



SA Federation for
Mental Health

Health Market Inquiry

presented by

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Mental Health is the Nation's Wealth

www.safmh.org

Who is SAFMH?



- ❑ The SA Federation for Mental Health (SAFMH) is a registered national, not for profit, non-governmental organization (000-238 NPO), constituted by 17 Mental Health Societies and 107 Member Organizations, all actively involved in the field of intellectual and psychosocial disability and mental wellbeing.
- ❑ The organization was established in 1920 with the aim to coordinate, monitor and promote services for persons with intellectual and psychosocial disability, as well as promote good mental health and wellbeing amongst the South African public.

Who is SAFMH?



The mission of the organization is to actively work with the community to achieve the highest possible level of mental health for all by:

- Enabling people to participate in identifying community mental health needs and responding appropriately;
- Developing equal, caring services for people having difficulty coping with everyday life, and those with intellectual and / or psychosocial disability;
- Creating public awareness of mental health issues;
- Striving for the recognition and protection of the rights of individuals with intellectual and / or psychosocial disability;
- Aspiring to contribute to a just and fair society.

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For the most part, mental health is a neglected health issue and often, because of the nature of the condition, leaves patients who suffer from mental health problems in need of protection.

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Private to Public Healthcare Referral Disconnect



In the experience of many private health care users there is a disconnect between the private and public mental health services, for example it has been reported that patients accessing private services may require transfer to public services, often because their medical aid funds have been exhausted. In which case these patients need to start over at primary health care level, despite a diagnosis or assessment already being done by the private service provider. In other words public healthcare service providers will not accept a diagnosis from the private health sector.

This causes delays in treatment and is a waste of resources. These delays usually mean patients go without treatment while waiting to be assessed or re-diagnosed in the public sector. This needs to be addressed to ensure continuous access to health care.

... Private to Public Healthcare Referral Disconnect ...

RECOMMENDATIONS



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Ensure that an effective referral structure is implemented between the public and private sectors in cases where clients need to be transferred between the two for access to adequate health care services.

The objectives of specifying a set of PMB's as laid out in Annexure A to the Regulations of the Medical Schemes Act is to 'to encourage improved efficiency in the allocation of Private and Public health care resources'. The delays and repetition of services is an inefficient use of health care resources.

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Limited Hospitalisation



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Most medical aids limit hospitalisation for mental disorders (e.g. bipolar mood disorder and schizophrenia) to 21 days, which is often not sufficient time for recovery – and when transfer is made from the private psychiatric hospital to then continue treatment at a public psychiatric hospital, the person is required to start at primary health care level and cannot go straight to a public psychiatric hospital (tertiary facility) – this interferes with the continuation of treatment and recovery process and again a waste of resources.

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... Limited Hospitalisation ... RECOMMENDATIONS



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To allow for patient transfers from private psychiatric hospitals directly to public tertiary facilities – this will decrease the burden on the primary health care system. And to relook what the standard minimum benefits relate to when it comes to bipolar mood disorder and schizophrenia.

As per the General Regulations to the Medical Aid Schemes Act, Bipolar and Schizophrenia are identified as chronic illnesses in the Prescribed Minimum Benefits list, for which hospitalisation is limited to three weeks a year. Regulation 8(1) states that *'any benefit option that is offered by a medical scheme must pay in full, without co-payment or the use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefit conditions.'* The limitation placed on hospitalisation of mental health conditions deprives patients of the right to full treatment and care cover for a PMB, a three weeks is often insufficient.

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Discriminatory Exclusion of Psychosocial Services



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Medical aids seem to not cover psychosocial rehabilitation for persons with psychosocial disability, whilst rehabilitation is covered for physical disabilities. The distinction between mental and physical condition is unfair and discriminatory.

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... Discriminatory Exclusion of Psychosocial Services ...

RECOMMENDATIONS



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Psychosocial rehabilitation services are not offered by the private or public hospitals but only by NGOs who run such facilities, which are in most cases funded by Department of Health – it is a kind of service that should start at hospital level to aid in social reintegration, prevent the revolving door syndrome and make rehabilitation services accessible. Medical aids should amend their policies to acknowledge psychosocial rehabilitation.

Annexure A to the Regulations of the Medical Schemes Act recognises that medical practises are constantly changing and that the ‘impact, effectiveness and appropriateness of the Prescribed Minimum Benefits provisions’ should be reviewed accordingly. The regulations provide that ‘a review shall be conducted at least every two years by the Department that will involve the Council for Medical Schemes, stakeholders, Provincial health departments and consumer representatives’. This mechanism for reviewing PMBs is incomplete as it does not make provision for reviewing the changes in medical care and precipitates the neglect of treatment options that have become available for diseases that have previously been side lined.

Function and Composition of Essential Drugs List Committees

The functioning and composition of the EDL committees is unclear and in specific relation to what criteria is used when decisions are made on what medicines are to be listed on the EDL list and which to be removed.

Persons with mental disorders respond differently to medications and often settle on one type that stabilises them – when it happens that that specific medication is no longer available, it impacts severely on the service user's mental wellbeing/recovery.

... Function and Composition of Essential Drugs List Committees ...

RECOMMENDATIONS



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A mental health care user should be represented on the EDL committees and who would add value in terms of experiences of service users and how they relate to treatment options.

It is permissible for medical aid schemes to restrict patients' cover to medication which appears on its formulary drugs list. However Section 15I (a) of the Regulations asserts that *'such formulary or restricted list must be developed on the basis of evidence-based medicine, taking into account considerations of cost effectiveness and affordability'*. The effectiveness of a drug is a specified consideration when determining which drugs should be removed or substituted on the formulary drugs list, and the health care providers interacting with the patients are most knowledgeable on the effects of medication on patients. As such, there should be an evident representation of patients, personally or through healthcare providers in EDL committees, to ensure compliance with the regulations.

Further Section 15I (c) states that *'provision must be made for appropriate substitution of drugs where a formulary drug has been ineffective or causes or would cause adverse reaction in a beneficiary, without penalty to that beneficiary'*. Mental health providers have observed that changing the medication of patients has detrimental effects, as it may destabilise or unsettle users in this vulnerable patient group. Constant changes in the medication of mental health patients is uninformed and a breach of the regulations.



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Stockouts

Stockouts in the public sector (especially at community clinics) is an ongoing challenge.

... Function and Composition of Essential Drugs List Committees ... RECOMMENDATIONS

To implement a more functional system at community clinics and hospitals to ensure that medications ordered are sufficient to be dispensed to patients receiving their treatment.

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Thank you!

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