

**PERCEPTIONS OF COMMUNITY PSYCHOLOGY AMONG REGISTERED
PSYCHOLOGISTS**

LORENZA LOGAN WILLIAMS

**Thesis presented in partial fulfilment of the requirements for the degree of Master of
Arts (Psychology) at Stellenbosch University**



Supervisor: Ms. R.L. Carolissen

December 2007

DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature:.....

Date:.....

ABSTRACT

The current South African mental health context can be described as skewed in favour of the predominantly white, paying clientele in the private sector. The mental health needs of the predominantly poor, black population and people in rural areas are consequently left unmet. Community psychology is identified as a suitable approach to providing relevant psychological services to the South African population. However there are many structural barriers to the efficient practice of community psychology, which is further compounded by misconceptions and discouraging connotations attached to this field of practice. The overarching aim of this study was to explore the perceptions of registered psychologists regarding different aspects of community psychology. A further aim was to explore the current practice patterns of registered clinical, counselling, research and educational psychologists in the Cape Winelands district. A postal survey was undertaken, which incorporated both quantitative and qualitative components. A self-administered questionnaire was mailed to all psychologists in the Cape Winelands district who have been registered with the Professional Board of Psychology of the Health Professions Council of South Africa (HPCSA) for at least three years. The data was analysed using frequencies and descriptive statistics as well as content analysis. In this study psychologists raised diverse opinions about community psychology, barriers to service delivery, service providers and users of such services. It appears that despite numerous calls for a more relevant psychology in the South African context, psychologists maintain a preference for the private practice setting. Suggestions were also made for changes so that the provision of community-based psychological services could be more attractive for mental health professionals in South Africa.

OPSOMMING

Die huidige geestesgesondheidskonteks van Suid-Afrika kan beskryf word as onewe in die guns van hoofsaaklik wit kliënte wat vir die dienste betaal in die privaatsektor. Die geestesgesondheidsbehoefte van die oorheersende arm, swart populasië, en mense in die plattelandse gebiede, word gevolglik onvoorsiene gelaat. Gemeenskapsielkunde is geïdentifiseer as 'n gepaste benadering tot die voorsiening van relevante sielkundige dienste aan die Suid-Afrikaanse populasië. Daar is egter sekere strukturele hindernisse tot die effektiewe toepassing van gemeenskapsielkunde, wat vererger word deur wanopvattinge en ontmoedigende konnotasies wat aan die praktisering daarvan geheg is. Die oorkoepelende doel van hierdie navorsingstudie was om die persepsies van geregistreerde sielkundiges omtrent verskeie aspekte van gemeenskapsielkunde, te eksploreer. 'n Verdere doel was om die huidige werksbesettingspatrone van geregistreerde kliniese-, voorligtings-, navorsings-, en opvoedkundige sielkundiges in die Kaapse Wynland distrik te ondersoek. Beide kwantitatiewe en kwalitatiewe komponente word in hierdie opname geïnkorporeer. Vraelyste is gepos aan die steekproef, naamlik die sielkundiges in die Kaapse Wynland distrik wat vir ten minste drie jaar geregistreer is by die Professionele Raad vir Sielkundiges van die Gesondheidsberoepsraad van Suid-Afrika (HPCSA). Die data was geanaliseer deur frekwensies en beskrywende statistieke sowel as inhoud analises uit te voer. Sielkundiges het verskeie opinies gelig aangaande verskeie aspekte van gemeenskapsielkunde, asook hindernisse tot dienslewering. Dit kom voor dat ten spyte van vele oproepe vir meer relevante sielkunde, verkies die meeste sielkundiges steeds om privaat te praktiseer. Verskeie voorstelle was ook aangebied ten opsigte van veranderinge wat oorweeg moet word ten einde die vooruitsig van die voorsiening van gemeenskapsielkundige dienste meer wenslik te maak vir professionele persone in die geestesgesondheidsveld van Suid-Afrika.

ACKNOWLEDGEMENTS

I would hereby like to thank the following people and institutions for their various contributions and assistance in the completion of this study:

- Ronelle Carolissen, my supervisor: For her guidance throughout this study, as well as her understanding and patience with me.
- My parents and family: For all their support and love, and most of all for the sacrifices they have made so that I could continue my studies. I love and appreciate you.
- My friends: For their love, fellowship and encouragement throughout this process.
- Bianca and the Watergarden volunteers and children: For being a positive and essential part of my life.
- National Research Foundation: For financial assistance in the form of a Prestigious/Equity bursary during 2006 and 2007.
- Marieanna le Roux: For her guidance with regards to the technical aspects of this thesis.
- Stellenbosch University: For financial assistance in the form of a postgraduate merit bursary.
- My Father God: For everything. Words fail to describe my gratitude towards Him. Without His grace, strength, wisdom and faithfulness this thesis would not have been possible.

DEDICATION

I dedicate this work to Clyde and Mischké, my siblings, and the Watergarden children. I hope you will also be successful in your studies and reach even greater goals in life. Nothing will be impossible for you, if you believe. I would also like to dedicate this thesis to the multitudes of people in South Africa and abroad who are yet to be reached with accessible and appropriate mental health services.

TABLE OF CONTENT

	Page number
DECLARATION	ii
ABSTRACT	iii
OPSOMMING	iv
ACKNOWLEDGEMENTS	v
DEDICATION	vi
1. Introduction.....	1
1.1. Problem statement and focus.....	1
1.2. Motivation for this study.....	2
1.3. Aims of the study.....	3
1.4. Definitions of terminology.....	4
(a) Mental health.....	4
(b) Community.....	5
(c) Community mental health.....	5
(d) Community psychology.....	6
(e) Cape Winelands.....	6
1.5. Overview of chapters.....	7
2. Theoretical framework.....	8
2.1. Introduction.....	8
2.2. Lewin's Field Theory.....	8
2.3. Kelly's Theory.....	9

2.4. Bronfenbrenner's Systems Theory.....	10
2.5. The community counselling model.....	11
2.6. Integrating theory and practice.....	12
2.7. Chapter summary.....	14
3. Literature review.....	15
3.1. Introduction.....	15
3.2. World mental health context.....	15
3.3. South African mental health context.....	16
3.4. Community psychology.....	20
3.4.1. Emergence of community psychology.....	20
3.4.2. Values of community psychology.....	20
3.4.3. Roles of community psychologists.....	21
3.5. Factors that influence the practice patterns of psychologists.....	23
3.5.1. Perceptions of community psychology.....	23
3.5.2. Training of psychologists.....	25
3.5.3. Employment opportunities.....	28
3.6. Chapter summary.....	29
4. Methodology.....	31
4.1. Introduction.....	31
4.2. Aims of the study.....	31
4.3. Research design.....	31

4.4. Research questions.....	32
4.5. Research methodology.....	32
4.5.1. Target population.....	32
4.5.2. Sample description.....	33
4.5.3. Instrument.....	33
4.5.4. Data collection procedure.....	35
4.5.5. Data analysis.....	36
4.6. Ethical considerations.....	37
4.7. Significance of the study.....	38
4.8. Limitations of the study.....	38
4.9. Chapter summary.....	39
5. Results.....	40
5.1. Introduction.....	40
5.2. Quantitative results.....	40
5.3. Qualitative results.....	48
5.3.1. Current psychological services and activities.....	49
5.3.2. Barriers to efficient mental health service delivery.....	49
5.3.3. Defining community psychology.....	51
5.3.4. Community psychology registration category with the HPCSA.....	52
5.3.5. Activities of community psychologists.....	53
5.3.6. Users of community psychological services.....	54
5.3.7. Community psychological service providers.....	55

5.3.8.	Discouraging factors in community psychology.....	56
5.3.9.	Encouraging factors in community psychology.....	57
5.3.10.	Equipping psychologists to work with communities.....	58
5.4.	Chapter summary.....	59
6.	Discussion.....	61
6.1.	Introduction.....	61
6.2.	Discussion of quantitative results.....	61
6.3.	Discussion of qualitative results.....	65
6.3.1.	Current psychological services and activities.....	66
6.3.2.	Barriers to efficient mental health service delivery.....	67
6.3.3.	Defining community psychology.....	68
6.3.4.	Community psychology registration category with the HPCSA.....	69
6.3.5.	Activities of community psychologists.....	70
6.3.6.	Users of community psychological services.....	71
6.3.7.	Community psychological service providers.....	72
6.3.8.	Discouraging factors in community psychology.....	72
6.3.9.	Encouraging factors in community psychology.....	73
6.3.10.	Equipping psychologists to work with communities.....	74
6.4.	Conclusion.....	74
6.5.	Implications of the study.....	76
6.6.	Recommendations.....	77
6.6.1.	Recommendations for implementation.....	77

6.6.2. Recommendations for future studies.....	78
--	----

References.....	79
-----------------	----

Appendices

Appendix 1: English questionnaire

Appendix 2: Afrikaanse vraelys

Appendix 3: Cover letter 1 (first mailing)

Appendix 4: Cover letter 2 (second mailing)

Appendix 5: Correlation matrix

LIST OF TABLES

	<i>Page number</i>
Table 1: Demographic Characteristics of the Sample.....	41
Table 2: Qualification and Registration of the Sample.....	43
Table 3: Practice Patterns of Sample.....	46

CHAPTER ONE

Introduction

1.1 Problem statement and focus

Structural barriers, training inadequacy, and skewed perceptions of primary mental health care contribute to the identified shortfall of South African mental health service provision (Ahmed & Pillay, 2004; Gibson, Sandenbergh & Swartz, 2001; Kriegler, 1993; Pillay, 2003; Pillay & Petersen, 1996; Richter et al., 1998; Vogelmann, Perkel & Strebel, 1992; Wilson, Richter, Durrheim, Surendorff & Asafo-Agyei, 1999). A vast majority of registered clinical and counselling psychologists in the Western Cape work mainly in the private sector and provide mental health services to a predominantly white¹ clientele in urban settings (Pillay & Petersen, 1996). The World Health Organisation (2001a) indicated that in South Africa approximately 56% of psychiatrists work in private settings. It is further noted that more adequately resourced mental health centres are mostly utilised by the more affluent white population who can pay for these services (World Health Organisation, 2001a). This indicates a skewed psychological service provision in favour of the predominantly white, middle class paying clients leaving the predominantly poor black population and people in rural areas relatively unreached due to the inaccessibility of mental health care services (Ahmed & Pillay, 2004).

As in the case of many sectors in South Africa, the mental health service sector has been affected to a great extent by apartheid legislation that officially ended in 1994. Prior to 1994, psychological services were disproportionately distributed with the white population benefiting most, leaving the coloured, black and Indian people's needs for psychological services unmet

¹Racial terms "white", "coloured", "Indian", and "black" is used in this thesis according to the provisions set under the apartheid government. The researcher opposes racial classification of people and the divisions it creates; yet in order to talk about the inequality that exists in society it is important to use historical labels of racial classification.

(Kriegler, 1993; Lea & Foster, 1990). The impact of apartheid health policies is still evident in present day South Africa. Moreover, many barriers to efficient mental health service provision are evident. These include the high cost of mental health services; commercialised psychology; a poorly funded public sector; the lack of knowledge of mental health services available; lack of emphasis on prevention work; the small number of trained psychologists in relation to the population size; psychologists who are not adequately trained to work in communities; and few employment opportunities for psychologists and registered counsellors in the job market (Gibson et al., 2001; Pillay & Petersen, 1996; Richter et al., 1998; Vogelmann et al., 1992; Wilson et al., 1999).

1.2 Motivation for this study

Some authors suggest that psychologists can make a difference in facilitating the accessibility of mental health services to the majority of the population (Pillay & Petersen, 1996). This includes expanding psychologists' current scope of practice to incorporate more involvement in community work; learning a black language; understanding black cultures and a greater focus on prevention work (Pillay & Petersen).

Against the backdrop of recognising the significant mandate of current and future psychologists in South Africa to be instrumental in providing mental health services that are relevant to our population's needs, this proposed research study aimed to explore the views of registered psychologists regarding their perceived role in this process. The current research study is an expansion of the study done by Pillay and Petersen (1996) about the practice patterns of clinical and counselling psychologists. While Pillay and Petersen's sampling frame consisted of clinical and counselling psychologists only, the current study also included research and educational psychologists as these professionals also have direct access to work with communities. However, this research study is focused on a smaller

sample. Participants in Pillay and Petersen's study identified several approaches or actions that may facilitate in the process of making mental health care services more accessible to the majority of the population. More involvement in community work was identified as an anticipated role change for psychologists in post-apartheid South Africa. Pillay and Petersen's study was done eleven years ago. It is therefore appropriate to explore whether psychologists have acted upon the above mentioned anticipated role change or whether mental health service provision is still skewed in favour of white clientele in the private sector. The current concerns identified by registered psychologists and suggestions of how to bridge the gap between skills and service provision would unquestionably contribute to transformation of the mental health system in this particular geographic area as well as South Africa in general.

Thus the findings of this study may contribute to a knowledge base for community psychology practice, higher education curriculum revision, public policy development regarding the provision of mental health services, and distribution of resources in this particular region and in the broader South African context. This study is therefore likely to contribute to the process of making mental health care more accessible to people who previously had no access to such services.

1.3 Aims of the study

The overarching aim of this research study was to explore the perceptions of registered psychologists about different aspects of community psychology. A further aim was to explore the current practice patterns of registered clinical, counselling, research and educational psychologists who have been registered with the Professional Board for Psychology of the Health Professions Council of South Africa (HPCSA) for three years or more and who are practising in the Cape Winelands district.

1.4 Definitions of terminology

A brief outline of the key terminology that will be used throughout this thesis follows below. These terms are mental health; community; community mental health; community psychology, as well as a description of the Cape Winelands district.

(a) Mental health

The term mental health, also referred to as wellness or well-being, is defined differently in diverse social contexts (Naidoo, Van Wyk & Carolissen, 2004; World Health Organisation, 2001c). There is not one definition that accurately defines or holds together these terms. In this research study the term mental health will be used to refer to the overall well-being of individuals and communities as described by Cowen (1994). According to Cowen there are several elements inherent in the term wellness. These elements include “behavioural markers” such as healthy sleeping, eating, productivity, and having satisfactory interpersonal relationships, as well as being able to perform tasks that are appropriate for their age and ability. Other elements Cowen termed “psychological markers” such as having “a sense of belongingness and purpose”, a measure of control over one’s direction of life, as well as being content with oneself and one’s existence (Cowen, 1994). The World Health Organisation (2001c) contends that the term mental health is much more inclusive than the mere absence of mental illness. Some concepts that are inherent to mental health include among others an individual’s subjective wellness; noted self-efficacy; self-determination; personal ability; “intergenerational dependence”; as well as the “self-actualisation of one’s intellectual and emotional potential” (World Health Organisation, 2001c).

(b) Community

Lay people often describe the term community in geographic terms such as urban versus rural communities; and a group connected by similar cultural, racial or ethnic origin. In this research study the definition of community as described by Lewis, Lewis, Daniels and D'Andrea (2003) will be adopted as this is more comprehensive and includes different types of communities such as families, neighbourhoods, schools and organisations. According to Paisley the word community refers to a group of people who have similar interests and needs (cited in Lewis et al., 2003). The word community is further used to refer to systems having inherent harmony, stability, and expectedness. There is interdependence between individuals, groups, and organisations that constitute a community. Different communities are further interconnected, and people can belong to different communities at the same time (Lewis et al., 2003).

(c) Community mental health

Community mental health refers to the practice of psychological services within community settings and is incorporated into the public health system. Furthermore, community mental health constitutes a comprehensive approach as it consists of both preventative and curative strategies of mental health service provision (Naidoo et al., 2004). When working from a community mental health perspective, individuals, groups, organisations and even whole communities in a specific geographic area are possible targets for intervention. There is also a focus on empowerment, promotion of mental well-being, as well as an advocacy component together with the traditional way of treating mental illness in individuals (Naidoo et al.). The community mental health perspective incorporates treatment, consultation, and educational and emergency services to its users. Emphasis is also placed on ease of access and

availability of services to all people despite their ability to pay, collaboration with other relevant sectors and agencies as well as sustained care (Mosher & Burti, 1994).

(d) Community psychology

Since the origin of community psychology in May 1965, consensus has still not been reached regarding a definition of this novel branch of psychology (Heller & Monahan, 1977). However it has been agreed that community psychology, as a discipline, is multifaceted. Therefore a single definition fails to capture its complexity (Naidoo, Shabalala & Bawa, 2003; Pretorius-Heuchert & Ahmed, 2001). Concepts inherent in community psychology include the awareness of environmental influences on human behaviour; interaction between the individual and the environment in which they live; a focus on prevention of mental health problems; the promotion of well-being; the empowerment of individuals groups and communities; as well as intervening with socio-political or structural conditions that may lead to mental health problems (Naidoo et al., 2003; Pretorius-Heuchert & Ahmed, 2001; Prilleltensky & Nelson, 1997). Further tenets of community psychology are the alternative ways (from mainstream psychology) in which the origin, nature and progression of mental health conditions are comprehended. Moreover, the development and implementation of culturally relevant programmes that focuses on empowerment of communities, and social justice, which involves creating access to psychological services particularly but not exclusively for the formerly overlooked and subjugated people, is also included (Naidoo et al.; 2003; Prilleltensky & Nelson, 1997).

(e) Cape Winelands

The Cape Winelands district is one of five regions in the Western Cape, South Africa. Towns that are included in the Cape Winelands region are Franschhoek; Paarl; Robertson;

Stellenbosch and Wellington among others (Wikipedia, 2007). The rest of the regions in the Western Cape are the Cape Peninsula; Garden Route; Little Karoo; the Overberg and West Coast (Wikipedia, 2007).

1.5 Overview of chapters

The thesis will commence with an outline of a theoretical framework in chapter two in which relevant theories that will form the basis for the interpretation of obtained data will be discussed. Chapter three contains a review of the relevant literature that sketches the backdrop of the current study. Aspects that will be discussed in the literature review include an overview of the world mental health context; the current South African mental health context as well as the influence of apartheid policies on the present situation; and a discussion of community psychology in South Africa and abroad. Factors that influence the practice patterns of psychologists, such as perceptions of community psychology, training of psychologists and employment opportunities will bring the literature review to a close. In chapter four the research design and methodology that was applied in the current study will be explained. In chapter five the quantitative and qualitative results of this study will be presented and the respective findings will subsequently be discussed in chapter six. In addition, concluding remarks along with recommendations for further studies and implementation possibilities will also be discussed in chapter six.

CHAPTER TWO

Theoretical framework

2.1 Introduction

In the field of community psychology human behaviour is viewed from different perspectives that in turn define the roles of community psychologists in a specific context. These perspectives are the mental health; social action; ecological; and organisational perspectives (Pretorius-Heuchert & Ahmed, 2001). Professionals who call themselves community psychologists rarely comply with a single perspective, but draw from the various theories in their everyday practice (Pretorius-Heuchert & Ahmed, 2001). An ecological perspective of community psychology will be adopted in this thesis. The individual is considered within the environmental context in which they live, thus a holistic view of the person is adopted (Lewis et al., 2003; Scileppi, Teed & Torres, 2000). According to the ecological perspective human behaviour is therefore influenced not only by the person's internal environment but also by their surroundings. Therefore, in order to provide psychological services that are relevant psychologists have to not only understand but also attempt to intervene in the environment in which people live. Scileppi et al. (2000) give a broad overview of various theories that are inherent in the ecological perspective and will firstly be discussed. Afterward, the community counselling model as proposed by Lewis et al. (2003) will be given as a model for community psychology practice. An integration of the theory and community counselling model will then bring this chapter to a close.

2.2 Lewin's Field Theory

Lewin's Field Theory holds that both internal and external forces influence human behaviour. He proposed the formula $B=f(P, E)$ which implies that "behaviour is a function of the person

and the environment” (Scileppi et al., 2000). Internal characteristics of the person include their personality characteristics, competence, desires, prospects, objectives, recollections, convictions and views. External forces that may influence behaviour include the social environment such as, relationships with other people, culture, acceptable standards, regulations, as well as physical influences such as temperature, contamination, obtainable nutrients and possible contaminants (Scileppi et al.). Lewin further contends that people’s behaviour is not just influenced by these forces; the individual has certain experiences and perceptions that also play a role in behaviour. Thus an individual responds to a situation based on their perceptions of it. Therefore in order to promote change in human behaviour it is fundamental to alter both the internal and external characteristics that influence behaviour. This implies that psychologists working from an ecological perspective within the field of community psychology understand this phenomenon and attempt to alter both the clients’ environment in which they live as well as their internal characteristics, which include their understanding of situations. Lewin therefore highlights one of the fundamental principles of community psychology namely empowerment (Scileppi et al.). For example, this may imply assisting deinstitutionalised psychiatric patients to acquire skills necessary for daily living, and helping them to believe that they are able to function well in the community. On the other hand it may imply informing the community members about the abilities and needs of deinstitutionalised people (Scileppi et al.).

2.3 Kelly’s Theory

Kelly applied the ecological theory as described by Lewin to understand the forces that affect the individual’s behaviour within the community (cited in Scileppi et al., 2000). Kelly delineated four processes that illustrate the functioning of a social system and how an awareness of these processes can help community psychologists in developing useful

strategies for helping people who experience complications in daily living. These processes are interdependence, cycling of resources, adaptation and succession (Scileppi et al.). The principle of interdependence holds that changes in one sector of the social system affect all aspects in some way and that people in the system fill in the openings or gaps as it arise. Cycling of resources as described by Kelly refer to how resources and energy sources may be transferred and utilised in different sectors within the social system. These resources may include human resources such as unemployed women who may provide after school play activities and supervision in an under-resourced community. It may also be physical resources such as a sports clubhouse that can also be used as an after school activity centre, a church venue and a meeting place for the community. Adaptation refers to the individual's aptitude to live and grow in a specific environment. For the community psychologist it concerns creating a better person-environment fit. This may imply altering the environment or empowering the person to be able to flourish in more situations. The fourth process namely succession suggests that stronger or more adaptable populations will replace weaker or less adaptable populations as environments change. Kelly further suggests that environments affect people differently; implying that some people may be constrained while others may thrive in certain situations (Scileppi et al.). Psychologists working with communities need to be aware of these processes in the social system in order to develop effective strategies and provide adequate services and resources.

2.4 Bronfenbrenner's Systems Theory

Bronfenbrenner proposed an ecological theory to understand child development. He perceived the social environment as consisting of four different systems that are "nested" and have an effect on each other. The four systems as described by Bronfenbrenner are the smallest microsystem, the mesosystem, exosystem, and the macrosystem (cited in Scileppi et

al., 2000). The microsystem level of the social context refers to the direct surroundings of the individual, which may include those persons that the individual often interacts with such as family members and friends. The mesosystem is made up of the links between two or more microsystems. On this level the degree of synergy among the different microsystems is important, for example the home, school and peers. The exosystem is Bronfenbrenner's third level in the social environment and refers to the interconnection among the microsystem and situations that are seldom experienced directly by the individual. For example decisions made by the school governing body have an effect on the learners. The macrosystem is the fourth and most universal system in the social context. It constitutes "large-scale societal aspects such as ideology, culture, and political and economic conditions" (cited in Scileppi et al., 2000). Abrupt changes in these large-scale factors, such as new policies on service distribution, may affect everyone in society and should therefore be taken into account when viewing human behaviour (Scileppi et al.).

2.5 The community counselling model

The community counselling model as developed by Lewis et al. (2003) is based on the ecological perspective of human behaviour and is a mode of practicing community psychology. Within this model the roles of psychologists are extended beyond their traditional role of therapists and consultants. This model consists of four facets namely direct client services, direct community services, indirect client services, and indirect community services (Lewis et al.). Regarding direct client services the psychologists perform their counsellor and therapist roles, which is similar to the conventional clinical and counselling psychologists. In terms of direct community services psychologists engage with preventative education, for example drug awareness programmes in schools. Indirect community services constitute engagement with the promotion of structural changes and influencing public policy. Regarding

indirect client services the role of psychologists are that of advocates and consultants (Lewis et al.).

2.6 Integrating theory and practice

The principles highlighted in the different ecological theories can be observed in the community counselling model. As mentioned in Lewin's field theory, community psychologists attempt to alter both the internal and external environment in which people live (Scileppi et al., 2000). Altering the internal environment of people is reflected in the direct client services facet of the community counselling model where the psychologist take on a counsellor and therapist role (Lewis et al., 2003). This may imply preparing psychiatric patients to be deinstitutionalised through counselling and acquiring new skills. Whereas altering the external environment is reflected in the indirect client services and indirect community services facets of the community counselling model. For example community psychologists may engage in awareness activities such as information sessions about mental illness and deinstitutionalised psychiatric patients' abilities and needs. Within the indirect community services facet it may imply attempting to influence policies on redistribution of services for deinstitutionalised people (Lewis, et al.; Scileppi et al.).

Kelly's principle of interdependence is reflected in the direct community services facet of the community counselling model (Lewis et al., 2003; Scileppi et al., 2000). In this regard community psychologists can for example mobilise university students to provide after school activities and supervision for the children in under-resourced communities. Thus they fill a gap or attend to a need for such a service. Cycling of physical resources can for example be demonstrated in the direct community services facet of the community counselling model as the local sports clubhouse being utilised as an after school activity centre in addition to a meeting venue for other community activities in an under-resourced community. Similarly,

cycling of human resources can be observed where community members for example assist with after school activities and supervision for groups of children in their community. Kelly's principle of adaptation is incorporated within the direct and indirect client services facets of the community counselling model. In the direct client services facet, adaptation of the person to the environment refers to empowerment of the individual such as teaching psychiatric patients new skills enabling them to live successfully in the community. Indirect client services would imply preparing the community to accept deinstitutionalised patients back into the community. Kelly's principle of succession is reflected in the direct and indirect community services components of the community counselling model. Direct community services may entail creating a safe place for vulnerable children and youth in under-resourced communities in an effort to prevent them from falling prey to destructive forces and influences in their communities. Indirect community services with regards to the succession principle may involve influencing public policy regarding redistribution of resources and funding in order to ensure a safe environment for those who may be at risk such as deinstitutionalised psychiatric patients and even children and youth in under-resourced communities (Lewis et al., 2003; Scileppi et al., 2000).

Bronfenbrenner's microsystem relates to the direct client services component of the community counselling model (Bronfenbrenner, 1979; Lewis et al., 2003; Scileppi et al., 2000). Intervention at this level may entail individual therapy and counselling. Within the indirect client services facet of the community counselling model Bronfenbrenner's meso- and exosystems are applicable. Intervention at this level may entail family counselling in an effort to enhance the synergy between the individual and his family. The meso- and exosystems are also applicable to the direct community services facet of the community counselling model. Intervention at this level may involve networking with the different role players and service

providers in the community in order to enhance the synergy between the different systems and to create a positive environment for the individual's development. Bronfenbrenner's macrosystem can be linked with the indirect community services facet of the community counselling model. At this level community psychologists attempt to influence major societal aspects that may affect everyone in society such as policies on redistribution of resources, drug policies in schools, social grants and so forth (Lewis et al., 2003; Scileppi et al., 2000).

2.7 Chapter summary

In this chapter a theoretical framework was sketched that will form the basis for data interpretation. An overview was given of various theories that fall within the ecological perspective of human behaviour (Scileppi et al., 2000). Lewin's field theory suggests that both the internal and external environment in which people live influence behaviour. Kelly delineated four processes to describe the functioning of the social system namely interdependence, cycling of resources, adaptation and succession. Bronfenbrenner's systems theory was then presented in which he described the social environment as comprised of four nested systems namely the micro-, meso-, exo-, and macrosystem. A description of the community counselling model as developed by Lewis et al. (2003) was then given. The researcher then integrated the different ecological theories with the community counselling model which drew the chapter to a close.

CHAPTER THREE

Literature review

3.1 Introduction

The literature review will be discussed in terms of several aspects regarding psychology in South Africa. A broad overview of the world mental health context will firstly be sketched in order to situate the framework of mental health on a global level. The current South African mental health context will subsequently be discussed as well as the influence of apartheid on the current mental health context. The development of community psychology abroad and in South Africa will then be reviewed, including the critiques of both traditional and community psychology; the values of community psychology; and the roles of psychologists in the community framework. A discussion on the factors that may influence the practice patterns of psychologists, including perceptions of community psychology; training of psychologists; and employment opportunities will bring the literature review to a close.

3.2 World mental health context

In the global mental health context, mental health is not considered as important as physical health with the result that many people with mental health problems do not receive the necessary treatment for their conditions (World Health Organisation, 2001c). The World Health Organisation (WHO) estimates that 12% of the universal burden of disease consists of mental and behavioural disorders, yet in the majority of countries the mental health component comprises less than 1% of their total health expenses (World Health Organisation, 2001c). The reality that mental health is historically situated in the medical paradigm further contributes to the neglect of the mental health needs (Lea & Foster, 1990). The discontinuity in treatment may therefore be detrimental to the overall well being of a country. Recently

however the importance of mental health has been recognised and is receiving progressively more attention, as mental health policies are being developed and adapted. There is a progressive global trend to incorporate mental health care in the public health system. The World Health Organisation (2001b) highlighted various advantages of incorporating mental health services into the general health system. Therefore services are becoming more accessible geographically and less stigmatisation may occur since mental disorders are being managed like other physical disorders. There is also progress in screening, detection and treatment rates of mental health problems and improved quality of care due to a more comprehensive approach to improving health. Mental health services are furthermore becoming more cost effective since infrastructure is shared (World Health Organisation, 2001b). In accordance with global trends, the issue of integrating mental health care into the public health system has also been written into the South African mental health policy, which will be discussed later.

3.3 South African mental health context

Psychology in South Africa cannot be discussed without including the socio-political context in which it is rooted. This necessitates awareness of the influence that apartheid policies had on mental health service provision and recipients of such services. During the apartheid era the South African mental health sector was racially segregated, as were many other sectors in our society with white people benefiting the most (Ahmed & Pillay, 2004; Foster & Swartz, 1997; Kriegler, 1993; Lea & Foster, 1990; Naidoo et al., 2004; Suffla & Seedat, 2004; Vogelman et al., 1992). Consequently psychological services were inaccessible for the majority of the South African population. Mental health services were therefore accessible mainly to a minority of people who were white, or the persons who needed to be institutionalised because of the severity of their mental illness (Lea & Foster, 1990; Petersen,

2004). Van der Westhuizen (1990) suggested that coloured and Indian people were next in line after whites to gain access to mental health services. It was also suggested that black people would have been fortunate if there were any services available to them in certain areas (Cooke, Hollingshead & Tickton, 1990). Besides the accessibility issue, the services or facilities were furthermore of different quality, with white people benefiting from mental health services at the best quality facilities while the rest of the groups had to make use of poorer quality facilities (Ahmed & Pillay, 2004; Cooke, Hollingshead & Tickton, 1990). In this context of inequality, most psychologists maintained a position of political neutrality, which has been criticised as agreement with the oppressive system (Ahmed & Pillay, 2004; Seedat, 1998). Furthermore, the majority of psychologists represented in South African psychology journals between 1948 and 1988 were white males, who were affiliated with historically white English or Afrikaans universities (Seedat, 1998). Black, coloured and Indian people were therefore underrepresented in the mental health sector.

During the 1980's and early 1990's the relevance of psychology in South Africa was questioned mostly in response to the apartheid situation. Many progressive psychologists questioned whether the practice of psychology is relevant in a society in which material needs are of greater concern (Ahmed & Pillay, 2004; Swartz & Gibson, 2001; Vogelmann et al., 1992). Along with the political shift in South Africa, mental health policies were also being adapted in an effort to bring about transformation in the field of mental health. De la Rey and Ipser (2004) have argued that during the first ten years of democracy in South Africa, psychology has changed in some ways. There appears to be a minor increase in the representation of marginalised groups in psychology authorship; psychologists seem to be open to post-apartheid policy concerns; psychology in South Africa seems to be consistent with global theoretical tendencies. However, they suggest that there is still a lack of theories

and methodologies that are ground breaking and unique to the South African context. Furthermore the political nature of psychological knowledge has been acknowledged and psychologists' stance of impartiality regarding the apartheid situation overturned, which led to accompanying changes in psychology curricula; greater focus on communities through the emergence of community psychology; and more consideration to issues of race, gender and ethnicity (De la Rey & Ipser, 2004). It is also suggested that there is an escalating tendency for women to enter the psychology profession (Mayekiso, Strydom, Jithoo & Katz, 2004).

Participants in Pillay and Petersen's study (1996) indicated that they did not think that the mental health system attends to the needs of all South Africans. Various authors have further identified certain aspects that constitute barriers to efficient mental health service provision. These include the high cost of mental health services; commercialising psychology; a poorly funded public sector; the lack of knowledge of mental health services available; lack of mental health services in rural areas; lack of emphasis on prevention; the small number of trained psychologists; poorly and inappropriately trained psychologists in the public sector; few employment opportunities for psychologists in the job market; mental health services that are too centralised; and the high cost of public transport to access these services (Gibson et al., 2001; Lea & Foster, 1990; Pillay & Petersen, 1996; Richter et al., 1998; Vogelman et al., 1992; Wilson et al., 1999).

The fact that most psychologists in South Africa are not proficient in an African language presents a further problem of inaccessibility to mental health services due to the language barrier (Pillay & Petersen, 1996). The use of translators or interpreters in psychological interviewing may compromise the quality of services, for example confidentiality is violated, which is a fundamental part of psychological interviewing (Swartz, 1998).

The preceding discussion suggests that major changes needed to be made to mental health policy and service provision in South Africa in the post-apartheid era. The current South African mental health act recognises that “there is a need to promote the provision of mental health care services in a manner which promotes the maximum mental well-being of users of mental health care services and communities in which they reside” (Mental Health Care Act, 2002). The mental health policy emphasises access to mental health services on multiple levels to all South Africans. Mental health services are being incorporated mainly on the primary level of health service provision, where health professionals such as nurses are being trained to identify psychological problems (Freeman & Pillay, 1997).

Petersen (1998) suggests that the “add-on approach” to the integration of mental health care into the primary health care system will fail if it is not accompanied by a paradigm shift. Furthermore, an ecological perspective needs to be adopted where people's living environments are being acknowledged in the onset and progression of mental illness. Petersen (2000) further argues that there may be difficulties with this approach as care at this level is being implemented in a biomedical context and that restructuring is needed to support this comprehensive approach. In addition, Petersen (2004) argues that there is uncertainty as to whether the integrative approach is effective, and that even with the proper training primary health care nurses may not have the time or the will to provide psychological services. It is suggested that apart from psychologists and psychiatrists, registered counsellors, a relatively new professional category accredited by the Professional Board for Psychology of the HPCSA, may also be able to address the population's need for more accessible mental health services (Petersen, 2004). It is important at this point to provide an overview of community psychology as the turn to community and community psychology during the 1980s perhaps

signalled, at least in psychology, a broader practical recognition of the impact of structural issues on mental health.

3.4 Community psychology

3.4.1 Emergence of community psychology

A conference held in Massachusetts, United States of America during May 1965 marked the birth of community psychology as a discipline. Conference attendants agreed on the need for a new domain of psychology but did not agree on a definition thereof or the direction that this novel field should take on (Heller & Monahan, 1977). The field of community psychology emerged in response to widespread criticism of mainstream psychology among others as being lengthy and an exclusive method only applicable to a certain range of mental health problems (Heller & Monahan).

Similarly in South Africa, community psychology originated in an oppressive context and in response to criticism of mainstream psychology (Ahmed & Pillay, 2004; Pretorius-Heuchert & Ahmed, 2001; Vogelman et al., 1992). Demands that lead to the emergence of community psychology as outlined by Pretorius-Heuchert and Ahmed (2001) included a call for more appropriate mental health services, a socio-political necessity for action by the field of psychology against subjugation, as well as requirements from inside psychology itself for a more relevant psychology regarding its practice, theory and research. These demands implied a focus on social change as its overarching aim and outcome.

3.4.2 Values of community psychology

Community psychology adopts certain values that guide its theory and practice. These values include maintaining an ecological perspective; prevention; empowerment of individuals, groups and communities; creating a psychological sense of community; and social justice

(Lewis et al., 2003; Naidoo et al., 2003; Prilleltensky & Nelson, 1997). Human behaviour is viewed from an ecological perspective, which implies that individuals are considered within the context or environment in which they live (Scileppi et al., 2000). Furthermore interventions are focussed on improving the person-environment fit.

The value of prevention is proposed as it is recognised that a curative method of addressing mental health problems are inadequate to a large extent. There are three forms of prevention namely primary prevention, secondary prevention, and tertiary prevention (Durlak & Wells, 1998). With primary prevention activities professionals endeavour to intervene with “normal populations” to prevent problems from forming in the first place. Secondary prevention activities are aimed at people with “subclinical-level” problems, while tertiary prevention activities endeavour to impair the extent of established disorders (Durlak & Wells).

Empowerment can be viewed as an ongoing, ecological process within communities. It focuses on enhancing wellness, creating access to resources, as well as highlighting people’s strengths and abilities (Foster-Fishman, Salem, Chibnall, Legler & Yapchai, 1998; Trickett, 1994; Zimmerman, 1995). A psychological sense of community develops among people as they participate in community intervention initiatives and are being empowered. Social justice comes about when resources become available within communities that previously had a shortage of it or lacked it completely (Lewis et al., 2003; Naidoo et al., 2003; Prilleltensky & Nelson, 1997; Zimmerman, 1995).

3.4.3 Roles of community psychologists

The roles and professional identities of psychologists need to be reviewed in order to ensure the delivery of psychological services that are appropriate to the population’s needs. The stance of political impartiality that was adopted during Apartheid was rejected and as

psychologists responded to changes their roles also included that of “community mobilisers”; “conscientisers”; and “advocates of human rights and safety”, together with their conventional roles of therapists and psychometricians (Ahmed & Pillay, 2004; Seedat, MacKenzie & Stevens, 2004). Other activities performed by community psychologists include the facilitation of strategic planning to help communities reach specific goals and encouraging community change; as well as assessing and monitoring community well-being (Kriegler, 1993; Pretorius-Heuchert & Ahmed, 2001). In terms of the community counselling model as developed by Lewis et al. (2003) psychologists are expected to perform multiple roles. By adopting this method of mental health service delivery an attempt is being made to address the relevance issue as psychologists and counsellors give attention to both the individual and the environment in which the client lives. Roles of psychologists as outlined by the community counselling model, are reflected in four categories namely direct client services, direct community services, indirect client services, and indirect community services (Lewis et al., 2003). Under direct client services, psychologists perform counsellor and therapist roles. In terms of direct community services psychologists engage with preventative education. Indirect community services constitute engagement with the promotion of structural changes and influencing public policy. In indirect client services the role of psychologists are that of advocates and consultants (Lewis et al., 2003). Since community psychologists adopt an ecological perspective of human behaviour, it is therefore pivotal that their roles should extend beyond traditional roles of therapists, counsellors and consultants. After having reviewed what theoretical models and authors suggest psychologists’ roles should be, an overview of the literature that comments on actual factors that tend to influence practice patterns of psychologists will be discussed below.

3.5 Factors that influence the practice patterns of psychologists

Historically clinical psychology in the private sector, and more specifically independent private practice, has been the most popular choice for psychologists and psychology students. This may be due to the “Western-based” training models that are used in professional training (Mayekiso et al., 2004). Furthermore, the current registration categories for psychologists with the HPCSA are clinical, counselling, research, educational and industrial psychology (Health Professions Council of South Africa, 2007). More community-based psychological interventions have been proposed during the emergence of community psychology in South Africa but only until recently have local and international policy documents meaningfully consolidated these mental health concerns (African National Congress, 1994; World Health Organisation, 2001a; World Health Organisation, 2001b). Community based approaches to mental health therefore need to be incorporated into the training of psychologists as the first step to addressing the population’s mental health needs. Perceptions of community psychology as an appropriate intervention mode in South Africa; training of psychologists; and employment opportunities were selected as some key factors that may influence psychologists’ practice preference. These factors will be discussed in turn.

3.5.1 Perceptions of community psychology

There is limited research pertaining to students’ perceptions of community psychology as a discipline. It appears that there are many negative connotations attached to the practice of community psychology and as such it deters students from pursuing it as a career. Research studies by Gibson et al. (2001) and Johnson (2006) with psychology students at South African universities yielded interesting results. They found that students viewed community psychology as a “pseudoscience” and noted the resemblance to social work. As such, its resemblance to social work creates the perception that it is a less valuable component of

psychology as social work occupies lower status than psychology in the mental health service hierarchy. It is suggested that psychology students find it difficult to shift their thinking away from the traditional individualistic view towards an ecological perspective, the framework from which community psychology operates. It was mentioned by Johnson (2006) and Elkonin and Sandison (2006) that psychology students may even use community psychology and the registered counsellor degree as a method of obtaining entrance to their preferred form of psychology practice, which is clinical work. Community psychology is often seen as the psychology for poor, black people in under-resourced communities (Johnson, 2006). Students experience many barriers including language and cultural barriers when doing practical work in communities and describe it as being challenging and strenuous. Feelings of powerlessness, anxiety and guilt are often experienced by students when doing community work. Johnson (2006) also noted the perception of black professionals being more adequately equipped to deliver community psychological services.

Community psychology as a discipline has also been criticised as being slow to translate its theory into practice. It is said that community psychology is merely just “celebrating or simply accepting the categories of community, culture and race” (Painter & Terre Blanche, 2004). The fact that it is positioned mainly in the conventional academic training programmes further adds to a perceived ambiguity for both students and professionals (Painter & Terre Blanche). Besides the widespread criticism and uncertainties, community-based interventions such as the compulsory community service training year for psychologists and the psychology clinic on the Phelophepa train and other small scale community psychology intervention projects have brought psychological services within reach of many people who may not have had access to such services otherwise (Painter & Terre Blanche).

3.5.2 Training of psychologists

Shortcomings in training are said to be one of the main reasons why the current mental health system fails to meet the needs of the population (Kriegler, 1993). Professional training of psychologists in South Africa is historically focused mainly in the fields of clinical and counselling psychology based on Western models of intervention. Furthermore, the vast majority of psychologists registered before 1994 were white and middle class, which added to the scarcity of psychological services to the black population (Pillay, 2003).

Research has suggested that in theory community psychology is considered as an appropriate method of providing psychological services to the South African population. However there are many structural barriers to the efficient practice of community psychology within the South African context (Vogelman et al., 1992). It is also suggested that structural changes alone will not facilitate transformation, but that change needs to happen within individuals regarding their views, attitudes, values as well as relations with other people and this needs to be integrated into the training of psychologists (Pillay, 2003).

The need for more community-based care has been identified in the ANC National Health Plan (1994) as a means of addressing mental health demands. This consequently implied changes regarding the training of psychologists to include exposure to community work. Many South African universities began to include community psychology into their curriculum during the late 1980s and continuously endeavour to refine the curriculum that can be sensitive to South African mental health needs. Gibson et al. (2001) studied the integration of community and clinical practice in the training of psychologists at a South African university. They identified particular difficulties that students experienced. Sources of anxiety for students included discrepancies in culture and language between students and clients, violence in communities, the notable evidence of poverty and deprivation in communities where students

receive practical training. Students added that the demanding nature of problems and needs in the communities, and theoretical confusion as they were also exposed to an unfamiliar body of knowledge also overwhelmed them. Further factors that contributed to students finding community psychology difficult, was the perceived political demand to succeed in bringing about social transformation; the novel and marginal status of community work in professional training; as well as community psychology being very different from conventional forms of clinical practice (Gibson et al., 2001).

Similarly, a recent study that explored the training of educational psychologists at a South African university found that students received ample grounding in community psychology theory but was accompanied by few practical community work opportunities which led students to feel ill-equipped to work directly with clients in communities (Pillay, 2003). Several suggestions that were made by participants in that particular study include the need for practical rather than only theoretical training, the call for training in cross-cultural relations and the practice of communal rather than individual psychology. Furthermore, the need for action research, the necessity of a person-in-context training perspective and the demand to address social issues was highlighted. In addition, the importance of working with other key role players, the need to focus on prevention rather than a remedial perspective, and the necessity to focus on broad training of psychologists to include other disciplines was also stated (Pillay).

Roos et al. (2005) explored students' experience of service learning in community settings. They found that the opportunity to incorporate theory with real life situations contributed to the overall growth of students. Some of the aspects highlighted include an increased awareness of the two-way interaction process between people and the environment in which they live; the importance of collaboration in community interventions; and a better understanding of the

term community. Furthermore, the importance of an attitude of respect for people's worthiness, as well as flexibility and adaptability were also highlighted as important characteristics when working with communities (Roos et al.). Similarly, about 90% of the participants in Pillay and Harvey's (2006) study mentioned that they believe that they made a positive difference in the communities they served and in addition their personal confidence levels also improved during their community service year.

Pillay and Harvey (2006) explored the experiences and views of the first group of community service clinical psychologists. Various aspects with regards to their work situation were tapped into, which led the researchers to make some recommendations of aspects that may be addressed in the training of psychologists already, if it is not already part of the training programme. These include organisational and administrative skills in order to equip them to set up services in settings where it did not exist before; skills in generating, implementing and managing psycho-educational programmes aimed at specific needs of the community in which they work; training and teaching skills to enable other health workers to recognise and manage less serious mental health problems; as well as short-term intervention skills (Pillay & Harvey, 2006).

Besides the content of training programmes it is also important to note whom universities are training to become practitioners. This relates directly to the relevance of the psychology profession in the South African context. Mayekiso, et al. (2004) found that over the past few years many South African universities have reviewed their selection criteria for the professional training of psychology students to broaden access for students from previously disadvantaged backgrounds. This change was requested in the post-Apartheid era to address the dire need for more black psychologists whom the authorities thought might be able to redress the inequalities that were created. Although the selection criteria were revised, the

process of changing demographics seemed to be slow and did not appear to be at the expense of white students but rather of the two other under represented groups namely the Coloured and Indian students (Mayekiso, et al.).

3.5.3 Employment opportunities

Apart from identified training inadequacies of psychologists to work in communities it is suggested that the South African job market is structured in such a way that it cannot provide employment for the increasing number of trained and registered psychologists (Richter et al., 1998). Most psychologists are currently practicing in the private sector by providing services to paying clients (Pillay & Petersen, 1996; World Health Organisation, 2001a). The majority of participants in Pillay and Harvey's (2006) study stated that they are planning to go into private practice after their compulsory community service year, and some indicated preference for clinical psychology exclusively.

In employment advertisements for psychology graduates emphasis is placed on practical experience, candidates being adaptable to situations as well as being innovative. Psychology graduates are often expected to perform other tasks that were overlooked or barely touched on in their formal training such as training or teaching other staff members, administration and management of service delivery organisations (Pillay & Harvey, 2006; Richter et al., 1998; Wilson et al., 1999). It is further noted that the South African labour market is still unsteady due to four decades of Apartheid influences (Wood & Mellahi, 2001). Therefore it would be unlikely for professionals to venture into services in the community setting where income is not as steady as in private practice.

This situation is also reflected in the experience of registered counsellors. Extremely few registered counsellors are employed as counsellors. This new professional category that was

created with the aim of providing more general psychological services at a primary level, appears to be failing in its initial aim (Elkonin & Sandison, 2006). Besides the lack of certain skills in the work setting, the unclear public perceptions of the roles and scope of practice of registered counsellors, and few employment opportunities further complicate the employment seeking process (Elkonin & Sandison). The profession has lost many trained counsellors and other psychology graduates due to a lack of employment opportunities. It has been suggested that the government should provide more posts for mental health professionals in psychiatric and general hospitals, schools as well as in community health centres (Elkonin & Sandison, 2006; Kriegler, 1993). The above-mentioned challenges to employment for psychologists in all probability contribute to psychologists' choice of service delivery in private practice in urban settings.

3.6 Chapter summary

In this chapter a synopsis was given about the contemporary literature related to this research study. A broad overview was firstly sketched about the world mental health context, where it was mentioned that in many countries' mental health needs suffer neglect due to the reality that mental health care is embedded in a medical paradigm and that medical problems are attended to first and foremost. The South African mental health context was then discussed with reference to the unequal service distribution during apartheid. Various barriers to appropriate and efficient mental health services were pointed out; as well as the skewed service provision in favour of the predominant white clientele in urban settings by private practitioners. Next community psychology was discussed in terms of its emergence, the values by which it operates, and proposed roles of community psychologists. Afterwards various factors that may influence psychologists' practice preference were considered which

included the perceptions of community psychology; the training of psychologists; as well as employment opportunities.

CHAPTER FOUR

Methodology

4.1 Introduction

In this chapter various aspects regarding the design and methodology which was employed in this study will be discussed. This includes an outline of the study aims; the research design and methodology, which will include a description of the target population, sample, data collection instrument used, procedure followed, as well as the data analysis process. Ethical issues that were taken into consideration will also be reviewed briefly.

4.2 Aims of the study

The predominant aim of this study was to explore perceptions that registered psychologists have regarding different aspects of community psychology. A secondary aim was to explore the current practice patterns of registered clinical, counselling, research and educational psychologists in the Cape Winelands district, who have been registered with the HPCSA for three years or more.

4.3 Research design

The current study incorporates both quantitative and qualitative components. It is suggested that qualitative research is progressively becoming more recognized in the social sciences (Berg, 1998). This study can be described as a status survey that was applied to gather information on the current practice patterns of psychologists in the Cape Winelands District as well as their views on community psychology. Survey research is a well-established research technique and is possibly the most commonly used method of observation in the social sciences (Babbie, 1995). This form of research is a low-constraint method and is commonly used for the purpose of describing a sample or exploring an area of interest (Babbie, 1995;

Babbie & Mouton, 2001; Graziano & Raulin, 2004). It is also described as probably the most efficient method available to social researchers involved in collecting original data for describing a population too large to monitor directly (Babbie). However one of the weaknesses of survey research is that it rarely deals with the context of social life and does not sketch a complete picture of the participant's worldview (Babbie & Mouton). A cross-sectional research design is employed in this study. The survey was thus administered to the sample once off and data was obtained regarding the current practice patterns of the psychologists in the sample and their views on community psychology, as they existed at the time of the survey.

4.4 Research questions

In light of the literature review on community psychology, the following research questions were examined:

- (a) Is there a significant correlation between race and community psychology practice among registered psychologists?
- (b) Is there a significant correlation between gender and community psychology practice among registered psychologists?

4.5 Research methodology

4.5.1 Target population

The sampling frame consisted of all registered clinical, counselling, research and educational psychologists in the Western Cape (n=938). The target population (n=103) in this study consisted of those psychologists who have been registered with the Professional Board for Psychology of the Health Professions Council of South Africa (HPCSA) for three years or more in the above mentioned registration categories. The target group are currently practicing

in the Cape Winelands district, the region within which Stellenbosch University is situated. The Cape Winelands district includes towns such as Franschhoek; Paarl; Robertson; Stellenbosch and Wellington among others (Wikipedia, 2007). A minimum registration of three years was used to ensure that psychologists included in the sample would have had some sustained work experience post qualification.

4.5.2 Sample description

A purposive sampling method was applied to ensure that people who meet certain criteria were included in this study (Berg, 1998). All the psychologists in the target group who met the predetermined research requirements were possible participants (n=103). The actual sample in this study consisted of 31 participants who completed and returned the questionnaires. The fairly low response rate will be discussed in the data collection procedure paragraph below. There were more males (n=17; 54.8%) than females (n=14; 45.2%) who participated in this study. The majority of the participants were white (n=28; 90.3%), with two coloured participants (6.5%), no black or Indian participants and a single participant (3.2%) who rejected racial categorisation. The age of participants ranged from 27 to 74 years. All of the participants were proficient in English and Afrikaans and none of the participants could speak isiXhosa, which is spoken by many people in this particular district where they provide services. Details of the demographic characteristics of the participants are mentioned in chapter five and discussed in chapter six.

4.5.3 Instrument

A self-administered questionnaire was used as research tool. This approach is considered to be appropriate as the prospective participants are sufficiently literate (Babbie & Mouton, 2001). A self-constructed questionnaire was formulated in both Afrikaans (Appendix 1) and

English (Appendix 2). Participants had the choice to complete only one of the two questionnaires in the language they were most comfortable with. Pillay and Petersen (1996) recommended that a questionnaire formulated in both Afrikaans and English may increase the response rate. Content validity was ensured by having three academics in the psychology department review the questionnaires in order to ensure that the items were appropriate for the sample being studied and that the questions are appropriate for this particular study. Questions were divided into two main categories namely demographic and content items. The demographic items give an overview of the participants in this study which include their gender, race, age, language proficiency, highest qualification, university where professional training was completed, period of registration with the HPCSA, professional registration categories, monthly income category, and area of psychology practice.

The questionnaire also contains open-ended items, which allowed the participants to record their answers. The qualitative questions were structured around the following aspects. Participants were asked about their current psychology practice; their views of current mental health service delivery; their description of the term community psychology; whether they would support a separate registration category for community psychologists with the HPCSA or not; their views about community psychologists' activities during the course of their work; the typical service users and service providers in community psychology; discouraging and motivating factors for practicing community psychology; and finally their views of what should be done to equip psychologists to work efficiently in communities. An effort was made to keep the questionnaire focussed on the defined area of information required as this simplified the data analysis process (Graziano & Raulin, 2004).

4.5.4 Data collection procedure

A postal survey was undertaken in this research study. The major advantages of using mailed questionnaires are that it is a relatively cheap way to reach many people and in a shorter time span. Furthermore participants were not expected to include their names in the questionnaire, which thus ensured their anonymity (Bless & Higson-Smith, 1995; Kane & O'Reilly-de Brún, 2001). The greatest disadvantage of mailed questionnaires however is its tendency to have a very low response rate which may compromise the quality and generalizability of the results. (Bless & Higson-Smith, 1995; Kane & O'Reilly-de Brún, 2001).

A list of the names and addresses of psychologists who have been registered for three years or more and practicing within the Cape Winelands district was obtained from the HPCSA. The researcher kept in mind that the list may not be 100% accurate, but it was the only source from which a sample could be selected (Schofield, 2006). Afrikaans and English questionnaires were mailed to the prospective participants. A draw for a prize was offered as an incentive to complete and return the questionnaire. The prize consisted of an "Exclusive Books" gift voucher worth R500 for the participant whose telephone number would be drawn from a hat. A self-addressed, stamped envelope was included in the research package in an effort to increase the response rate. A follow-up mailing was done two months after the first mailing of questionnaires as another attempt to further increase the response rate (Babbie, 1995; Babbie & Mouton, 2001; Bless & Higson-Smith, 1995).

A total of 23 questionnaires were returned out of 108 packages that were sent out initially, which yielded a response rate of 21.29%. A further eight questionnaires were returned with the second mailing, which increased the response rate to 28.70%. However, seven of the returned questionnaires could not be used in the data analysis procedure since it was either partially completed or returned without any effort to complete it because the psychologists

had retired or had relocated. Five prospective participants in the initial sample were thus removed from the sample since they did not comply with the initial characteristics to be included in the purposive sample, namely psychologists who practice in the Cape Winelands district and are registered with the HPCSA for three years or more. This suggests the inaccuracy of the source from which the sample was selected as mentioned earlier (Schofield, 2006). Therefore the data analysis was done with 31 returned questionnaires out of 103 mailed research packages, which constituted a response rate of 30.09%. Various levels of response rates have been reported in the literature and there appears to be ambiguity in the literature concerning what response rate is acceptable or not in social research. Researchers however agree that low response rates are often obtained in postal surveys and response rates of lower than 50% are commonly reported (Babbie, 1995; Fife-Schaw, 2000; Huysamen, 1994; Kane & O'Reilly-de Brún, 2001; Mangione, 1995; Punch, 2003; Scofield, 2006). It is also suggested that a low response rate does not necessarily imply that the obtained data is of no value (Fife-Schaw, 2000).

4.5.5 Data analysis

The quantitative aspects of the questionnaire were analysed by utilising the Statistical Package for the Social Sciences (SPSS). Frequencies and descriptive statistics were derived from the quantitative elements of the questionnaire to describe the demographic characteristics, including the gender, race, age and language proficiency; qualifications and registration; as well as practice patterns of the participants. Researchers within community psychology and other social sciences have successfully applied this method of quantitative data analysis (Johnson, 2006; Pillay & Petersen, 1996). A correlation matrix (see Appendix 5) of the data was drawn in order to gauge if there are any significant correlations between the variables. A two-tailed test for bivariate correlations, namely Pearson's product-moment

correlation coefficient, was used since the researcher could not predict the nature of the relationships between the different variables and was interested to establish the nature of correlations between variables (Field, 2000).

Content analysis was applied to the qualitative aspects of the questionnaire. It entails the description and analysis of the original text in order to embody its content (Brewer, 2003). The text was initially read thoroughly so that the researcher could become familiar with the content. Since there were a relatively small number of returned questionnaires to be analysed (31 in total), the researcher typed all the responses to qualitative questions in a Microsoft Word document, which made the analytic process less complicated. Open coding of data as an approach often used by novel researchers (Berg, 1998), was then applied. The coded data were then grouped to gain an understanding of the main ideas elicited from the participants. Emerging themes were subsequently identified regarding the various aspects under study and interpreted within the framework of the ecological perspective and with reference to the literature review (Berg, 1998; Brewer, 2003).

4.6 Ethical considerations

The researcher was cognizant of the fact that ethical responsibility is important throughout the research process and therefore took the necessary ethical issues in psychology research into consideration during this study (Mcauly, 2003). Voluntary participation was ensured and informed consent was obtained from the participants since they could decide whether to participate in this study or not. Participants were not deceived since the aims and purpose of the study was clearly explained in the cover letters (see Appendices 3 and 4). Psychologists' anonymity was ensured to such an extent that the data provided could not be traced to a particular participant as no identifying labels or codes were recorded on the questionnaires and return envelopes. As a result the participants could express their opinions freely without

fear of being confronted about their views. On the whole, the researcher endeavoured to maintain proper ethical conduct during the data collection, analysis and reporting of the results phases of the study (Mcauly, 2003).

4.7 Significance of the study

This research study yielded information about registered psychologists' perceptions of community psychology in South Africa, which is valuable research in this particular field. The obtained information may serve as a platform for future studies to expand the research base of community psychology in South Africa. Furthermore, the information creates awareness about the concerns that psychologists have regarding this field of practice. The Professional Board for Psychology of the HPCSA, government departments and universities may find this information beneficial in their strategic planning of service delivery, job creation initiatives, and making the field of community psychology more attractive to professionals. This may in turn address the great need for mental health services in South Africa.

4.8 Limitations of the study

This postal survey yielded a fairly low response rate of 30%. Although an acceptable response rate for a postal survey, the researcher cannot generalise confidently to the rest of the target population. Furthermore the demographic characteristics of the non-respondents could not be determined. Thus the researcher could not establish whether the participants in this study differ significantly from the non-respondents. However the information gained in this study is not entirely useless and may therefore serve as baseline information for further studies in this field. In addition, to gain a better understanding of the current practice patterns of participants, they could be asked to specify what their primary practice area is rather than just indicating all the areas in which they provide services.

4.9 Chapter summary

Various aspects concerning the design and methodology employed in this study was delineated. This chapter commenced with a brief introduction of the chapter and the aims of the current study. After that the research design was discussed in which the advantages and disadvantages of surveys were mentioned. A discussion of the research methodology incorporated aspects such as the target population and sample; instrument used in data collection and an outline of the research questions that were studied; as well as the data collection and analysis process. Thereafter the various ethical issues that were taken into consideration in this study were mentioned. A depiction of the significance and limitations of this research study concluded this chapter.

CHAPTER FIVE

Results

5.1 Introduction

This chapter contains the results that were obtained after careful data analysis. An overview of the quantitative findings will firstly be presented. The qualitative findings will be put forward subsequently. Results will be discussed in chapter six.

5.2 Quantitative results

Data analysis concerning the quantitative components of the questionnaire will be reported under three categories namely the demographic characteristics; the qualifications and registration categories; and the practice patterns of the participants.

Data analysis concerning the demographic characteristics of the participants yielded the results as reported in Table 1.

Table 1

Demographic Characteristics of the Sample (N=31)

		<i>f</i>	%	min	max	mean	SD	
Gender	Male	17	54.8					
	Female	14	45.2					
Race	White	28	90.3					
	Coloured	2	6.5					
	Other	1	3.2					
Language proficiency	Afrikaans	31	100					
	English	31	100					
	Xhosa	0	100					
	Other language	French	1	3.2				
		German	3	9.7				
	Not applicable	27	87.1					
Age				27	74	47.45	12.40	

Of all the participants in this study, 54.8% (n=17) were male and 45.2% (n=14) female. Of the total participants 90.3% (n=28) were white, 6.5% (n=2) were coloured and one person (3.2%) indicated that he rejects racial categorization and marked the “other” category. None of the participants were Black or Indian. The youngest participant in this study was 27 years old while the oldest participant was 74 years old, thus yielding a mean age of 47.45 and a standard deviation of 12.40. All participants (100%) indicated that they could speak, read and write in both English and Afrikaans. None of the 31 participants (100%) can speak, read or write in IsiXhosa, which is one of the official languages spoken by many black people in the Western Cape, the province within which this study is focussed. A further portion of the

participants (9.7%) indicated proficiency in German and a single participant (3.2%) indicated proficiency in French.

Data analysis pertaining to the qualification and registration categories of the participants yielded the results as reported in Table 2 below.

Table 2

Qualification and Registration of the Sample (N=31)

		<i>f</i>	%	mean	SD	Range
Highest qualification	Masters	20	64.5			
	Doctoral	11	35.5			
University where professional training was obtained	Stellenbosch	21	67.7			
	Pretoria	3	9.7			
	Orange Free State	3	9.7			
	Randse Afrikaanse	2	6.5			
	Ball State	1	3.2			
Registration categories	Counselling	20	64.5			
	Clinical	6	19.4			
	Educational	3	9.7			
	Research	1	3.2			
	Counselling and clinical	1	3.2			
Monthly income	R5 000 – R10 000	3	9.7			
	>R10 000 – R15 000	8	25.8			
	>R15 000 – R20 000	7	22.6			
	>R20 000 – R25 000	5	16.1			
	>R25 000	8	25.8			
Registration period	Number of years including 2006 (N=30)			15.20	9.43	4 – 33

Note: University of the Orange Freestate is currently known as the University of the Free State. Randse Afrikaanse Universiteit is currently part of the University of Johannesburg

Most participants (64.5%; n=20) indicated a master's degree as their highest level of qualification. The rest of the participants (35.5%; n=11) held a doctoral degree as their highest level of qualification. Most participants (67.7%; n=21) stated that they received their

professional training at Stellenbosch University. Other institutions from which participants received their professional training were as follows: the University of Pretoria (9.7%; n=3); University of the Orange Free State (9.7%; n=3); Randse Afrikaanse Universiteit (6.5%; n=2); and Ball State University in the United States of America (3.2%; n=1).

Only psychologists who are registered as clinical, counselling, research and educational psychologists were included in the sample. Of the 31 participants the largest portion (64.5%; n=20) were registered as counselling psychologists. Clinical psychologists comprised 19.4% (n=6) of the participants. Educational psychologists comprised 9.7% (n=3) of the participants. One person (3.2%) was registered as a research psychologist; and another participant (3.2%) indicated a double registration as counselling and clinical psychologist.

The monthly income of the participants was as follows: 9.7% (n=3) of the participants indicated a monthly income of between R5 000 and R10 000; 25.8% (n=8) of the participants indicated a monthly income of more than R10 000 but not more than R15 000; 22.6% (n=7) of the participants indicated a monthly income of more than R15 000 but not more than R20 000; 16.1% (n=5) of the participants indicated that their monthly income is more than R20 000 but not more than R25 000; and a further 25.8% (n=8) of the participants indicated that their monthly income is more than R25 000. Participants were registered for a minimum period of 4 years and a maximum period of 33 years including 2006. A mean registration period of 15.20 years with a standard deviation of 9.43 was obtained. The majority (64.5%) of the participants indicated that there should not be a separate registration category for community psychologists. A second portion (29%) of the participants indicated that there should be a separate registration category for community psychologists. A further portion (6.5%) of the participants did not respond to the question.

Participants were asked to indicate in which sectors they were rendering psychological services at the time of the survey. Participants could indicate more than one sector. A synopsis of the practice patterns of the participants is given in Table 3.

Table 3

Practice Patterns of Sample (N=31)

		<i>f</i>	%
Private practice	Yes	20	64.5
	No	11	35.5
Public sector (hospitals)	Yes	3	9.7
	No	28	90.3
Non-Governmental Organisations (NGO's)	Yes	4	12.9
	No	27	87.1
Academia	Yes	13	41.9
	No	18	58.1
Research	Yes	2	6.5
	No	29	93.5
Education (schools)	Yes	9	29.0
	No	22	71.0
Corporate sector (businesses)	Yes	4	12.9
	No	27	87.1
Community based work	Yes	4	12.9
	No	27	87.1
Other practice areas	Parenting courses	1	3.2
	Trauma centre	1	3.2
	Not applicable	29	93.5
Preference to practice in another area (N=28)	Yes	3	9.7
	No	25	80.6

Of the 31 participants 64.5% (n=20) were practicing in the private sector; 9.7% (n=3) of the participants rendered services in hospitals in the public sector; 12.9% (n=4) of the participants rendered their services to non-governmental organisations; 41.9% (n=13) of the participants

practiced in the academic sector; 6.5% (n=2) of the participants indicated that they are involved with research; 29% (n=9) of the participants practiced in the education sector; 12.9% (n=4) of the participants rendered psychological services in the corporate sector; and a further 12.9% (n=4) of the participants indicated that they rendered psychological services in communities. Other practice areas that participants indicated included parenting courses (3.2%; n=1) and services at the trauma centre (3.2%; n=1). Of the 31 participants 9.7% (n=3) indicated that they would choose to work in a different area of psychology; 80.6% (n=25) indicated that they would not choose to work in a different area of psychology from that in which they practiced at the time of the survey; and a further 9.7% (n=3) of the participants did not respond to the question or either marked both categories.

With regards to the two-tailed tests for bivariate correlations, there were no significant correlations that are noteworthy within the scope of this study. In terms of the literature review and theory, relationships were suggested between the variables of race, gender and community psychology work. Therefore, in view of the research questions, no significant correlations were found. However, results of the correlation matrix (see Appendix 5) suggest that there are few significant correlations among some variables. This include the following:

1. There is a significant positive correlation between race and the university where participants studied, with a coefficient of $r=.450$, p (two-tailed) < 0.05 .
2. There is a significant positive correlation between age and participants' registration period, with a coefficient of $r=.791$, p (two-tailed) < 0.01 .
3. There is a significant positive correlation between age and public service work, with a coefficient of $r=.361$, p (two-tailed) < 0.05 .

4. There is a significant positive correlation between age and corporate work, with a coefficient of $r=.377$, p (two-tailed) < 0.05 .
5. There is a significant negative correlation between age and community psychology work, with a coefficient of $r=-.372$, p (two-tailed) < 0.05 .
6. There is a significant negative correlation between additional languages spoken and community psychology work, with a coefficient of $r=-.491$, p (two-tailed) < 0.01 .

Since the correlation coefficient only indicates the nature and strength of the relationship between variables, causality about the relationships cannot be assumed (Field, 2000). For example, it cannot be said with empirical accuracy that the younger the psychologists are, the more or less likely they would be to practice in a community psychology setting due to certain reasons. Since there are no significant relationships between variables that fall within the scope of this study, the above-mentioned correlations will not be further discussed in chapter six. Further exploration of data may be done with subsequent studies in this particular field, and where the sample size will accommodate appropriate statistical testing.

5.3 Qualitative results

Qualitative results were obtained by applying thematic content analysis. Various open-ended questions were included in the questionnaire pertaining to the different aspects concerned with participants' current practice areas, their views of the current mental health service system, community psychology as a field of practice and its position in society. The researcher thoroughly read, coded, and afterwards grouped the data to sort the different themes. The main themes that emerged from each aspect under study will be given below. The English translations follow directly after the Afrikaans quotations.

5.3.1 Current psychological services and activities

The participants in this study are currently involved in a wide range of psychological activities, varying according to the different registration categories. Individual psychotherapy was the most common activity for clinical and counselling psychologists. Other activities mentioned by participants include: family and individual counselling; parent guidance courses; supportive duties in all aspects of research in psychology departments; neuropsychological assessment; planning, managing, and coordinating, professional supporting services for the education department; teaching, research, and training consultants; career assessment and other psychometric testing; commercial job placement and change management at a company; supervision and training for counsellors.

5.3.2 Barriers to efficient mental health service delivery

The majority of the respondents pointed out that poor funding of mental health services in the CWD and South Africa as a whole represents the greatest barrier to efficient mental health service provision. Participants mentioned both funding of the services as well as remuneration of professionals. This idea can be clearly illustrated by the following direct quotations:

“Staatsinstellings wat vir die hele populاسie (dienste) moet voorsien, vergoed baie swak”.

(“There is poor remuneration with government institutions that should provide (services) for the whole population”). *(participant 18)*

“Die deurvloei en hantering van fondse bestem vir geestesgesondheidsdienste en programme is pateties”.

(“The flow and management of funds intended for mental health services and programmes, are pathetic”). *(participant 1)*

“In die streek waar ek werksaam was, het die staat subsidies onttrek van die enigste inrigting vir alkohol en middelafhanklikes. Die inrigting is gesluit a.g.v. gebrek aan fondse”.

(“In the region where I worked, the government withdrew subsidies from the only institution for alcohol and substance dependence people. The institution is closed due to a lack of funding”).
(*participant 22*)

Limited access to psychological services for a large portion of people coupled by the shortage of professionals were indicated as the second biggest challenge to efficient mental health service provision. The following quotations illustrate this idea:

“Psychological services are scarce in communities, in some instances there are only interns available for a limited period of time”. (*participant 17*)

“Mense kan dikwels ook nie die beskikbare dienste bekostig nie”.

(“People can often not afford the available services”). (*participant 22*)

Further perceived barriers that respondents indicated include: poor resources, infrastructure and management of services; few employment opportunities in the public sector; poor public perceptions of psychology and psychologists; lack of supervision and support for professionals with regards to continued professional development; political issues with regards to different groups and their needs; and the inappropriateness of services as too much emphasis is still placed on curative services rather than prevention work. The following quotations illustrate some of these ideas:

“Daar is te min staatsdiensposte, byvoorbeeld in hospitale, klinieke, skole, ens.”

(“There is a shortage of posts in the public service sector, for example in hospitals, clinics, schools, etc.”). (*participant 3*)

“My ervaring was dat staatsklinieke nie toegerus is om die nodige dienste te lewer nie en staatshospitale was meestal oorvol”.

(“My experience was that state clinics were not properly equipped to provide the necessary services and state hospitals were mostly overcrowded”). (*participant 22*)

5.3.3 Defining community psychology

The participants touched on various aspects related to community psychology in their description of the area. There were also a number of participants who indicated that their knowledge of community psychology is too limited to give a description. The vast majority of the participants mentioned that community psychology refers to interventions aimed at the broader community rather than just individuals, and acknowledged the influence of the environment on the individual. The following direct quotations illustrate these ideas:

“Die toepassing van sielkundige vaardighede in die gemeenskap – in individuele en groepsverband”.

(“The application of psychological skills in the community – in individual as well as group settings”). (*participant 10*)

“Sielkunde gerig op die wedersydse beïnvloeding van die persoon se gedrag en menswees op die gemeenskap, en die gemeenskap se invloed op die vorming van die mens. Die persoon is deel van die gemeenskap en die gemeenskap vorm die persoon”.

(“Psychology focussed on the reciprocal influence of the person’s behaviour and being, on the community, and the community’s influence on the forming of the person. The person is part of the community and the community forms the person”). (*participant 4*)

“I think it is a catch all term that is becoming increasingly meaningless”. (*participant 27*)

“Weet nie – jammer ek het geen kennis hiervan nie”.

(“Don’t know – sorry I don’t have any knowledge about this”). (*participant 11*)

Drawing from the participants’ descriptions of their understanding of the term community psychology, the researcher will now attempt to draw these concepts together in a single definition: Community psychology refers to more accessible interventions aimed at the broader community, groups and individuals, focussing on the empowerment of these entities and networking with key role players in the community, while acknowledging the reciprocal influence between the environment and people’s experiences and behaviour.

5.3.4 Community psychology registration category with the HPCSA

The majority of the participants were not in favour of a separate registration category for community psychologists with the HPCSA. The predominant reason given for this position was that the expertise of all registration categories is needed in community psychology therefore all psychologists should be trained in the community psychology approach. It was suggested that community psychology is a mode of practice rather than a specialised field. It was further mentioned that existing registration categories are adequate and further division will not help with the idea of integration and may add to the confusion of the public regarding psychology. The following direct quotations illustrate these ideas:

“At the moment the movement is toward integration (clinical and counselling) in psychology. Creating further division is not going to help this cause. Community psychology is not necessarily different to clinical psychology”. (*participant 17*)

“n Sielkundige is ‘n sielkundige en behoort alle tipes intervensies te kan doen”.

(“A psychologist is a psychologist and should be able to do all types of interventions”). (*participant 13*)

“There’s no clear career path for community psychologists. I could call myself one if I wanted to”. (participant 27)

On the contrary a portion of the participants thought that there should be a separate registration category for community psychologists. The main motivation for this stance was that a separate registration category would indicate recognition from the HPCSA. It was suggested that community psychology is a specific branch and specific information is needed to address certain issues in communities. It was further suggested that since the need for community psychologists is so great, more people could be trained and training could be more specialised. The following direct quotation illustrates the main idea:

“Gemeenskapsielkunde is ‘n spesialiteitsveld en ‘n aparte kategorie beteken erkenning op ‘n strategiese vlak deur die HPCSA”.

(“Community psychology is a speciality field and a separate category means recognition on a strategic level at the HPCSA”). (participant 19)

5.3.5 Activities of community psychologists

Participants raised diverse opinions with regards to the perceived activities of community psychologists. Skills training by means of workshops with different target groups on different social issues appear to be the most prominent idea. Another major idea was that community psychologists provide the same therapeutic services as other psychologists but focus more on group work. Other activities that participants mentioned are: management and administration; needs assessment and research on issues concerning the community; writing and implementing programmes focused on the needs of the community; networking with other role players in the community; counselling; consultation; and crisis intervention. There were also participants who expressed that they are not informed enough about this field to know

what community psychologists do during the course of their work. The following quotations illustrate some of these ideas:

“Weet nie. Aanvaar hulle hanteer ook trauma, huweliksprobleme, disfunksionele huishoudings, ens. soos ander sielkundiges, net die tipe kliënt (laer sosio-ekonomiese omstandighede) verskil”.

(“Don’t know. Assume that they also deal with trauma, marital problems, dysfunctional households, etc. like other psychologists, only the type of client (lower socio-economic circumstances) differs”). (participant 14)

“Dit is onbekend en tragies swak, tans ‘n uitdaging vir voornemende studente t.o.v. opleiding, praktyk en prosesse”.

(“It is unknown and tragically poor, currently a challenge for prospective students with regards to training, practice and processes”). (participant 12)

5.3.6 Users of community psychological services

The majority of participants described the users of community psychological services as people from previously disadvantaged backgrounds, who live in low socio-economic conditions and who cannot afford services of private practitioners. Another key idea, but contrary to the first one was that the users of community psychological services are not limited to certain social categories but that a wide spectrum of people would use such services including organisations, government departments, schools and community centres. Several participants also indicated uncertainty concerning the users of community psychological services. The following quotations clearly illustrate the opposing key viewpoints:

“Mainly women and adolescents from poorer areas who do not have access to help otherwise”. (participant 30)

“Ek reken dit sal mense wees wat nie die dienste van privaat sielkundiges kan bekostig nie, en nie mediese fonds het nie. As jy my vra sluit dit seker 70% van die SA bevolking in. Alle rasse, tans dalk nog meer swart weens hul groter getalle”.

(“I guess that it would be people who cannot afford the services of private psychologists, and who do not have medical aid. If you ask me it probably include 70% of the SA population. All the race groups, currently maybe more black people due to their larger numbers”). (*participant 3*)

“Nie beperk tot sosiale kategorieë nie. Mense wat bewus is van gemeenskapsielkundedienste en wat nie privaathulp kan bekostig nie”.

(“It is not limited to social categories. People who are aware of community psychological services and who cannot afford private help”). (*participant 16*)

5.3.7 Community psychological service providers

Participants' opinions regarding the professionals who would practice community psychology were varied. The main idea was that there is no typical community psychologist and that any person who is interested and has the necessary training can do the work. On the contrary several participants mentioned that community psychologists are people with a specific calling or passion to do community work. Further characteristics of community psychologists that were mentioned by participants include the following: an understanding of the community and culture in which they work; preferably of the same culture as the community members with whom they work; a professional that is service oriented rather than profit oriented; a younger person or not one that is so dependent on the finances; a professional with strong social awareness and a motivation to bring change; as well as the ability to work in a team and across disciplines. The following quotations illustrate the predominant viewpoints:

“Gewilligheid vra nie ras, geslag en klas. Dit vra ‘n oop hart en “mind””.

(“Willingness does not ask for race, gender, or class. It asks for an open heart and mind”).

(participant 19)

“Sielkundiges wat ‘n passie het om benadeelde en minder bevoorregte mense te help”.

(“Psychologists who have a passion to help disadvantaged and less fortunate people”).

(participant 10)

“Generally black or coloured people, who usually had some political involvement and who is taken with ideas of social upliftment and social justice”. (participant 17)

5.3.8 Discouraging factors in community psychology

Poor remuneration of community practitioners emerged as the main demotivating factor why the participants would not engage in community psychology. The feeling of despondency and poor prospects to make a noticeable difference in communities was another key idea. Other demotivating factors mentioned by participants include: poor support from government departments; limited funding for projects; dysfunctional community structures; poor public perceptions of psychology due to a lack of information; limited time to do both private practice and community work; few available posts in community settings; cultural differences between clients and therapists; ambiguity regarding specific career opportunities in community psychology; crime in the communities; as well as excessive work loads in the community setting. The following quotations illustrate the main ideas:

“Ek beskou dit nie finansieël voordelig as broodwinner nie”.

(“As the bread winner I do not perceive it to be financially advantageous”). *(participant 21)*

“Die hopeloosheid van die situasie, gebrek aan ondersteuning en die swak prognose om werklik ‘n verskil te maak”.

(“The hopelessness of the situation, lack of support and the poor prognosis to make a noticeable difference”). (participant 4)

5.3.9 Encouraging factors in community psychology

Decent remuneration for work in the community coupled with support from community leaders and other role players appeared to be the predominant motivating factors for participants who are currently not involved in community psychological services. A further key idea was the participants’ concern for their personal safety in communities. Participants who currently practice community psychology mentioned their awareness of the need for social development and psychological services in South Africa as well as the intrinsic reward for doing well as their greatest motivating factor. Other motivating factors that participants pointed out include more opportunities for part time work and well-equipped community centres with adequate resources. The following quotations illustrate the key ideas:

“Mens sou graag sinvol vergoed wil word vir werk in die breë gemeenskap.”

(“One would want to be financially rewarded appropriately for work in the broader community”). (participant 3)

“There is a need for intervention. You could make a huge difference”. (participant 30)

“Ek weet dat ek diens lewer aan mense wat dit werklik nodig het”.

(“I know that I provide services to people who really need it”). (participant 26)

“Fisiese geriewe waar sinvol gewerk kan word. My persoonlike veiligheid moet ook nie in gedrang kom nie”.

(“Physical amenities where one can work sensibly. My personal safety should also not be at risk”). *(participant 3)*

5.3.10 Equipping psychologists to work with communities

Participants raised various opinions regarding the approaches to equip prospective psychologists to work effectively with communities. The predominant view was that community psychology theory should be an integral part of all psychologists’ training coupled with adequate opportunities for practical work and supervision during their training. It was further mentioned that more intervention by the government is required in terms of creating job opportunities and offering more desirable payment for work in community settings. Regarding service provision, it was mentioned that more collaboration was necessary between the different role players in specific communities. Another noteworthy idea was that a proper career path for community psychologists needed to be developed. The following quotations illustrate the main ideas:

“Sielkundiges moet ‘n definitiewe sterk gemeenskapsfokus gedurende hul opleidingstydperk ontvang”.

(“Psychologists should receive a definite strong community focus during their training period”).
(participant 3)

“Voldoende blootstelling aan gemeenskappe veral tydens opleiding is nodig. Werk met mentor. Verstaan die kultuur”.

(“Adequate exposure to communities especially during training is necessary. Work with a mentor. Understand the culture”). *(participant 25)*

“Sielkundiges moet geleer word om nie net benaderings te gebruik wat slegs vir hoë inkomste groepe effektief is nie, byvoorbeeld langtermyn behandeling”.

(“Psychologists should not be taught to only use approaches that are effective for only high income groups, such as long term treatment”). (*participant 18*)

“Die staat moet meer poste beskikbaar stel en beter salarisse betaal”.

(“The government should make more posts available and pay better salaries”). (*participant 13*)

“We need a proper career path for community psychologists”. (*participant 27*)

5.4 Chapter summary

In this chapter the quantitative and qualitative results that were obtained after careful data analysis was presented. The quantitative results were presented under three categories namely the demographic characteristics, qualifications and registration categories, and the current practice patterns of the participants. The qualitative results were obtained by means of thematic content analysis that included three steps namely reading, coding, and grouping. The results of the aspects under study regarding the current mental health service context and perceptions of community psychology were then presented. Firstly, the participants' current psychological practice was presented. Then the participants' predominant views regarding the perceived barriers to efficient mental health service delivery were put forward. Next the participants' ideas about the term community psychology were given and the descriptions of term community psychology were then drawn together into a comprehensive definition. The question of whether there should be a separate registration category for community psychologists with the HPCSA was then considered. Participants differed in their positions and various reasons for each stance was mentioned. After that the perceptions of the various activities that community psychologists engage in was pointed out. Subsequently the participants' views of the users of community psychological services and providers of

such services were mentioned. Then the various perceived discouraging and encouraging factors in community psychology practice were delineated. Finally participants' ideas were presented of what they suppose should be done to equip psychologists to work effectively in communities. These results will be discussed in chapter six.

CHAPTER SIX

Discussion

6.1 Introduction

In this chapter the results of this study that were delineated in chapter five will be discussed within the framework of the ecological perspective of human behaviour and with reference to the literature review presented in chapter three. The quantitative results will be discussed firstly and thereafter the qualitative results. Implications of this study will be outlined, and recommendations will also be given for implementation of the findings and further studies in this field.

6.2 Discussion of quantitative results

There were more males than females who participated in this study. This statistic is contrary to the literature that suggests that there appears to be an escalating tendency towards the feminisation of the psychology profession (Mayekiso et al., 2004). Considering the age of the participants which ranges from 27 years to 74 years, it may be that the participants in this study reflects the historical trend of psychology being a male dominated profession (Seedat, 1998). However, the sample list only contained surnames and addresses of the psychologists in the particular region, and therefore did not allow for calculations to determine whether the total sample consisted of more males than females at the outset of the study.

The racial distribution of the participants is in accordance with the historical trend that there are more white psychologists than coloured, Indian and black psychologists in South Africa (Seedat, 1998). The racial distribution of the participants may be owing to the fact that the majority of the participants received their professional training at Stellenbosch University, which is historically a white institution, and that is still predominantly white. The participants in

this study are thus reflecting the apartheid legacy in which white people had more access to higher education. It was mentioned that selection criteria for professional psychology training at South African universities have been revised over the past decade with the aim of recruiting and training more black psychologists (Mayekiso et al., 2004). It is however debatable whether these changes are being implemented in the selection of candidates or whether most institutions still have mostly white students in professional psychology programmes.

All the participants in this study indicated proficiency in English and Afrikaans. Both languages are commonly spoken in the Cape Winelands district and are therefore relevant to the practice areas of these psychologists. However, none of the participants can speak, read or write isiXhosa, which is one of the official languages spoken by many black people in the Western Cape, the province in which this study is focussed. The lack of broad language skills therefore mirrors the lack of access to mental health services for black people on the basis of language pointed out in the literature (Swartz, 1998). Thus none of the psychologists in this study are able to provide mental health services for isiXhosa speaking people in their home language, without the assistance of a translator or interpreter. As mentioned in the literature review, using the services of interpreters in psychological interviews may compromise the quality of services rendered since the client's confidentiality, for example, is violated (Swartz, 1998).

Most of the participants in this study obtained a Masters degree as their highest level of qualification, while the rest of the participants furthered their studies and obtained a Doctoral degree. It should also be noted that most of the participants are currently in private practice where a Masters degree is sufficient for professional registration and practice. Thus private practitioners may not be motivated to further their studies.

Most of the participants were registered counselling psychologists, while clinical psychologists made up the second largest portion of the participants. These figures may be a reflection of the idea mentioned in the literature of clinical and counselling psychology being the more preferred areas of practice among psychology students and graduates (Elkonin & Sandison, 2006; Johnson, 2006). The fact that most participants are counselling and clinical psychologists is therefore also a direct outflow of the historical use of Western-based training models (Mayekiso et al., 2004). Registered educational psychologists made up a smaller portion of the sample. A single participant was registered as a research psychologist and another participant indicated a double registration of counselling and clinical psychology. The researcher had no means of determining what the registration categories were for the entire sample at the outset of the study. It could therefore not be calculated whether the proportions of registration categories are correctly represented in this study.

The monthly income of the participants ranged from R5 000 to more than R25 000 with the most participants earning between R10 000 and R15 000 per month (25.8%), and more than R25 000 per month (25.8%). The monthly income of the participants may in part serve as a motivating factor to work in their particular field of practice. This postulation is further supported by the fact that most of the participants mentioned that they prefer to work in their current field of practice, and would not choose another field if given the opportunity. When looking at research on employee motivation it becomes clear that a steady and sufficient income in the private sector may indeed be motivating for these psychologists since income in the community service sector appears to be unsatisfying, less continuous and predictable than in other sectors (Ahmed, & Pillay, 2004; Johnson, 2006). It was also mentioned in the literature that the South African economy is still unsteady and present scars of the previous unequal distribution of wealth and resources in our country is still evident (Wood & Mellahi,

2001). It would therefore be unlikely for professional psychologists to venture into a field of practice where there are many financial uncertainties.

The current practice patterns of the participants in this study are in accordance with the literature, which stated that most psychologists currently provide services in the private sector (64.5%). Petersen and Pillay (1996) came to a similar conclusion in their study about practice patterns of psychologists eleven years ago. Only four out of the 31 participants in the current study (12.9%) indicated involvement in community-based work. Since the importance of a move towards more community based psychological interventions have been pointed out continuously in the literature, it would be expected that more psychologists would take action in addressing the great need for appropriate psychological services (ANC National Health Plan, 1994; Kriegler, 1993; Mental Health Care Act, 2002; Pillay & Petersen, 1996; World Health Organisation, 2001b). It may be however that psychologists realise the need for more community based psychological services as mentioned by De la Rey and Ipser (2004), but the current situation indicates that acting on that awareness is still lacking.

Only 9.7% percent of the participants indicated that they provide psychological services in the public sector. This mirrors the lack of employment opportunities in the public sector for psychologists and other psychology graduates that have been mentioned in the literature (Elkonin & Sandison, 2006; Kriegler, 1993; Richter et al., 1998; Wilson et al., 1999). Furthermore only nine out of the 31 participants (29%) indicated that they provide psychological services in schools. This is therefore an area where the government can assist in filling the gap by providing posts at schools, psychiatric and general hospitals and community health centres as Kriegler (1993) and Elkonin and Sandison (2006) also suggested. Although only a small portion of the participants (12.9%) indicated that they provide services at non-governmental organisations, it is nevertheless indicative of

psychological services that reach people who do not need to pay for it. Less than half of the participants (41.9%) are currently working in the academic sector while a further small portion of the participants (6.5%) indicated that they currently do research. Although some of these participants may not provide psychological services directly to the public, they are however busy with imperative work in the psychology profession which should not be overlooked. Only 12.9% of the participants provide psychological services in the corporate sector. This shortage of mental health professionals in this field may in part be due to the lack of knowledge of the abilities and scope of practice of psychologists. Also, industrial psychologists were not included in this study, as they would generally provide services in the corporate sector. The corporate sector is one of the settings that Lewis et al. (2003) identified where community psychology practitioners can broaden their roles and activities. The profession may for example help address this issue by promoting itself through awareness activities in businesses.

6.3 Discussion of qualitative results

The qualitative results as outlined in chapter five will be discussed below. The aspects that were tapped into include the current psychological activities that the participants are involved with; the perceived barriers to efficient mental health service delivery; participants' perception of community psychology; the issue of a separate registration for community psychologists with the HPCSA; activities of community psychologists; perceived users of community psychological services and providers of such services; discouraging and encouraging factors in community psychology, as well as equipping of psychologists to work with communities.

6.3.1 Current psychological services and activities

Lewis et al. (2003) suggested that psychologists could take up different roles within the community counselling model. Most of the psychological activities mentioned by the participants are normally viewed as psychological work in mainstream psychology, and coincides with the findings of Elkonin and Sandison (2006), Johnson (2006) and Pillay and Harvey (2006) where participants indicated mainstream psychology as their preferred area of practice. Mainstream psychological activities fall within the direct client services facet of the community counselling model (Lewis et al., 2003). These include individual assessment and psychotherapy, individual and family counselling, parent guidance courses, neuropsychological assessment, career assessment as well as psychometric testing. Some of the current activities of participants resonate within the indirect client services facet of the community counselling model. These include teaching and training consultants, commercial job placement and change management in a corporate setting. Academic duties such as lecturing, administration, supervision and training for counsellors, and all aspects of the research process may also be considered within the indirect client services facet. Activities such as planning, managing, and coordinating professional supporting services for the educational department may be considered within the indirect community services facet of the community counselling model. Social research may also be considered within this aspect since the implementation of research findings may influence the greater community. Participants mentioned no specific community based activities, although some indicated involvement in the community setting. These activities would then resonate within the direct community services facet of the community counselling model (Lewis et al., 2003).

6.3.2 Barriers to efficient mental health service delivery

Participants in this study seem to share the perception of the participants in Pillay and Petersen's (1996) study that the South African mental health service does not meet all the mental health care needs of our population. The participants indicated various perceived barriers to efficient mental health service provision in the Cape Winelands district and South Africa in general. These perceived barriers coincide with those stated in the literature review on mental health service provision in South Africa (Ahmed & Pillay, 2004; Gibson et al., 2001; Lea & Foster, 1990; Pillay & Petersen, 1996; Richter et al., 1998; Vogelmann et al., 1992; Wilson et al., 1999).

The shortage of funding for the much-needed mental health services was mentioned as the greatest perceived barrier among participants in the current study. Thus the shortage of funding may make it unlikely that professionals would venture into the field of community practice knowing that there may not be sufficient monetary support for their projects or remuneration for themselves. As pointed out by participants, mental health service provision may not be sufficient since there are too many people who do not have access to such services and this problem is further exacerbated by a shortage of professionals. As mentioned by one participant, quoted in chapter five, in some communities there are only intern psychologists who serve a particular community and only for a limited period of time. The accessibility problem could thus be twofold. Firstly there may not be mental health services available to people, and secondly where services are available it may still be inaccessible to some people due to language barriers.

When looking at the language proficiency of the participants in this study it appears that they may not be able to provide the best quality mental health services to black people in their home language, thus reflecting the problem pointed out in the literature (Swartz, 1998). The

perceived barrier of shortage of professionals may be linked with the abovementioned idea of limited funding of these services, implying that professionals are being deterred from practice in this field due to a shortage of funding for their endeavours and living expenses.

Other perceived barriers that participants mentioned include the following: poor infrastructure and management of services; poor public insight regarding psychology and psychologists; lack of supervision and support for professionals with regards to continued professional development; political issues pertaining to different groups and their needs; and the inappropriateness of services as too much importance is still placed on remedial services instead of prevention work. These perceived barriers also coincide with what have been continually mentioned in the literature (Ahmed & Pillay, 2004; Gibson et al., 2001; Lea & Foster, 1990; Pillay & Petersen, 1996; Richter et al., 1998; Vogelman et al., 1992; Wilson et al., 1999). These perceived barriers may be interpreted as concerns that play a role in professionals' probability of engaging in community psychological practice, and which may even deter them from working in this field and leaving the need for more appropriate mental health services unmet.

6.3.3 Defining community psychology

As mentioned in the literature review, research on perceptions of community psychology is rare, with the result that differences of opinion and views regarding a definition were clearly noticeable among the psychologists in this study. Participants mentioned various aspects pertaining to community psychological activities, while there was also a portion of participants who expressed that they know too little about this new field to give a description of it. Drawing from the participants' descriptions of their understanding of the term community psychology as outlined in chapter 5 in this thesis, the researcher drew these concepts together into a single definition: Community psychology refers to more accessible interventions aimed at the

broader community, groups and individuals, focussing on the empowerment of these entities and networking with key role players in the community, while acknowledging the reciprocal influence between the environment and people's experiences and behaviour. Various authors in community psychology literature mentioned these different concepts frequently (Kriegler, 1993; Lewis et al., 2003; Naidoo et al., 2003; Pretorius-Heuchert & Ahmed, 2001; Prilleltensky & Nelson, 1997; Vogelmann et al., 1992). One particular participant expressed that "community psychology is a catch all term that is becoming increasingly meaningless". This description may be fuelled by the many uncertainties and differences of opinion that currently exist regarding community psychology's definition, scope of practice and a career path for community psychologists.

6.3.4 Community psychology registration category with the HPCSA

The current registration categories for psychologists with the HPCSA are clinical psychology; counselling psychology; research psychology; educational psychology; and industrial psychology (Health Professions Council of South Africa, 2007). In the current study the participants' opinion were asked regarding a separate registration category for community psychologists. The majority of the participants indicated that there is no need for a separate category. The main motivation for this stance was the idea that the expertise of all registration categories may be needed in the practice of community psychology. Therefore it would be necessary to train all psychologists in the community psychology approach. Participants in Pillay's (2003) study with educational psychology students also mentioned the broad scope of psychologists' training. The participants thus took the broad nature of community psychology into consideration. A secondary motivation for the above mentioned opinion was that community psychology is merely a mode of practice and not necessarily a specialised field that require a separate registration category. The move towards integration of clinical and

community psychology was further mentioned by the participants, and which was also noted by Gibson et al. (2001). It was suggested that the current registration categories are sufficient and more division will not help with the integration process and it may add to the confusion of the public.

In contrast to the above position, another portion of the participants thought that a separate registration category for community psychologists is necessary. The predominant motivation for this opinion was that a separate registration category would indicate that the HPCSA recognise community psychology on a strategic level. Participants further motivated their opinion by stating that community psychology is a specific branch of psychology and therefore specific information is needed regarding its practice. Moreover, the training of community psychologists could be more specialised and shorter as a result more community practitioners could be trained in order to meet South Africa's dire need for appropriate mental health services. When considering the motivations for this opinion, the importance of community psychology within the South African context is highlighted. It is therefore in accordance with literature that draws attention to the necessity of more community-based interventions (ANC National Health Plan, 1994; De la Rey & Ipser, 2004; Kriegler, 1993; Mental Health Care Act, 2002; Pillay & Harvey, 2006; Pillay & Petersen, 1996; Roos et al., 2005; World Health Organisation, 2001a; 2001b).

6.3.5 Activities of community psychologists

Various aspects were mentioned with regards to the participants' perceptions of what community psychologists do during the course of their work. The participants in this study also highlighted the idea that community psychologists do multiple interventions and work with a wide spectrum of clients as delineated in the literature (Durlak & Wells, 1998; Lewis et al., 2003; Seedat et al., 2004). The predominant idea that participants pointed out was skills

training by means of workshops with various groups of people in communities. These interventions are focussed around various social aspects and normal problems of life such as challenges during adolescence, stress management, infant development, and the like. These activities aimed at social aspects highlight the ecological component in community psychology (Scileppi et al., 2000). Participants also pointed out that community psychologists do the same therapeutic interventions as the traditional clinical and counselling psychologists with the difference that the former focus more on group work. Other activities that were mentioned include: management and administrative duties; needs assessment and research on various issues that concerns particular communities; writing and implementing intervention programmes based on the needs of particular communities; networking with other service providers in communities; counselling, consultation and crisis intervention.

6.3.6 Users of community psychological services

There appears to be discontinuity in participants' perceptions of the users of community psychological services. This may exist because of people's different views of what community psychology is and what interventions community psychologists engage in. The majority of participants in the current study described the users of community psychological services as people from previously disadvantaged backgrounds, who live in low socio-economic conditions and who cannot afford services from private practitioners. This idea coincides with what is reflected in the literature (Gibson et al., 2001; Johnson, 2006; Painter & Terre Blanche, 2004). Another key idea that participants mentioned but that is in contrast to the above-mentioned one was that the users of community psychological services are not limited to certain social categories but that a wide spectrum of people would use the services of community psychologists. This idea in particular is what community psychology theorists intended when they suggested that community psychology cover various interventions, in

different sectors of society (Kriegler, 1993; Lewis et al., 2003; Naidoo et al., 2003; Pretorius-Heuchert & Ahmed, 2001; Prilleltensky & Nelson, 1997; Vogelmann et al., 1992).

6.3.7 Community psychological service providers

As with the users of community psychological services, participants' views varied with regards to the providers of these services. The predominant idea was that there is no typical community psychologist and that any person with the necessary training can do the work. Community psychology is therefore not just for an elect group of professionals, according to these participants. Contrary to this view some participants mentioned several characteristics that community psychologists should have in their field of service delivery, for example a specific calling or passion for community work; an understanding of the community; and a strong social awareness and a motivation to bring change. Johnson (2006) also observed some of these characteristics as mentioned by the participants in the current study. One participant stated that it is "generally black or coloured people, who usually had some political involvement and who is taken with ideas of social upliftment and social justice". This statement points to the activist role of community psychologists as well as the value of social justice as described by various authors (Lewis, et al., 2003; Naidoo et al., 2003; Seedat et al., 2004).

6.3.8 Discouraging factors in community psychology

Participants mentioned various factors that would discourage them from practicing community psychology. Poor remuneration of community practitioners was indicated as the main demotivating factor. As indicated by students in Johnson's (2006) study, community psychology is sometimes perceived as a lesser profession and not financially rewarding. Poor remuneration as a discouraging factor may also be understood within a broader context of the

psychologists' lives, since much emphasis is placed on material wealth in contemporary society. This notion can be illustrated by one participant's statement: "As the breadwinner I do not perceive it to be financially advantageous". Another participant pointed out the "hopelessness of the situation, lack of support and the poor prognosis to make a noticeable difference" in society. The last mentioned statement therefore points toward the current mental health context with reference to the remnants of Apartheid as various authors have highlighted (Cooke, Hollingshead, & Tickton, 1990; Kriegler, 1993; Lea & Foster, 1990; Seedat, 1998; Van der Westhuizen, 1990). It is therefore implied that the widespread effects of Apartheid makes the process of addressing vital mental health needs and implementing structural changes a complex and challenging one. It was mentioned that some psychologists fear for their safety in communities. Gibson et al. (2001) also noted crime in communities in their study with psychology students. The high prevalence of crime in some communities should be taken note of and safety regulations should be set in place. However, crime should not be used as an excuse for not engaging in work in under resourced communities.

6.3.9 Encouraging factors in community psychology

It appears that proper remuneration would encourage psychologists to become involved in community psychological services. It is however debatable what is considered to be decent remuneration. The request for good payment can be understood within the ecological context of the psychologists' lives. As mentioned earlier most of them are probably the breadwinners in their household, and the pressure for material wealth in current society is a reality and should not be overlooked. Participants also mentioned support from community leaders and other role players as a key-motivating factor. Psychologists who are already involved in community psychology expressed their awareness of the relevance of the work that they do, and the intrinsic reward for doing well are their main motivating factors. Roos et al. (2005)

also noted the personal positive experience of students when doing service learning in communities. These intrinsic rewards should however be supplemented with external rewards to sustain community psychological service provision in due course.

6.3.10 Equipping psychologists to work with communities

Various suggestions were made by the participants with regards to equipping of psychologists to work with communities. The predominant idea was to make community psychology an integral part of all psychology students' training and providing ample opportunities for practical work in communities. This idea is in accordance with what researchers observed with psychology students (Gibson et al., 2001; Pillay, 2003; Roos et al., 2005). Adequate exposure to community psychology during training may therefore be the first step in addressing the psychological service delivery gap that is currently evident. Government intervention in terms of creating job opportunities and offering desirable payment for community practitioners was also mentioned in this section. While it is not directly related to equipping the professional as such, it is crucially important in creating a suitable working environment for the community psychologist. This recognition and valuing of psychologists who work in the community might also be reflected in the establishment of a career path for community psychologists, as suggested by some participants. Therefore a combination of training related and implementation of service provision policy issues at government level might serve as further motivation for professionals to become involved in providing community psychological services.

6.4 Conclusion

The current practice patterns of psychologists in the Cape Winelands district appeared to be similar to those identified in the literature that suggests that most psychologists provide

services in the private sector. It therefore mirrors the psychological service delivery gap that is pointed out repeatedly, in which mental health services are inaccessible to the majority of the South African population. Despite numerous calls for a more relevant psychology in the South African context, psychologists maintain a preference for the private practice setting. Various concerns have been raised by psychologists in this study about the current mental health context and factors that discourage them from practicing in community settings. Suggestions were also put forward about changes that should be considered to make the prospect of providing community-based psychological services more desirable for professionals. These include more opportunities for community work coupled with decent remuneration and adequate resources and support.

Psychologists' perceptions of community psychology as a field of practice appeared to be diverse. Various aspects about community psychology were raised in the participants' definition of the field. Opinions also differed with regards to a separate registration category for community psychologists with the HPCSA. Most participants discarded this idea while another portion of the participants supported it. Various reasons were put forward for both opinions.

With regards to the perceived activities of community psychologists widespread ideas were raised all of which are supported by community psychology literature. The main perception of the users of community psychological services were indicated as people from previously disadvantaged backgrounds, who live in low socio-economic conditions and who cannot afford services from private practitioners. Concerning the providers of community psychological services the participants' perceptions varied once again. Some participants claimed that there is no typical community psychologist, while others highlighted certain

characteristics that community psychologists should possess in that particular field of service delivery.

The diversity in psychologists' perceptions regarding community psychology may be in part due to its novelty as well as the uncertainties regarding its scope of practice. It therefore becomes clear that more awareness needs to be created about community psychology in South Africa, not only about its theory, but also particularly regarding its scope of practice and relevance to the South African context.

6.5 Implications of the study

The current study holds various implications for institutions and individuals involved in the quest to provide more relevant mental health care services. These institutions and individuals include universities, registered psychologists, as well as employers of psychological service providers. The inequality in service provision that is currently split along racial and socio-economic lines will remain if we do not begin to address these issues in training. Universities are in the advantageous position of influencing the worldviews of predominantly young people during their training. It would therefore be wise to integrate community psychology into all psychology students' training from their first year of study. A move towards a stronger focus on an ecological perspective on human behaviour, and including aspects of different disciplines in psychologists' training instead of the predominant individualistic approach often taught in universities may be helpful in promoting community-based psychological interventions among students. Students would thus be confronted with issues of diversity in a supportive, learning environment. Adequate opportunities for community involvement and supervision would help profoundly in the process of preparing students to work within communities and may perhaps influence their practice preference after qualification.

Current registered psychologists should not be excluded from the move towards creating a more relevant psychology profession in the South African context. Since the issue of inadequate preparation for community work has been mentioned extensively, personal responsibility need to be taken with regards to continued professional development. Psychologists need to become familiar with the community counselling model in which Lewis et al. (2003) describes the different roles that psychologists can perform in order to provide psychological services in different settings. Workshops and short part-time courses on community psychology at local universities may be presented for practicing psychologists.

Major responsibility also lies with the employers of psychological service providers. As suggested by the participants in this study, more employment opportunities for mental health professionals in different settings coupled with adequate remuneration for these services would have a major influence on the process of filling the psychological service delivery gap. Government departments such as health, education and social welfare departments can play a significant role by creating posts at schools, public hospitals, and community health centres, which will ensure that psychological services are available to people in their own communities.

6.6 Recommendations

The following recommendations are made with regards to implementation of the findings of this study as well as how to improve participation in future studies.

6.6.1 Recommendations for implementation

This research study yielded information about registered psychologists' perceptions of community psychology, which is valuable in this field. The current information may serve as a platform for further studies to expand the research base of community psychology in South

Africa. The information obtained creates awareness about the concerns that psychologists have regarding this field of practice and which in turn influence their practice patterns. A similar study at the national level may yield additional substantial information about the perceptions and concerns of psychologists about community psychology practice. Entities that may find this information useful include the HPCSA, universities and government departments where it can be used in strategic planning and job creation initiatives in order to assist in making the field of community psychology more attractive to professionals, which may in turn address the great need for relevant mental health services in South Africa.

6.6.2 Recommendations for future studies

The researcher recommends that the questionnaires include items where the participants can provide the name of the town and indicate whether it is an urban or rural setting in which they practice. With this information a more detailed description of the practice patterns of the participants can be provided. Briefing letters mailed before the actual mailing of the research packages to inform prospective participants about the intended study may improve participation. The researcher recommends that a follow-up mailing of the research packages should be done within three weeks of the first mailing since it may serve as a reminder and encouragement to participate. A third mailing should also be considered if the response rate is still relatively low, provided that there is sufficient funding available.

References

- African National Congress (1994). *National Health Plan*, Johannesburg: African National Congress.
- Ahmed, R., & Pillay, A. (2004). Reviewing clinical psychology training in the post-apartheid period: Have we made any progress? *South African Journal of Psychology*, 34(4), 630-656.
- Babbie, E. (1995). *The practice of social research (7th ed.)*. Belmont: Wadsworth Publishing Company.
- Babbie, E., & Mouton, J. (2001). *The practice of social research: South African edition*. Cape Town: Oxford University Press.
- Berg, B.L. (1998). *Qualitative research methods for the social sciences (3rd ed.)*. Boston: Pearson/ Allyn & Bacon.
- Bless, C., & Higson-Smith, C. (1995). *Fundamentals of social research methods: An African perspective (2nd ed.)*. Kenwyn: Juta & Co, Ltd.
- Brewer, J. (2003). Content analysis. In R.L. Miller & J.D. Brewer (Eds.), *The A-Z of social research* (pp. 43-45). London: SAGE Publications Ltd.
- Cooke, J., Hollingshead, J., & Tickton, T. (1990). The structure of social services in South Africa. In S. Lea & D. Foster (Eds.), *Perspectives on mental handicap in South Africa* (pp. 97-120). Durban: Butterworths.
- Cowen, E.L. (1994). The enhancement of psychological wellness: Challenges and opportunities. *American Journal of Community Psychology*, 22(2), 149-179.

- De la Rey, C., & Ipser, J. (2004). The call for relevance: South African psychology ten years into democracy. *South African Journal of Psychology, 34*(4), 544-552.
- Durlak, J.A., & Wells, A.M. (1998). Evaluation of indicated preventive intervention (secondary prevention) mental health programs for children and adolescents. *American Journal of Community Psychology, 26*(5), 775-802.
- Elkonin, D.S., & Sandison, A. (2006). Mind the gap: Have the registered counsellors fallen through? *South African Journal of Psychology, 36*(3), 598-612.
- Field, A. (2000). *Discovering statistics using SPSS for Windows*. London: SAGE Publications Ltd.
- Fife-Schaw, C. (2000). Surveys and sampling issues. In G.M. Breakwell, S. Hammond, & C. Fife-Schaw (Eds.), *Research methods in psychology (2nd ed.)* (pp. 88-104). London: SAGE Publications Ltd.
- Foster, D., & Swartz, S. (1997). Introduction: Policy considerations. In D. Foster, M. Freeman, & Y. Pillay (Eds.), *Mental health policy issues for South Africa* (pp.1-22). Pinelands: Medical Association of South Africa Multimedia Publications.
- Foster-Fishman, P.G., Salem, D.A., Chibnall, S., Legler, R., & Yapchai, C. (1998). Empirical support for the critical assumptions of Empowerment Theory. *American Journal of Community Psychology, 26*(4), 507-536.
- Freeman, M., & Pillay, Y. (1997). Mental health policy - Plans and funding. In D. Foster, M. Freeman, & Y. Pillay (Eds.), *Mental health policy issues for South Africa* (pp. 32-54). Pinelands: Medical Association of South Africa Multimedia Publications.

- Gibson, K., Sandenbergh, R., & Swartz, L. (2001). Becoming a community clinical psychologist: Integration of community and clinical practices in psychologists' training. *South African Journal of Psychology*, 31, 29-36.
- Graziano, A.M., & Raulin, M.L. (2004). *Research methods: A process of inquiry*. New York: Pearson Education Group.
- Health Professions Council of South Africa. (2007). *Psychology*. Retrieved August 20, 2007, from <http://www.hpcs.co.za/hpcs/default.aspx?id=71>.
- Heller, K., & Monahan, J. (1977). *Psychology and community change*. Illinois: The Dorsey Press.
- Huysamen, G.K. (1994). *Methodology for the social and behavioural sciences*. Johannesburg: International Thomson Publishing (Southern Africa) (Pty) Ltd.
- Johnson, K. (2006). *Perceptions of community psychology among Honours/BPsych students in the Western Cape*. Unpublished master's thesis: Stellenbosch University.
- Kane, E., & O'Reilly-de Brún, M. (2001). *Doing your own research*. London: Marion Boyars Publishers.
- Kriegler, S. (1993). Options and directions for psychology within a framework for mental health services in South Africa. *South African Journal of Psychology*, 23(2), 64-70.
- Lea, S., & Foster, D. (1990). Themes, theories and thistles in mental handicap: An introduction. In S. Lea & D. Foster (Eds.), *Perspectives on mental handicap in South Africa* (pp. 1-20). Durban: Butterworths.

- Lewis, J.A., Lewis, M.D., Daniels, J.A., & D'Andrea, M.J. (2003). *Community counselling: Empowerment strategies for a diverse society*. California: Brooks/ Cole- Thomson Learning, Inc.
- Mangione, T.W. (1995). *Mail surveys: Improving the quality*. California: SAGE Publications, Inc.
- Mayekiso, T., Strydom, F., Jithoo, V., & Katz, L. (2004). Creating new capacity through postgraduate selection. *South African Journal of Psychology*, 34(4), 657-671.
- Mcauly, C. (2003). Ethics. In R.L. Miller & J.D. Brewer (Eds.), *The A-Z of social research* (pp. 95-99). London: SAGE Publications Ltd.
- Mental Health Care Act (2002). *Mental Health Care Act, No. 17 of 2002*. *Government Gazette*, 449. Retrieved May 4, 2007, from <http://www.gov.za>
- Mosher, L., & Burti, L. (1994). *Community mental health: A practical guide*. New York: W.W. Norton & Company.
- Naidoo, A.V., Shabalala, N.J., & Bawa, U., (2003). Community psychology. In L. Nicholas (Ed.), *Introduction to psychology* (pp. 423-456). Lansdown: UCT Press.
- Naidoo, T., Van Wyk, S., & Carolissen, R. (2004). Community mental health. In L. Swartz, C. de la Rey, & N. Duncan (Eds.), *Psychology: An introduction* (pp. 513-526). Cape Town: Oxford University Press Southern Africa.
- Painter, D., & Terre Blanche, M. (2004). Critical psychology in South Africa: Looking back and looking ahead. *South African Journal of Psychology*, 34(4), 520-543.

- Petersen, I. (1998). Comprehensive integrated primary mental health care in South Africa. The need for a shift in the discourse of care. *South African Journal of Psychology*, 28(4), 196-203.
- Petersen, I. (2000). Comprehensive integrated primary mental health care for South Africa: Pipedream or possibility? *Social Science & Medicine*, 51, 321-334.
- Petersen, I. (2004). Primary level psychological services in South Africa: Can a new psychological professional fill the gap? *Health Policy and Planning*, 19(1), 33-40.
- Pillay, J. (2003). "Community psychology is all theory and no practice": Training educational psychologists in community practice within the South African context. *South African Journal of Psychology*, 33(4), 261-268.
- Pillay, A.L., & Harvey, B.M. (2006). The experiences of the first South African community service clinical psychologists. *South African Journal of Psychology*, 36(2), 259-280.
- Pillay, Y.G., & Petersen, I. (1996). Current practice patterns of clinical and counselling psychologists and their attitudes to transforming mental health policies in South Africa. *South African Journal of Psychology*, 26, 76-81.
- Pretorius-Heuchert, J.W., & Ahmed, R. (2001). Community psychology: Past, present and future. In M. Seedat, N. Duncan, & S. Lazarus (Eds.), *Community psychology: Theory, method and practice. South African and other perspectives* (pp. 17-36). Cape Town: Oxford University Press.
- Prilleltensky, I., & Nelson, G. (1997). Community psychology: Reclaiming social justice. In D. Fox & I. Prilleltensky (Eds.), *Critical psychology: An introduction* (pp. 166-184). London: Sage.

- Punch, K.F. (2003). *Survey research: The basics*. London: SAGE Publications Ltd.
- Richter, L.M., Griesel, R.D., Durrheim, K., Wilson, M., Surendorff, N., & Asafo-Agyei, L. (1998). Employment opportunities for psychology graduates in South Africa: A contemporary analysis. *South African Journal of Psychology, 28*(1), 1-7.
- Roos, V., Temane, Q.M., Davis, L., Prinsloo, C.E., Kritzinger, A., Naudé, E., & Wessels, J.C. (2005). Service learning in a community context: Learners' perceptions of a challenging training paradigm. *South African Journal of Psychology, 35*(4), 703-716.
- Schofield, W. (2006). Survey sampling. In R. Sapsford, & V. Jupp (Eds), *Data collection and analysis (2nd ed.)* (pp. 26-55). London: SAGE Publications Ltd.
- Scileppi, J.A., Teed, E.L., & Torres, R.D. (2000). *Community psychology: A common sense approach to mental health*. New Jersey: Prentice Hall.
- Seedat, M. (1998). A characterisation of South African psychology (1948-1988): The impact of exclusionary ideology. *South African Journal of Psychology, 28*(2), 74-84.
- Seedat, M., MacKenzie, S., & Stevens, G. (2004). Trends and redress in community psychology during 10 years of democracy (1994-2003): A journal-based perspective. *South African Journal of Psychology, 34*(4), 595-612.
- Suffla, S., & Seedat, M. (2004). How has psychology fared over ten years of democracy? Achievements, challenges and questions. *South African Journal of Psychology, 34*(4), 513-519.
- Swartz, L. (1998). *Culture and mental health: A Southern African view*. Cape Town: Oxford University Press.

- Swartz, L., & Gibson, K. (2001). The "old" versus the new in South African community psychology: The quest for appropriate change. In M. Seedat, N. Duncan, & S. Lazarus (Eds.), *Community psychology: Theory, method, and practice. South African and other perspectives* (pp. 37-50). Cape Town: Oxford University Press.
- Trickett, E.J. (1994). Human diversity and community psychology: Where ecology and empowerment meet. *American Journal of Community Psychology, 22*(4), 583-592.
- Van der Westhuizen, Y. (1990). Facilities in South Africa: A national survey. In S. Lea & D. Foster (Eds.), *Perspectives on mental handicap in South Africa* (pp. 121-134). Durban: Butterworths.
- Vogelman, L., Perkel, A. & Strebel, A. (1992). Psychology and the community: Issues to consider in a changing South Africa. *Psychology Quarterly, 2*(2), 1-9.
- Wikipedia. (2007). *Cape Winelands*. Retrieved August 20, 2007, from http://en.wikipedia.org/wiki/Cape_Winelands.
- Wilson, M., Richter, L.M., Durrheim, K., Surendorff, N., & Asafo-Agyei, L. (1999). Professional psychology: Where are we headed? *South African Journal of Psychology, 29*(4), 184-190.
- Wood, G.T. & Mellahi, K. (2001). Human resource management in South Africa. In P.S. Budwar & Y.A. Debrah (Eds.), *Human resource management in developing countries* (pp. 222-237). London: Routledge.
- World Health Organisation. (2001a). *Atlas: Country profiles on mental health resources 2001*. Geneva: World Health Organisation.

World Health Organisation. (2001b). *Mental health policy project: Policy and service guidance package, executive summary*. Retrieved May 24, 2007, from

http://www.who.int/mental_health/media/en/47.pdf

World Health Organisation. (2001c). *The world health report 2001. Mental health: New understanding, new hope*. Retrieved February 2, 2002, from:

<http://www.who.int/whr/2001>

Zimmerman, M.A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology*, 23, 581-599.

Appendix 1: English questionnaire

Questionnaire for registered psychologists

Dear Participant

This survey forms part of a research study towards a MA (Psychology) degree at Stellenbosch University. This study aims to explore the practice patterns of all the clinical, counselling, research and educational psychologists in the Cape Winelands district, who have been registered with the Health Professions Council of South Africa (HPCSA) for at least three years. A further aim is to explore perceptions of community psychology. Please note that the information provided will be treated with confidentiality and your anonymity will be protected. On completion of the questionnaire, you will be requested to enclose your telephone number(s) which will be detached from the main questionnaire. All telephone numbers will be included in a draw for a R500 Exclusive Books gift voucher. You will be contacted telephonically if you have won the prize. I appreciate the time set aside to participate in this study.

*Race has been and still is to a large extent part of South African discourses. In this study race is included as a means of monitoring social change.

Please answer ALL the questions or mark with an X in the appropriate box:

1. Demographic information

(a) Gender

Male	Female

*(b) Race

White	Coloured	Black	Indian	Other (Please specify)

(c) Age

(d) Language

	Speak	Read	Write
Afrikaans			
English			
Xhosa			
Other languages: Please specify			

(e) Qualifications

.....

(f) At which university did you complete your professional training?

.....

(g) How long have you been registered as a psychologist? (In years, including 2006)

(h) In what professional category or categories are you registered with the HPCSA?

Clinical psychology	
Counselling psychology	
Educational psychology	
Research psychology	
Industrial psychology	

(i) Please indicate in which category your monthly income falls.

R5 000 – R10 000	>R10 000 – R15 000	>R15 000 – R20 000	>R20 000 – R25 000	>R25 000

2. Which area of psychology best describes your employment? (You may tick more than one box).

Private practice	
Public sector (hospitals)	
Non-governmental organisations	
Academia	
Research	
Education (schools)	
Corporate sector (businesses)	
Community psychology	
Other (Please specify)	

Please answer ALL of the following questions. Your answers may be as detailed as you wish.

3. What are the major foci of your employment? (What do you do during the course of your work?)

.....
.....
.....
.....

4. What are your reasons for choosing to work in your preferred area of psychology?

.....
.....
.....

5. If you had another chance, would you have worked in any other area of psychology?

No	
Yes	

5 (a). If you answered “no” in question 5, elaborate on why you would remain in your current field of practice.

.....
.....
.....
.....

5 (b). If you answered “yes” in question 5, indicate the area/s of psychology you would have preferred to work in.

.....
.....
.....

5 (c). What prevented you from choosing to work in that area/s indicated in question 5 (b)?

.....
.....
.....
.....

6. What do you think may be barriers to efficient mental health service provision in the Cape Winelands district and South Africa as a whole?

.....
.....
.....
.....

7. What do you understand by the term community psychology?

.....
.....
.....
.....

8. Do you think that there should be a separate registration category for community psychologists with the HPCSA?

Yes	
No	

8 (a). Please elaborate on your answer to question 8. (Whether you answered “yes” or “no”)

.....
.....
.....
.....

9. Describe your view of what community psychologists do in the course of their work?

.....
.....
.....
.....

10. Please describe the typical person that would use the services of community psychologists. You may be as specific as you wish to be. (For example – individual qualities, social categories such as race, gender and class.)

.....
.....
.....
.....

11. Please describe the typical professional that would engage in community psychology. You can be as specific as you wish to be. (For example – individual qualities, social categories such as race, gender and class.)

.....
.....
.....
.....
.....

12. What would discourage you or what currently discourages you from working in community psychology?

.....
.....
.....
.....
.....

13. What would encourage you or what currently encourages you to practice community psychology?

.....
.....
.....
.....
.....

14. What are your suggestions for equipping psychologists to work effectively with communities? (Your answer may be as detailed as you wish.)

.....
.....
.....
.....
.....

Thank you for participating in this research study. I appreciate your time and effort to complete this questionnaire. If you wish to be entered into the draw for the gift voucher please enclose your telephone numbers in the space provided below. Telephone numbers will be detached from the questionnaire in order to ensure your anonymity.

Lorenza Williams
MA (Psychology) student
Stellenbosch University
My e-mail address: 13833502@sun.ac.za

Ronelle Carolissen
Research supervisor/ Lecturer
rlc2@sun.ac.za

Participant's telephone numbers

Office:

Home:

Cell phone:

Appendix 2: Afrikaanse vraelys

Vraelys vir geregistreerde sielkundiges

Geagte Deelnemer

Hierdie vraelys is 'n komponent van my navorsing ten einde my MA (Sielkunde) graad te verwerf aan Stellenbosch Universiteit. Die doel van my navorsingstudie is om die praktyk en werkspatrone van alle kliniese-, voorligting-, navorsing-, en opvoedkundige sielkundiges in die Kaapse Wynland distrik te ondersoek, wat vir drie jaar of meer geregistreer is by die Gesondheids Professies Raad van Suid-Afrika (HPCSA). 'n Verdere doel is om hierdie sielkundiges se siening aangaande gemeenskap sielkunde te eksplorieer. Let daarop dat alle informasie as streng vertroulik hanteer sal word en dat u anonimiteit beskerm sal word. 'n Geskenkbewys van "Exclusive books" ter waarde van R500 word aangebied aan een deelnemer vir die voltooiing van hierdie vraelys. Indien u in aanmerking wil kom vir die trekking van die geskenkbewys, vul gerus u telefoon nommer(s) aan die einde van hierdie vraelys in. Die telefoon nommers sal van die vraelys geskei word en in 'n hoed geplaas word vir die trekking. U sal telefonies kontak word indien u die geskenkbewys gewen het. U tyd en moeite om hierdie vraelys te voltooi word grootliks waardeer.

*Ras speel steeds 'n belangrike rol in Suid-Afrikaanse diskoerse. In hierdie studie word ras aangedui as 'n manier om sosiale verandering te monitor.

Beantwoord asseblief al die vrae, of merk die toepaslike blokkie met 'n X.

1. Demografiese inligting

(a) Geslag

Manlik	Vroulik

*(b) Ras

Wit	Kleurling	Swart	Indiër	Ander (Spesifiseer)

(c) Ouderdom

(d) Taalvaardigheid

	Praat	Lees	Skryf
Afrikaans			
English			
Xhosa			
Ander (spesifiseer)			

(e) Kwalifikasies

.....
.....
.....

(f) By watter universiteit het u u professionele opleiding ontvang?

.....
.....
.....

(g) Vir hoe lank is u al as sielkundige geregistreer by die HPCSA? (in jare, sluit ook 2006 in)

(h) In watter registrasie kategorie/ kategorieë is u geregistreer by die HPCSA?

Kliniese sielkunde	
Voorligtingsielkunde	
Opvoedkundige sielkunde	
Navorsingsielkunde	
Bedryfsielkunde	

(i) In watter kategorie val u maandelikse inkomste?

R5 000 – R10 000	>R10 000 – R15 000	>R15 000 – R20 000	>R20 000 – R25 000	>R25 000

2. In watter area van sielkunde is u werk gesetel? (U mag meer as een area aandui).

Privaat praktyk	
Openbare sektor (hospitale)	
Nie-regerings organisasies	
Akademia	
Navorsing	
Opvoedkunde (skole)	
Korporatiewe sektor (besighede)	
Gemeenskapsielkunde	
Ander (Spesifiseer)	

Beantwoord asseblief AL die volgende vrae.

3. Wat is die hoofkussie van u werk? (Wat doen u gedurende die verloop van u werk?)

.....
.....
.....
.....

4. Wat is u redes vir u spesifieke hoofkussie van sielkundige werk?

.....
.....
.....
.....

5. Indien u weer sou kon kies, sou u verkies om in enige ander veld van sielkunde te werk?

Nee	
Ja	

5 (a). Indien u “nee” geantwoord het op vraag 5, hoekom sou u verkies om in u huidige veld van praktyk te bly?

.....
.....
.....
.....

5 (b). Indien u “ja” geantwoord het op vraag 5, watter area/s van sielkunde sou u verkies het om in te werk?

.....
.....
.....

5 (c). Wat het u verhoed om te werk in daardie area/s wat aangedui is in vraag 5 (b)?

.....
.....
.....
.....

6. Wat sou u sê kan beskou word as struikelblokke vir die effektiewe geestesgesondheidsdiensvoorsiening in die Kaapse Wynland distrik en in Suid-Afrika as geheel?

.....
.....
.....
.....
.....

7. Wat verstaan u onder die term gemeenskapsielkunde?

.....
.....
.....
.....
.....

8. Dink u dat daar 'n aparte registrasie kategorie moet wees vir gemeenskapsielkundiges by die HPCSA?

Ja	
Nee	

8 (a). Motiveer asseblief u antwoord op vraag 8. (Indien u “ja” of “nee” geantwoord het.)

.....
.....
.....
.....

9. Beskryf u siening van wat gemeenskap sielkundiges doen gedurende die verloop van hul werk.

.....
.....
.....
.....

10. Beskryf die tipiese persoon wat die dienste van gemeenskapsielkundiges gebruik. U kan so spesifiek wees as wat u verkies. (Byvoorbeeld – individuele eienskappe, sosiale kategorieë soos ras, geslag en klas.)

.....
.....
.....
.....

11. Beskryf die tipiese professionele persoon wat gemeenskapsielkundige dienste lewer. U kan so spesifiek wees as wat u verkies. (Byvoorbeeld – individuele eienskappe, sosiale kategorieë soos ras, geslag en klas.)

.....
.....
.....

12. Wat sou u ontmoedig of wat ontmoedig u huidiglik om in die area van gemeenskapsielkunde te praktiseer?

.....
.....
.....
.....
.....

12. Wat sou u motiveer of wat motiveer u huidiglik om in die area van gemeenskapsielkunde te praktiseer?

.....
.....
.....
.....
.....

13. Wat sou u aanbeveel behoort gedoen te word ten einde sielkundiges toe te rus om effektief met gemeenskappe te werk?

.....
.....
.....
.....
.....

Baie dankie vir u deelname aan hierdie navorsing. U tyd en moeite om die vraelys te voltooi word hartlik waardeer. Indien u in aanmerking wil kom om die geskenkbewys te wen, vul asseblief u telefoon nommer(s) in die toepaslike spasie wat voorsien is hieronder. Die telefoon nommers sal van die vraelys geskei word ten einde u anonimiteit te verseker.

Lorenza Williams
MA (Sielkunde) student
Stellenbosch Universiteit
My e-pos adres: 13833502@sun.ac.za

Ronelle Carolissen
Navorsings supervisor/ Dosent
rlc2@sun.ac.za

Deelnemer se telefoon nommer(s)

Kantoor:
Huis:
Selfoon:



18 Mei 2006

Geagte Deelnemer

Hierdie vraelys is 'n komponent van my navorsing ten einde my MA (Sielkunde) graad te verwerf aan Stellenbosch Universiteit. Die doel van my navorsingstudie is om die praktyk en werkspatrone van alle kliniese-, voorligting-, navorsing-, en opvoedkundige sielkundiges in die Kaapse Wynland distrik te ondersoek, wat vir drie jaar of meer geregistreer is by die Gesondheids Beroepsraad van Suid-Afrika (HPCSA). 'n Verdere doel is om hierdie sielkundiges se siening aangaande gemeenskapsielkunde te eksplorieer. Let daarop dat alle informasie as streng vertroulik hanteer sal word en dat u anonimiteit beskerm sal word. 'n Lootjie sal getrek word waar een gelukkige deelnemer 'n geskenkbewys van "Exclusive books" ter waarde van R500 kan wen vir die volledige voltooiing van die vraelys. Ingesluit is een vraelys in Afrikaans en een in Engels asook 'n selfgeadresseerde koevert. Voel gerus vry om enige een van die twee vraelyste te voltooi. Stuur asseblief die voltooide vraelys terug binne drie weke van ontvangs. U tyd en moeite om aan hierdie studie deel te neem word opreg waardeer.

Die Uwe

Lorenza Williams
MA (Sielkunde) student

Ronelle Carolissen
Supervisor/Dosent

18 May 2006

Dear Participant

This survey forms part of a research study towards my MA (Psychology) degree at Stellenbosch University. This study aims to explore the practice patterns of the clinical, counselling, research and educational psychologists in the Cape Winelands district, who have been registered with the Health Professions Council of South Africa (HPCSA) for at least three years. A further aim is to explore psychologists' perceptions of community psychology. Please note that the information provided will be treated with confidentiality and your anonymity will be protected. Your telephone number will be placed in a draw where one lucky winner can win a R500 Exclusive Books gift voucher for completing the questionnaire. Enclosed you will find one questionnaire in English and one in Afrikaans as well as a self addressed envelope. You may complete any one of the two questionnaires. Please return the completed questionnaire within three weeks of reception. We appreciate the time set aside to participate in this study.

Yours Sincerely

Lorenza Williams
MA (Psychology) student

Ronelle Carolissen
Supervisor/Lecturer





UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenoot • your knowledge partner

17 Julie 2006

Geagte Deelnemer

Ek ondersoek houdings teenoor en praktyke binne gemeenskapsielkunde onder geregistreerde sielkundiges in die Kaapse Wynland streek, as deel van my Meestersgraad navorsing. Die ingeslote vraelys word weer herpos om nog 'n kans te skep vir deelname aan die studie. Indien u alreeds hierdie vraelys voltooi en teruggestuur het tydens die eerste poging hoef u nie deel te neem aan die tweede poging nie en kan u maar hierdie brief en vraelyste ignoreer. Die vraelys sal omtrent 30 minute van u tyd in beslag neem. Let daarop dat alle informasie as streng vertroulik hanteer sal word en dat u anonimiteit beskerm sal word. 'n Lootjie sal getrek word waar een gelukkige deelnemer 'n geskenkbewys van "Exclusive books" ter waarde van R500 kan wen vir die volledige voltooiing van die vraelys. Ingesluit is een vraelys in Afrikaans en een in Engels asook 'n selfgeadresseerde koevert. Voel gerus vry om enige een van die twee vraelyste te voltooi. Stuur asseblief die voltooide vraelys terug binne drie weke van ontvangs. U tyd en moeite om aan hierdie studie deel te neem word opreg waardeer.

Die Uwe

Lorenza Williams
MA (Sielkunde) student

Ronelle Carolissen
Supervisor/Dosent

Dear Participant

17 July 2006

I am gauging attitudes towards and practices in community psychology amongst registered psychologists in the Cape Winelands region, as part of my Masters research. Enclosed please find a questionnaire as part of a reminder posting for this survey. If you have already completed and returned the questionnaire during the first posting you may ignore this letter and questionnaire. It will take approximately 30 minutes of your time to complete the questionnaire. Please note that the information provided will be treated with confidentiality and your anonymity will be protected. Your telephone number will be placed in a draw where one lucky winner can win a R500 Exclusive Books gift voucher for completing the questionnaire. Enclosed you will find one questionnaire in English and one in Afrikaans as well as a self addressed envelope. You may complete any one of the two questionnaires. Please return the completed questionnaire within three weeks of reception. Your time and effort to participate in this study is greatly appreciated.

Yours Sincerely

Lorenza Williams
MA (Psychology) student

Ronelle Carolissen
Supervisor/Lecturer



Income	Pearson correlation	-.347	.152	.146	. ^a	. ^a	. ^a	.056	.206	.169	1	-.176	.055	.209	.095	.339	.002	-.223	-.223
	Sig. (2-tailed)	.056	.414	.434	.	.	.	.763	.267	.372	.	.345	.768	.259	.613	.062	.993	.228	.228
	N	31	31	31	31	31	31	31	31	30	31	31	31	31	31	31	31	31	31
Private practice	Pearson correlation	.140	.354	-.149	. ^a	. ^a	. ^a	.057	-.170	.114	-.176	1	.015	-.177	-.463	-.080	-.120	.084	.285
	Sig. (2-tailed)	.453	.051	.424	.	.	.	.759	.362	.547	.345	.	.937	.532	.009	.670	.521	.652	.120
	N	31	31	31	31	31	31	31	31	30	31	31	31	31	31	31	31	31	31
Public service	Pearson correlation	.078	-.062	.361*	. ^a	. ^a	. ^a	-.058	-.183	.307	.055	.015	1	-.126	-.278	-.086	-.209	.199	-.126
	Sig. (2-tailed)	.677	.740	.046	.	.	.	.757	.325	.099	.768	.937	.	.499	.130	.646	.258	.282	.499
	N	31	31	31	31	31	31	31	31	30	31	31	31	31	31	31	31	31	31
NGO	Pearson correlation	-.037	.101	.022	. ^a	. ^a	. ^a	.143	.063	-.666	.209	-.117	-.126	1	.063	-.101	.178	-.178	.139
	Sig. (2-tailed)	.842	.588	.906	.	.	.	.442	.737	.731	.259	.532	.499	.	.737	.588	.339	.426	.456
	N	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31
Academia	Pearson correlation	.114	-.220	-.140	. ^a	. ^a	. ^a	-.115	-.022	-.210	.095	-.463**	-.278	.063	1	.309	.033	-.132	-.132
	Sig. (2-tailed)	.540	.234	.453	.	.	.	.539	.907	.266	.613	.009	.130	.737	.	.091	.862	.479	.479
	N	31	31	31	31	31	31	31	31	30	31	31	31	31	31	31	31	31	31
Research	Pearson correlation	-.289	.069	-.216	. ^a	. ^a	. ^a	.098	.157	-.109	.339	-.080	-.086	-.101	.309	1	-.168	-.101	-.101
	Sig. (2-tailed)	.114	.712	.243	.	.	.	.601	.400	.565	.062	.670	.646	.588	.091	.	.366	.588	.588
	N	31	31	31	31	31	31	31	31	30	31	31	31	31	31	31	31	31	31
Education	Pearson correlation	.009	.072	.082	. ^a	. ^a	. ^a	.238	.012	.171	.002	-.120	-.209	.178	.033	-.168	1	-.034	-.034
	Sig. (2-tailed)	.961	.702	.661	.	.	.	.197	.949	.366	.993	.521	.258	.339	.862	.366	.	.855	.855
	N	31	31	31	31	31	31	31	31	30	31	31	31	31	31	31	31	31	31
Corporate	Pearson correlation	.156	.101	.377*	. ^a	. ^a	. ^a	.143	-.048	.378*	-.233	.084	.199	-.148	-.132	-.101	-.034	1	.139
	Sig. (2-tailed)	.402	.588	.037	.	.	.	.442	.796	.039	.228	.652	.282	.426	.479	.588	.855	.	.456
	N	31	31	31	31	31	31	31	31	30	31	31	31	31	31	31	31	31	31
Community	Pearson correlation	.349	.101	-.372*	. ^a	. ^a	. ^a	-.491**	.118	.378*	-.223	.285	-.126	-.19	-.132	-.101	-.034	.139	1
	Sig. (2-tailed)	.054	.588	.039	.	.	.	.005	.526	.039	.228	.120	.499	.456	.479	.588	.855	.456	.
	N	31	31	31	31	31	31	31	31	30	31	31	31	31	31	31	31	31	31

*. Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

^a. Cannot be computed because at least one of the variables is constant.