

# Strengthening the National Health Insurance (NHI) for mental health needs:

A response from the Psychological Society of South Africa (PsySSA)

Professor Garth Stevens  
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# Acknowledgments

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# Background

▶ The NHI Bill presents an opportunity to step up implementation of national policy commitments to improve service access, delivery and outcomes, including bringing parity to often overlooked mental health needs (Petersen et al., 2016)

▶ The NHI Bill's focus on UHC as a social investment for a healthy and productive society, predicated on equity and social justice, is welcomed.

▶ However, key stakeholders continue to express concern about the feasibility of NHI to address and close the (mental) health treatment gap (Stanton, 2017)



# Consultation Process



PsySSA is well placed as a nonpartisan NPO for psychology professionals in South Africa (psychologists, registered counsellors and psychometrists).

PsySSA has a vested moral, social, academic, and clinical interest in the NHI generally, and in related psychological services specifically

Consultation with members was initiated at a discussion at the 25th PsySSA National Congress in September 2019 as a response to the Parliamentary request for public comment on the NHI Bill

An ad hoc committee collated PsySSA members' views and analysis of the NHI Bill

This was a second submission to this legislative process following a submission on the NHI White Paper, dated 25 May 2016.

# Eight key considerations

- PsySSA supports the NHI and universal health coverage in principle – but key problems need to be resolved in the NHI Bill to strengthen its ability to respond to mental health needs:
  1. Integrate mental health more effectively into the NHI.
  2. Ensure equitable access to health services for all people.
  3. Improve human resources for mental health.
  4. Clarify accreditation standards and contractual conditions for service providers.
  5. Improve utilization of private practitioners within an integrated health system.
  6. Include mental health expertise in the advisory structures of the NHI.
  7. Set out a robust accountability framework within the NHI
  8. Include mental health indicators in the NHI information system.

# 1. Integrate mental health more effectively into the NHI

- A. Provide adequate mental health services that addresses existing systemic challenges (SAHRC, 2019) – under-resourcing and system neglect
- B. Promote well-being within communities and use registered counsellors more effectively (Rouillard et al., 2016) – preventative primary care and community-based care and rehabilitation
- C. Embed mental health into physical health services (Ohrnberger et al., 2017)
- D. Address violence and trauma as a cross-cutting issue in service provision (Kaminer et al., 2018)

## 2. Ensure equitable access to health services for all people

- A. *Ensure accurate assessment for access to care especially in task-sharing contexts (Lund et al., 2019)*
- B. *Ensure access is not denied by cumbersome registration requirements for users*
- C. *Ensure timely access to care and recognize mental health emergencies*
- D. *Prioritize children and adolescents (Mokitimi et al., 2019)*
- E. *Disaggregate 'disability' as physical, mental, intellectual and sensory (UN, 2006)*
- F. *Provide adequate services for refugees, asylum seekers and illegal foreigners and avoid medical xenophobia (Zihindula et al., 2017)*
- G. *Recognize gender fluidity and affirmative healthcare (McLachlan et al., 2019)*
- H. *Improve access to forensic mental health services (Sukeri et al., 2016)*

# 3. Improve human resources for mental health

- A. The underfunding of mental health posts requires attention to close the treatment gap (SAHRC, 2019)
- B. Rural mental health posts need specific attention (De Kock & Pillay, 2017).
- C. Norms and standards for mental health (Lund & Flisher, 2006) need urgent review



# 4. Clarify accreditation standards and contractual conditions for service providers

- A. Clarity is needed on how standards will be set for contracting, monitoring and evaluating accredited health care service providers or establishments (as per Section 39)
- B. Accreditation should be overseen by health care practitioners from specific disciplines.
- C. The Bill also makes no mention of mechanisms to accredit and fund health services which cross-district operational areas, such as tele-health services.

# 5. Improve utilization of private practitioners within an integrated health system

- A. NHI needs to leverage the private sector and public sector as a strategy for sustainability (Docrat et al., 2019). This relationship is unclear at present
- B. The role of medical aid schemes needs clarity: complementarity and volition?
- C. Most psychologists currently work in private and rely on medical aid rates for their income – rates and professional flight
- D. Recommendations of the Competition Commission report (2019) must be implemented – not overburden the Fund
- E. Private practitioners must definitionally include an array of alternative and evidence-based practitioners

## 6. Include mental health expertise in the NHI advisory structures

- A. All committees must strive to ensure *comprehensive* cover for all relevant psychotherapeutic and psychosocial treatments
- B. Specialized input from psychologists is needed in the Benefits Advisory Committee
- C. Convene a Mental Health Services Technical Committee (Section 24)
- D. Discipline-specific expertise will be required in all advisory structures

# 7. Set out a robust accountability framework within the NHI

There is a worrying centralization of power and decision-making and diminished service user autonomy in the Bill. Even when citizens struggle to access health care, the majority are not willing to pay higher taxes for better health care if they do not trust their government (Adisah-Atta, 2017).

## **Six issues of concern:**

1. All appointees must have impeccable moral integrity and be in good standing – robust public selection processes
2. The role of Provincial Departments must be clarified relative to the National Minister of Health – the latter seems to have inordinate decision-making power in the current Bill – this relationship requires some clarity
3. A central purchasing and payment system may be unwieldy, out of touch with local particularities, and may be more easily open to abuse – the relationship between provincial and national levels requires clarification again, as do the mechanisms of accountability
4. The Fund cannot investigate itself and must be subject to external scrutiny – cannot be referee and player
5. Explicate mechanisms the Minister will use for expenditure control of the Fund
6. The role of the Health Ombudsperson should be clarified

## 8. Include mental health indicators in the NHI information system

- A. The National Health Information System (Section 34.1) must include comprehensive mental health indicators
- B. An accurate information system is needed for monitoring and evaluation of NHI
- C. Technical infrastructure for IT systems at public facilities must be improved urgently
- D. A digitally interconnected health system communication system is needed

# Conclusion

- ▶ **PsySSA supports the NHI and universal health coverage in principle – but key challenges need to be resolved in the NHI Bill to strengthen its ability to respond to mental health needs:**
  1. **Integrate** mental health more effectively into the NHI.
  2. Ensure **equitable access** to health services for all people.
  3. Improve **human resources** for mental health.
  4. Clarify **accreditation standards and contractual conditions** for service providers.
  5. Improve utilization of **private practitioners** within an integrated health system.
  6. Include mental health expertise in the **advisory structures** of the NHI.
  7. Set out a robust **accountability framework** within the NHI
  8. Include mental health indicators in the NHI **information system**.

# Thank you

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I thank  
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