
SUBMISSION ON PSYCHOLOGISTS SCOPE OF PRACTICE

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Submitted by : SECTION27
: Rural Health Advocacy Project

1. SECTION27 is a public interest law centre that seeks to influence and use the law to protect, promote and advance human rights. One of our priority areas is the right of access to health care services as guaranteed by section 27 of the Constitution.
2. The Rural Health Advocacy Project (“RHAP”) is a health advocacy organisation based in Johannesburg, advocating for equitable access to quality health care for rural communities in the whole of South Africa.
3. In 2016, SECTION27 represented the RHAP as amicus curiae in *RELPAG & Another / Professor Sodi No & Others*, Case No. 12420/13. Following the concession by the Minister of Health in that matter, that his decision to promulgate the Regulations Defining the Scope of the Profession of Psychology, published under Government Notice No R704 on 2 September 2011 (“the Regulations”) should be declared invalid, and that the matter should be remitted to him for reconsideration, RHAP withdrew from the matter.
4. We now welcome, therefore, the opportunity to provide brief submissions to assist the Professional Board for Psychology (“PBP”) in reconsidering the appropriate scope of practice for psychologists. We apologise for the late submission of these comments. We only became aware of the date for submission very recently. We have endeavoured to keep our submissions brief and trust that they will be useful to the PBP.

CONCERN WITH THE SCOPE OF PRACTICE AS CURRENTLY FORMULATED

5. It is our submission that the effect of the Regulations is to unduly limit access to mental health care services in a manner that undermines the rights enshrined in section 27 of the Constitution. Given the high prevalence of mental health disorders in South Africa, and the severely limited availability of mental health care services, particularly in the public sector, these restrictions on access to mental health care services have a dire impact.
6. In addition, the Regulations create mutually exclusive silos of practice that envisage neat, but artificial and overly rigid, divisions between mental health disorders and the interventions that may be used to address them. These divisions do not, however, reflect the dynamic nature of mental health, mental well-being and mental illness, nor do they allow psychologists to provide comprehensive and effective mental health care services to their clients.
7. In our view, what is required is not the creation of a generalist category of psychologist, in terms of which all registered psychologists would perform the same functions through the same approach. However, despite differences in qualification and focus, there are several commonalities across all scopes of practice, as well as overlaps in some of the functions different psychologists perform.
8. While scopes of practice are necessary to regulate the profession of psychology and ensure that members of the public receive mental health care services from appropriately qualified professionals, any regulation of scopes of practice must take commonalities across scopes of practice and overlaps in function into account in the interests of ensuring access to mental health care services.

ACCESS TO MENTAL HEALTH CARE SERVICES IN SOUTH AFRICA

9. As the PBP is well aware, the burden of mental health disorders in South Africa is high, with one in six South Africans experiencing a mental health disorder over a twelve-month period, and one in three South Africans having a mental health disorder at some stage in their lifetime. This burden is even higher among particularly vulnerable groups, including people living with HIV/AIDS and TB.
10. However, the ability to meet the need for mental health care services, particularly in the public health care sector, is severely limited.
11. We attach a report compiled by the Rural Health Mental Campaign (“the Rural Health Report”), on the lack of access to mental health care services in rural settings. This report records that only an estimated 28% of South Africans with severe mental health disorders and 24% of people with mild disorders receive treatment. In other words, the gap between the need for treatment and the availability of treatment is 72% for people with severe mental health disorders, and 76% for mild mental health disorders.
12. The National Department of Health recognizes that the need for mental health care services is unmet. We refer in this regard to the National Mental Health Policy Framework and Strategic Plan 2013 – 2020 (“the Mental Health Policy”). The Mental Health Policy notes – and seeks to address – the following challenges:
 - 12.1. Mental health care continues to be under-funded and under-resourced, despite neuropsychiatric disorders ranking third in their contribution to the burden of disease in South Africa.
 - 12.2. There is enormous inequity between provinces in the distribution of mental health services and resources, with rural provinces receiving far less access to mental health services.

- 12.3. While there is a lot of emphasis on mental health care in South Africa's laws and policies, due to extremely limited resources, mental health care is often confined to management of medication for those with severe mental disorders, and does not address the diagnosis and treatment of other disorders such as depression and anxiety.

13. Where the limited resources are targeted at severe mental health disorders (the diagnosis and treatment of which is, clearly, important), the resources available to address mild and moderate mental health disorders are even more restricted. To illustrate, the Rural Health Report indicates that in 2007 –
 - 13.1. In Gauteng, 67% of the mental health services budget allocation is spent on services provided in specialized psychiatric facilities;
 - 13.2. In Mpumalanga, 85% of the mental health services budget allocation is spent on services provided in specialized psychiatric facilities;
 - 13.3. In the North West, 99% of the mental health services budget allocation is spent on services provided in specialized psychiatric facilities; and
 - 13.4. In the Northern Cape, 94% of the mental health services budget allocation is spent on services provided in the specialized psychiatric facilities.

14. Although the Mental Health Policy indicates a commitment to, *inter alia*, increasing and improving access to mental health care services outside of psychiatric institutions, there is still no strategic planning documentation demonstrating how this will be done, at national or provincial level. The Life Esidimeni tragedy, which saw the deaths of over 100 people, serves as a cautionary tale in this regard as most of the deaths occurred in severely under-capacitated and insufficiently planned "community" mental health care services.

15. While lack of access to mental health care services outside of psychiatric institutions has obvious implications for access to mental health care services in all circumstances, it bears mentioning that the impact in rural settings is aggravated by higher levels of economic deprivation, longer distances between patients' homes and health care facilities and an historical neglect of rural areas in the development of critical health infrastructure and human resourcing.
16. This failure to plan and budget for mental health care services has aggravated a grave shortage of mental health care workers:
 - 16.1. In the public sector, there are only 2.6 occupational therapists, physiotherapists and psychologists for every 100 000 people in the country; and
 - 16.2. There are only 1.2 psychiatrists for every 100 000 people in the public sector.
17. From the above, we argue that it is clear that:
 - 17.1. There is, in general, severe limits to access to mental health care services in rural areas;
 - 17.2. The services that are available emphasise in-patient care for severe mental health disorders;
 - 17.3. Mild and moderate mental health disorders, as well as states of an absence of mental well-being, are clearly a neglected area in the provision of mental health care services.

MAXIMISING ACCESS TO MENTAL HEALTH CARE SERVICES THROUGH SCOPE OF PRACTICE

18. Given the lack of access to much needed mental health care services, the PBP is no doubt concerned to ensure that decisions it takes expand rather than restrict further access to such services.

19. In our view, in order to improve access to mental health care services, a scope of practice for psychologists must take account of two interlinked issues: the continuum of care and the reality of how mental illnesses are diagnosed, and how mental health interventions are implemented to achieve the best possible outcome.

The continuum of care

20. Mental health is not simply the absence of mental illnesses. While tertiary mental health interventions are obviously necessary in cases of severe psychopathology – such as severe mood disorders or psychosis – the absence of a severe mental illness does not exclude the need for primary health care services, which include the prevention of mental illness and the promotion of psychological wellbeing.
21. Unfortunately, at present, people with severe disorders may go to hospital for treatment but others with mild and moderate mental disorders fall through the cracks and receive little or no care. What is needed is earlier support to prevent the development of severe mental disorders. It is this mental health care continuum that should inform both the type and the extent of services available.

The diagnosis of mental illnesses and implementation of mental health interventions

22. Linked to the need to recognize the continuum of care is the importance of acknowledging the reality of how mental illnesses are diagnosed, and how mental health interventions are implemented to achieve the best possible outcome.
23. Where, for example, a counselling psychologist who is already working with a patient is able to treat mild psychopathology as part of an intervention aimed at optimizing a patient's self-development, and where that mild psychopathology is a barrier to that patient's optimal well-being, then the psychologist should be permitted to provide the required treatment. We refer in this regard to the work of Rhodes University's Charles Young on the professional identity of counselling psychologists, in which he highlights

some of the overlaps between clinical and counselling psychologists' work. The article can be found here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5114001/>.

24. Given the shortage of psychologists, particularly in the public sector and even more acutely in rural areas, referral from one psychologist to the next is difficult. Where an individual is able, through his or her training or experience to provide services outside a scope of practice, there is little reason that he or she should be prevented from doing so, particularly given the interest of the mental health care service user in uninterrupted care.

How better scope of practice can improve mental health care services

25. By dividing the scopes of practice into rigid categories of mental health disorders, we fail to take account of the complexities of mental health, mental well-being and available and appropriate interventions. While each category of psychologists has a critical role to play in the provision of mental health care services in South Africa, there are overlaps in the skills and functions of these psychologists, and they should be allowed to utilise these skills and perform these functions where they are competent to do so.
26. The urgent need for quality mental health care services will not be addressed by allowing all psychologists free range to practice in any area they choose. Nor will a more appropriately defined scope of practice automatically lead to better access to health care services in the public sector. For such change, we would also need to see an expansion of posts in the public sector for psychologists other than clinical psychologists (the National Department of Health's Melvyn Freeman recently noted that there are only 23 Educational Psychologists in the public sector – a fact which likely relates both to scope of practice and to availability of posts).
27. However, any future delineation of scopes of practice should take account of the range of mental health care services required, the overlap in the skills and qualifications of psychologists, and the fact that scope of practice drives the

availability of posts for different types of psychologist in the public sector. To do so would be to maximize access to appropriate mental health care services and ensure that mental health care users receive mental health care services that are comprehensive and effective in addressing their needs.

CONCLUSION

28. A scope of practice can either limit access to mental health care services where the ability to provide these services exists, or it can expand access. In a country with severely limited access to such services currently, it is incumbent on the PBP to take all steps possible to expand access where it is safe and possible to do so.

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