



# South African Society of Psychiatrists

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## NHI for South Africa White Paper of December, 2015: Executive Summary of the Response made by the South African Society of Psychiatrists (SASOP)

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### Introduction

The South African Society of Psychiatrists (SASOP), as the largest representative body of psychiatrists working in both the private and public health sectors of South Africa, submitted detailed comments on the NHI white paper to the National Department of Health (NDoH) in May 2016. Our response was made as a professional body with expertise in the area of mental health care, as health care providers in our society and as South African citizens. Therefore, whilst our main area of concern is in the proposed organisation of health services, our comments extend to issues around the human right to health care and good governance of the health system. The proposed transformation of the health system is a highly significant process which will affect the well-being of all people living in South Africa, and we are grateful for the opportunity to participate. The full SASOP response will be published in the August, 2016 edition of South African Psychiatry, available at [www.southafricanpsychiatry.co.za](http://www.southafricanpsychiatry.co.za).

### Organisation of Health Services

A national health system which provides universal health coverage (UHC) has highly positive implications for mental health care.<sup>1</sup> Mental illness is the leading cause of years lived with disability worldwide. It tends to have its onset in adolescence and young adulthood, is associated with behavioural problems, substance use, academic failure and unemployment.<sup>2</sup> Through these associations it often results in a downward social drift, poor socio-economic conditions and vulnerability to contracting other diseases such as HIV/AIDS. Strong associations exist between mental illness and the other causes of South Africa's high disease burden, namely HIV/AIDS, other non-communicable diseases, poor maternal and child health and violence and injury. Mental illness may predispose to, worsen the treatment outcomes of and be exacerbated by other health conditions.<sup>3</sup> In turn, the disability and poverty caused by mental illness results in an inability to access health care which requires out of pocket payment or employment linked insurance. Therefore, UHC is essential in providing optimal mental health care; mental health care is crucial in reducing the overall burden of disease in South Africa, and psychiatric support and supervision is vital in providing optimal mental health care.<sup>4</sup>

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In view of this, we applaud the integration of mental health into primary health care and the emphasis on occupational therapy and psychosocial interventions at community level. However, we are deeply concerned that there is no provision for psychiatric care within the community or at district hospital level. The statement that “Specialised Psychiatric Services are services that may be provided in general hospitals ... but are mostly provided at specialised facilities designed for the care of mentally ill patients” (point 199) indicates a complete lack of understanding of the Mental Health Care Act of 2002 (MHCA), the National Mental Health Policy Framework and Strategic Plan 2013 – 2020 (NMHPF) and the process of deinstitutionalisation of the mentally ill that has already taken place in South Africa since the mid-1990s. We therefore recommended the following:

- That the NMHPF be fully incorporated into NHI and community based mental health services be developed accordingly.
- That specialist Community Mental Health Teams (CMHTs) are established for both adult and child and adolescent mental health care. We recommended that the CMHTs are initially staffed according to the norms cited by the NMHPF, and revised as NHI matures and according to WISN principles. Our view is that the CMHTs should be attached to the general hospital acute psychiatric unit, with one adolescent and one child and adolescent team per district hospital referring to the specialist unit.
- The CMHTs would facilitate patient referrals, provide specialist community level outpatient assessments, train and support primary mental health care, and be available for inter-sectoral engagement and training with non-health sectors and other community stakeholders.

In addition to the absence of Community Psychiatry, we also noted that no mental health was included in the training or practice of the Ward Based Primary Health Care Outreach Teams (WBPHCOTs) and the Integrated School Health Programme (ISHP). Given that maternal mental illness and substance use is common in South Africa,<sup>5</sup> and that behavioural problems are common amongst South African youth,<sup>6</sup> the omission of mental health from these outreach teams is inexplicable and of serious concern. We made a series of recommendations in this regard.

### **Human right to health care**

The principles of UHC are fully supported by SASOP. We are therefore not in support of the following clauses of Chapter 5, which specifies the extent to which health coverage will be offered:

- Point 123 which bars foreign nationals from accessing health care without private medical insurance.
- Point 137 which labels individuals with “risky behaviour” as a “moral hazard.”
- Point 138 which labels individuals who seek health care at a higher service level as a “moral hazard.”

These points give tacit permission to health care providers or institution managers to refuse treatment to an individual without consideration of their health needs or personal circumstances. We believe they may have far-reaching negative consequences both for the health system, as health risk behaviour is not addressed, and for society, for example by encouraging xenophobia.



## Good governance

As with any service delivery, the quality provided is dependent on good governance.<sup>7</sup> We applaud the establishment of the Office of Health Standards Compliance (OHSC), and the management strategies to be instituted in primary care and hospital level. Our recommendations included the following:

- That the current public health sector be governed with transparency and accountability, as envisaged by NHI.
- That health outcomes are specified and sufficient resources made available accordingly. These must not be compromised by competing government organisations or poor financial management.
- To prevent compromised care for the mentally ill, who are vulnerable to being marginalised, that a public mental health specialise be included in the NHI Benefits Advisory Committee. In addition, NHI service entitlements should be available for scrutiny by academic and professional bodies.
- That the OHSC be independent of the Ministry of Health. Any negative findings, as well as the steps taken to rectify them, should be available to the public.

## Conclusion

Finally, we look forward to an enhanced system of health care which ensures UHC and respects the human rights of all people living in South Africa, especially the vulnerable and marginalised. We are concerned that the white paper does not fully uphold these principles and has not incorporated the NMHPF. We have made specific recommendations in this regard and are available for further consultation as well as to assist with the implementation of UHC.

## References

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