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# REPRIORITISATION OF ORPHAN DISEASES, SUCH AS MENTAL HEALTH – addressing mental health benefit funding

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*In the post COVID-19 era, mental health has become one of the leading healthcare topics. According to a new research study on mental health by Wits University, South Africa suffered higher rates of probable depression and anxiety than other countries. According to the Council for Medical Schemes this was not surprising. In 2020, the Council for Medical Schemes (CMS) published a research article titled 'the utilisation of psychiatry and other mental health benefits by members of the medical schemes' in the Medical and Clinical Review Journal, warning of alarming high rates of depression.*



## #Research Review

Michael has 11 years of experience in the medical scheme industry, along with banking, insurance, and compensation for occupational injuries and diseases. He is currently pursuing a DBA in marketing management and has a strong interest in this field. He is also passionate about governance in the private health sector.



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Executive Head of Research, Policy, and Monitoring at CMS; Michael Willie said the study found that “depression was estimated at 3.75 percent for South Africa, compared to the global rate of 3.44 percent, while Bipolar Mood Disorder (BMD) was estimated at 0.60%” for medical scheme members.

In 2019 the CMS published a Draft PMB Definition Guidelines for mental health emergencies. Since then, numerous medical schemes have been considering mental health as a priority area and a key component of managed care service.

Data analysed included open and restricted schemes from the 2014-2018 period. The results also revealed that Bipolar Mood Disorder (BMD) was higher in females than males and during that period, it had increased by 26%.

“The average cost of treating females diagnosed with BMD is nearly three times more than that of males. The average expenditure per event for male beneficiaries diagnosed with **BMD was R2 126 and R7 100** per female beneficiary, respectively” Willie added.

Major depressive disorder, bipolar disorder, schizophrenia, substances and psychiatric emergencies were all Prescribed Minimum Benefits (PMB) conditions. However, only schizophrenia and bipolar disorder were the only mental illness conditions included in the PMB’s CDLs (Chronic Diseases List). Mental disorders such as depression and anxiety were not covered as Prescribed Minimum Benefits (PMB) thou.

“It is still concerning that beneficiaries of medical schemes attracted co-payments as high as five (5%) for services such as a psychiatry benefit. Prior studies have also found that medical scheme members affected by mental illness and in most cases were discriminated against by funders. There needs to be a concerted effort to reprioritise mental health,” said Willie.

There was a further concern that some medical schemes were funding PMB mental health related conditions from the institutions’ savings accounts., this is in contrast with Regulation 10(6), which states that: **“the funds in a member's medical savings account shall not be used to pay for the costs of a prescribed minimum benefit”**.

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