Lifestyle Psychiatry: organization and systematization of somatic care provision for the comprehensive management of patients at the Jean Titeca Hospital Centre and assessment of the impact of this care on patients.

Authors: Dr. Patricia Kirkove[1,2,3], Dr. Sébastien Theunissen[1], Katherine Loayza Villarroel[1]

Affiliations :

1. **Centre Hospitalier Jean Titeca**
2. **Maison Vesale**
3. **CHU Saint-Pierre**

Background

People with severe psychiatric disorders such as anxiety, depression, psychosis, ADHD, bipolar disorder experience psychological distress, physical health problems, behavioral difficulties and stigma. These complications accumulate over the course of their lives, reducing their life expectancy by 13 to 30 years compared to the general population. The majority of these complications are preventable by providing lifestyle interventions.

The Centre Hospitalier Jean Titeca (CHJT) is the only psychiatric hospital in French speaking Belgium that has a head of general medicine. This allows, in collaboration with the heads of psychiatric departments, the structuring and development of projects that provide access to a diverse and comprehensive somatic care. Currently, the CHJT offers a range of care services focused on improving lifestyle habits, but these are neither systematic nor fully documented.

Objectives

In order to structure, promote, systematize and sustain the existing care provision, we will integrate the lifestyle dimension into care pathways and improve interdisciplinary working to reduce comorbidities in patients with psychiatric disorder.

Methodology

The project is carried out by an interdisciplinary team including: diabetologist, physiotherapist, nurses, general practitioners, psychiatrist, occupational therapist, and music therapist.

1) From October to December 2026, we'll map the existing range of care and activities aimed at improving patients' lifestyles such as exercise, diet, quitting smoking and improving sleep.

2) We will establish a cohort of patients who will be systematically and repeatedly surveyed regarding their desire to change their lifestyle habits and subsequently we will offer them a tailored and coordinated program of care or activities, and measure its impact

Results

We created a repository with the identified lifestyle interventions in the hospital which was shared with the interdisciplinary team. Between December 2025 and March 2026 we drafted the questionnaires with the interdisciplinary teams. Patient surveys are scheduled to commence by the summer of 2026.

Conclusion

The mapping of activities and surveying patients will help us to improve quality of care and quality of life and offers a holistic and interdisciplinary approach amount to patients with psychiatric disorders. Furthermore, we strive to break down barriers to accessing our services by drawing on the knowledge and expertise of all members of our interdisciplinary team.

Acknowledgements

The authors would like to thank the interdisciplinary team involved in the project, Angéla Diforti, Vincent Bram, Tanguy Wagemas, Monique Moriau, Karin Van Lerberghe, Anne Sophie Vander Elst, Céline Timperman, Aurore Halkin et le Dr. Pierre Titeca, Dr Pauline Fauconnier

Keywords

Lifestyle psychiatry – prevention – interdisciplinary - care