



## SOUTH AFRICAN NATIONAL MENTAL HEALTH ALLIANCE PARTNERSHIP

### National Health Insurance Bill, 2018 Comment by the National Mental Health Alliance Partnership

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The National Mental Health Alliance Partnership (NMHAP) is a coalition of individuals and groups dedicated to the realization of access to quality mental health care in South Africa. As such, the NMHAP appreciates the opportunity to comment on the National Health Insurance (NHI) Bill, as published in Government Gazette No.41725, June 2018. The NMHAP commend the Honourable Minister of Health, Dr Motsoaledi, in his endeavours to achieve equal access to quality care for all South Africans and hopes that Universal Health Coverage (UHC) will include people with serious mental illness and/or psychosocial and intellectual disability in equity with others. There are two parts to this comment, the first pertaining to mental health care services, and the second to issues in leadership and governance.

#### Executive Summary

##### A Mental Health Care Services

The NHI Act must ensure that anything that applies to any area of health also applies to mental health. It also must ensure equitable distribution of funds according to need and to desired health outcomes. Thus, the NMHAP has four key requests regarding NHI and UHC of people living with mental illness and/or intellectual disability (PLWMI &/or ID).

These are as follows:

##### 1. Definitions

The following two definitions to be included in the NHI Act:

- **'Health'** to be defined in a manner which ensures mental health is included in parity with physical health, such as in the World Health Organisation (WHO) definition of health as a "State of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity", would be an example.
- **'Comprehensive Health Services'**, to be defined as by the WHO, as "health services that are managed so as to ensure that people receive a continuum of health promotion, disease prevention, diagnosis, treatment and management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life course."



## 2. Application of the Act

It is essential that the Act also applies to non-profit health establishments, as defined in the National Health Act No.61 of 2001

## 3. Objective of the Act

The objective of the Act must be “to establish a Fund that aims to achieve sustainable and affordable universal access to *comprehensive* health care services ...”

## 4. Provision for Community-based Psychiatric Services within the health system referral network

Section 39(2) and Section 54(4)(f) and (g) imply that all specialist health care will be hospital-based, including all psychiatry. This will perpetuate excessive hospitalisation and poor coverage of mental illness. While community-based specialist care is relevant for several specialties, it is essential for psychiatry. Without it, serious mental illness and behavioural problems will continue to remain inaccessible. This is particularly for children, adolescents, women, and the elderly, who struggle to access hospital-based psychiatric care, which is dominated by extended and repeated admissions of adult users with aggressive and disruptive behaviour.

Community-based psychiatry is integral to comprehensive health care services for PLWMI & ID as it:

- facilitates integrated primary mental health care of PLWMI & ID through task-sharing by providing accessible, context relevant, support.
- reduces hospital admissions by a) providing accessible ambulatory assessments of new patients with severe illness (who would otherwise require expensive inpatient assessments even when hospitalisation is not required clinically); b) preventing relapse in those with chronic, severe illness; c) supporting rehabilitative and palliative care within the community
- facilitates non-health sector care of PLWMI & ID through local inter-sectoral collaboration

## B Leadership and Governance

While we support the goal of UHC, we are seriously concerned that NHI will be unable to achieve this. We have three major recommendations:

1. **The Board** of the Fund is directly accountable to the public. There must be full transparency of all procedures, with oversight of the appointment process of Board members by an external juristic body with no political connections, and all governance, operational and financial information must be accessible to the public.
2. **Provincial Departments of Health** to be involved in development of policy, strategic plans and implementation guidelines, to ensure that these are relevant and implementable at provincial and district level.
3. **Health care providers** to be represented on the Health Benefits Pricing Committee and the Stakeholder Advisory Committee. In addition, a properly structured forum for consultation and negotiation with health care providers must be established.