



South African *Psychoanalytic Confederation*

RESPONSE FROM THE SOUTH AFRICAN PSYCHOANALYTIC CONFEDERATION (SAPC) TO THE NHI Bill 2018

September 2018

INTRODUCTION

The SAPC was formed in 2009 to create an umbrella structure to further, represent and support the practice of psychoanalytic work in South Africa. A primary aim of the SAPC is to contribute to the well-being of all people living in South Africa. There are currently over 500 SAPC members who are represented by some 50 professional groups across the country, all of whom endorse and apply the Psychoanalytic paradigm in a range of different ways. The SAPC unites groups of diverse psychoanalytic practitioners, including registered and un-registered health practitioners. Our members work in private practice, government posts in hospitals and schools, NGOs and other community settings. Members of the SAPC are regulated by a constitution which is in line with, and promotes values enshrined in the South African Bill of Rights, they also adhere to ethical guidelines included in the specifically developed SAPC Ethical Code formulated in accordance with international best practice standards. The SAPC constitution and ethical code can be found on the SAPC website: www.sapc.org.za

We would like to begin, on behalf of the confederation, by thanking the Minister of Health, Dr Aaron Motsoaledi, and the National Department of Health (NDoH) for the opportunity to comment on the National Health Insurance (NHI) Bill, 2018. We reference our previous submission by our SAPC colleagues in 2011 in response to the call for Green Paper on NHI Policy document. As then we continue to fully support the aspirations of the NHI, predominantly the need to provide quality healthcare to all South Africans. We unequivocally endorse the addressing of the treatment gap resulting from the inequities of our history, in fact the addressing of this gap is one of the founding aims of our confederation.

It is as Mental Health Practitioners that we welcome the opportunity to be included in this critical government project of extending health care to all of South African's citizens. Mental health issues contribute substantially to the burden of health care and the negative effects of mental illness radiate through the layers of our Psychosocial systems burdening families, communities, workplaces and the country as a whole. If we are to prosper as a nation we believe that it is vital that the new NHI prioritises mental health and includes mental health practitioners in its deliberations from the outset. Psychotherapy in its various forms can make a meaningful contribution to General Health, with all the benefits that accrue from that which, besides safety and social cohesion, also reduces medical costs, social

subsidisation as well as the economic costs of absenteeism. Professor Ricardo Araya joins many world experts in public health in saying unequivocally that “There is no health without mental health!”

Very often, it is argued that mental health needs are neglected especially in developing countries in the face of more pressing issues like poverty, conflict, infectious diseases and general mortality. “This trend is often compounded by three factors: ignorance about the extent of mental health problems, stigma against those living with mental illness and mistaken beliefs that mental illnesses cannot be treated.”¹

It is also as Psychoanalytic Mental Health Practitioners that we welcome the opportunity to dialogue with our colleagues in the formulation of the best practice model that would most systemically and sustainably deal with the well-being of our country while promoting access and affordability in ways that undo the inequities of our country’s histories. Our colleagues and group members from SAPI/SAPA have made a strong case for the application of Psychoanalysis in this regard, positing the strong evidence-basis of this work and how, ultimately it will be more cost-effective in terms of its sustainability. Their submission, which we endorse, includes an appendix from Professor Mark Solms clarifying exactly what is meant when talking about the Psychoanalytic paradigm in its clinical application.

But as a confederation of diverse Psychoanalytic practitioners it is here that we would also like to respond as Psychosocial (rather than “Mental”) Psychoanalytic Health Practitioners making a case for the Psychosocial advantages of the Psychoanalytic paradigm and its applications. The point we would like to argue is that mental health is not merely an individual issue, neither in its causation nor in its remedy.

Psychoanalytic work distinguishes itself from other psychological interventions in its deeper engagement with the causes and patterns of difficulties. Rather than being content with merely addressing symptoms or thoughts or behaviours, psychoanalytic work unearths the root of these difficulties in our adaption to difficult histories. The crucial point here is that these histories occur within families, communities and within socio-economic and other stratified belief systems and cultures. No one living in South Africa would need convincing of this. It is, and has been, painfully clear that without a consideration of deeper historical concerns, that unworked through history rises up toxically and topples well-made plans in ways that are destructive and often life-threatening., in ways that extend outwards impacting many bystanders. This teaches us again and again that we cannot be complacent, we cannot be satisfied with short-term fixes. “Goedkoop is duurkoop” as the expression goes. The effects of the overarching systems of society impact on the individual directly triggering vulnerability, distorting resilience, impeding treatment access and compliance through various social alienation and stigmas that create and impeded an individual’s capacity to adapt to their environment, in Freud’s words “To work and love. “

¹ ([https://theconversation.com/why-africa-needs-to-start-focusing-on-the-neglected-issue-of-mental-health.](https://theconversation.com/why-africa-needs-to-start-focusing-on-the-neglected-issue-of-mental-health))¹

From a general health point of view one could argue that Psychosocial factors impact upon the development and progression of chronic diseases such as coronary heart disease, cancer, and HIV/AIDS and that psychosocial interventions have been shown to improve the quality of life of patients with established disease and seem to influence biological processes thought to ameliorate disease progression (Schneiderman, Antoni, Saab, and Ironson, 2001), and that such interventions would will lead to less burden on the NHI system. From such research we can conclude that psychotherapy is beneficial in the treatment of both psychiatric and physical illness. It is the treatment of choice for many psychiatric illnesses and many other medical conditions have a psychological component. Addressing this increases the possibility of sustainable health and reduces medical costs.

At another level one could argue more politically that since the South African bill of rights includes the **Right to Health detailed as follows:**

(8) A comprehensive national health service shall be established linking health workers, community organisations, state institutions, private medical schemes and individual medical practitioners so as to provide hygiene education, preventative medicine and health care delivery to all.

The definition of rights is effectively a definition of what Psychosocial health is. Full health does include, as the bill of rights clarifies, the right to life, dignity, home life, privacy, movement, conscience, religion, creative freedom to the right to work and to love especially for minorities and vulnerable parties.

In order to achieve these human rights in a sustainable way we need to look beyond mere somatic symptoms and loss of productivity. We would need to work at the level of cause rather than merely symptom. **This is where psychoanalytic work extends beyond mere health concerns and becomes the work of human rights.** The treatment may possibly take longer but its deep, sustainable and broad reaching effects would be beneficial not only for individuals (in terms of treatment and prevention) but its effects would naturally spread outward increasing co-operation and social integrity. With greater self-knowledge, emotional and intellectual capacity, robustness is increased which enables greater engagement. The effects of psychoanalytic interventions, whether working at the level of individual, couple, family, group or community give rise to a deepening integrity which can then allow a full and comfortable engagement with each other using all faculties (emotionally, intellectually, socially, creatively and physically).

THE SAPC AND THE NHI

The severe and obvious psychosocial problems outlined in the sections above need to be addressed in a comprehensive and integrated way with the new health care provisions. Reducing the high rates of distress through treatment and preventive interventions that offer appropriate, affordable and accessible psychotherapeutic services, prioritizing mothers and children is critical, as well as other vulnerable groupings whose situations and difficulties may not receive enough attention. This will be more cost-effective than symptomatic medical treatments at tertiary level or social subsidisation. This effort will also align the NHI with international health service practices.

In order to ensure that there are enough mental health professionals to assist with the enormity of the problem faced, our profession needs to partner with government to fast-track the training of effectively and efficiently trained mental health practitioners. This fast-tracked training cannot currently be met via the degree process, which still ensures a skewed demographic distribution of resources.

CONCLUSION

South Africa faces significant challenges in healthcare, social problems, poverty and crime. Psychotherapists and psychoanalytic practitioners can assist with these, and have a strong desire to do so.

This submission as partner submission to that of our colleagues and member groups SAPA and SAPI, has highlighted the important role of mental health services in the NHI. It has outlined the ways in which psychotherapy and mental health services are involved in prevention, treatment and health promotion. It made a case for Mental health as a vital public health issue, and proposed that provision of services in this regard must be prioritised.

It also made a case for the unique role of Psychoanalytic practice to address Psychosocial Health, that is to say a broader definition of Mental health beyond the individual to include the social and the structural. This is the work that our SAPC group membership is involved in and which we would be happy to share. Our upcoming conference at Ububele, Kew on the 5th and 6th October showcases the broad range of innovative and adaptive ways our membership are applying Psychoanalytic principles to address psychosocial health.

Having highlighted the role that mental health professionals, psychosocial health professionals and Psychoanalytic practitioners can play in the interests of the health of South Africans, the SAPC would also like to make a strong case for integrated interdisciplinary work in order to better access and articulate all the existing under-utilized resources available which could be used in service of our clients. This would require discussion regarding Scope of Practice, Continuing Professional Development, Training and other mechanisms which currently obstruct this aspiration, and necessity, thereby limiting resources. We support Prof. Cora Smith's plea for all psychologists, psychotherapists and other psychosocial health practitioners to offer an integrated, articulated and comprehensive, intelligently tailored service for all of our patients. It is essential for all the various practitioners to be able to function within different scopes of practice within multi-disciplinary teams.

These interventions have the potential to promote more productive and intimate lives thereby reducing the burden of care not only on our health system, but also on our educational facilities, our justice system and medical facilities. They dovetail with the Bill of Rights and broaden the definition of health beyond individual symptoms to interventions which, if properly applied, could go some way towards healing the nation collectively.

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