



Counselling and Mental Health

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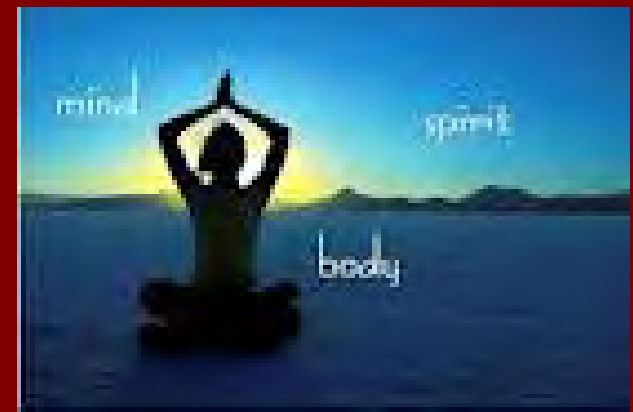
Case Study- Gladys





Mental health...

“a state of well-being in which the individual realises his/ her own abilities, can cope with the normal stresses of life, **can work productively and fruitfully**, and is **able to make a contribution to his/ her community**”- WHO (2005)





Counselling...

Is an empowering process in which a person is helped to take control of their life, fulfil their potential and have an increased sense of well-being.





Lay counsellors in South Africa

- Historically, lay counsellors , like Gladys, have been individuals who are HIV positive or have lost someone as a result of HIV.
- Motives for becoming helpers:
 - The need to make an impact,
 - The need to care for others,
 - The need for money or,
 - The need for self- help.



Lay counsellors in South Africa

Introduction of lay counsellors



Improved services for HIV positive and affected clients



Counsellors report:

“love for their job”,
“personal rewards and growth,”





But...

Many work in environments with the following challenges:

- Lack of resources,
- Increased health provision demands,
- Lack of training and support,
- Heavy patient flow,
- Heavy and unpredictable workload and
- Lack of/ poor remuneration.

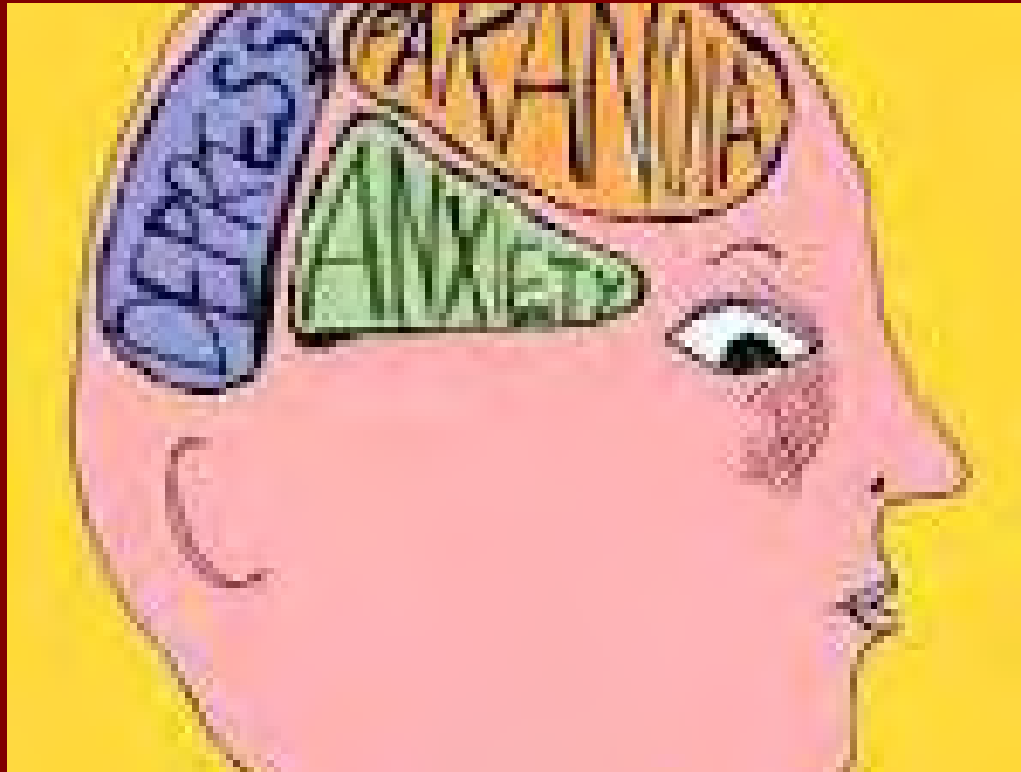


“it’s about the quantity of the job we are doing, it’s not quality. Because it is not advisable to see almost 30 people a day, it’s not advisable.” *Lay counsellor*



Lay counsellors in South Africa

- As a result of these challenges, counsellors often experience the following emotional responses:
 - Demoralisation and demotivation
 - Burnout
 - Emotional exhaustion
 - Depersonalisation
 - Reduced personal accomplishment



In terms of the WHO definition of mental health, many lay counsellors are NOT mentally healthy and are yet expected to bring about behavioural change in their clients through counselling.



FETC: COUNSELLING

- In 2010 HIVSA began the training of 250 lay counsellors on the FETC: Counselling qualification.
- The qualification focussed on counselling skills with a specific emphasis on HIV counselling.
- Counsellors were selected from the Department of Health and other PEPFAR partners.
- In September 2011, the counsellors completed their final role play assessments. HIVSA is currently preparing for the verification of learner results by the HWSETA.



Feedback from the learners...

- Disbelief at obtaining a qualification with no cost implications,
- Clearer understanding of human development and dysfunctional behaviour,
- Improved working relationships with their clients,
- Increased self awareness and introspection, &
- An improved understanding of the impact of community development and its effect on the health and wellness of communities.



Challenges

- Poor selection of counsellors being sent for training.
- Lack of mentorship, supervision and debriefing of counsellors.
- Lack of recognition of highly skilled counsellors who could provide specialised services like mental health assessments.



Challenges

- Implications of the lack of mentorship or supervision for lay counsellors:
 - Minimal or the absence of monitoring and evaluation of services rendered.
 - Poor ongoing professional and personal development.
 - Lack of accountability for the delivery of poor services.
 - Lay counsellor burnout which ultimately impacts on the quality of services rendered to clients at all levels of the continuum of HIV care, treatment and support.



Recommendations

- Skills audit of training attended and individual competencies of counsellors
- Identify skills gaps in terms of basic HIV counselling skills
- Identification of counsellors with “special skills” who can assist in task shifting
- Training in specialised courses
- Integration into a multi disciplinary team
- Ongoing supervision





Thank you!

