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Article

Registered counsellors' perceptions of their role in the South African context of providing mental health-care services

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Abstract

Mental health-care statistics in South Africa indicate that large numbers of individuals do not have access to mental health-care practitioners and that mental health difficulties appear to be exacerbated by significant social problems. The need to combat this ever-increasing void was acknowledged by the South African government and the category of registered counsellor was created to afford a form of mental health care to disadvantaged communities. To date, it appears that registered counsellors have been somewhat unsuccessful in their attempts to fulfil their intended role. Hence, in 2011, a newly formulated scope of practice was introduced which engaged registered counsellors in the areas that would most efficiently address the mental health-care gap. The purpose of this research study was to explore the perceptions of registered counsellors regarding their role of providing mental health-care services in the South African context. A qualitative interpretive descriptive approach with a sample of 12 individuals, who are registered as registered counsellors with the Health Professions Council of South Africa, was used. Data were collected using semi-structured interviews guided by an interview schedule. Thematic analysis was used to identify the themes. The study found that the registered counsellors perceived their role as important in the context of mental health-care development in South Africa, but despite this, they also experienced negative perceptions regarding the changing scope of their role in South Africa. This manifested in uncertainty among the registered counsellors. Negative perceptions were also reported in terms of a lack of acknowledgement from other mental health-care practitioners and ignorance from the public regarding the work of registered counsellors.

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Global research has been conducted on the inadequacies of mental health resources, resulting in policy makers and international agencies alike requesting that governments worldwide 'scale up' their health services, specifically systems devoted to mental health (Lancet Global Mental Health Group, 2007). Altevogt, Hanson, Ssali, and Cuff (2010) noted that mental health-care services are heavily reliant on trained human resources rather than equipment or supplies, and thus, without sufficient mental health-care workers, it would be difficult to adequately treat the population.

South Africa also presents with severe deficits in terms of resources available to assist with mental health interventions. Although it is difficult to ascertain specific information about mental health statistics in South Africa due to negative connotations and beliefs in some communities about mental health (Sorsdahl, Stein, & Lund, 2012), it is thought that at least 1 in 3 people in South Africa suffers from some degree of mental health difficulty. Statistics available also indicated that while a third of the population is struggling with mental illness in varying degrees, a 2010 national survey revealed that per 100,000 people in the population, South Africa has only .28 psychiatrists and .32 psychologists (Lund, Kleintjes, Kakuma, Flisher, & MHaPP Research Programme Consortium, 2010).

A study conducted by Scheffler et al. (2011) on the workforce shortages in the mental health-care sector in middle- and low-income countries, such as South Africa, found that psychiatrists, nurses in mental health settings, and psychosocial health workers, which include registered counsellors, provide the foundation for an effective mental health-care system. Therefore, this research specifically focuses on the work of registered counsellors and their role in facilitating mental health care in South Africa. The intended purpose of appointing registered counsellors was to close the gap in mental health care, specifically for disadvantaged communities, by giving people from low-income communities access to affordable mental health-care professionals (Abel & Louw, 2009).

The new Scope of Practice promulgated in September 2011 indicated that the roles of registered counsellors was to perform psychological screening, primary mental status screening, basic assessment, and psychological interventions with individuals aimed at enhancing personal functioning and at performing supportive, compensatory, and routine psychological interventions (Amendment No. R. 704, 2 September 2011). Presently, 1991 registered counsellors are registered on the HPCSA website (HPCSA, 2013). Although no information is available about the specific areas in which registered counsellors work, it has been the experience of the researcher, and confirmed by the responses of the study participants, that the counsellors work in schools, in private practices from their homes or small offices, or in multidisciplinary teams in hospitals and social services organisations.

The *World Health Report 2006 – Working Together for Health* (World Health Organization, 2006) indicated a necessary shift from institution to community-based care, which requires innovative and multidisciplinary methods consisting of specialty care teams that include health and allied health professionals such as psychiatrists, psychologists, nurses, social workers, physical therapists, occupational therapists, law enforcement officers, clergy, and traditional healers (Scheffler et al., 2011). In South Africa, the progression of these goals has been slow and stifled, as suggested by research from authors such as Petersen (2004), Elkonin and Sandison (2006), and Abel and Louw (2009).

Not much literature has accumulated with regard to registered counsellors. Within the related body of literature, within the South African context, only a few studies have focused on perceptions of registered counsellors. Two of these studies specifically addressed issues concerning the registered counsellors, which include registration and employment patterns (Elkonin & Sandison, 2006; Kotze & Carolissen, 2005). Abel and Louw (2009) explored the situation of registered counsellors in South Africa, and Joseph (2007) focused on patterns of position-filling among

registered counsellors in South Africa. Kotze and Carolissen (2005) and Elkonin and Sandison (2006) found that the disappointment, in terms of support from the HPCSA and allied professionals, as well as other difficulties, resulted in many B.Psych graduates not working within the field of mental health. The findings of Abel and Louw (2009) also indicated that the obstacles associated with the registration category of Registered Counsellors included a lack of support for the category, a lack of available jobs, and difficulties associated with creating a financially viable career, which led to insufficient movement by registered counsellors into the mental health-care field, despite their obvious ability to make a valuable contribution to mental health-care development in South Africa. Joseph (2007) hypothesised that, since the implementation of the Registered Counsellor category, no significant change has occurred regarding the accessibility of psychological services. Her findings indicated that limited change had occurred because there were only a small number of individuals who were registered within this category, working as mental health professionals.

The perceptions of registered counsellors with regard to their role are significant as the category is dynamic and has faced many changes over the past decade. This category of Registered Counsellors has, as yet, not been able to address its intended purpose. Therefore, the aim of the proposed study was to explore and describe how registered counsellors perceive their role in the South African context.

Method

A qualitative research approach (Creswell, 2009) was used in this study and seemed appropriate to provide registered counsellors with the opportunity to unpack their perceptions of their role in mental health care in South Africa and to explore their experiences that informed these perceptions. A qualitative interpretive description design (Thorne, 2008) was used because an interpretive description requires an integrity of purpose originating from two sources: an actual practice goal, which in the case of this study would be the description of registered counsellors' role and an understanding of what is known and unknown, based on the available empirical evidence, which is currently the absence of knowledge on the perceptions of registered counsellors.

Participants

Initially, purposive criterion sampling was employed and 7 participants (1 man and 6 women) were selected. In order to reach data saturation, snowball sampling was used and 5 more participants were selected. The snowball sampling was done from the Master's in Psychology classes at North-West University (NWU) as well as from other participants through word of mouth. The participants were selected from the population of 1991 registered counsellors who are currently registered with the HPCSA on iRegsiter on the HPCSA website. The inclusion criteria were that they had to be registered counsellors with the HPCSA since at least 2010 and that they had to be English speaking in order for the interviews to be conducted. However, *currently working as a registered counsellor*, was not a prerequisite to participate in this study. A total of 11 of the 12 participants interviewed were female. Eight of the female participants were between the ages of 20 and 30. Only 1 male participant was available to be interviewed. He worked outside of the helping professionals' scope as a bookkeeper. Six of the participants interviewed worked in the field of mental health care. The other participants were employed in various fields, including human resources and home executives. Two of the participants in this study were unemployed at the time of the interviews. The majority of participants completed their internships at private practices while the remainder of participants completed theirs at non-governmental organisations (NGOs).

Instruments

The data were collected through conducting semi-structured interviews (Creswell, 2009) guided by an interview schedule that consisted of five open-ended questions. The questions were validated with experts and adjusted accordingly prior to the interviews. Before commencing with the semi-structured interviews, the researcher conducted a biographical survey of the participants' backgrounds. Once the biographical survey was completed, the semi-structured interviews commenced. The interviews were digitally recorded, with the consent of the participants, and transcribed verbatim. The researcher employed communication techniques such as reflection, minimal verbal responses to the answers given, probing of each answer to encourage more information from the participants without leading, and summarisation (Creswell, 2009).

Procedure

After the participants were selected through purposive sampling, they were contacted by using the contact information supplied on their personal websites or on MedPages (health practitioners' website), though only seven participants were identified through this method. Following that, more participants were obtained through the process of snowball sampling (Durrheim & Painter, 2006), which means the names of possible participants were identified through the participants already involved in the study. Registered counsellors were contacted and asked if they would participate in the research. Next, appointments were scheduled for face-to-face meetings where possible, with two participants using Skype. The researcher transcribed the interviews verbatim. The data were analysed and interpreted, and results of the research study were published in article format.

Ethical considerations

Ethical approval for the research was obtained from the Health Research Ethics Committee of the Faculty of Health Sciences, NWU. Prior to the interviews, informed consent forms were emailed to the participants. On the day of data collection, the participants were informed again that their participation was voluntary. They were also made aware of the fact that they could withdraw from the study at any time, for whatever reason, without any negative consequences. The participants were provided with the following information: the aim of the study, what was expected of them, what the data would be used for, who would have access to the data, and that the data would be treated with confidentiality. All records within the supervisor–supervisee relationship were kept confidential.

To ensure the trustworthiness of the research process, the researcher followed the model of Lincoln and Guba (1985), who described the four aspects required to sustain trustworthiness in research data as credibility, transferability, dependability, and conformability. Credibility was ensured through member checking in order to validate the accuracy of the information. Transferability was ensured through the fact that the findings can be applied to other settings, and dependability was facilitated through an audit trail. Finally, conformability was obtained through member checking.

According to Lincoln and Guba (1985), it is not possible to understand any phenomenon without reference to the embedded context. Thus, the researcher used ongoing reflection and discussions about her own perceptions and how they may influence the findings to enhance her understanding of the situation. Also, the researcher familiarised herself with the context in which the registered counsellors were working and their experiences as registered counsellors. To further ensure trustworthiness, the researcher used a crystallisation framework whereby the researcher

examined literature, individual interviews, her personal reflections, and supervisory information to immerse herself in topic knowledge (Richardson, 2000). Predictably, this produced a deepened, complex interpretation (Ellingson, 2009) of the registered counsellors' perception of their role in the South African context.

Data analysis

Thematic analysis was used to analyse the data from the semi-structured interviews. During the analysis, research findings emerged from the frequent, dominant, or significant themes that were inherent in the raw data without the restraints imposed by a more structured theoretical orientation (Thomas, 2003).

Results and discussion

The themes and sub-themes below emerged from the data. Each participant was allocated a code, from P1 to P12, to distinguish them.

Theme 1: the reason for acquiring the registered counsellor qualification

The participants in this study indicated that they had consistently wanted to work with people and help people in the field of mental health. However, the reasons for attaining their registered counsellor qualifications seemed to be as a result of not being selected for the Master's Psychology degree, but them still wanting to be involved in the mental health-care field. It must be noted that the Registered Counsellor Programme can be completed prior to the Master's in Psychology programme as the Registered Counsellor Programme commences after the individual has completed an honours degree in Psychology. The career path followed by many of the participants in this study was to complete an undergraduate degree and an honours degree, followed by a Master's in Psychology or the Registered Counsellor Programme. Three of the participants only did the Registered Counsellor Programme after their honours degrees. Two of the participants completed their studies and internships as registered counsellors, applied for the Master's in Psychology without being accepted, and fell back on their Registered Counsellor qualification. The other seven participants applied for the Master's in Psychology directly after completing their honours in Psychology without being accepted and then followed the path of registered counsellor. They also indicated a belief that this could be a possible stepping-stone to further their careers as psychologists.

Subtheme 1.1: a desire to assist others with psychological challenges. It is evident from the participants' various perspectives that most of the research study participants wanted to be involved in assisting individuals who experienced mental health difficulties. These participants indicated that they wanted to support their communities and had wanted to be psychologists or counsellors so they could help others, as evidenced by comments such as: '. . . I wanted to be involved in counselling' (P1) and '. . . I was always interested in Psychology and working with people . . . it's my passion' (P3). As a result of the need for more mental health-care professionals as suggested in the literature and the call for more professionals in the service of mental health, 'I always wanted to help people' (P2) presents as a commitment from the participants and was recognised as a result of their feelings towards mental illness, '. . . this is my passion' (P5).

The desire to want to help others may be motivated by empathy, which is a strong motive to elicit prosocial behaviour and which is underpinned by deep evolutionary roots or concern about

the welfare and rights of others, as well as by egoistic or practical reasons (Straubhaar, LaRose, & Davenport, 2009). Lindenberg, Fetchenhauer, Flache, and Buunk (2006) used the term 'prosocial behaviour' in its most general form as behaviour assumed to be intentionally beneficial to others (not necessarily without self-interest) and involving some sacrifice.

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

Carr (2000) as well as Seligman and Csikszentmihalyi (2000) noted the strong correlation between personal growth and concern with social contribution, as well as a life story rich in a narrative of optimism, hope, and personal growth as a key component of a healthy and adaptive sense of identity. This appears to be a critical perception of the participants who opted for careers as registered counsellors. Even after failing to be accepted into a Psychology Master's programme, they still expressed a desire to continue to assist those with mental health challenges and to offer a social contribution.

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

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

Subtheme 2.1: the need for registered counsellors. Most of the participants agreed that there is a need for registered counsellors in South Africa. The participants indicated that from their different vantage points within their communities, and while doing their internships, they began to see and understand the need for registered counsellors in this context. This can be seen from comments such as: '. . . there is a huge need for registered counsellors' (P1) and 'Where I've worked I see that psychologists cannot be the only help for people' (P2). One of the reasons why counselling by registered counsellors is perceived as an essential service is that the services of these mental health-care workers are more cost-effective than the services of other mental health-care professionals: 'Psychologists are expensive . . .' (P3) and 'Many people cannot afford a psychologist in the poorer communities where the need is high' (P4). Participants perceived the screening of individuals with mental health difficulties and the referral of such individuals to professionals who are better equipped to deal with mental health-care treatment only as part of their function: '. . . we are able to screen individuals who have more severe

difficulties' (P5) and 'sometimes people need to know what is going on to start understanding what is happening to them . . . screening helps this' (P2).

Various South African studies on mental disorders have demonstrated the high prevalence and morbidity of mental health conditions (Sorsdahl et al., 2012) in addition to the lack of professionals available to deal with this situation (Petersen, 2004). Sorsdahl et al. (2012) noted that there is staggering evidence for the efficacy and cost-effectiveness of psychotherapeutic interventions for mental disorders. Kotze and Carolissen's (2005) research suggested that psychologists and psychiatrists were mainly serving the private sector and that it was therefore necessary to develop counsellors within the HPCSA to provide valuable mental health-care services at a primary level.

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

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

Subtheme 2.3: registered counsellors are unsure of their role and the changing scope of practice. Empirical data indicated that the participants were unsure of their role. From that it became evident that many of the participants experienced feelings of insecurity and uncertainty in their perceived role. The lack of information supplied by the HPCSA had caused much insecurity within the profession: 'I was quite worried when I found out about the new scope of practice' (P6) and '. . . the new scope of practice has increased my anxieties' (P7). Concern about how the new scope of practice would affect the way in which practising registered counsellors are working was voiced in questions such as: '. . . would I need to close my private practice?' (P9), '. . . how should I start working in the community?' (P4), and 'What does it mean to work in the community?' (P11).

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

Subtheme 2.4: lack of clarity regarding the context in which registered counsellors should be working. Many of the participants indicated confusion and often fear in terms of the context in which they

should be working and the type of mental health difficulties they should be assisting with: '. . . we are seeing things we probably shouldn't see' (P1) and '. . . seeing some stuff outside of our scope' (P2). The work environments for which registered counsellors were theoretically trained often caused uncertainty for them as the path to the labour market was not always clear: 'People are confused about where they should be working' (P2). Some of the registered counsellors continued to be unsure if they are working in the correct place: '. . . in an HIV/Aids counselling centre . . . this wasn't part of my training' (P3) and '. . . in private practice . . . but worry every day that this is not what I am supposed to be doing' (P7). Most of the participants were concerned about the working environment and the space available to registered counsellors in the psychological profession: 'Will we only be able to do short-term interventions?' (P8) and 'I worry I will have to only do short-term work' (P6).

Initially, it was thought that registered counsellors should work at a primary care level in terms of mental health care (Kotze & Carolissen, 2005), but it appears from the participants in this research study that most did not work on a primary level as intended. Rather, they were working in private practice on a secondary or tertiary level of health care. Many of the participants did not fully understand the scope of their work and admitted that, from time to time, they worked outside of their scope of knowledge – a result of not working on a primary care level and of working with patients after screening had been done. Uncertainty is a major source of psychological strain during organisational change and, according to Bordia (2004), it directly relates to a theme of fear. The feeling of fear was experienced by many registered counsellors when they perceived their role in the context of South Africa.

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

Registered counsellors in South Africa experienced different reactions from the public and professional colleagues in the psychological field in terms of their role in mental health care. This, in turn, appeared to influence their perceptions of their role.

Subtheme 3.1: misperception of the public regarding the role of registered counsellors. The role of the registered counsellor in South Africa was not only vague and uncertain for the registered counsellors themselves, but also extended to the public and other professionals. Participants reported the following in this regard: 'Most people want me to find them a job . . . not sure what we do' (P5) and 'People don't realise that we have training in the field of psychology . . .' (P6). Hence, it became apparent that they perceived the public as having a vague perception of the role of registered counsellors. In addition, the ignorance of the public regarding the qualifications of registered counsellors, as indicated by the participants, was expressed as follows: 'It's confusing . . . as to what our role is from some people's perspectives' (P9), '. . . some people don't know what our role is' (P3), and 'The public don't know what we do and I'm not sure how to explain it to them . . .' (P2).

The Professional Board of Psychology was tasked with the responsibility to educate the public regarding the purpose of registered counsellors (Kotze & Carolissen, 2005), a task which they appear to have failed. The study of Abel and Louw (2009) supported this as they found a lack of public knowledge about the scope of practice and about the profession in terms of the qualifications and skills required, the services offered, and the legal framework for registration with the HPCSA.

Subtheme 3.2: disregard of other professionals regarding the role of registered counsellors. The lack of trust and understanding regarding the role of the registered counsellor extended to other health-care professionals. Those interviewed for this study perceived that other mental health

professionals did not know what the role of registered counsellors was: 'Psychologists don't know when to refer to us' (P4) and 'It's as though people do not trust us . . .' (P7).

Various participants reported that the public and other professionals found the role of registered counsellors confusing and vague. This was supported by Elkonin and Sandison's (2006) research in which a recurring theme emerged, namely that of professional ignorance regarding the qualifications and competencies of registered counsellors.

The limitations of this research include the small number of registered counsellors involved in this study. At present, 1991 registered counsellors are registered with the HPCSA. Therefore, this population size may be too small to adequately allow for generalisation. Although the sample may not be a good representation of other registered counsellors, the following themes may potentially be 'transferable' to other registered counsellor contexts: the reason for acquiring the registered counsellor qualification may be representative of other registered counsellors as they also might have the desire to assist with psychological challenges; the perception that there is a need for registered counsellors and that the profession is currently vague; the fact that they are unsure of their role and the changing scope of practice; and a the lack of clarity regarding the context in which registered counsellors should be working.

A further limitation was that some of the registered counsellors interviewed were not working within the profession at the time of being interviewed. This may have skewed the sample somewhat as some information and literature indicated that the qualification was sometimes used purely as a stepping-stone for admission to the Master's in Psychology programme. However, this study also provided a clearer understanding of the uncertainty and contradictions regarding the perceptions of registered counsellors about their role in mental health care in South Africa. This study also contributed by confirming that the positive perception that registered counsellors have of their role illustrated that they wish to be involved in their communities to provide mental health care. A further contribution of this study is the confirmation of the negative perception of the registered counsellors regarding their role, which could be acknowledged by the HPCSA and which may lead to research and actions to address their uncertainties and to ensure that the work of registered counsellors is focused within the communities.

NGOs and like bodies may also benefit from the contribution of this research by taking heed of the perception of registered counsellors and offering more opportunities for them to work within their communities. Universities and training institutions could benefit from this research as the literature clearly shows that not enough direct employment opportunities exist for those with a B.Psych qualification. This often causes registered counsellors to leave the field to find more sustainable work elsewhere, which defeats the purpose of training such individuals.

Conclusion

A central theme emerged from the registered counsellors interviewed in this study, namely the conflicting perceptions regarding their role in the South African context of providing mental health-care services mainly to people from low-income communities. The study also found that they had elected to become registered counsellors after failing to obtain admission to the Master's in Psychology programme. This appears to be associated with the notion that prosocial behaviour in the context of mental health care was of high significance to the participants.

It is possible that the participants' prosocial characteristics also influenced their positive perceptions regarding their role as registered counsellors in the context of South Africa. This perception holds true in terms of the literature associated with the inadequacy of the mental health system (Lancet Global Mental Health Group, 2007; Sorsdahl et al., 2012). Themes associated with a perceived need for mental health-care practitioners to work in their communities emerged as

psychologists were regarded as unaffordable and often inaccessible by low-income communities. Information gleaned from various studies on the mental health-care system in South Africa indicated that the current state of mental health care in the context of this country presents with severe deficits in terms of resources available to assist with mental health-care interventions (Sorsdahl et al., 2012). This correlates strongly with the themes that emerged from the interviews with the registered counsellors.

In contradiction to the positive perceptions of their role, participants also indicated negative connotations associated with their role as mental health-care workers in the South African context. Abel and Louw (2009) reported in their research that obstacles associated with the registration category included a lack of support for the category, a lack of available jobs, and difficulties associated with creating financially viable careers, which can prevent registered counsellors from moving into the mental health-care field. Based on research conducted by Joseph (2007) since the implementation of the registered counsellor category, no significant change has occurred in terms of the accessibility of psychological services. This increases the correlation between the research findings and the perceptions of the registered counsellors, and other research. This was evident from themes related to situations where members of the public did not know what the role, scope of practice, and training of registered counsellors entailed.

Registered counsellors, due to a lack of acknowledgement, reported negative perceptions from other mental health-care practitioners as well. It appeared that registered counsellors perceived their colleagues as not recognising their work and/or not understanding their function in the mental health-care setting in South Africa. The exploration of the perceptions of the participants led to the identification of several significant themes which reflected conflicting perceptions regarding the role of the registered counsellor.

It is suggested that future studies look at how registered counsellors could be better utilised in the context of South African mental health-care services and how their training can be improved to allow them to have a stronger positive impact on mental health-care statistics in South Africa.

Funding

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