



PsySSA Response to the National Health Insurance (NHI) White Paper



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Ms MP Matsoso
Director-General of Health
Private Bag X828
Pretoria, 0001

Dear Ms Matsoso

PsySSA Response to the NHI

The Psychological Society of South Africa (PsySSA) expresses the following concerns regarding the National Health Insurance (NHI) White Paper:

1. The White Paper makes only a few references to mental health services. We believe that mental health services must be prioritised, considering the dire need in our country.
2. Paragraph 127 of the White Paper lists various health care professionals at the PHC coverage level, but makes no mention of Psychologists, increasing our concern about the prioritising of psychological services on the Department of Health agenda. We believe that Psychologists will make valuable input at that level and are crucial for both screening and management of mental health problems.
3. We believe that the Integrated School Health Programme (ISHP) and District Clinical Specialist Teams (DCSTs) must include psychologists (or Registered Counsellors – see further comment below) as they are essential for the screening and management of mental health problems.
4. Given the levels of crime and resultant violence and trauma in our country there should be a special mention and provision in the NHI for such crisis services where psychological services are essential.
5. Currently survivors of rape who have intellectual disabilities or mental disorders (of which there are many) are being referred by courts to hospitals for examinations to determine(a) their competency to testify, (b) need for an intermediary, and/or (c) their ability to consent to sex. The current situation is not properly structured given that these are vulnerable witnesses, and there is no standard referral system or documentation. It is recommended that the NHI make special provision for these individuals, especially considering the large numbers targeted and exploited due to their vulnerability.

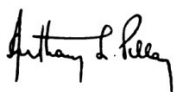
6. To date mental health care has not been prioritised nationally. Instead mental health services has received a rather low ranking in spending and resource allocation compared to other health care areas.
7. Given the fact that mental health care and psychological services, in particular, cut across all areas of health care we believe that the NHI must improve the resource allocation and budgets for mental health care and psychologist posts. Mental health care services must be strengthened substantially.
8. The NHI must address the number of posts for psychologists in state hospitals and clinics which is hugely disproportionate to the need. It is conservatively estimated that at least 20% of the population is in need of mental health care and psychological services, and this figure is higher for women, children and adolescents.
9. The NHI should seriously consider the mid-level category of Psychology professionals introduced into the country's cadre of health professionals several years ago. This category "Registered Counsellors" have a critical role to play at the primary care level providing front-line mental health care. Considering the position as mid-level professionals, and the lower cost associated with their employment, we strongly recommend that all provincial Health Departments employ sufficient numbers to resource their primary care services.
10. We feel the NHI must have a strong emphasis on and budget for service provision at the Community Mental Health level. While the Department of Health currently promotes the idea of community mental health, the resources and infrastructure to implement and sustain this important level of mental health care is not provided. The crisis surrounding the plan to discharge the Life Esidimeni Hospital patients without suitable community care is an example of the seriousness of the problem. Community mental health care is the most appropriate way to treat that group of mentally ill patients who are capable of living outside of a hospital environment and in close contact with their families but, due to socioeconomic and other factors, not all families are able to take care of their mentally ill relatives. Appropriate institutional or supervised group-home care is needed in many cases.
11. The NHI must make provision for the special category of patients hospitalised in specialised forensic mental health facilities i.e. the 'State Patient' – i.e. patients accused of crimes but deemed unfit to stand trial. Many of these individuals are hospitalised for longer periods of time than they may have been detained had they been imprisoned – yet they are not afforded the education opportunities that prisoners are given to study. This is an infringement on their rights and is also discriminatory because they could have had educational opportunities had they gone to prison. We believe that the NHI must factor this aspect of rehabilitation into the treatment of these individuals hospitalised on the grounds of mental health problems.
12. The NHI must focus on the safety of health care staff, and mental health care staff in particular. There are many ways of addressing this and preventing the assaults and even deaths that have befallen health care personnel in state hospitals. While mental illness in itself does not necessarily render affected individuals more prone to violent behaviour, the responses of those with severe mental disorders are often unpredictable. It is also important to remember that we live in a rather violent society and there is, therefore, no reason to believe that the mentally ill are immune from such influences. Extra care and preventive steps must be put in place to provide better security for staff caring for such patients.

13. The NHI must include an emphasis on health promotion and illness prevention. Psychologists are key role players in these areas including health promotion programmes in physical and mental health, as well as in developing and executing disease prevention models for physical and mental disorders.
14. PsySSA hopes that the NHI will see a significant shift from the present health system where posts for Psychology professionals are very few and far between relative to the population need.
15. PsySSA would also like to be involved in a consultation process with the DoH when reimbursement rates are being determined for psychologists contracted to provide services within the NHI.
16. It must be noted that the country has clinical, counselling and educational psychologists all of whom have a role to play in the NHI. Research psychologists will contribute significantly in researching various aspects of our health care system, practice and efficacy.

In this context PsySSA extends its hand to the Department of Health for further discussions relating to improving the mental health service provision nationally. PsySSA is greatly concerned about the numbers of Psychologist and Registered Counsellor posts nationally and the resultant difficulty in providing much needed mental health and crisis care in a timely manner.

We look forward to continued engagement with the Department of Health on the NHI and related issues.

Sincerely,



Professor Anthony Pillay
President: Psychological Society of South Africa (PsySSA)