates were not working within the field of mental health for various reasons including disillusionment with the HPCSA related to their changing messages with regards to registered counsellors. The research conducted by Abel and Louw (2009), investigated the situation for registered counsellors in terms of the profession. Their findings indicated that the registration category of registered counsellor has provided valuable professionals to the community. The proof of their professional ability was also evident, that is making a valuable contribution to the mental healthcare system in South Africa. However the obstacles associated with the registration category included a lack of support for the category, a lack of jobs available and difficulties associated with creating a financially viable career are often overwhelming. Joseph (2007) worked on the premise that since the implementation of the registered counsellor category by the HPCSA, no significant change has occurred with regards to the accessibility of psychological services for many. Her findings indicated that limited change has occurred because there are only a small number of individuals registered within this category actually working within this field as mental health professionals. Joseph (2007) did not focus or address the question of the perception registered counsellors have of their role as registered counsellor. Research that has been conducted with regards to registered counsellors has focused on different aspects of the

profession, however over the last ten years and since the inception of the category, many changes have taken place. This has resulted in a dynamic and rapidly changing category and the opinions of the registered counsellor have not yet been captured as to how they perceive their role in the South African context.

Therefore, the following research question was formulated:

How do registered counsellors perceive their role in the South African context?

2. Research aim

The aim of this research was to explore and describe how registered counsellors' perceive their role in the South African context.

3. Concept definitions

For the purpose of the research, the following concepts are defined:

Registered counsellors: Individuals that have successfully completed a four year degree in psychology that is accredited by the Health Professions Council of South Africa's Psychology Board for registration as a register counsellor (e.g. B.Psych degree or an honours degree that has been accredited by the Health Professions Council of South Africa's Psychology Board as an equivalent to the B.Psych degree). The B.Psych degree or equivalent degree is based on outcomes; successful completion of an approved fulltime practicum for a six month duration, or alternatively a part-time practicum for the duration of 12 months. The practicum included in the B.Psych degree must be done under supervision of a registered psychologist. Finally, the individual must successfully complete the National Examination of the Professional Board for Psychology (HPCSA, 2011).

HPCSA: Health Professions Council of South Africa.

Perceptions: Mental processes by which intellectual, sensory and emotional information is organised logically or meaningfully (McGraw-Hill, 2002).

WHO: World Health Organisation.

4. Research methodology

4.1 Context of the research

The participants that were sampled in this study and formed part of the population, were all registered counsellors with the HPCSA. They had studied an undergraduate degree in psychology and then entered the B.Psych programme which allowed them to participate in an internship of either six months on a full-time basis or 12 months on a part-time basis under the supervision of a registered psychologist according to the requirements for supervision as determined by the Professional Board of Psychology (HPCSA, 2011). They successfully completed the National Examination of the Professional Board of Psychology, which included a section on ethical conduct and qualified with the skills necessary to facilitate basic mental healthcare in their communities. These skills included basic competencies associated with providing care to individuals afflicted with mental health deficits, including primary mental status screening and psychological assessment on a basic level as well as the capacity to facilitate supportive, compensatory and routine psychological interventions including enhancing personal functioning.

4.2 Literature review

For the proposed study an initial overview of the following themes was done:

The state of mental health in South Africa; the current lack of mental healthcare services available; the formation of the registered counsellors category; the role of registered counsellors

in South Africa, including the scope of practice; and the work that is presently being performed by register counsellors in South Africa.

The search engines that were used included EbscoHost to attain e-Journal articles and Psychology Journal Online. These were used to conduct an in-depth literature review on the themes evident in this research study which included; the perception of the role of a registered counsellor in the South African context; and registered counsellors' position in mental healthcare in South Africa including an in-depth review of the literature that explored the role that registered counsellors play in diminishing mental health difficulties in the context of the South Africa's healthcare system. Other themes included an exploration of the current state of mental health in South Africa and the apparent lack of services available to combat this situation.

4.3 *Empirical investigation*

4.3.1 *Research approach and –design*

A qualitative interpretive description approach (Thorne, 2008) was chosen for this study. Thorne (2008) indicated that the interpretive description is an approach to knowledge production that falls between viewing the objective of the study in a purely neutral manner including hopeless theorising of the information evidenced from various sources. Instead, the interpretive description approach uses the information provided by participants and applies it to the field of study or the discipline, in this case psychology. Thorne (2008) furthermore states that an interpretive description requires an integrity of purpose deriving from two sources. The first of which is an actual practice goal, which in this case would be the description of registered counsellors' roles in a South African context. The second source, an understanding of what is known and unknown on the basis of the available empirical evidence (from all sources), which for the purposes of this research, is the lack of knowledge into the perceptions of registered

counsellors with regards to their role in South Africa. Thus, the researcher interviewed registered counsellors and interpreted information provided by these participants to present the information in a descriptive manner applied to the field of psychology in which this study was conducted. In using this approach, the researcher was working in a manner, described by Thorne (2008), to generate a better understanding of a complex experiential clinical phenomena (the perceptions of registered counsellors regarding their role within the psychological field) using questions ‘from the field’. This type of knowledge may facilitate better practice within the field and improve training from the point of view of the HPCSA and Professional Board of Psychology. The researcher recognised that a lack of understanding of how registered counsellors perceive their role in the South African context may exist. This phenomenon has not been overtly described and explained and the understanding of the impact it makes may be unclear. As limited research had been conducted on this topic, this research took on the role of initial research conducted to clarify and define the nature of a problem (Durrheim & Painter, 2006).

4.3.2 Participants

The population for this study included all registered counsellors who are registered with the HPCSA. The participants were sampled through purposive sampling, as suggested by Palys (2008), as this provided a productive sample to answer the research question (Collins & Onwuegbuzie, 2007). The inclusion criteria for participants included registration as a registered counsellor with the HPCSA since at least 2010 and the ability to speak English in order for the interviews to be conducted. The participants were identified through the iRegister on the HPCSA website. Once their names were identified they were located via their websites or on the MedPages medical practitioners’ webpage for contact details of registered counsellors as these

are not available on the iRegister. However as not all registered counsellors' contact information was readily accessible, snowball sampling (Durrheim & Painter, 2006) was also employed in order to contact other registered counsellors. Participants offered names and contact details of other registered counsellors who were then contacted by the researcher.

Initially seven participants (one man and six women) were selected through purposive sampling on the basis of the inclusion criteria, after which snowball sampling was employed and five more participants was selected. The snowball sampling was done from the North-West University Psychology Masters (NWU) classes as well as through word of mouth of other participants in order to reach data saturation.

The researcher used the notion of data saturation to determine the sample size (Bineham, 2005), however Cargan (2007) notes that saturation may occur at around 12 participants, but this cannot completely determine sample size beforehand. The sample size for this study consisted of 12 participants (one man and 11 women).

The sample of registered counsellors was compiled based on the following inclusion criteria:

- Participants had to be registered in the category of registered counsellor with the Health Professions Council of South Africa (HPCSA);
- The length of registration with the HPCSA was limited to those who have been registered with the HPCSA for a minimum of one year prior to the new scope of practice which was promulgated in September 2011;
- Registered counsellors had to be fluent in English as the researcher is only able to communicate in English;
- Gender did not have an impact on this study;

- Time working as registered counsellor did not have an impact on this study as their experiences working in the field is less important to this study than their experiences as a registered counsellor and their perceptions of those experiences; and
- The type of work they are currently involved in (whether in the field or not) as well as if they are working as registered counsellors or whether this work takes place in private practice or in the public sector, did not have an impact on this study.

4.3.3 *Research procedure and data collection*

The procedure for undertaking this research study and collection of the data was conducted initially by attaining permission to conduct this study was obtained from the North-West University (NWU) research committee, under the ethical code, NWU-00060-12-A1. A list of registered counsellors was obtained from Health Professions Council of South Africa via the iRegister on the HPCSA website and from that list the contact details were obtained for 162 registered counsellors via the MedPages website and the websites of individual registered counsellors. After the process of capturing the contact details of all the 162 possible participants, the 162 Registered counsellors were contacted via email or via telephone requesting them to participate in the study. Of that, 42 individuals responded and only seven were interested in participating in this study. The request for participation was accompanied by a short biographical questionnaire that included: Gender, age, area of residence, area of employment (where they work), university through which they attained their B.Psych degree, training organisation/facility, duration of registration with the HPCSA.

Snowball sampling was then used by the researcher, whereby she asked fellow registered counsellors from the NWU Psychology Masters class and participants in the research to supply her with the contact details of other registered counsellors so that data saturation could take

place. Dates for the interviews were arranged with the participants who were interested in participating in the study, but prior to the interviews taking place written informed consent (Appendix 1) was completed by the participants, this was done by sending the participants the written informed consent form via email before the interview date. At the time of the interview face-to-face semi-structured interviews were conducted, with the participants where possible. Interviews were conducted with the two participants who resided in Kwa-Zulu Natal via Skype as face-to-face contact was not possible. The researcher used semi-structured interviews as prescribed by Cresswell (2009) with an interview schedule consisting of five open-ended questions (Appendix 2). The interview schedule was validated by experts prior to the interviews taking place; they were then tested and adjusted accordingly. Before commencing with the semi-structured interviews, the researcher conducted a biographical questionnaire with the selected participants. Once the biographical survey was completed, the researcher commenced with the semi-structured interviews. During the semi-structured interviews, the researcher also used communication techniques such as reflection, minimal verbal responses to the answers given by the participants, probing of answers in such a manner that more information was given by the participants without leading the participant and summarisation (Cresswell, 2009). The interviews were once-off, either face-to-face where possible or via Skype. The interviews took place in a private setting such as the home or office of the participant or researcher, where there were limited disturbances. The interviews were between 20 minutes and 25 minutes in length. The interviews, both face-to-face and conducted using Skype, were digitally recorded with the consent of the participants.

Once the interviews had been completed, transcription of the digitally recorded interviews was immediately completed by the researcher and then the data was analysed and interpreted and results of the research study published in article format.

4.3.4 *Data analysis*

The biographical questionnaire data was analysed by the process of frequency analysis to determine basic biographical information of the participants (Kelly, 2006). The analysis of the data obtained from the semi-structured interviews was done by means of thematic analysis indicated by Dey (2005) who discusses the steps of qualitative thematic data analysis as follows:

- Finding a focus: By using semi-structured interviews, the researcher was able to find a focus in terms of the research objectives – necessary as this was a broad and emotive topic and narrowing the field was important;
- Managing the data: The researcher managed the data collected by transcription of the semi-structured interviews. Data was stored on the researcher's laptop, which is password protected and backed up on a hard drive;
- Reading and annotating: The researcher then read and annotated the data transcribed in terms of themes that emerged. Dey (2005) notes that annotating data is a way of opening up the data, preparing the ground for a more systematic and thorough analysis. Annotating the data involved making notes about the notes;
- Categorising data: The researcher then categorised the annotated data with colours and these the colours were then given headings which were considered themes and linked the data accordingly in terms of the objectives of the study;
- Linking data: The categories were then linked to produce a 'thread-like' structure throughout the research study;
- Connecting categories: The data was then connected according to the literature review provided and the areas or research the researcher focused on;

- Producing an account: The data that had been collated was then discussed in terms of results and findings in the format of an article.

4.4 *Trustworthiness*

The researcher used the model of Lincoln and Guba (1985) who describe in detail the four aspects necessary to sustain trustworthiness in research data. Firstly, one needs to employ credibility – the degree in which the findings make sense. This was done by sending the transcribed interviews for member checking as well as the findings to two of the participants and the researcher’s supervisor to be checked. Secondly, transferability was used to allow the readers of the research to apply the findings to other settings. This research is narrow in its sample as it applies directly to the psychological community, however, by having achieved data saturation, it can be assumed that the findings of the research are transferable to registered counsellors in South Africa. Lincoln and Guba (1985) went on to discuss the third aspect, that of dependability, this was facilitated by the researcher providing an adequate audit trail of the whole research process. Lastly confirmability was used in the form of member checking again, and by the supervisors’ process of examination of the data, findings, interpretations and recommendations which suffices to demonstrate confirmability which is a strategy to ensure neutrality (De Vos & Strydom, 2011).

Triangulation assumes that there are only limited angles to a topic. Crystallisation, which was used in this research, in opposition to triangulation, proposes that through immersion in the topic knowledge about a particular phenomenon will be produced through generating a deepened, complex interpretation of the topic (Richardson, 2000). In this study, the researcher looked at literature, individual interviews and supervisory information to achieve crystallisation.

Crystallisation provided the researcher with a deepened, complex, thoroughly partial, understanding of the topic (Ellingson, 2009).

4.5 *Ethical considerations*

The Health Professions Act, 1974 (Act No. 54 of 1974) has specific guidelines in which psychological research must be conducted. Foremost, researchers must plan and conduct research in a manner consistent with the law, and with internationally acceptable standards for the conduct of research. In particular the researcher acknowledged the national and international standards for research with human participants (Department of Health, 2006) as it was applicable to the research undertaken here. The researcher took heed of the ethical aspects of the study and endeavoured to make certain that all participants were fully informed of their rights in terms of their participation in the study being conducted as well as the fact that the research would be published. The researcher had a responsibility according to the Health Professions Act (Department of Health, 2006) that, prior to conducting research that the researcher would enter, with every participant, into an agreement that sets out the nature of the research and the responsibilities of each party. This was done using an informed consent form.

The informed consent form included the following:

- Inform the participant of the nature of the research;
- Inform the participant that they are free to participate or decline to participate in or to withdraw from the research at any stage of the study;
- Inform the participant of significant factors that may be expected to influence their willingness to participate (such as risks, discomfort, adverse effects or exceptions to the requirement of confidentiality);

- Explain any other matters about which the participant enquires (Department of Health, 2006).

The nature of the research and that research participation was voluntary was stated in the informed consent form, in accordance with the Health Professions Act code of ethics regarding research (Department of Health, 2006). No offers of excessive or inappropriate financial or other inducements were made to obtain the individuals' participation (Department of Health, 2006). Every effort was made to make the interview as comfortable and as easy for the participants as possible. The researcher explored all possible harm that may have transpired out of this study for the participants in order to endeavour to avoid harm to the participants. The publication of this research and possible consideration of the study by the HPCSA was noted as a possible detrimental factor to the participants in this study and for this purpose, the participants' names were withheld, but their biographical information was published to some degree (Wassenaar, 2006). All participants consented to this. It was further indicated to the participants that no psychological services would be offered as a result of participation in the research, as this was not a study that would necessarily require any type of debriefing (Wassenaar, 2006). No participant requested any psychological services after the interviews were concluded.

In terms of confidentiality of the participants' information, this was treated in terms of the Health Professions Act pertaining to research material and storage of records (Department of Health, 2006). The records have been stored on a password protected laptop and hard copies of information kept under lock and key at the home of the researcher, where possible participants were identified by numbers and not by their names (Department of Health, 2006). Once the research has been published, the digital recordings and transcriptions will be kept for a period of five years at the Centre for Child, Youth and Family Studies, NWU.

5. Choice and structure of research article

The dissertation follows the article format as prescribed by the North-West University.

The dissertation consists of the following sections:

- Section A
 - Part I: Orientation to the research (APA referencing style)
 - Part II: Literature review (APA referencing style)
- Section B: Article (APA referencing style)
- Section C: Summary, evaluation, conclusion and recommendations
- Section D: Appendices

The South African Journal of Psychology has been identified as a possible journal for submission.

6. Summary

Mental healthcare statistics in South Africa indicate that a large numbers of individuals do not have access to mental healthcare practitioners in their communities. This has been the case for many years in South Africa and, in fact, across the world. The need to combat this ever-increasing void was acknowledged by the South African government over a decade ago and the category of registered counsellor was created with the intended purpose of offering some form of psychological treatment for disadvantaged communities. The previous implementation of registered counsellors was evidenced to be somewhat ineffective by the staggering number of individuals in recent years who still struggle with untreated mental difficulties. As a result, in 2012 a newly formulated scope of practice was introduced to address this mental healthcare gap. The purpose of the research was to explore the perceptions of registered counsellors regarding their role in the context of South Africa.

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PART II: LITERATURE REVIEW

The literature review discusses the current state of mental health in the context of South Africa and the severe deficits of resources available to assist with mental health interventions. This review concentrates specifically on the work of registered counsellors in South Africa and their specific role in facilitating mental health treatment in South Africa. The role of registered counsellors will be discussed in terms of their perceptions of their role in expediting mental health treatment in the context of South Africa. Special interest is given to the changes that have taken place with regards to the way in which mental healthcare in South Africa is viewed, especially with an upsurge in discussions and work surrounding mental and physical health parity and the advances of treatment of mental health disorders. This literature review will comprise of various aspects associated with registered counsellors' perceived role within South Africa, taking into consideration the extensive mental health difficulties in South Africa and the changes taking place in the system.

Although various theoretical perspectives exist, the researcher chose to use social constructivism to examine the research. Creswell (2009) describe social constructivism as a worldview that views individuals as seeking understanding within their contexts. The individuals construct their understandings of the world through the subjective meanings that they ascribe to their experiences. Therefore multiple realities and perspectives of the same phenomenon from each individual participant (as they each ascribe their own subjective meanings to their experiences) were obtained.

1. The state of mental health in South Africa

Mental health issues in Africa often come last on the list of priorities for policy-makers (Prince, Patel, Saxena, Maj, Maselko & Phillips, 2007). Africa is a continent where mortality remains largely as a result of infectious diseases and malnutrition, and thus the morbidity and

disablement of individuals due to mental illness is seemingly low on the priority lists of most governments. Health, in general, is still a poorly funded area of social services in most African countries (Gujeri & Alem, 2000). Furthermore, in most parts of the continent, people's attitudes towards mental illness are still strongly influenced by traditional beliefs in supernatural causes and remedies (Ventevogel, 2013). This belief system often leads to unhelpful or health-damaging responses to mental illness, to stigmatisation of mentally ill persons and those who attempt suicide, and to reluctance or delay in seeking appropriate care for these problems (Gujeri & Alem, 2000; Sorsdahl, Stein & Lund, 2012). The financial standing of populations in many African countries may be predisposing them to mental health problems as individuals of a lower socio-economic status have been found to be twice as likely to suffer from common mental health disorders when compared to the wealthy (Patel & Kleinman, 2003). In terms of the larger African context, a possible macrocosm for South Africa, a consequence of hardship, such as displacement and severe hopelessness, may be the emergence of mental disorders. The WHO (2011) estimates that 50% of refugees in Africa have mental health problems ranging from post-traumatic stress disorder to chronic mental illness. The rise in the numbers of individuals who present with mental health problems places an even greater burden on an already under-resourced healthcare services in Africa, a connection between physical and mental illness was revealed by Prince et al. (2007).

The situation of mental illness in South Africa mimics the macrocosm of the African continent. Post-Apartheid South Africa has been left with severe social issues including a majority of people who continue to live in poverty and mass unemployment (Smith, 2007). Smith (2007) described the state of South Africa as large populations of individuals afflicted with multiple crises of unemployment, lack of basic services as well as HIV and AIDS, food insecurity and high levels of crime and violence as illustrated by Fulton, Scheffler, Sparkes, Auh,

Vujicic and Soucat (2011). There is substantial evidence that poverty, inequality, urbanisation, unemployment, trauma and violence and substance abuse are major environmental risk factors for mental illness and, therefore, increase the burden of mental illness and disability within a society (Patel & Kleinman, 2003; Lund, Breen, Flisher, Corrigall & Joska, 2011). It needs to be noted that the causal links between HIV and substance abuse and mental disorders in the South African context, according to local studies conducted by Lund, Kleintjies, Kakuma, Flisher and MHaPP Research Programme Consortium (2010), are consistent with the data presented in the South African Stress and Health Study (SASH) (Sorsdahl, et al., 2012). This study noted that there are major links between poverty and mental illness mediated by a range of factors other than food insufficiency. Lund, Plagerson, Cooper, Chisholm and Das, (2011) discusses that a vicious cycle of poverty and mental illness exists especially for vulnerable people who are plagued by factors including insecurity, hopelessness, poor physical health, rapid social change and limited opportunities. Sorsdahl, Slopen, Siefert, Seedat, Stein and Williams (2011) found that, in the South African context, food insufficiency was a key risk factor for mental disorders, and according to Myer, Stein, Grimsrud, Seedat and Williams (2008), low socio-economic status was shown to be an independent risk factor for psychological distress. In 2009, the South African Depression and Anxiety Group released statistics stating that a total of 16.5% of South Africans suffer from common mental disorders like depression and anxiety. A study conducted by Bruwer, Sordahl, Harrison, Stein, Williams and Seedat (2011) investigating barriers to treatment in a nationally representative study in South Africa, indicated that the most common reason for not accessing mental health services was that 93% of individuals perceived the need for treatment as being a low priority for them.

2. Mental health services

Mental health disorders in South Africa are, according to Sorsdahl, et al. (2012), more common but less treated than physical disorders. In fact, worldwide, existing services need to be scaled up and adapted to the local context. The need for services to provide for common mental health problems at a primary level is highlighted by a World Health Organisation (WHO) study that indicated that around one-third of patients presenting in the primary healthcare system have psychological/psychosocial problems, the most common being depression (WHO, 1998). In South Africa, there appears to be insufficient primary healthcare (Sorsdahl, et al., 2011), that is healthcare which provides first contact with the individual and person-focused care. Primary healthcare also fulfils the role of referring individuals whose healthcare needs are too uncommon to maintain competence within the primary healthcare system, and fulfils the role of co-ordinating care when people receive services at other levels of care (Starfield, 2008). According to the Rhodes Psychological Association (2012), psychological problems increase the likelihood that people will make poor behavioural choices that can contribute to medical problems. Smoking, excessive alcohol or drug use, poor eating habits and reckless behaviour can all result in severe physical problems and the need for medical services. “No health without mental health” has become a uniting call for the WHO and numerous service providers, according to Sorsdahl, et al. (2012).

3. The gap in mental health in South Africa

The South African Stress and Health Study (SASH) (Sorsdahl, et al., 2012) indicated that between 2002 and 2004, the most common factors associated with major psychiatric morbidity included mental disorders as the third highest contributor to the local burden of disease, after HIV and other infectious disorders and second interpersonal violence which is highly prevalent

in South Africa (Norman, Schneider, Bradshaw, Jewkes, Abrahams, & Matzopoulos, 2010). The gap in mental health in South Africa should be addressed specifically in light of the growing contribution of mental disorders to the global burden of disease, the availability of efficacious and cost-effective treatments, a strong correlation between physical and mental illness, and the need to achieve parity for mental health services as a basic human right for people living with mental illness (Sorsdahl, et al., 2012).

According to Petersen, (2004) only a small percentage of psychologists are employed in the public health system indicating a significant need for psychological professionals in the community that is not being met. This information was corroborated by statistics that in 2002 showed that the ratio for psychologists was four psychologists to 100 000 people (WHO, 2002) and supported by a 2010 national survey that revealed that per 100 000 people in the population, South Africa has only 0.28 psychiatrists and 0.32 psychologists (Lund, et al., 2010).

In relation to the detection and management of common mental disorders at primary care level, there is a large treatment gap as noted by Bhana, Kleintjies, Petersen and Lund (2012) and identification and treatment is irregular and inconsistent. Sorsdahl, et al. (2012) make mention of a current action plan to upscale services in mental health being implemented by the WHO, that is the mental health Gap Action Plan (mhGAP) – which focuses primarily on providing more services for mental, neurological and substance use disorders and provides a set of practical clinical guidelines for the delivery of mental healthcare. Research done by Suliman, Stein, Myer, Williams and Seedat (2010) indicates that although mental disorders are significantly more disabling than physical disorders, they are ten times less likely to be treated. Bird, Omar, Doku, Lund, Nsereko and Mwanza (2010) note that 70% of African countries allocate less than 1% of the total health budget to mental health and, from their research, the following could be ascertained: mental health remains low on the policy agenda due to stigma and a lack of

information, as well as low prioritisation by donors, low political priority and grassroots demand. Progress with mental health policy development varies and a lack of consultation and insufficient evidence to inform policy development was evident from their research. Furthermore, policies were poorly implemented, due to factors including insufficient dissemination and operationalisation of policies and a lack of resources. Bhana, et al. (2012) reports similar information in terms of the insufficient dissemination and operationalisation of policies indicating that the inconsistencies in mental healthcare may be the result of inadequate training, insufficient time for primary healthcare workers to address these problems, and inaccessible or non-existent referral pathways. Individuals who struggle with mental health afflictions fall into what is regarded as a “revolving door” patterns of care (Lund & Petersen, 2011), in which they are discharged from healthcare facilities and frequently re-admitted due to inadequate care in the community. This has been attributed to poor treatment adherence and defaulting; early discharge due to bed shortages; and substance abuse (Bhana, et al., 2012).

4. The evolution of registered counsellors in the last decade

4.1 The evolution of mental healthcare

An estimated shortage of 1.18 million mental health professionals, including 55,000 psychiatrists, 628,000 nurses in mental health settings, and 493,000 psychosocial care providers needed to treat mental disorders in 144 low- and middle-income countries was reported by the WHO in 2011. Psychosocial care workers include psychologists and mental health practitioners, such as registered counsellors. The annual wage bill to remove this health workforce shortage was estimated at about \$4.4 billion according to Scheffler, Bruckner, Fulton, Yoon, Shen, Chrisholm, Morris, Dal Poz and Saxena (2011). Research undertaken to locate registered counsellors in other countries evidenced the presence of counsellors in the United Kingdom,

Canada and New Zealand where these professionals are registered with a statutory board in their countries and work in the context of their communities in school, in drug assistance programmes and some in private practice. Closer to home, mental health in Africa is gaining momentum as knowledge about mental health is becoming more available and being given some priority. But the figures related to mental healthcare workers and professionals in African countries can be considered staggering. For example, Kenya is regarded as comparatively better prepared to cater for those suffering from mental health disorders, with 47 practising psychiatrists in the private and public sectors, 22 physicians exclusively provide services in Nairobi, while the remaining 25 practise in other parts of the country (Leposo, McKenzie & Ellis, 2012). Available information evidences a reliance on international organisations such as the WHO to provide services on the ground although a lack of mental health services appears to be present in most of Africa, including South Africa (Sorsdahl, et al., 2012). Within the South African context, it is clear that there is a scarcity of resource related to mental healthcare and this has been the case since the end of Apartheid (Lund, et al., 2012). To try to decrease this resource gap, the Professional Board of Psychology of the HPCSA generated the category of registered counsellor to facilitate community based care for individuals struggling with mental health disorders over the last ten years.

4.2 Originally envisaged role of registered counsellors

The registration category ‘registered counsellor’ was created by the HPCSA and signed into law by the South African Minister of Health in December 2003 (Abel & Louw, 2009) to expand the number of trained and registered professionals able to assist persons with mental illnesses in South Africa. This service was specifically created for those with low level adjustment difficulties or those who needed referral for more intense psychological treatment

(Abel & Louw, 2009). Thus, making basic primary psychological counselling services available to previously disadvantaged communities in South Africa (Abel & Louw, 2009). The scope of practice for registered counsellors was created around core competencies that registered counsellors would require to practice or work in the community and to guarantee that registered counsellors did not work outside of their training in these competencies as defined by the HPCSA (HPCSA, 2011).

Around the time of the inception of the category registered counsellors, research was conducted by Petersen (2004) that led to the suggestion that registered counsellors should work within the context of the district health system in South Africa. She, furthermore, indicated that it is entirely feasible that the quality of care provided by registered counsellors could be overseen by psychologists. Registered counsellors could be deployed to provide a consultancy-referral back-up service to primary care providers (Petersen, 2004), however the 2009 work of Abel and Louw indicated that after three years of the programme being offered and run it was yet to be implemented as envisioned. In fact, Abel and Louw (2009) found that very few registered counsellors were at the time working in their profession as registered counsellors.

4.2.1 Original scope of practice – 2003

The original scope of practice created for registered counsellors specified particular core competencies which included firstly, the administration, scoring and interpretation of a limited range of psychometric tests, including both intellectual and personality tests, as well as writing of structured reports. Secondly, with respect to more emotional problems, competencies in supportive counselling would also be required. Thirdly, competencies in the development and implementation of prevention programmes to address common referral complaints would be necessary to facilitate the provision of a comprehensive service, which encompasses both

preventative care and psychological interventions (Petersen, 2004). Limited resources were provided to registered counsellors as information from the HPCSA was not forthcoming and no specific training documentation was developed to formalise training and the transfer of skills into the community (Abel & Louw, 2009). This was corroborated by Elkonin and Sandison (2006) who noted that internship sites are not always in a position to steer graduates in the direction of community settings. No specific criterion was developed to link the scope of practice of registered counsellors directly to community work. The fact that some registered counsellors' practical training consisted of one-on-one sessions in the context of private practices in affluent communities confounded the issue and laid down a precedent that removed registered counsellors even further from the district health system, which would be more community based as described by Petersen (2004).

4.2.2 2011 changes in the scope of practice

In 2011, the scope of practice for the psychological profession in South Africa, including registered counsellors was reformulated (HPCSA, 2011). The Department of Health received input from the public and stakeholders, which was considered and the scope of practice was finally promulgated on 2 September 2011 (Pretorius, 2012). This new scope of practice indicated that the role of registered counsellors was to “perform psychological screening, primary mental status screening, basic assessment, and psychological interventions with individuals aiming at enhancing personal functioning and also to perform supportive, compensatory, and routine psychological interventions” (HPCSA, 2011). However, Pretorius (2012) made it clear in the HPCSA e-Bulletin in July 2012, that the intended role of the registered counsellor is not as a ‘mini-psychologist’ in private practise, but rather as a psychological professional working to develop and implement programmes in the community to

promote health in a socio-cultural appropriate manner. In this re-formulated scope, it was specified that in addition to the above stated roles, registered counsellors should be active in participating in policy formulation based on various aspects of psychological theory and research; participating in the design, management, and evaluation of psychologically-based program in organisations including, but not limited to, health, education, labour, and correctional services. However, as Pretorius (2012) clearly explains in her commentary, “the purpose of registered counsellors is to firstly act as "emotional paramedics" in cases of trauma, secondly, to act as a resource in communities and to promote health in a socio-cultural appropriate manner and thirdly, to design preventative and developmental programmes, to implement them in the widest possible contexts, and to monitor its effectiveness” (Pretorius, 2012). Pretorius (2012) describes registered counsellors as having a necessary and important role to play in the context of South Africa’s mental health development and notes that registered counsellors will add great value to the South African society, as well as to psychology as a profession. Pretorius expands on this noting that, with a greater understanding of the category of registered counsellors, they will be able to provide personnel to address South African problems in the South African society, help prevent mental health problems, and enhance well-being and development. Registered counsellors will also make primary psychological services, on grass root level, accessible and available.

The table below offers a clear tabulated comparison of the original scope of practice (2003) compared to the updated scope of practice (2011) for registered counsellors so as to offer a better understanding of the dynamic changes that have taken place in the structure of the registered counsellor category.

Table 1

Scope of practice comparison

Original scope of practice (2003)	2011 updated scope of practice
Scope of practice	Scope of practice
registered counsellors perform psychological screening and basic assessment as well as technically limited psychological interventions with a range of individuals aiming at enhancing personal functioning in a variety of sectors and contexts, including school, work, sport, family and community.	Performing psychological screening, primary mental status screening, basic assessment, and psychological interventions with individuals aiming at enhancing personal functioning.
Psychological assessment	Psychological assessment
Perform primary mental status screening in a variety of sectors. Perform a limited number of psychological assessments in which they have been trained, excluding projective, neuropsychological and diagnostic tests.	Performing psychological assessment excluding projective, neuropsychological and diagnostic tests.
Professional practice	Professional practice
Ability to identify clients requiring more sophisticated or advanced psychological assessment and refer such clients to appropriately qualified and registered professionals.	Identifying clients requiring more sophisticated or advanced psychological assessment and referring such clients to appropriate professionals.
Psychological intervention	Psychological intervention
Enhance personal functioning of children, adults, families and communities. Perform a range of supportive and compensatory psychological interventions with children, adults, families and communities.	Enhancing personal functioning; performing supportive, compensatory and routine psychological interventions.

Perform routine psychological interventions.	
Policy development and programme design	Policy development and programme design
Participate in policy formulation based on various aspects of psychological theory and research. Participate in the designing, management and evaluation of psychologically-based programmes in diverse settings and organisations such as health, education, labour and correctional services.	Participating in policy formulation based on various aspects of psychological theory and research. Participating in the design, management, and evaluation of psychologically-based programmes in organisations including, but not limited to, health, education, labour, and correctional services.
Training and supervision roles	Training and supervision roles
Train and supervise mental health assistants.	Training and supervising other registered counsellors and practitioners.
Ethics and legislation	Ethics and legislation
Have a thorough knowledge of the code of professional ethics of the HPCSA and the Professional Board for Psychology. Conduct psychological practice and research in accordance with guidelines for professional practice of the HPCSA and the Professional Board for Psychology. Have knowledge of relevant legislative framework which impacts on psychological practice and research. Conduct research and practice in accordance with these legislative parameters.	Conducting psychological practice and research in accordance with the Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 1974. Adhering to the scope of practice of registered counsellors. Providing expert evidence and/or opinions.
Research	Research
Conduct and report on research projects and implement findings in policy and practice.	Conducting, and reporting on research projects.

4.3 *Implications of a revised scope of practice*

Change tends to create feelings of uncertainty in any sphere, uncertainty is a major source of psychological strain during organisational change (Bordia, 2004) and this can be assumed to be the state in relation to registered counsellors. Previous research has indicated that registered counsellors had found their role in the context of South Africa difficult to fulfil as indicated by the lack of professionals working in the field (Abel & Louw, 2009). It needs to be asked what will the fallout for registered counsellors be now with a more defined and clarified role in the newly promulgated scope of practice and a more specific description of their intended role (Department of Health, 2011; Pretorius, 2012) in the context of South Africa. By gaining more insight into the perception of the registered counsellor as to their role in the context of South Africa, it may allow for a more mediated transition into the South African mental healthcare system.

Since the inception of this HPCSA psychological category many changes have taken place in this dynamic profession. However, only a small number of research articles were identified pertaining to registered counsellors. Elkonin and Sandison (2006) and Kotze and Carolissen (2005) focused on the employment patterns of B.Psych graduates and their success in registering and finding work within the profession. Their findings indicated that many B.Psych graduates were not working within the field of mental health. (Kotze & Carolissen, 2005; Elkonin & Sandison, 2006). The research conducted by Abel and Louw (2009) investigated the situation for registered counsellors in terms of the work that they were doing in the context of the profession of psychology. Their findings indicated that a lack of support for the category, a lack of available jobs and difficulties associated with creating a financially viable career were reasons that registered counsellors were not entering the profession after graduation.

Joseph (2007) found that limited change had occurred since the implementation of registered counsellors due to a lack of graduates working as mental healthcare professionals. None of the identified research addressed or explored the question of the perception of registered counsellors in relation to their role in South Africa.

5. Conclusion

The literature review discussed the current state of mental health in the context of South Africa and the severe deficits of resources available to assist with mental health interventions. Health, in general, is still a poorly funded area of social services in most African countries (Gujeri & Alem, 2000) and, with the rise in the numbers of individuals who present with mental health problems, this places an even greater burden on an already under-resourced healthcare services in Africa (Prince, *et al.*, 2007). In South Africa, there appears to be insufficient primary healthcare (Sorsdahl, *et al.*, 2011) – in other words, healthcare which provides first contact with the individual and person-focused care. To try and decrease this resource gap, the Professional Board of Psychology of the HPCSA generated the category of registered counsellor to facilitate community based care for individuals struggling with mental health disorders

This review concentrated specifically on the work of registered counsellors in South Africa and their specific role in facilitating mental health treatment in South Africa. The role of registered counsellors was discussed in terms of their perceptions of their role in expediting mental healthcare in the context of South Africa. Special interest has been given to the changes that have taken place with regards to the way in which mental healthcare in South Africa has been viewed, especially with an upsurge in discussions and work surrounding mental and physical health parity and the advances of treatment of mental health disorders. The HPCSA reported that the intended role of the registered counsellor is not as a ‘mini-psychologist’ in

private practice, but rather as a psychological professional working to develop and implement programmes in the community to promote health in a socio-cultural appropriate manner.

Only a small number of research articles were identified pertaining to registered counsellors. Elkonin and Sandison (2006) and Kotze and Carolissen (2005) focused on the employment patterns of B.Psych graduates and their success in registering and finding work within the profession. Research conducted by Abel and Louw (2009) investigated the situation for registered counsellors in terms of the work that they were doing in the context of the profession of psychology. Joseph (2007) indicated that, from her research, no significant change has occurred with regards to the accessibility of psychological services for many since the implementation of the category.

This literature review comprises of various aspects associated with registered counsellors' perceived role within South Africa, taking into consideration the extensive mental health difficulties in South Africa and the changes taking place in the system.

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SECTION B

ARTICLE

**Registered counsellors' perceptions of their role
in the South African context**

**Registered counsellors' perceptions of their role
in the South African context**

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Abstract

Mental healthcare statistics in South Africa indicate large numbers of individuals do not have access to mental healthcare practitioners. Mental health difficulties appear to be exacerbated by significant social problems. The need to combat this ever-increasing void was acknowledged by the South African government over a decade ago and the category of registered counsellor was created for the purpose of offering some form of mental healthcare for disadvantaged communities. To date, it appears that registered counsellors have not successfully fulfilled their intended role. In 2011 a newly formulated scope of practice was introduced in order to more clearly define this field and therefore facilitate in engaging registered counsellors in the areas that would most affectively address this mental healthcare gap. The purpose of the research was to explore the perceptions of registered counsellors regarding their role in the context of South Africa. The study was conducted using a qualitative interpretive description approach with a sample of 12 individuals (one man and 11 women) who are registered with the Health Professions Council of South Africa (HPCSA) as registered counsellors. The data was collected using semi-structured interviews guided by an interview schedule. Thematic analysis was used to acquire the central and secondary themes present throughout the 12 interviews. The study found that the registered counsellors experienced conflicting feelings in relation to their perception of their role in South Africa. Perceiving their role as important in the context of mental healthcare development in South Africa. Despite this negative perceptions were also experienced regarding the changing scope of their role in South Africa, manifesting in uncertainty. Further negative perceptions were reported in relation to a lack of acknowledgement from other mental healthcare practitioners and ignorance from the public regarding the work of registered counsellors. Recommendations include that the perception of registered counsellors be taken into consideration to further the development of mental healthcare in South Africa.

Key words: Health Professions Council of South Africa (HPCSA), Mental healthcare, Psychology, Registered counsellors, Social dynamics, South Africa

Global research has been conducted into the inadequacies of mental health resources resulting in policy-makers and international agencies alike requesting that governments worldwide “scale up” their health services, specifically systems devoted to mental health (Lancet Global Mental Health Group, 2007). Altevogt, Hanson, Ssali and Cuff (2010) noted that mental healthcare services are heavily reliant on trained human resources, rather than equipment or supplies and thus, without sufficient mental healthcare workers, it will be difficult to adequately treat the population. According to the work of Scheffler, Bruckner, Fulton, Yoon, Shen, Chisholm, Morris, Dal Poz and Saxena (2011) regarding the workforce shortages in the mental healthcare sector in middle- and low-income countries such as South Africa, psychiatrists, nurses in mental health settings and psychosocial health workers, which include counsellors such as registered counsellors, provide the foundation for an effective mental health system. The current state of mental healthcare in the context of South Africa presents with severe deficits in terms of resources available to assist with mental health interventions (Sorsdahl, Stein & Lund, 2012) and specific focus in this research is given to the work of registered counsellors and their role in facilitating mental healthcare in South Africa. This was their intended purpose, at the time of their inception a decade ago, to close the gap in mental healthcare specifically for disadvantaged communities, by giving these communities access to accessible and affordable mental healthcare professionals (Abel & Louw, 2009).

The *World Health Report 2006 – Working Together for Health*, indicated a necessary shift from institution- to community-based care which requires innovative and multidisciplinary methods (Scheffler, et al. 2011) made up of specialty care teams that include health and allied health professionals, such as psychiatrists, psychologists, nurses, social workers, physical therapists, occupational therapists, law enforcement officers, clergy and traditional healers (Scheffler, et al. 2011). In South Africa, the progression in these goals has been slow and stifled as suggested by research from authors such as Petersen (2004), Elkonin and Sandison (2006) and Abel and Louw (2009). By 2009, a study investigating the situation of registered counsellors in South Africa conducted by Abel and Louw (2009), found that the potential workforce of registered counsellors consisted of valuable professionals who could facilitate the provision of psychological services to previously disadvantaged communities, but that more than half of these professionals were not working within their profession and had moved into alternative career fields or furthered studies in psychology.

Previous research conducted into this HPCSA registration category has focused on employment patterns of B.Psych graduates and their success in registering and finding work within the profession as indicated in the research by Kotze and Carolissen (2005) and Elkonin and Sandison (2006). Their findings indicated that disappointment in terms of the support from the HPCSA and allied professionals as well as other difficulties resulted in many B.Psych graduates not working within the field of mental health (Kotze & Carolissen, 2005; Elkonin & Sandison, 2006). The research conducted by Abel and Louw (2009) investigated the conditions in terms of the work that registered counsellors were doing within the context of the profession of psychology as well as outside the profession. Their findings indicated that the obstacles associated with the registration category including a lack of support for the category, a lack of available jobs and difficulties associated with creating a financially viable career lead to a insufficiency of movement by registered counsellors into the mental healthcare field despite their obvious ability to make a valuable contribution to the mental healthcare development in South Africa. Joseph (2007) hypothesised that, since the implementation of the registered counsellor category by the HPCSA, no significant change has occurred with regards to the accessibility to psychological services for many. Her findings indicated that limited change had occurred because there were only a small number of individuals registered within this category who were working as mental health professionals. Joseph (2007) did not focus on the question of the perception registered counsellors have of their role in South Africa.

The perceptions of registered counsellors with regards to their role in the South African context is significant as the category is dynamic and has faced many changes over the past decade and has, as yet, not been able to address its intended purpose. To fill some of the gaps in the literature on the perceptions of registered counsellors in South Africa with regards to their role in mental healthcare, the following research question guided this research: how do registered counsellors perceive their role in the South African context?

This research is important because limited information is available about the perceptions of registered counsellors regarding their role in South Africa and how this may influence the provision of mental healthcare in their communities as intended at their inception. The lens through which the researcher chose to consider the information in the study is social constructivism; this provides a framework for individuals to construct their understandings of the world through the subjective meanings that they ascribe to their experiences (Creswell, 2009)

and can be applied to the study as multiple realities and perspectives of the same phenomenon from each individual participant were obtained.

The aim of the proposed study is, therefore, to explore the perceptions registered counsellors in the context of South Africa with regards to their role in mental healthcare and to identify and describe the relational qualities in the perception of their role and the provision of care in their communities and in disadvantaged communities in South Africa. The findings can assist the development of community-based programmes focused on providing mental healthcare through the work of registered counsellors by understanding how the registered counsellors perceive their role and then facilitating the closure of the gaps in mental healthcare provision.

Method

Research approach

A qualitative research approach (Cresswell, 2009) was used within this study, as researchers attempt to make sense of and to interpret the phenomena in terms of the meanings people bring to social phenomena (Denzin & Lincoln, 2000), therefore this approach seemed appropriate to provide registered counsellors the opportunity to discuss their perceptions of their role in mental healthcare in South Africa and explore their experiences that inform these perceptions. A qualitative interpretive description approach (Thorne, 2008) was used to examine the information provided by participants and apply it to the field of study or the discipline, in this case Psychology. In terms of this study, it was noted that, according to Thorne (2008), an interpretive description requires an integrity of purpose originating from two sources: an actual practice goal, which in the case of this study would be the description of registered counsellors roles in a South African context; and an understanding of what is known and unknown based on the available empirical evidence (from all sources), which is, currently, the absence of knowledge into the perceptions of registered counsellors.

Participants

The participants in this study were sampled from the 1991 registered counsellors that are currently registered with the HPCSA. Each participant studied an undergraduate degree in psychology and then entered a B.Psych or B.Psych equivalent Honours programme entailing participation in either a six- month full-time or one year part-time internship in an organisation or private practice recognised by the Health Profession Council of South Africa (HPSCA) as a recognised training partner. They have also written a National Examination of the Professional

Board of Psychology to qualify with the skills necessary to facilitate basic mental healthcare in their communities.

Inclusion criteria for this study were that participants needed to be registered with the HPCSA as registered counsellors since at least 2010 and the participants need to be able to effectively communicate in English. Initially seven participants (one man and six women) were selected through purposive sampling on the basis of the inclusion criteria after which snowball sampling was employed to select another five participants in order to ensure that data saturation occurred. As working as a registered counsellor was not a prerequisite for entry into this study, mental healthcare is currently not the occupation of all the participants. Six of the participants interviewed were working in the field of mental healthcare, the other participants, however, were employed in various fields. All but one of the individuals interviewed completed their B.Psych qualification through UNISA with the remaining participant having completed her qualification through Midrand Graduate College. The majority of participants completed their internships at private practices; the rest completed theirs at NGOs.

Data Collection

The data was collected through semi-structured interviews (Creswell, 2009) with an interview schedule that consisted of five open-ended questions (Please tell me about what drew you to the registered counsellors registration with the HPCSA? What do you perceive as the role of registered counsellors in the South African context? What do you perceive as the needs of the community that registered counsellors could assist with or facilitate? Please elaborate as to the nature of any work that you have done within the community around you in the South African context using your registration as a registered counsellor? Is there a necessity in your opinion for the HPCSA to take a more rigid stance or formalise the social responsibility of registered counsellors by applying hours that need to be completed in order to retain registration as a registered counsellor?) The interview schedule was validated with experts prior to the interviews taking place, tested and adjusted accordingly as suggested by Creswell (2009). Before commencing with the semi-structured interviews, the researcher conducted a biographical survey with the participants. Once the biographical survey was completed, the semi-structured interviews commenced. The interviews were digitally recorded with the consent of the participants and transcribed verbatim. The researcher employed communication techniques such as reflection, minimal verbal responses to the answers given and probing each

answer in manner to encourage more information from the participants without leading and summarisation (Cresswell, 2009).

Data Analysis

Biographical data was analysed by the process of frequency analysis to determine basic biographical information of the participants (Kelly, 2006). Thematic analysis was used to analyse the data from the semi-structured interviews (See Appendix 4) during which research findings emerged from the frequent, dominant or significant themes inherent in raw data, without the restraints imposed by a more structured theoretical orientation (Thomas, 2003). An initial process of reading and annotating the data transcribed in terms of themes that emerged lead to the annotated data being categorised. After this process was thoroughly reviewed the categories were linked to produce a 'thread-like' structure throughout the research study. At this point the frequent, dominant or significant themes emerged and an account of the data could be produced.

Ethics

Ethical approval for the research was obtained from the North West University (Ethical number: NWU-00060-12-S1). Prior to the interview an informed consent form was emailed to the participant to complete and on the day of data collection, the participants were informed again that their participation was voluntary, and they were made of the fact that that they could withdraw from the study at any time for whatever reason without any negative consequences. The aim of the study, what was expected of them, what the data would be used for, who would have access to the data and that the data would be treated with confidentiality was explained to them. All records were kept safe and confidential within the supervisor-supervisee relationship.

Trustworthiness

To ensure trustworthiness of the research process, the researcher followed the model of Lincoln and Guba (1985) who described in detail the four aspects (credibility, transferability, dependability and confirmability) necessary to sustain trustworthiness in research data. Credibility was ensured through member checking or asking participants as well as the research supervisors to check the findings to validate the accuracy of the information. Transferability was ensured through the fact that the findings can be applied to other settings; dependability was facilitated through an audit trail. Finally, confirmability was used in the form of member checking.

According to Lincoln and Guba (1985), it is not possible to understand any phenomenon without reference to the context in which it is embedded. Thus, the researcher was in continuous reflection and discussion about her own perceptions and how they may influence the findings and also familiarised herself with the context in which the registered counsellors were working and their experiences as registered counsellors. To further, ensure trustworthiness, the researcher used a crystallisation framework, whereby the researcher examined literature, individual interviews, her personal reflections and supervisory information to immerse herself in the topic knowledge about the phenomenon (Richardson, 2000), which predictably produced a deepened, complex interpretation (Ellingson, 2009) of the registered counsellors perception of their role in the South African context.

Results

The following themes and sub-themes emerged from the data. Each participant was allocated a code from 1 to 12 to distinguish them (i.e. the first participant's code was P1, the second was P2 and so forth).

TABLE 2
Themes and sub-themes

Theme 1	Reason for qualification
<i>Subtheme 1.1</i>	<i>A desire to assist others with psychological challenges</i>
<i>Subtheme 1.2</i>	<i>Not able to become a psychologist</i>
Theme 2	Perception of the role of registered counsellors
<i>Subtheme 2.1</i>	<i>Necessity for registered counsellors</i>
<i>Subtheme 2.2</i>	<i>Vagueness of profession</i>
<i>Subtheme 2.3</i>	<i>Unsure of role and changing Scope of Practice</i>
<i>Subtheme 2.4</i>	<i>Unclear working context</i>
Theme 3	Misperception and Disregard of registered counsellors
<i>Subtheme 3.1</i>	<i>Misperception of the public</i>
<i>Subtheme 3.2</i>	<i>Disregard of other professionals</i>

Theme 1: The reason for acquiring the registered counsellor qualification

The participants in this study indicated that they had enduringly wanted to work with people and help people in the field of mental health. However, the reasons for attaining their registered counsellor qualification seemed to be as a result of not being selected for the Psychology Masters programme but still wanting to be involved in the mental healthcare field

and counselling. They also indicated a belief that this could be a possible stepping stone for furthering their careers as psychologists.

Subtheme 1.1: A desire to assist others with psychological challenges. It is evident from the various perspectives of the participants that most of them wanted to be involved in assisting individuals who are experiencing mental health difficulties. These participants indicated that they sought to be supportive in their community and had wanted to be psychologists or counsellors so they could help others. Evident in comments like, for example, “...wanted to be involved in counselling” (P1). “...always interested in Psychology and working with people...it’s my passion” (P3). As a result of the need and call for more professionals in the service of mental health, a commitment from the participants was recognised as a result of their feelings towards mental illness, “...this is my passion” (P5). “I always wanted to help people” (P2).

The actions to want to help others, may be motivated by empathy – which is a strong motive in eliciting prosocial behaviour, and has deep evolutionary roots – or concern about the welfare and rights of others, as well as for egoistic or practical concerns (Straubhaar, LaRose & Davenport, 2009). Linderberg (2006) uses the term “prosocial behaviour” in its most general form as behaviour assumed to be intentionally beneficial to others (not necessarily without self-interest) and involving some sacrifice.

Subtheme 1.2: Not being able to fulfil their original ambition of becoming a psychologist. Most of the participants were using this qualification as a contingency after not being accepted into the Psychology Masters programme as evidenced by statements such as: “It’s really hard to get into Masters...” (P3). Psychology is referred to as a “...female dominated profession...” (P2) which may limit acceptance into the field. It also became evident that from the participants’ comments that some individuals had chosen the role of registered counsellor as they had not been able to complete a Psychology Masters degree for various reasons, including being “...unable to take the time off to complete...” (P3). Thus, the registered counsellor qualification offered some participants a more suitable way of becoming involved in the mental health profession “...more amenable to my situation...” (P4). By completing a B.Psych qualification and registering with the HPCSA, it allowed many of the participants the necessary functional means to use what they had learned “Honours in Psychology gets you nowhere...” (P1). “At least I could do what I was passionate about...” (P5).

Carr (2000) notes the strong correlation between personal growth and concern with social contribution as well as a key component of a healthy and adaptive sense of identity being a life

story rich in a narrative of optimism, hope and personal growth (Seligman & Csikzentmihalyi, 2000). This appears to be a critical notion of the participants who opted for a career as a registered counsellor. After having not been accepted into a Psychology Masters programme they still expressed a desire to continue to assist those with mental health challenges and offer a social contribution.

Theme 2: Perception of the role of registered counsellors in the context of South Africa

The participants formed various perceptions regarding their role as registered counsellors in the South African context. Indications were that although a necessary function could be fulfilled, it was often challenging to determine the nature and extent of their professional responsibilities. Many were unsure of what to expect from the profession and some had been disappointed with the opportunities available to them and the poor response to the designation of registered counsellor within the profession and from the public.

Subtheme 2.1: Necessity for registered counsellors. It became clear that most of the participants agreed that there is a need for registered counsellors in South Africa. The participants indicated that, from their different vantage points within their communities and whilst involved with their internships, they began to see and understand the necessity for registered counsellors in this context: "...huge need for registered counsellors..." (P1). "Where I've worked I see that psychologists cannot be the only help for people" (P2). Part of the reason that registered counsellors are perceived as an essential service is that they are more cost effective in relation to other mental healthcare professionals. "Psychologists are expensive..." (P3). "Many people cannot afford a psychologist in the poorer communities where the need is high" (P4). Participants only perceived a portion of their function to be screening of individuals with mental health difficulties and then referring them to professionals who were better equipped to deal with the mental healthcare treatment. "...we are able to screen individuals who have more severe difficulties..." (P5). "sometimes people need to know what is going on to start understanding what is happening to them....screening helps this" (P2).

A range of studies in South Africa related to mental disorders have increasingly demonstrated the high prevalence and morbidity of mental health conditions (Sorsdahl, Stein & Lund, 2012) and the lack of professionals available to deal with this situation (Petersen, 2004). Sorsdahl, *et al.* (2012) noted that there is staggering evidence for the efficacy and cost-effectiveness of psychotherapeutic interventions for mental disorders. Kotze and Carolissen's (2005) research suggested that psychologist and psychiatrists were mainly servicing the private

sector and thus, in response to that, it was necessary to develop a counsellor within the HPCSA to provide valuable mental healthcare services at a primary level.

Subtheme 2.2: Vagueness of the profession of registered counsellors. A frequent theme that emerged was that the qualification of registered counsellor was vague in both the information available to complete the degree and what could be done with the qualification. “*It is very vague*” (P1). “*I hadn’t heard much about it before*” (P4). “*I didn’t know about the B.Psych degree...struggled to find information on it...*” (P8). “*It wasn’t clear even during training...what we would do or where we would work...*” (P7). The B.Psych qualification and registered counsellor registration doubt was rife. Several participants recognised that training institutions were not consistent, “*...I don’t think the training was consistent*” (P1). “*Not all training sites have the same training information...which makes the profession unpredictable*” (P5). Difficulties seem to extend to doubt regarding the profession in general evidenced by statements like “*...its feeling like there is not security in this profession...*” (P2). “*If we don’t know what’s happening then how can people trust us...*” (P1). This doubt seems to undermine the longevity of the career path and the experience of those who are involved, “*...not sure what’s going to happen next...*” (P7). “*I don’t know if this can be a long term career*” (P4).

Grote (2009) indicated that a key factor in dealing with uncertainty in the employment situation is exploring the concept of employability – that is an individual’s chance of a job in the labour market. However, it appears that this is a significant concern for many of the participants interviewed. Research by Abel and Louw (2009) supports this notion as they found that more than half of professional registered counsellors they interviewed were not working within their profession and had moved into alternative career fields.

Subtheme 2.3: Registered counsellors are unsure of their role and the changing scope of practice. The empirical data indicated that the participants are unsure of what their role is. From that, it became evident that many of the participants experience feelings of insecurity and uncertainty in their perceived role. Some of the difficulties extended to the very information bearers regarding the role and the perceptions of the participants regarding the information or lack of information supplied by the HPCSA that had caused much insecurity within the profession: “*I was quite worried when I found out about the new scope of practice...*” (P6). “*...the new scope of practice has increased my anxieties...*” (P7). Some concern was also reported about how the new scope of practice would affect the way in which practicing registered counsellors had been working. Questions such as: “*...would I need to close my*

private practice?” (P9). “...how should I start working in the community?” (P4). “what does it mean to work in the community?” (P11) arose during discussion.

Uncertainty is an inherent state of nature, pervading organisational life and communication (Clampitt & Berk, 1996). Research done by Schmidt, Roesler, Krusserow and Rou (2012) suggested that role ambiguity/role conflict has a strong correlation with depression. Findings indicated that by providing clearly defined roles and job objectives, individuals can cope better with stress and depression. The changes in the scope of practice and the difficulties that the registered counsellors interviewed have experienced with regards to this have impacted significantly on their wellbeing.

Subtheme 2.4: Lack of clarity regarding the context in which registered counsellors should be working. Many of the participants indicated confusion and often fear related to what context they should be working in and what type of mental health difficulties they should be assisting with “...we are seeing things we probably shouldn’t see...” (P1). “...seeing some stuff outside of our scope...” (P2). The environments in which registered counsellors are theoretically engineered to work in often caused some uncertainty for them as the path to the labour market is not always clear. “People are confused about where they should be working” (P2). The fallout of this uncertainty resulted in varying environments of work for registered counsellors, although some continue to be unsure if they are working in the correct place, “...in an HIV/AIDS counselling Centre...this wasn’t part of my training” (P3). “...in private practice...but worry every day that this is not what I am supposed to be doing” (P7). The uncertainty in working environment and space available to registered counsellors in the psychological profession heightens most of the participants’ concerns regarding the future of the profession “will we only be able to do short-term interventions?” (P8). “...I worry I will have to only do short term work...” (P6).

Initially, it was thought that registered counsellors should work at a primary care level in terms of mental healthcare (Kotze & Carolissen, 2005), but it appears from the participants in this research study that most do not work on a primary level as intended. Rather, they are working in private practice on a secondary or tertiary level of healthcare. Many of the participants do not fully understand the scope of their work and most of the participants admitted that from, time to time, they work outside of their scope – a result of not being on a primary care level and rather working once screening has taken place. Uncertainty is a major source of psychological strain during organisational change. According to Bordia (2004), this directly

related to a theme of fear as a baseline feeling experienced by many registered counsellors when they perceive their role in the context of South Africa.

Theme 3: Misperception and disregard of the role of registered counsellors in South Africa

Registered counsellors in South Africa experience different reactions from the public and professional colleagues in the psychological field in terms of their role in mental healthcare.

This, in turn, appears to influence their perceptions of their role.

Subtheme 3.1: Misperception of the public regarding the role of registered counsellors.

The role of the registered counsellor in South Africa is not only vague and uncertain for the registered counsellors themselves, but also extends to the public and other professionals. From the information reported by the participants, it became apparent that they perceived the public as having a vague perception of the role of registered counsellors. This was evident in these comments: “Most people want me to find them a job...not sure what we do” (P5), “People don’t realise that we have training in the field of psychology...” (P6). In addition, the ignorance of the public regarding the qualifications of registered counsellors as indicated by the participants was expressed as follows: “It’s confusing... as to what our role is from some people’s perspectives” (P9). “...some people don’t know what our role is...” (P3). “...The public don’t know what we do and I’m not sure how to explain it to them...” (P2).

The Professional Board of Psychology was tasked with responsibility of educating the public regarding the purpose and possibility of registered counsellors (Kotze & Carolissen, 2005), a task which they appear to have failed. Themes that emerged from this study corroborate the themes that emerged from the work of Abel and Louw (2009) regarding the lack of public knowledge of the scope of practice and that the public were largely oblivious of the profession in terms of the skills and services that offered as well as the level of qualification and legal framework that surround their registration with the HPCSA (Abel & Louw, 2009).

Subtheme 3.2: Disregard of other professionals regarding the role of registered counsellors. The lack of trust and lack of understanding regarding the role of the registered counsellor extends to other healthcare professionals. Those interviewed for this study perceived that other mental health professionals do not really know what the role of registered counsellors is. “Psychologists don’t know when to refer to us” (P4). “It’s as though people do not trust us...” (P7).

The fact that the role of registered counsellors is confusing and vague in the context of the public and other professionals was reported by various participants and supported by material

Elkonin and Sandison's (2006) research where a common recurring theme emerged that of professional ignorance regarding the degree and the competencies of registered counsellors.

Way forward

The findings of this study provides a clear indication of the uncertainty and contradiction that is currently experience by registered counsellors regarding their role in mental healthcare in South Africa. Registered counsellors need to have full support from insitutions and the HPCSA in order change to occur in their communities. A lack of trust in their own capabilities as a result of the uncertainty of the system is passed on to the communities who may not believe in the longevity of the resources being offered. Government, the HPCSA, NGOs and other institutions must create a roll out plan for registered counsellors in the communities that includes resources and remuneration in order to facilitate them in successfully completing their intended goal.

Conclusion

Among the registered counsellors interviewed, a strong theme was evident surrounding conflicting perceptions regarding their role in the South African context. One such theme that emerged indicated that they had entered the field of registered counsellor as a substitute after they failed to enter the Psychology Masters programme. This appears to be associated with the notion that prosocial behaviours in the context of mental healthcare was of high significance to the participants.

It is possible that the participants' prosocial characteristics also influence their positive perceptions regarding their role as registered counsellors in the context of South Africa. Themes associated with a perceived need for mental healthcare practitioners to work in their communities emerged as psychologists were perceived to be unaffordable and often inaccessible to most.

In contradiction to the positive perception of their role, participants also indicated a negative connotation to their perception of this role in the South African context. Themes related to situations where members of the public whom they were in contact with did not know what their role was and some misperception regarding the registered counsellors scope of practice and training were noted.

Further negative perceptions were reported by registered counsellors in relation to a lack of acknowledgement from other mental healthcare practitioners and healthcare practitioners in general. It appeared that registered counsellors perceived their colleagues as not recognising their work and/or not understanding their function in mental healthcare in South Africa. The exploration of the perceptions of the participants described that several significant themes

reflecting conflicting perceptions regarding the role of the registered counsellor in the South African context.

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SECTION C

The previous sections of the research described the orientation, findings and discussions of the research project. In this section, the findings are evaluated and recommendations made as a result of the findings related to the perceptions of registered counsellors regarding their role in the South African Context.

1. RESEARCH PROBLEM

The research was conducted with a view to explore and describe how registered counsellors perceive their role in the South African context. This after the intended purpose for the creation of the registered counsellor registration category with the Health Professions Council of South Africa (HPCSA) was to address the shortage of mental health practitioners in more disadvantaged communities, which occurred a decade ago. The literature review confirmed the current state of mental health in South Africa where it is evident that this shortage has far from been addressed and the gap in mental healthcare services is still prominent.

The research question, *how do registered counsellors perceive their role in the South African context?* was formulated to answer the research problem. This study explored the perceptions of registered counsellors regarding their role in the South African context. This was answered by allowing registered counsellors the opportunity to give their perception of their role in South Africa in semi-structured interviews. The exploratory nature of the research approach resulted in themes related to conflicting perceptions of the registered counsellor role in South Africa, a desire to help, but, at the same time, misperceptions from the participants, the general public and other healthcare professionals about what they were able to do within their scope of practice.

2. RESEARCH SUMMARY

A qualitative interpretative descriptive approach was employed which lead to the findings of the study revealed that registered counsellors' perceptions of their role in the context of South Africa appears to be contradictory in nature. The registered counsellors interviewed experienced conflicting feelings in relation to their perception of their role in South Africa. Most of the registered counsellors indicated that they had always wanted to be in the mental healthcare field. However, it became apparent that the career path of registered counsellors was either as a result of not being able to fulfill the commitment to the Psychology Masters programme or as a stepping stone towards acquiring a Psychology Masters qualification. What was apparent from the responses of most of the registered counsellors was that mental healthcare and helping other people was their passion.

It is also clear from the findings, that registered counsellors experienced positive emotions associated with the helping profession. Their perception of their role in the context of mental healthcare development in South Africa is that it is important and a necessity. Most of the registered counsellors furthermore indicated that there was a significant need to have healthcare professionals such as registered counsellors working in the communities as an essential service to facilitate mental healthcare, which aided in the theoretical underpinning of the research which was social constructivism.

This said, the accounts indicated that, although they experienced the need to be mental healthcare professionals and a desire to help other, in a prosocial behaviour manner their perception of their role in the context of South Africa also had negative perception associated with it. The negative perceptions were specifically related to the changing scope of their role in South Africa and the frequent changes to their scope of practice and the context in which they

work. These negative emotions appear to be manifesting in uncertainty and concern for some of the registered counsellors interviewed.

From the findings, it further became clear that negative perceptions were also evident with the registered counsellors in relation to a lack of acceptance from other mental healthcare and healthcare practitioners. It appears that registered counsellors believe their colleagues do not recognise their work and/or not understanding their function in mental healthcare in South Africa. The responses of the registered counsellors interviewed further revealed that a perceived ignorance existed from the public regarding the work of registered counsellors, possibly due to a lack of public and peer education by the HPCSA.

3. RECOMMENDATIONS FROM THIS STUDY

Registered counsellors were intended to satisfy the gap in the mental healthcare system experienced in South Africa and especially felt in the disadvantaged communities of South Africa. From current correspondence from the HPCSA, registered counsellors were working under the auspices of “mini-psychologists” and not entering the communities to work as mental health practitioners, as was originally intended. From the findings of this study, there is no doubt pertaining to the prosocial behaviour characteristics that appear to be present with registered counsellors, however the challenges that registered counsellors perceive in working within the South African context needs to be addressed.

To do this, a comprehensive needs analysis should be undertaken with stakeholders in the mental healthcare community, including registered counsellors, psychologists and primary healthcare workers and the communities in which they work. This will provide valued insight into how the category of registered counsellor could be developed to ensure more sufficient

training and competencies to work within the community and meet the needs of both the community and the mental healthcare profession.

Future research may include a thorough exploration of the role of registered counsellors and their role in the community and whether this role is viable as a career path for B.Psych graduates. Registered counsellors experience high levels of anxiety surrounding their roles in the context of South Africa and adequate support and clarification of their function must be provided by the statutory body and other healthcare bodies for registered counsellors to function optimally.

Resources also need to be provided for registered counsellors in terms of positions created and a referral base of other practitioners. All too often registered counsellors cannot gain access to communities due to the fact that only basic healthcare is being provided and not necessarily mental healthcare.

It is necessary that registered counsellors become a “brand” similar to psychologists, so that people are made aware of what registered counsellors’ role is and how they can have access to them, a lack of awareness of the role of registered counsellor’ intended work in the community by the members of the community has created a feeling of uncertainty in the registered counsellors interviewed. This indicates that training registered counsellors in the community and facilitating them in building relationships with their communities will allow them to become recognised by the individuals in the community as a resource and as practitioners that can be respected and trusted. This may begin by informing communities at a school level where children can be made aware of registered counsellors and then escalating this to individuals who work with social workers and the police in the community as mental healthcare facilitators.

4. CONTRIBUTION OF THE STUDY

The findings of this study provides a clear indication of the uncertainty and contradiction that is currently experience by registered counsellors regarding their role in mental healthcare in South Africa. The indication that a positive perception of their role serves to illustrate that registered counsellors wish to be involved in their communities by providing mental healthcare and thus this study contributes by confirming this fact.

Another contribution of this research is the negative perception of the registered counsellors regarding their role which may aid the HPCSA with the knowledge that it needs to insure that the work of registered counsellors is focused within the communities by taking heed of their concerns and manifesting uncertainty.

NGOs and like bodies may also benefit from the contribution of this research by taking note of the perceptions of registered counsellors and offering more opportunities for them to work within their communities and opening their doors to registered counsellors thereby further educating the public and mental healthcare professionals regarding their function in mental healthcare by exposure.

Universities and training institutions could benefit from this research as the literature shows it is clear that not enough direct employment opportunities exist in conjunction with the B.Psych qualification and, thus, often this manifests in registered counsellors leaving the field and finding more sustainable work elsewhere. This defeats the purpose of training these individuals.

5. CONCLUSION

Registered counsellors experience conflicting feelings in relation to their perception of their role in South Africa. They felt that they had a role to play in the context of mental

healthcare development in South Africa and could offer the communities of South Africa mental healthcare services few had experienced. However, negative perceptions were also experienced regarding the changing scope of their function in South Africa which ultimately manifests in uncertainty. Further negative perceptions were reported in relation to a lack of acknowledgement from other mental healthcare practitioners and ignorance from the public regarding the work of registered counsellors.

In light of this discussion, taking heed of the concerns and perceptions of registered counsellors, it seems the only path to follow to make services in mental healthcare available to the masses would be to clarify the function of registered counsellors and educate South Africans about this role so that space could be afforded to registered counsellors in the mental healthcare field to offer their services, thereby, reducing the gap in mental health that exists in South Africa today.

APPENDIX 1

Informed consent form

You have been asked to participate in a research study conducted under the North West University in the facilitation of a degree (Masters Psychology) dissertation.

The nature and purpose of the study is to gain insight into the perception of Registered Counsellors about their roles as Registered Counsellors within a South Africa context.

1. The study will require the participant to undergo an in-depth interview with the researcher at a time and place convenient to the participant.
2. There are no discomforts or risks associated with the research as all interviews will be discussed in the study anonymously.
3. The research hopes that the study will be able to benefit the Registered Counsellors themselves by creating more awareness of the category under the Health Professions Council of South Africa (HPCSA) and facilitate in easing any transitions in this turbulent times and also to facilitate great understand for the HPCSA in terms of leading the profession forward.
4. The opportunity to ask questions about the study and the procedure will available to the participant either prior to the interview by email or telephone or at the time of the interview.
5. The participant has the ability to withdraw from the study at any time and discontinue participation without any fallout.
6. Every participant will be given a copy of the signed and dated written informed consent form for the study.
7. Every participant has the opportunity to consent freely to the study without the use of coercion.

I, _____ (name), ID number _____ have carefully read the information contained above and I understand fully my rights as a potential participant in this study.

Date: _____

Time: _____

Signature: _____

(Research Participant)

APPENDIX 2

Interview Schedule

Section A: Biographical Survey:

1. Gender: Male / Female
2. In what age bracket do you fall? 20-30 years / 30 – 40 years / 40 – 50 years
3. What area do you reside in?
4. What area do you work in?
5. What is your current employment status: Employed / Unemployed / Self-employed?
6. Concerning your registration as a registered counsellor, what university did you complete your B.Psych degree through? University of Johannesburg (UJ) / Pretoria University (TUKS) / North-West University (NWU) / Stellenbosch University / Other. If other please state institution.
7. What type of organisation did you complete your internship that you needed to complete in order to register with the HPCSA as a registered counsellor? NGO / University based organisation / Private practice

Section B: Current perceptions and Situation

1. Please tell me about what drew you to the registered counsellors registration with the HPCSA?
2. What do you perceive as the role of registered counsellors in the South African context?
3. What do you perceive as the needs of the community that registered counsellors could assist with or facilitate?
4. Please elaborate as to the nature of any work that you have done within the community around you in the South African context using your registration as a registered counsellor?
5. Is there a necessity in your opinion for the HPCSA to take a more rigid stance or formalise the social responsibility of registered counsellors by applying hours that need to be completed in order to retain registration as a registered counsellor?

APPENDIX 3

TABLE 3
Frequency Table

Participant	Gender	Age Bracket	B.Psych Institution	B.Psych Internship Institution	Current working environment
Participants 1 (P1)	Female	20 – 30	UNISA	Private Practice	Registered counsellor
Participants 2 (P2)	Female	20 – 30	UNISA	Private Practice	Human Resources
Participants 3 (P3)	Female	20 – 30	UNISA	NGO	Caregiver
Participants 4 (P4)	Female	20 – 30	UNISA	Private Practice	Registered counsellor
Participants 5 (P5)	Female	20 – 30	UNISA	NGO	Unemployed
Participants 6 (P6)	Female	30 – 40	UNISA	Private Practice	Registered counsellor
Participants 7 (P7)	Male	20 – 30	UNISA	Private Practice	Bookkeeper
Participants 8 (P8)	Female	20 – 20	Midrand Graduate College	NGO	Registered counsellor
Participants 9 (P9)	Female	30 – 40	UNISA	Private Practice	Home Executive
Participants 10 (P10)	Female	30 – 40	UNISA	Private Practice	Registered counsellor
Participants 11 (P11)	Female	20 – 30	UNISA	NGO	Human Resources
Participants 12 (P12)	Female	20 – 30	UNISA	Private Practice	Unemployed

Table 3.

APPENDIX 4

Colour coded transcript of interview P3

Section A: Biographical Survey:

Researcher: Thank you for joining me today, I appreciate your time. The reason for me interviewing you is in fact to gain some insight into the perspective on registered counsellors as to what they perceive to be their role in South Africa. This research is part of my Masters degree through the North West University. Thank you for agreeing to participate and for completing and signing the consent form that indicates that your participation is voluntary and that you may exit the research at any time as well as the fact that anonymity is guaranteed through the research.

Researcher: We will first need to complete some biographical data, thereafter we will discuss a few open ended questions that I have prepared. Do you have any questions at this stage, if you need any clarification, please stop me at any point.

Researcher: to begin I can see that you are female, are you in agreement.

P3: Yes I am a female.

Researcher: In what age bracket do you fall, 20 – 30 years or 30 to 40 years?

P3: I am 27 years old, so in the 20 – 30 years old bracket.

Researcher: In what area do you live or reside?

P3: I live in Kloof in Kwa-Zulu Natal.

Researcher: In what type of work do you do?

P3: I was retrenched from a job that I had working as a bookkeeper, but now I work 2 or 3 hours a day helping a high functioning person with Asperger's and I do life skills with him.

Researcher: Concerning your registration as a registered counsellor, what university did you complete your B.Psych degree through?

P3: I completed my B.Psych degree through UNISA.

Researcher: What type of organisation did you complete your internship with in order to register with the HPCSA as a registered counsellor?

P3: I completed my internship through a Non-Profit Organisation in Durban called Open Doors, who work with face-to-face counselling for individuals who have difficulties related to depression and anxiety on a low level; individuals with more specific or high level difficulties were referred to the psychology staff in the organisation.

Researcher: How long have you been registered as a registered counsellor with the HPCSA?

P3: I have been registered with the HPCSA since May 2012.

How do registered counsellors perceive their role in the South African context?

Section B: Current perceptions and Situation

Researcher: Please tell me about what drew you registering as a registered counsellors with the HPCSA?

P3: Having a Honours in psychology gets you nowhere and it's really hard to get into Masters, and I really want to do the counselling thing and I actually want to be a psychologist, but I thought maybe this would help and if I never get to do the psychology thing then at least I can counsel.

Researcher: What do you perceive as the role of registered counsellors in the South African context?

P3: I think it's very vague at the moment and most registered counsellors end up in private practice whereas their plan was probably to be a community thing and screening people and all part of the services or community services.

Researcher: Could you elaborate more on the needs in the community as they could be fulfilled by registered counsellors.

P3: I think it is really expensive to see psychologists and sometimes some of the problems are just supportive and that and screening and that's what I think they kind of intended for the Registered counsellors to be and I suppose that is what the scope really is and I think there is a need for that and psychologists also get really really busy and they are really really expensive.

Researcher: Please would you elaborate as to the nature of any work that you have done within the community around you in the South African context using your registration as a registered counsellor.

P3: there is actually such a need because and even for registered counsellors to be a bit more equipped and be doing a bit more because there are so many people who I guess we were seeing out of our scope but they just didn't have the finances to be going to a psychologist if that makes sense. There really is a huge need for qualified counsellors and maybe even where our scope is extended a bit and we're able to see more legally. We were seeing so much stuff we probably shouldn't have been seeing just because people couldn't afford to go to psychologists. Most psychologists don't know to refer to us, because they don't know what we do and I suppose as a result lots of people go without consistent help.

Researcher: Could you elaborate a bit more on the kinds of stuff that you were seeing that registered counsellors should or could be able to work with.

P3: I mean, we were seeing, there is a lot of depression and emotional stuff, there were some psychological disorders that you would ideally refer on but (um) you just dealt with as much as you could in a supportive way as possible that we could and through supervision and stuff like that but ideally probably should've gone on to a psychologist, but there just wasn't the capacity for them to be referred on for whatever reason. It was mostly that the individuals couldn't afford anything else so we were well, next best thing.

Researcher: Is there a necessity, in your opinion, for the HPCSA to formalise registered counsellors' social responsibility or work in the community in some way in order to make sure that they are fulfilling their scope of practice criteria which includes work in their community on a primary level.

P3: I would have to say yes to this, but I'm really not sure how they would do it, but maybe things will change now with the new B.Psych program being introduced.

Researcher: Thank you so much for sharing your thoughts and insights with me is there anything else you would like to add.

P3: No, that's all thanks.

TABLE 4
Key to interview colour coding

Theme 1	Reason for qualification
<i>Subtheme 1.1</i>	<i>A desire to assist others with psychological challenges</i>
<i>Subtheme 1.2</i>	<i>Not able to become a psychologist</i>
Theme 2	Perception of the role of registered counsellor
<i>Subtheme 2.1</i>	<i>Necessity for registered counsellors</i>
<i>Subtheme 2.2</i>	<i>Vagueness of profession</i>
<i>Subtheme 2.3</i>	<i>Unsure of role and changing Scope of Practice</i>
<i>Subtheme 2.4</i>	<i>Unclear working context</i>
Theme 3	Misperception and Disregard of registered counsellors
<i>Subtheme 3.1</i>	<i>Misperception of the public</i>
<i>Subtheme 3.2</i>	<i>Disregard of other professionals</i>

Table 4.

APPENDIX 5

South African Journal of Psychology: Information for Contributors

Submission of a manuscript

SAJP is a peer-reviewed journal publishing empirical, theoretical, and review articles on all aspects of psychology. Articles may focus on South African, African, or international issues. Manuscripts to be considered for publication should be e-mailed to sajp@up.ac.za. A covering letter with postal address, e-mail address, and telephone number should be included. The covering letter should indicate that the manuscript has not been published elsewhere and is not under consideration for publication in another journal. An acknowledgement of receipt will be e-mailed to the author (within seven days, if possible) and the manuscript will be sent for review by three independent reviewers. The manuscript number must always be quoted in ALL correspondence to the editor. Only one article per author will be published per calendar year. Exceptions to this rule will be at the sole discretion of the editor (with the associate editors) in the case of an exceptional article that needs to be published, a special issue where the specific article will make a significant contribution, or a written response to a *riposte*, etc. Where authors are invited to revise their manuscripts for re-submission, the editor must be notified (by e-mail) of the author's intention to resubmit and the revised manuscript re-submitted within six weeks. After a longer period, it will be treated as a completely new submission.

Manuscript structure

Manuscripts (including references and tables) should be no longer than 20 pages (5 000 words), and must include the full title of the manuscript, the name(s) of the author(s) and their affiliations, and the name, postal address, and e-mail address of the corresponding author. An abstract, no longer than 300 words, and an alphabetical list of at least six keywords should be provided. The introduction to the article does not require a heading. Tables and figures, with suitable headings/captions and numbered consecutively, should follow the reference list, with their approximate positions in the text indicated.

The manuscript should be an MS Word document in 12-point Times Roman font with 1.5 line spacing. The American Psychological Association (APA, ver. 5) style guidelines and referencing format should be adhered to.

Short submissions

SAJP invites short reports on any aspect of theory and practice in psychology. We encourage manuscripts which either showcase preliminary findings of research in progress or

focus on larger studies. Reports (of no more than 2 500 words) should be presented in a manner that will make the research accessible to our readership.

Language

Manuscripts should be written in English. It is compulsory that manuscripts be accompanied by a declaration that the language has been properly edited, together with the name and address of the person who undertook the language editing.

Ethics

Authors should take great care to spell out the steps taken to facilitate ethical clearance, i.e. how they went about complying with all the ethical issues alluded to in their study, either directly or indirectly, including informed consent and permission to report the findings. If, for example, permission was not obtained from all respondents or participants, the authors should carefully explain why this was not done.