DEDICATED COUNSELLING AND TREATMENT

Department of Military Veterans Chief Directorate Research and Policy Development
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<table>
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<tr>
<th>Acronym</th>
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<tr>
<td>DG</td>
<td>Director-General</td>
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<td>DDG</td>
<td>Deputy Director-General</td>
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<td>DMV</td>
<td>Department of Military Veterans</td>
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<td>DSD</td>
<td>Department of Social Development</td>
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<td>DOD</td>
<td>Department of Defence</td>
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<td>DOH</td>
<td>Department of Health</td>
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<td>LWV</td>
<td>Liberation War Veterans</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>NDP</td>
<td>National Development Plan (Vision 2030)</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PFMA</td>
<td>Public Finance Management Act, (Act 1 of 1999)</td>
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<td>SES</td>
<td>Socio-Economic Services (Branch of the Department of Military Veterans)</td>
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<td>SLA</td>
<td>Service Level Agreement</td>
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<td>SAMHS</td>
<td>South African Military Health Services</td>
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<td>UN</td>
<td>United Nations</td>
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<td>WHO</td>
<td>World Health Organization</td>
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DEFINITIONS

Terms in this policy shall carry the meaning as follows:

"Act" means the Military Veterans Act (Act 18 of 2011)

"Access to health care" means the ease and availability of appropriate health care services within reach of those who need them.

"Counselling" means to give professional help and advice to resolve personal or psychological problems.

"Department": Means the Department of Military Veterans also referred to as "the department" in this policy document.

"Liberation War Veteran": Means any person who was a member of the liberation armed formations who has undergone military training, has consistently, persistently and militarily participated or engaged in any underground military activity in furtherance of the liberation struggle between 1960 – 1994;

"Mental Health Status" means the level of mental well-being of an individual as affected by physical, social and psychological factors and which may result in a psychiatric diagnosis.

"Post-traumatic stress disorder" means a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event.
INTRODUCTION

1. Neuropsychiatric disorders are ranked third in their contribution to the burden of disease in South Africa, after HIV&AIDS and other infectious diseases. This statement is outlined in the National Mental Health Policy Framework and Strategic Plan 2013-2020 while identifying challenges facing mental health in South Africa.

The nature of work and historical involvement of Military Veterans in both the struggle for liberation, and other conflicts had a direct bearing on the mental and psycho-social health of individual Military Veterans and to some extent their families. The impact of this necessitate constant availability and access to counselling services and the related psychosocial support and treatment when needed.

This policy guidelines will ensure that this benefit is guided, accessible and implemented in an effective, efficient and accountable manner.

LEGAL FRAMEWORKS AND POLICIES

2. The following are the legal frameworks and policies that guide the facilitation and coordination of access to dedicated counselling and treatment for Military Veterans:

   Section 27 (1) (a) of Constitution of the Republic of South Africa (Act 108 of 1996) “Everyone has the right to have access to health care services, including reproductive health care”.

b) Military Veterans Act 18 (2011)

c) Mental Health Care Act (Act no 17 of 2002).
   Provides framework for the care, treatment, and rehabilitation of personnel who are mentally ill and to set out different procedures to be followed in the admission of such persons.

d) Ministerial Task Team Report (2009)
   Section 8.4.2 outlines that provisions should be made for adequate rehabilitation, psychosocial and counselling services.

e) The National Mental Health Policy Framework and Strategic Plan 2013-2020
   Provides guidelines for the implementation of key activities in ensuring that quality mental health services are accessible, equitable, comprehensive and integrated at all levels of the health system in line with the World Health Organization (WHO).
PURPOSE OF POLICY

3. This policy provide a framework to guide the facilitation and coordination of the dedicated counselling and treatment to Military Veterans and or dependents who suffer from serious mental illness, post-traumatic stress disorder or related conditions, in line with section 5 (1)(b) of the Military Veterans Act (18 of 2011) and Regulations.

PROBLEM STATEMENT

4. Military Veterans and their dependants do not voluntarily seek counselling services due to fear of stigmatization. Counselling services is demand driven, at times it may be difficult to proactively identify Military Veterans and/or their families who are in need of this service unless they present themselves for other illnesses.

PRINCIPLES

5. The following principles underpins the provision of this policy as outlined in the Military Veterans Act (Act 18 of 2011):

a) Sacrifices made by Liberation War Veterans in the service of or for their country or their role in the democratisation of South Africa are honoured;

b) Military Veterans in the service of or for their country or their role in the National Defence Force of South Africa

c) Disparities, inequalities or unfair discrimination as regards the benefits of Military Veterans and their dependants must be identified and, where possible, remedied;

d) In the event of a military veteran or category of Military Veterans being considered for possible non-contributory aid by the State, such military veteran or category of Military Veterans must be subjected to a means test to determine their eligibility;

e) Special consideration must be given to benefit and relieve Military Veterans who suffer from physical or mental disability arising from military service.

f) All organs of state or governmental entities involved with Military Veterans’ affairs must cooperate with the Department to ensure the achievement of the objects of this Act and, take reasonable legislative and other measures to achieve the progressive realisation thereof.

OBJECTIVES

6. The objective of this policy is to:
a) Ensure accelerated access throughout the country by Military Veterans and their dependents to counselling services and related interventions.
b) To increase awareness and ensure that Military Veterans and their dependants voluntarily seek counselling services without fear of stigmatization.
c) Outline access procedure for dedicated counselling and treatment services and related interventions.
d) Outline management and monitoring process to ensure qualitative, quantitative and affordable standards of counselling and related services to Military Veterans.

POLICY OUTCOMES

7. This policy seeks to ensure that quality mental health services are accessible for military veterans and their dependents.

SCOPE OF APPLICABILITY

8. This policy concerns itself with facilitation of dedicated counselling and related treatment to Military Veterans and their dependents, who are registered in the National Military Veterans database and are eligible for such support in accordance with the Military Veterans Act and Regulations.

POLICY DIRECTIVES

9. The following are the dedicated counselling and treatment service policy directives:

a) Dedicated counselling and treatment services to Military Veterans and their dependents shall be provided at a public health care facility or at a private health care facility if the public health care facility is unable to conduct the counselling service or a private health care facility is the only facility accessible in the area.

b) Dedicated counselling and treatment services shall be accessible as follows:
   i. Through the Department of Military Veterans
   ii. Through the South African Military Health care Services (SAMHS) on the basis of the MoU
   iii. Through the Department of Health on the basis of the MoU.
   iv. Through contracted Private Mental Health Care Service providers.

c) The DMV will conduct public awareness counselling information campaigns to strengthen access to counselling.

d) Where a military veteran authorised to access dedicated counselling and treatment is referred to access service by relevant departments partners, pays for medication or services, the department shall reimburse all the costs incurred by the military veteran. The military veteran must ensure to provide the department with original purchase receipts in terms of the PFMA.
QUALIFYING CRITERIA

10. The following criteria applies to Access for Dedicated Counselling and Treatment

a) Military Veterans and or their dependents must be registered on the National Military Veterans Database

b) Military veterans and their dependants qualify for dedicated counselling and treatment for serious mental illness or post-traumatic stress disorder if the mental illness or post-traumatic stress disorder was caused by his or her participation in military activities or is associated with his or her participation therein.

c) Military veteran is not on medical cover or his medical cover’s funds are exhausted (applicable to former statutory force).

d) Do not possess a contributory healthcare retirement package from the Department of Defence (applicable to former statutory force).

PROCESSES AND PROCEDURES

11. The following are the processes and procedures for the implementation of the benefit:

a) Application

i. Military Veteran or his/her representative may apply for a benefit by completing an appropriate application form accompanied by all relevant supporting documents. (ANNEXURE A)

ii. The Department of Military Veterans will process applications and submit authorisation letters to the designated service partners upon receipt of the application.

iii. The DMV will provide feedback to the military veteran upon receipt of the application.

iv. Military Veterans have the responsibility to comply with the prescriptions of the designated DMV’s service partners.

v. Should a military veteran access dedicated counselling and treatment services in a non-DMV approved service partner facility, without authorisation by the DMV, he/she shall be liable to the costs of the health care associated with that service.

b) Documents Required for Access to the Dedicated Counselling and Treatment Services. Eligible Military Veterans requiring the benefit, must apply to the DMV to have access to dedicated counselling and treatment services. The following documents will be required:

i. Fully completed Benefit Access Form (Annexure A) available from: DMV offices (Including Provincial Offices) and the DMV website (www.dmv.gov.za )

ii. Certified Identity Documents

iii. Proof that he/she does not qualify for medical aid subsidy (e.g. Letter from Human Resources)
iv. Proof that medical aid cover is inadequate
v. Copy of medical aid where applicable.
vi. Any other documents that may be required whilst administering the benefit for Military Veterans.

VERIFICATION

12. Beneficiaries for dedicated counselling and treatment services will be verified against the National Military Veterans database.

DISQUALIFYING CRITERIA

13. Military Veterans will be disqualified if they:
   a) Discontinue their medical aid cover upon exiting service.
   b) Provide misleading information or falsified documents

Have been convicted of rape, murder, robbery, theft or high treason committed after 27 April 1994 and sentenced to imprisonment for a period exceeding 5 years without the option of a fine.

DEREGISTRATION / EXIT MECHANISM

The provision of health care benefit will be discontinued upon cessation of life.

COMPLAINTS MECHANISM

14. Applicants may lodge a written request within three months from the date of the outcome letter with the Department of Military Veterans.

APPEAL PROCESS

15. Military Veterans who are not satisfied with the outcome or the department’s decision or complaints mechanism outcome, may appeal to the Military Veterans Appeal Board within 90 working days of the outcome.

CONFIDENTIALITY OF INFORMATION

16. The DMV takes precautions to preserve the integrity and confidential information obtained during the provision of counselling and treatment and prevent corruption of loss of information and only use such information in the performance of its duties in terms of the medical assessment criteria.
MONITORING AND EVALUATION

17. The department shall conduct monitoring and evaluation of the benefit policy as follows:
   a) Bi-Annual consultations with the stakeholders.
   b) DMV supported by service partners will monitor delivery on health care services for Military Veterans to ensure delivery.
   c) The medical claims are reconciled with the service partner.

POLICY REVIEW

18. The policy on access to health care for Military Veterans shall be reviewed every three years, or as and when required.

LIST OF ANNEXURES

19. Annexure A: Application form for dedicated counselling and treatment services.

APPROVED BY

D.M. MGWEBI LT GENERAL (RTD)
ACTING DIRECTOR-GENERAL: DEPARTMENT OF MILITARY VETERANS

DATE 14 10 8 120 20