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SUBMISSION BY THE EDUCATIONAL PSYCHOLOGY ASSOCIATION OF SOUTH AFRICA (EPASSA)

ON THE

NATIONAL HEALTH INSURANCE BILL, NO 11 OF 2019

1. Introduction to the Educational Psychology Association of South Africa (EPASSA)

The Educational Psychology Association of South Africa (EPASSA) wish to thank the Honourable members of the Parliamentary Health Committee for the opportunity to comment on the National Health Insurance (NHI) Bill as introduced into Parliament in August 2019, and hope that, in time, it will have a significant positive effect on the mental health of all South Africans. We would welcome further engagement with the Committee to discuss and refine the ideas presented in this submission in order to develop the provision of mental health services in the NHI.

EPASSA was established to provide a forum for educational psychologists to share ideas, promote their work, maintain and protect the interests of the profession and strive for contextually appropriate service delivery to the South Africa community as a whole. EPASSA is a democratically elected association and the largest, singular body specifically representing Educational Psychologists in South Africa. The aim of EPASSA is to promote, maintain and protect the honour and interests of Psychology, with a focus on Educational Psychology as a profession and to facilitate the provision of quality educational psychology services to the people of South Africa.

We advocate for equitable mental health services for adults, children, families and groups, child and family healthcare, school health services and community-based services.

EPASSA requests the opportunity to meet with policymakers and to engage in a discussion concerning the role of educational psychologists. We can be contacted at epassachair@epassa.net; epassainfor@epassa.net or www.epassa.net.

2. The role of Educational Psychologists

Educational psychologists are extensively trained and have skills in the areas of assessment, psychotherapy (including individual, family, parental, couples, marital, and group therapy), systemic interventions and research. Educational psychologists are particularly skilled in the areas of learning and development across the lifespan.

The notions of "Learning and Development" are broad concepts. UNESCO, the United Nations Educational, Scientific and Cultural Organization, has identified four pillars of learning in collaboration with international scholars:

2.1. Learning to know

This includes cognitive tools to comprehend the world.

2.2. Learning to do

Skills that enable participation in the economy and society.

2.3. Learning to live together

Knowledge and understanding of self and others and self-analytic and social skills that help individuals to reach their potential), and

2.4. Learning to be

Exposure to principles of human rights, democracy, intercultural understanding, respect and peace.

Developmental psychology focuses on human growth and changes across the lifespan, including physical, cognitive, social, intellectual, perceptual, personality and emotional growth and changes. This includes the life stages of infancy, childhood, adolescence, adulthood and old age.

Educational psychologists are thus involved with broad areas of psychology. Some areas of activity for educational psychologists within their specialized focus on learning and development may include, but not be limited to the following:

- **Preventative work**, such as promoting psychological well-being, learning and development across the life span.
- **Assessments,** which included psychological, psycho-educational, psycho-legal, custody, career, vocational, neuropsychological, developmental, scholastic accommodation and concession, and diagnostic assessments of mental disorders.
- **Interventions,** such as psychotherapy, hypnotherapy, family therapy, group work, community interventions, parental guidance, couples counselling, marital therapy, play-therapy, parent-infant psychotherapy, case management, parent co-ordination, and treating psychopathology.

Educational Psychologists, as mental healthcare practitioners are skilled in the following areas:

(a) the evaluation of behaviour or mental processes, or personality adjustments, or adjustments of individuals or of groups of persons, to determine intellectual abilities, aptitude, interests, personality make-up or personality functioning, and the diagnosis or measurement of personality and emotional functions,

neuropsychological disorders and mental functioning deficiencies according to a recognised scientific system for the classification of mental deficiencies;

(b) the use of any psychological method or practice aimed at aiding persons or groups of persons in the adjustment of personality, emotional or behavioural problems or the promotion of positive personality change, growth and development, and the identification and evaluation of personality dynamics and personality functioning according to scientific psychological methods;

(c) the evaluation of emotional, behavioural and cognitive processes or adjustment of personality of individuals or groups of persons by the usage and interpretation of psychological questionnaires, tests, projections, or other techniques or any apparatus, whether of South African origin or imported, for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psychophysiological functioning or psychopathology;

(d) the exercising of control over prescribed psychological questionnaires or tests or prescribed techniques, apparatus or instruments for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psychophysiological functioning or psychopathology;

(e) the development of and control over the development of psychological questionnaires, tests, techniques, apparatus or instruments for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, psychophysiological functioning or psychopathology;

(f) the use of any psychological questionnaire, test, prescribed techniques, instrument, apparatus, device or similar method for the determination of intellectual abilities, aptitude, personality make-up, personality functioning, temperament, psycho-physiological functioning, psycho-pathology or personnel career selection;

(g) the use of any psychotherapeutic method, technique or procedure to rectify, relieve or change personality, emotional, behavioural or adjustment problems or maintain deficiencies of individuals or groups of people;

(h) the use of any psychological method or psychological counselling to prevent personality, emotional, cognitive, behavioural and adjustment problems or mental illnesses of individuals or groups of people; and (i)

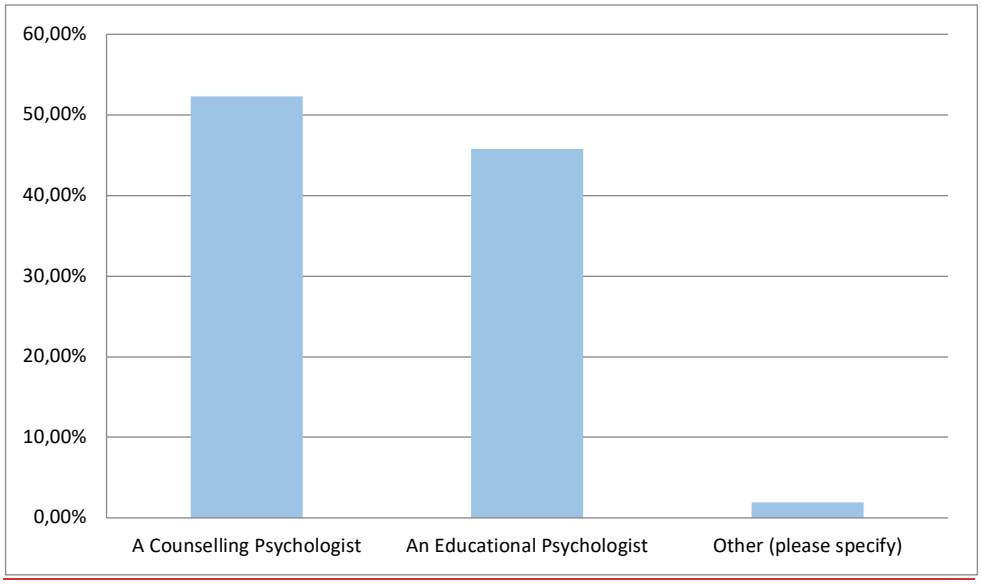
(i) developing and managing mental healthcare preventative programmes in community-based settings.

The role and contribution of educational psychologists needs to be recognized and acknowledged in the NHI Bill. For too long the Department of Health and some medical schemes have side-line educational psychologists, which has constituted a form of discrimination against educational psychologists. Educational psychologists are trained in clinical procedures with adults, children, families and groups. The inclusion of educational psychologists at all levels of service delivery can facilitate preventative, curative mental health care as well as specialised educational

support. This is vital given public mental health and educational needs as highlighted in the Report of the National Investigative Hearing into the Status of Mental Health Care in South Africa[1].

However, government appointed boards, like the Professional Board for Psychology, the Council for Medical Schemes and hospital boards consistently show a predisposition to effectively exclude educational psychologists from rendering services in many areas where they are needed, particularly within the national health system. We fear that this pattern of exclusion will recur in the NHI, as the Bill does not mention the pivotal role of educational psychologists within the health care system. Educational psychologists are mostly to be found in private practices and, in lessor numbers, in schools. In a joint survey we conducted together with Counselling Psychologists, 45.93% were Educational Psychologists (see graph on page 4) and 21.17% of respondents were educational psychologists working in schools.

More posts need to be opened in schools, hospitals and community settings so that more educational psychologists can offer services to the broader public. Should posts not be created, the ethos of the NHI will not be realised.



3. The Value of our Profession in Society

EPASSA acknowledges previous inequalities in access to healthcare services and the urgent need to address and supports the aim of the NHI in terms of the provision of equitable healthcare services across all communities in South Africa. This is particularly in view of the fact that access to adequate mental healthcare services, particularly to underprivileged communities in South Africa has been constrained by under-resourced public healthcare services, the high costs of private healthcare services and extremely limited mental healthcare resources in South Africa. South Africa and South African Psychology battle to respond to societal needs. This is largely because of the historical effects of apartheid as well as current socio-economic challenges. High rates of unemployment, HIV/AIDS, school dropouts, violent crime, teen pregnancy, immigration, language, poverty and racism are some of

[1] South African Human Rights Commission.14 and 15 November 2017.(https://www.sahrc.org.za/home/21/files/SAHRC%20Mental%Health%20Report%20Final%2025032019.pdf)

the problems affecting millions of South Africans. We have an immense need for psychological services, but an alarming shortage of trained and competent psychologists. This is further compounded by previous neglect to include mental healthcare services into the provision of general healthcare services in the country, particularly at a primary healthcare level (PHC).

It is essential that a national healthcare system caters for the provision of mental healthcare services at a primary, secondary and tertiary level, as it the intent of the Mental Health Care Act, 2002. It is our belief that the NHI would have to included delivery of mental healthcare that is accessible, affordably and acceptable to all South Africans and their families. The only way to achieve this would be the inclusion of mental healthcare services, including the services of psychologists in the PHC.

Educational Psychology has always been well positioned to be a valuable national resource as we are trained, competent and willing to contribute toward the country`s transformative agenda because of our significant contributions in the vital fields of psychology, learning and development. Educational psychologists, perhaps more than any other category of psychology, are involved in community interventions, in schools and in diverse fields of practice. For instance, advocacy in the field of mental health received momentum when EPASSA joined other organizations' involvement in South Africa's Life Esidimeni tragedy. Educational psychologists helped to interview bereaved families in preparation for arbitration on damages relating to the tragedy and EPASSA supported a call for the premier of Gauteng to establish a multi-stakeholder Gauteng Mental Health Commission to engage with mental health practitioners and organisations.

EPASSA also called for the creation of psychology and counselling posts in schools and educational institutions. Psychosocial issues in schools are placing increasing strain on educators with an already overburdened load and educational quality issues. We emphasize that educational and other psychologists should be employed in schools clinics and hospitals in order to provide community based preventative and curative mental health care services.

Obviously, the more accessible all psychologists are, the better this will be for people requiring much needed services. It is our view that educational psychologists can play a critical role in delivery of accessible mental health services due to their specialized focus on psychology, learning and development including preventative work, assessments, individual/family/couples/group/community interventions and research.

Educational psychologists often work with neurodevelopmental disorders, depressive disorders, anxiety disorders, obsessive-compulsive and related disorders, feeding and eating disorders, elimination disorders, sexual dysfunctions, gender dysphoria, disruptive, impulse-control, and conduct disorders, substance-related and addictive disorders, neurocognitive disorders, personality disorders, trauma- and stressor-related disorders, and other conditions that may be a focus of clinical attention (relational problems, abuse and neglect, educational and occupational problems, housing and economic problems, other problems related to the social environment, problems related to crime or interaction with the legal system, other health service encounters for counselling and medical advice, problems related to other psychosocial, personal, and environmental circumstances and other circumstances of personal history).

The SA Human Rights Commission report[1] states that there is currently considerable under-investment in mental health is South Africa and specifically emphasises the need for attention to the mental health and well-being of children and adolescents and also highlights the need for appropriate mental health services for people with psychological and intellectual disabilities. Educational psychologist are well placed in terms of their training to

address these needs.

4. International promotion of health and education through schools

A number of international efforts have been developed to improve health and learning through schools[2]. These include:

(a) World Health Organisation's (WHO) Global School Health Initiative and its concept of a Health-Promoting School

(b) UNICEF's framework of rights-based, child-friendly educational systems and schools

(c) Education for All (EFA)

(d) The inter-agency initiative by the WHO, UNICEF[3], UNESCO[4], Education International, Education Development Center, Partnership for Child Development and the World Bank, Focusing Resources for Effective School Health (FRESH).

The WHO, UNICEF, UNESCO and the World Bank call for *inter alia* health-related policies that help ensure a safe and secure physical environment and a positive psycho-social environment **in all schools.** All types of school violence must be addressed, e.g. abuse of learners, bullying, harassment. The inclusion of a positive psycho-social environment supports the WHO's definition of health as a *"…state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."* (Emphasis provided).

5. Access to health care

The WHO declares that all people have the right of access to health care. This is also provided for in the Constitution of South Africa, 1996. Health care also includes mental health care.

We are unsure what is meant by the Bill in Clause 1 wherein it refers to **allied health professionals** in the definition of "primary health care" which states that it is *"…the clinic, and in the private health sector, is the general practitioner, primary care nursing professional, primary care dental professional and primary allied health professional, through multi-disciplinary practices."* Educational Psychologists are not Allied Health Professionals (who are registered with the Allied Health Professions Council of South Africa), but mental health practitioners registered with the Health Professions Council of South Africa (HPCSA). If the Bill does not mean that "allied health professional" actually includes practitioners registered with the HPCSA, then we as Educational Psychologists will not have a role in the providing of primary health care services as envisaged by the Bill and therefore there will be reduced access to the services that we can provide.

Section 54, Transitional arrangement, refers to the initiation of legislative reforms in order to enable the introduction of National Health Insurance, including changes to a variety of Acts. The Mental Healthcare Act 2002 (Act no.17 of 2002) is indicated as one of the Acts to be reformed, yet no further information is provided regarding what

[2] WHO Information Series on School Health. 2003. (who.int/school_youth_health/media/en/sch_childfriendly_03_v2.pdf)

[3] United Nations International Children's Emergency Fund

[4] United Nations Educational, Scientific and Cultural Organisation

reformation will occur and when this will be gazetted for public comment. This provides for great confusion and uncertainty for all mental healthcare practitioners in South Africa.

The National Mental Health Policy Framework and Strategic Plan (2013 - 2020) (NMHPF) states that 'mental health care services should have parity with general health services'. This is not being realised. Considering the numerous demands placed on South Africa's health system, a budgeting approach is required that considers predominance and the burden of mental conditions and intellectual disability. This budgeting should also consider the broader communities in which people living with psychosocial and intellectual disabilities live and contributions from other departments to achieve a complete and inclusive service package. Particular attention should be paid to rural communities to ensure that budgets are not concentrated in urban areas and directed at psychiatric facilities only. There seems to be a major disconnect between the various sectors involved in mental health, including Health, Social Development, Education, Housing, Transport and Labour.

Mental, intellectual, or psychosocial disability impinges on accessibility of physical and mental health care. Poor access to care for people with such disabilities affects their mental and physical health outcomes. Mental illness tends to have its onset in youth, particularly early adolescence and persists throughout life in a chronic, frequently unstable, manner. It requires regular and consistent intervention to ensure quality of life and optimised functioning for the individual, as well as to prevent rehospitalisation, increasing disability, worsened physical health outcomes (including maternal and child health, non-communicable diseases, HIV, TB). People with mental illness and intellectual disability are extremely vulnerable to neglect and are likely to have physical and mental health conditions which remain untreated because of poor access to care, particularly within the extensive rural communities within South Africa.

The primary and district health systems thus need capacity to serve community dwelling people with severe mental, intellectual and/ or psychosocial disabilities, including those living in NGO residential homes. For care, treatment, and rehabilitation to be effective, a complex human resource mix is needed to harness the user's own support system and achieve successful health outcomes. However, the NHI Bill restricts district health to 'primary health care', which is often interpreted in a narrow, inflexible manner. This does not allow for accessible, community-based, specialist level mental health care, this being beyond the scope of practice of PHC practitioners, leading to people being lost to follow up as they are simply up-referred to hospitals.

We believe a District Health Management Office needs to coordinate the provision of mental health professionals (including occupational therapists, psychologists, social workers, psychiatrists and psychiatrically trained medical officers) in addition to PHC. Such teams would deliver flexible services in the public health care setting to people with complex mental health conditions and support public health care practitioners in the care of those with less complicated conditions. EPASSA suggests that these services could be based on already available school facilities. In this way, accessible, integrated and collaborative mental health care may be realised.

While we appreciate that the stipulation of such community-based specialist services as a universal necessity may create unrealistic expectations of district staffing, we believe regional variations and future progress must be accommodated, particularly taking into consideration the accessibility of community schools that could be adjusted to set up inclusive facilities and used as resources to provide mental health care services to entire communities.

Thus, we recommend that the clauses pertaining to district health services should be phrased in a manner as to allow flexibility in the human resource provision, enabling the DHMOs to respond to population mental health needs.

6. User Registration

Clause 5(1) of the Bill provides that *"A person who is eligible to receive health care services…must register as a user with the Fund at an accredited health care service provider or health establishment."* Clause 5(5) makes provision for the collection of biometric data (e.g. fingerprints), photographs, proof of habitual place of residence, etc.

In the survey done amongst our members we asked the question what, in terms of IT infrastructure used in their practices (including the public sector), do they have access to. The result was that 31.48% stated that they do have access, bur their equipment is more than 5 years old; 26.89% stated that they are not sure about the compatibility of their equipment and 31.80% stated that they do use the latest hard-and software. One of the responses was that *"If the NHI expect professionals to work with a specific, single system, then it should pay for, and maintain that system so that I am able to keep track of what is happening on a daily and monthly basis."* One respondent had a problem regarding the reliability and security of confidential information and said *"I am responsible for the security of my patients' information – I would be reluctant to hand over that to a government entity that does not have a good track record for maintaining computer records…"*

We are of the opinion that the Bill does not provide clear guidance on the new biometric system required or the extent required of the IT system that will track registration, provide electronic record-keeping and manage transferable records. The Protection of Personal Information Act (POPI), 2013 requires the protection and safeguarding of personal confidential information and all processing of personal information would have to be done in accordance with the provisions of the POPI Act.

7. Referral pathways

Clause 7(2)(d) provides that a user *"must adhere to the referral pathways prescribed for heath care service providers or health establishments."* If this is not adhered to, the NHI Fund will not cover the health care services received and the user will have to pay out of pocket or make use of a medical scheme.

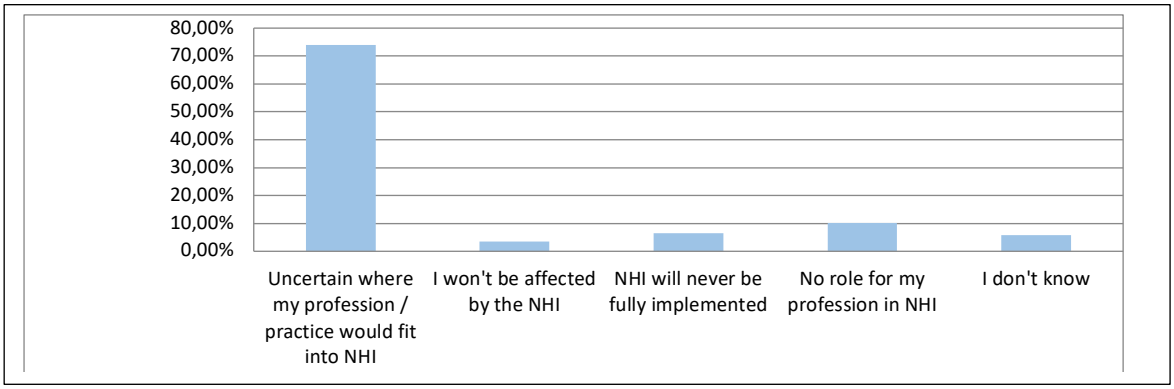
We are not sure what will happen to current long standing patients who are in need of chronic services. Does this mean that they would first have to visit the clinic and then only be allowed to consult previous practitioners if the General practitioner or Professional Nurse has decided that they can? This then would mean that a therapeutic relationship that has been built over a certain period of time, would have to be terminated if the patient is not able to pay out of pocket, thus potentially damaging work completed to date.

In the survey, the response to the question as to what level we would be able to adjust our fees (downwards) to accommodate a smaller funding envelope, 50.16% indicated that they have no capacity to reduce their fees.

8. Purchasing of health services and remuneration of heath care service providers

EPASSA is advised that Clause 35(2) makes **no provision** for the **purchasing of services from private hospitals**, other units, such as physical or substance abuse facilities, **mental health facilities and specialists in private practice**, or **other healthcare professionals not working in Primary Health Care** (e.g. psychologists, occupational therapists, physiotherapists, optometrists, etc.). This is in contrast to the provision in Clause 41(3)(b) which states that *"In the case of specialist and hospital services, payments must be all-inclusive and based on the performance of the health care service provider, health establishment or supplier of health goods, as the case may be."* (Emphasis provided)

The level of uncertainty amongst educational and counselling psychologists, is evident from the responses below. This is despite their having been a Green Paper, two White Papers and a Draft Bill. Our profession was not indicated in any of those as being of value or able to contribute to the NHO system. Qualitative comments received from survey participants include the following concerns, which are illustrative:



- "It is unclear which services will be covered and how payment will work"
- "Too much uncertainty in the bill still"
- "The bill and implementation is so vague and unclear even a rocket scientist would be confused."
- "Never mind an educational psychologist. I am trained to help and am willing to do so. But why so complicated and disorganized?".

These comments reflect the opinion of most respondents. Other respondents commented that they may seek alternative life choices or, in the case of more senior practitioners, retirement would be an option. There was also significant concern as to whether practitioners would be able to earn a reasonable living, and it is widely expected that NHI fees will be unsustainably low.

We are further advised that Clause 37 refers to the **Contracting Units for Primary Health Care** (CUP's) and the focus on primary health care in the Bill is clear, but there is no reference as to where we as psychologists will fit in. We urge the committee to consider creating educational and counselling psychology posts in all State schools, particularly within rural setting. School buildings are situated within communities, and this would allow many disadvantaged families access to psychological services without the burden of transport and travel. However, we emphasise that it is not only educational psychologists who can work in schools, and educational psychologists can work in many settings other than just schools.

9. The accreditation of health care service providers

We are further advised that "Accredited" is defined in the Bill in Clause 1 as *"being in possession of a valid certificate of accreditation in terms of section 39".* Throughout the Bill, much is made that the service providers and establishments must be **"accredited".** It is assumed that this could refer to the process of e.g. application, inspection and compliance with stipulated criteria, etc.

It is also not clear what standards will be used to accredit service providers and establishments or practices and what will happen in the case of non-compliance. There is also uncertainty as to what the capacity of the Office of Health Standards Compliance (OHSC) will be to inspect facilities and award accreditation. This will have an implication for us in the sense that clause 41(2) provides that *"The Fund must ensure that health care service providers, health establishments and suppliers are properly accredited before they are reimbursed."* (Emphasis provided).

10. Advisory Committees

We are advised that Clauses 25 -27 make provision for *inter alia* the Benefits Advisory Committee (BAC) and the Health Care Benefits Pricing Committee (BPC).

The BAC will determine health care service benefits, types of services to be reimbursed at each level of care, "cost-effective" and "detailed" treatment guidelines and health service benefits. As it is an advisory body, we fail to understand what expertise and experience they will have to determine benefit prices.

We do not have any clarity on what psychology benefits may be included in the NHI by this committee. The more that is included in the NHI benefits package, the less there will be for medical schemes and private psychology practitioners to work with. We believe that as experienced and skilled professionals we should be included in such decisions on the determination of benefit prices and on what services are included and excluded.

11. Future of medical schemes

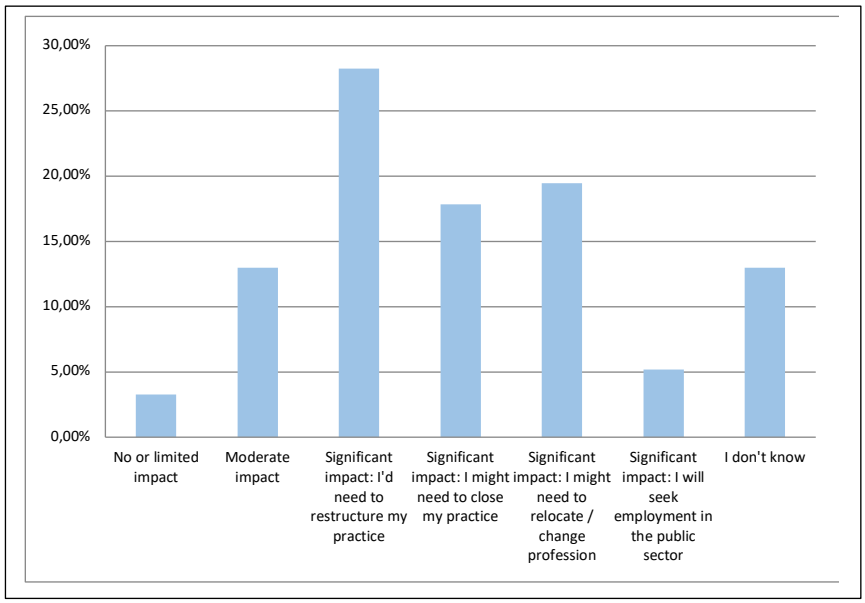
EPASSA would like to know if we would be able to provide services to both NHI and medical scheme patients and how the transition from medical scheme membership to a NHI user will take place. Clause 33 and the various prohibitions on what schemes and the NHI could cover speaks to a possible prohibition of the two systems co-existing with similar types of cover.

Our survey asked respondents: "What do you estimate the impact on your practice to be, should medical scheme benefits change significantly, and/or fewer persons belong to medical schemes?" The most prevalent response was that practices would have to be restructured.

This reflects the fact that the reconfiguration of healthcare has not yet happened, and restructuring, which is a precondition for the NHI, will significantly push out timelines. The second most prevalent response to our survey was that of changing professions or relocation. Given that there are inadequate numbers of psychologists in South Africa to meet the mental health needs of adults, children and families, this is extremely concerning. Close to 18%

of respondents stated that they would have to close their practices. This would adversely impact access to healthcare and the Bill would have the opposite effect to that intended.

We are also concerned as to what would happen to medical schemes, as most patients will not be able to afford both the NHI and medical scheme contributions. Nearly 80% of respondents in the survey stated that they did not support the content of clause 33, namely that certain benefits could only be obtained from the NHI and not outside of it.



12. Funding of the NHI

We are advised that this belongs in the Money Bill as envisaged by the Constitution, as it relates to the levying of taxes, but clause 49 nonetheless describes the sources of income of the NHI as general tax revenue, the removal of tax credits, payroll taxes and a surcharge on personal income tax.

In the preamble of the Bill it is stated that the purpose of the Bill is to achieve universal access to quality healthcare services in South Africa. In pursuance of this, it proposes the establishment of a centralised NHI Fund that would be responsible for purchasing healthcare services. The NHI Fund will be an autonomous public entity as defined by the Public Finance Management Act (PFMA), 1999. Schedule 3A contains public entities that have the mandate to fulfil a specific economic or social government responsibility.

Specifics around the funding of the NHI are not clear from Chapter 10 of the Bill which deals with financial matters, but what is clear is that funding for the NHI will be collected through a number of taxes, namely general tax, medical scheme tax credits and personal income tax. Such taxes can, however only levied through a so-called "Money Bill" under section 77 of the Constitution. The Davis Tax Committee found in 2017,[5] that these taxes are not feasible unless there is significant economic growth in South Africa.

[5] Davis Tax Committee Report on Financing a national health insurance for South Africa for the Minister of Finance, March 2017.

13. Conclusion

EPASSA would like to emphasise the need for an outline of the provision of mental healthcare services in South Africa that includes provision of services at a community based primary and preventative level and a district level within schools, clinics and hospital. We propose that the services of educational psychologists be included at the primary community-based level, the district level and at regional and national level and would welcome the opportunity to make verbal submissions to the Portfolio Committee and to provide any additional information that could assist the Committee in its work.

EPASSA is cognisant of the fact that both the public and private health care sectors face significant challenges and require transformation, and we intend to participate constructively in the discussion as to how these challenges are best addressed. EPASSA supports a realistic approach to health care reform and believes that any proposal which seeks a drastic overhaul of the health care system should be carefully considered and empirically researched prior to implementation. Any such proposal should also be subject to a comprehensive review process of engagement with all affected stakeholders.

Your sincerely

VANESSA GAYDON

CHAIRPERSON EPASSA