THE EMPLOYMENT PATTERNS OF BPSYCH GRADUATES IN THE WESTERN CAPE

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

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December 2005

STATEMENT

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.

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Signature Date

ABSTRACT

In order to make mental health care more accessible and even out the skewed distribution of services, policies were put in place to integrate mental health services into primary health care. For this to be effective, more trained mental health personnel needed to be employed in the public sphere as well as non-governmental and community organizations; and in state services. The BPsych degree which was instituted to meet this need has however, been plagued with controversy since its inception. This study aims to determine the employment patterns of BPsych graduates in the Western Cape so as to ascertain whether the expressed goals for establishing the degree, that is, addressing the need for primary mental health care workers, is in fact being met. Combinations of quantitative and qualitative methods were employed in this study. A self-constructed questionnaire was used for obtaining data. Quantitative data was analysed using SPSS and qualitative data was analysed by means of thematic content analysis. The quantitative data suggest that most of the respondents are employed and have completed the board exam. The majority of respondents are female and are employed within either community or NGO settings, or the private sector. Just over one third of respondents are employed as counsellors. A qualitative analysis of the data has suggested that the majority of employers are unaware of the category of registered counsellor. Respondents placed a large emphasis on the value of the practical component of the course. Based on the results obtained, one could argue that access to mental health care has not been significantly improved by the implementation of this category of registration.

ABSTRAK

ń Verskeidenheid van staatsbeleide is geïmplementeer om geestesgesondheidsdienste binne die primêre gesondheidstelsel te integreer. Die doel hiervan was om die meerderheid van die populasie se geestesgesondheidsdienste meer toeganklik te maak asook die ongelyke verspreiding van dienslewering aan te spreek. Om hierdie visie effektief te implementeer is daar ń behoefte aan meer opgeleide geestesgesondheidspersoneel in die publieke sektor, nie-staats organisasies, sowel as die staatsdiens. Die primêre doel van die implimentëering van die BPsig kursus is om die behoefte aan primêre geestesgesondheids werkers aan te spreek. Sedert die aanvangs van die BPsig kursus, is dit gekenmerk deur twyfel. Die navorsing beoog om die werkspatrone van BPsig gegradueerdes in die Wes-Kaap te identifiseer om sodoende vas te stel of die doele waarvoor die kursus gestig is wel bereik word. ń Kombinasie van kwantitiewe en kwalitiewe navorsingsmetodes is in hierdie studie gebruik. Kwantitiewe data en kwalitiewe data is deur middel van SPSS en tematiese inhouds analise verwerk. Die kwantitiewe uitslae gee aan die hand dat die meeste respondente werk en het reeds die raadseksamen geslaag. Die meerderheid van respondente is vroulik en werk of vir gemeenskaps organisasies/nie-staats organisasies, of in die privaat sektor. Net meer as een derde van die respondente werk as beraders. Die kwalitiewe data gee aan die hand dat die meerderheid van werkgewers onbewus is van die geregistreerde berader kategorie. Respondente het heelwat aangedring op die belangrikheid van die praktiese komponent van die kursus. As gevolg van hierdie uitslae, stel die studie voor dat die toeganklikheid tot geestesgesondheids dienslewering sedertdien die implementasie van geregistreerde beraders nie juis beduidend verander het nie.

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ACKNOWLEDGEMENTS

- I would like to thank my family for their continued support throughout the six-year span of my university career. Without them, none of this would be possible.
- A huge thanks must go to my significant other, Brent, without whom I would have never survived all the many hours of stress and torment.
- My friends have stuck with me all this time and I have to make special mention of Kim Johnson (my "twin") who has been there for me for the past couple of years and who has endured the same "pain" as I have for the past year. Also I would like to thank Jade aka Stressed Eric. I also have to mention the "smoking section crew" who provided countless hours of entertainment between (and sometimes during) classes.
- To Ms Ronelle Carolissen, thank you very much for giving me the opportunity to complete this research under your supervision. You have been encouraging and motivating. Thank you for your patience and time.
- Financial assistance from the National Research Foundation for this research is hereby acknowledged. Opinions given and conclusions reached in this work are those of the author and should not necessarily be regarded as those of the National Research Foundation.

CHAPTER ONE

INTRODUCTION

1.1 Motivation for study

Research has suggested that psychiatric and psychological services operate mainly in the private sector thereby servicing only 23% of the population (Freeman & Pillay, 1997). To address this need, a four-year psychology degree leading to counsellor registration with the Health Professions Council of South Africa (HPCSA), was introduced to provide valuable mental health care services at the primary health care level. It has been found however, that students did not gain what they expected from this qualification and felt they lacked adequate training to be competent counsellors (Wentworth, 2003).

While the aims of a Bachelors degree in Psychology mirror the core competencies required by the Professional Board of Psychology (*Framework for Education, Training and Registration as a Registered Counsellor*, 2003), discrepancies become evident when one examines the expectations of the students themselves with regard to this course. Government has put legislation in place to highlight the need for adequate mental health service provision within the primary health care system (*Mental Health Care* Act, 2002).

1.2 Aim of the study

This study aims to determine the employment patterns of BPsych graduates in the Western Cape so as to ascertain whether the expressed goals for establishing the degree, that is, addressing the need for primary mental health care workers, is in fact being met.

The employment patterns of Bpsych graduates will indicate if the aims of instituting the Bpsych degree are being met. If not, this study may be crucial in pointing out and highlighting ways in which this problem can be addressed.

1.3 Overview of the chapters

I will begin by providing a theoretical overview of mental health followed by a review of the literature. Chapter three discusses the research methodology employed in this study. Chapter four provides a summary of the results obtained, which was informed by the research questions. Chapter five consists of a discussion of the results, a conclusion and the limitations of this study.

CHAPTER TWO

LITERATURE REVIEW

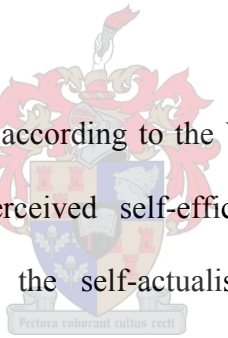
2.1 Introduction

In this chapter, the literature review and theoretical overview have been integrated. There are three reasons for this. Firstly, this is a new area of research. Secondly, very little research has been undertaken on the outcomes of the BPsych degree since graduates have only been produced since 2002. Thirdly, the establishment of the BPsych degree has been an area plagued by controversy and the author will make use of this chapter to attempt to capture some of these controversies.

After reviewing the literature, the conceptualisation of mental health, the history of mental health care in South Africa, the origins of primary health care and its place in the South African context and the BPsych degree as training for the primary health care sector, appear pertinent to this study. These themes assist in depicting the current primary health care system and its relation to mental health and mental health practitioners within the South African context.

2.2 Theoretical overview: the conceptualisation of mental health

This section will provide a broad overview of the number of understandings of mental health. According to the World Health Organisation (2001), mental health is critical to the general well being of not only individuals, but societies and countries as well. It is estimated that mental and behavioural disorders are responsible for 12% of the global burden of disease, yet the majority of countries assign less than one percent of their total health budgets to expenditure on mental health (WHO, 2001). The constitution of the World Health Organisation describes health as "a state of complete physical, mental and social well-being" (p.3).



The core concepts of mental health according to the World Health Organisation (2001) include subjective well being, perceived self-efficacy, independence, competence, intergenerational dependence, and the self-actualisation of one's intellectual and emotional potential amongst others. It is agreed that mental health is more extensive than simply a lack of mental disorders. A good understanding of mental health provides the basis on which to form a more inclusive understanding of mental disorders (WHO, 2001).

Myers, Sweeney and Witmer (2000) define wellness as a way of life geared toward the best possible health and well-being in which the body, mind and spirit are incorporated by the individual to live fully within their community. These authors identify five major life tasks that once successfully completed, will lead to overall wellness. The tasks are, developing an awareness of spirituality, meeting tasks in life through self-direction,

gaining satisfaction from work and leisure activities, developing a connection with others through friendship, and sustaining intimate relationships through love.

According to Desjarlais, Eisenberg, Good and Kleinman (1995), mental health is not simply the non-existence of a detectable mental disease, but a state of well-being in which the individual can realize their own potential and harness it to be productive and fruitful in contributing to the community.

The World Health Report (2001) states that most illnesses are influenced by an amalgamation of biological, psychological and social factors. Desjarlais et al. (1995) support the idea that social, environmental and biological aspects are implicated in causing mental illnesses and have provided strong evidence to support the fact that all mental disorders are biosocial and that the quality of an individual's social environment is closely related to the risk for a mental illness to develop. The ecological model states that all behaviour occurs in settings. So in order to understand such behaviour, it is necessary to develop an understanding of the individual and their environment (Scileppi, Teed & Torres, 2000).

Cowen (1994), describes wellness in terms of behavioural markers such as eating, sleeping and having meaningful relationships; and psychological markers such as having a sense of purpose and satisfaction with ones existence. Cowen identified five pathways to enhance wellness. They are: forming wholesome attachment relationships; acquiring age-appropriate skills; developing positive settings and environments; fostering empowerment; and gaining skills to cope effectively with stress (Cowen, 1994).

The *Mental Health Care Act* (2002) recognizes that health in general is a state of physical, mental and social well-being and that mental health services should therefore be provided accordingly. It also defines mental health status as "the level of mental well-being of an individual as affected by physical, social and psychological factors and which may result in a psychiatric diagnosis" (p. 455).

The World Health Organisation (2001) states that the responsibility for mental health, as for physical health, lies with the government of the country. Therefore, governments need to ensure that policies are in place to support the improvement of mental health. Desjarlais et al. (1995) describe the basic principles that should guide the organisation of mental health services in a country such as South Africa. Services should be decentralised, they should adopt a multifaceted approach, it should be culturally relevant, and, services should be sustainable. Priority should also be given to develop mental health care as part of primary health care services. The World Health Report of 2001 emphasizes the importance of mental health care in the primary health care system. It was found that mental and behavioural disorders were common among patients of primary health care settings. Furthermore, about 24% of all patients in these settings were found to have a mental disorder. The most common of these diagnosed disorders were depression, anxiety and substance abuse (WHO, 2001). For this reason, efficient mental health care in primary settings is crucial. The same World Health Report (2001) lists less stigmatisation of patients and staff; improved screening and treatment and the potential for improved treatment of the physical problems of those suffering from mental illness and vice versa, as advantages of integrating mental health care into general health

services, particularly at the primary level. It also lists better treatment of mental aspects associated with "physical" problems, as another advantage.

In short then, mental health is a complex phenomenon that goes beyond simply a lack of mental disorders and encompasses many aspects of an individuals' life. While some authors differ on ways and means to achieve and maintain mental health, they all believe that an amalgamation of factors impact the mental wellness of individuals.

Before discussing mental health in South Africa, it is important to recognise that it is impacted by negative social factors such as unemployment, high incidences of HIV/Aids, crime, violence, alcohol, and substance abuse. One in five South Africans suffer from a mental disorder that affects their social functioning. Adolescents are an especially high-risk group (Mental Health Info Centre 2002, cited in Van Wyk, 2002).

2.3 The history of professional psychology and mental health care in South Africa

The era of apartheid in South Africa stretched from 1948 to 1994. This system of racial segregation found its way into every sphere of South Africans' lives. Apartheid was also a socio-economic system based on the fact that the National Party, which made up the government of the time, exploited black labour. According to Hayes (2000), the psychological consequences of apartheid will affect many generations to come.

During this time, the South African health services developed in such a way that segregation and inequalities manifested allowing white groups' privileged and favoured access to health services. Separate authorities, hospitals, wards, clinics and consulting rooms for "whites"[1] and "non-whites"[2] were established. Health services were distributed according to those who held the power, not those who had the need (Hayes 2000;Van Rensburg, 2004a).

The role of organized professional psychology has often mirrored the socio-historical developments within South Africa; in particular, the discriminatory and oppressive processes linked to race (Suffla, Stevens, & Seedat, 1999). According to Suffla et al. (1999), professional psychology has developed and displayed the racist ideology in South Africa, and has been responsible for the maintenance and perpetuation of this ideology. Similarly, Duncan, Stevens and Bowman (2004) argue that South African psychology reproduced racism through denial and the racialised nature of the profession. The very function and organisation of psychology in South Africa was developed to serve the interests of white people before and during apartheid. Psychology was used to legitimise white domination and to maintain the oppression and exploitation of black people in South Africa (Cooper, Nicholas, Seedat & Statman, 1990; Nicholas, 1990). Psychologists used their expertise to display blacks as inferior and primitive, a people who needed to be acculturated in the interests of the industrial and segregationist ideologies of the

[1] During the apartheid era, "whites" were those people classified as white according to the Population Registration Act of 1950. The act described a white person as "a person who in appearance obviously is or who is generally accepted as a white person…" (Silva, Dore, Mantzel, Muller, & Wright, 1996).

[2] During the apartheid era, "non-whites" were those people whose racial ancestry was not predominantly European or one who was dark-skinned (Silva, et al., 1996). This description was preferred by the author above the more politically correct term "black" in this instance, as it aids in depicting the social division historically specific to South Africa at the time.

government (Suffla et al., 1999). Different diagnostic systems were developed for whites and blacks and as a result, various beliefs began to emerge such as the belief that black people do not get depressed and stress was caused by "Bantu hysteria" (Baldwin-Ragaven, De Gruchy & London, 1999, cited in Duncan, Stevens & Bowman, 2004).

The profession of psychology has been widely criticized for the role it played in perpetuating racist ideologies and for remaining silent as many voices spoke out against the apartheid regime (Duncan, Stevens & Bowman, 2004; Seedat, 1998; Sigogo & Modipa, 2004). Professional psychological organisations such as the South African Psychological Association (SAPA), the Psychological Institute of the Republic of South Africa (PIRSA), and, the Psychological Association of South Africa (PASA) all had short life spans and histories that were not particularly commendable (Duncan, Stevens & Bowman, 2004). Historically, psychology has neglected the black psychosocial experience and has assisted in distancing blacks and women from the development of knowledge (Seedat, 1998).

As a result of the juxtaposed relationship between psychology and apartheid, the majority of psychology professionals are white. By the late 1980s and early 1990s, less than ten percent of all registered psychologists in South Africa were black. This meant that the majority of professionals were unable to meet the needs of the majority of the population due to barriers such as language and culture (Kriegler, 1993; Pillay & Kramers, 2003; Suffla et al., 1999). So, while the majority of psychologists are white, they also service white middle class clients which has led to psychology being associated with privileged

classes (Hickson & Kriegler, 2001). One of the main contributing factors to this statistic was constraints involved with the training of psychologists (Duncan, Stevens & Bowman, 2004). During the apartheid era, the government ensured that learning institutions through its research and training, produced ideas to serve the interests of the ruling party. In a review of the literature, Duncan, Stevens and Bowman (2004) report that blacks are underrepresented within the psychology profession due to poor training facilities and the slanted processes of knowledge production. This was illustrated by the fact that whites were provided with the best university facilities while blacks had to enrol at what became known as "bush colleges"- aptly named due to the lack of resources. Seedat (1998) agrees and stated that the oppression and "under-education" of blacks by the apartheid government was another reason that few blacks have entered the field of psychology.

As a result of these processes, the profession of psychology managed to remain dominated by white professionals. Kriegler (1993) goes on to say that few black, coloured or Asian candidates apply for advanced training programmes because of selection criteria, the nature of the course, and the duration and cost of training. This could also account for the small number of psychology professionals from black race groups. Ahmed and Pillay (2004) found that psychology training in South Africa still remains racially skewed even though access to educational facilities for black people has improved.

The legacy of apartheid left South Africa somewhat crippled with regard to the efficiency of its health system. Kriegler (1993) described the current state of mental health services

in South Africa before the first democratic elections in 1994. Mental health services in white upper class areas were available, accessible and affordable. Kriegler continued to describe statistics that reveal that only 20% of the population could afford private care while 80% were dependant on the public and welfare sector where only 10% of registered clinical psychologists were employed to service the majority of the population. This was a ratio of about one psychologist per 304 000 of the population (Kriegler, 1993). This skewed distribution of services was further emphasized by Pillay and Petersen (1996) as they described mental health care in South Africa as being mostly "inaccessible to, and inappropriate for, the majority of people" and that this was "skewed in favour of the white middle class and the seriously incapacitated who require institutional care" (p.76). Kale (1995) agrees that the distribution of mental health service delivery is skewed and reports that psychiatric care is largely centred around large institutions and criticizes South African psychiatry because the majority of psychiatrists are white and therefore far removed from their black clients.

In a review of the literature, Henderson (2004) found that the South African mental health system had fragmented service delivery due to the huge differences between the private and state sectors. This divide was due to the fact that access to services was determined by biographical factors such as race and language. Hickson and Kriegler (2001) argue that mainstream psychology is "irrelevant to the nature and needs of the majority black population" (p. 783). Furthermore, because mental health facilities are underdeveloped and inaccessible, they are under-utilised by black South Africans. Hickson and Kriegler (2001) identified areas of the mental health service delivery system

that requires "urgent consideration" by the government (p. 785). The most salient problematic features are: psychology is an elitist service providing for a privileged minority; training is based on irrelevant Western approaches; mental health services are centralized in urban areas; services have been largely curative; the psychologists' role is unclear; and the role of indigenous approaches and traditional healers within mental health care has been ignored (Hickson & Kriegler, 2001).

Kriegler (1993) highlights the structural problems within mental health care and criticizes the government for not providing adequate job opportunities for psychologists in community contexts and suggests that in order to rectify the problem of skewed distribution of services, the government needs to put together a comprehensive national mental health policy to address these needs. She also suggests that the profession revisit the qualifications needed to offer basic mental health care and described students with a Bachelors degree in Psychology as a "tragic waste" (p. 67). This constituted some of the initial arguments for psychological professionals with only 3 years of training as opposed to 6 years.

2.4 The origins of primary health care and its place in the South African context

In the early 1990s, a change in health care was being engineered with the emphasis on health policy and the structure of service delivery, being shifted to primary health care (Petersen, 2000;Van Rensburg, 2004a). For the purposes of this study, it is necessary to

discuss the origins of primary health care and then place this concept into context within South Africa.

The Alma-Ata Declaration, which was conceived at a joint World Health Organisation (WHO)- UNICEF conference in Kazakhstan in 1978, was important in developing a broad and consistent philosophy that became known as the primary health care approach. The declaration identified a new way of thinking about health care and highlighted five themes:

- The importance of equity as part of health
- The need for communities to become active participants in decision-making
- The need for health problems to be approached by different sectors
- The need to make sure that the appropriate technology is adopted and used
- An emphasis on activities that promote health

(*Alma Ata declaration, WHO,* 1978*)*.

Woodward (1983), describes "accessibility, comprehensiveness, coordination, continuity, and accountability" as the essential qualities of primary care. Petersen (2000), states that amongst others, the basic principles of primary health care include: intersectoral cooperation; promoting healthy living; and empowering people and the communities they live in to better control and improve their health.

In 1995, the South African government released a proposed broad policy framework for health care. Mental health services were included under this framework (Petersen, 2000). The implications for mental health care would be that all people would have access to free primary level mental health care. This would have led to the appointment of more

personnel providing mental health services in the public sector. This would result in greater utilization of psychiatrists and psychologists in the private sector (who were servicing only 23% of the population at the time) to work with under-served population groups (Freeman & Pillay, 1997).

The integration of mental health care into the primary health care system appears logical as primary care settings are often the first point of contact for the patient. Therefore, focused effective and necessary intervention can be carried out with more specialised approaches taking place at other levels (Parrot, 1999). Primary prevention involves programmes for the promotion of mental health which are educational rather than clinical in origin and operation. The aim of such programmes would be to increasse peoples capacities for dealing with crises and taking steps to improve their lives. Primary prevention is intended to decrease the development of new cases of any disorders through planned programmes with healthy or at-risk groups to reduce risk factors while building capacities which results in meaningful interaction between people and systems (Conye, 2004).

In the *Health Sector Strategic Framework 1999-2004* (Department of Health, 2002), the shift of South Africa's resources to primary care is acknowledged. The vision and mission for this framework is to nurture "a caring and humane society in which all South Africans have access to affordable, good quality health care" (p. 1). This document cites the staffing of some 3000 clinics as a challenge for the government at that time. It also encourages further reform initiatives to advance primary care. The platforms for this

decentralized method to bring health care to the majority of the population are clinics and community health centres driven by the district health system. This framework also admits that mental health and substance abuse have been areas that have been neglected within the health care system. In order to achieve its vision to improve the mental health of South Africans through providing adequate interventions and preventing substance abuse within the primary health care approach, the following objectives were identified:

- A new mental health care act should be passed by December 2000
- Mental health services should be integrated into primary health care
- Strategies to reduce the level of substance abuse must be introduced, with a special emphasis on prevention
- Violence prevention at primary, secondary and tertiary levels with special focus on women and children must be introduced
- Guidelines for the treatment of rape victims must be implemented in all districts
- Chronic mental illnesses/disorders should be treated through community based psycho-social rehabilitation services wherever possible
- Strategies to reduce the rate of suicides, especially amongst the youth must be implemented

(*Health Sector Strategic Framework 1999-2004,* p 17)

The *Mental Health Care Act* came into effect in 2002. The main objectives of this Act are to increase the availability of, coordinate access to, and integrate the provision of, mental health care services; clarify the rights of mental health care users; and regulate the way

that the property of persons with mental illness may be dealt with by a court of law. The Act recognizes that health is comprised of physical, mental and social well-being and that mental health services should be made available at primary, secondary and tertiary levels.

To place the principles of mental health service provision by the primary health care system within a South African context, Van Rensburg (2004b), summarizes the essence of the core primary health care programmes in South Africa and more specifically, examines mental health. He describes the broad goals in mental health as:

> The integration of mental health into general health care, wherever possible, and the treatment of as many people as possible in the community; the creation of programmes to prevent violence; and the reduction of levels of substance abuse through youth-orientated prevention and treatment programmes. Integrating mental health into general health depends partly on moving people from psychiatric institutions into the community. This requires, amongst others, that primary health care workers be trained in mental health. (p. 427)

Van Rensburg (2004b) continues to say that in order to successfully integrate mental health care into the primary health care system, more health care workers need to be trained in mental health. Similarly, Petersen (1999) argues that adequately trained primary health care staff that will provide mental health services based on the principles of primary health care, should be key in the restructuring process of the government.

Petersen (2000) however, later critiques the government in terms of its capacity to provide comprehensive health care services. She argues that while the access to health care has increased due to the availability of free services, the care provided has not been comprehensive enough. Furthermore, primary health care staff have felt the strain of the increased number of patients, decreased budgets and lack of support. More recently, Petersen (2004) suggested that registered counsellors, who have been trained in psychological assessment and intervention, provide mental health services in disadvantaged areas. It is felt that without such support mechanisms in place, problems could arise with the integration of mental health care into the primary health sector (Ahmed & Pillay, 2004).

It is evident that one of the main focus areas in primary health care is prevention. It is on this pillar of prevention that the need for a new category of registration arose to allow for interventions at the primary level (*Framework for Education, Training and Registration as a Registered Counsellor*, 2003).

2.5 The BPsych degree: training for the primary health care sector

In the previous chapter, I have described the mental health and social context that gave rise to the formation of the BPsych degree. The following section will be examining the four key areas surrounding the BPsych degree. Firstly, I will describe the academic and employment context of the BPsych degree. Secondly, I will look at the BPsych degree in relation to other psychological training in South Africa. Thirdly, I will examine how the

BPsych degree compares to psychological training in other countries. Lastly, I will provide an overview of the controversies surrounding the BPsych degree.

2.5.1 The academic and employment context of the BPsych degree

Wilson, Richter, Durrheim, Surrendorff and Asafo-Agyei (1999) investigated the employment trends of psychology graduates and professionals in South Africa from 1976 to 1996. Their study revealed that there had been a steady increase of 83% in the number of jobs advertised for psychology and social science graduates over 21 years. They also found that the employment sector required generalist graduates and postgraduates as opposed to those professionally qualified in psychology. The authors therefore suggested that the levels of registration within the discipline of psychology needed to be rethought and proposed that an exit point within the qualification process after 4 years of training was needed to address the needs of the employment sector. Wilson et al. (1999) felt that being qualified as a counsellor after 4 years of training would "go a long way in ensuring that psychological needs are met and psycho-social services … provided to the population" (p. 427).

In her study, Kriegler (1993) suggests that a larger body of professionally qualified staff should be trained to offer basic mental health care in various contexts. Kriegler (1993) goes on to say that institutions should produce graduates with an understanding of the bio psychosexual elements of human behaviour. Hickson and Kriegler (2001) emphasise the fact that a need exists for a large number of mental health care personnel to be trained to

service the black population but due to the fact that training and registration as a psychologist takes about seven years, a middle level qualification would be more appropriate. The length of training would be decreased and such individuals would provide basic services in schools, health and community settings. The authors felt that such training would produce a larger pool of mental health care professionals (Hickson & Kriegler, 2001).

It was found that most tertiary institutions have a form of employment equity policy in place to increase the number of black staff training students and that, along with the decision to implement an earlier exit point for psychology students would provide the potential for broadening service delivery in many communities (Duncan, Stevens & Bowman, 2004).

Since 1997, a new professional policy for South African psychology has commenced. This policy proposes changes in the training and education, roles, professional development and controls within professional psychology (Henderson, 2004). A four-year degree (BPsych) introduced a new middle-level professional category namely the registered counsellor.

Wentworth (2003) describes the rationale and motivation behind the new programme. Firstly, psychology in South Africa was changing and due to this, the professional requirements for the profession needed to change along with it. The main purpose for this change would be to try to address the inequalities in the provision of mental health

services and the inaccessibility of psychological services. Secondly, more emphasis was placed on having more generalised skills and a modular approach to training. Thirdly, such a course was in line with the academic goals of certain universities at the time (adapted from *Professional Board for Psychology, Application for New Programmes for External Registration with SAQA*, UWC, 2000, pg. 1, as cited in Wentworth, 2003).

In 2003, the Professional Board of Psychology released their "Framework for education, training and registration as a registered counsellor". In it they describe the scope of practice for a registered counsellor as executing "formalized, structured and short-term interventions at the primary curative/preventative levels across the scope of psychology" (p. 2). Counselling in the following practice areas have been approved: career, trauma, community mental health, family, school, sport, HIV/AIDS, human resources, pastoral and employee well-being. The core competencies of a registered counsellor according to the Professional Board of Psychology include psychological assessment in terms of screening and identifying symptoms for referral; psychological intervention in the form of basic counselling; referral expertise; and, the ability to conduct research projects and implement the findings (*Framework for Education, Training and Registration as a Registered Counsellor*, 2003).

For the purpose of this study, I will briefly be examining such courses offered at the three main universities within the Western Cape namely, the University of Cape Town (UCT), the University of Stellenbosch (US), and the University of the Western Cape (UWC). I

have limited my study to the Western Cape, as my sampling frame is concentrated in this area. I will also look at the latest statistics from the HPCSA on registered counsellors.

UWC and US offer a Bachelors degree in Psychology where, upon completion, graduates are eligible for registration as counsellors. UCT on the other hand, offers a four-year degree comprising of a Bachelors degree with Honours in psychology, which is followed by a six-month internship that leads to eligibility for qualification as a registered counsellor (*A guide to studying psychology at UCT*; 2004). Because UCT does not offer a structured BPsych programme, I have decided to exclude graduates at UCT from this study.

The Bachelors degree in psychology offered at Stellenbosch University has the aim of training mental health practitioners to provide services within the realm of primary health care in South Africa. The specific aims of this programme included:

- To identify and understand psycho-social problems
- To advise individuals with psycho-social problems
- To refer more serious psychological problems to the appropriate professional
- To administer psychometric evaluations
- To orchestrate group interventions
- To design, implement and evaluate psychological training programmes
- To research psycho-social problems

(University of Stellenbosch, *Fakulteit Lettere en Wysbegeerte, Jaarboek 2003)*

The courses at UWC and US are in line with the framework of the government to improve mental health services at primary health care level.

The most recent statistics from the HPCSA (September 2005) reveal that currently there are 108 registered counsellors in South Africa. This is almost double the number of 59 registered counsellors as described in statistics retrieved from the HPCSA in February 2005. This may be related to the court judgement in June this year which proclaimed it acceptable for registered counsellors to work in private practice (Pienaar, 2005). This issue is expanded in the discussion on the controversies surrounding the BPsych degree. It appears thus that counsellors are motivated to register at the prospect of being able to work privately. A registered counsellor can be defined as "a person who complies with the prescribed requirements for and holds registration as a registered counsellor in terms of these regulations" (HPCSA, 2003). Gauteng and the Western Cape have the highest number of registered counsellors with 46 and 21 respectively. Free State, Mpumalanga and the North West Province have no registered counsellors. These figures are indicative of a skewed distribution of more registered counsellors in the wealthier provinces of South Africa. Females constitute 95 percent (n=103) of the total number of registered counsellors. This could be accounted for by the general trend towards the feminisation of psychology within the profession (Richter & Griesel, 1999). The same statistics from the HPCSA (2005) also show that the majority of registered counsellors, 63 percent (n=68), are white, 14 percent (n=16) are black, 10 percent (n=11) are coloured, 9 percent (n=10) are Asian and 4 percent (n=3) did not classify their race. These figures could be

accounted for by the legacy of apartheid in South Africa that provided more access to educational resources for the white population (Seedat, 1998).

2.5.2 The BPsych degree in relation to other psychological training in South Africa

Prior to the changes suggested by the Professional Board of Psychology, a student would typically start by completing a Bachelors degree majoring in psychology, which would lead to the possibility of registration as a psychotechnician. An Honours degree in psychology would lead to the possibility of registering as a psychometrist. To register as a psychologist one would have to complete a Masters degree (which includes coursework, an internship, and research). Categories such as psychotechnician and psychometrist have not been popular amongst students and the general public has been unaware of their existence (Henderson, 2004). Henderson (2004) argues that within this model, professional and academic paths only separate at the Masters degree level.

The new professional policy proposed by the Board of Psychology, aimed to restructure the professional route within this model. With the introduction of the BPsych degree, students could now register as psychology professionals after just four years of academic training and 720 hours of practical training. Furthermore, to register as a psychologist would require completing a Masters degree, an internship of 12 months, community service lasting 12 months, and successfully completing the board exam (Professional Board of Psychology, 2003). The new policy therefore did away with the three levels of professional registration (psychotechnician, psychometrist and psychologist) and replaced

it with two levels of professional registration namely, the registered counsellor and psychologist (Henderson, 2004). Henderson (2004) argues that the new policy distinguishes between a psychologist and a registered counsellor on the basis of "jurisdiction, knowledge and know-how, and education and training level" (p. 14). This statement highlights the most significant differences between these professional categories.

2.5.3 Psychological training in other countries and its relation to the BPsych degree

I will now examine psychology training in the UK and Australia to provide a broader perspective of professional psychology in order to make comparisons to South Africa. Psychology training in the UK has two stages. Students complete an undergraduate degree in psychology with honours or its equivalent. The British Psychological Society as conferring the "Graduate Basis for Registration must accredit this degree" (GBR). After this initial training, the student completes three to five years of training to become registered as a Chartered Psychologist (The British Psychological Society, 2001).

Lester and Cooper (2003) describe a training programme in Birmingham in the UK, that has developed a new role within the health care system known as the primary mental health worker (PMHW). This paper proved interesting as the role of the PMHW in the UK mirrors the role of the registered counsellor in South Africa. Individuals who would be considered for training as a PMHW would be graduates of psychology or relevant disciplines. Similar to registered counsellors in South Africa, the training of PMHWs'

would include the development of clinical skills, understanding the pathways that facilitate referrals, knowledge of research and ethical guidelines, and, how to develop networks of care between different organisations (Lester & Cooper, 2003). The specific case study in Birmingham that was examined by Lester and Cooper (2003), evaluates the training received by PMHWs. One of the main concerns raised by the workers was that they felt a lack of knowledge about their future roles, and that their perceptions at the start were different from the roles they were required to fulfil at the end of the training. Interestingly, BPsych students in Wentworth's (2003) study displayed similar concerns with regards to not gaining what they expected from the course, and feeling as if they lacked the proper training to be competent counsellors.

Similarly to the UK, training for the psychology profession in Australia, is entered via postgraduate coursework degrees or a four-year undergraduate degree followed by a two-year "apprenticeship" including supervised practice. Entry into the Australian Psychological Society (APS) however, is gained through completing a master's degree in psychology with a further two years of supervised experience (Lancaster & Smith, 2004). As an example, the University of Central Queensland (CQU) offers a bachelor of psychology degree similar to the ones offered at UWC and US. While the South African courses examined had the aim of training mental health practitioners to provide services within primary health care, the primary purpose of the Australian BPsych degree is to prepare graduates for conditional registration as psychologists, and for coursework and research in psychology (CQU Handbook, 2005). Compared to Australia, it appears that

the South African government has placed more emphasis on mental health care within the primary sector.

2.5.4 Controversies surrounding the BPsych degree in South Africa

Since its inception, the BPsych degree has been plagued by controversies such as allowing students to work privately or not, the costs involved with implementing such a qualification, the indecision of the Professional Board of Psychology with regards to the degree, and, the naming of the category of registration. This has led to uncertainty among BPsych students about their future (Wentworth, 2003).

In 1994, Rock and Hamber presented a paper in which they deemed the BPsych degree to be "implausible" at that time, on the basis of three factors. Firstly, the BPsych degree may have led to a situation in which mostly black students would have been trained to provide basic mental health care in primary settings, while white students continue to train beyond the Masters level. Secondly, the costs involved would be great and the authors suggest that such funds could be put to better use to improve the skills of those already employed in public education and related areas. Dawes (2002) provided a similar alternative to the BPsych degree and suggested that staff in the nursing and education sector be trained to provide psychological services as they are already situated within the disadvantaged communities with the most psychological need. Thirdly, state- provided posts for psychologists were extremely limited. Therefore, training more psychology

professionals could have led to an influx of such individuals practicing in the private sector, which would contradict the aims of such a qualification (Rock & Hamber, 1994).

The Professional Board of Psychology has been criticized for its indecision regarding whether or not registered counsellors would be allowed to practice privately or not. Initially, registered counsellors could be self-employed. In 2003, this was changed to indicate that they could no longer practice privately (Henderson, 2004). Henderson (2004) argues that by not allowing registered counsellors to work in the private sector, the "jurisdictional" divide between psychologists and registered counsellors is reinforced, which in turn emphasises the existing private-public segregation of mental health services in South Africa and the social inequalities that go along with it. In June 2005 the Pretoria High Court ruled in favour of the registered counsellor being employed privately (Pienaar, 2005). This will no doubt have implications for BPsych graduates as not being able to practice privately could have served as a deterrent to choosing to register with the Board.

Another potential problem identified by Henderson (2004) was the naming of the mid-level category of registration. Titles such as "psychological counsellor", "professional counsellor registered to a specific practice area", "specified counsellor" and "human development practitioner" were all suggested before the title "registered counsellor" was decided upon (Henderson, 2004). Henderson (2004) argues that the term "counsellor" reinforces the lower status of registered counsellors versus the status of psychologists. Carolissen (2005) expressed a similar concern regarding the title "registered counsellor,"

suggesting that it is likely to be confused with "lay-counsellor", which might lead community organisations and NGOs to pay BPsych graduates a salary equivalent to lay-counsellors even though they have specialised qualifications in psychology. More recently, the Professional Board of Psychology (2005) has called for input about its strategic practice framework from its members regarding a proposal to once again change the title of "registered counsellor" to "psychological counsellor" in an attempt to distinguish them from "lay-counsellors".

Wentworth (2003) examined the expectations of 4th year BPsych students at the University of Stellenbosch with regards to their course. She found that the majority of students in their final year did not gain what they expected from the programme. They felt that they did not have more job opportunities as they expected which raised concern among them for their future economic status. The students also felt as though they lacked the proper training to be competent counsellors and showed concern about the validity of their qualification. According to students' expectations, the aims as laid out by the university, had not been fully met. This study would then be useful to examine the broader perceptions of students, not limiting itself to Stellenbosch. This has further implications for the aims of the government to implement improved health care services, as these graduates would be trained to work in primary health care and upon completion of the course, might not feel adequately qualified to meet the demands of this job. It is important to note that Wentworth's study was done during a time when many transitions were taking place with the BPsych degree at Professional Board level and much confusion existed among students. So their perceptions may be related to their experience

of vague Board guidelines and be historically specific. Therefore, I am carrying out further investigations in this regard.

There have been several controversies surrounding the establishment and subsequent implementation of the BPsych degree. Just over ten years ago, the degree was seen as "implausible" (Rock & Hamber, 1994) for a variety of reasons. According to Henderson (2004), the Professional Board of Psychology failed to take those reasons into account when developing a new policy for professional psychology. The Board has also been plagued by indecision regarding whether or not registered counsellors may practice privately or not, and whether registered counsellors should even be called "registered counsellors". This uncertainty has filtered down to current BPsych students and has left them doubting their qualifications and therefore ultimately their ability to succeed as counsellors (Wentworth, 2003). The present study could make inroads into determining just how these controversies have affected BPsych graduates and maybe more significantly, if basic mental health care is in fact being provided at the primary health care level.

2.6 Conclusion

The literature suggests that the course of psychology has changed dramatically over the past 20 years from an oppressive tool in the apartheid era to a possible means with which to improve the mental health of the majority of South Africans (Wilson et al., 1999; Van Rensburg, 2004b). In order to make mental health care more accessible and even out the

skewed distribution of services, policies were put in place to integrate mental health services into primary health care to benefit the majority of the population. In order for this to be effective, more trained mental health personnel needed to be employed in the public sphere as well as non-governmental and community organisations; and in state services. These positions are to be filled by registered counsellors trained to provide basic mental health care. The BPsych degree has however, been plagued with controversy since its inception. This study is therefore critically questioning whether this process is leading to better access to services or is the training of registered counsellors making few inroads into better access to mental health services? After reviewing the results, these questions will be addressed in the discussion.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides an overview of the methodology used in this study. It begins by describing the broad aims of the study and then the specific research questions will be discussed. This will be followed by an examination of the research design, target population, sample, instrument, proposed analysis, ethics and the significance of the study.

3.2 Aims of the study

This study aims to determine the employment patterns of BPsych graduates in the Western Cape. By examining the employment patterns of these graduates one can establish if they are being employed in the primary health sector, the service sector for which this degree was developed.

3.3 Research Questions

The following quantitative and qualitative research questions have been identified as being pertinent to this study. They serve as a framework for the structuring of the results of the study.

Quantitative questions

- What are the employment patterns of BPsych graduates?
- Is there a relationship between race and employment patterns?
- Is there a relationship between gender and employment patterns?
- Is there a relationship between language and employment patterns?
- Is there a relationship between the university where the degree was completed and employment patterns?
- Is there a relationship between completing the board exam and finding employment?
- Is there a relationship between race and the period of waiting before obtaining employment?
- Is there a relationship between gender and the period of waiting before obtaining employment?
- Are there preferred sectors of employment for BPsych graduates?
- What is the range and average remuneration of currently employed BPsych graduates?

(For the purpose of this study, employment patterns will be examined within the realms of the private sector, health sector, education sector, and, community organisations or non-governmental organisations).

Qualitative Questions

- What is the level of awareness about the BPsych degree among employers?
- What are graduates' perceptions about the BPsych degree in relation to job prospecting once qualified?
- What is the likelihood of continued studies in psychology for BPsych graduates?
- How do students feel about the extended practical hours?
- What are BPsych graduates' perceptions about a possible restructuring of the degree that leads to registration as a counsellor?
- What are the graduates' perceptions of doing a degree other than BPsych?
- Do students feel that the BPsych degree has prepared them for work in the primary health care sector?
- What are graduates perceptions of a change in the requirements to become a registered counsellor?

3.4 Design

The design of a research project is the plan for how the study will be conducted (Berg, 1998). This study is both quantitative and qualitative in nature. Punch (1998) describes a way of thinking about design that is general enough to encompass both quantitative and qualitative approaches. He suggests a design that situates the researcher in the empirical world and connects the research questions to the data being analysed. Furthermore, Punch (1998) highlights characteristics of both quantitative and qualitative methods. According

to the author, quantitative research conceptualises reality in terms of variables and the relationship between them while qualitative methods tends to focus on cases. While he admits that both methods have certain advantages and disadvantages, Punch (1998) emphasizes that before the two methods can be combined successfully, the researcher needs to evaluate factors such as the research questions being asked, what type of comparisons do we wish to draw, the research literature, practical considerations, generation of knowledge, and style.

In many social sciences, quantitative methods are revered (Berg, 1998). Quantitative data take the form of numbers and measurement is the method by which data is turned into numbers (Punch, 1998). The analysis of quantitative data is known as statistics. Statistics are valuable when organizing and understanding data and it provides ways to represent and describe groups (Graziano & Raulin, 2004). Comparisons between groups can therefore be drawn based on the results of data analysis. The quantitative component of this study will therefore provide valuable insights into the differences between various groups as guided by the research questions.

Qualitative inquiry on the other hand, often allows the researcher a greater depth of understanding (Berg, 1998). Qualitative researchers study the verbal and written symbols and records of human experience (Punch, 1998). This method allows researchers to develop an understanding of the experiences of the respondents by using the data provided (Weber, 1985). Qualitative methods therefore proved invaluable in explaining the research questions that were posed in this study.

It has been argued that the use of multiple methods is a good way to improve the quality of ones research and it is accepted by most researchers that quantitative and qualitative tools are compatible (Mouton, 1996). Tashakkori and Teddlie (1998) describe this research design as "mixed method studies". They define mixed method studies as those studies that combine qualitative and quantitative approaches into the methodology of a single study. Mixed method studies can be divided into various designs. In this study, the researcher made use of an equivalent status design. This can be defined as using both quantitative and qualitative methods to understand a certain phenomena (Creswell, 1995).

In this study, a cross-sectional design was used. This design involves administering a survey to a sample once, and then yielding data in the measured characteristics, as they exist at the time of the survey (Graziano & Raulin, 2004). According to Kiecolt and Nathan (1985), cross sectional studies can be used to address the host of research questions that surveys were designed to investigate. The weakness of this design is that only one measurement is taken for each group involved in the study (Sedlack & Stanley, 1992).

3.5 Target Population

A population can be defined as the larger group of all the people of interest. The target population can be defined as the subset of the population in which the researcher is ultimately interested (Graziano & Raulin, 2004). The target population of this study is

identified as all those students who have graduated with a BPsych degree in the Western Cape. This includes all students who have graduated from the University of the Western Cape (UWC) and the University of Stellenbosch (US) since 2003 (universities in the Western Cape only started to produce BPsych graduates in 2003).

3.6 Sample

For the purpose of this study, a stratified sampling method was employed. Stratified sampling involves separating a sampling frame (BPsych graduates in the Western Cape) into subcategories (those who have graduated from US and those who have graduated from UWC) and then drawing a sample from these subcategories (Sedlack & Stanley, 1992). The sampling frame consisted of 68 BPsych graduates in the Western Cape that consisted of 37 graduates from US and 31 graduates from UWC.

3.7 Procedure

Permission to recruit students for this study was requested from the registrars of the two universities (Appendix E). Name lists and contact details of graduates were then obtained from the psychology departments of the University of the Western Cape and the University of Stellenbosch. All those students who had graduated with a BPsych degree since 2003 constituted the sampling frame. These individuals were contacted and briefed on the purpose of the research and then invited to participate. The universities required that all participants sign a letter to indicate voluntary participation (Appendix D). The

participants were also ensured of confidentiality by completing the questionnaire anonymously.

A total of 23 graduates completed and returned the questionnaires thereby yielding a response rate of 34%. This response rate is above average considering that mail surveys typically have a low response rate of between 20 to 30 percent for the first mailing (Nederhof, 1985). The reason for the above average response rate with this sample can be explained by the fact that specialized samples such as this often yield high response rates in mail surveys (Dillman, 1978). Mail surveys have been found to be less expensive to conduct than interviews or personally administered questionnaires however, some people might never respond (Tashakkori & Teddlie, 1998). Surveys are used when the data required does not already exist, as was the case in this study (Gorard, 2003).

3.8 Instrument

Information was obtained by means of a self-constructed semi-structured questionnaire (see Appendix A and Appendix B). Closed ended questions were used to obtain demographic information such as age, race, gender, and, language, as well as other key elements pertaining to the study. Open-ended questions were used to elicit the personal opinions of the respondents with regards to issues relating to the study. The questionnaire was presented in English and Afrikaans. The length of the questionnaire was 6 pages. While this may be slightly long for the general population, the sample consisted of a specialized group of graduates. A longer questionnaire was therefore appropriate (Neuman, 2003). To enhance the content and face validity of the questionnaire, the

following procedures were followed. Three reviewers (my supervisor and two other lecturers in the department of psychology) examined the questionnaire and provided feedback on various aspects of the instrument, including but not limited to, the clarity of the instructions, the level of user-friendliness, the layout, etc.

3.9 Data analysis

Quantitative data was analysed using the statistical package SPSS. Frequencies and descriptive statistics were derived from the computed data and the results were examined. Frequencies can be described as the number of participants that fall into a particular category (Graziano & Raulin, 2004). To establish if a relationship between certain variables exists, cross tabulations were run according to the quantitative questions that were devised. Cross tabulation allows one to categorise participants on the basis of more than one variable at a time (Graziano & Raulin, 2004).

Qualitative data was analysed using thematic content analysis. Content analysis aims to describe qualitative data drawn from communication in a systematic and quantitative manner (Sedlack & Stanley, 1992). Tashakkori and Teddlie (1998) describe the essence of any kind of qualitative data as developing a typology of themes or categories that summarize a mass of narrative data. Content analysis counts the occurrence of selected features in samples of text or speech (Dooley, 1995). Berg (1998) describes content analysis as a good method to use when the researcher is attempting to understand a text and the perspective of the respondents. In this study, categories were selected to serve as

a guide in the coding process. Next, themes were used as the units of analysis and scoring units were devised as the final step in the coding process.

3.10 Ethics

Ethical issues in psychological research include deception, protection of participants, informed consent, the right to privacy and honesty (Giles, 2002). The necessary ethical considerations were taken into account when conducting this study. All participants were ensured of confidentiality and anonymity. Informed consent was obtained from participants and because it was a mail survey, they decided whether they wanted to participate or not without any external pressure. The participants were ensured of the rights to privacy and to protection from physical and psychological harm. In all possible ways the dignity and worth of participants were respected.

3.11 Significance of the Study

Post 1994, the South African government has developed policies to improve the provision of primary health care services to the majority of citizens. The implications of these policies for mental health was that all people would have access to free mental health care at the primary level. This would mean that more personnel would have to be appointed in the public sector. Because of the skewed distribution of mental health care (previously reserved for only 23% of the population), a need arose to train individuals as registered counsellors to provide mental health care at a primary level. Thus programmes such as the BPsych degree were born.

The employment patterns of these individuals will indicate if the aims of instituting the BPsych degree are being met. If not, this study may be crucial in pointing out and highlighting ways in which this problem can be addressed.

CHAPTER FOUR

RESULTS

4.1 Introduction

The following chapter provides a general overview of the results obtained after carefully analysing the data that was collected.

4.2 Quantitative results

4.2.1 Descriptive statistics

Of the 23 respondents who returned the questionnaire, 2 (8.7%) were male and 21 (91.3%) were female. The ages of the respondents ranged between 22 years and 25 years. Fifteen (65.2%) of the respondents are English speaking while 8 (34.8%) are Afrikaans speaking. The majority (52.2%) of respondents (n=12) are white, 8 (34.8%) are coloured, 2 (8.7%) are Indian, and 1 (4.3%) respondent labelled himself or herself in the "other" category.

Respondents were divided as follows in terms of the university from which they graduated. Ten (43.5%) graduated from UWC while 13 (56.5%) graduated from US. The

majority (73.9%) of respondents (n=17) have completed the board exam and 16 (69.6%) have passed the exam. Only 1 respondent reported having failed the board exam. The rest (26.1%) of the respondents (n=6) have chosen not to write the board exam.

The majority (78.3%) of respondents (n=18) are employed and only 1 (4.3%) is unemployed. A further 3 (13.0%) respondents indicated that they are currently studying, and 1 (4.3%) respondent marked the "other" category of employment status. More than half (56.5%) of respondents (n=13) earn between R0 and R40 000 per year while 5 (21.7%) respondents earn between R40 000 and R80 000 per year. Only 1 respondent earns between R80 000 and R120 000. When examining their employment patterns, it was found that 6 (26.1%) respondents work in the private sector, 4 (17.4%) are employed in the education sector, 8 (34.8%) have found jobs in a community or NGO setting, and, 1 (4.3%) respondent marked the "other" category of employment. Of those who responded, 13 (56.5%) indicated that they would like to continue with studies in psychology. Furthermore, 2 (8.7%) respondents indicated they do not wish to further their studies in psychology, while 6 (26.1%) were undecided. The vast majority (78.3%) of respondents (n=18) support the concept of 720 hours being added to the BPsych course to secure registration as a counsellor. Six (26.1%) graduates do not support the 720 hours.

4.2.2 Results of cross tabulations

After completing cross tabulations to explore my research questions the following results were obtained. The relationship between race and employment patterns (table 1) was found to be non-significant yielding results of $X^2 = (9, n=23) = 7.026$, $p = 0.634$. The

largest race groups represented in each employment sector were as follows. It was found that 37.5% (n=3) of white respondents work in the education sector while 62.5% (n=5) of coloured respondents work in community or NGO settings. An equal number of 33% (n=2) of both whites and coloureds are employed in the private sector and 12.5% (n=1) of white respondents categorised their employment sector as "other". It is also clear from the results that the majority (42.1%) of respondents are employed in a community or NGO setting.

The relationship between gender and employment patterns (table 2) was found to be non-significant yielding results of $X^2 = (3, n=23) = 2.287$, $p = 0.515$. The only employed male participant works in the private sector. Females constitute 94.7% (n=18) of all employed respondents. The largest numbers of female respondents (44.4%) are employed in a community or NGO setting, while 27.8% (n=5) and 22.2% (n=4) are employed in the private and education sectors respectively. Only one (5.6%) female respondent is employed in the "other" category of employment.

Table 1

Results of cross tabulation between race and employment patterns

		Work sector				
		Private	Education	Community/NGO	Other	Total
Race	**White**					
	Count	2	3	2	1	8
	% In race	25.0%	37.5%	25.0%	12.5%	100%
	% Of total	10.5%	15.8%	10.5%	5.3%	42.1%
	Coloured					
	Count	2	1	5	0	8
	% In race	25.0%	12.5%	62.5%	0%	100%
	% Of total	10.5%	5.3%	26.3%	0%	42.1%
	Indian					
	Count	1	0	1	0	2
	% In race	50.0%	0%	50.0%	0%	100%
	% Of total	5.3%	0%	5.3%	0%	10.5%
	Other					
	Count	1	0	0	0	1
	% In race	100%	0%	0%	0%	100%
	% Of total	5.3%	0%	0%	0%	5.3%
Total	Count	6	4	8	1	19
	% In race	31.6%	21.1%	42.1%	5.3%	100%
	% Of total	31.6%	21.1%	42.1%	5.3%	100%

*p>0.05

Table 2

Results of cross tabulation between gender and employment patterns

		Work sector				
		Private	Education	Community/NGO	Other	Total
Gender	**Male**					
	Count	1	0	0	0	1
	% In gender	100%	0%	0%	0%	100%
	% Of total	5.3%	0%	0%	0%	5.3%
	Female					
	Count	5	4	8	1	18
	% In gender	27.8%	22.2%	44.4%	5.6%	100%
	% Of total	26.3%	21.1%	42.1%	5.3%	94.7%
Total	Count	6	4	8	1	19
	% In gender	31.6%	21.1%	42.1%	5.3%	100%
	% Of total	31.6%	21.1%	42.1%	5.3%	100%

*p>0.05

The relationship between language and employment patterns (table 3) was found to be non-significant yielding results of X^2 = (3, n=23) = 4.151, p = 0.246. The majority (68.4%) of respondents are English speaking. Six respondents (31.6%) are Afrikaans speaking. The largest group of English respondents (53.8%) is employed in a community or NGO setting while 33.3% (n=2) of Afrikaans respondents are employed in both the private and education sectors.

Table 3

Results of cross tabulation between language and employment patterns

		Work sector				
		Private	Education	Community/NGO	Other	Total
Language	**English**					
	Count	4	2	7	0	13
	% In language	30.8%	15.4%	53.8%	0%	100%
	% Of total	21.1%	10.5%	36.8%	0%	68.4%
	Afrikaans					
	Count	2	2	1	1	6
	% In language	33.3%	33.3%	16.7%	16.7%	100%
	% Of total	10.5%	10.5%	5.3%	5.3%	31.6%
Total	Count	6	4	8	1	19
	% In language	31.6%	21.1%	42.1%	5.3%	100%
	% Of total	31.6%	21.1%	42.1%	5.3%	100%

*p>0.05

The relationship between the university where the degree was completed and employment patterns (table 4) was found to be non-significant yielding results of X^2 = (3, n=23) = 3.123, p = 0.373. Just over half of respondents (52.6%) are graduates of UWC while 47.4% (n=9) are graduates of US. Of the UWC graduates, 50% (n=5) are employed in a community or NGO setting, 40% (n=4) are working in the private sector, and 10% (n=1) are employed in the education sector. US graduates who responded have 33.3% (n=3) employed in the education and community or NGO sectors respectively, 22% (n=2) working in the private sector, and one respondent working in the "other" category of employment.

Table 4

Results of cross tabulation between university where the degree was completed and employment patterns

		Work sector				
		Private	Education	Community/NGO	Other	Total
University	**UWC**					
	Count	4	1	5	0	10
	% In university	40.0%	10.0%	50.0%	0%	100%
	% Of total	21.1%	5.3%	26.3%	0%	52.6%
	US					
	Count	2	3	3	1	9
	% In university	22.2%	33.3%	33.3%	11.1%	100%
	% Of total	10.5%	15.8%	15.8%	5.3%	47.4%
Total	Count	6	4	8	1	19
	% In university	31.6%	21.1%	42.1%	5.3%	100%
	% Of total	31.6%	21.1%	42.1%	5.3%	100%

*p>0.05

The relationship between completing the board exam and finding employment (table 5) was significant yielding results of $X^2 = (3, n=23) = 10.034$, $p = 0.018$. The Cramer's V = 0.661 which indicates that the strength of the relationship is moderate. It was found that 73.9% (n=17) of the respondents have completed the board exam with 26.1% (n=6) choosing not to complete the exam as yet. Of those respondents who have completed the exam, 88.2% (n=15) are currently employed, 1 respondent is unemployed and 1 categorised their work status as "other". Of those respondents who have not completed

the board exam, 50% (n=3) are employed and 50% (n=3) are currently registered as students.

Table 5

Results of cross tabulation between completing the board exam and finding employment

		Work status				
		Employed	Unemployed	Student	Other	Total
Completing the board exam	**Yes**					
	Count	15	1	0	1	17
	% In "exam"	88.2%	5.9%	0%	5.9%	100%
	% Of total	65.2%	4.3%	0%	4.3%	73.9%
	No					
	Count	3	0	3	0	6
	% In "exam"	50.0%	0%	50.0%	0%	100%
	% Of total	13.0%	0%	13.0%	0%	26.1%
Total	Count	18	1	3	1	23
	% In "exam"	78.3%	4.3%	13.0%	4.3%	100%
	% Of total	78.3%	4.3%	13.0%	4.3%	100%

*p>0.05

The relationship between race and the period of waiting before finding employment was found to be non-significant yielding results of X^2 = (3, n=23) = 6.752, p = 0.080. The majority of respondents (73.7%) found employment within three months of graduating

with their degree. Five (26.3%) respondents took between three and six months after graduating before they were employed. Of those white respondents, 75% (n=6) found employment within three months of graduating while 25% (n=2) were employed within six months of graduating. Seven (87.5%) coloured respondents found employment within three months of graduating and one coloured respondent took between three and six months to find employment. Both Indian respondents took between three and six months to find employment. The respondents who labelled themselves in the "other" race category took less than three months to secure a job.

The relationship between gender and the period of waiting before finding employment (table 7) was found to be non-significant yielding results of X^2= (1, n=23) = 0.377, p = 0.539. The one male respondent took less than three months to find employment. Of those female respondents, 72.2% (n=13) found work within three months of completing their degrees while 27.8% (n=5) took between three and six months to secure employment after graduating.

Table 6

Results of cross tabulation between race and the period of waiting before finding employment

		Period of waiting before finding employment		
		0-3 months	3-6 months	Total
Race	**White**			
	Count	6	2	8
	% In race	75.0%	25.0%	100%
	% Of total	31.6%	10.5%	42.1%
	Coloured			
	Count	7	1	8
	% In race	87.5%	12.5%	100%
	% Of total	36.8%	5.3%	42.1%
	Indian			
	Count	0	2	2
	% In race	0%	100%	100%
	% Of total	0%	10.5%	10.5%
	Other			
	Count	1	0	1
	% In race	100%	0%	100%
	% Of total	5.3%	0%	5.3%
Total	Count	14	5	19
	% In race	73.7	26.3%	100%
	% Of total	73.7%	26.3%	100%

*p>0.05

Table 7

Results of cross tabulation between gender and the period of waiting before finding employment

		Period of waiting before finding employment		
		0-3 months	3-6 months	Total
Gender	**Male**			
	Count	1	0	1
	% In gender	100%	0%	100%
	% Of total	5.3%	0%	5.3%
	Female			
	Count	13	5	8
	% In gender	72.2%	27.8%	100%
	% Of total	68.4%	26.3%	94.7%
Total	Count	14	5	19
	% In gender	73.7	26.3%	100%
	% Of total	73.7%	26.3%	100%

*p>0.05

4.3 Qualitative results

The responses to the open-ended questions were analysed using thematic content analysis. Upon analysis meaning units were identified and these meaning units were organized into themes.

The following main themes emerged:

1. The vast majority of respondents indicated that their employers were unaware of the registered counsellor category of registration.
2. Most of the respondents found that they did not have an advantage in job prospecting once qualified with a BPsych degree.
3. About 30% of respondents are currently studying and of those, the majority are completing courses unrelated to psychology
4. The vast majority of respondents support the 720 hours added to the Honours course to secure registration as a counsellor.
5. Participants placed large emphasis on practical hours and how valuable it is. They stated that the 720 hours should be comprised of only practical experience.
6. In retrospect, most graduates would not elect to do a different degree as they have a passion for psychology but it was found that they feel the subject field of the BPsych degree is too narrow.
7. Some respondents indicated that at the beginning of their course, they were falsely led to believe that BPsych was an easier route to becoming a psychologist.
8. Most respondents feel that their university has adequately prepared them to work in the primary health care sector but feel that their practical exposure was too limited and too much emphasis was placed on theoretical orientation.
9. Most respondents feel that the requirements for becoming a registered counsellor should not be changed.
10. Many students want a change in the practical component of the course and suggested increased hours and more individual supervision.

11. It was also found that respondents found the board exam problematic in terms of the theory being tested. They also suggested that the non-categorisation of examinations, in terms of focus area, should be revised.
12. Respondents feel that the BPsych qualification needs to be marketed more effectively to increase awareness in the health sector of their category of registration.

4.4 Conclusion

The quantitative data suggests that most of the respondents are employed and have completed the board exam. The majority of respondents are female and are employed within either community or NGO settings, or the private sector. Respondents found employment within a relatively short space of time after completing their degrees. Factors such as language, gender, race and the university where the degree was completed were found to have no direct impact on the employment patterns of BPsych graduates. Just over one third of respondents are employed as counsellors even though the majority has completed the board exam. Most of the respondents support more practical hours being added to the course to secure registration as a counsellor.

A qualitative analysis of the data has suggested that the majority of employers are unaware of the category of registered counsellor. Respondents emphasised the fact that the practical component of the BPsych course needs to be re-evaluated as they deemed

this particular section of the course as the most valuable. Therefore, the content of the BPsych course needs to be revised.

CHAPTER FIVE

DISCUSSION

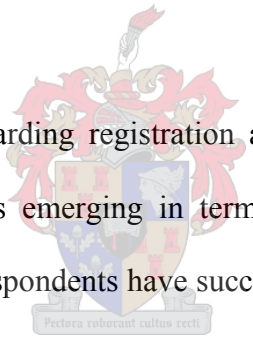
5.1 Introduction

This study aims to determine the employment patterns of BPsych graduates in the Western Cape so as to ascertain whether the need for primary mental health care workers is in fact being met. This chapter provides an in-depth look at the significance of the results obtained and discusses the data in relation to the research questions posed. I will begin by examining the quantitative results, followed by the qualitative data. I conclude this chapter with a brief summary and recommendations.

5.2 Quantitative results

The majority of respondents (91.3%) were female. This is in accordance with research that indicates that there has been a growing trend towards the feminisation of psychology within the profession (Richter & Griesel, 1999). Just over half of the respondents are white. This can be accounted for by the legacy of apartheid in South Africa that provided more access to educational resources and opportunities for the white population (Seedat, 1998). Much has been said about the relevance of the psychology profession for the majority of South Africans (Hickson & Kriegler, 2001). This was one of the reasons that the middle-level category of registration was created. It is therefore interesting to note

that the results from this study seem to indicate that students graduating with a BPsych degree still mostly originate from the minority white grouping. One could therefore argue that the creation of the BPsych appears to be perpetuating the racial divisions that already exist in the psychology profession. On the other hand, this phenomenon could also be explained by the demographic composition of the sampling frame for this study. Most of the participants (56.5%) are graduates of Stellenbosch University. This institution is historically white and still predominantly white. Therefore one could argue that the sampling frame for this study was not representative to begin with. This could account for the results indicating that the majority of BPsych graduates in the Western Cape are white.



However, when the statistics regarding registration as a counsellor is examined, it is evident that a different picture is emerging in terms of race and registration in the Western Cape. Close to 70% of respondents have successfully completed the board exam and are registered as counsellors. Less than half (43.7%) of those are white; with the majority being made up of coloured and Indian respondents. These results contrast with the national sample that reports that the majority of registered counsellors (63%) in South Africa are white (HPCSA, 2005). According to the HPCSA, in the Western Cape however, only 43% of registered counsellors are white, while coloureds constitute 28% of this number, Asians make up 19%, and 5% of registered counsellors in the Western Cape are black (HPCSA, 2005). In light of these statistics, the results from the present study seem to mirror the corresponding registration figures in the Western Cape. While this in itself is a positive outcome for bridging the racial divisions within the profession and

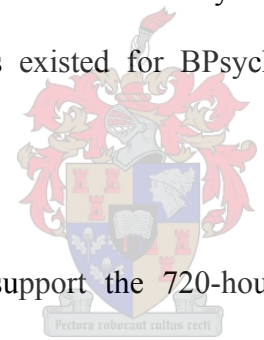
promoting mental health care personnel trained to service the majority of the population, this may be related to regional dynamics in terms of race. Further investigation into the employment patterns of BPsych students reveals that while almost 70% (n=16) of respondents are registered as counsellors, only 39% (n=9) are currently employed in the counselling field. By September 2005, only 108 counsellors had registered on a national level – 21 in the Western Cape (HPCSA, 2005). Yet at Stellenbosch University alone, 34 students had graduated with a BPsych degree. This leads one to ask many questions as to why so few graduates are working as counsellors when they *appear* to be adequately qualified and research suggests that a huge market exists for basic psychological service provision within South Africa (Duncan, Stevens & Bowman, 2004; Hickson & Kriegler, 2001; Wilson et al., 1999). This will be discussed further within the qualitative portion of this chapter, as the quantitative methodology does not hold the potential to reveal the subjective opinions of students as to why they are not employed as counsellors.

The majority of respondents are employed with more than half earning between R0 and R40 000 per year and a further 21.7% earning between R40 000 and R80 000 per year. Only one respondent earns between R80 000 and R120 000 per year. These figures might justify the expectations students had in Wentworth's (2003) study in which they raised concern about their future economic status.

Interestingly, while the aims of creating a middle level psychology qualification included improving access to basic mental health care at the primary level (Henderson, 2004; Wentworth, 2003), none of the respondents are currently employed in the health sector.

This is in accordance with Wilson et al. (1999) who found that the health sector has shown a lesser need for psychologically registered graduates over the past twenty years. The largest numbers of respondents (34.8%) work in a community or NGO setting, while just over 26% and 17% are employed in the private and education sectors respectively.

Just over half of the respondents indicated that they would like to pursue further studies within the field of psychology. One could relate this to Wentworth's (2003) findings that suggest that students felt they did not have more job opportunities, lacked adequate training and did not gain what they expected from the BPsych course. It is important to note that the perceptions of students as described by Wentworth (2003) were expressed at a time when many uncertainties existed for BPsych students and may therefore be historically specific.



Close to 80% of respondents support the 720-hour practical component to secure registration as a counsellor. The practical hour requirement for the BPsych degree increased from 220 hours to 720 hours since 1994. This fact is important and worth highlighting as the value of practical hours emerged as a dominant theme within the qualitative quotient of this study as well.

The cross tabulations between the categories of race and employment patterns as well as gender and employment patterns was found to be non-significant. It suggested however, that of those respondents employed in a community or NGO setting, more than half are coloured and Indian females; while in the education sector, the majority is white. These

results could lead one to ask why it is that more black respondents find themselves employed in settings that have the potential to provide mental health care to a wider spectrum of the population while some white respondents work in the education sector where they are not necessarily employed for their counselling skills? Johnson (2005) provides a possible answer to this question. In her study on the perceptions of psychology students towards community psychology, she found that psychology students felt that the typical person engaging in community psychology should be black middle class women and that those who receive these services are mostly poor and black.

The cross tabulation between language and employment patterns was non-significant. This means that both English and Afrikaans speaking respondents are more or less equally spread across all employment sectors. The fact that trainees are only English and Afrikaans speaking still signifies a huge barrier in accessibility to services. Studies have suggested that the majority of professionals could not meet the needs of the majority of the population due to barriers such as language (Kriegler, 1993; Pillay & Kramers, 2003; Suffla et al., 1999). As South Africa has eleven official languages, one could argue that BPsych graduates in the Western Cape cannot adequately service the most needy population groups due to language barriers and their lack of competence in Xhosa.

After completing a cross tabulation, the relationship between the university where the degree was completed and employment patterns was found to be non-significant. This indicates that irrespective of the university where the degree was completed, none of the respondents have an advantage over another because he or she studied at a particular

institution. It was however found that respondents from UWC had a larger number of graduates employed in a community or NGO setting compared to respondents from Stellenbosch. This could be due to the fact that as part of their practical placement, BPsych students at UWC are placed at community organisations or NGOs to complete their internship (*Course Info*- UWC, 2004). This placement strategy often helps graduates secure employment within those settings while providing valuable practical exposure.

The cross tabulation between the categories of completing the board exam and finding employment yielded significant results and indicated that the strength of the relationship is moderate. This illustrates that completing the board exam has an influence as to whether graduates find employment or not. Of those respondents who have successfully completed the board exam, close to 90% are employed. These findings challenge the concerns expressed by the participants in Wentworth's (2003) study, who felt that they might not be able to find a job upon completion of their degree. These findings are also in contrast to Wilson et al. (1999) who suggest that the employment sector requires more generalist graduates as opposed to those who have specialized qualifications such as professional psychology.

The relationship between race and the period of waiting before finding employment as well as gender and the period of waiting before finding employment was found to be non-significant. The majority of respondents were able to find employment within three months of completing their degree irrespective of their race or gender. These results seem to support Wilson et al. (1999) suggestion that an exit point after four years within the

field of psychology would address the needs of a changing employment sector within South Africa.

The quantitative data therefore suggests that most of the respondents are employed and have completed the board exam. It also shows that the majority of respondents are females and are employed within either community or NGO settings, or the private sector and found employment within a relatively short space of time after completing their studies. Factors such as language, gender, race and the university where the degree was completed were found to have no direct influence on the employment patterns of graduates. While the majority have completed the board exam, just over one third are employed as counsellors, which has implications for the provision of basic mental health care to the majority of the population. Most of the respondents support more practical hours being added to the course to secure registration as a counsellor.

5.3 Qualitative results

Qualitative data will be discussed under the following themes:

5.3.1 Awareness of qualification

5.3.2 The BPsych degree and further study

5.3.3 Practical Hours

5.3.4 Requirements for becoming a Registered counsellor

5.3.1 Awareness of qualification

The vast majority of respondents indicated that their employers were unaware of the registration category of “counsellor”. Various reasons were provided to explain this phenomenon. Some had not been employed to counsel or were employed for their background in psychology as opposed to their registration as a counsellor. Others stated that at the time of their interviews or appointment they had not yet been registered as counsellors.

A mixed response was obtained in terms of the qualification being advantageous when job hunting. Positive responses indicated that the practical work gave them some insight into the working world and they could quote this as experience to potential employers. Also, internships at various organisations often led to employment with that particular NGO and through the practical component, some respondents felt they acquired a broader spectrum of skills. It is interesting that even here it is not the degree itself but the practical component that could easily have been part of another degree, which was attractive. Negative responses cited the fact that employers along with recruitment agencies and the press were unaware of the qualification. It was also found that more positions were available for psychologists or registered social workers as opposed to registered counsellors. Some respondents also found themselves employed in positions other than counselling due to the fact that they could not find employment as counsellors. In general, respondents felt that the BPsych degree needs to be marketed better to increase awareness in the health sector of their category of registration.

These responses seem to mirror the opinions expressed by the students in Wentworth's (2003) study. She found that students perceived the BPsych degree to be a barrier to entering the job market as "it does not have a well established image in the job market and the world does not know about this programme" (p. 41). Furthermore, students felt that they do not have more job opportunities because of their qualification.

As was evident from the quantitative results, less than 40% of respondents are working as counsellors and none are employed in the health sector. A reason for this could be that employers are simply not aware of the BPsych qualification or the category of registered counsellor. Here one must begin to ask the question who is responsible for increasing the awareness of this mid-level qualification? Is it the duty of universities, the Health Professions Council or the government? According to Carolissen (2005), this responsibility usually falls on the Professional Board of Psychology to educate the public about the purpose and possibility of such a degree. While the scope of practice is clearly laid out on the board's website, the results of this study suggest that the board has failed to successfully market the BPsych qualification to the broader population and in so doing, has aided in decreasing accessibility to basic mental health care for the majority of the population.

5.3.2 The BPsych degree and further study

About one third of respondents are currently studying, and of those, the majority are completing courses unrelated to psychology such as LLB, drama, art and dance, and

BComm. When asked what the likelihood was of further studies within psychology however, more than half responded positively. Respondents were also asked why they chose to study instead of work. Some simply did not want to counsel, were working and studying simultaneously or, they felt that the qualification was inadequate in terms of advancing within the field of psychology.

In retrospect, most of the respondents would not elect to do a different degree as they have a passion for psychology but, it was found that they feel the subject matter of the BPsych course is too narrow. Others felt that the fault lies with the HPCSA. This, along with the fact that the employment sector requires more generalist graduates (Wilson et al., 1999), could provide a plausible reason as to why some respondents have opted to study beyond the scope of psychology.

Some respondents indicated that at the beginning of their course, they were falsely led to believe that BPsych was an easier route to becoming a psychologist. These findings are in accordance with Wentworth (2003) who found that when the degree was first undertaken, it would have been the preferred route to the Dpsych programme and at the time her study was conducted, this aspect had not yet been finalized thus leaving students "feeling adrift" due to the uncertainty surrounding the qualification. Carolissen (2005) also suggested that students perceived BPsych as an easier passage to a Masters degree in clinical psychology.

5.3.3 Practical hours

The vast majority of respondents support the 720 hours added to the honours course to secure registration as a counsellor. Respondents placed a large emphasis on practical hours and how valuable it is. Some stated that the 720 hours should be comprised of only practical experience and should be implemented as a six-month internship. Others indicated that an increase in the amount of practical hours would prove to be a selling point on a curriculum vita and therefore improve the chance of finding employment. Respondents felt that valuable practical hours prepare them for "the real world" whereas the board exam does not provide training as a counsellor. A few felt that despite more practical exposure, the course still would not secure job opportunities and had to be better marketed. Wentworth (2003) had similar findings. Students were disappointed by the organisational problems of the BPsych degree such as not having enough practical experience.

Most respondents feel that their university has adequately prepared them for work in the primary health care sector but feel that their practical exposure was too limited and too much emphasis was placed on theoretical orientation. Respondents also felt that their method of supervision was inadequate and requested individual rather than group supervision.

The purpose of the BPsych degree at Stellenbosch University is to allow students to register with the Professional Board of Psychology and to enable them to provide basic

mental health care at the primary level (University of Stellenbosch, *Fakulteit Lettere en Wysbegeerte, Jaarboek 2003*). While the results seem to reflect that this aim was achieved, the statistics have suggested that none of the respondents are employed in the health care sector and with only 39% working as counsellors, one could argue that the goal of providing mental health care has only been partially reached. Research has suggested that psychology in South Africa is in a process of transformation in order to rectify the racial divisions and unequal distribution of services across the country (Henderson, 2004; Kriegler, 1993; Pillay & Petersen, 1996). Has the implementation of the BPsych middle-level qualification eased or simply perpetuated these existing problems? Based on the results of this study, one can suggest that the "registered counsellor" category within psychology appears to be reinforcing existing social divisions on a national level as wealthier provinces still seem to have increased access to psychological services and those trained to provide those services still come from the minority white population group.

5.3.4 Requirements for becoming a registered counsellor

Most respondents feel that the requirements for becoming a registered counsellor should not be changed. The content of the course did however come into question. Respondents found the board exam problematic in terms of the theory being tested and the non-categorisation of exams, in terms of focus areas, should be revised. Respondents feel they should be tested on their practical knowledge and not only their theoretical expertise. According to the Professional Board of Psychology, a BPsych graduate may register in

any one of the following categories: career, trauma, community mental health, family, school, sport, HIV/AIDS, human resources, pastoral and employee well-being (*Framework for Education, Training and Registration as a Registered Counsellor*, 2003). Respondents were discontent with the fact that irrespective of which category they wanted to register for, they all have to complete the same board exam.

5.4 Summary and conclusion

The findings of this study suggest that most of the respondents are employed and have completed the board exam but only a relatively small percentage is employed as counsellors. The fact that most respondents indicated that their employers were unaware of the category of registered counsellor could reflect the fact that the BPsych qualification has been poorly marketed and as a result few job opportunities have been made available for these individuals. Despite this fact, the majority of respondents have secured employment within a reasonably short period of time after completing their degree.

The majority of respondents are females who are mainly employed in a community or NGO setting. The results seem to indicate that the aims of the degree as laid out by institutions have been met in terms of equipping people with the necessary skills to provide basic mental health care at the primary level. The statistics however suggest that the overall aims as indicated by the Board have not been sufficiently met due to the fact that none of the respondents are employed in the health sector. Factors such as language,

gender, race, and university where the degree was completed was found to have no direct influence on the employment patterns of BPsych graduates. Respondents felt that the practical component of the BPsych course needs to be re-evaluated because many of them saw this quotient of their degree as most valuable.

The literature suggests that professional psychology has changed dramatically over the past 20 years from an oppressive tool in the apartheid era to a possible means with which to improve the mental health of the majority of South Africans (Wilson et al., 1999; Van Rensburg, 2004b). To make mental health care more accessible and even out the skewed distribution of services, policies such as the Mental Health Care Act of 2002 were put in place to facilitate the integration of mental health services into primary health care to benefit the majority of the population. For this to be effective, more trained mental health personnel needed to be employed in the public sphere as well as non-governmental and community organisations; and in state services. It was suggested that these positions be filled by registered counsellors trained to provide basic mental health care (Petersen, 2004). This study is however critically questioning whether this process is leading to better access to services or is the training of registered counsellors making few inroads into better access to mental health services? The results of this study suggest that while the majority of respondents have successfully completed the board exam, a relatively small percentage is currently employed as registered counsellors. Therefore, one could argue that access to mental health care has not been significantly improved by the implementation of this category of registration.

In 1994, a study conducted concluded that the BPsych degree was "implausible" at the time (Rock and Hamber, 1994). They cited three reasons why the BPsych degree would not work. Firstly, the training and professional model may simply reinforce racial divisions and inequalities. Secondly, the cost of restructuring training is too great. Thirdly, adding more professionally qualified psychology graduates to the lack of posts for psychologists in the public sector may lead to more professionals in the private sector (Rock & Hamber, 1994). These same reasons seem to be applicable to the present situation. It is evident from my results that the majority of registered counsellors are white females and the wealthier provinces such as the Western Cape have potentially increased access to mental health services. In terms of the costs accrued, my own supervisor- as BPsych coordinator at Stellenbosch for the past 4 years- is a testament to the fact that the human costs undertaken by staff members such as time and being overburdened is not worth the outcomes such as producing qualified graduates who are unable to find work due to the fact that "there are currently few posts in public services … for registered counsellors" (Carolissen, 2005). While the results of my study, has not indicated that graduates are mainly employed in the private sector, a recent judgment by the Pretoria High Court (Pienaar, 2005) was passed in favour of the registered counsellor to work in private practice. Therefore, the ripple effect of this ruling has not influenced the respondents of this study.

A number of controversies have surrounded the implementation of the BPsych degree such as allowing students to work privately or not, the costs involved with implementing such a qualification, the indecision of the Professional Board of Psychology with regards

to the degree, and, the naming of the category of registration. The Professional Board of Psychology has been criticised for its uncertainty with regards to the category of registered counsellor in terms of the rights and jurisdiction of such an individual, as well the title of "registered counsellor" itself (Carolissen, 2005; Henderson, 2004). It has been suggested that students themselves have not gained what they had expected from the BPsych course and have been left doubting their abilities as competent counsellors (Wentworth, 2003).

To conclude, it needs to be re-examined whether the training of counsellors is contributing to the accessibility of mental health services at the primary care level or is the registered counsellor simply destined to become an "overqualified" lay-counsellor?

5.5 Limitations of this study and recommendations

The small sampling frame of this study means that one cannot generalize the findings to the broader population of BPsych graduates. It is recommended that a more comprehensive study be undertaken to further investigate the employment patterns of BPsych graduates so as to gain results that might be easier to generalize to a greater population. Another limitation was the fact that response rates for mail surveys are generally low (Nederhof, 1985), therefore the results and opinions reflected in this study may not be accurate for the majority of BPsych graduates.

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APPENDIX A

ENGLISH QUESTIONNAIRRE

Dear participant

My name is Lynn Kotze. I am currently doing a Masters degree in psychology at the University of Stellenbosch. I am investigating the employment patterns of registered counsellors in the Western Cape. I would appreciate your assistance in this regard by completing this questionnaire. Please be advised that all information obtained through this questionnaire is viewed as strictly confidential, and as you are not required to place your name on it, anonymity is assured. Thank you for your participation.

Please complete the following questions

*While I in no way ascribe to historically imposed racialised labels, race has been, and to a large extent still seems to be, central to South African discourses. For the purposes of this study racial terms will be used in accordance to the population registration act. These labels are also still used to monitor and track social change.

1. Age ☐

2. Race* White ☐

Coloured ☐

Black ☐

Indian ☐

Other _____

3. Gender Male ☐

Female ☐

4. Home Language English ☐

Afrikaans ☐

Xhosa ☐

Other indigenous language _____

Other foreign language _____

5. University where degree was completed

UWC ☐

US ☐

6. Have you completed the professional board exam?

Yes ☐

No ☐

6.1 If yes, what was your result? _____

6.2 If no, why not? _____

7. What is your current employment status?

Employed ☐

Unemployed ☐

Student ☐

Other (Please Specify) _____

7.1 If Employed:

7.1.1 How long after graduating did you wait for first employment?

0-3 months ☐

3-6 months ☐

9-12 months ☐

More than 12 months ☐

7.1.2 Where are you currently employed?

Private Sector ☐

Health Sector ☐

Education Sector ☐

Community Organisation/NGO ☐

Other (Please Specify) _____

7.1.3 What is your current place of employment?

_____

7.1.4 What was your salary for your first appointment?

R0-R40 000/year ☐

R40 000-R80 000/year ☐

R80 000-R120 000/year ☐

More than R120 000/year ☐

7.1.5 Were your employers aware of the “registered counsellor” category of registration? Please explain.

_____

_____

_____

_____

7.1.6 Did the practice field specialization give you any advantage in your job prospecting? Please explain.

_____

_____

_____

_____

7.1.7 Do you propose to continue with further studies in Psychology?

Yes ☐

No ☐

Undecided ☐

7.2 If Unemployed:

7.2.2 For what period of time have you been seeking employment?

0-3 months ☐

3-6 months ☐

9-12 months ☐

More than 12 months ☐

7.2.3 In which sector (s) have you been searching for employment?

Private Sector ☐

Health Sector ☐

Education Sector ☐

Community Organisation/NGO ☐

Other (Please Specify) _____

7.2.4 Do you propose to continue with further studies in Psychology?

Yes ☐

No ☐

Undecided ☐

7.3 If you are a student:

7.3.2 What course are you following?

_____

7.3.3 Why are you continuing with your studies when you have the choice of working?

_____

_____

_____

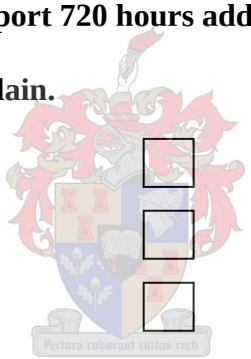
_____

8. From your experience, would you support 720 hours added to the honours course to secure registration as a counselor? Please explain.

Yes ☐

No ☐

Undecided ☐



_____

_____

_____

10. In retrospect, would you elect to do a different degree? Please explain.

_____

_____

_____

_____

11. In your opinion, as a registered counsellor, do you feel that your academic institution has adequately prepared you for work in the primary health care sector? Please explain.

12. Do you feel the requirements for becoming a registered counsellor should change? If so, why? If not, why not?

Thank you for your participation.

APPENDIX B

AFRIKAANS QUESTIONNAIRRE

Beste deelnemer

My naam is Lynn Kotze. Ek is tans besig om my Meesters graad in sielkunde te voltooi by die Universiteit van Stellenbosch. Ek bestudeer die werks patrone van Bsig gradueerders in die Weskaap. Ek sou dit waardeer as u asseblief die vraelys voltooi. Alle inligting bekom deur hierdie vraelys word as streng vertroulik beskou. Daar word nie van u vereis om u naam op die vraelys te plaas nie, derhalwe bly u anoniem. Dankie vir u deelname.

Voltooi asseblief die volgende vrae

*Op geen manier ondersteun ek die toegeskryfde ras klassifikasies nie. Maar ras was, en is nog steeds a groot deel van Suid-Afrikaanse redevoering. Vir die doel van hierdie navorsing, sal rasse bewording gebruik word soos dit oorspronklik in die Populasie Registrasie wet uiteengelê is. Tans word rasse terminologie dikwels in navorsing gebruik om sosiale verandering te monitor.

1. Ouderdom ☐

2. Ras* Wit ☐

Bruin ☐

Swart ☐

Indiër ☐

Ander _____

3. Geslag Manlik ☐

Vroulik ☐

4. Huistaal Engels ☐

Afrikaans ☐

Xhosa ☐

Ander inheemse taal _____

Ander buitelandse taal _____

5. Universiteit waar graad behaal was

UWC ☐

US ☐

6. Het u die professionele raad eksamen voltooi?

Ja ☐

Nee ☐

6.1 Indien ja, wat was u uitslae? _____

6.2 Indien nee, hoekom nie? _____

7. Wat is u huidige werk status?

In diens ☐

Werkloos ☐

Student ☐

Ander (Spesifiseer asseblief) _____

7.1 Indien u werk:

7.1.1 Hoe lank het u gewag nadat u graad behaal het om werk te kry?

0-3 maande ☐

3-6 maande ☐

9-12 maande ☐

Meer as 12 maande ☐

7.1.2 In watter sektor is u tans aangestel?

Privaat Sektor ☐

Gesondheids Sektor ☐

Opvoedkundige Sektor ☐

Gemeenskapsorganisasie/NGO ☐

Ander (Spesifiseer asseblief)_____

7.1.3 Wat is u huidige plek van werk?

_____

7.1.4 Wat was u salaris by u eerste aanstelling?

R0-R40 000/jaar ☐

R40 000-R80 000/jaar ☐

R80 000-R120 000/jaar ☐

Meer as R120 000/jaar ☐

7.1.5 Was u werkgewer bewus van die “registreerde berader” kategorie van registrasie?

Motiveer asseblief.

_____

_____

_____

_____

7.1.6 Het registrasie as berader vir u enige voordeel ingehou in u soektog vir werk?

Motiveer asseblief.

_____

_____

_____

_____

7.1.7 Is u van plan om verder in die veld van sielkunde te studeer?

Ja ☐

Nee ☐

Onbeslis ☐

7.2 Indien werkloos:

7.2.2 Vir watter tydperk is u opsoek na werk?

0-3 maande ☐

3-6 maande ☐

9-12 maande ☐

Meer as 12 maande ☐

7.2.3 In watter sektor (e) het u vir werk aansoek gedoen?

Privaat Sektor ☐

Gesondheids Sektor ☐

Opvoedkundige Sektor ☐

Gemeenskapsorganisasie/NGO ☐

Ander (Spesifiseer asseblief)_____

7.2.4 Is u van plan om verder in die veld van sielkunde te studeer?

Ja ☐

Nee ☐

Onbeslis ☐

7.3 Indien u 'n student is:

7.3.1 Watter kursus volg u tans?

_____

_____

7.3.2 Hoekom gaan u voort met u studies as u die keuse het om te werk?

_____

_____

_____

_____

8. Volgens u, sou u die bykomende 720 ure heg by die honeurs kursus ondersteun om registrasie as 'n berader te verseker? Motiveer asseblief.

Ja ☐

Nee ☐

Onbeslis ☐

_____

_____

_____

9. By nadenke, sou u verkies het om 'n ander graad te studeer? Motiveer asseblief.

_____

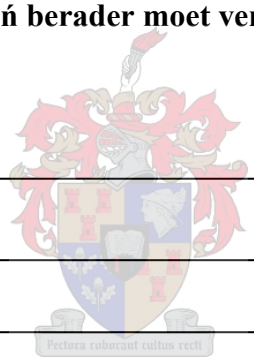
_____

_____

_____

10. Volgens u, as ’n geregistreerde berader, voel u dat u akademiese instelling genoegsaam voorberei het vir werk in die primêre gesondheidsektor?

11. Voel u die vereistes vir registrasie as ń berader moet verander? Indien wel, hoekom? Indien nie, hoekom nie?



Dankie vir u deelname.

APPENDIX C

QUALITATIVE SUMMARIES OF THE RESPONSES ON THE QUESTIONNAIRRE

7.1.3 What is your current place of employment?

- Stellenbosch University – research
- New Generation Church International
- Doctor's surgery
- SANCA Western Cape
- Meerlust Wynlandgoed
- Sunridge Primary School
- His People Christian Church
- Mondale High School
- Photography agency
- FAMSA
- MJC- Social Welfare Department
- SANCA Tygerberg
- SHL (occupational testing company)
- Harnekar's accounting services
- UWC law faculty office
- PnA Cape Gate
- Cape Union Mart
- Creative education with Youth at risk (CRED)

7.1.5 Were your employers aware of the "registered counsellor" category of registration?

- I was not registered yet
- No
- Working as lay counsellor
- I had to inform them of the content of my course
- I was appointed in place of a social worker
- Yes, but it didn't help me to find a better job
- I was seen as overqualified
- No, I was employed as a teachers assistant based on my background in psychology
- Registration as a counsellor was not necessary
- Employed as a teacher and not approached to counsel at the school
- No, only knew of Honours
- Yes
- Yes, I did my internship there
- No, I had to market myself in order for a job to be created for me
- No, but after explaining my course they decided to take the chance
- Yes, but my job is more industrial psychology- I have to register as a psychometrist
- Yes, but I do not work as a counsellor
- No, not a prerequisite of my current job
- Yes, because I informed my employer about it

7.1.6 Did the practice field specialization give you any advantage in your job prospecting?

- Yes, I did my practical at my current place of work
- No
- No, because I do not need a degree to work at a stationary shop
- Yes, I had a broader spectrum to apply to
- No, because I do bookkeeping
- No, this qualification put me somewhere in the middle of nowhere- not a social worker, not a psychologist
- Yes, because trauma is a broad field
- Not really, the practice field allowed us no real areas of specialization
- No, we did not really get specialized training
- Yes, the “work” experience counted
- I don’t think the registration as a counsellor means much, just that you are registered with a professional body
- The counselling we did during practical work has prepared me for what I am doing
- No, none of the recruitment agencies I contacted knew about this category
- No, they just associated it with social work
- No, everywhere I applied to was looking for registered social workers instead
- Yes, I had the opportunity to get involved with HIV/AIDS counselling
- No, my current job involves admin
- No, couldn’t find work as a counsellor- I am totally overqualified for my current job

Pectora roborant cultus recti

7.3.1 If you are a student, what course are you following?

- Post graduate certificate in education
- Post graduate LLB
- Drama (part-time)
- LLB
- MA Clinical Psychology
- MA Psychology
- Art and Dance
- Teaching
- B.Comm HR

7.3.2 Why are you continuing with your studies when you have the choice of working?

- I work and study full time
- The jobs available does not pay enough for a decent living
- I am not sure what I want to do but I do not want to counsel
- I am studying further to enter academia
- I want to become a qualified psychologist
- I want to better my qualification
- I want to work and study further
- The Bpsych degree did not leave me in the position that I had hoped to be in with regard to psychology. I wanted to go into clinical psychology
- I currently work full-time and study part-time

8. From your experience would you support 720 hours added to the honours course secure registration as a counsellor?

- For me, 720 hours weren't enough but it is reasonable
- Hours as practicals in an approved institute is very valuable, there should however be adequate supervision!
- I think it is vital for a successful student to complete the training
- It still wouldn't assure me more work opportunities
- This course was emotionally strenuous and draining
- Makes one more marketable
- Its actually where I learned the most
- If honours degree was restructured it could replace Bpsych registration as a counsellor
- No, I am categorized to be "lesser" than a social worker and salary is lower than a social worker for doing the same work
- Should be done as a six month internship
- It's the most important part of the course
- Students need the exposure
- Practical experience is very important!
- It increases your opportunity of obtaining a job
- I did not feel properly equipped to counsel after only 200 hours
- Its more of a selling point on your cv
- Those hours don't help you in reality, no one acknowledges them

9. In retrospect, would you elect to do a different degree?

- Yes, it took me three months to realize my degree was useless
- If I had considered social work or nursing, I would have been secured of work
- No, this degree is a great foundation for my future
- No, but I would want to be better informed of the true situation of available jobs
- Yes, Bpsych was disorganized and not thought through
- No, however I believe this positive experience was a result of my own determination, for other people it might be quite limiting
- Bpsych is a promising course
- Yes, if you can live on R3000 per month then its not a problem but I can't
- No, I really want to be a counsellor. The biggest fault lies with the HPCSA!
- No, I enjoyed doing Bpsych
- Unsure, I still have a great passion but realize that in reality its hard to find work
- Yes, degree was not challenging, the subject filed was too narrow and subjects like geography and Xhosa were irrelevant
- I might have studied social work
- No, the degree allowed me to gain practical experience
- Perhaps, ultimately I have a problem with the way the degree was advertised
- Yes, I'm already doing a different degree because there are more work opportunities
- No, but I am disappointed that I did Bpsych with the promise of practicing in the field sooner only to find this was not the case
- Not really, just disappointed that its been 8 months and I can't find work in any field of psychology

10. In your opinion as a registered counsellor, do you feel that your academic institution has adequately prepared you for work in the primary health sector?

- I could say so but they need improvement- more practicals

- Yes, but the supervision was inadequate
- Yes, unfortunately I have not worked in the field
- Yes, specifically with the type of placements we were at
- Yes, but I wish they would have advertised the degree better
- We need to be exposed to more practical
- Yes, they covered all areas of health care
- Unsure, in many areas we had to find our own way as our lecturers were uncertain
- Fair preparation
- We have been somewhat prepared
- Theoretically yes but practically no
- Unsure, people want to employ multi-skilled individuals
- Yes, but a greater awareness of the practical work needs to be created
- Yes, it unrealistic to expect a university to prepare you 100%
- No, the course work does not focus enough on real situations.
- All my friends works as glorified social workers not the highly qualified psychological counsellors they thought they would be
- No, practicals should be introduced in the 2nd or 3rd years of study
- Yes and no
- I don't think any experience in this field can prepare you for it
- No one could tell us exactly where in the health sector we fitted in

11. Do you feel the requirements for becoming a registered counsellor should change?

- No, just market the course better-otherwise we will be stuck being lay counsellors
- Undecided

- More practicals!
- There should be a high standard to ensure that counsellors are adequately trained
- Yes, the board exam was a joke. It did not test my knowledge or experience
- No, I feel that the content of the course should change however
- No, the requirements are reasonable
- Yes, I was very surprised with the board exam. There were no case studies and everyone wrote the same exam
- No, but the way in which the academic institution implements them should change
- The age for application should be between 22 and 25years
- No, but the in-service hours should be extended
- It should include HIV/AIDS counselling
- No, but if we are to be professionals in our conduct, then the HPCSA should set an example
- Yes, practice field specialization should be included from the beginning of the course

APPENDIX D

INFORMED CONSENT

BPsych graduates/BPsig gegradueerdes

You are invited to participate in a study on employment patterns of BPsych graduates. This is important as the Bpsych degree is a fairly new registration and many potential employers appear not to be aware of this professional qualification. A study of this nature may be used to impact in this area. The study is being conducted by Psychology Department at the University of Stellenbosch. The study is confidential. Should you be interested in participating in the study, you may sign this pamphlet and complete the questionnaire.

Jy word uitgenooi om deel te neem aan 'n studie wat die werkspatrone van BPsig gegdradueerdes wil vasstel. Die studie is belangrik omdat die BPsig graad betreklik nuut is en baie werkgewers nie goed bewus is van hierdie professionele kwalifikasie nie. Hierdie soort studie kan gebruik word om in die area van bewusmaking omtrent die graad te impak. Die studie word gedoen in die Sielkunde departement aan die Universiteit van Stellenbosch en is vertroulik. As jy wil deelneem aan die studie, moet jy die pamflet teken en die vraelys voltooi.

Groete

Ronelle Carolissen
Supervisor/Studieleier

Lynn Kotze
Masters student/Meesters student

APPENDIX E

LETTERS OF PERMISSION TO CONDUCT RESEARCH

16 Mei 2005

Me R Carolissen
Departement Sielkunde
Universiteit van Stellenbosch
Privaatsak X1
MATIELAND
7602

Geagte me Carolissen

VERSPREIDING VAN VRAELYS AAN BPSIG-GEGRADUEERDES

U e-pos in bovermelde verband verwys. Dit is vir my aangenaam om u mee te deel dat toestemming verleen word dat met die navorsingsprojek, op grond van die vraelys en memorandum, soos aan my voorgelê, ten opsigte van die geselekteerde groep BPsig-gegradueerdes voortgegaan mag word.

Die memorandum, waarvolgens BPsig-gegradueerdes hul bereidwilligheid moet verklaar om aan die navorsingsprojek deel te neem, moet deur u as studieleier aan die geselekteerde groep gestuur word. Vraelyste mag slegs aan diegene wat hul bereid verklaar om aan die navorsing deel te neem, voorsien word.

Studente wat aan sulke projekte deelneem mag nie as individue geïdentifiseer word nie ten einde hul reg op privaatheid te beskerm. U word dus vriendelik versoek dat die omskrywing *As u geïntreseerd is om die uitkoms van hierdie navorsing, voeg asseblief u e-pos adres slegs aan die einde van die vraelys by* in beide die Afrikaanse en Engelse weergawe van die vraelys geskrap word. 'n e-Posadres op 'n vraelys kan wel tot identifikasie lei. Ek stel voor dat voorgenoemde omskrywing in die memorandum vervat word. U word vriendelik versoek om asseblief alle reëlings te tref om die privaatheid van die respondente te beskerm.

Die gewone voorwaardes vir die gebruik van studente in navorsingsprojekte moet asseblief ook in hierdie projek nagekom word. Hierdie voorwaardes is:

1. Niemand mag onder druk geplaas word om deel te neem nie. Deelname moet *vrywillig* wees.
2. Studente mag nie *gedurende voorlesings* aan die projek deelneem nie.
3. Die inligting wat verkry word moet *vertroulik* gehanteer word.
4. Inligting uit die projek mag *slegs vir die doel van die projek* gebruik word.
5. Inligting mag nie op so 'n wyse gebruik word dat die naam van die Universiteit daardeur skade ly nie.

Alle sukses met hierdie inisiatief word u en Lynn toegewens.

Vriendelik die uwe

MCLoxton

Me MC Loxton
n **REGISTRATEUR**

Navrae/Enquiries: **Me MC Loxton** Tel: **021 - 8084840** Verw./Ref.: **120/44**

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OFFICE OF THE REGISTRAR

20 June 2005

Ms Ronelle Carolissen
Clinical P)sychologist/Lecturer
University of Stellenbosch
Private Bag X1
Matieland
7602

PERMISSION TO CONDUCT RESEARCH AT UWC

Thank you for complying with our requirements for obtaining permission to do research at the University of the Western Cape.

I have received verification of the ethics clearance of your research by the relevant committee of the University of Stellenbosch and it therefore gives me great pleasure to grant you and your students (Kim Johnson & Lynn Kotze) permission to proceed with your research.

Your research should clearly state that participation is entirely voluntary and that respondents may withdraw at any stage.

I wish you every success with the completion of your studies.

Yours sincerely

DR I MILLER
REGISTRAR