22nd June 2021

PRESENTATION TO THE PARLIAMENTARY HEALTH PORTFOLIO COMMITTEE ON THE NHI BILL NO 11 OF 2019.

1. Introduction to Counselling Psychology South Africa (CPSA).

We wish to thank the Honourable members of the Parliamentary Health Committee for the opportunity to make these representations on the National Health Insurance (NHI) Bill. This presentation does cover some of the points raised in our written submission of 28th November 2019 (a copy of which accompanies this presentation for convenience), but the timing of this presentation is fortuitous in that the Covid-19 pandemic has taught us a few harsh lessons about mental health during a medical crisis that require a re-examination of policies and practices around mental health. We would also hope that this evening is not the end of our engagement on mental health in the NHI and we are more than willing to engage further with whoever the Committee deems appropriate to refine and further develop the ideas presented here in order to adequately provide for sustainable and comprehensive mental health services in the NHI.

We first wish to introduce ourselves to the Health Portfolio Committee.

Counselling Psychology South Africa (CPSA) is a voluntary association of members, being counselling psychologists registered with the Health Professions Council of South Africa (HPCSA), and governed by an Association Constitution and various sets of rules adopted in terms of that Constitution. The Association's management and oversight are carried out by an elected Executive Committee (Exco). The association has a number of goals that include:

1.1 ***To make a meaningful contribution to mental health care needs in South Africa,*** whilst promoting and facilitating the maintenance and enforcement of ethical and professional standards;

1.2 To assist in the fair and relevant development of counselling psychology, including enhancing, guiding and protecting the rights and interests of counselling psychologists and the profession on ethical, professional and clinical matters, and thereby ***promote fair and equitable access to mental healthcare services***; and

1.3 To advise, assist and contribute to the development and implementation of equitable policies and standards that will promote access to mental healthcare services.

2. <u>There is No Health Without Mental Health</u>

There cannot be a state of health without a state of mental health. Mental health is not a supplementary service of add-on service, but must be seen as an integral part of the healthcare system and recognized as such.

The Preamble of the Constitution of the World Health Organisation (WHO)[1] states that *"Health is not just the absence of disease or infirmity, but a state of complete, physical, mental and social wellbeing."* In an article in the International Journal of Mental Health Systems[2], it was stated that there is *"…an implicit neglect for the integration of mental health services into general health service development…"*. The Mental Health Care act, 2002, in its preamble states that *"…health is a state of physical, mental and social well-being and that mental health services should be provided as part of primary, secondary and tertiary health services."*

However, the South African Human Rights Commission in its Report of the National Investigative Hearing into the Status of Mental Health Care in South Africa[3] has criticised the South African Government for its under-investment in mental health. For too long already, access to adequate mental health care services have been constrained by under-resourced public health services, the high costs of private health services and limited practitioners in the field of

[1] who.int/governance/eb/who_constitution_en.pdf (Visited 15 November 2019).

[2] Dorat, S, Lund C & Chisholm D: Sustainable financing options for mental health care in South Africa: Findings for a situation analysis and key informant interviews: 13, 4 (2019) doi:10.1186/S13033-019-0260-4). 21 January 2019. (Visited 15 November 2019).

[3] Sahrc.org.za/index.php/sahrc-publications/hearing-reports. March 2019. (Visited 12 November 2019).

mental health care. Unfortunately, the NHI pilot sites did very little, if anything, to improve access to mental healthcare services. It does not appear as if the NHI in its current form, based as it is almost exclusively around clinic and hospital-based medical services, makes provision for mental healthcare services. As far as can be ascertained, no psychologists in private practice were involved in these pilot sites. Even the bolstering of these pilot sites with additional funding did not improve either access to or quality of mental health care services at those sites.

More recently the Covid-19 pandemic has taught us some rather harsh lessons in the field of mental healthcare. Whilst the pandemic has raged, the mental healthcare of workers in the healthcare sector has been sorely neglected. The only additional emotional and psychological support has come through individual efforts by mental healthcare practitioners to provide support services on a *Pro Bono* basis. Emotional and psychological support to patients suffering from Covid-19 has been almost absent and they have had to deal with illness, dying and death without mental healthcare support. Even in cases where patients from the public healthcare system were diverted to private hospitals, due to the public healthcare system being overwhelmed, payment was only offered to the hospitals, medical specialists, physiotherapists and dieticians. Absolutely no funding was made available to provide for these patients' mental healthcare whilst in private hospitals. It is not that there were no psychologists available to provide mental healthcare services to these patients, as many of our members practice either within or in close proximity to hospitals where these patients were treated. It is simply that no funding was made available to pay for the services. Those patients were simply left to lie suffering with the only emotional support coming from nursing staff who cared. This represented a terrible neglect of their mental healthcare.

3. Proposals to Provide Universal Access to Mental Healthcare in the NHI.

CPSA supports the ideals of what the Bill seeks to achieve and believes that the vision of quality Universal Health Coverage for all in South Africa is possible if there is a genuine commitment by all to this ideal. We support the transformational initiatives of this Bill, which has at its aim the increase of access to healthcare. However, while our Association supports the principle of the NHI, we have concerns that several aspects of the NHI Bill, as they currently stand, may have the nett effect of further restricting access to mental healthcare services rather than promoting universal access to an acceptable standard and quality of mental healthcare. We would therefore wish to make the following proposals to promote access to mental healthcare within an NHI system.

3.1 Referral Pathways:

The current NHI Bill makes provision for referral pathways. Whether referral pathways are not followed the NHI will not fund the services. However, psychologists are not medical ***specialists*** or a medical "add-on" service. The functions of psychologists are clearly stipulated, along with those of medical practitioners and dentists, in the Health Professions Act, 56 of 1974. Section 37 of this act clearly specifies that psychologists are competent to diagnose and treat mental and behavioural disorders independently of medical practitioners and do not require patients to be referred to them by medical practitioners or nursing staff. They are thus deemed to be frontline healthcare practitioners and do not operate under the supervision of medical practitioners. This is further reinforced by regulation R.993 Regulations Defining the Scope of the Profession of Psychology of 16 September 2008 that reserves the diagnosis and treatment of mental and behavioural disorders for psychologists registered with the Health Professions Council of South Africa (HPCSA) in terms of the Health Professions Act.

The competencies of counselling psychologists specifically are further described in the HPCSA Professional Board for Psychology's Minimum Standards for the Training of Psychology (2019). These minimum standards provide that counselling psychologists are competent to both diagnose and treat mental and behavioural disorders in independent practice without any need to practice under the supervision of medical practitioners. There is thus no need for patients to be referred to psychologists in the manner that would be expected of medical specialists. In the private sector patients are therefore entitled to approach psychologists for the diagnosis and treatment of mental and behavioural disorders in the first instance without a need to be referred by a medical practitioner or nurse.

It must be noted that in many parts of the World, including NHS systems overseas, psychologists form the first line of intervention in the treatment of mental and behavioural disorders, and not a second line or tertiary intervention. This is based on evidence-based approaches to the treatment of mental and behavioural disorders. One such example can be found in the British National Health Service (NHS). The British NHS applies the National Institute for Clinical Excellence guidelines, jointly drafted by the Royal College of Psychiatrists and the British Psychological Society, as evidence-based treatments by the NHS. The treatment guidelines for the treatment of depression in both adults and children (NICE Treatment Guideline 90 *The Treatment and Management of Depression in Adults* and *National Clinical Practice Guideline 28 Depression in Children and Young People – Identification and Management in Primary,*

Community and Secondary Care) advocates psychotherapy conducted by psychologists as the first line of intervention and treatment before considering referral to a medical practitioner or medication. Both the treatment guideline for trauma (*Clinical Guideline 26 Post-traumatic Stress Disorder – The Management of PTSD in Adults and Children in Primary and Secondary Care*) and the World Health Organisation's *Guidelines for the Management of Conditions Specifically Related to Stress* also specifically advocate psychotherapy as the first line intervention for Post-traumatic Stress Disorder with medication and medical referrals only being considered where patients fail to respond to psychotherapy.

In addition to the above it should be noted that counselling psychologists, apart from private practice, are employed in a variety of settings including the Department of Correctional Services, the South African Military Health Service, the Department of Employment and Labour, medical hospitals and educational settings.

Recommendation:

It is recommended that the provision of mental healthcare services specifically provided for in the NHI and that mental healthcare users be permitted to approach psychologists, including counselling psychologists in the first instance without a need to follow a complex and bureaucratic referral pathway to access mental healthcare services. In this way access to mental healthcare services will be opened up and enhanced rather than restricted as is provided for in the current bill.

3.2 Geographic Availability of Mental Healthcare Services:

Mental Healthcare services provided by psychologists within the state sector are currently grossly under resourced and only available at large clinics or hospitals. Due to the service constraints patients in hundreds, if not thousands, of small villages and towns throughout the country do not have close access to mental healthcare services, but are required to travel considerable distances to large clinics or hospitals in neighbouring towns to access mental healthcare services provided by psychologists. This is a constraint that appears to be perpetuated in the current NHI bill. In this model patients are required to travel to the healthcare services rather than the healthcare services be extended to people where they are situated. This will have the net effect of limiting access to services rather than promoting universal healthcare. The centralization, control of and access to services are not the most effective manner of providing mental healthcare services

Members of our Association are scattered far and wide across the Republic of South Africa and have a far better penetration into communities, both large and small, than the state mental healthcare services. There are many villages that are at least 150 km to 200 km away from the nearest State mental healthcare services, whilst there are psychologists in private practice practicing literally just down the road from them. It must therefore be questioned why the NHI envisages centralising services at designated centres rather than extending the services via practitioners that already in place on the ground.

Recommendation:

it is our recommendation that the NHI bill should be amended to provide that not only may patients approach psychologists directly for the diagnosis and treatment of mental and behavioural disorders but that the system should allow them to approach psychologists within their vicinity. It is therefore imperative that psychologists in private practice in towns and villages across the country should be contracted to provide mental healthcare services to communities without the need to be linked or practicing within a clinic or hospital setting.

3.3 Freedom of Choice:

Not all mental healthcare services are provided by every psychologist. Most, if not all, psychologists tend to focus on the diagnosis and treatment of certain specific disorders. Whilst almost all psychologists deal with the more common mental and behavioural disorders, such as depression, anxiety and trauma, most psychologists tend to focus on specific mental and behavioural disorders. These include alcohol and substance abuse, addictions (both chemical and process), eating disorders, personality disorders, health psychology, disorders of the puerperium, psychological assessments and severe psychiatric disorders. Most psychologists undergo further postgraduate training in specific therapeutic modalities, such as schema therapy, psychodynamic therapy, dialectical behaviour therapy (DBT), mindful-based cognitive therapy, hypnotherapy, Eye Movement Desensitisation Retraining (EMDR) and Acceptance and Commitment (ACT) therapy, amongst many others in order to position themselves to treat specific mental and behavioural disorders. It is also common that psychologists will focus on working with specific populations, such as children, adults, geriatrics, the LBGTQ community and marginalised communities. It thus cannot be accepted that a simple referral to the first available psychologist at the closest centre would be the most appropriate referral for a specific disorder. This would result in a far from acceptable level of service and place the psychologist at risk of practicing outside the constraints of their education, training and experience one of

the HPCSA ethical rules specifically provide that all registered practitioners are obliged to provide services within these parameters.

The efficacy of mental healthcare services, including psychotherapy, is contingent on a number of factors that includes the ability of the patient to relate to the specific therapist, and the training as described above. It is thus imperative that patients be matched with psychologists that they can relate to and who is sufficiently trained and skilled to treat the specific disorder that they'll suffering from.

Recommendation:

it is our recommendation that the NHI Bill be amended to provide for a freedom of choice regarding mental healthcare services that will allow patients to freely select a psychologist that is accessible to them where they live and who is adequately skilled and experienced to work with them and treat the mental behavioural disorder that they present with.

3.4 Payment for Services:

It has been our experience that the payment model used for the payment of private healthcare services to deal with the patient numbers during the Covid pandemic has provided a rather useful model that could be used by the NHI to reimburse practitioners, and more specifically psychologists where they practice. We are given to understand that patients that could not be accommodated in the state healthcare system were referred to private hospitals with an authorisation number issued by the Department of Health. Payment for the services was then effected through existing medical scheme payment channels using the current practice code numbering system (PCNS). In this way hospitals and healthcare practitioners were paid via organisations such as Discovery Health and Momentum who then claimed that money back from the Department of Health. In this way the existing channels in what is a rather efficient administration of payments could be used by the National Health Insurance Fund to channel payments to practitioners in the private sector that are contracted to provide services to NHI users. In this way the existing system does not need to be disrupted but rather improved upon.

Recommendation:

It is our recommendation that the existing payment channels using the existing practice code numbering system and medical aid payment channels which function quite efficiently could be applied. In this system practitioners that render services on behalf of the NHI would then submit

their claims for payment through electronic channels to the NHI via existing medical scheme administration systems.

An alternative payment system could be the adoption of a voucher system for mental healthcare services, or credits in a similar form to that applied by SASSA for the payment of pensions could be adopted. In this system every person could be issued with a certain number of credits for mental healthcare services at primary healthcare level that can be used for the payment of practitioners. Only where the patient is referred up to secondary or tertiary healthcare level would the hospital and practitioners in that hospital be paid directly by the NHI. In this way the patient will be allowed freedom of choice to see a practitioner of their choice, close to where they reside, and the practitioner would then be paid via the voucher system or through the medical scheme payment channels.

3.5 Fair Payment for Services:

A significant concern expressed by our membership, and which has resulted in some negativity towards the practical application of the NHI, is the remuneration of psychologists that will participate in the NHI. In the absence of a clear-cut payment model that is not covered in the NHI bill there is considerable uncertainty around how practitioners in private practice would be paid and what the quantum of the payment would be. In the light of this uncertainty absurd figures as low as R200.00 per consultation are being bandied around. It needs to be borne in mind that psychologists employed in the public sector are paid in the order of R1 025 316 per annum (Dept of Employment and Labour 2020) whilst a chief psychologist is paid in the order of R1 487 664 per annum (Free State Psychiatric Complex 2020). In addition to the salaries, employees in the state sector are provided with free office, telephones, computers, Internet connections, administrative support, stationery and filing, paid sick leave, annual leave, etc. so the salaries are only what they are paid by way of remuneration. Private practitioners whose earning capacity is quite similar are required to provide their own paid office accommodation, administrative support, Internet connection, computers, telephones, indemnity insurance, public liability insurance and short-term insurance out of their earnings. In addition, they are required to purchase sick leave by way of sick and disability income protection policies which is an additional cost. There is no annual leave so practitioners are required to make provision for savings should they wish to take time off from their practice. Furthermore, where psychologists in private practice reach the income threshold paid by the State (R1 000 000.00) they are

required to register for Value-added Tax (VAT) and pay over 15% of their income by way of VAT.

It is thus imperative that the funding model developed for dishes contracted to the NHI should be done on a scientific basis using concepts such as Relative Units of Value (RUV's) that was previously applied in the National Health Reference Price List (NHRPL) to ensure that the remuneration of psychologists contracted to the NHI is fair and equitable and comparable to what psychologists in the state healthcare sector earn.

Recommendation:

It is our recommendation that a fair and integral system of remuneration for psychologists that will contract to the NHI be calculated and made explicit to clear up the uncertainty that currently exists to reassure psychologists and attract them to contract with the NHI.

4. Closing.

We hope that the above will be of some value to the Parliamentary Portfolio Committee in adapting the NHI in a way that will promote access to services, and more importantly promote access to an acceptable quality mental healthcare service. We also wish to emphasise our commitment to achieving the ends of the NHI in promoting universal access to healthcare, and more specifically mental healthcare, going forward.

Yours sincerely

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[4] *Nommino Officium: In this and every other document, this abbreviation indicates that this executive member of CPSA is acting in his/her capacity as executive member and is in total not responsible and therefore indemnified in his/her personal capacity.*