



# PSYCHIATRIC HOSPITALISATION

## Attending to mental crises

By Dessy Tzoneva

**W**hen it comes to hospitalisation, it's not often that we think of it as needed for our mental health, but rather for supporting and restoring our physical wellbeing. Patients are also generally far more accepting of the necessity for a medical procedure than they are of a psychiatric or psychological intervention. "There's a lot of stigma and fear surrounding psychiatric hospitals, because of the way they have been portrayed," says PsychMatters clinical psychologist, Sheethal Behari. All of this makes it more complicated to determine when a mentally ill patient needs in-hospital care and how to go about ensuring they receive the kind of treatment necessary.

### When to hospitalise

There are many people who live with depression or anxiety, or who have experienced a traumatic event and who never require hospitalisation. However, when the symptoms of a mental illness are severe, when the condition is complicated by addiction or when social support is lacking, a hospital stay offers the best form of treatment.

Johannesburg psychiatrist, Dr Sheldon Zilesnick says: "Hospitalisation should be considered when suicidality is present, when there are psychotic symptoms, and when a patient is experiencing mania, as opposed to hypomania." He explains that with eating disorders, a patient should be admitted when bulimic symptoms

accelerate or when there's a risk of electrolyte disturbance. "Patients with anorexia who show excessive weight loss or a BMI lower than 16 will probably need in-hospital attention." When a patient's mental illness results in a personal health risk, in a risk to the safety of others or in marked impairment of the patient's day-to-day functioning, it may be safer and more effective to stabilise the patient in a hospital setting before continuing treatment on an out-patient basis.

Behari says: "The referring doctor should try to help alleviate a patient's fears by explaining what diagnosis they have made, why they think hospitalisation is necessary, that they will be in a ward with patients experiencing similar

difficulties, and that they can keep the reason for or place of their hospitalisation confidential from friends and family.” She explains that it’s important to share with the patient and their family that the admission is in the patient’s best interest, in order to protect them. Family members tend to view the condition as more serious when hospitalisation is involved and it’s helpful to encourage them to accept the need for this and to support their loved one in doing the same.

### Public vs private

Once you have made the decision that hospitalisation is needed, you’ll have to find out whether the patient qualifies for public or private care.

State hospitals differ in the degree to which they cater for psychiatric patients. “Some have no psychiatrists or psychologists on staff, others have psychiatric wards of varying sizes,” says Cassey Chambers, operations director of the SA Depression and Anxiety Group (SADAG). “There are also specific procedures that need to be followed to make sure your patient receives the appropriate care.” Patients should be sent to the most suitable local hospital with a comprehensive referral letter and some indication that the process can be somewhat long and, at times, frustrating. Communicating directly with the hospital to let them know your patient is on the way can ease this process. For help with information

on the public hospitals in your area that have beds available for psychiatric patients, call SADAG on 0800 75 33 79 any day of the week between 8am and 8pm. “We assist patients on a daily basis with accessing desperately needed mental healthcare in strained state facilities countrywide,” says Chambers. “Through this, we have come to know how the system works and which state hospitals are best-positioned to provide emergency psychiatric care.”

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In the private sector, patients can be admitted into a general hospital in an emergency or straight into a psychiatric hospital, if no medical intervention is needed. If a patient has attempted suicide or is in need of medical care, they should first be stabilised in a general hospital, before they can be transferred to a psychiatric clinic. Zilesnick says that when referring a patient for hospitalisation, contacting the relevant psychiatrist is essential: “A professional-to-professional phone call is by far the best way to exchange information. This helps to ensure that the patient is most appropriately placed, within the unit or programme best suited to their condition.”

### Minimum medical aid benefits

According to the Council for Medical Schemes, all medical scheme members – including those on a hospital plan – have a right to certain Prescribed Minimum Benefits (PMBs), aside from the benefits offered by each patient’s plan. In terms of mental health, all members have a right to in-hospital treatment of up to 3 weeks per year for abuse or dependence on psychoactive

substances, anorexia, bulimia, brief reactive psychosis, depression, bipolar, schizophrenia and paranoid delusional disorders. For attempted suicide, delirium and acute stress disorder linked to a recent trauma, patients are covered for a 3-day hospital stay. Zilesnick says: “The average length of stay in a psychiatric hospital is around 12 days; some programmes are fixed at 21 days. It’s vital that patients are made aware of this by the referring doctor, so that they don’t arrive at the hospital under the impression that they’ll be there for just 1 or 2 days.” Zilesnick explains that if that happens, patients tend to lose trust in all professionals involved, which complicates treatment.

“Sometimes, patients are reluctant to go back to the admitting GP. To help prevent this, provide the patient with as much information as possible, be empathic and ask what concerns the patient has about being hospitalised, reassure them that they can tell people they are just going into hospital for some tests, and follow up with the patient and their family to see how they’re doing.”

Sheethal Bahari, Clinical Psychologist, PsychMatters, Gauteng

## Types of admission

There are 3 types of hospital admission for mental healthcare patients.

- Voluntary admission is sought by the patient of their own free will.
- Assisted admission is used when a patient does not refuse care but their mental health status impairs their ability to make informed decisions. In this case, a parent or guardian should apply for assisted admission for a child under the age of 18 and a spouse, next of kin, partner, associate, parent or guardian should apply for an adult patient. Where an application by these people is not possible, a healthcare provider can make the application but will need to include information on the reason for this and on the efforts made to locate a relative. Whoever makes the application needs to have seen the patient within 7 days before the date of that application.
- The last type of admission is involuntary, where a patient is unable to make an informed decision due to their mental illness and refuses a health intervention that is very much needed. All of the conditions listed above related to the persons who can make the application, apply here too. In the private sector, the facilities that can cater to involuntary admission are limited. Most of the beds available for this are in public hospitals, as the process is tightly controlled due to the possibility for abuse of power.

“Honest, complete information from the referrer is crucial, especially about any use of substances. If a patient is placed in a less specialised unit due to missing information, transferring them becomes very complicated.”

Dr Sheldon Zilesnik, Psychiatrist,  
Crescent Clinic, Randburg

## SAPS assistance

In the case of assisted and involuntary admission, the SA police can be called upon to help with transporting a mentally ill patient to hospital. This service may be especially useful when patients are psychotic or under the influence of alcohol/ drugs; when they are seen

as a danger to themselves or to others but are unwilling to receive treatment. You can advise family members to seek assistance from their local police station, by speaking directly to the station commander and referring to Section 40 – Intervention by members of South African Police

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Service – of the Mental Health Care Act, No. 17 of 2002. In the case of missing social support, you can also request this service as a healthcare provider. Should you experience any difficulty in being assisted, contact SADAG on 0800 75 33 79.

### Post-hospitalisation

Once the patient is stable and discharged, you will most likely be involved in monitoring recovery and identifying any symptoms of a relapse. You will also need to stay up to date with the diagnosis and prescribed medication to ensure any other treatment you provide

does not result in negative interaction. Staying in direct contact with the patient’s psychiatrist helps

**CALL FOR HELP**

**SADAG - 0800 75 33 79**

**AKESO 24-HOUR PSYCHIATRIC INTERVENTION UNIT**  
(Gauteng, Cape Town, Pietermaritzburg)  
0861 43 57 87

**COUNCIL FOR MEDICAL SCHEMES**  
012 431 0500

**DR REDDYS HELPLINE**  
0800 21 22 23

to prevent misunderstandings. Chambers says: “Family members regularly contact us to find out what they can do about a mentally ill loved one who refuses to take their medication or whose symptoms have worsened. Seeking advice from their family doctor is a helpful first step in the process, so be available for questions from family members and help guide them in supporting the patient.” SADAG runs support groups for various mental illnesses countrywide, for both patients and their loved ones. Once a patient has received psychiatric care, call the organisation for a referral to the closest support group.

**MHM**

### ADVICE FOR PATIENTS & FAMILIES

- Nominate a family member to be the central carer/contact person
- Obtain a hospital authorisation code from the medical aid
- Contact the hospital for a list of what to pack for the patient
- Take with all prescribed medication
- Notify the patient’s school, university, employer, etc.
- Prepare for the possibility of a 21-day hospital stay
- Be aware that contact with the patient may be limited at the start
- Know that family members may be involved in psychotherapy sessions
- Learn about your loved one’s illness
- Keep a list of questions you may have and the names of the professionals working with your loved one
- Call SADAG for mental health information, and details of a support group post-hospitalisation