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Groote Schuur Hospital adopts integrated approach to destigmatise mental health care

The stigma associated with chronic and infectious diseases like HIV/AIDS and mental health disorders has resulted in a breakdown of traditional in-hospital psychiatric service models. But thanks to an innovative, multidisciplinary, patient-centric approach that focuses on normalising access to mental health care, change is underway.

Professor Jackie Hoare, the head of the Division of Consultation-Liaison Psychiatry in the Department of Psychiatry and Mental Health at the University of Cape Town (UCT) and Groote Schuur Hospital (GSH), is the brain behind the remodelled mental health care service, which targets patients (adolescents and adults) with chronic and infectious diseases at GSH.

“The risk of mental health problems and neurocognitive impairment among adolescents living with chronic illnesses is particularly high. Clinics and in-patient units that offer care in traditional psychiatric spaces simply don’t work to support this vulnerable population,” said Hoare.

By introducing her novel approach to working, Hoare has managed to transform mental health care for patients who are physically unwell at GSH. In the past, the team of psychiatrists and psychologists operated separately from other departments and divisions in the hospital. But the approach failed to work well for patients, who often felt stigmatised and marginalised for using mental health care services.

In the hope of normalising access to mental health care services, Hoare changed things by adopting a more integrated approach to working. Now, her division has joined forces with other in- and out-patient hospital services, which means that her team takes the service directly to the patient.

“We don’t deliver any care outside of existing physical health spaces. Instead, we go to oncology, infectious disease, or obstetrics and gynaecology,” she said. “By doing so, we have normalised access to mental health care.”

The idea behind the integrated system, she said, is for patients in oncology (as an example), to be able to receive chemotherapy treatment and see their psychiatrist or psychologist on

the same day. "In this way, it's not seen as a stigma or as a weakness; it's merely part of the oncology service package," she added.

To respond to an enormous need in the face of devastating loss, Hoare also uses her tried and tested method to provide mental health care to COVID-19-positive patients at GSH.

According to Hoare, consultation liaison psychiatry focuses on delivering mental health care and support to patients admitted to hospital for a surgical or obstetric procedure, or an underlying medical condition.

Naturally, many patients admitted to hospital often experience anxiety, and as a result, the risk of depression escalates. Hoare said this also impacts the manner in which patients manage their underlying condition, as well as the long-term risks associated with the condition.

"We can't separate a patient's experience of being ill or requiring surgery from their emotional experience of being in that space," she said. "In order to further improve patient care and outcomes, we need to strive for parity of esteem between physical health and mental health care."

Because depression and anxiety are two of the leading causes of disability worldwide and are both major contributors to the overall global disease burden, patients living with chronic illnesses are particularly vulnerable. Therefore, Hoare said effective and well-resourced mental health care services are needed urgently.

Overall, the benefits of her new way of working are plenty, and they extend beyond the patient. In fact, they've demonstrated positive outcomes for clinicians as well – communication and overall working relationships between the Department of Psychiatry and other departments have never been stronger, which explains why it's been well received by patients and clinicians alike.

"If the relationships between clinicians are improving, patient care is improving too. That invariably happens when teams work closely together, and that is exactly what we need. In the end, it all boils down to relationships," said Hoare.

Story by Niémah Davids, UCT News



Professor Jackie Hoare

Supplied

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