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Ms Portia Khati
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Health Professions Council of South Africa
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By email

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Attention: Ms Khati

Dear Ms Khati

Re: Formal response to the scope of practice for psychologists

This report is submitted by the South African School Psychologists' Association (SASPA) in response to the HPCSA's call for submissions on the scope of practice (26 April 2017 and 15 May 2017).

SASPA is a non-profit, professional association which represents psychologists working with and within schools.

SASPA is uniquely placed to comment on the scope of practice as our executive committee is comprised of clinical, counselling and educational psychologists working in state hospitals, state schools, education district office, private schools, private practice, universities and non-profit organisations.

Our executive committee work full time at the following institutions:

1. Delta Park Remedial School
2. Gauteng Department of Education
3. Helpmekaar Kollege

4. Johannesburg Parent and Child Counselling Centre
5. Laerskool Fairland
6. Laerskool Roodekrans
7. Lantern Remedial School
8. North West University
9. Private Practice
10. St David's Marist Inanda
11. St Mary's School
12. St Vincent School for the Deaf
13. University of the Witwatersrand

Members of SASPA are regulated by a Constitution which is in line with, and promotes values enshrined in the South African Bill of Rights, and adheres to ethical guidelines in accordance with international best practice standards. Our Constitution can be found on the SASPA website (www.saspa.org.za).

We would like to thank the Professional Board for Psychology for the opportunity to submit our input regarding the Scope of Practice (SOP) regulations.

We submit the following suggestions for consideration:

1. The Right to Mental Health Services

- 1.1 Section 27 of the Constitution confers on everyone the right to have access to health care services. This includes mental health care services, which are regulated primarily by the Mental Health Care Act 17 of 2002.
- 1.2 Section 27(2) of the Constitution, requires the State to take reasonable legislative and other measures, within available resources, to achieve the progressive realisation of the right to health, which includes mental well-being.
- 1.3 While the Constitutional concept of 'progressive realisation' accepts that the State cannot realise the right to health in full and immediately for all, it is not permitted to adopt measures that would have a regressive effect on the right to health and limit existing access to health care services.

2. Core Competencies

- 2.1 The current SOP creates rigid distinctions in the functions that may be performed by psychologists within each category. These functions are erroneously interpreted as mutually exclusive, so that particular disorders and states of mental health fall within the “territories” of different practice areas.
- 2.2 The SOP does not recognise the core competencies across the categories.
- 2.3 The SOP does not guarantee the competency of a psychologist. For example, the diagnosis and treatment of autism falls within the SOP of an educational psychologist but not all educational psychologists are competent to work with autism. Similarly, working with children falls within the SOP of clinical psychologists but not all clinical psychologists are trained and competent to work with children.
- 2.4 SASPA would like to table the suggestion that future SOP documents foreground competency in scope of practice documents.

3. Shifting to a Competence Governing Model

- 3.1 A redefined SOP must take into account the core competencies of all allied psychologists (clinical, counselling and educational).
- 3.2 The core competencies and the SOP of psychologists must be combined into one regulatory document to avoid the erroneous and narrow interpretations of each category.
- 3.3 The work that allied psychologists are permitted to do should be restricted by competence and not by SOP.
- 3.4 Psychologists should be permitted to extend their areas of competence through participation in continuous professional development activities, ongoing supervision and experience.
- 3.5 Allied psychologists should be legally permitted to engage in similar work contingent on fulfilling the requirements of requisite training, skills, knowledge and/or experience.
- 3.6 Psychologists practicing outside of their immediate SOP should only be permitted to do so under appropriate supervision.
- 3.7 To uphold these principles, it is submitted that the following from the New Zealand Scope of Practice for psychologists be implemented:

“A psychologist can perform any activity within the all-encompassing (“Psychologist”) scope of practice, as long as they are demonstrably competent to do so, or are doing so under appropriate supervision (for example when training in a new area of practice).

Holding a vocational scope simply provides the practitioner with the additional right to use that scope’s title, and thereby clearly and simply signal to the public (or an employer) their competence in that scope.

In short, practice is not restricted by scope, but by competence. Only title use is restricted by scope.”

3.8 It is important to note that this SOP can be applied in South Africa. The New Zealand Psychology Board permits educational and counselling psychologists emigrating from South Africa to register and practice in New Zealand, under this SOP. Educational and counselling psychologists from South Africa would not be permitted to practice under this SOP if they did not have the requisite training and competence.

4. Comment on the Current Scope of Profession

4.1 The current Scope of Profession document (R 993 of 2008) can be used as the basis of core competencies of all allied psychologists.

5. Comment on the Current Scope of Practice pertaining to Educational Psychologists

5.1 The current SOP adversely affects educational psychologists.

5.2 A lay understanding of “learning and development” has resulted in a narrow understanding of educational psychologists as only being involved in the diagnosis and treatment of learning-related disorders in scholastic and educational contexts.

5.3 Educational psychologists have been:

5.3.1 Prevented from practicing in areas in which they are trained and competent.

5.3.2 Prevented from accessing jobs in the Department of Health including clinics and hospitals.

5.3.3 Prevented from accessing internships in the Department of Health including clinics and hospitals.

5.3.4 Prevented from treating psychopathology.

- 5.3.5 Excluded from medical aid reimbursement.
- 5.4 These consequences have a lasting effect on the profession and the psychological needs of the country.
- 5.5 Educational psychologists must determine their own scope of practice. This process needs to be transparent and democratic.
- 5.6 The scope of practice for educational psychologists cannot be determined by a few educational psychologists selected from academic institutions alone.
- 5.7 The Educational Psychology Association of South Africa (EPASSA) is the largest representative body of Educational Psychologists in South Africa and must be involved in this process in a collaborative way. Failure to do so will repeat the mistakes of the past.

6. State of South Africa's Mental Health: Shortfall of Psychological Services

- 6.1 There is a high prevalence of mental health disorders in South Africa.
- 6.2 Neuropsychiatric disorders are ranked 3rd in their contribution to the overall burden of disease in South Africa (Bradshaw, Norman & Schneider, 2007).
- 6.3 A survey of South African adults indicated that 16.5% of the population had experienced a mental disorder in the prior 12 month period. Only 28% of patients with moderate to severe disorder received treatment while 24% of mild cases received treatment (Williams, 2008).
- 6.4 In a study by Kleintjies et al (2006), the overall prevalence of child and adolescent mental disorders in the Western Cape was assessed to be 17%.
- 6.5 South Africa has the 8th highest rate of suicide deaths in the world (Burns, 2011).
- 6.6 21% of South African high school students have attempted suicide (Herman et al., 2009),
- 6.7 The highest suicide deaths in South Africa occur in persons 10-19 years old (Schebusch, 2005)
- 6.8 South Africa does not have enough psychologists to meet the needs of the country (as illustrated in Table 1).
- 6.9 A rigid scope of practice lessens the number of available resources and becomes a barrier to people needing to access mental health services.
- 6.10 It is essential that we make the best use of all allied psychologists to provide the broadest possible reach of services possible.

Table 1: Statistics received from the HPCSA on 22 May 2017			
	Clinical Psychologists	Counselling Psychologists	Educational Psychologists
Eastern Cape	152	158	48
Free State	102	71	16
Gauteng	1 164	624	826
Kwazulu-Natal	315	223	147
Limpopo	79	9	26
Mpumalanga	59	19	40
Northern Cape	25	14	5
North West	102	27	32
Western Cape	779	339	281
Total	2,777	1,484	1,421

7. Community Service for All Allied Psychologists

7.1 SASPA strongly recommends that all allied psychologists be required to complete a compulsory year of community service as is already the case with clinical psychologists.

8. Transverse Registration

8.1 SASPA recommends that transverse and dual registration be made possible for all allied psychologists in a manner that is defined, predictable and fair.

9. Conclusion

9.1 The SOP has unfortunately split the profession and restricted access to mental health services in a country besieged by trauma and deprived of resources. We cannot afford to repeat the mistakes of the past. The profession needs to unite in its commitment to offering effective services to a broad spectrum of people in diverse circumstances. The current PBP is in the position to rectify the damage caused in the past and strengthen our profession.

10. Note

10.1 SASPA wishes to present our submission to the board.



Brandon Swanepoel
Educational Psychologist
Chairperson



Dr Marita Brink
Clinical Psychologist
Ethics Advisory Committee



Renate Gericke
Clinical Psychologist
SOP Committee

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