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Pfalzlinikum



Re-thinking mental health: Innovations of Pfalzlinikum

Pfalzlinikum is a provider for mental health and neurology services in the Rhineland-Palatinate in Southwest Germany with over 2,000 employees in 14 locations. Its work encompasses approximately 1.4 million people in the Palatinate, focusing on community-based, child and adolescent, general psychiatry and neurology services.

As mental health is its daily business, Pfalzlinikum focuses on more than helping people becoming mentally healthy again. Rather, maintaining mental health is the overall objective of the institution and its declared duty – not only for its patients and clients, but also for its employees and the people living in the Palatinate.

Therefore, Pfalzlinikum is always working on new offers and projects, following the institution's aim of creating a resilient and mentally healthy Palatinate region by the year 2025. By founding the initiative "The Palatinate makes itself/you strong – ways to resilience" (p. 2-5), establishing a salutogenetic company health management (p. 13) and developing decentralised community-based services (p. 14-15), Pfalzlinikum continually follows its objective. In order to make people focus on mental health instead of disease, a general rethinking and a development of health

literacy are crucial (p. 6-7). Here, Pfalzlinikum co-operates strategically with different international partners such as the FrameWorks Institute (p. 12). In an interview (p. 10-11), Pfalzlinikum CEO Paul Bomke explains which economic and political challenges Pfalzlinikum is facing on this way.



The Initiative “The Palatinate makes itself/you strong – ways to resilience” – questions and answers with project assistant Romina Männl



Romina Männl

What does resilience mean?

Resilience is originally a term from materials science. It is the characteristic of a material to return to its original form after it has been strongly stressed or modified. Transferred to us humans it can be described as a mental resistance. It is the ability to remain mentally healthy and stable when confronted with crises and challenges in your life.

What is the aim of the initiative?

The initiative “The Palatinate makes itself/you strong” was founded 2014 by Pfalzlinikum and national and international project partners such as universities, communication experts and think tanks, amongst others the Hanover Center for Health Communication and the FrameWorks Institute in Washington D.C. It aims to develop a resilient Palatinate region by 2025. People will be enabled to help one another to remain healthy and to cope well with their personal challenges and crises.

How will you achieve that?

We want to help the people developing a health literacy that starts long before the topic disease even comes up.



That means the competence of remaining healthy and benefitting from the strength and support of their social environment.

What are the challenges?

At first we have to overcome an important obstacle: for a long time medicine and psychology have strongly focused on the treatment of diseases – the healthcare system has reacted instead of acting preventively. Whereas in somatic medicine prevention is gradually becoming established, in the psychiatric field it is still rarely the case. Accordingly, the images that come to mind when people are asked about mental health and disease are rather negative. They think about depression and burnout – things a healthy uninvolved person does not want to think about. So they do not think about what keeps them healthy either. Our challenge is to initiate a re-thinking about mental health before we can really start with offerings that foster health literacy. How this social communicational challenge can be overcome, is explained on pages six and seven.

What makes your approach new?

Focusing on individual resilience alone is quite common in psychology. Of course we also concentrate on this aspect because it is an important starting point. But we are especially interested in examining how individual resilience in the context of the social environment of people works, that means when they are surrounded by their families and friends, the communities they belong to and their working environment. We call this a socioecological approach. Accordingly, we have developed three work fields: Myself and Others, Me/Us in the Community, and The Job and the Company. The projects we are currently working on are described on pages four and five.

Healthy in every sphere of life

“The Palatinate makes itself/you strong – ways to resilience” - Projects



AT the moment, the initiative is involved in different projects that illustrate its three work fields 'Myself and Others', 'The Job and the Company' and 'Me/Us in the Community'.

Fostering emotion regulation of school children – a project by Me and the Others

How does it feel to be angry or happy? How do I recognise if someone laughs about me or with me? How do I show other people that I like them? Why do I have emotions and why is it important to allow them? – Developing basic emotional competences is as important for children as acquainting rules of social conduct. It is an essential precondition for resilience. The initiative is currently working on the expansion of emotional training which has been implemented in more than 50 classes in Palatinate schools. It was developed and tested by Professor Tina In-Albon and psychology students of the University of Koblenz-Landau. The training transfers knowledge about emotions to the children and develops their competences in being empathetic, controlling their impulses, coping with conflicts and communicating violence-free. The older children and teenagers from classes eight to nine are also trained in coping with depression and building cognitive strategies and resources.



Healthcare centre in Donnersberg – a project by Me/Us in the Community

A completely new concept in healthcare service is the Donnersberg healthcare centre, which will be developed in the Palatinate town of Rockenhausen and its neighbouring cities in the administrative district of Donnersberg. On the one hand, Pfalzkllinikum for psychiatry and neurology as well as Westpfalz-Klinikum for somatic medicine are pooling their competences in terms of mental and physical health. On the other hand, both stationary and ambulatory, as well as caring and preventive services will be narrowly interlinked.

Both partners aim to maintain the people's health and quality of life in that region for as long as possible – especially regarding the ageing population and the shortage of doctors and other skilled professionals in the care sector. The healthcare centre will merge the competences of hospitals, resident doctors, and aftercare institutions such as stationary living or welfare centres. It is not only the patients who can benefit from the close exchange and spatial proximity of the institutions. The concept also offers an incentive for young doctors: in this way, they can establish themselves in the rural area without being forced to become self-sufficient. With this idea, Pfalzkllinikum and Westpfalz-Klinikum are facing important challenges in the country: a rural exodus, lack of doctors and ageing. In addition, they plan to involve different stakeholders of the population at an early stage of the

planning. The focus lies here on the positive impact of participation and the development of health literacy.

Tool box for sustainable companies – a project by The Job and the Company

Whether it is the implementation of new technologies, a strategic re-alignment, an ageing staff or an internal shift of culture – change often bares both potential and risks for companies. But there is often a lack of practicable implementation concepts in order to deal with such situations successfully without burdening the people in a company. Therefore it is necessary to develop a new kind of implementation process that strengthens companies and their employees against crises. The solution approach is to balance individual and organisational resilience.

In their work field The Job and the Company, The Palatinate makes itself/you strong is currently working with small and medium sized enterprises in order to develop measurements that make them fit for challenges and resistant against crises. For example, before change projects are decided, the management and the employee organisation check which alternatives of implementation bare the least burden for the staff. In these processes, the focus is laid on preserving mental health instead of discussing diseases.

By Romina Männl, project assistant of the initiative "The Palatinate makes itself/you strong – ways to resilience"

Mental health promotion requires social change: a communication challenge



In the field of mental health, the paradigmatic distinction between the treatment of diseases on the one hand and health promotion on the other becomes particularly evident. Despite the increasing cost for mental healthcare in Germany, the major part of the resources is invested reactively, i.e. there is rather a treatment of diseases than a promotion of health.

Health promotion, however, has another focus. From a salutogenetic perspective it looks at protective factors and resources, and aims to strengthen the individual skills for coping with life and at building health-promoting environmental conditions. A decisive point here is resilience. Sufficient resilience enables the individual to maintain a balance between the subjective perception of stress and one's own coping resources.

Such an approach has a special potential to sustainably improve the population's mental health, because in the development process of mental disorders it starts at the earliest possible time. So it should be possible to reduce not only the incidence rates and the individuals' disease burden, but also excessive treatment and follow-up cost. If the 'individual responsibility' for preserving mental health is emphasised, there will be the risk that the social aspects,

particularly of mental health promotion, are not sufficiently taken into account. Precisely the empirical experience shows that the current conceptions of mental health and resilience have to be extended, amended and thus abolished. Therefore, it is important to include this systemic and socioecological perspective when reflecting communications processes.

From disease to health communication

At its core, the promotion of health is a communicative challenge – at the level of the individual, of social environment, of politics and of the society as a whole. In order to initiate a 'salutogenetic change of perspective', an awareness for the value and the necessity of resilience must be developed first. In the same way as the health system is focusing on the treatment of diseases rather than on health promotion, communication and public debate are concentrating on diseases instead of health. 'Disease communication' is dominating. It focuses on diseases and their risk factors, while a salutogenetic perspective and, thus, mental health and conditions promoting mental health are hardly discussed.

Accordingly, mental stress and its consequences are mainly recognised as important social topics. This can be identified as one of the reasons for the lack of public awareness, understanding of and support for measures to strengthen resilience and it calls for a change of thinking in all social areas, which can only be initiated and accompanied by communication. By emphasising the significance of mental stability and the possibilities to strengthen it, changes in the social debate and the public awareness can lead to political and programmatic innovations and, finally, make change happen.

Cognitive schemes and cultural models as starting points

Communicators face the challenge that they frequently do not reach people with their messages or that the information is understood differently than intended. The background to this is the discrepancy between the demand for specialist information and the available knowledge, the problem perception as well as the willingness and ability to deal with information and process it. Therefore, the analysis of the factors influencing whether and how information reaches the people is fundamental. It depends on the available cognitive schemes. These are structured and quite stable knowledge complexes including knowledge of events, situations and objects forming a network of associations. This network has an impact on how people process and respond to information. A cognitive scheme that is socially shaped and shared is referred to as a cultural model. Concerning resilience, it is to be assumed that in the context of mental health no differentiated or a rather distorted cognitive scheme or cultural model has existed so far, and therefore the necessity of a resilience-sensitive attitude and of the promotion of resilience has not been considered really relevant in the broad public.

Changing the individual and the public agenda by framing

With the respective communications strategies it is possible to influence cognitive schemes or cultural models, impart knowledge and thus open up new roads for our thinking. In case of so-called 'strategic framing' certain elements of a set of facts are specifically selected, stressed and assessed, while other elements are neglected. When you strive to modify attitudes and structures relating to resilience, the health aspect and the strengthening of protective factors have to be emphasised, in order to put this facet of the topic on the public and individual agenda.

An adequate framing strategy considers the subjective and the collective value-related backgrounds as well as the sociocultural coherences (key phrase: social communication), by considering the individuals' everyday reality and living environment when developing the message. Using narrative metaphors is a successful way to transfer scientific information appropriately for each target group, because they are easy to understand and activate emotions. As a result, it is possible to organise information in new ways, fill in gaps of understanding, and therefore reframe dominating frames and cultural models. This framing process should take place on all levels of communication in order to change the social debate and initiate a change in the system towards the promotion of resilience.

This text is an extract of the eponymous article by Paul Bomke, CEO of Pfalzlinikum, Professor Dr Eva Baumann, professor for communications science and Mareike Schwepe, research assistant both of the Hanover Center for Health Communication, and the Hanover Academy for Music, Theatre and Media.



Talking about CBT

Cognitive behavioural therapy is today one of the most widely practised forms of psychotherapy in the world; PEN explores where it came from and some of the arguments in its favour

Cognitive behavioural therapy (CBT) is an innovative form of psychotherapy based on the idea that negative and inaccurate thought patterns (i.e. cognitions) result in and maintain psychological distress and harmful behaviour. Today one of the most widely practised psychotherapies in the world, CBT represents a move away from the more traditional psychoanalysis pioneered by Josef Breuer and Sigmund Freud and instead operates on the basis of three main principles: the way people think influences the way they feel and the way they act; problematic thought patterns sustain mental disorders; and people can be taught to identify these thought patterns, change their outlook, take constructive action, and feel better.

Rational emotive and cognitive behaviour therapy

The history of cognitive behavioural therapy can be traced back some 60 years ago to 1955 with the development of rational emotive and cognitive behaviour therapy (REBT) by renowned American psychologist Dr Albert Ellis. Ellis' theory states that each individual has a unique set of beliefs about themselves and their world which determine how they react to events in their life. In some individuals, those beliefs can be irrational and illogical, which can lead someone to act in ways that cause them emotional and/or physical distress. Common irrational assumptions include, amongst others, the idea that you have no control over your own happiness, that your past determines and influences your present, that you are a failure if not loved by all who know you, and that perfect solutions exist for human problems.

REBT works by employing highly emotive techniques to help people to identify and challenge their irrational assumptions and replace them with healthier thoughts which promote emotional wellbeing and support them towards an end goal. It follows five basic steps, commonly referred to as the ABCDE method: 1) Activating event – that which triggers the anxiety; 2) Belief system – how the event is (negatively) interpreted; 3) Consequences of the irrational belief system; 4) Disputing irrational thoughts and beliefs; and 5) Effects of examining and challenging your belief system.

Cognitive therapy

Ellis' approach relies on the therapist acting as a teacher and forcing the patient to confront their negative ways of



thinking – a more recent form of CBT, more akin to the types widely practised today, was developed by psychiatrist Aaron T Beck in the 1960s. His idea of cognitive therapy is similar to REBT but places a special emphasis on the patient identifying and challenging their negative ways of thinking of themselves, and stresses the importance of a warm therapist/patient relationship, something Ellis largely disregarded.

According to Beck's theory, people with depression experience a 'cognitive triad' of negative thoughts about the self, the world, or the future, which occur spontaneously and which they perceive to be true even despite evidence to the contrary. These 'automatic thoughts' interact with one another and interfere with more logical ways of thinking.

Added to that, says Beck, individuals prone to depression often develop a negative self-schema in response to a traumatic childhood event, i.e. a set of assumptions about themselves which are critical and pessimistic, and which lead to self-defeating thoughts and errors in logic. Among these distortions, Beck identified personalisation (blaming someone else's low mood on yourself), selective abstraction (focusing on just one part of a situation and ignoring other factors) and overgeneralisation (drawing negative conclusions about something on the basis of one small thing) as causes of anxiety and depression.

Unlike REBT, Beck's cognitive therapy bases its method on the particular disorder being treated, rather than the personality of the patient, and has most commonly been used to treat depression, for which it is considered one of the most effective treatments.

Evaluating CBT

CBT has advantages over other 'talking therapies', which examine causes of distress or symptoms in the past, in that it offers a shorter term approach, focuses on immediate problems and difficulties, and looks for ways to improve someone's state of mind and functionality in the present. However, this common sense approach has led to criticism for its apparent superficiality and failure to provide insight into difficulties, and has received backlash from some experts who argue that not enough attention or funding is being placed on psychoanalytic research.

Nonetheless, CBT has a long tradition of empirical evaluation and is among the interventions best backed up by evidence from randomised controlled trials. In her paper 'Cognitive-Behavioral Therapy and Neuroscience: Towards Closer Integration', published in the journal *Psychology Topics*, Nataša Jokić-Begić of the University of Zagreb, Croatia, makes the case for the neurobiological justification of CBT. Indeed, neuroscientific research, she points out, emphasises the 'significance of positive emotional states as facilitators of a neurobiological change'.

Jokić-Begić writes: 'New scientific research on neuroplasticity suggests that positive emotional states may trigger lasting, durable changes in the structure and function of the brain ... which instantiate and promote further adaptive thoughts and behaviours. Therefore, CBT orientation towards creating a positive and optimistic atmosphere, which is attained by removal of symptoms, is neurobiologically justified.'

'With a new generation of research methods including brain imaging, new insights have been gained into the mediators of change during CBT. The findings of these studies are consistent with the notion that CBT interventions alter brain functioning associated with problem-solving, self-referential and relational processing, and affect regulation. Research designs including pre- and post-treatment neuroimaging measurements revealed the changes in cortical and subcortical structures. It has been postulated that cognitive therapy influences top-down brain regulation; therefore, the changes are permanent and generalised to different areas of life.'

Economic benefits

CBT has also witnessed growing political support thanks to its proven cost-effectiveness, which has been well-documented. For example, in the UK, where CBT



Mental health at work

Mental health in the workplace is an area on which Mental Health Europe (MHE) is placing particular focus at the moment. Asked about some of the issues here, Ophélie Martin, who is in charge of communications at MHE, said: "Prevention is key to better mental health at work, and like the promotion of physical health, the promotion of mental health in the workplace should be seen as a virtuous circle rather than a burden. There is a strong business case for promoting mental health and wellbeing at work. Recent research in the UK has shown that FTSE 100 companies which prioritise employee engagement and wellbeing outperform the rest of the FTSE 100 by an average of ten percentage points. Healthy employees make for healthy workplaces: for many years, MHE has promoted evidence that positive mental health in the workplace lessens the need for time off and increases productivity and cost saving on the short and long-term."

She added: "Early signs of mental ill health can vary enormously from person to person, and can include physical, psychological, and behavioural changes. Physical changes could include changes in sleep patterns, appetite or weight changes, or physical pain such as back pain. Psychological changes could include anxiety or distress, mood changes, or indecision. Behavioural changes might be increased smoking or drinking, persistent lateness, and working longer hours than normal."

"Therefore, good line management is key to creating healthy workplaces, spotting early warning signs, and intervening early. Therefore, training on how to deal with mental health at work should be mainstreamed through both mental health literacy training, and best practice in management."

represents almost half of all therapy courses and is the main psychological treatment provided by the NHS, CBT has received significant financial investment through the Individual Access to Psychological Therapies (IAPT) programme, which provides particular individuals with access to a number of cognitive behaviour therapy sessions over a fixed period of time. The IAPT programme has demonstrated an increase in rate of return to employment of around 5%, suggesting the programme more than pays for itself given the reduction in welfare benefits that have to be paid.

What's more, in its 'No health without mental health' strategy, the UK Department of Health estimates that the NHS could make some £179m (~€232m) in savings over five years, and almost 3,000 quality adjusted life years could be gained, by an investment of £67m into the provision of CBT to people with medically unexplained symptoms.

Nonetheless, while CBT may be for many the therapy of the moment, it remains a relatively young field of study and research is of course ongoing into its use and long-term effectiveness.

Social communication: Pfalzlinikum's CEO Paul Bomke about the challenges in the healthcare setting

It is increasingly clear that greater dialogue between stakeholders and innovative new approaches go far in addressing the challenges facing healthcare systems today. Pfalzlinikum's CEO, Paul Bomke, underlines the importance of communication in an interview with PEN.

What are the primary challenges today in the healthcare setting – and how can a focus on leadership help overcome them?

The primary challenge at the moment is confronting the so-called 'VUCA-World': volatility, uncertainty, complexity and ambiguity. These four criteria are increasing in our work at the moment, in Germany and across Europe in health issues and particularly when it comes to mental health.

As a leader I am dealing with new forms of complexity while working to increase contact with more stakeholders. For leaders generally, we need to encourage the spread of skills beyond those that make a good administrator or manager; you need an understanding of what is important across the sector. For example, you have to find ways to implement new instruments for scanning the (social) environment.

How can healthcare leaders better engage with policy makers? Why is this so important?

As the complexity is increasing, policy makers need to be aware that they are part of the complexity. Sometimes we encourage them to reduce the complexity through their own interventions when it comes to health legislation. At the moment, in Germany there are two big legislative issues under discussion in our field. The first is about social welfare

and the second about financing mental health. My job is to speak to policy makers about the issue of interdependence of the two sectors, which are involved (welfare and health) when they discuss new laws and what is important for day to day work.

We take the approach of working to understand how others are organised to confront challenges. Taking account of the European view can help policy makers understand that there are other solutions for the challenges we face across Europe. I always try to bring this into discussion when meeting with policy makers in Germany; for instance, looking at how the UK is dealing with prevention or how mental health is being treated in Scandinavia. New ideas must always be brought into the discussion to help policy makers widen their understanding.

Do you feel the European institutions can play a greater role in this arena?

The EU work on health is focused on bringing together all the different healthcare systems. Improvements could be made on how experts come together at the European level to enhance their understanding of innovation and different practices. In many ways Europe should act to improve dialogue between countries rather than taking up new powers and its own legislation issues.

How do you feel dialogue between the healthcare system, policy makers and the public can be enhanced?

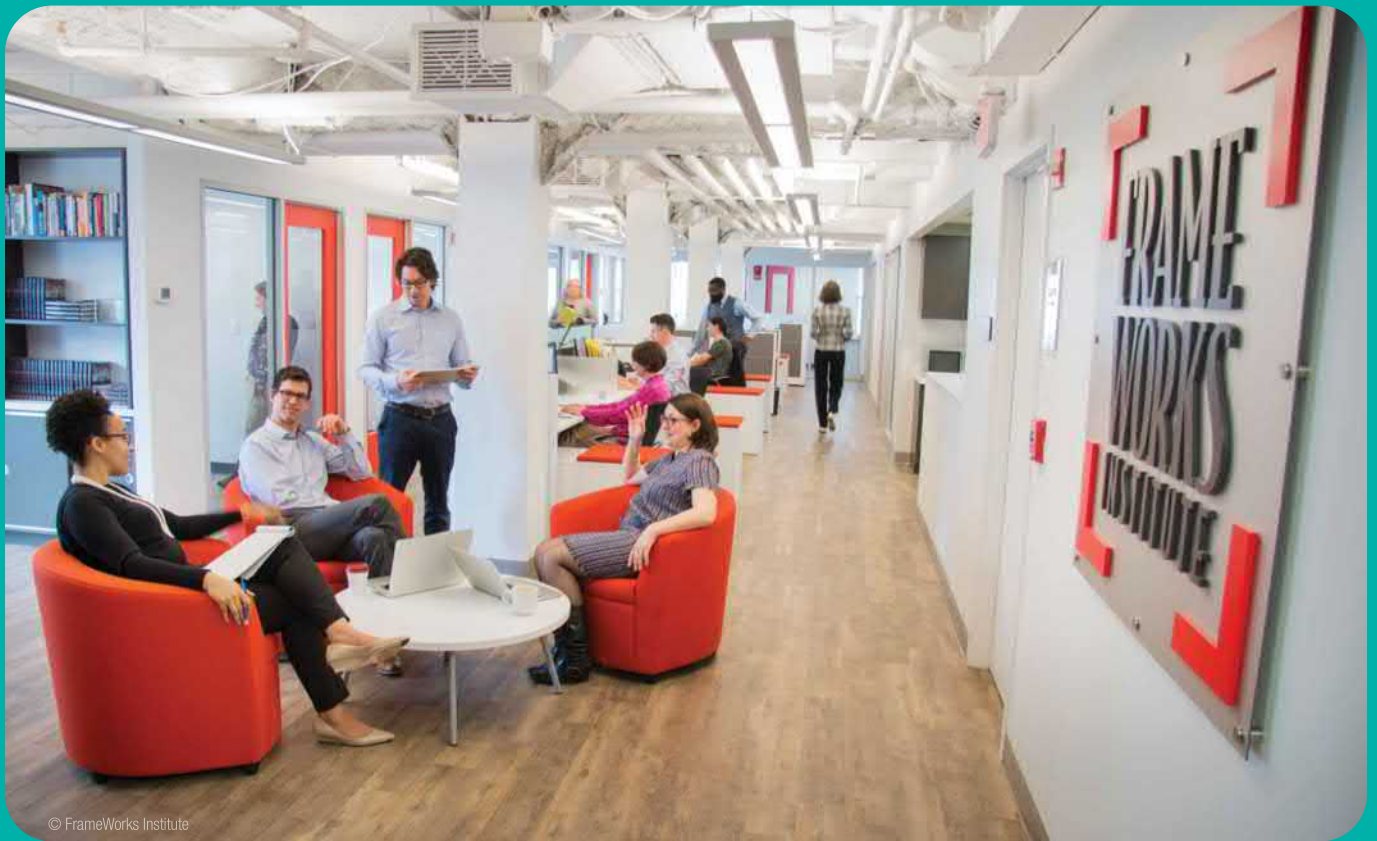
This is a key area in which we are working at the moment – what we call 'social communication'. We have to invest and embrace a broader view of communication issues: rather than how can I convince a partner, or market, of a solution to a problem, the emphasis should be on social change for



all and the role that communication plays. For example, when it comes to interest in our work on mental health, we have seen that experts like to have a disease marketing and communication strategy. However, there is no view on health literacy in the mental health context. The reason is that we are trained to focus on things that are not working, always trying to convince people that if they do not do something they will get ill. Our frameworks approach is more about improving health literacy or improving

competence in the communication process. This is more an approach of focusing on what is good for health, rather than what helps to avoid becoming ill. This kind of thinking requires a totally different approach to communication with partners and stakeholders.

The approach is a new form of dialogue which I am working to implement in our region when it comes to prevention around mental health.



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About the FrameWorks Institute

For 15 years, the FrameWorks Institute has pursued a portfolio of research projects investigating how Americans view health access, immigration, food quality and safety, fitness and obesity, community and mental health, children’s issues, gene-environment interaction, environmental degradation, climate change, racial disparities, public safety, and the role of government. Over this period, we have built a highly regarded institution that has contributed to the development of a community of active framers who use our research to build public will and redirect public thinking. In 2015, FrameWorks received the MacArthur Foundation Award for Creative & Effective Institutions.

The FrameWorks Institute uses empirical research to investigate current patterns in public thinking about social issues and delivers its findings to advocates, researchers, practitioners and service providers to help them engage and inform the public and achieve their communications and policy goals.

We have pioneered a new approach to communications – Strategic Frame Analysis™ – that is grounded in theories and methods used across the social and cognitive sciences to measure how humans understand complex, abstract sociopolitical issues and how communicators can reframe these issues to affect outcomes, ranging from public understanding and attitudes to communications efficacy and policy support. Our work has been published in peer-reviewed journals and is used widely in various forums,

ranging from the National Academy of Sciences to the Monterey Bay Aquarium.

Moreover, because we pay equal attention to adult learners and their specific needs in approaching our work, we are able to point to entire coalitions of non-profit sector professionals, scientists and policy advocates who have adopted FrameWorks’ language, implemented its recommendations, and become master framers to good effect. These conclusions are supported by both external and internal impact evaluations.

Strategic Frame Analysis emphasises the importance of an explanatory approach to improving public understanding of social issues. Numerous studies in the cognitive sciences, as well as a growing body of FrameWorks’ research, have established that the public’s ability to reason about complex, abstract or technical science and public policy concepts relies heavily on the framing cues provided by values, metaphors and other frame elements. As a result, FrameWorks actively develops simple, concrete metaphors and other tools to help people organise information in new ways, take in and understand new information, and shift attention away from unproductive default thought patterns. FrameWorks identifies, empirically tests and refines explanatory metaphors and other reframing strategies for complex social problems using a wide range of discrete methodologies.

By Nathaniel Kendall-Taylor, CEO of FrameWorks

Maintain health, cope with stress

Company health management at Pfalzlinikum



Especially in times of a shortage of skilled labour in the health and social economy, economic pressure connected with higher demands, and changing work processes, it is crucial to equip the company and its employees with strategies to cope successfully with challenges and remain healthy. In organising its company health management (CHM), Pfalzlinikum is following a rather innovative approach. Instead of focusing on the common disease-oriented (pathogenetic) view, all CHM measures follow the salutogenetic approach by the American sociologist Aaron Antonovsky. The approach deals with the question of how to keep people healthy rather than identifying the reasons why they become ill. Based on this idea, it has been possible to offer a wide range of services for the Pfalzlinikum employees.

As the first step, Pfalzlinikum designated representatives for CHM in all facilities and areas. These 'CHM representatives' meet periodically in order to improve and critically scrutinise the working conditions along with the persons concerned. In so-called 'health circles', problems are analysed and requirements identified. In further training courses, the CHM representatives deal with issues such as stress reduction, methods of coping with extra work load, and the correct way to identify problems in the working environment at an early stage.

Stress, gender and leadership

All employees of Pfalzlinikum can take part for example in stress coping workshops where they learn how to reduce

stress most effectively, and how to identify and handle strain. The conditions that can cause stress are also investigated. This is done through practical exercises such as breathing techniques, body journeys, visualisation and activation tricks, those participating learn to quickly relieve tension and regain new strength during their workday. However, they also develop methods for how to prepare themselves for stressful situations and to prevent one's own stressors from gaining too much ground.

The gender aspect plays an important role in the field of clinical, outpatient or home care. It may happen that patients or clients coming from a different culture refuse to be treated by a female care giver and *vice versa*. Workshops covering this subject are meant to help build up gender-specific skills in treatment, support and care of persons with mental impairments. The participants will reflect on their roles and their behaviour and work off subconscious stereotypes.

Salutogenesis and maintenance of health is offered in management lectures for Pfalzlinikum middle management staff. In workshops, they learn how health can be maintained, particularly with reference to their own leadership behaviour. The aspect of diversity and the offer of equal opportunities for employees of different origin, sex, age or culture group is also taught. In addition, executives learn how to benefit from these differences in a group.

By Romina Männl and Elena Posth, deputy director of public relations of Pfalzlinikum

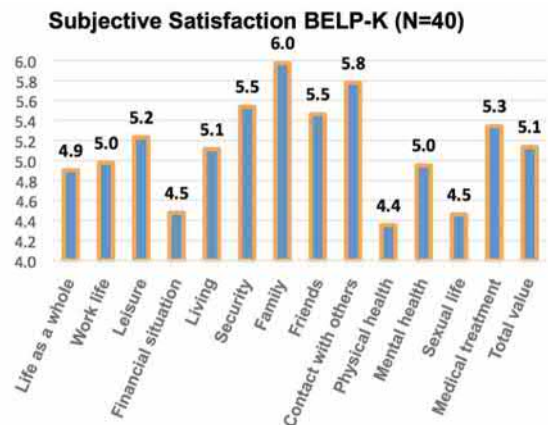
What is the state of the quality of life?

Evaluation of decentralised community services for mental health

Over the course of the last few years the Pfalzlinikum's *Betreuen – Fördern – Wohnen* (caring – fostering – living) department has decentralised its community-based mental health residential services. The aim for them is to become 'part of the community' of towns in the Palatinate. In collaboration with a student practice project of Aalen University and Professor Anke Rahmel, suitable and easily deployable instruments for measuring of the quality of results have been tested in order to provide a basis for a longer-term evaluation of specific projects.

Level of satisfaction in different spheres of life

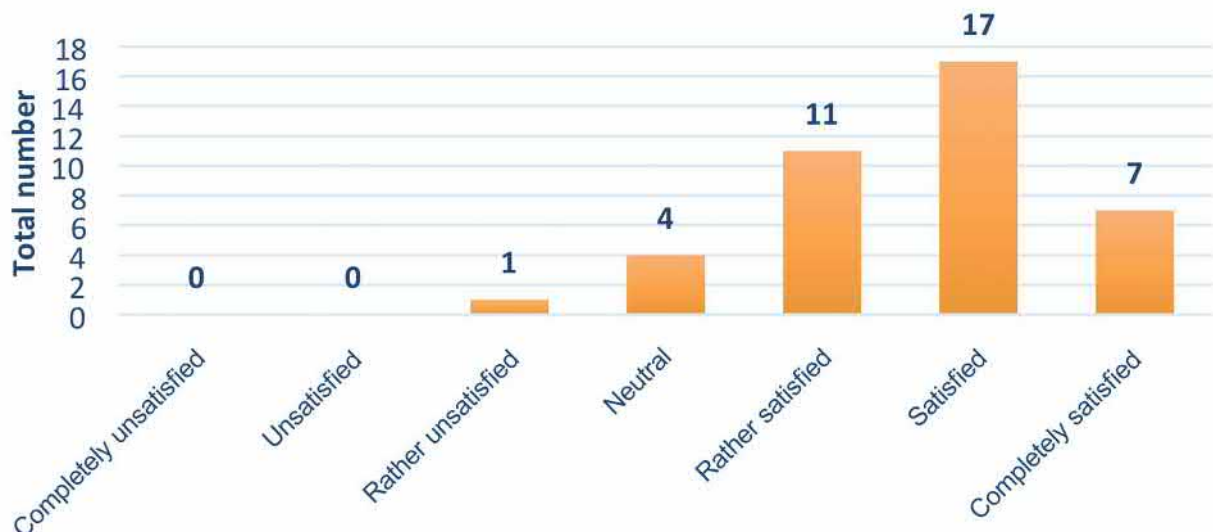
The Berliner Lebensqualitätsprofil (Berlin life quality profile, BELP- K)¹ is an assessment of subjectively perceived quality of life. It is the German version of the Lancaster Quality of Life Profile and was used as an 'easily applicable instrument for detecting the subjective quality of life', supplemented by two areas from the personal outcome scale (POS). The subjective quality of life is rated as satisfaction in general and in different areas such as social relations, leisure, work, finances, living situation, family and security.



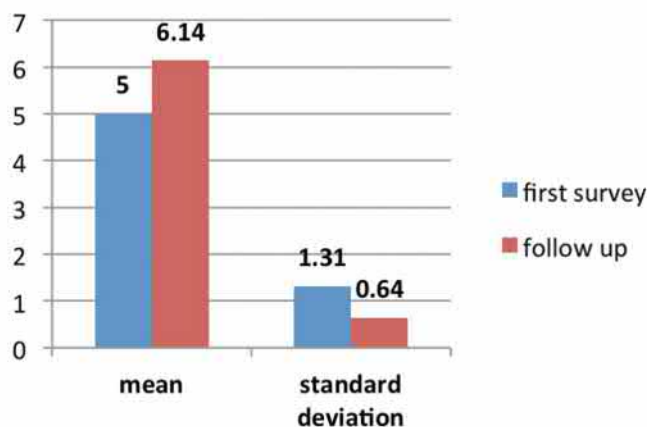
The POS² domains – social inclusion (e.g. how many neighbours do you know by name?) and social relationships (e.g. how frequently do you have contact with friends?) – were integrated into the questionnaire in order to query expectations, wishes and fears.

The first survey was attended by 40 residents with mental impairments (36 men, four women, 75% with an F.20 – F.29 diagnosis, i.e. with schizophrenia, schizotypy or delusional disorders).

BELP-K Total surveying results (N=40)



Satisfaction with living situation



Results of the first survey

In relation to the individual questions, financial satisfaction and physical health reached the lowest average means. The highest scores were found in family and contact with others.

Living with others is positively perceived

Based on the methodological experiences of the baseline survey, two surveys on decentralised locations have been conducted by a second student project group: eight residents in a recently opened assisted living setting in a small town environment and 15 residents in a more urban situation – in the Palatinate city Speyer – were interviewed.

The results of the follow up survey (small town) some weeks after the move to the new environment show no dramatic changes: mean value t1 = 4.77; mean value t2 = 4.86. The lowest satisfaction value remains in the domain of financial resources. A positive trend was found considering the housing conditions and to living together with people in the same apartment. The level of subjectively perceived security feeling has not changed.

Habitants reflect their new living conditions

Positive: more independence, better local traffic connections, people are more normal, good general practitioner, shopping, more silence, better reputation, better feeling of freedom (...)

Negative: Missing old friends, doing more everyday activities on my own, longer distance to occupation or work (...)

Recommendations for other people who think about moving: Less negative thoughts, no fear, gain your own experiences (...)

In Speyer the overall mean of BELP-K is 5.2 (satisfied) and the town is generally described in positive terms: good city, great townscape, street music and atmosphere, shops (...)

Conclusion

The concept of the subjective quality of life is viewed as one – among others – quite true to life indicator for the success of efforts to decentralise and normalise residential services

for people with mental impairments. It is also understandable for the interviewees and provides a basis for a more extensive dialogue about questions such as 'What does quality of life mean for me personally?', 'What is a good life for me?'

The development of new residential and care forms must be measured against the benefits for the individual. Pfalzlinikum is planning follow-up studies in larger intervals at other decentralised locations and seeks for opportunities for network and exchange with similar projects.

By Hans Frech, deputy director of the Pfalzlinikum institution Betreuen – Fördern – Wohnen (community-based services)

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