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Entretien

## Characterizing the nature of professional training and practice of psychologists in South Africa



### Caractéristiques de la formation professionnelle et de la pratique des psychologues en Afrique du Sud

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#### ABSTRACT

Psychology in South African has a contentious history owing to its alignment with apartheid era ideologies of racial segregation. Although the profession has undergone significant transformation since democracy in 1994, almost three decades later less than a quarter of professional psychologists in the country are black African. Structured psychology training programmes select an average of 8 candidates per year, which has promoted criticism and scrutiny of recruitment and selection procedures that may be more oriented towards those from privileged educational backgrounds. In this interview with Jean-Pierre Bouchard, psychology researchers Anita Padmanabhanunni, Kyle Jackson, Zorina Noordien and Tyrone Pretorius from the University of the Western Cape provide a critical overview of the training and practice of professional psychology in South Africa, selection and recruitment processes, the relevance of the profession, impact of telepsychology and the implications of COVID-19 for professional training and practice.

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#### R É S U M É

La psychologie en Afrique du Sud a une histoire controversée en raison de son alignement sur les idéologies de ségrégation raciale de l'époque de l'apartheid. Bien que la profession ait subi d'importantes transformations depuis l'instauration de la démocratie en 1994, près de trois décennies plus tard, moins d'un quart des psychologues professionnels du pays sont des Africains noirs. Les programmes structurés de formation en psychologie sélectionnent en moyenne huit candidats par an, ce qui a encouragé la critique et l'examen des procédures de recrutement et de sélection qui pourraient être plus orientées vers les personnes issues de milieux éducatifs privilégiés. Dans cet entretien avec Jean-Pierre Bouchard, les chercheurs en psychologie Anita Padmanabhanunni, Kyle Jackson, Zorina Noordien et Tyrone Pretorius, de l'université de Western Cape, donnent un aperçu critique de la formation et de la pratique de la psychologie professionnelle en Afrique du Sud, des processus de sélection et de recrutement, de la pertinence de la profession, de l'impact de la télé-psychologie et des implications de la COVID-19 dans la formation et l'exercice professionnels.

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## 1. Introduction

South African society is characterized by a high prevalence of mental health disorders. The first major epidemiological study in the country [33] revealed that 16.5% of adults suffered from a common mental health disorder (i.e., depression, anxiety or substance use disorder). The prevalence rates of these disorders in South Africa is significantly higher compared to other African countries [33]. Increasing levels of poverty, crime, unemployment and economic inequality add to the burden of mental illness in the country [30]. Although there have been significant advances in policy and legislation advocating for mental health service provision within a human rights framework, there continues to be widespread disparity in the resources available for mental health care and a low ratio of psychology practitioners who represent the cultural, racial and linguistic diversity of the country [13,15].

In this interview with Jean-Pierre Bouchard, psychology researchers Anita Padmanabhanunni, Kyle Jackson, Zorina Noordien and Tyrone Pretorius from the University of the Western Cape (UWC) provide a critical overview of the training and practice of professional psychology in South Africa, selection and recruitment processes, the relevance of the profession, impact of telepsychology and the implications of COVID-19 for professional training and practice.

Anita Padmanabhanunni is an Associate Professor and Head of the Department of Psychology at the University of the Western Cape. She is a Counselling Psychologist registered with the Health Professions Council of South Africa (HPCSA). Her research interests are in the area of trauma and PTSD, promoting evidence-based practice and investigating the mental health impact of COVID-19 on vulnerable population groups.

Kyle Jackson is an associate lecturer within the Department of Psychology at UWC. He is registered as both a counsellor and a Research Psychologist with the HPCSA. His research interests include masculinity and fatherhood, men's health and high-risk pregnancy.

Zorina Noordien is a lecturer within the Department of Psychology at UWC. She is a registered Clinical Psychologist with the HPCSA.

Tyrone Pretorius is a Professor in Psychology at UWC. His areas of interest are methodology, health protective factors and stress and adverse events-related research. He is also the Rector and Vice-Chancellor of the University of the Western Cape.

## 2. Interview

### 2.1. Jean-Pierre Bouchard: What is the impact of the country's history on the development of psychology and the establishment of the profession of psychology?

Anita Padmanabhanunni, Kyle Jackson, Zorina Noordien: Psychology has a contentious history in South Africa. The profession was established as a separate discipline in the 1920's, spurred by the rapid development internationally of psychological tests of intellectual ability. These tests were used to justify apartheid era ideologies and policies of racial segregation on the grounds of supposed racial differences in mental test scores. Intelligence tests that were developed and normed for White South Africans were applied to other race groups and used to demonstrate the inferiority of these groups. This ultimately laid the foundation for the justification of segregationist education policies. Apartheid era ideologies also dominated the training and practice of professional psychology for decades and excluded the entry of Black South Africans into the profession [4,25]. The

absence of psychologists who represented the cultural, racial and linguistic diversity of the country meant that the practice of psychology within black communities was practically unknown [16].

With the transition to democracy in 1994, there was a strong focus on transformation within the profession [20]. A priority of this transformation agenda entailed increasing the number of psychologists from historically marginalized groups. Universities were tasked with broadening access to the profession through their selection criteria and related procedures. However, more than a decade later, only 17% of professional psychologists in the country are black African and the majority remain white and female (46%: Health Professions Council of South Africa [HPCSA] IT Service Desk, personal communication, January 10, 2022). Table 1 provides a demographic profile of practitioners by race and gender.

A national survey of registered practitioners undertaken by the professional regulatory body (HPCSA) suggests that people in need of mental health care services prefer to see practitioners from similar racial or cultural backgrounds to their own. This is supported by the finding that approximately 74% of the client base of black African practitioners comprises of black South Africans [11]. It is probable that this may be linked to linguistic and cultural factors in that black African practitioners may be more likely to engage with clients in their own language and this can facilitate establishing of rapport and contribute to a sense of being heard and understood. The limited number of black South African practitioners in the country continues to represent a significant barrier to addressing historical inequalities and fuels criticism regarding selection processes in post-graduate programs and debates regarding the relevance of psychology to the needs of contemporary South African society [5,13,26,27].

There is a disproportionate distribution of psychologists in urban compared to rural areas. Most psychologists in South Africa are located in two highly urbanized and populace provinces namely Gauteng and the Western Cape. Table 2 presents the distribution of psychology practitioners by province and work context.

Rural communities experience significant barriers to accessing health care including financial constraints, long distances to health care facilities and inadequate transport to these sites. There is also a lack of incentive for practitioners to work in these communities. Current mental health care services in South Africa reflects the economic disparities of the apartheid regime which sought to segregate South African citizens across class, cultural, geographical and racial lines [30]. During this time, the privileged minority had greater access to resourced mental health care services, whereas the underprivileged majority, particularly within non-urban communities, were dependent on unevenly distributed and poorly resourced services [30]. The transition to democracy in South Africa, the Mental Health Care Act [7] and efforts made by the Psychology Society of South Africa (PsySSA) have been instrumental in transforming the landscape of the profession in the country.

The South African government sought to address the limitations of delivery and access to mental health care services through the decentralization of psychology in hospitals to community health centres and district hospitals [23]. However, the scarcity of available and accessible practitioners as well as the lack of available resources remains an issue, particularly within the public health care sector [23,30]. In contrast to high income countries such as the United States, where there are 33.3 psychologists per 100,000 of the population, in South Africa there are 2.5 psychologists per 100,000 of the population, which is well below the global average [23,30]. This significantly impacts on access to mental health care.

**Table 1**  
Demographic profile of psychology practitioners by race and gender (HPCSA, 2021).

Gender	Practice field	N	Race					
			African	Chinese	Coloured	Indian	White	Unknown
Female	Clinical Psychology	2410	578	4	137	167	1433	91
	Community Service Clinical Psychology	38			7	4	30	1
	Counselling Psychology	1447	214	3	81	104	1001	44
	Educational Psychology	1447	206	1	66	116	1019	39
	Industrial Psychology	1565	191	2	120	178	1054	20
	Neuropsychology	62	2		3	3	54	
	Research Psychology	200	24	2	28	20	123	3
Total		7211	1253	12	442	592	4714	198
Male	Clinical Psychology	880	180	1	44	36	570	49
	Community Service Clinical Psychology	10	10		5	1	11	1
	Counselling Psychology	401	59		18	16	278	30
	Educational Psychology	293	43	1	24	22	172	31
	Industrial Psychology	577	67		29	13	432	36
	Neuropsychology	18	3			2	13	
	Research Psychology	66	13		4	2	39	8
Total		2263	375	2	124	92	1515	155
Grand total		9474	1628	14	566	684	6229	353

**Table 2**  
Distribution of psychology practitioners by province and work context (HPCSA, 2017).

Province	Work Context					
	Private Practice	Private Organizations	Higher Education	NGO Sector	Employee Assistance Programmes	Public Service
Gauteng	49.1	58.1	42.5	49.4	48.7	46
Western Cape	24.3	22.3	26.9	26.2	17.5	22.6
KwaZulu-Natal	10.4	8.1	9.3	9.6	12.9	11.3
Eastern Cape	7.1	4.5	8.7	9.2	8.4	9.2
Mpumalanga	3.0	2.7	5.4	1.8	4.2	4.2
North West	2.2	1.8	5.1	1.5	2.7	2.9
Free State	2.1	1.2	1.2	1.1	2.3	2.5
Northern Cape	1.0	0.9	0.6	0.7	1.9	0.8
Limpopo	0.7	0.3	0.3	0.4	1.5	0.4

The aims of the current paper are twofold namely, (i) to provide a critical overview of professional psychology training and practice in South Africa and (ii) to highlight the mental health impact of COVID-19 on professional training and practice.

*2.2. Jean-Pierre Bouchard: How do you become a psychologist in South Africa?*

Anita Padmanabhanunni, Zorina Noordien, Tyrone B Pretorius: The minimum requirement for professional registration is 5-years full time formal education in psychology. This consists of the completion of a 3-year Bachelor's degree with psychology as a major or equivalent thereof followed by a 1-year post-graduate Honors degree in psychology and a structured Master's degree program which includes the completion of a dissertation and a 12-month internship at an accredited institution. Clinical psychology candidates are expected to complete an additional 12-months of community service, ideally in a rural or disadvantaged context. The discipline of neuropsychology in South Africa is comparatively recent and formally recognized by the HPCSA's Professional Board of Psychology in 2013. A historical overview of the development of neuropsychology is provided by [32].

*2.3. Jean-Pierre Bouchard: What are the different professional psychology registration categories in South Africa?*

Anita Padmanabhanunni, Kyle Jackson, Zorina Noordien: In South Africa, upon completion of a structured Master's degree,

there are six professional psychology registration categories that are available: Clinical, Counselling, Industrial, Educational, Research and Neuropsychology. The treatment of mental health disorders falls within the scope of practice of Clinical, Counselling and Educational Psychology. To practice psychology in the country requires licensure/registration with the Professional Board for Psychology of the HPCSA, which falls under the South African Government Department of Health. Candidates who complete a BPsych degree, which is a four-year degree program followed by a 6-month practicum, can register with the HPCSA in the category of Registered Counsellor or Psychometrist. Students are typically selected in their first year of studies and continue with their academic and practical BPsych training including the completion of the practicum component. The Professional Board for Psychology mandates separate scopes of practice for each registration category.

*2.4. Jean-Pierre Bouchard: How is the professional training of psychologists regulated?*

Anita Padmanabhanunni, Zorina Noordien: To offer a professional psychology degree, educational institutions need to be accredited for the degree with the Professional Board of Psychology. For this reason, the syllabi tend to be similar across training institutions. There is some variation in training in therapeutic modalities with some programmes focusing on an integrative approach while others train students predominantly in specific orientations such as psychodynamic psychotherapy or

**Table 3**  
Average number of students accepted at a sample of South African Universities.

South African University	Clinical Psychology	Counselling Psychology
University of the Free State	6	6
Nelson Mandela University	8	6
North-West University (Mafikeng)	5	–
North-West University (Potchefstroom)	6	5
Rhodes University	6	6
Stellenbosch University	8	–
University of Cape Town	9	–
University of Johannesburg	8	8
University of the Western Cape	8	–
University of Witwatersrand	12	12
University of Fort Hare	–	10

cognitive behavioral therapy [9]. To maintain registration with the HPCSA, psychologists are required to demonstrate that they have kept abreast of current developments in the field through the accumulation of 30 Continuing Education Units per 12-months, with at least five points in the area of ethics. Audits are routinely conducted by the HPCSA to promote practitioner compliance.

### 2.5. Jean-Pierre Bouchard: What are the procedures and criteria used to select students into professional psychology programs?

Anita Padmanabhanunni, Zorina Noordien: Psychology is an increasingly sought-after profession in South Africa. In comparison to many other professions, sound academic performance is not sufficient to gain admittance into professional psychology training programs. Hundreds of applicants are declined each year from professional training programs while between 5 and 15 are admitted into these structured programs. Table 3 provides a general overview of the average number of students accepted for Clinical and/or Counselling Psychology at a sample of South African universities. The limited number of selected applicants has prompted increasing scrutiny regarding the recruitment and selection processes and the profile of candidates who are eventually selected [15,27]. In 2001, formal complaints from applicants regarding the objectivity of the selection procedures at training institutions propelled the Professional Board for Psychology in collaboration with PsySSA and training institutions to embark on a process aimed at developing a uniform model to guide selection processes. To date, limited progress has been made in this regard and concerns regarding the objectivity of selectors remain [15,27].

Selection processes for clinical and counselling psychology at most psychology departments entails two phases. The initial phase involves a review of the candidate's application form, which typically includes an autobiographical essay, motivational statement and referee reports. The majority of applicants are cut at this stage and approximately 40-50 applicants are invited to participate in the second phase. Selection teams comprising mostly of academic clinical training staff use a variety of activities to assess suitability for training including individual interviews, role plays and group and academic exercises. Through these activities, applicants are assessed for their psychological mindedness and stability, emotional maturity, self-insight and capacity to be reflexive and empathic.

A study by [12] suggests that clinical psychology selectors, for example, tend to favor applicants who have a history of adversity and demonstrate psychological mastery of these traumatic experiences and a concomitant empathic attunement to the needs of others. This has been supported by other studies [e.g., 34]. Although these are salient characteristics for a prospective

psychologist, it prompts the question: why are so few black candidates selected into professional training programs when they are more likely to have experienced a history of adversity and to have demonstrated the capacity for resilience by virtue of successfully pursuing tertiary education? If it is not adversity per se but adversity plus psychological mastery of historical trauma that is a necessary criterion, is it the lack of exposure to personal psychotherapy owing to issues of affordability and access that places many black applicants at a disadvantage? Or is it that the psychological mastery of prior trauma is not demonstrated by the applicant, due to linguistic, cultural or other factors, in ways that reflect dominant indices of psychological resolution? [16] contend that the nature of the selection process is oriented towards applicants from more privileged educational backgrounds who have had exposure to evaluative activities in the course of their primary and secondary schooling (e.g. role plays, group exercises, etc.). It is probable that applicants from historically marginalized groups may not be as familiar with the language and concepts of psychology thus placing them at a disadvantage when it comes to expressing themselves in ways that are suggestive of self-reflective ability. The authors are of the view that it is imperative for training departments and selection teams to critically scrutinize the implicit ideas and assumptions that influence the choice of some applicants over others. This is even more imperative in the context of the current pandemic where selection processes have migrated to online environments.

### 2.6. Jean-Pierre Bouchard: Is professional psychology relevant to the needs of South African society?

Anita Padmanabhanunni, Kyle Jackson, Zorina Noordien, Tyrone B Pretorius: The relevance of professional psychology in South Africa has been extensively debated by various scholars [e.g. 5,14,27,29]. What has been termed the “relevance debate” has revolved around two core issues namely (i) the Euro-centric nature of the academic curriculum and its applicability to the lives of people with vastly different socio-political histories and from diverse cultural backgrounds and (ii) concerns regarding limited access to quality psychological services for the majority of the population [14]. Although mental health care has been prioritized in legislative and policy changes (e.g. Mental Health Care Act of 2002), the implementation of these policies has not received sufficient governmental support. As a consequence, mental health care has remained on the periphery of the primary health care sector to the detriment of the majority of the population [19]. In the absence of government investment and a sustainable mental health care funding model, access to quality mental health care services will remain the province of the privileged minority.

### 2.7. Jean-Pierre Bouchard: How would you describe the mental health status of South Africans in the time of COVID-19

Kyle Jackson, Zorina Noordien: In contrast to international research, comparatively less has been documented about the psychological impact of the COVID-19 pandemic in low-to-middle income countries in sub-Saharan Africa. Emerging evidence from South Africa suggests that the mental health of South Africans has suffered during the pandemic, with those from historically marginalized groups residing in low socio-economic areas being disproportionately affected [19,21,24]. Several isolated studies on various subgroups of the population have documented heightened levels of anxiety, depression, loneliness and hopelessness (e.g. adults: [6] university students: [21]). Increased levels of psychological distress have been ascribed to the impact of the national lockdown which led to food insecurity, unemployment and limited

access to social support networks. Furthermore, levels of gender-based violence in the country increased during the lockdown period which may have heightened distress, particularly for women [21]. While the provision of mental health services was permitted during the lockdown period [10], there was a reduction in the number of people accessing mental health services possibly owing to fears of contracting and transmitting the virus and limited access to electronic mental health services [24].

### 2.8. Jean-Pierre Bouchard: Is evidence-based practice (EBP) in psychology a priority?

Anita Padmanabhanunni, Tyrone B Pretorius: In South Africa, where there is a low ratio of mental health care providers to the population and where the majority of people in the country have limited financial resources to access mental health care, there is a significant need to ensure that the interventions delivered by mental health care providers have a significant chance of success [22]. EBP and the related use of empirically supported interventions represents a salient method of achieving this end and enhancing public health. Despite this, the Professional Board of Psychology has only mandated that clinical psychologists utilize evidence-based interventions. The omission of this prescription from the scope of practice of other registration categories remains an anomaly and significantly hinders widespread adoption of EBP. Furthermore, it impedes transformation in the training curricula with few psychology post-graduate programs incorporating a focus on teaching the value of EBP and prioritizing training in empirically supported interventions [13,22].

### 2.9. Jean-Pierre Bouchard: To what extent has telepsychology been utilized?

Anita Padmanabhanunni, Zorina Noordien: Telepsychology entails the use of telecommunications technologies to deliver psychological services. This includes, for example, the use of teleconferencing applications (e.g. Zoom, Skype and Google Meet) as well as smartphone applications (e.g. WhatsApp). The COVID-19 pandemic precipitated an unprecedented shift from in-person to online delivery of psychological services. In South Africa, telepsychology has the potential to enhance access to psychological services and reduce the stigma and discrimination associated with seeking mental health care [9]. Since the initial hard lockdown in March 2020 [31], there has been a reported increase in the use of telecounselling services offered by non-governmental organizations (e.g. South African Depression and Anxiety Group) possibly owing to increased levels of psychological distress and the potential immediacy of assistance [8]. Preliminary studies indicate that telepsychology can provide an important vehicle in promoting access to mental health care. [2] reported on the use of a web-based group cognitive behavioural intervention to target anxiety and depression among university students. The study found a significant reduction in symptoms from baseline to follow-up and suggests that this modality may be beneficial in increasing access to effective mental health care. However, telepsychology requires access to electronic communication devices. Structural barriers including poor internet connectivity for those residing in more rural settings, access to a private space, uninterrupted power supply and the high costs of mobile data can impede access for a significant proportion of the population and enhance existing disparities and inequality of access to mental health care [2,9]. Telecounselling is also more suited to immediate emotional containment and a solution-orientated approach and is not ideal for those experiencing longstanding mental health problems arising from adverse historical experiences [9].

### 2.10. Jean-Pierre Bouchard: What has been the impact of the pandemic on profession psychology training?

Anita Padmanabhanunni, Kyle Jackson, Zorina Noordien, Tyrone B Pretorius: Owing to the pandemic and related prevention measures, universities in South Africa transitioned to online learning and teaching. There remains a paucity of South African literature relating to the impact and experience of the transition on psychology students and training staff. International research has highlighted that online learning environments posed significant challenges to clinical training, client engagement, clinical supervision and research. Academics and trainees are likely to have experienced anxiety and stress related to the drastic shift and adaptation to online training whilst simultaneously affected by the pandemic and its subsequent effects [3,9].

Given that Psychology Masters programs are traditionally conducted face-to-face, the online adaptation had significant implications for acquiring the necessary clinical skills which forms part of these programs. This raised concerns regarding student's patient interaction, and practical classes involving psychological assessments, as these traditionally in-person engagements had to be conducted on online platforms [1,17]. The impact of this may have had implications for placements at internship sites, with some sites noting that the lack of in-person contact with patients had compromised their ability to adequately engage in certain areas (L. Abrahams, Personal communication, February 15, 2022).

The unpredictable context and the restrictions are likely to have resulted in additional stressors and challenges in the under-resourced South African context. The adaptation to online learning platforms and telepsychology required access to resources such as data and laptops, working from home in suboptimal environments and additional financial burdens. In addition, common mental health concerns among psychology trainees include stress, anxiety and depression [18]. With additional stressors related to the restructured training program and modes of engagement, these symptoms may have been further exacerbated by the stressors related to the global pandemic and potentially resulted in burnout [29]. In the context of the pandemic it is vital that training institutions are cognizant of the possible distress and potential for burnout that may be experienced by trainees, to ensure that supportive measures are established and that their emotional wellbeing is prioritized [29].

#### Disclosure of interest

The authors declare that they have no competing interest.

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