

# NHI AND THE ROLE OF EDUCATIONAL PSYCHOLOGISTS



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The purpose of South Africa's proposed National Health Insurance is to achieve universal access to quality healthcare services in the country. This is a commendable goal. Inequality in access to healthcare and mental health services needs serious redress.

South Africa has great need for psychological services and a worrying dearth of trained psychologists. A report by the South African Human Rights Commission acknowledges that there is considerable under-investment in mental health in South Africa. The report emphasises the need for attention to the mental health and well-being of children and adolescents and highlights the need for appropriate mental health services for people with psychological and intellectual disabilities.

South Africa and South African Psychology battle to respond to societal needs largely because of historical and current socio-economic challenges. High rates of unemployment, HIV/AIDS, developmental delay, school dropouts, violence, crime, teen pregnancy, immigration, language, poverty and racism are some of the problems affecting millions of

South Africans.

The National Mental Health Policy Framework and Strategic Plan (NMHPF, 2013 - 2020) recognises that mental health care services should have parity with general health services. However, it is unclear what psychological services will be provided under NHI.

Government appointed boards like the Professional Board for Psychology, the Council for Medical Schemes and hospital boards effectively and frequently exclude educational psychologists from rendering services in many areas where they are needed. This pattern of exclusion is at risk of recurring in the NHI. Educational psychologists are therefore eager to be consulted regarding their role within the NHI.

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. Some areas of activity for educational psychologists within their specialised focus on the

learning and development of people of all age groups may include, but not be limited to the following:

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

Educational psychologists, perhaps more than any other category of registered psychologists, 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 the Educational Psychology Association of South Africa (EPASSA) joined other organisations involved in trying to assist in the aftermath of 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 has also called for the creation of psychology and counselling posts in schools and educational institutions. More posts should be created for educational and other psychologists in schools, clinics and hospitals.

The public, Department of Health, Department of Education, universities, training institutions and medical schemes need to become better acquainted with the skill sets of educational psychologists so these may be used more expansively in the NHI. 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).

Some educational psychologists may also deal with bipolar and related disorders, dissociative disorders, somatic symptom and related disorders, sleep-wake disorders and paraphilic disorders. Less often, educational psychologists may deal (for instance via psychoeducation) with schizophrenia spectrum and other psychotic disorders, medication-induced movement disorders and other adverse effects of medication.

Many people misunderstand or misinterpret the role, function and competences of

educational psychologists. Even the Professional Board for Psychology has lost or has conceded several court cases regarding the regulation of psychology as a profession. The skills of educational psychologists may be lost for good if the NHI follows the current trend of government appointed bodies that do not protect the work of educational psychologists. This will be anathema to the ethos of the proposed NHI.

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