

# **LVR Psychiatric Report 2016**

**Focus: Migration and Integration**



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## Editorial

The way in which a community deals with its most vulnerable members is a benchmark for the level of humanity. This also applies exactly to the treatment and care which people with psychological illnesses or damage experience. Therefore, I am especially delighted about the progress towards integration that we have achieved in our community over the past decade. Progress which not only benefits patients, but also those who accompany people with psychological issues every step of the way.

I am especially happy that we have actively supported the development of psychiatric treatment and care concepts in Rhineland, and continue to do so. Many new concepts and initiatives have originated from LVR. And now we have new challenges to face; with the rising number of mentally ill and / or traumatised refugees, the development of qualified and pragmatic solutions is a necessity - not just in Rhineland, but all over Germany. This challenge has also become our current topic of focus.

Our clinics make a generous contribution to the integration of migrants, and coping with the 'refugee crisis'. The people who come to us need individual help, support and therapy. The first hurdle in the everyday life of the clinic is often the language barrier. In a unique offer across Germany, our clinics are relying on the skills of 'language and integration mediators'. They help to overcome both language barriers and cultural differences. In Chapter 2 of the attached 'Psychiatric Report' you can find more details about this and other offers in our LVR clinics.



Even if the entire topic of psychiatry and the needs of people with psychological issues have become more ingrained in the public consciousness - thanks to many anti-stigma campaigns in particular - information is still needed. The current report should make a contribution in that regard. It should create transparency and describe the services and capabilities of the LVR clinics, their many offers, and how these are used. It is also clear which specialist and conceptual targets the LVR takes as a basis in developing its facilities. If this report succeeds in breaking down worries and barriers, giving courage to those affected and showing them our offers of help, and if we can continue to motivate the staff of the LVR Clinic Association to devote their strength and time to our goals, then all this work will have been worth it.

My special thanks to all those who make their contribution to this, day after day.

**Martina Wenzel-Jankowski**

Head of Department, 'Clinic Association and Special Education Aid Association', Rhineland Regional Association



## Foreword

The inception of the UN Disability Rights Convention (DRC) 'United Nation Convention on the Rights of Persons with Disabilities', and its ratification in the German parliament three years later, have marked a milestone in psychiatric care.

As a public hospital owner for people with psychological illnesses, the LVR is consciously oriented towards the values of the DRC, and has a very special demand to fulfil; The development of 'care' and 'welfare' with regards to participation, empowerment and inclusion, strengthened by the DRC, has been taking place for decades, and is still ongoing in the subsequent implementation of 'outpatient rather than inpatient treatment' in care.

The inclusion paradigm also marks a fundamental change in the presentation of communal living for people with and without disabilities. And so psychiatry in particular should also be judged on whether and how it incorporates inclusion into its care concepts and in practice - in other words, not as just another quality target, but as a treatment direction that affects all areas of psychiatric care.

The decentralisation of clinics and the building of community-integrated offers should be understood as activities promoting inclusion on the part of the LVR Clinic Association, as well as naming integration representatives who are concerned with improving healthcare for people from a migration background - a goal that we at LVR have been pursuing for over a decade. Not a day has passed over the past few months when we have not dedicated ourselves to better care for mentally ill refugees.



And this is why I am so pleased that the current psychiatry report has touched upon such a topical theme with its focus. A better insight into the complex subject of 'migration and integration' than an interview with Dr Ali Kemal Gün, the first integration representative in a psychiatric clinic in Germany, could never have been found.

That 'quality for people' is of significance for us at LVR not just on paper, but even more so in practice, continues to manifest in the positive feedback about our work: from politics, economics, management and from every person and their relatives who have made use of our services. And this good work is also demonstrated in this report.

We hope you have fun reading!

**Ulrike Lubek**

Director of the Rhineland Regional Association



## Foreword

The Rhineland Regional Association is a provider of services for around 9.6 million citizens in Rhineland - with and without disabilities. It provides services throughout Rhineland by offering help for people with disabilities, children and adolescents, in psychiatry and culture and it supports people with disabilities, people with mental health issues and all those who need help in the areas of social life, health and education.

The great challenge of providing safe treatment for refugees in the LVR clinics has also placed a political demand on us. The LVR Regional Committee has asked management to submit suggestions of how, in light of the rising numbers of refugees, communities in Rhineland can be supported by the LVR in housing and supporting refugees. For example, the LVR Clinic Association offers low threshold initial interviews to people with a history of flight in all its trauma and transcultural outpatient departments, without waiting times and in their mother tongues if possible.

The work of culturally sensitive interpreters is extremely important in this regard. To that end, the Regional Committee has doubled its funding for the use of language and integration mediators - a very impressive indication of the social and humanitarian duty that the Association has expressed once again in the care of refugees with mental health issues.

However, as well as this target Association-specific optimisation of the core offer, there are still a number of other small beacons, shining a bright light into the darkness. As a representative example, the creative therapy



offer, 'I draw what I cannot say', developed in the Düren LVR Clinic for refugee children, is referred to in this report. A poignant, preventative project outside the clinical treatment programme, which primarily works towards one goal in particular: to give children from refugee families the gift of a break from stress.

These small examples show the many ways in which the LVR addresses the challenge of 'migration and integration' in psychiatric care - and how much this effect is influenced by the people of the LVR. To that end, I would like to offer my heartfelt congratulations to all employees who make such a clear stand for humanity with their courageous advocacy against discrimination and racism.

**Margret Schulz**

Chair of the Health Committee of the Rhineland Regional Assembly



# 1. The LVR Clinic Association

**Human. Professional. Local.**  
**'In the LVR Clinic Association, we pool  
our strengths and our knowledge.'**

**LVR Association Mission**



# Quality for people

As a communal public service owner, the company purpose of the LVR clinics is primarily directed towards ensuring qualitatively high-value and easily accessible care for people with mental health issues in Rhineland.

The Landschaftsverband Rheinland, or LVR (Rhineland Regional Association), is the owner of nine psychiatric clinics and an orthopaedics clinic. As a communal association for the 9.4 million people of the 13 independent cities

and twelve districts, and the city region of Aachen in Rhineland, the LVR is also charged with the responsibility for shaping community psychiatric care in Rhineland. Therefore, beyond operating its hospitals, the

LVR is setting a care policy impulse for continuing to develop psychiatric care outside the LVR clinics through programmes and projects, especially through the funding of social psychiatric centres (Sozialpsychiatrische Zentren, or SPZ) and migration and social psychiatry centres of competence (Sozialpsychiatrische Kompetenzzentren Migration, or SPKoM).

The quality of offers and services create the core of the LVR Clinic Association company policy in implementing the LVR slogan 'quality for people'. As the largest provider of psychiatric hospital care in Rhineland, the LVR considers its main duty to guarantee high-value and forward-looking psychiatric treatment offers which serve the needs of people with mental health issues as best as possible. It is the aim of the LVR that the LVR clinics set the stage for the further development of psychiatric care as examples of excellence, promote innovation, and make an important contribution to promoting mental health.

The ten specialist clinics joined together in 2009 to form the LVR Clinic Association, which is centrally run by the LVR Association Central in Cologne, the LVR Department Clinic Association and Special Education Aid Association. The LVR Clinic Association can make more use of the benefits of a cross-regional organisation than as a single hospital owner; through a systematic transfer

**'The quality of offers and services create the core of the LVR Clinic Association company policy in implementing the LVR slogan 'quality for people'.'**



of experience and knowledge, through developing synergy and profitability reserves, through networking and teamwork, through mutual development of offers and procedures, and through mutual quality management.

The treatments and care on offer from the LVR Clinic Association cover a wide spectrum of methods of assistance in the following areas, with a total of 6127 beds and spaces (Table 1):

- Psychiatry and Psychotherapy,
- Psychosomatic Medicine and Psychotherapy,
- Children's and Adolescent Psychiatry, Psychosomatics and Psychotherapy,

- Neurology and
- Orthopaedics,
- Departments for Forensic Psychiatry for treating offenders who are not criminally responsible or bear diminished responsibility,
- Departments for Social Rehabilitation for supporting people with chronic psychological disorders and psychological disturbances,
- Offers of Medical Rehabilitation for people with chronic psychological disorders or addictive disorders, and
- Offers of care (SGB XI) in care institutes.

Table 1: LVR Clinic Association treatment offers

	Bedburg-Hau	Bonn	Düren	Düsseldorf	Essen	Cologne	Langenfeld	M'gladbach	Viersen
Allgemeine Psychiatrie / AP (General Psychiatry)	●	●	●	●	●	●	●	●	●
Gerontopsychiatrie / GER (Elderly Psychiatry)	●	●	●	●	●	●	●	●	●
Addictive Disorders (SU)	●	●	●	●	●	●	●	●	●
Psychosomatic Medicine (PM)				●	●				
Kinder- und Jugendpsychiatrie / KJPPP (Children's and Adolescent Psychiatry)	●	●		●	●				●
Youth Welfare Services									●
Neurology	●	●		●					
Children's Neurology		●							
Speech Therapy		●							
Forensic Psychiatry	●	●	●		●	●	●		●
Medical Rehabilitation	●						●		●
Social Rehabilitation	●	●	●	●		●	●	●	●
Care									●
Orthopaedics									●



# Inclusion - the overall quality goal

The LVR works towards the values of the UN Disability Rights Convention (DRC), which was made legally binding on all state levels in Germany in 2009. As a public hospital owner for people with psychological illnesses, the LVR also has a very special demand to fulfil.

The LVR has published an action plan for implementing the UN Disability Rights Convention, where the key policy objective of inclusion was expressed, in keeping with

the resolution of the Rhineland Regional Association on 14 December 2011, and a strategically oriented treatment programme was set out for the LVR.

Inclusion is not just another quality goal for the LVR Clinic Association; rather, it is a treatment orientation which affects all areas of psychiatric care, both in the further development of offering structures and in shaping treatment and care processes.

Along with the inclusion implementation criteria defined in the action plan, overall targets were set for psychiatric care by the LVR clinics;

1. The LVR clinics must guarantee equal, disability friendly and local access to treatment offers for all people. The offers from the LVR clinics have a community-integrated and interlinked position in their areas of care.
2. Urgent treatment in both outpatient and inpatient offers should be made available to patients. As well as good accessibility and low-threshold access to offers of treatment, this also guarantees treatment in close contact to patients' social spaces.



You can also find further information in the LVR action plan for implementing the UN Disability Rights Convention, 'Together in Diversity'.



3. The various specific treatment requirements and needs of people with mental health issues should be met by guaranteeing a differentiated range of offers and services. For this reason, treatment offers are designed and created in accordance with disorder-specific requirements, as well as gender-specific needs and needs specific to other target groups.
4. It is the duty of the LVR clinics to guarantee a maximum degree of autonomy, participation and communal involvement. Orientation towards patients in the LVC Clinic Association means that patients are taken seriously and respected with their interests, needs and wishes, are met with empathy and respect, receive services which they desire and which are of use to them, and have confirmed rights and obligations at their disposal.
5. The LVR Clinics continually align their development with current medical developments, and with the changing healthcare policy framework conditions and community policy targets for the inclusion of people with mental health issues. The LVR Clinic Association contributes to the continued development of community psychiatric care by means of its own initiatives and innovations.

**‘The maximum degree of autonomy, participation and community involvement’**

## 1.2. Offering Structure for Psychiatry & Psychotherapy (PP) and Psychosomatic Medicine (PM)



### Local, needs-based and needs-oriented

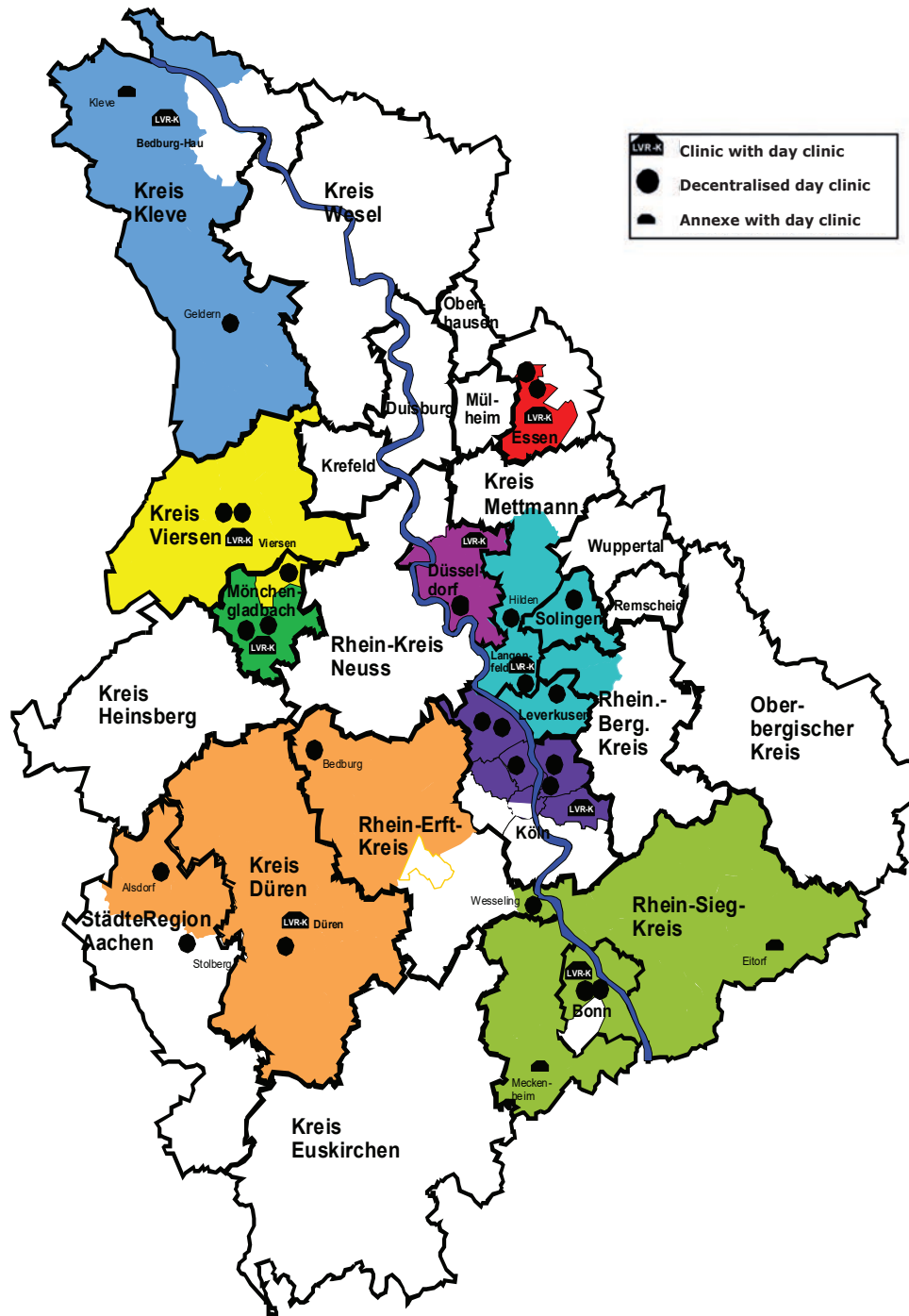
LVR clinics treat around 4.5 million residents in their duty of care areas, with 3527 acute psychiatric beds / spaces. There are considerable differences with regards to the sizes of duty of care areas for the LVR clinics, with a population size between 182,000 (Mönchengladbach) and 929,000 residents (Bonn) (Fig. 1). Accordingly, the distances between the central clinic sites and the peripheral zones of the treatment areas vary, depending on location, between around 5 km (Essen) and around 30-40 km (Bedburg-Hau, Bonn, Düren, Viersen). Fig. 15 in the appendix shows the differences in the hospital frequency per 100,000 residents in the full inpatient care sector.

The considerable geographical distribution of the treatment areas places high demands on the spatial organisation of clinics and the structural development. In the mid-'90s, the LVR opted for the forced building of decentralised day clinics, against a backdrop of lengthy state hospital planning procedures and the necessary planning developments for investment projects. A target figure of 20% day clinic spaces was defined for the entire capacity for all LVR clinics, in association with the resolution.

Table 2: PP / PM inpatient and day case capacities

	■ Spaces - central	■ Spaces - decentralised	■ Beds - central	■ Beds - decentralised	Decentralised %	Day clinic %
Bedburg-Hau	48	18	188	34	19%	18%
Bonn	109	94	484	44	22%	17%
Düren	82	62	406	0	13%	17%
Düsseldorf	116	61	407	0	12%	22%
Essen	56	33	143	40	31%	23%
Cologne	108	90	402	0	18%	21%
Langenfeld	69	69	364	0	16%	16%
Mönchengladbach	36	36	130	0	22%	22%
Viersen	47	47	214	0	18%	18%
<b>LVR</b>	<b>671 Spaces</b>		<b>2856 Beds</b>		<b>18%</b>	<b>20%</b>

Fig. 1: PP / PM care areas



LVR Clinic	PVG residents	LVR Clinic	PVG residents
Bedburg-Hau	270.034	Cologne	622.038
Bonn	928.900	Langenfeld	628.384
Düren	734.089	Mönchengladbach	181.812
Düsseldorf	545.061	Viersen	370.108
Essen	188.873	<b>LVR Clinics</b>	<b>4.469.298</b>



In the meantime, the target value was successfully reached and / or exceeded at four locations (Table 2): in Düsseldorf, Essen, Cologne and Mönchengladbach. The total picture of all LVR clinics currently shows a day clinic percentage of 19% (2010: 16.5%).

The development of decentralised locations is still being promoted in order to strengthen inclusive care close to social areas (see also: Table 2). The corresponding day care hospital frequencies are set out in Fig. 16 (appendix).

In 2015, the nine LVR clinics were therefore running 34 decentralised locations (2010: 24) with a total of 648 beds / day clinic spaces (2010: 502);

- 29 decentralised day clinics with integrated outpatient offers, and
- five annexes with outpatient, day patient and inpatient offers.

A total overview of the offering structure of the psychiatric LVR clinics can be found in the appendix (Fig. 17).

18.4% of the total capacity in decentralised units in all LVR clinics became available on the deadline date of 31 December 2015.

New decentralised treatment centres were put into operation in 2014 and 2015, by extending day patient and outpatient offers:

**Bonn LVR Clinic:**

- Day clinic and Wesseling General Psychiatry outpatient institute (20 places) at Wesseling Trinity Hospital,
- 'General Psychiatry' day clinics and outpatient institute (24 spaces) and 'Elderly Psychiatry' (18 spaces) in Johannes Hospital, Bonn.

**Mönchengladbach LVR Clinic:**

- Gartenstraße Outpatient and Day Clinic Centre, 36 spaces and outpatient institute.

### 1.3. Offering Structure for Children's and Adolescent Psychiatry, Psychotherapy and Psychosomatics (KJPPP)



## Family-orientated and well-connected

As a consequence of the lower number of children and adolescents within the general population, the areas of care for the KJPPP are more specialised with regards to the number of residents and surface area, compared to the departments in psychiatric hospitals for adults. The LVR is faced with correspondingly larger distances between the living areas of young patients and their families and the presiding departments for KJPPP, due to considerable efforts towards decentralisation.

With a total of 476 beds / spaces, the departments for child and adolescent psychiatry, psychosomatics and psychotherapy (in German, 'Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie', or KJPPP) in the Bedburg-Hau, Bonn, Düsseldorf, Essen and Viersen LVR clinics care for children and adolescents with psychological disorders

(Table 3). 29% of the total capacity of beds and spaces in the KJPPP departments in the LVR clinics had become decentralised in 2015. The percentage of decentralised day clinic spaces in day care offers is 36%. KJPPP hospital frequencies can be found in the appendix (Fig. 19 & 20).

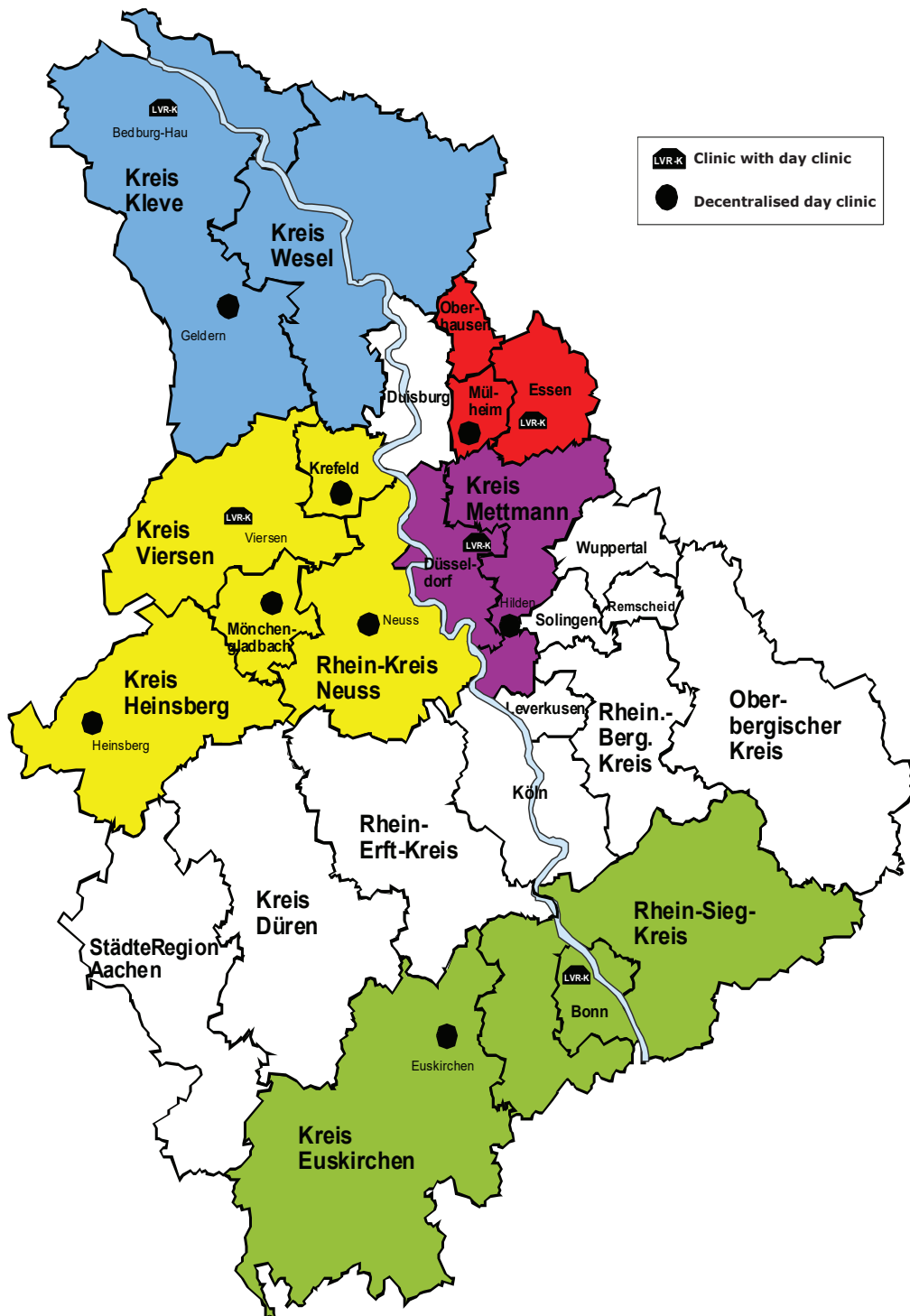
The **Viersen LVR Clinic** has a total of 58 beds with cross-regional offers in the field of KJPPP:

- Sexually abused boys (ten beds),
- Adolescents with addictive disorders and behavioural disorders caused by addictive substances (ten beds),
- Children and adolescents with mental disabilities and psychological disorders (30 beds),

Table 3: KJPPP inpatient and day case capacities

	Spaces - central	Spaces - decentralised	Beds - central	Beds - decentralised	Decentralised %	Day clinic %
Bedburg-Hau	18	12	30	6	25%	38%
Bonn	30	12	50	18	15%	38%
Düsseldorf	28	12	52	16	15%	35%
Essen	31	31	50	50	38%	38%
Viersen	62	62	114	11	39%	33%
<b>LVR</b>	<b>169 Spaces</b>		<b>307 Beds</b>		<b>29%</b>	<b>36%</b>

Fig. 2: KJPPP areas of care



LVR Clinic	PVG residents
Bedburg-Hau	762.207
Bonn	1.087.897
Düsseldorf	1.082.287

LVR Clinic	PVG residents
Essen	880.034
Viersen	1.466.252
<b>LVR Clinics</b>	<b>5.278.677</b>





- Children and parents' ward as an intensive mutual treatment offer for parents and key contact people with their children (eight beds).

In the **Essen LVR Clinic**, a ward for adolescents with addictive disorders (ten beds) was also used on a cross-regional basis.

Extensions were planned and / or implemented against the backdrop of a below-average offer for hospital capacities with a rising demand. This also enabled new decentralised KJPPP treatment centres to be put into operation in 2014 and 2015;

in the Düsseldorf LVR Clinic, a new building with 20 additional beds and a day clinic with twelve places in Hilden were opened.

The Bedburg-Hau LVR Clinic is planning both inpatient and day care extensions (ten beds and six spaces on the clinic grounds, and twelve places in a new day clinic in Moers). The Viersen LVR Clinic has started running a total of 24 day clinic places in Heinsberg and Viersen. From now on, the Viersen LVR Clinic will continue to provide the 24 beds, instead of the originally planned dismantling of equivalent bed capacities.



## Developing, implementing and evaluating new treatment models

As the largest owner of psychiatric hospitals in the region, the LVR is considerably supported by care policy developments in NRW. Since 2014, it has also made a key contribution to optimising the treatment of people

with psychological disorders, via the Institute for Care Research.

Medical care research has developed as an autonomous, inter-disciplinary area of research since the end of the '90s. The general goal: the scientific assessment

of diagnostic and therapeutic procedures, and testing care concepts under everyday conditions.

Prof. Wolfgang Gaebel, Director of the Institute for Care Research housed at the Düsseldorf LVR Clinic (in German, 'Institut für Versorgungsforschung', or LVR-IVF): "Existing deficits in the therapeutic and medical support of people with psychological disorders can often be identified by way of the multi-disciplinary tools of care research. On the other hand, analysing these deficits makes a decisive contribution to optimising care quality; ideally, a lack of care, overcare or undercare can be rooted out and dealt with early in this manner."

The LVR meets these demands with its own institute - and its work can particularly be seen in the development, implementation and scientific evaluation of new models for improving the quality of treatment in psychiatry, psychotherapy and psychosomatics.

Moreover, both in-house research projects and research projects funded by third parties are initiated at the LVR-IVF, and an in-house research Association within the LVR Clinic Association has been set up, with the support of external partners. Net result: the targeted use of synergy effects in the Association's own hospitals, as well as on a national and international level.

The scientific analysis incorporates as many levels as possible of direct work with clients,

### Information

The LVR Institute for Care Research will provide scientific support for the new Düsseldorf care model, in accordance § 64b SGB V (Fifth Book of the Social Security Statute Book) for people with psychological disorders (see Chapter 4.2). Assessments of those affected and employees, as well as illness-related data and data from the progression of care, should be taken into account. The project is set to run for eight years, from 2016 onwards.



as well as collaboration between owners, coordination in the Association and different financing methods.

A quality indicator set developed by the LVR-IVF was introduced in the Clinic Association in May 2016. The indicators should be used in future for the purposes of quality assurance and bench marking.

#### **Selected publications:**

Kowitz S, Großimlinghaus I, Kerst A, Otten M, Zielasek J, Gaebel W.: *Mental healthcare research approaches – how to identify which mental healthcare model is best?* **Die Psychiatrie 2016**: 13 (1): 7-14.

Großimlinghaus I, Falkai P, Gaebel W, Hasan A, Jänner M, Janssen B, Reich-Erkelenz D, Grüber L, Böttcher V, Wobrock T, Zielasek J: *LVR Clinic Association. Erhebung von Qualitätsindikatoren anhand von Routedaten*

*(Surveying quality indicators using routine data). Darstellung eines Machbarkeitstests in 10 Fachkliniken für Psychiatrie und Psychotherapie (Representation of a viability test in 10 specialist clinics for psychiatry and psychotherapy).* **Nervenarzt 2015**;86:1393-1399.

Gaebel W, van Brederode M, Gouzoulis-Mayfrank M, Hionsek D, Janssen B, Thewes S, Wenzel-Jankowski M, Zielasek J: *Konzept eines modularen, sektorübergreifenden Versorgungs- und Vergütungsmodells für die bedarfsorientierte Behandlung psychischer Erkrankungen als Alternative zu PEPP (Concept of a modular cross-sector care and compensation model for needs-oriented treatment of psychological disorders as an alternative to PEPP).* **Die Psychiatrie 2015**: 12 (2): 118-127.

**Tel.: 0211 / 92 22 752**  
**[www.institut-versorgungsforschung.lvr.de](http://www.institut-versorgungsforschung.lvr.de)**



## Inter-disciplinary and team-oriented

**“The fact that the LVR runs its own academy for vocational qualification for its employees in the Clinic Association is an expression of its particular engagement in the field of personal development.”**

The Academy’s offer is explicitly oriented towards the needs of each person who works actively with people with mental health issues and

their families - even in institutes outside the ownership of the LVR. The fundamental focus: being inter-disciplinary and team-oriented. The primary goal: strengthening the technical and personal skills of all professional Associations active in therapy, both inpatient and outpatient. Continuously optimising the quality of

care for people with mental health issues has a particular connection with this claim.

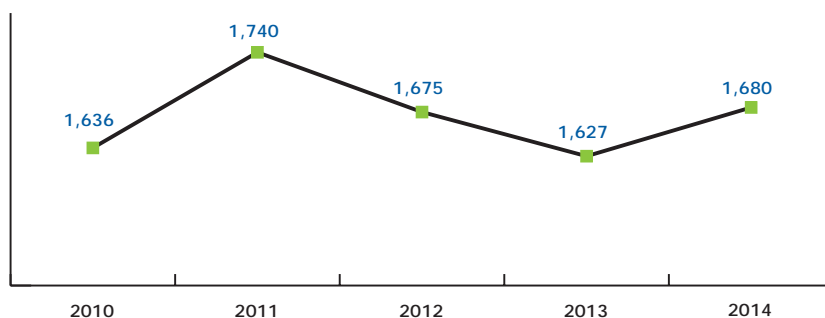
And more: “The fact that the LVR runs its own academy for vocational qualification for its employees in the Clinic Association is an

expression of its particular engagement in the field of personal development,” summarises Academy Director Andreas Kuchenbecker. An engagement that firstly serves to bring employees together, but which also enables individual vocational further development and career development. In future, in collaboration with the College of Social Work in Bielefeld, the Academy will be offering employees the opportunity to acquire a Bachelor’s degree in Psychiatric Care, along with state-recognised further training degrees. Kuchenbecker: “The Academy is a decisive factor in a comprehensive personal development strategy. Because quality for people is always quality by people too.”

Training work has always crossed paths with and supported psychiatry reform processes. Today, future themes include ‘Recovery’, the use of convalescence partners and support workers, or ‘adherence’ therapy. They push the perspectives of those affected into the centre, and emphasise their autonomy in the treatment process.

These and other topics are dealt with in close proximity to practice, and in a lively and experience-related learning environment. However, the Academy is not only occupied with a wide range of specialist subjects, but also with management

Fig. 3: Number of participants 2010-2014





aspects; today's company and management structures have just as much of a place on the curriculum as arranging and discussing current treatment and care standards. For example, in the newly established management trainee programme 'Fit for Care Service Management', this important content is shared over a period of 18 months in an interdisciplinary and practical setting. "Cross-disciplinary skills in the working day and everyday clinic life are of special importance to us, we always see the team as a whole," says the Academy Director. The main meaning of this is that crossing disciplines, diversity and an inter-cultural dynamic are always viewed as opportunities, as important resources used to promote the optimisation of care services. A claim to quality and professionalism, which is also reflected in the Academy Team, in which people from different professions and of different genders

and ages participate, under the principle of 'from practice for practice'.

Thanks to its size and diversity, the LVR Clinic Association also offers massive synergy effects. "We consciously incorporate the principle of learning with and from each other into the training work of the LVR Academy and promote it." For example, through cross-institutional, mixed learning groups, which also act as a forum for promoting dialogue where participants can exchange views. But also by means of opening outwards - and involving employees of institutes owned by other companies in further training measures. Kuchenbecker: "This is all for the purposes of sustainability for clinical institutes, and for optimising work conditions for employees, and ultimately it will benefit the people who we feel the most strongly about: the patients of our clinics."



Mutual, inter-disciplinary learning and working as a team are promoted in the LVR Academy.

**Tel: 0212 / 40 07 210**  
**[www.akademie-seelische-gesundheit.lvr.de](http://www.akademie-seelische-gesundheit.lvr.de)**



## 2. Migration and Integration



**“Every person has the right to the best possible medical advice and care, regardless of native language or culture.”  
Federal Conference of Federal, State and Community  
Representatives of Foreign Affairs, May 2002**



# Cross-cultural skills

Improving healthcare for people with a migration background has been the declared goal of the LVR for 15 years. Not least due to the fact that migrants often do not take advantage of specialist help with mental health difficulties until it is very late. The greatest hurdle in the everyday life of a clinic: the language barrier. However, the involvement of cultural and religious backgrounds is a decisive factor in successful treatment.

The LVR Clinic Association advocates for optimising psychiatric and psychotherapeutic care for migrants in LVR clinics, as part of the promotion programme for 'improving care for migrants', which has been in force since 2006. This involves conscious inter-cultural opening and orientation towards the integrated goals of a culturally sensitive hospital. This project-related promotion of migration-specific psychosocial care is unique in Germany in its dimension and quality.

Since 2009, the Clinic Association project 'Migration' has supported the relevant funding priority. Since 2013, this has involved the use of language and integration mediators (in German, 'Sprach- und Integrationsmittlerinnen', or 'SIMs') in treating refugees and migrants. A total of €100,000 per year flows into the funding programme, and a further €420,000 into the work of the six Migration and Social Psychiatry Centres of Competence (in German, 'Sozialpsychiatrische Kompetenzzentren Migration, or SPKOM'), which are particularly focused on supporting regular community psychiatric care through the process of inter-cultural opening.

Different approaches which all lead to the same goal: to allow people with a background of migration to access the same qualified help as everyone else.







# Mediators between worlds

As the first psychiatric clinic in Germany, the Cologne LVR Clinic appointed its own integration representative in 2006.

The certified psychologist and psychotherapist Dr Ali Kemal Gün has the job of promoting the structural integration of migrants.

A task which not only involves Gün advising the medical staff, carers and management of the LVR Clinic Association, but also, for instance, visiting the 8th Integration Summit in the Chancellor's Office in Berlin in November 2015. Gün sees the inter-cultural opening of the LVR, which is oriented towards the guidelines of a culturally sensitive hospital, as 'an approach that sets all of Germany an example'.

***Dr Gün, why are specific offers needed for people with a background of migration in the daily clinical routine?***

Cultural and language barriers can have a clear effect on individual healthcare. Indeed, migrants are often searching for doctors due to somatic disorders - but psychological and psychosomatic problems

still often go unrecognised. The results are misunderstandings, incorrect diagnosis and multiple examinations. That often does not only mean an 'epic medical journey' for those affected, but it also creates further problems; not least because insufficient care, excessive care and a complete lack of care for patients often goes hand in hand with increased costs for inpatient treatment and care.

***How is the LVR reacting to this need?***

With the claim to be consciously inter-culturally open, the LVR already began some years ago by optimising health services for people from a background of migration. The criteria for a culturally sensitive hospital do not only involve communication and information issues, but also involve accommodation, basic business organisation and personal

development, as well as individual aspects of care and diagnosis. In the Regional Assembly and LVR technical committees, especially the health committee, the subject of 'integration and migration' has played an important part for some time.

***How is this claim put into practice?***

The LVR clinics try to optimise psychiatric and psychotherapeutic care for migrants by means of various campaigns and projects. For example, each LVR clinic will have at least one integration representative on hand to deal with the concerns of people with a background of migration, or with different languages, cultures and religions. They report directly to the doctors.

***Can you go into detail about the kind of work the integration representatives carry out?***

The employees involved are called in to deal with all inter-cultural issues, both within the clinics and elsewhere. For example, they may deal with the appropriate networks, get in touch with the relevant community offices and committees after a discussion with the clinic's board. Moreover, the development of an in-house clinic concept for the integration of migrants is naturally a task that takes priority. Such a concept immediately begins with the needs assessment for foreign language information materials, and continues with organising qualified interpreter services and targeted further training for specialists. Of course, quality management is always taken into account.

Dr Ali Kemal Gün is an integration representative at the Cologne LVR Clinic.





The LVR is also implementing the claims of a culturally sensitive hospital in its own field of business.

***Can you give us examples of this type of collaboration?***

One special feature of the Cologne LVR Clinic is the close collaboration between quality management representatives (QMRs) and integration representatives. The QMR is also an active member of the 'Integration Quality Circle', an in-house, multi-professional working group, which is committed to the implementation of a culturally sensitive approach in the daily clinic routine. For example, the QMR carries out surveys to record patient satisfaction at regular intervals. These surveys also contain migration-specific questions and are carried out in seven languages (German, English, French, Polish, Russian, Turkish, Arabic). The patients' comments in their mother tongues are translated and taken into account during assessments.

***By now, all LVR clinics have employed integration representatives. Does this serve to achieve the goals of the LVR in becoming a culturally sensitive, open hospital?***

Appointing integration representatives in the LVR Clinic Association was a crucial, decisive step for implementing a clinical daily routine which is sensitive to migrants. However, for a long time, this alone has not been enough when inter-cultural skills have been set as a primary goal.

***What else has been done?***

In 2005, the LVR began with a project-oriented promotion of general migration-specific psychosocial care. A project unique in Germany for its dimension and quality. Its goals: to optimise psychiatric,

psychotherapeutic and psychosomatic care for migrants, and to lower social and cultural thresholds for such care. Initiatives for creating migration-specific offers in outpatient institutes (inter-cultural outpatients) and setting up Migration and Social Psychiatry Centres of Competence (in German, 'Sozial-psychiatrische Kompetenzzentre Migration', or SPKoM) in Duisburg, Solingen and Cologne, have already set the pace for this targeted campaign. Our main concern was developing primary structural measures which could be used equally by all LVR clinics. For example, there are now further SPKoMs in south and west Rhineland, and in Bonn and Stolberg too.

***If you say, 'our main concern' - what do you mean by that?***

I have developed various projects for the LVR clinics together with the former manager of the LVR Association 'Migration' project at the Essen LVR Clinic, Prof. Yesim Erim, and working with Dr Eva Morawa. These involved matters such as linking culturally sensitive and community-based offers, a corresponding internet presence, further training for staff and therapeutic concepts for culturally sensitive offers, or offers in different languages. The LVR Clinic Association 'Migration' project in

particular has been funded since 2008, and has focused on the 'use of language and integration mediators', or SIMs, which is an extremely important building block in creating a culturally sensitive clinic approach.

***An approach which has set a precedent all over Germany, but was certainly not easy to put into practice.***

The basic approach of the Cologne LVR Clinic is firmly anchored in our model and publicly communicated on the website. Approaches from our clinic have basically been developed which have not only had an impact on a community and state level, but on a national level too. Our clinic is one of the best inter-culturally open healthcare institutes in Germany. However, this claim did mean some decisive changes - not only in healthcare as such, but also in the area of administration. So 'simple' changes to the data collection process, by also incorporating inter-cultural information, have brought an entirely new perception of our patient structure with them. There are forensic wards where the percentage of patients who are migrants can be 50%, 60% or even 80%.

***'The project-related promotion of migration-specific psychosocial care at the LVR Clinics is a model project which is unique in Germany in its dimension and quality.'***

***That poses some particular challenges to the staff there.***

Staff surveys have shown that the language barrier represented a particular obstacle for clinical staff in their daily work with migrants. We have come on a long way with regard to creating a basis for understanding - thanks to funding from the Rhineland Regional Council. Using a SIM has made things easier to understand for patients. This optimises the

### **Inter-cultural Outpatients**

Inter-cultural outpatient departments in the Bonn, Düsseldorf, Essen, Bedburg-Hau, Langenfeld, Mönchengladbach, Düren and Viersen LVR Clinics have been implementing specific offers of treatment and advice, often in multiple languages. Cultural and religious features for those affected, which can be expressed in a different understanding of illness, are taken into consideration.

quality of diagnoses, medical histories and therapy. But in my opinion, we still haven't done enough to cover the demand as it stands.

### ***What still needs to be done?***

Inter-cultural opening can only be successful if clinics ensure that their staff possess the relevant inter-cultural skills. This makes the organisation of advanced and further training offers indispensable. We have to invest properly here. The Cologne LVR Clinic does offer advanced training, but not enough use has been made of it. We pick up topics from colleagues from the clinic and incorporate them into our advanced training programme. We also have to consider how we can communicate better to staff in this regard. One good measure is that we do not just state, as we did before, in job descriptions that inter-cultural skills are desirable; rather, we incorporate them into the profile of requirements. That is a major improvement on a regional association level, and increases public awareness.



### ***How would you summarise all of this?***

Our experiences show that inter-cultural opening is a 'top-down measure' and can only succeed if this work begins on a management level, so it starts from the top, and is fully accepted by employees who are committed, i.e. it is accepted from below. I think the LVR clinics have seen some very positive developments concerning this topic - on different levels. We would be well advised to continue these developments. Because only then will we be able to meet the future challenges of our multi-cultural, multi-faith and multi-ethnic society.

## **Diversity connects!**

In April 2015, the LVR officially entered the state initiative 'Diversity connects! Inter-cultural opening as a success factor', which also has the aim of inter-cultural opening and management. As a communal provider of services, the LVR most definitely wishes to increase the quality of its own services in this manner - and to map out 'people's lived realities' in its own field of business. Special advertising measures for an apprenticeship at the Rhineland Regional Council, aimed at adolescents with a background of migration, should bring inspiration in that regard.

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# Interpreters of the soul

As Germany's first psychiatry association, the LVR systematically uses language and integration mediators (in German, 'Sprach- und Integrationsmittlerinnen', or 'SIMs') in its clinics. This helps to target and break down language and sociocultural barriers.

It is of particular significance in psychiatric, psychotherapeutic and psychosomatic health-care that the words and sentences used in treatment are not merely 'noticed', but that their 'meaning' is also understood.

This is a fundamental principle, but when treating people from other countries of origin, it has another significance of its own; language barriers and social and culture-related misunderstandings can have serious consequences in a psychiatric or psychotherapeutic treatment context. Insufficient care, excessive care or a complete lack of care, as well as high costs for the health and social system for one, but also unwanted human suffering for those affected under the circumstances.

For this reason, the LVR Clinic Association consciously provides an offer of treatment in the native languages of patients from

different backgrounds in its inter-cultural outpatient departments, which in turn relies on the internal foreign language potential of its employees. Moreover, all nine psychiatric clinics in Rhineland rely on SIMs, whose employment has been a focal point of the LVR 'Migration' funding programme since 2013, and is supported by accompanying measures by the LVR Clinic Association project.

A project with which the LVR has been a pioneer in the field of psychiatric clinics, as SIMs are clearly used much less frequently in Germany, compared to other European countries. Not least it is also a question of financing; until now, health insurance funds have not individually borne the costs of interpreters and SIMs. The LVR provides its clinics in Bedburg-Hau, Bonn, Düren, Düsseldorf, Essen, Cologne, Langenfeld, Mönchengladbach and Viersen with annual financial support at a total volume of €100,000

Language mediator Anuma Huseini is there to help when words come up against barriers.





for focusing on promoting SIMs, and the accompanying Clinic Association project.

The advantage of using SIMs is obvious; specially trained individuals used are more than just interpreters. In addition to language skills, which enable them to handle the medical history of migrant patients in a sensitive manner, their specialised training - carried out in accordance with consistent nationwide quality standards - also provides them with culturally intrinsic knowledge and puts them in a position to avoid and reduce loss of information, especially in psychiatric and psychotherapeutic discussions. Professional translation activities and culturally sensitive mediation go together hand in hand here. "Language is an essential instrument, especially in the field of psychotherapy. Cultural differences also require different methods of treatment. This is what the funding programme prepares language and integration mediators for," explains Martina Wenzel-Jankowski, LVR Head of Department for the 'Clinic Association and Special Education Aid Association'.

Therefore, the use of SIMs also functions as an additional support in dialogue with people from other countries of origin. Subsequently, the programme was notably used more frequently in 2015 than before - partly due to the large rise in numbers of refugees. In the period from January to August 2015 alone, around 2050 refugees with different residency statuses were treated; during this time, SIMs were used 814 times. In 2014, only 1069 services were used throughout the year; only 593 in 2013. An increasing number of patients come from the current main countries of origin of Syria, Afghanistan and Pakistan. The LVR specialist psychiatric clinic have used translation and agency services in over 20 languages, in order to be able to react to as many enquiries as possible. The most frequently requested languages at over 54%: Turkish, Albanian and Arabic, in many dialect forms.

However, the staff in charge themselves should not be disregarded, and ultimately, a 'three-person' discussion situation is also an unusual challenge for professionals. The LVR Clinic Association 'Migration' project provides an extensive range of informative material, training sessions and a 'SIM card', which summarises key facts. This aims to sensitise medical, psychological and social care services staff to the subject. Services which have since attracted interest across the state; the LVR Clinic Association's 'Migration' project has recently been incorporated into the 'Healthy State NRW' state initiative, which supports innovative healthcare projects.

However, it is not only figures and hard facts that show the programme has caught on. A patient survey at the Düsseldorf LVC Clinic recently yielded consistently positive feedback. The most important point for those involved: to be able to express their thoughts and feelings - and to be understood word for word.

**"I often don't notice the third person at all. But if the language and integration mediator wasn't there, I wouldn't be able to express my thoughts and feelings, I would not feel relaxed and it would be hard for me. I wouldn't be able to talk to my therapist."**

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# Understanding and acting

Experiences of war, displacement, loss and violence can have severe physical, mental and psychosomatic consequences for those affected. The treatment of traumatized refugees is therefore of immense significance to the LVR Clinic Association. As it stands, currently more than ever.

The facts are clear: the connections easy to understand; an above average number of refugees suffer from post-traumatic stress disorder due to their stressful experiences, living through violence, suffering and war. However, socio-cultural and language barriers often make it difficult for those affected to get the right treatment, or even lead to incorrect diagnoses, as a possible traumatic cause for complaints can be overlooked.

This is especially true for somatic pain disorders, depressive conditions or psychosis. A grave problem, albeit one that has a single common denominator: those who cannot be understood correctly cannot be treated correctly.

It is even more important that refugees who visit LVR clinics due to psychological problems are given a timely and needs-based offer of advice and treatment. Specialised outpatient departments at the LV clinics in Bedburg-Hau, Bonn, Essen, Cologne, Langenfeld and Viersen are aimed at treating psychological trauma. They assist patients suffering from the psychological and social consequences of traumatic experiences with the appropriate offers of help - including people with a background of migration, or refugees.

Moreover, the trans-cultural outpatient department at the Clinic for Psychosomatic Medicine and Psychotherapy at the Düsseldorf LVR Clinic is a leader in employing specific diagnosis and treatment concepts for particularly vulnerable, i.e. mentally ill and traumatized refugees.



Dr Ljiljana Joksimovic has played a key role in setting up the project for refugees.

One person who has played a key role in the initiation of this project is Dr (YU) Ljiljana Joksimovic, a leading consultant in the Department of Psychosomatic Medicine and Psychotherapy at the Düsseldorf LVR Clinic and, since 2013, manager of the LVR Clinic Association 'Migration' project, who came to Germany herself as a refugee from war in Bosnia over 20 years ago. Joksimovic: "These experiences shaped the focus of my career and have subsequently become triggers that I have had to confront over several years, with the particular problems of refugees in the field of psychotherapy and psychosomatics."

Over ten years of practising has demonstrated for Joksimovic that proper and adequate offers of treatment are urgently needed in this field of work. "Trauma-specific and culturally sensitive psychotherapy in the patient's

mother tongue actually leads to much better results than the usual procedures. You mustn't forget that many people who have had to flee from their home countries also have to deal with a lot of serious violence, even torture, and heavy personal losses in addition to their physical exhaustion. In some individual cases, it's also definite that there is a clear accumulation of trauma. Someone whose fears and complaints cannot be properly understood also ends up becoming lost and confused."

**"Trauma-specific and culturally sensitive psychotherapy in the patient's mother tongue actually leads to much better results than the usual procedures."**



Monika Schröder, certified psychologist.

Recognising and considering the context is a major decisive factor in successful psychotherapeutic treatment; in other words, fundamental associations. A person's socio-cultural background and religion, as well as their age, sex, skin colour, disabilities and, finally, sexual orientation - all known as 'diversity markers' - can influence the individual illness picture as much as the affected person's individual dealings with their own health, or with taking medications.

For example, someone who comes from a country where psychosomatic disorders - i.e. physical problems or complaints without any obvious physical results - are unknown, cannot properly classify these problems in the circumstances. However, psychological trauma can actually also express itself through heart rhythm disturbances, dizziness,

stomach pains or sudden deterioration in an existing diabetes condition.

Ultimately, the prerequisite for successful treatment is therefore cultural sensitivity on the part of those providing the treatment. "A decisive factor which trans-cultural outpatient departments deal with in the first instance by means of language skills - frequently also by involving qualified language and integration mediators," explains Monika Schröder, certified psychologist and psychotherapist at the institute outpatient department. Discussions of medical history and treatment are currently available in Albanian, Bosnian, Croatian, English, Farsi, French, German, Kurdish, Russian, Serbian and Turkish.

Moreover, offers of group therapy have proven to be especially useful in addition to, or in association with individual therapy - not least because this method helps to combat social isolation for those affected. Joksimovic: "It can definitely help patients if they regularly encounter people who come from a similar situation as them." Certainly, it has also been shown that existing processes ultimately need to be modified: "In individual cases, mistrust or shame - also due to cultural backgrounds - can be very great, so that a much more convincing case has to be made in individual therapy." It is also important to consider the 'whole' here: the person and their history, their background and their individual experiences and socio-cultural conditioning. Non-verbal types of therapy, such as supplementary art therapy, have also proven to be useful with regards to language barriers.

The LVR Clinic Association is currently continuing with its efforts to be able to quantitatively and qualitatively meet the rising number of enquiries about psychotherapy and psychiatric treatment opportunities for refugees appropriately. Not least against the backdrop of knowing that successful psychotherapy can also encourage the integration of refugees in a multitude

## The Düsseldorf Model

Trans-cultural psychosomatic medicine and psychotherapy for people with a background of flight and migration relies on, amongst other things, a culturally sensitive manner of operating during a reporting situation; a psychodynamically oriented extended diagnosis stage; test procedures in the patients' native languages; the use of SIMs; multi-professional intervention and treatment; culturally-sensitive specialist advice for treatment with psychopharmacological medication; disorder-specific group therapy offers; resilience-based art therapy; culturally sensitive trauma therapy, and offers of treatment for confronting trauma, such as EMDR therapy. The specialisation of offers for migrants and refugees takes place based on the anchoring of 'diversity' skills on the part of the experts in charge of treatment.

of different ways. Joksimovic: "Learning difficulties, for example, can also turn out to be post-traumatic stress disorder, which manifests through internal unrest, problems with concentration and the fact that someone might only learn German very slowly."

In order to be able to continually develop the offers from the trans-cultural outpatient department in Düsseldorf and guarantee their long-term availability, work since 2005 has been partly financed by projects from the European Union - such as the 'Recognise and Act' project from the European Asylum, Migration and Integration Fund - and carried out in collaboration with different partners, such as the Psychosocial Centre for Refugees in Düsseldorf.

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Art therapist Nele Heriniaina.







# “I draw what I cannot say”

The Düren LVR Clinic is aiming art therapy workshops at refugee children - and in doing so, offers them a space for personal development and the opportunity to improve their language skills. The project runs independently from regular offers and has been established successfully.

Demila has a problem. She’s just drawn a camel, and now there’s a hole in the paper. Excited, she tugs Doris Westermann’s sleeve. What now? Westermann knows what to suggest; she should place the drawing on an empty sheet and begin to trace the lines. Demila gently pushes the educator away. She has understood, and now she wants to bring it to an end herself. “I was really impressed,” says Westermann. “This four-year-old girl showed me: I need your help, but now I want to do it on my own. She speaks very little German. But she makes it clear what she needs.”

Demila comes from Macedonia, and is one of twelve refugee children aged between four and twelve who take part in the workshop offered at the LVR clinic in Düren. ‘Kleider, Kunst und Käse’ - or in English, ‘Clothes, Art

and Cheese’ – the name speaks for itself. Lots of drawings are done. And these often involve things we need in our everyday lives: clothing and food.

It is incredible that this offer for children exists in Düren, as the LVR clinic there does not have any children and adolescent psychotherapy services of its own. Certainly, regular art workshops for adults take place here; for some years, there have been inclusive groups where some participants have experience of psychiatry, while others do not.

The idea for an art workshop for children started in 2015, when the artist Britta Rodenkirchen, an experienced workshop leader, reported to the clinic board about a project with refugee children that she had carried out as part of a horticultural show in



Art therapist Anita Derbe.

Zülpich. It was enough reason for art therapist Anita Derbe to think over the concept: "I thought it could be something where we could also use our potential."

The first workshop - originally titled 'I draw what I cannot say' - took place from mid-April 2015, over a total of twelve sessions in specially

arranged spaces. There were some difficulties getting it off the ground: "We'd have the refugees standing and waiting outside, waiting for someone to make the first move,"

recalls Derbe. "A lot of engagement was needed to reach the children." Westermann then made contact with schools, and little by little, the number of participants began to grow. But that's not all: "The kids are very determined. They want to learn about our language and

culture. They accept everything gratefully." And Derbe adds, "The kids are generally very open and attentive."

As the courses in 2015 lasted 14 days, the offer that year was restricted to all-day holiday measures. Two four-day workshops were offered in the 2016 Easter holidays.

As such, the concept has gradually developed - not least because the experts initially also had to 'try out' what they were able to do with the children without using words. Artist Britta Rodenkirchen was on the team for the first workshops; later, Barbara Povel, a retired teacher who was able to offer help in the area of language acquisition, arrived. Derbe: "As a former French teacher, she knew the best ways to get people learning a language."

Language lessons are one thing. But fun certainly should not be left off the agenda. And so, the children are initially given only 15 terms, which they learn to deal with. Derbe: "We offer the children a space where they can play around and be creative. It's about experiencing things, trying things out. And not about thinking, We're sitting here learning German."

The workshop 'Kleider, Kunst und Käse' is a good example of this. On the table: a box. Inside the box: food. From milk and cheese to bread to teabags. Each child takes something out of the box and describes it in their language. Then they get to know the German word: milk - and begin drawing the food and writing the German word under it. Finally, there is a role play; I would like some bread. "We make a point of encouraging them to speak in full sentences," Westermann explains. Eagerness and curiosity about language should be taught - and the children have plenty of enthusiasm for it. Especially since the time in the Düren LVR Clinic allows them to forget about their daily lives for a little while. Daily lives heavily impacted by stress and uncertainty.

According to Derbe, the therapeutic claim behind the workshops is actually relatively low. However, it enables the children to

**"We'd have the refugees standing and waiting outside, waiting for someone to make the first move."**





A workshop acts as a school. At the back: Educator Doris Westermann.

unburden themselves, and gives them a major opportunity to express themselves freely. And so most of them draw a little piece of their ideal worlds. A house where Mum and Dad sit round the table with the whole family. This is how the children wish their lives were. All stresses are wiped out. Houses have a very high presence in the course. Many are regular dream houses. Others point towards reality in the bombed home towns where the children used to live.

"It's important that we don't pretend all the time. It all starts with painting," explains Derbe, indicating Amar, a boy from Albania. He's looking for a brown colour for his next picture. But the colour he wants is not there. "If I gave him the brown, he'd take the brown.

But if I show him how he can mix colours, then he can make it his own," says the art therapist - and she means more than just art: "It's often said that refugees come to us and get everything they want. But that's not the case. These children want someone to help them. And then they want to create things themselves. "Our job is to support them in doing that."

**"These children want to create things themselves."**

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56  
Arztzimmer

MO	DI	MI
10 <sup>00</sup> Visite	10 <sup>00</sup> -12 <sup>00</sup> Angehörigen- Visite	13 <sup>00</sup> -14 <sup>00</sup> Depressions- gruppe
11 <sup>30</sup> -12 <sup>30</sup> Psychoedukation	15 <sup>15</sup> -16 <sup>00</sup> PMR	14 <sup>00</sup> -15 <sup>30</sup> Infogruppe
11 <sup>30</sup> -12 <sup>30</sup> Depressionsgruppe	15 <sup>30</sup> -16 <sup>30</sup> Sprechstunde	16 <sup>00</sup> -17 <sup>00</sup> Überleitung- gruppe
15 <sup>00</sup> -16 <sup>30</sup> Selbstsicherheits- training		

AT

BT-Tel.: 2302  
Sport-Tel.: 2384

alle Therapien  
Arzt / Ärztin an

Sport	Mo-Fr	8 <sup>45</sup> -9 <sup>30</sup>
BT	Mo-Fr	10 <sup>15</sup> -11 <sup>45</sup>

### 3. The LVR Clinics

DO	FR
9 <sup>30</sup>	11 <sup>30</sup>
OA-Visite	
11 <sup>30</sup> - 12 <sup>30</sup>	Patienten-
Psycho-education	runde
11 <sup>30</sup> - 12 <sup>30</sup>	13 <sup>30</sup>
Angstgruppe	Sprech-
16 <sup>00</sup>	Stunde

Werden den be  
ngemelde  
offen  
Mi. 15<sup>00</sup> - 17<sup>00</sup>  
manche G  
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3. Stunde n  
aufrehr

**"Our institutes develop offers tailored to people and their needs."**

**LVR Group Mission**

# Bedburg-Hau LVR Clinic

The clinic run by the Rhineland Regional Association (Landschaftsverband Rheinland, or LVR) has existed since 1912 and has developed into a state-of-the-art psychiatric institute with multiple certificates. The treatments on offer at the Bedburg-Hau LVR Clinic are aimed at mentally ill adults, adolescents and children with various problems such as psychosis, anxiety, depression, addictive or dementia disorders, and adults with neurological disorders. Approximately 1600 members of staff offer patients and their relatives in the Kleve and Wesel districts, as well as outside the region, state-of-the-art treatment, counselling and support offers in inpatient, day case and outpatient care. The in-house health and patient care school also trains trainee care staff in accordance with the latest teaching methods. At the Bedburg-



Hau site, offenders with mental health issues are also treated in special secure forensic psychiatrist departments.

### Board of directors:

- Stephan Lahr (Commercial Director / Chair)
- Anita Tönnesen-Schlack  
(Medical Director, from 1/1/2017)
- Dr Jack Kreutz (Consultant in Forensics)
- Carsten Schmatz (Care Director)

## Treatments on offer

	DAY CLINICS	OUTPATIENT / SPECIAL OUTPATIENT DEPARTMENTS
Psychiatry and Psychotherapy Depression Treatment	2 day clinics	2 outpatient departments 2 special outpatient departments
Elderly Psychiatric Centre	1 day clinic	1 outpatient department
Addiction Medicine Centre		1 outpatient department
Child & Adolescent Psychiatry	2 day clinics	3 outpatient departments
Föhrenbach Clinic Neurological Centre	Stroke Unit in collaboration with St. Antonius Hospital, Kleve	1 outpatient department
Social Rehabilitation	Residential groups, external residential groups	(family care) Assisted living, family assisted living
Forensic Psychiatry		4 specialised departments

## Special Clinic Offers

The Neurology and Clinical Neurophysiology Clinic in the Föhrenbach Clinic at the Bedburg-Hau LVR Clinic, and the Stroke Unit in Kleve, offer care for stroke victims at the highest level, and extensive diagnostics and treatment opportunities for a wide variety of neurological symptoms.

Moreover, the depression wards at the Sternbusch Clinic in Kleve, where over 280 patients are treated per year, are among the first in Germany. Both open wards, with state-of-the-art and comfortably furnished single and double rooms and an attractively designed garden, offer individual and group psychotherapy treatment, along with individually tailored medical and biological therapy types. The Elderly Psychiatry Centre and the Memory Clinic also specialise in diagnosing, treating and counselling dementia patients and their relatives, and also guarantee individually tailored treatment opportunities in this field.

Further special offers at the Bedburg-Hau LVR Clinic include 'rooming-in', which offers parents

the opportunity to continually accompany their children even during inpatient stays, a clinic for sleep disorders, and an in-house victim protection and trauma unit.



### Clinic in Figures

<b>Beds and spaces (KHG)</b> .....	<b>371</b>
of which day case spaces .....	66
<b>Treatments / cases in KHG area.</b> .....	<b>6530</b>
of which men. ....	53%
of which children & adolescents up to 18 ...	11%
Inpatient treatments / cases .....	6043
Day treatments / cases. ....	487
<b>Out. treat. clients</b> .....	<b>9808</b>
<b>Beds and spaces besides KHG area</b> .....	<b>558</b>

### Bedburg-Hau LVR Clinic

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# Bonn LVR Clinic

As one of the largest healthcare providers in the region, the Bonn LVR Clinic provides psychiatric, psychotherapeutic and neurological care for the population of the cities of Bonn and Wesseling, and the Rhine-Sieg district. Moreover, the clinic presides over the psychiatric care of children and adolescents in Bonn, in the Rhine-Sieg district and the Euskirchen district; the Child Neurology Centre takes cross-regional patients. With eight departments, over 800 treatment spaces and around 1500 employees, the Bonn LVR Clinic views itself as a provider of services for people of any age and their issues regarding their families, fellow people, careers and social circumstances. The clinic offers inpatient, day clinic and outpatient diagnosis and treatment for psychological, psychosomatic,



developmental and neurological illnesses or disorders. In addition, treatment centres in Meckenheim, Eitorf, Euskirchen, Wesseling and St. Johannes Hospital in Bonn provide local inpatient, day and outpatient care. A single healthcare and nursing school offers vocational qualifications for trainees.

### Board of directors:

Ludger Greulich  
 (Commercial Director / Chair)  
 Prof. Markus Banger (Medical Director)  
 Heinz Lepper (Care Director)

## Treatments on offer

	DAY CLINICS	OUTPATIENT / SPECIAL OUTPATIENT DEPARTMENTS
Psychiatry and Psychotherapy I	2 day clinics (Bonn, Wesseling)	Outpatient institutes and external clinics in Bonn and Wesseling, intercultural outpatient department, trauma outpatient department
Psychiatry and Psychotherapy II	Day clinic (Meckenheim)	Outpatient institutes in Bonn and Meckenheim, inter-cultural outpatient department
Psychiatry and Psychotherapy III	Day clinic (Eitorf)	Outpatient institutes in Bonn and Eitorf, intercultural outpatient department
Addictive Disorders and Psychotherapy	Day clinic (Bonn)	Outpatient institute in Bonn, substitution outpatient department, various specialist clinics
Elderly Psychiatry and Psychotherapy	Day clinic (Bonn)	Outpatient institute, Memory Clinic, migration outpatient department
Child & Adolescent Psychiatry, Psychosomatics and Psychotherapy	2 day clinics (Bonn, Euskirchen)	Outpatient institutes (Bonn, Euskirchen), specialist outpatient departments (eating disorders, autism), trauma outpatient department, trauma victims' outpatient department
Neurology		Myasthenia outpatient department, power of attorney outpatient department, emergency outpatient department
Child Neurology Centre		Social Paediatric Centre, specialist clinics (including headaches, supporting communication, trauma outpatient department, epilepsy)

## Special Clinic Offers

The Bonn LVR Clinic has a wide range of treatments available; In the Elderly Psychiatry Centre, elderly patients with mental health issues receive prevention advice, counselling, treatment, rehabilitation and care. By contrast, the Department of Addictive Disorders and Psychotherapy specialises in drug addiction and addictive behaviours, from alcohol addiction to media addiction. Elsewhere, the in-house Stroke Unit represents professional, state-of-the-art care of stroke patients, while neurological early rehabilitation enables immediate treatment after the acute phase of a severe neurological illness, and seeks to avoid any early or later complications. Finally, the certified specialist Myasthenia Outpatient Department is dedicated to the targeted treatment of patients with neuromuscular disorders, especially myasthenia gravis, and the Bonn Stutter Therapy Clinic provides an individually tailored and effective treatment programme for those affected.

The diagnosis and treatment offer in the field of child and adolescent psychiatry has a similar range; the Department of Child & Adolescent Psychiatry, Psychosomatics and Psychotherapy offers various specialist clinics for subjects such as autistic spectrum

disorders, ADHD, eating disorders and truancy. The diagnosis and treatment of deviations in the development and behaviour of children from birth to 18 years of age is the job of the Social Paediatric Centre (Sozialpädiatrisches Zentrum, or SPZ). And finally, the Child Neurology Centre (Kinderneurologisches Zentrum, or KiNZ) also has an attached outpatient area, including a child and parent ward, as well as these extensive outpatient investigation and treatment opportunities.

With LiGa, or Leben in Gastfamilien ('living in guest families), the Bonn LVR Clinic also promotes people with mental health issues and / or disabilities living with guest families through outpatient support. As part of family care, the clinic counsels, supports and accompanies relatives of people with mental health issues in care and support.

The range of offers is rounded off by an in-house trauma outpatient department and an inter-cultural outpatient department where, for instance, patients who speak Arabic, Kurdish, Russian and Turkish as a first language receive psychiatric and psychotherapeutic help, taking into account any possible cultural and religious features.

### Clinic in Figures

**Beds and spaces (KHG) . . . . . 835**  
of which day case spaces . . . . . 139

**Treatments / cases in the KHG area . 11,910**  
of which men . . . . . 53%  
of which children & adolescents up to 18 . . . 10%

Inpatient treatments / cases . . . . . 10,751  
Day treatments / cases. . . . . 1160

**Out. treat. clients . . . . . 15,755**

### Bonn LVR Clinic

Kaiser-Karl-Ring 20

53111 Bonn

Tel: 0228 / 55 11

(available around the clock)

Fax: 0228 / 55 12 867

[www.klinik-bonn.lvr.de](http://www.klinik-bonn.lvr.de)

# Düren LVR Clinic

As a state-of-the-art specialist clinic with a history of over 130 years, the Düren LVR Clinic is responsible for care for the Düren district, as well as parts of the Rhine-Erft district and the Aachen city region. In order to guarantee local care for this large region with over 660,000 residents, treatment offers will be also be provided in four decentralised day clinics, as well as the central site in Düren and from 2017 onwards, in an additional large department in Bergheim. The structure of the clinic has become considerably modernised, through several new building and renovation measures; further measures are currently being planned. The clinic possesses three General Psychiatric Departments, each of which are responsible for part of a region, an Addictive Disorders Department, and a department for elderly people with psychological disorders. A specialised psychosomatics treatment unit is currently being planned. Treatment of offenders with mental health issues is carried out in one



of the most advanced structural concepts in Europe, in the 'Forensic Village'. Two schools for healthcare workers and physiotherapy contribute to training specialists. The Düren LVR Clinic is a training facility recognised by the North Rhine Medical Chamber in both psychiatry and psychotherapy, and psychosomatic medicine.

### Board of directors:

Michael van Brederode

(Commercial Director / Chair)

Dr Ulrike Beginn-Göbel Dipl. Psych. (Medical Director)

Sarina Schreiber (Care Director)

## Treatments on offer

	DAY CLINICS	OUTPATIENT / SPECIAL OUTPATIENT DEPARTMENTS
Department of General Psychiatry I	House 14 day clinic	Outpatient institute
Department of General Psychiatry II	Alsdorf day clinic Stolberg day clinic	
Department of General Psychiatry III	Bedburg / Erft day clinic	Bedburg / Erft outpatient department
Department of General Psychiatry / Addictive Disorders		Detoxification outpatient department / methadone outpatient department
Department of General Psychiatry / Elderly Psychiatry	Schoellerstraße day clinic	Elderly psychiatry outpatient institute
Department of Social Rehabilitation		



## Special Clinic Offers

The various forms of psychological disorders are treated in a differentiated spectrum of offers based on an individual treatment plan by multidisciplinary teams. As well as regular care wards, diagnosis-specific and psychotherapeutic focus wards are available, as well as a ward based on the 'Soteria' concept. The clinic continually works to expand standard-compliant procedures to include new supplementary offers, such as the 'adherence' concept or sharing psychiatric experiences. People with complicated illnesses can receive follow-up help in the Department of Social Rehabilitation. The outpa-

tient institutes guarantee multi-professional, needs-based support for the corresponding indication. Their goal is to provide a differentiated offer of treatment, even after discharged from hospital, and prevent re-hospitalisation.



### Clinic in Figures

<b>Beds and spaces (KHG)</b> . . . . .	<b>488</b>
of which day case spaces . . . . .	82
<b>Treatments / cases in KHG area.</b> . . . . .	<b>7361</b>
of which men. . . . .	56%
Inpatient treatments / cases . . . . .	6873
Day treatments / cases. . . . .	488
<b>Out. treat. clients</b> . . . . .	<b>4907</b>
<b>Beds and spaces besides KHG area</b> . . . . .	<b>251</b>

### Düren LVR Clinic

Meckerstraße 15

52353 Düren

Tel: 02421 / 400

(available around the clock)

Fax: 02421 / 40 25 99

[www.klinik-dueren.lvr.de](http://www.klinik-dueren.lvr.de)

# Düsseldorf LVR Clinic



The Düsseldorf LVR Clinic - clinic of the Heinrich Heine University of Düsseldorf - is a university specialist clinic which offers psychiatry and psychotherapy, psychosomatic medicine as well as child and adolescent psychiatry and psychotherapy. With this, the Düsseldorf LVR Clinic offers the entire range of psychiatric, psychosomatic and psychotherapeutic diagnosis and therapy. As well as acute outpatient and inpatient care, the Düsseldorf LVR Clinic also takes on rehabilitation work in its own rehabilitation department. As well as clinical care work, the Düsseldorf LVR Clinic also carries out work in research, teaching, training and advance training. The treatment offers include a wide, state-of-the-art treatment spectrum with 639 inpatient beds and 144 spaces in the day clinic and outpatient departments. The clinic is certified under KTQ and EMAS, and medical training in the specialist areas of psychiatry

and psychotherapy is in accordance with the directives of the European Union of Medical Specialists (UEMS). Teaching events for around 400 students are carried out every year, as part of training for medical students at the Heinrich Heine University of Düsseldorf. Further qualifications are offered for psychological psychotherapists in the clinic's own institute for clinical behavioural therapy, and by the clinic's own care school for care workers.

### Board of directors:

Joachim Heinlein (Commercial Director / Chair)  
 Univ.-Prof. Dr. med. Wolfgang Gaebel (Medical Director)  
 Klemens Maas (Care Director)

## Treatments on offer

	DAY CLINICS	OUTPATIENTS / SPECIALIST OUTPATIENTS
Psychiatry and Psychotherapy	3 day clinics	Outpatient institutes, polyclinic, specialist outpatient department for depression and anxiety disorders, ADHD in adults, borderline, early recognition centre, inter-cultural outpatient department
Addictive Disorders		Addictive medicine outpatient department
Elderly Psychiatry and Psychotherapy	1 day clinic	Outpatient institute, memory clinics
Rehabilitation		
Psychosomatic Medicine and Psychotherapy	1 day clinic	Outpatient institute
Centre for Neurology and Neuropsychiatry (ZNN)		
Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy	2 day clinics	2 outpatient institutes

## Special Clinic Offers

The Centre for Neurology and Neuropsychiatry has been at the Düsseldorf LVR Clinic since 2013, where neurological and neuropsychiatric care is guaranteed in close specialist collaboration with the Neurology Clinic of the Düsseldorf University Clinic. Due to its international research activities, the clinic was awarded the status of a WHO Collaborating Centre for Quality Assurance and Empowerment in Mental Health in 2014. The Düsseldorf LVR Clinic is currently the only specialist clinic in the field of psychiatry and psychotherapy in Germany which has the status of a WHO Collaborating Centre. The Düsseldorf LVR Clinic is also the headquarters of the LVR Care Research Institute, founded in 2014.

One focus is the early implementation of new scientific knowledge in the clinical daily routine. As well as inpatient offers, the patients of the Düsseldorf LVR Clinic also have an increasing number of outpatient offers at their disposal. Along with psychiatric outpatient institutes, the Düsseldorf LVR Clinic runs three day

clinics with outpatient departments on the grounds of the Düsseldorf University Clinic, and an 'early recognition centre for increased risk of psychological disorders'. In addition, there is close collaboration with the Düsseldorf University Clinic in the Psychosocial Centre in the University Clinic. Targeted 'home treatment' is developed to avoid inpatient stays.

There are inter-cultural specialist outpatient departments and a specialist clinic for refugees, to provide care to people with a background of migration. Psychiatric and psychosomatic diagnosis and treatment are among the treatments offered, with the involvement of specially trained language and integration mediators. Collaboration between specialist areas is guaranteed through an office for inter-cultural co-ordination, an integration representative and two care workers. The LVR Clinic also organises a round table once a year for outside collaborative partners and community institutes from the field of inter-cultural care.

### Clinic in Figures

<b>Beds and spaces (KHG)</b> .....	<b>639</b>
of which day case spaces .....	144
<b>Treatments / cases in KHG area</b> .....	<b>9419</b>
of which men. ....	53%
of which children & adolescents up to 18 ....	7%
Inpatient treatments / cases .....	8197
Day treatments / cases. ....	1222
<b>Out. treat. clients</b> .....	<b>13,261</b>
<b>Beds and spaces besides KHG area</b> .....	<b>68</b>

### Düsseldorf LVR Clinic Clinics of the Heinrich Heine University of Düsseldorf

Bergische Landstraße 2  
40629 Düsseldorf  
Tel: 0211 / 92 20  
Fax: 0211 / 92 21 010  
Emergency outpatient department:  
0211 / 92 22 801

[www.rk-duesseldorf.de](http://www.rk-duesseldorf.de)

# Essen LVR Clinic



The Essen LVR Clinic not only has a care contract as a psychiatric, psychotherapeutic and psychosomatic specialist clinic and is part of the University of Duisburg-Essen, it is also active in research and teaching. Adults, children and adolescents with psychological conditions are treated both in the main building, which is based on the grounds of the Essen University Clinic, and in various external sites - and under the highest standards of diagnosis, treatment and professionalism from the staff. For 40 years, the declared goal of the clinic has been to provide help to people who need it in a difficult stage of life, to give them comprehensive counselling and offer them skilled and professional help.

## Board of directors:

Jane E. Splett (Commercial Director / Chair)  
 Prof. Norbert Scherbaum  
 (Medical Director)  
 Christiane Frenkel (Care Director)

## Treatments on offer

	DAY CLINICS	OUTPATIENTS / SPECIALIST OUTPATIENTS
Psychiatry and Psychotherapy	Adult day clinic 1 Adult day clinic 2	General Psychiatry outpatient department, Elderly Psychiatry outpatient department, ADHD clinic
Addictive Behaviour and Addiction Medicine	Day clinic for people with addictive disorders	Addictive behaviour outpatient department 2 substitution outpatient departments Addiction & Law clinic Trauma & Addiction clinic
Psychosomatic Medicine and Psychotherapy	Psychosomatic psychotherapeutic day clinic	Psychosomatic and psychotherapeutic outpatient department, trauma outpatient department, pain outpatient department, oncology psychology service, transgender clinic, inter-cultural outpatient department
Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy	Altenessen Child and Adolescent Psychiatric day clinic, 'Ruhrwende' day clinic for child and adolescent psychiatry at Mülheim a.d. Ruhr	Child and Adolescent Psychiatry outpatient department, outpatient department for children and adolescents with school avoidance behaviour, specialist clinic for children and adolescents with mental disabilities (Lighthouse), 'Obeldicks' outpatient treatment programme for overweight children and adolescents, eating disorders outpatient department, outpatient department for adolescents with emotionally unstable behaviour, ADHD outpatient department
Forensic Psychiatry		Forensic outpatient department
Institute for Forensic Psychiatry		

## Special Clinic Offers

The tenet of treatment in the Essen LVR Clinic is: the focus is always on people. Therefore, inpatient or day case treatment is only given if outpatient treatment is not enough. Various areas of focus guarantee that each treatment will meet the needs of each patient at any time.

A demand that the Essen LVR Clinic fulfils with general psychiatry offers for conditions such as depression, anxiety or obsessive-compulsive disorders, but also with a centre of competence for elderly psychiatry, and special offers for people with addictive disorders. The psychosomatic clinic also offers special treatment concepts for people with a background of migration and / or trauma concerning treatment focal points such

as eating disorders and somatic disorders. Language and integration mediators also help to facilitate a consultation in the patients' native languages in all areas of treatment. Patients up to 18 years of age receive help in child and adolescent psychiatry, for disorders such as ADHD, eating disorders or excessive weight gain.



### Clinic in Figures

<b>Beds and spaces (KHG)</b> .....	<b>320</b>
of which day case spaces .....	87
<b>Treatments / cases in KHG area</b> .....	<b>4330</b>
of which men. ....	50%
of which children & adolescents up to 18 ...	25%
Inpatient treatments / cases .....	3276
Day treatments / cases. ....	1055
<b>Out. treat. clients</b> .....	<b>11,372</b>
<b>Beds and spaces besides KHG area</b> .....	<b>54</b>

### Essen LVR Clinic

Virchowstraße 174

45147 Essen

Tel: 0201 / 72 270

(available around the clock)

Fax: 0201 / 72 27 301

Outpost for Child and Adolescent

Psychiatry, Psychosomatics and

Psychotherapy: Wickenburgstraße 21

[www.klinikum-essen.lvr.de](http://www.klinikum-essen.lvr.de)

# Cologne LVR Clinic

The Cologne LVR Clinic oversees the psychiatric care of around 650,000 Cologne residents, with 402 beds and 108 day clinic spaces. Treatment is provided locally at the main site in Cologne-Merheim and in the departments in Cologne-Mülheim, Cologne-Bilderstöckchen and Cologne-Chorweiler. A rehabilitation institute, with 26 places for adults with mental health issues, and a forensic psychiatry institute for patients from the Cologne state judicial region in Cologne-Porz, are also in operation. There is an especially high emphasis on quality in clinical care and training; the clinic has already received a CTQ certificate (Co-Operation for Transparency and Quality in Hospitals) for the fourth time. The Cologne LVR Clinic is also an



academic teaching hospital for the University of Cologne, and runs its own health and care school.

### Board of directors:

Jörg Schürmanns (Commercial Director / Chair)

Prof. Euphrosyne Gouzoulis-Mayfrank (Medical Director)

Frank Allisat (Care Director)

## Treatments on offer

	DAY CLINICS	OUTPATIENTS / SPECIALIST OUTPATIENTS
General Psychiatry I	2 psychiatry and psychotherapy day clinics	Psychiatry and psychotherapy outpatient department, specialist outpatient department for somatic disorders
General Psychiatry II	3 psychiatry and psychotherapy day clinics	Psychiatry and psychotherapy outpatient departments, trauma outpatient department, specialist outpatient department for adults with ADHD
Addictive Disorders		Addictive disorders outpatient department
Elderly Psychiatry	2 psychiatry and psychotherapy day clinics	Elderly psychiatry outpatient department, 2 elderly psychiatry centres
Department of Forensic Psychiatry I		
Department of Forensic Psychiatry II		Forensic outpatient department
Social Rehabilitation		

## Special Clinic Offers

Always geared towards the needs of the patient, the Cologne LVR Clinic also offers specific treatment concepts for various psychological conditions, as well as basic psychiatric care.

These include: outpatient and day clinic treatment for borderline personality disorders using the DBT concept (dialectic behavioural therapy) by Linehan, depression wards in General Psychiatry and Elderly Psychiatry, and wards for patients with double diagnoses (addiction and other psychological disorders) in the General Psychiatry and Addictive Disorders departments.

The Cologne LVR Clinic also provides an outpatient department for patients with post-traumatic stress disorder, and an outpatient department for adults with ADHD. Elderly psychiatric centres and a

memory clinic meet the needs of elderly patients; an in-house clinic geared towards the topic 'Pregnancy and Mental Illness', parent-child treatment (children of parents with mental health issues) and substitution for patients with opiate addictions round out the offer.

In order to meet the needs of non-German-speaking patients, the Cologne LVR Clinic regularly makes use of language and integration mediators.



### Clinic in Figures

<b>Beds and spaces (KHG)</b> .....	<b>510</b>
of which day case spaces .....	108
<b>Treatments / cases in KHG area</b> .....	<b>8344</b>
of which men. ....	59%
Inpatient treatments / cases .....	6868
Day treatments / cases. ....	1476
<b>Out. treat. clients</b> .....	<b>10,345</b>
<b>Beds and spaces besides KHG area</b> .....	<b>236</b>

### Cologne LVR Clinic

Wilhelm-Griesinger-Straße 23  
 51109 Cologne  
 Tel: 0221 / 89 930  
 (available around the clock)  
 Fax: 0221 / 89 76 64

[www.klinik-koeln.lvr.de](http://www.klinik-koeln.lvr.de)

# Langenfeld LVR Clinic

The Langenfeld LVR Clinic started in 1900, and has since developed into a modern specialist hospital for psychiatry and psychotherapy. It provides all contemporary diagnostic and therapeutic equipment. As well as outpatient offers, 663 treatment spaces for day cases and inpatients are spread over 34 wards and annexes. Around 1000 employees work together for one goal: the qualitatively high-value treatment of people with mental health issues, tailored to each individual need. Healthcare trainees are trained in the clinic's own health and care school. The clinic's park, with its large wooded area, creates a calm and relaxing atmosphere. The clinic has



already been awarded the CTQ Certificate (Co-Operation for Transparency and Quality in Healthcare) for the fifth time.

### Board of directors:

Holger Höhmann (Commercial Director / Chair)

Jutta Muysers (Medical Director)

Silke Ludowisy-Dehl (Care Director)

## Treatments on offer

	DAY CLINICS	OUTPATIENTS / SPECIALIST OUTPATIENTS
Psychiatry and Psychotherapy		
General Psychiatry 1	Leverkusen psychiatry and psychotherapy day clinic	Psychiatry and psychotherapy outpatient institute, outpatient department for people with mental disabilities and mental health conditions
General Psychiatry 2	Hilden psychiatry and psychotherapy day clinic	Psychiatry and psychotherapy outpatient institute, outpatient department for migrants, psychiatry and psychotherapy outpatient institute, Hilden Trauma outpatient department
General Psychiatry 3	Solingen elderly psychiatry day clinic	Solingen elderly psychiatry outpatient department Solingen psychiatry and psychotherapy outpatient institute
Elderly Psychiatry	Day clinic Langenfeld elderly psychiatry	Langenfeld elderly psychiatry outpatient department, Hilden elderly psychiatry outpatient department
Addictive Disorders		Addictive disorders outpatient department Solingen / Hilden addictive disorders outpatient departments
Forensic Psychiatry Forensics I Forensics II		Forensic outpatient department
Medical Rehabilitation		



## Special Clinic Offers

The declared goal of the Langenfeld LVR Clinic is to allow all patients to receive appropriate and meaningful help - and wherever it is needed. The depression ward, for example, provides a special offer of therapy and care for people with depressive disorders, including suicidal crises.

Wards 40 and 41 also admit adults with mental disabilities for crisis intervention, and temporary treatment if they have any mental health issues. And the outpatient department for addictive disorders sees itself as a point of contact for adults addicted to alcohol, medication and drugs who need medical psychiatric diagnosis or treatment. It has clinics in Langenfeld, Solingen and Hilden. The offer from the Elderly Psychiatry Centre, with day clinics and outpatient departments in Langenfeld and Solingen, is aimed at elderly people with mental health issues.

In order to also be able to meet the needs of non-German-speaking patients, a migrants' outpatient department is dedicated to providing treatment for people from a background of migration who have mental health issues. Language and integration mediators are used in all areas to help facilitate understanding.

The Langenfeld LVR Clinic offer is supplemented by family care, which supports relatives in assessing and caring for family members with health issues. There are also specialist treatment offers available in the wards for inpatient psychotherapy, and inpatient psychotherapy with a focus on behavioural therapy. Therapy services supplement the range of treatments at the Langenfeld LVR Clinic by means of work, employment, art, creative, music and sports therapy.

### Clinic in Figures

<b>Beds and spaces (KHG)</b> . . . . .	<b>463*</b>
of which day case spaces . . . . .	99*
<b>Treatments / cases in KHG area</b> . . . . .	<b>7028</b>
of which men. . . . .	55%
Inpatient treatments / cases . . . . .	6432
Day treatments / cases. . . . .	596
<b>Out. treat. clients</b> . . . . .	<b>8177</b>
<b>Beds and spaces besides KHG area</b> . . . . .	<b>200</b>

\* 30 day case spaces taken into consideration in planning

### Langenfeld LVR Clinic

Kölner Str. 82  
40764 Langenfeld  
Tel: 02173 / 10 20  
(available around the clock)  
Fax: 02173 / 10 21 990

 [www.klinik-langenfeld.lvr.de](http://www.klinik-langenfeld.lvr.de)

# Mönchengladbach LVR Clinic

The Mönchengladbach LVR Clinic is a specialist hospital for psychiatry and psychotherapy in the centre of Mönchengladbach-Rheydt. It came into operation in 1972, as one of the nine psychiatric clinics of the Rhineland Regional Association. It currently has over 130 inpatient and 36 day case treatment spaces, and a residential association with 42 spaces. In accordance with the community psychiatric concept, over 270 employees work together in close collaboration with Social Services, the Rehab Association, resident doctors, and counselling offers from other state or non-profit clinics. The clinic requirement is therefore based on the principle of 'outpatient before day case before inpatient'



## Board of directors:

Dorothee Enbergs  
(Commercial Director / Chair)  
Dr Stephan Rinckens (Medical Director)  
Jochen Möller (Care Director)

## Treatments on offer

	DAY CLINICS	OUTPATIENTS / SPECIALIST OUTPATIENTS
Department of Psychiatry and Psychotherapy / Elderly Psychiatry	Day clinic centre with outpatient department	Psychiatric outpatient institute Elderly psychiatry outpatient department Outpatient department for migrants
Department of Psychiatry and Psychotherapy / Addictive Medicine		Addictive medicine outpatient department
Mönchengladbach LVR Residents' Association / outpatient and inpatient offers (residential groups, assisted living)		

## Special Clinic Offers

The Mönchengladbach LVR Clinic advocates targeted treatment geared towards the needs of patients, and is aimed at facilitating community living and participation to the greatest extent possible. Taking their living environment, collaboration with psychosocial institutions and resident doctors in the city, as well as multi-disciplinary teamwork, into consideration is of great significance in this regard.

Both the main clinic groups and the Gartenstraße day clinic centre are situated in the centre of the Mönchengladbach city region. However, the proximity to the local population, and the connection to the city, are not only expressed by the location of the clinic, but are also supported by a differential network of help offers and actively working with the Mönchengladbach Community Psychiatric Association, and by offers of integrated care.

Admissions and outpatient departments have also been set up in order to better deal with the previous histories, prior knowledge of colleagues treating and supporting outpatients, and the perspectives of the patients' social environments in planning treatment from the beginning.

All patients with supplementary and private health insurance are also offered corresponding treatment at the optional services ward.



### Clinic in Figures

<b>Beds and spaces (KHG)</b> .....	<b>166</b>
of which day case spaces .....	36
<b>Treatments / cases in KHG area</b> .....	<b>2290</b>
of which men. ....	53%
Inpatient treatments / cases .....	2068
Day treatments / cases. ....	222
<b>Out. treat. clients</b> .....	<b>1835</b>
<b>Beds and spaces besides KHG area</b> .....	<b>42</b>

### Mönchengladbach LVR Clinic

Heinrich-Pesch-Str. 39-41  
 41239 Mönchengladbach  
 Tel: 02166 / 61 80  
 (available around the clock)  
 Fax: 02166 / 61 81 199

[www.klinik-moenchengladbach.lvr.de](http://www.klinik-moenchengladbach.lvr.de)

# Viersen LVR Clinic



The Viersen LVR Clinic has existed since 1905, and today it is known as a modern specialist hospital for psychiatry and psychotherapy. As well as state-of-the-art adult psychiatric care, the Viersen LVR Clinic has played home to one of the largest specialist departments for child and adolescent psychiatry in Germany since the 1960s. The clinic provides all contemporary diagnostic and therapeutic opportunities for inpatients, day cases and outpatients. Set in a park with a lush wooded area which creates a calm, relaxed atmosphere, the clinic and its annexes allow people with mental health issues to partake in therapy tailored to their needs, with a total of over 900 members of staff. Healthcare trainees are trained

in the clinic's own health and care school. The clinic was awarded the CTQ Certificate (Co-Operation for Transparency and Quality in Healthcare) for the first time in 2009, and was re-certified for the second time in 2015.

### Board of directors:

- Dorothee Enbergs  
(Commercial Director / Chair)
- Dr Ralph Marggraf (Medical Director)
- Jörg Mielke (Care Director)

## Treatments on offer

	DAY CLINICS	OUTPATIENT / SPECIAL OUTPATIENT DEPARTMENTS
Psychiatry and Elderly Psychiatry General Psychiatry 1	Psychiatry and elderly psychiatry day clinic	General and elderly psychiatry outpatient department Outpatient department for migrants
General Psychiatry 2	Psychiatry and psychotherapy day clinic (M'gladbach)	Trauma outpatient department Outpatient department for people with mental disabilities and mental health conditions
Child & Adolescent Psychiatry 1	M'gladbach day clinic	Mönchengladbach and Viersen outpatient departments
Child & Adolescent Psychiatry 2	Krefeld day clinic	Krefeld and Viersen outpatient departments
Child & Adolescent Psychiatry 3	Viersen day clinic and Neuss day clinic Heinsberg day clinic	Erkelenz and Heinsberg outpatient departments
Addictive Disorders		Outpatients Addictive Disorders
Forensic Psychiatry Forensics I Forensics II		Forensic aftercare
LVR Residents' Association Care Centre		LIGA – Leben in Gastfamilien (Living in Guest Families)

## Special Clinic Offers

As well as the adult psychiatry offers, the Viersen LVR Clinic offers specialised treatment aimed at supporting children and adolescents in everyday living. The specialist KJPPP department (Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics) offers both inpatient and day case treatment. Parents and schools are involved in the treatment as part of a systemic approach. The clinic also provides its own offer of education, so that children and adolescents can also be looked after in this regard during their stay. The result is a systemically co-ordinated behavioural plan aimed at all those involved in the child or adolescent's development.

The KJPPP offer was also recently expanded to include two further day clinics for children

and adolescents. Structural extensions are also being built for the Elderly Psychiatrist Department (outpatient department, day clinic, network with other owners).

For people with addictive disorders, in House 15, 'Haus an der Süchtelner Höhen', there is a local and uncomplicated accessible opportunity for withdrawal therapy in small groups. People from a background of migration can find professional contacts and help in the migrants' outpatient department, with multilingual orientation in therapy and care. A clinic for psychosomatic medicine and psychotherapy was recently set up. The clinic offers multi-modal pain therapy in close collaboration with the LVR Orthopaedics Clinic.

### Clinic in Figures

<b>Beds and spaces (KHG)</b> .....	<b>448</b>
of which day case spaces .....	109
<b>Treatments / cases in KHG area</b> .....	<b>5742</b>
of which men. ....	57%
of which children & adolescents up to 18 ...	26%
Inpatient treatments / cases .....	5041
Day treatments / cases. ....	701
<b>Out. treat. clients</b> .....	<b>8574</b>
<b>Beds and spaces besides KHG area</b> .....	<b>380</b>

### Viersen LVR Clinic

Johannisstraße 70

41749 Viersen

Tel: 02162 / 96 31

(available around the clock)

Fax: 02162 / 80 642

[www.klinik-viersen.lvr.de](http://www.klinik-viersen.lvr.de)

# Viersen LVR Orthopaedics Clinic

The Viersen LVR Orthopaedics Clinic is a centre of competence in the Lower Rhine area for orthopaedic disorders. It is situated in a beautiful woodland area, the Süchtelner Höhen, and has been at the Viersen-Süchteln site for over 80 years. Originally founded in 1921 as an orthopaedic children's clinic, today it cares for over 3000 inpatients annually from all over Rhineland and elsewhere, and over 12,000 outpatients. The clinic is a state-of-the-art institute that provides both surgery and conservative treatment, and offers the entire range of treatment for musculo-skeletal disorders. The specialist clinic is a certified



endoprosthesis centre for maximum care. Healthcare, prevention and rehabilitation are also all of major importance within the clinic's range of treatments.

## **Board of directors:**

Dorothee Enbergs  
(Commercial Director / Chair)  
Prof. Dietmar Pierre König (Medical Director)  
Irmgard van Haeff (Care Director)

## **Treatments on offer**

In the Viersen LVR Orthopaedics Clinic, certified as a maximum care endoprosthetics centre since 2014, about 1000 joint replacement operations are performed each year. The entire range of invasive and non-invasive orthopaedic treatments are performed. The target of orthopaedic treatment is to extensively maintain and / or remake the functions of the musculo-skeletal system, i.e. the bones, joints, muscles and tendons.

### **Invasive**

As well as tried-and-tested methods, the Lower Rhine centre of competence also offers the latest treatment procedures. These include the minimally invasive use of endoprostheses, modern joint prostheses

with improved movement sequences, or special knee joint prostheses for women. Hip and knee replacement operations are also performed. Some operations, such as arthroscopy procedures, are performed as day cases. A special 'day case surgery' area has been set up in the clinic for this purpose.

The surgical spectrum includes:

- Hip, shoulder and knee endoprosthetics,
- Spinal surgery,
- Arthroscopic surgery on shoulder, knee and hip joints,
- Ankle surgery (arthroscopy procedures),
- Knee cartilage transplants,
- Foot operations,
- Child orthopaedics,
- Day case surgery.

### Non-Invasive

Non-invasive treatment of patients with acute spinal problems covers a wide range. As well as differential diagnostics, the treatment concept also involves psychotherapy treatments for patients. The multi-modal pain therapy field involves close collaboration with the Viersen LVR Clinic.

The non-invasive treatment spectrum includes:

- Non-invasive spinal treatments,
- Physiotherapy,
- Sport orthopaedics / traumatology,
- Rheumatology,
- Pain therapy.

### Outpatient department

Over 12,000 patients are cared for in the outpatient clinic. Specialist clinics have been set up for particular problems. Experts are on hand for the areas of foot surgery, spinal treatments, knee and hip endoprosthesis (especially replacement operations in this case), and shoulder treatments.



#### Clinic in Figures

**Beds and spaces (KHG) . . . . . 98**

**Treatments / cases in the field of KHG**

of which inpatient treatments . . . . . 3044

of which men. . . . . 41%

**Outpatient treatments . . . . . 9794**

**Total operations 2471**

of which day cases . . . . . 484

of which inpatient . . . . . 1987

#### Viersen LVR Orthopaedics Clinic

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## 4. Facts and Figures





**“We view each patient as an individual, in a holistic and respectful manner, and respect their free will.”**

**LVR Group Mission**



## Rising number of cases with short length of stay

### 4.1.1. Psychiatry, Psychotherapy and Psychosomatic Medicine (PP/PM)

**“Around 42% of patients treated as inpatients are female, while over 59% of day case patients are female.”**

Figure 4 shows the development of inpatient and day cases, and the development of the average length of stay in the psychiatric and psychosomatic disciplines. A rise to almost 45,000 treated cases can be seen in the inpatient area in the period between 2009 and 2015. This is equivalent

to an increase of over 14%. This growth corresponds to a fall in the average length of stay from over one day to around 22 days, with inpatient capacities which have remained roughly the same.

Day cases appear similarly; these also show a rise in the number of cases, in conjunction with a fall in the average length of stay. Thus over 23% more cases were treated as day cases in 2015, compared to 2009. This development can mainly be traced back to the increased number of day case treatments being offered. Around 42% of patients treated as inpatients are female, while over 59% of day case patients are female.

Fig. 4: Inpatient and Day Cases, and Progression of Length of Stay in PP / PM

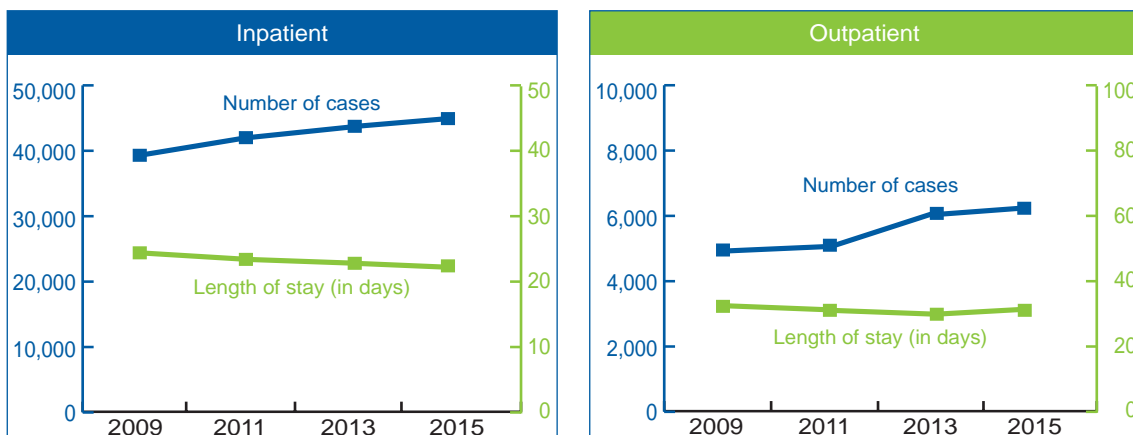
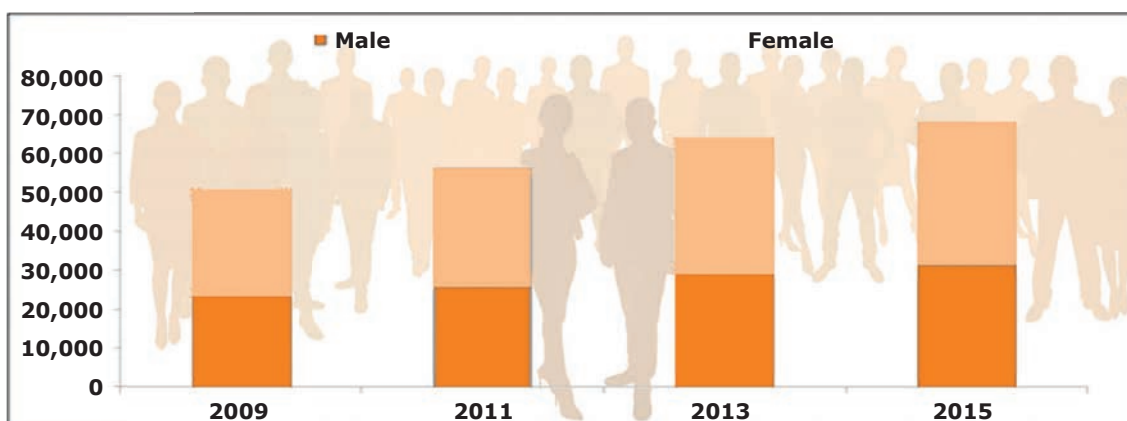


Fig. 5: Outpatients in PP / PM



An increased use can also be seen in the outpatient sector. Figure 5 shows the number of patients treated over a period of time. The total number of patients treated in PP / PM has risen by about 34% to over 17,000. The ratio of 45% men to 55% women has stayed almost identical over the years.

In the time period in question, there were some shifts in the distribution of diagnoses treated (Table 4). Patients with F1 diagnoses (psychological and behavioural disorders caused by psychotropic substances) have

fallen from around 37% to around 34%. By contrast, the percentage of people receiving treatment for affective disorders (F3) has risen by over two percentage points to over 27%. The percentages of patients treated with F0 / G30 and F2 diagnoses have constantly stayed at 8.5% and 20% respectively. After a slight drop, the percentage of patients with F4 diagnoses has risen again to nearly 5% in 2015. All in all, patients with the above diagnoses made up over 90% of the total patients receiving treatment in 2015.

Table 4: Diagnosis Distribution of Inpatient Treatment Cases in PP / PM

	2009	2011	2013	2015
F0+G30: Organic, including symptomatic psychological disorders and Alzheimer's	8,5%	8,3%	8,6%	8,6%
F1: Psychological and behavioural disorders due to psychotropic substances	37,3%	35,1%	34,1%	34,5%
F2: Schizophrenia, schizotypal and delusional disorders	20,4%	19,5%	20,1%	20,3%
F3: Affective disorders	24,9%	28,9%	29,3%	27,2%
F4: Neurotic, stress and somatic disorders	4,3%	3,5%	3,4%	4,7%
F6: Personality and behavioural disorders	3,2%	3,5%	3,3%	3,5%

Note: Missing from the 100% are other diagnoses which individually make up less than 1% each.

Table 5: Diagnosis Distribution of Day Treatment Cases in PP / PM

	2009	2011	2013	2015
F0+G30: Organic, including symptomatic psychological disorders and Alzheimer's	4,3%	2,6%	2,5%	2,7%
F1: Psychological and behavioural disorders due to psychotropic substances	6,8%	4,6%	4,1%	4,4%
F2: Schizophrenia, schizotypal and delusional disorders	11,9%	10,0%	9,3%	8,9%
F3: Affective disorders	63,3%	70,7%	72,6%	71,5%
F4: Neurotic, stress and somatic disorders	7,5%	6,6%	6,6%	7,0%
F6: Personality and behavioural disorders	4,9%	4,5%	4,1%	4,7%

Note: Missing from the 100% are other diagnoses which individually make up less than 1% each.

In the day case area, the percentage of patients with affective disorders (F3) has risen (Table 5). This group makes up over 71% in total, which is equal to a rise of over eight percentage points in this particular time period. All other diagnoses depicted showed only slight percentage changes. Both inpatient and outpatient departments for PP

/ PM show a marked rise in the percentages of patients with affective disorder (Table) 6. The percentage has risen from 26% in 2009 to 33.5% in 2015. A slight drop can be seen for the other diagnosis groups.

Table 6: Diagnosis Distribution of Outpatients in PP / PM

	2009	2011	2013	2015
F0+G30: Organic, including symptomatic psychological disorders and Alzheimer's	13,5%	13,6%	13,2%	12,8%
F1: Psychological and behavioural disorders due to psychotropic substances	18,0%	16,6%	16,7%	16,0%
F2: Schizophrenia, schizotypal and delusional disorders	14,0%	13,7%	13,2%	13,2%
F3: Affective disorders	26,0%	30,3%	31,5%	33,5%
F4: Neurotic, stress and somatic disorders	12,8%	12,1%	12,9%	12,6%
F6: Personality and behavioural disorders	4,6%	4,6%	4,5%	4,2%
F7: Learning difficulties	2,6%	2,4%	2,3%	2,3%
Other	5,5%	3,7%	2,6%	2,9%

Note: Missing from the 100% are other diagnoses which individually make up less than 1% each.



**4.1.2. Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics (Kinder- und Jugendpsychiatrie, -psychotherapie und -psychosomatik, or KJPPP)**

Similar developments can be seen for Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics (KJPPP) to those in the same fields for adults (Fig. 6). In the inpatient region, case numbers have risen by around 18% to over 3550 cases, and over 1200 cases in the day case region, which represents a

rise of over 63%. Day case treatment offers have also been heavily increased here. At the same time, there was a fall in the average length of stay to over 28 days (inpatients) and around 35 days (day cases).

**“The percentage of female KJPPP inpatients is 58%, and 50% in a day case setting.”**

Compared to adult psychiatry, the percentage of female KJPPP inpatients is somewhat higher at 58%, while the percentages of girls and boys in a day

Fig. 6: Inpatient and Day Cases, and Progression of Length of Stay in KJPPP

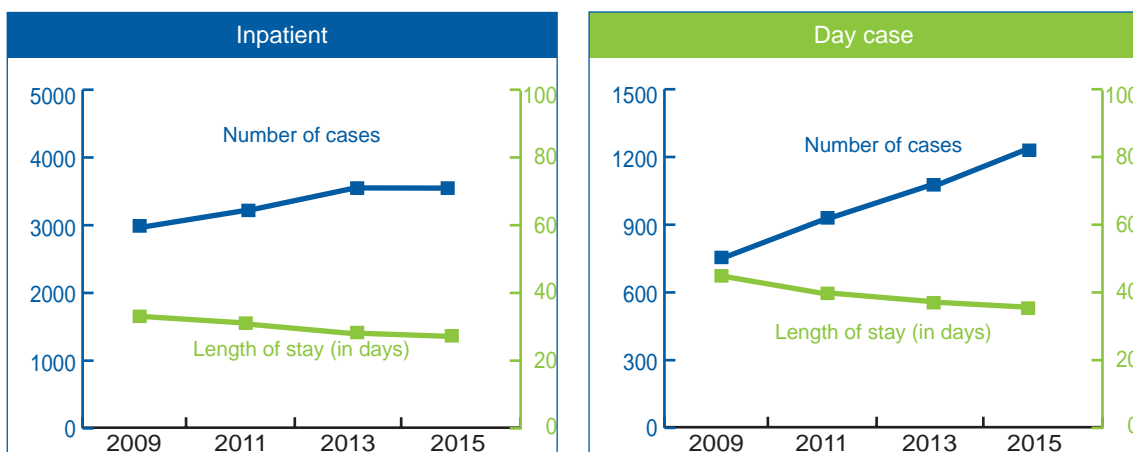
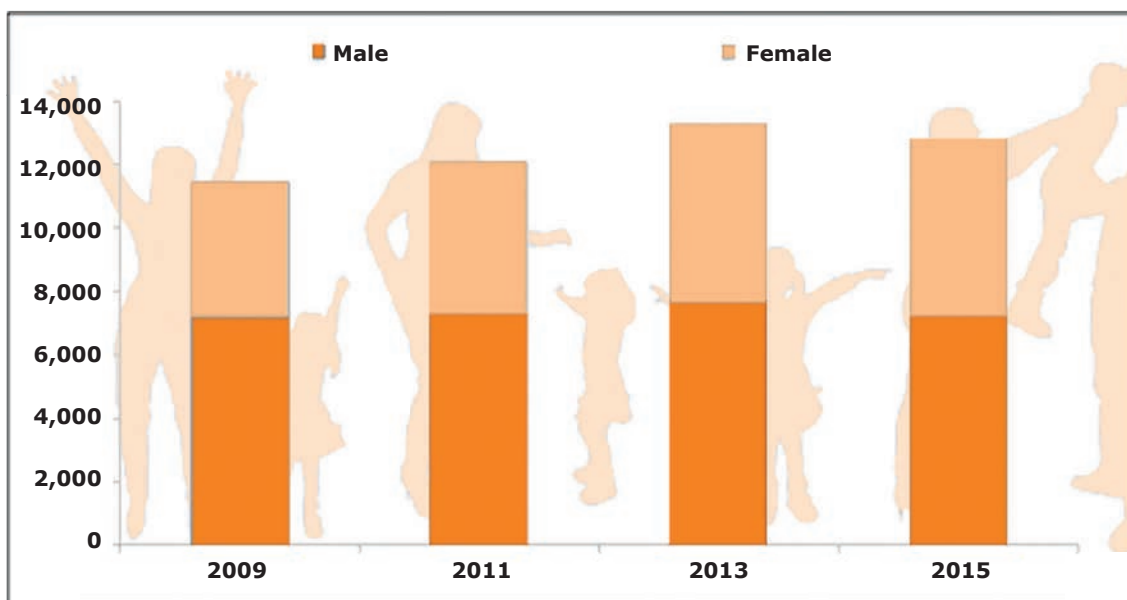


Fig. 7: Outpatients in KJPPP



case setting is more balanced at around 50% each.

An increasing number of children and adolescents are also being treated in the child and adolescent psychiatry outpatient departments (Fig. 7). However, the rise is lower than in the adult sector at around 12%, compared to 2009. There has also been a slight drop in previous years. The

predominant portion of this growth concerns girls and young women; almost 1400 more patients were treated in 2015 in the KJPPP outpatient departments than in 2009. The percentage has risen by seven percentage points to around 44%.

Around 88% of cases treated in 2015 in the KJPPP had an F1, F3, F4 or F9 diagnosis (Table 7).

Table 7: Diagnosis Distribution of Inpatient Treatment Cases in KJPPP

	2009	2011	2013	2015
F1: Psychological and behavioural disorders due to psychotropic substances	0,08	0,06	0,06	0,05
F2: Schizophrenia, schizotypal and delusional disorders	2,9%	2,6%	2,3%	2,5%
F3: Affective disorders	19,9%	23,9%	30,4%	36,4%
F4: Neurotic, stress and somatic disorders	13,0%	13,7%	15,1%	14,6%
F5: Behavioural disorders with physical disorders and factors	2,5%	3,6%	4,2%	4,8%
F8: Developmental disorders	2,7%	2,2%	3,5%	2,9%
F9: Behavioural and emotional disorders beginning in childhood and adolescence	48,6%	44,3%	36,2%	32,1%

Note: Missing from the 100% are other diagnoses which individually make up less than 2% each.

Table 8: Diagnosis Distribution of Day Treatment Cases in KJPPP

	2009	2011	2013	2015
F1: Psychological and behavioural disorders due to psychotropic substances	0,3%	0,1%	0,2%	0,2%
F3: Affective disorders	12,2%	14,4%	22,2%	25,1%
F4: Neurotic, stress and somatic disorders	14,8%	15,6%	15,4%	19,2%
F5: Behavioural disorders with physical disorders and factors	2,1%	2,6%	3,9%	4,0%
F7: Learning difficulties	0,2%	0,1%	0,3%	0,0%
F8: Developmental disorders	2,7%	2,4%	4,4%	3,4%
F9: Behavioural and emotional disorders beginning in childhood and adolescence	66,0%	62,4%	51,9%	46,3%
Other	0,0%	0,2%	0,2%	0,0%

Note: Missing from the 100% are other diagnoses which individually make up less than 1% each.

The percentage of F9 diagnoses (behavioural and emotional disorders) has fallen by 17 percentage points in the period in question, while affective disorders (F3) have risen by about the same number.

There was also a fall in F9 diagnoses in the day case sector by around 20 percentage points (Table 8). Affective disorders have also clearly risen here to over 25%. Children with developmental disorders (F8) and behavioural

problems (F5) make up 3.4% and 4% respectively in 2015.

The percentage of children with an F9 diagnosis has fallen by ten percentage points in outpatient child and adolescent psychiatry (Table 9). There was also a rise here for affective disorders (F3), but the F4 diagnoses have a higher percentage in 2015 than in the comparison year of 2009.

Table 9: Diagnosis Distribution of Outpatients in KJPPP

	2009	2011	2013	2015
F1: Psychological and behavioural disorders due to psychotropic substances	3,4%	3,2%	3,0%	3,4%
F3: Affective disorders	6,7%	8,2%	10,8%	12,7%
F4: Neurotic, stress and somatic disorders	19,7%	20,5%	23,7%	24,6%
F5: Behavioural disorders with physical disorders and factors	1,8%	2,2%	2,8%	2,8%
F7: Learning difficulties	2,1%	2,3%	2,7%	2,1%
F8: Developmental disorders	7,7%	7,9%	8,1%	8,1%
F9: Behavioural and emotional disorders beginning in childhood and adolescence	52,4%	50,7%	44,8%	42,4%
Other	4,3%	3,5%	2,3%	2,0%

Note: Missing from the 100% are other diagnoses which individually make up less than 1% each.



# Innovation in treatment

Pilot schemes create an important basis for guaranteeing performance, competition and patient-oriented psychiatric care. Legal principles for implementing innovative hospital treatment and integrated, cross-sector care structure projects are:

- § 140a SGB V – Integrated Care
- § 64b SGB V - Pilot Schemes for the Care of People with Mental Health Conditions

These legal regulations form the basis for agreements with health insurance companies with regards to implementing cross-sector and interlinked treatment processes, including models for complex outpatient treatment, such as 'home treatment'.

Seven of the LVR Clinic Association clinics are participating in integrated care models (§ 140 SGB V), under the umbrella of the 'Netzwerk psychische Gesundheit', or NWpG ('Mental Health Network'): Bonn, Essen, Düren, Cologne, Langenfeld, Mönchengladbach, Viersen.

Outpatient care networks offer integrated care for people with mental health issues. Based on regular outpatient care up until now, the type of care consists of an alternative care structure in terms of a cross-discipline and sector, multi-professional care network, which links together service processes which are contextually and institutionally kept separate in traditional care, and includes all the necessary service providers who deal with caring for people with mental health issues.

Together with the Rhineland / Hamburg AOK (National Health Insurance Scheme), the LVR Clinic Association has developed a pilot scheme in accordance with § 64b SGB V, which was implemented by the Düsseldorf LVR Clinic in 2016 with a running time of eight years, and evaluated by the LVR Care Research Institute.

The objective of the LVR pilot project 'Bedarfsorientierte Behandlung psychischer Erkrankungen (BBpE)' ('needs-oriented treatment of psychological conditions') is to develop and test a billing system oriented towards 'good psychiatric treatment practice' principles decided by specialist consensus, with a corresponding effect on fees.

Three core elements for improving quality are to be introduced for this project:

- Setting up a 'Community Mental Health Centre' (CMHC) for central running of all control and co-ordination functions for the purpose of providing psychiatric services (Fig. 8),
- Introduction of a case management system for needs-based performance control, placement and shortening of waiting times,
- Introducing a new cross-sector, condition-specific modular diagnosis and treatment system, oriented towards guidelines and related to stages of illness, as a basis for treatment processes and billing.



Fig. 8: Care Control via a Community Mental Health Centre



The Bonn LVR Clinic started a pilot project under § 64b SGB V on 1 July 2015, together with the Technicians' Health Insurance Fund, the Barmer Alternative Health Insurance Fund, and the German Employees' Health

Insurance Fund. This pilot project focuses on improving care through cross-sector services, thereby reducing inpatient readmissions. This also includes setting up treatments within the home environment ('home treatments').



## Focusing on people

People working in treatment and care play a decisive role in its quality. Therefore, the LVR Clinics and LVR Association Central place a high emphasis on further education and training, shaping working conditions, gaining staff, and management development.

The fact that the LVR Clinic Association runs the LVR Mental Health Academy (see Chapter 1.5), as well as in-house advanced training and specialist training for its employees,

is an expression of its engagement in staff orientation and staff development. As well as the academy's offers of training,

cross-clinic association projects are aimed at staff development and improving staff orientation for the 10,300 plus employees of the LVR Clinic Association, 35% men and 65% women (see Fig. 9).

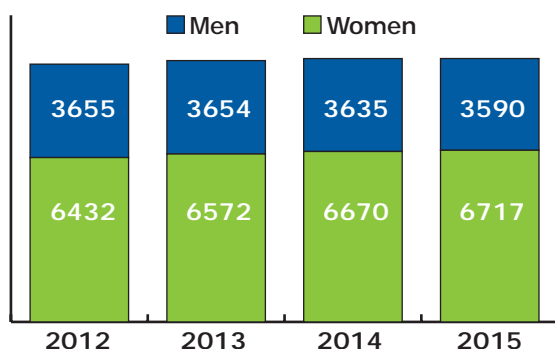
**“People of 66 different nationalities work in the LVR Clinic Association.”**

Table 10: Management Positions

	Male	Female
Board of Directors	17	10
Heads of Department	95	44
Leading Consultants and Ward Managers	198	166
<b>Total</b>	<b>310</b>	<b>220</b>

Almost 40% of all LVR Clinic Association employees are part-time workers, and make use of family-friendly working conditions in the form of flexible time setups. The Clinic Association works actively on different offers for improving family-friendliness. An ideas competition within the business is also part of this aim. For some years now, the LVR clinics have been members of the nationwide 'Erfolgsfaktor Familie' ('Family Success Factor') network, and the 'Familienfreundliches Krankenhaus' ('Family-Friendly Hospital') initiative of the Marburg Association. People of 66 different nationalities work for the LVR Clinic Association, the most common of which are German, Dutch, Turkish, Greek and Polish. Since 2015, the LVR has been a partner in the state initiative 'Diversity! Inter-cultural Opening as a Success Factor'.

Fig. 9: Number of Employees



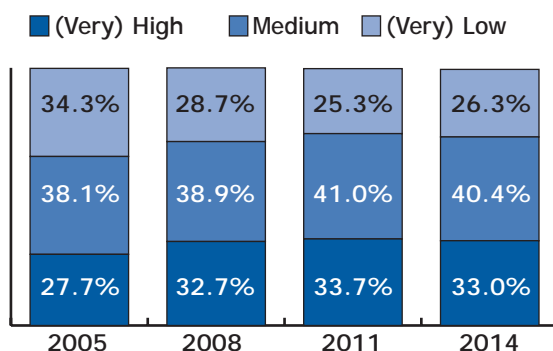
Management development represents an important task in the field of staff development. For this reason, all managers are prepared for their work within a development programme. The LVR is also pursuing the goal of a balanced business structure in management development. Table 10 shows the number of men and women in management positions at the LVR Clinics. The percentage of women in management positions is currently over 41%. Projects such as the 'MeDoc' gender mainstreaming mentoring programme for young female doctors, together with the equal opportunities function, aim to increase this number even further.

### Staff Surveys

The LVR Clinics carry out a staff survey at regular intervals (every three years). A comprehensive and detailed survey was developed for this purpose, with over 100 individual questions, in collaboration with an external consultancy institute. The surveys, and methods of implementing these surveys, are the same in all clinics.

The LVR Clinic Association Staff Survey is an internal quality management instrument. The results are evaluated in the LVR Clinics and the LVR Clinic Association, sorted by job group and department, and incorporated into the institutional target agreements between the Association Central and the LVR Clinic boards of directors, with regards to improvement potential deduced, amongst other things.

Fig. 10: Commitment in the LVR Clinic Association



The LVR is a member of the 'Erfolgsfaktor Familie' ('Family Success Factor') network.

The term 'commitment' is generally used to represent staff satisfaction and motivation. It further signifies the level of identification with an organisation. The 'commitment' factor includes questions about subjects such as job satisfaction, recommendation of the clinic as an employer, or staff member commitment.

Developments over the survey periods show (Fig. 10) that the clinics have generally succeeded in improving and stabilising the 'commitment' level. It is especially gratifying to see that the percentage of employees with a low 'commitment' level could clearly be reduced. High 'commitment' also shows itself through low staff fluctuations; over 41% of employees have been employed by the LVR Clinic Association for 15 years or more. Targeted initiatives aimed at newly integrated employees, such as our 'welcome day' for apprentices, should contribute to this staying the same.

**"The percentage of women in management positions is currently over 41%."**

Detailed analyses of the last round of surveys have certainly shown that female employees have lower 'commitment' values than their male colleagues. Around 32% of the women showed (very) high 'commitment', while the figure was a little higher for the men at 36%.



# Geared towards the needs of patients

The LVR Clinics pursue the claim to gear and develop their care offers, processes and therapeutic demands towards the interests, wishes and needs of their patients. A variety of procedures and instruments are used for this purpose, in order to receive continual feedback from the perspective of the patients.

### Complaints Management

Complaints provide immediate feedback about service processes in the form of articulated dissatisfaction. The relevance of complaints management is currently emphasised

**“Complaints can help to uncover and shut down possible sources of mistakes in order to increase patient safety.”**

by the decision of the Joint National Committee (in German, ‘Gemeinsame Bundesausschuss’, or GBA) to introduce ‘clinical risk management’; complaints can help to uncover and shut down possible sources of mistakes in order to increase patient safety.

It is therefore important to keep the access threshold to complaints management as low as possible, and to encourage patients early on to use the various complaints management opportunities in their particular LVR Clinic. The lower the threshold, the more active the approach and the more reliable the reaction of complaints management, the more likely the system is to be used. In this respect, a high number of complaints is not solely an expression of dissatisfied patients; it is also a

sign of a complaints procedure that functions well.

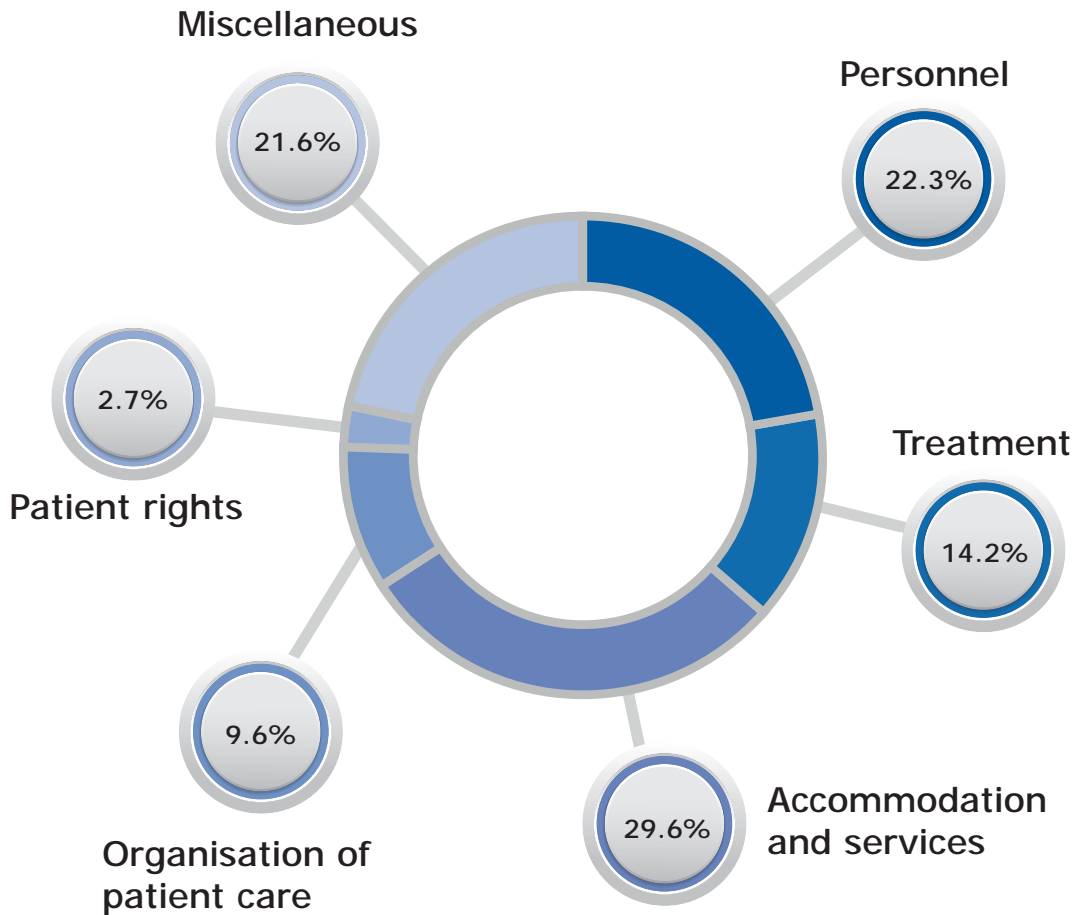
To that end, the LVR Clinic Association has a multi-level complaints system available:

- Internal complaints management by the clinics,
- Honorary ombudspersons in the clinics as independent points of contact for patients,
- An independent complaints body in accordance with § 5 KHG NRW, which has been recognised by the Agency for Claims and Complaints as part of the central complaints management of the LVR (in German, ‘zentrale Beschwerdemanagement’, or ‘zBM’) since 1 March 2010.

The LVR complaints system therefore gives patients the opportunity to direct their concerns via internal complaints management directly to the clinical board of directors and heads of department, or directly to the ombudspersons and / or the Complaints and Suggestions Office at the LVR Association Central. Internal complaints management is also inspected and assessed in regular certifications in accordance with CTQ at the clinics involved.

In 2015, 633 people from the ten LVR Clinic Association clinics - 531 of which were patients (84%), and 54 relatives (9%) - submitted complaints to the clinics’ internal complaints management, and the LVR central complaints management. There was absolute parity between male and female complainants,

Fig. 11: Reasons for Complaints



although there was not always information about the complainants' genders due to the low threshold access. The clinical board of directors were made aware of all complaints, and these were answered within deadline periods set within the clinics. 76% of the 126 complaints processed by central complaints management were resolved in 2015, within the set response deadline period of 15 days, with an answer letter to the complainants.

The most predominant reasons for complaining (Fig. 11) were to do with accommodation and service (29.6%), such as room conditions and equipment or care. The clinical boards of directors receive information about defects or errors which can generally be dealt with

in the short or medium term, such as new purchases or short-term rectification. The second highest number of complaints stem from complainants' experiences with the staff in charge of their cases (22.3%), or from their dissatisfaction with treatment as such (14.2%).

During the process of clearing up and handling these complaints, personal discussions with the complainants are offered and sought by the medical and / or care staff responsible for treatment. Each complaint is checked to see whether improvement measures (such as changes to processes or structures) need to be initiated, regardless of reason.



flow into the continual development of treatment processes. As part of the quality management set-up, the LVR clinics have introduced a standardised patient survey with instruments and procedures unique to the Clinic Association. The questions are put to both the children and adolescents being treated, and their legal guardians, in the KJPPP. Patient surveys are also carried out in the somatic disciplines and in the Viersen Orthopaedic Clinic.

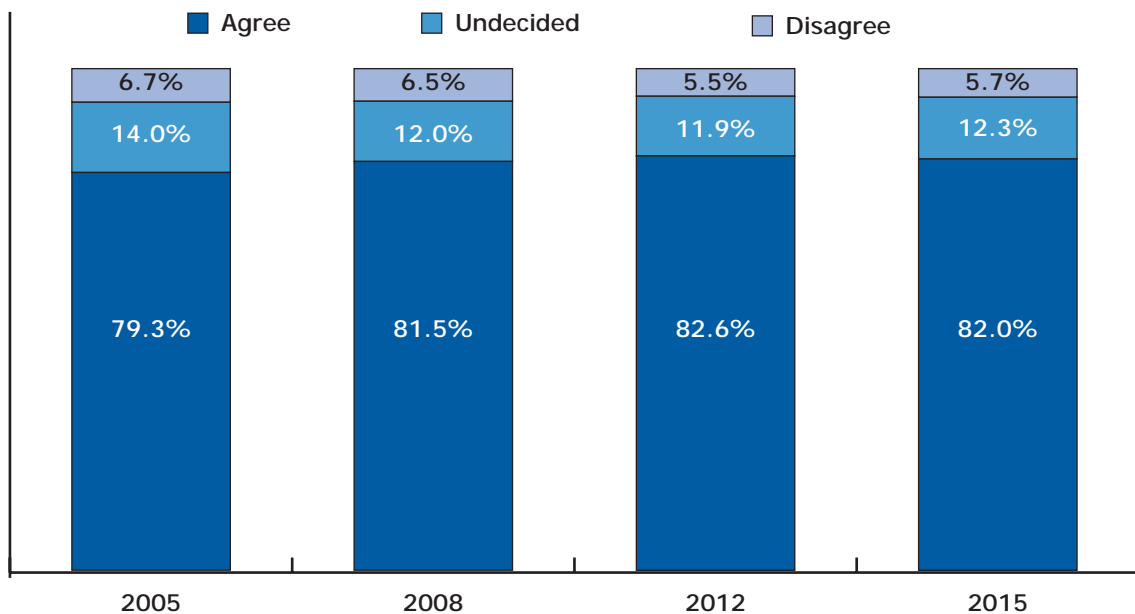
As with the staff surveys, the results are sorted in the LVR Clinic by department, and analysed with regards to any potential for improvement that can be deduced. The LVR Clinic Association also has previous results available for comparison purposes.

**Patient Surveys**

Patient surveys have been regularly carried out in the LVR Clinics for over ten years. These enable the perspectives, opinions and assessments of patients to systematically

The survey is also carried out in an approximate three-year cycle, with the last survey in 2015. The surveys are not only offered in German, but also in another six languages.

Fig. 12: Choosing the Clinic Again



Results from Adult Psychiatry Survey.

A central aspect of assessing subjective satisfaction with treatment in different clinics is the question about whether the patient would choose the hospital again. On that subject, the patients were asked for the extent of their agreement with the following statements: „**Even if I had the choice of another hospital, I would attend this clinic again.**“

involvement in their own treatment processes. The six questions are concerned with the patients’ assessments of the following areas:

- Information on admission,
- Information on condition,
- Information on medications,
- Considering aims and wishes,
- Taking suggestions seriously,
- Taking complaints seriously.

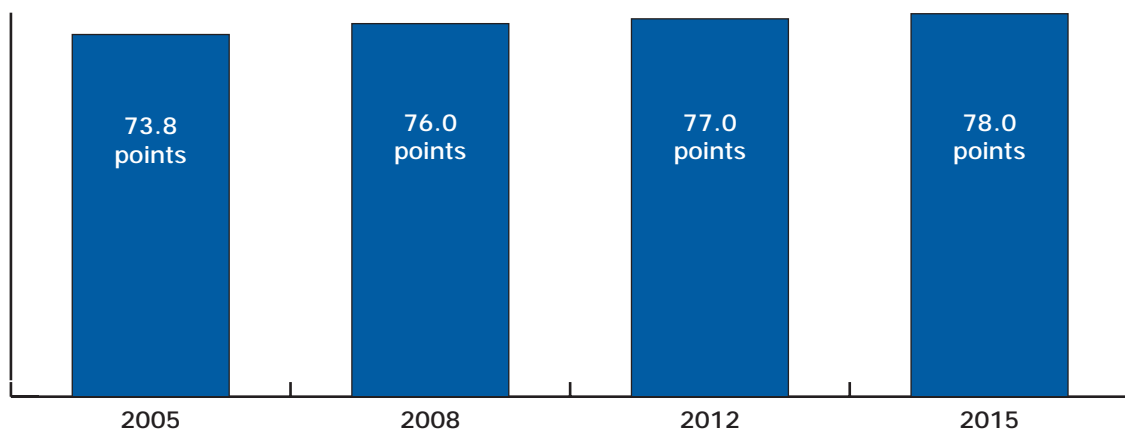
There was originally an increase in agreement rates, and these have then since stabilised at around 82% in the last two survey rounds (Fig. 12). The results for this question can generally be evaluated as very good. Because this question is comparable to the question about recommending a hospital in other patient surveys. For example, in the AOK hospital navigator, the average rate of recommendation for somatic hospitals was also stated to be 82%. However, due to the different illness pictures in psychiatric clinics, there is normally a lower recommendation or returning rate.

An indicator for ‘participation’ can be extracted from these questions. To that end, the possible answers to the questions are quantified using a points system, meaning that the average number of points set out in Fig. 13 can be interpreted as a target attainment number. Care must certainly be taken to ensure that the maximum score of 100 points is difficult to reach.

The average number of points rose by over four points over the entire period in question, meaning that an average of 78 points were achieved in the indicator for participation in the last survey round in 2015.

Six of the total 25 questions concern the provision of information, and patients’

Fig. 13: Participation



Results from Adult Psychiatry Survey.



### **Association Projects for Patient Orientation**

Promoting participation and self-determination, and avoiding enforcement measures, are central targets for the LVR Clinic Association. Appropriate measures and projects are continually agreed, especially as part of a target agreement process with the clinical directors, and the implementation and results of the same are communicated:

- *Testing the use of 'adherence' therapy*  
'Adherence' therapy is a therapeutic intervention with the goal of supporting patients in planning their own medical treatment more effectively and dealing with medication with more autonomy as part of their recovery process, which in turn promotes health management and, hopefully, wellbeing as well.
- *Testing offers of recovery support (peer support, peer counselling)*  
The idea of peer support, by means of recovery support in a psychiatric treatment context, involves people who have overcome severe mental crises being able to inspire new hope for recovery and the courage to take personal responsibility, through their own example. They incorporate their knowledge and experiences as special skills in treating others, with the goal of strengthening self-responsibility and autonomy.
- *Developing and introducing an association standard for the use of treatment agreements*  
The treatment agreement is a written agreement that records individual discussions between patients and the LVR Clinic treatment teams, in the event of



inpatient readmission in an acute crisis. When these agreements are initiated and put into practice, they place those concerned in the role of 'experts in their own affairs' and recognise them as such.

- *Further development of psychiatric care of people with mental disabilities and the need for psychiatric treatment*

The goal of these association activities is to guarantee people with mental disabilities and the need for psychiatric treatment psychiatric care geared towards their own special needs and requirements, by developing regional care concepts.

### **Preventing violence and avoiding force**

Custodial or enforcement measures are safety and hazard prevention measures in the event of a patient being a danger to themselves or others, when the matter cannot be resolved by other means. They play a decisive role in interfering in the freedoms of those affected, and can be associated with traumatic experiences for them. Should they need to be used, there must be a strong indication and they must be carried out in a sensitive manner.

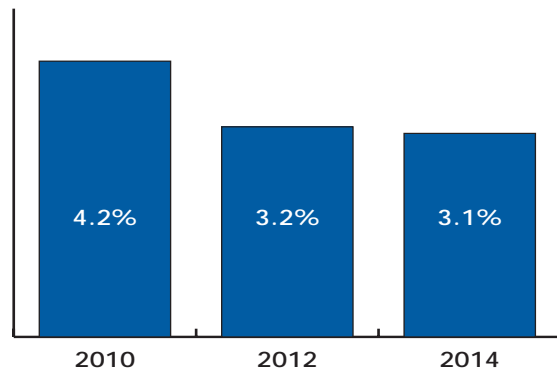
Securement is not a therapeutic measure. Implementing securement measures requires intensive embedding in an entire therapeutic process. If at all possible, constant offers of communication must be made with those affected while the measures are being carried out. Those providing professional treatment are caught up in an area of conflict and tension between patients' rights to self-determination, in accordance with human rights law, and protecting their lives and safety, or the lives and safety of others.

Since 2010, the LVR Clinic has worked intensively on these subjects in its association-wide working group 'Preventing Force and Violence', led by the LVR Association Central. The way of working for this multi-clinic

quality group consists of mutual, continual monitoring and benchmarking - identifying 'best practice' based on the comparison of results. The aim is to reduce violent and enforcement events through prevention and implementing measures which involve low levels of intervention in the autonomy of patients who are a danger to themselves or others. Participants in the working group get together with one medical representative and one care representative for each of the nine psychiatric LVR Clinics.

Figure 14 clarifies the successful efforts in reducing freedom-restricting measures, such as securements. As well as the activities for promoting participation and self-determination shown here, further positive effects are expected in all LVR Clinics - especially from measures for reducing and avoiding violence and force - including the use of de-escalation strategies, as well as trying and developing minimally invasive immobilisation concepts.

Fig. 14: Percentage of Secure Treatment Cases





### Positive developments for the future

The economic development of hospitals is considerably affected by two points; the first is an increase in hospital budgets being limited by the 'change rates', which are geared towards health insurance company revenue. Any increased costs that may occur are not picked up by this budget cap in some cases. Secondly, investments are financed through the states, as part of dual financing. Compared to the rest of Germany, funding in North Rhine-Westphalia is very low. Expenses incurred for developing and constructing essential new buildings are not covered.

Despite these unfavourable framework conditions, the LVR Clinic Association has been able to obtain a positive result over the past few years and make the necessary investments with its investment and building

programme in order to prepare the LVR Clinics for future challenges.

#### Assets and Financial Situation

Fixed assets in the LVR Clinic Association have risen by around €8 million (+ 16.6%), from €483.3 million to €491.3 million, compared to the previous year. This is significantly due to building measures which have been successfully completed. For example, the KJPPP admissions clinic at the Viersen LVR Clinic and the main building of the Essen LVR Clinic have both been finished.

Current assets have risen by €12.8 million (+ 6.6%) to €207.8 million. An important factor in the rise of current assets is the rise in receivables vis a vis cost bearers. Under the new PEPP payment system, health insurance

Table 11: LVR Clinic Association and LVR Hospital Central Laundry (Condensed Balance Sheet)

LVR Clinic Association (Condensed Balance Sheet)	2014		2013	
	TEUR	%	TEUR	%
Fixed assets	491,285	70.1	483,270	71.2
Current assets	207,829	29.7	195,046	28.8
Accruals and deferred income	1262	0.2	289	0.0
<b>Total assets</b>	<b>700,376</b>	<b>100.0</b>	<b>678,605</b>	<b>100.0</b>
Equity	109,810	15.7	108,958	16.1
Special items from contribution to financing	322,136	46.0	329,373	48.4
Provisions	135,501	19.4	130,679	19.3
Liabilities	132,630	18.9	109,193	16.1
Accruals and deferred income	298	0.0	402	0.1
<b>Total liabilities</b>	<b>700,376</b>	<b>100.0</b>	<b>678,605</b>	<b>100.0</b>

Table 12: Sales Revenue in LVR Clinic Association by Service Sector

LVR Clinic Association	2014		2013	
	TEUR	%	TEUR	%
BPfIV	339,430	52.8	324,794	51.6
Forensic Psychiatry	125,824	19.6	122,337	19.5
KHEntgG	25,155	3.9	24,571	3.9
Orthopaedics	16,799	2.6	15,635	2.5
Soc. rehab	26,616	4.2	25,903	4.1
Outpatients	34,304	5.3	33,664	5.4
Miscellaneous	74,520	11.6	81,636	13.0
<b>Total</b>	<b>642,648</b>	<b>100.0</b>	<b>628,540</b>	<b>100.0</b>

fund billing is carried out with a certain time delay. In future, this effect will again be reduced once the new billing modalities involve all participants.

Provisions have increased by around €4.8 million (+ 3.7%), compared to the previous year; this position also includes pension provisions.

Liabilities have risen from €109.2 million by €23.4 million (+ 21.5%) to around €132.6 million, especially due to higher liabilities vis a vis hospital owners due to the payment of loans for financing construction, as part of the investment and construction programme.

### Income Situation

Sales revenues have risen from €628.5 million to €642.6 million, compared to the previous year. This represents a rise of €14.1 million (+ 2.2%). Rising case numbers in the area of the German National Hospital Rate Ordinance (Bundespflugesatzverordnung) can be seen as key driving forces for this increase.

Slight growths in revenue could also be recorded in the other areas; only miscellaneous sales revenues declined, compared to the previous year.

### Staff Costs Development

The number of full-time staff has increased from 6564 to 7617, in the period between 2010 and 2014. This corresponds to an increase of 1053 full-time staff (+ 16%) in five years.

Staff costs have risen from €384.2 in 2010 to around €478.3 million in 2014, in the time period in question. This corresponds to a rise in the sum of around €94.2 million (+ 24.5%).

The rise in full time staff numbers and staff expenses reflects the rising number of cases in the LVR Clinic Association and the fulfilment of PsychPV staff quotas agreed with the cost bearers.

Table 13: Staff Costs and Full-Time Staff

LVR Clinic Association		2014	2013	2012	2011	2010
Staff costs	TEUR	478,339	459,664	436,642	410,675	384,178
Full-time staff	FT	7617	7564	7413	7036	6564
Staff costs development comp. prev. yr.	%	4.1	5.3	6.3	6.9	4.1

## 5. Appendix

Fig. 15: PP/PM hospital frequencies (inpatient)

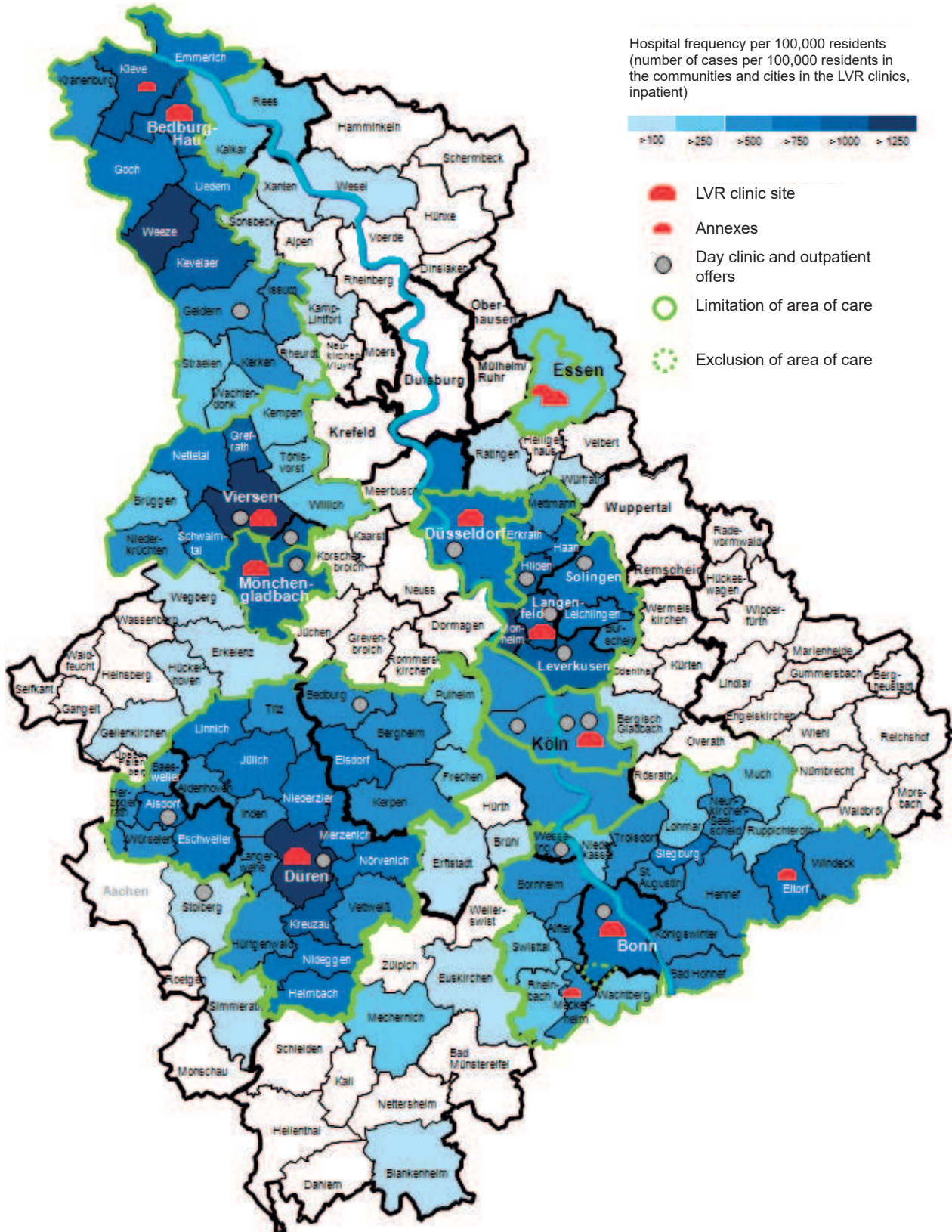


Fig. 16: PP/PM hospital frequencies (day case)

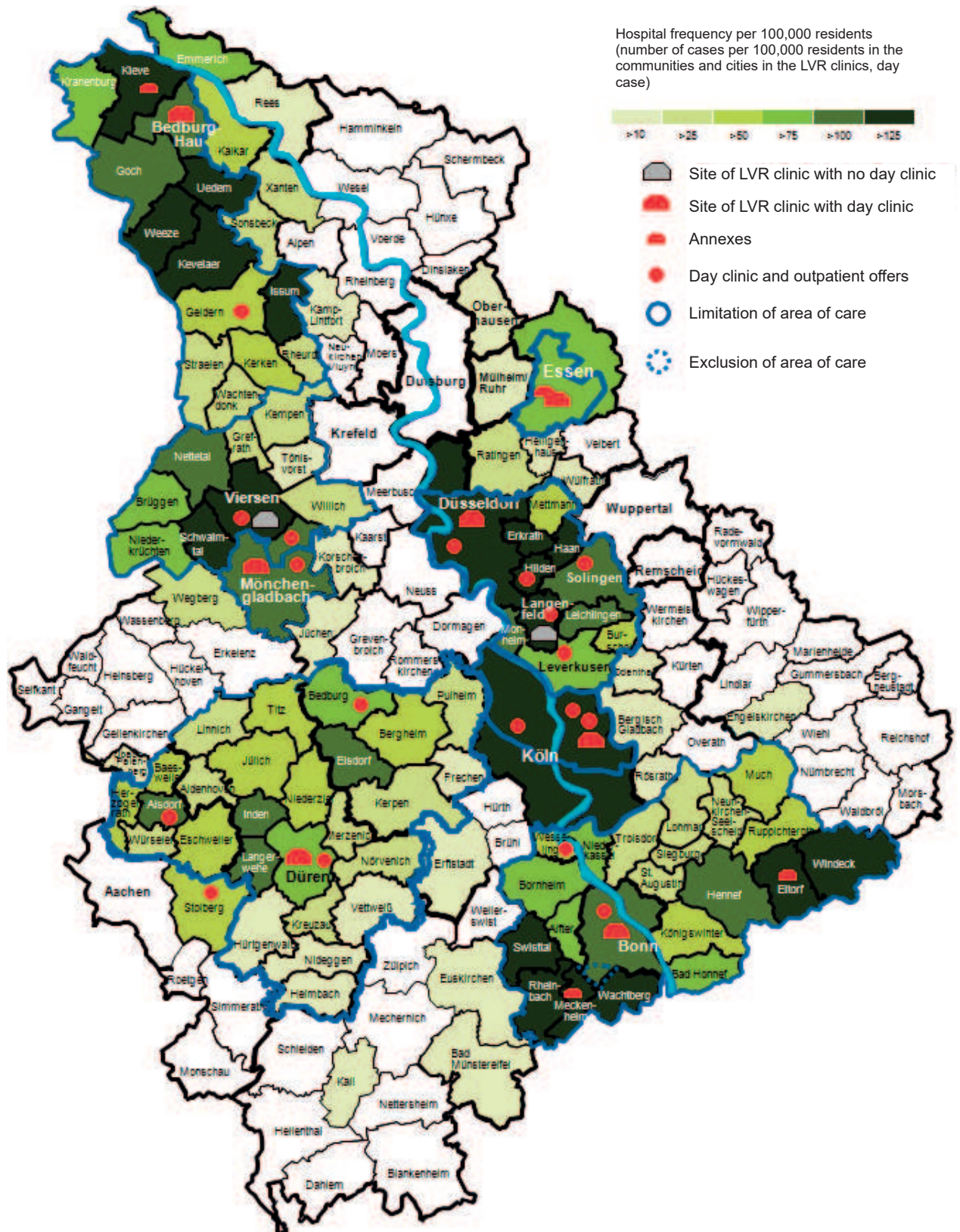


Fig. 17: LVR Clinic Offer Structures in PP / PM

	Central			Decentralised		
Bedburg-Hau	AP 50	AP 15		Kleve 34	Geldern 18	Kleve Geldern
	AP GER 56	GER 15	GER			
	AP SU 82		SU			
Bonn	AP 292		AP	Meckenheim 18	BN-Zentrum 24	Wesseling
				Eitorf 26	Wesseling 20	BN-Zentrum
	GER 100				Meckenheim 18	Meckenheim
	SU 92	SU 15	SU		Eitorf 14	Eitorf
				BN-Weststadt 18	BN-Zentrum	
Düren	AP 269	AP 20	AP		Alsdorf 20	Alsdorf
					Stolberg 12	Stolberg
	GER 61		GER		Bedburg/Erft 20	Bedburg/Erft
				Düren 10		
	SU 76		SU			
Düsseldorf	AP 229	AP 36	AP		D-Bilk 36	D-Bilk
	GER 81		GER		D-Bilk 25	D-Bilk
	SU 73		SU			D-Bilk
	PM 24	PM 19	PM			
Essen			AP	E-Frohnh. 40	E-Frohnh. 18	
	AP GER 80				E-Frohnh. 15	E-Frohnh.
	SU 33	SU 7	SU			
	PM 30	PM 16	PM			
Cologne	AP 227	AP 18	AP		K-Mülheim 18	K-Mülheim
					K-Bilderst. 18	K-Bilderstöck.
	GER 80		GER		K-Chorweiler 18	K-Chorweiler
					K-Mülheim 18	
				K-Chorweiler 18		
	SU 95		SU			K-Bilderstöck.
Langenfeld	AP 218		AP		LEV-Opladen 18	Leverkusen
					Hilden 20	Hilden
	GER 72					Solingen
				Solingen 15	Solingen	
	SU 74		SU		Langenfeld 16	Lang.-Kreuzstr.
Mönchengladbach			AP		MG-Rheydt 18	
	AP GER 74		GER		MG-Rheydt 18	
	AP SU 56					
Viersen	AP 57		AP		VIE-Rahser 15	Kempen
					M'gladbach 20	
	AP GER 89				VIE-Rahser 12	VIE-Rahser
	SU 68		SU			

Inpatient

Outpatient

Outpatients

Source: Bettenspiegel 2016; as of: 14 April 2016

Fig. 18: LVR Clinic Offer Structures in KJPPP

	Central	Decentralised
Bedburg-Hau	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">KJPPP 30</div> <div style="border: 1px solid black; padding: 2px;">KJPPP 6</div> <div style="border: 1px solid black; padding: 2px;">KJPPP</div> </div>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">Geldern 12</div> <div style="border: 1px solid black; padding: 2px;">Geldern</div> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">Moers</div> </div>
Bonn	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">KJPPP 50</div> <div style="border: 1px solid black; padding: 2px;">KJPPP 18</div> <div style="border: 1px solid black; padding: 2px;">KJPPP</div> </div>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">Euskirchen 12</div> <div style="border: 1px solid black; padding: 2px;">Euskirchen</div> </div>
Düsseldorf	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">KJPPP 52</div> <div style="border: 1px solid black; padding: 2px;">KJPPP 16</div> <div style="border: 1px solid black; padding: 2px;">KJPPP</div> </div>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">Hilden 12</div> <div style="border: 1px solid black; padding: 2px;">Hilden</div> </div>
Essen	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">KJPPP* 50</div> <div style="border: 1px solid black; padding: 2px;">KJPPP</div> </div>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">E-Nordviertel 21</div> <div style="border: 1px solid black; padding: 2px;">Mülheim/Ruhr</div> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">Mülheim/R 10</div> </div>
Viersen	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">KJPPP 114</div> <div style="border: 1px solid black; padding: 2px;">KJPPP</div> </div>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">VIE-Rahser 11</div> <div style="border: 1px solid black; padding: 2px;">MG-Rheydt 14</div> <div style="border: 1px solid black; padding: 2px;">M'gladbach</div> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">Krefeld 14</div> <div style="border: 1px solid black; padding: 2px;">Krefeld</div> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">Neuss 12</div> <div style="border: 1px solid black; padding: 2px;">Neuss</div> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">Heinsberg 12</div> <div style="border: 1px solid black; padding: 2px;">Heinsberg</div> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">VIE-Rahser 10</div> <div style="border: 1px solid black; padding: 2px;">Erkelenz</div> </div>

\* Essen-Frohnhausen

Inpt: Beds Day: Spaces
---------------------------

Inpatient

Outpatient

Outpatients

Source: Beds analysis 2016; as of: 14 April 2016

Fig. 19: KJPPP hospital frequencies (inpatient)

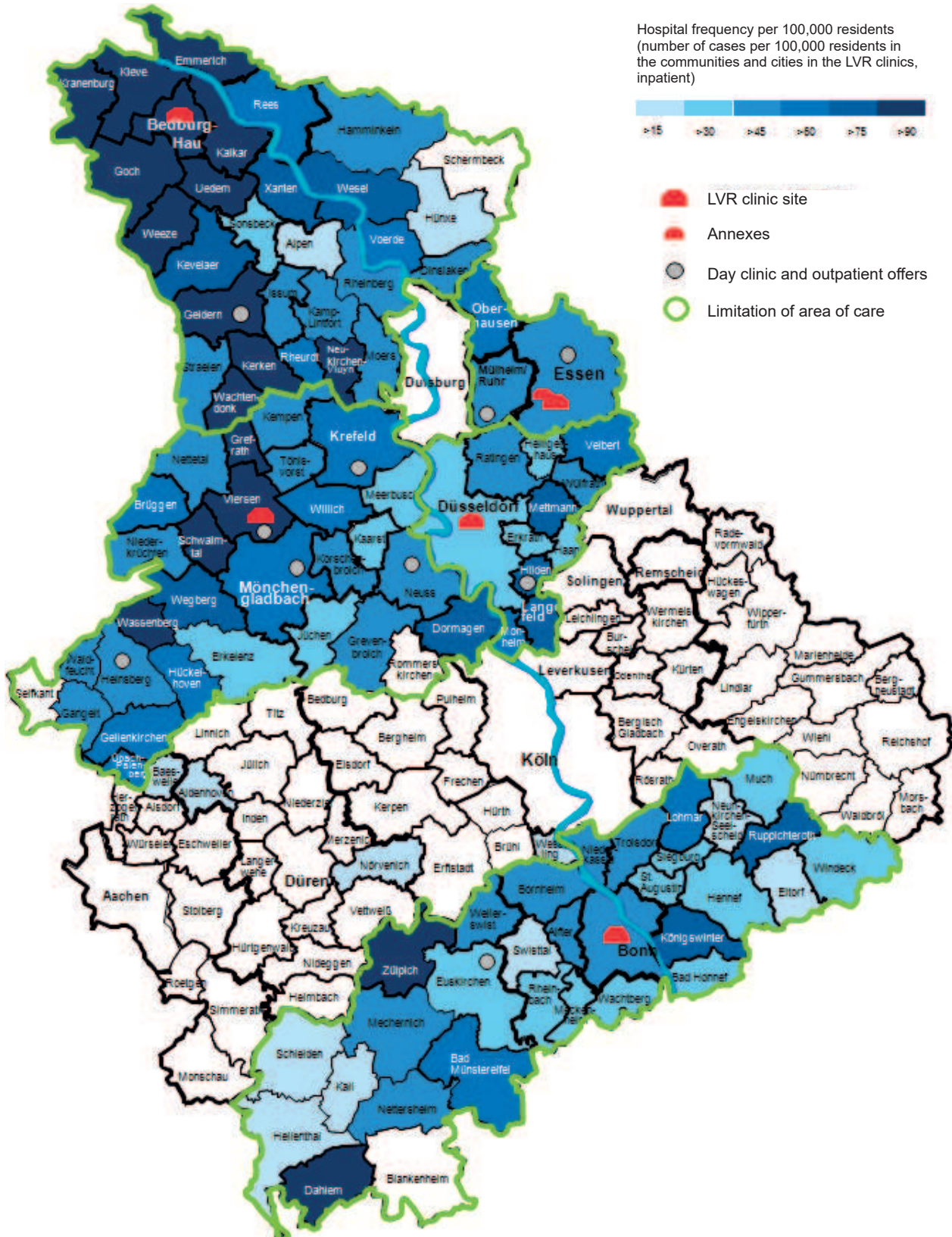
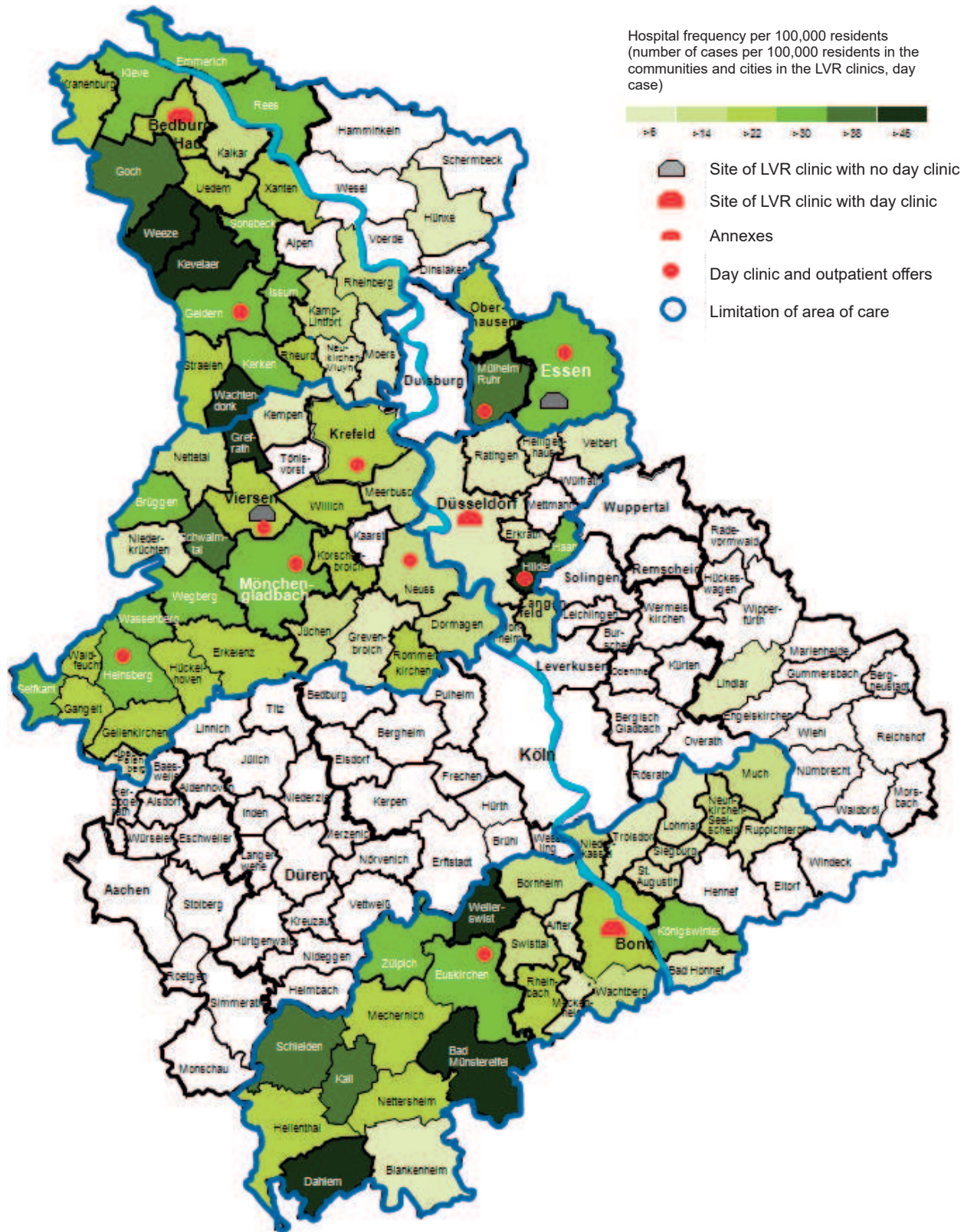




Fig. 20: KJPPP hospital frequencies (day case)



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# List of Abbreviations

AP	Allgemeine Psychiatrie (General Psychiatry)
BBpE	Bedarfsorientierte Behandlung psychischer Erkrankungen (Demand-Oriented Treatment of Psychological Illnesses)
CMHC	Community Mental Health Centre
EMAS	Eco-Management and Audit Scheme
GER	Gerontopsychiatrie (Elderly Psychiatry)
IVF	Institut für Versorgungsforschung (Institute for Care Research)
KHG	Krankenhausfinanzierungsgesetz (Hospital Financing Act)
KINZ	Kinderneurologisches Zentrum (Child Neurology Centre)
KJPPP	Kinder- und Jugendpsychiatrie, -psychotherapie und -psychosomatik (Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics)
KTQ	Kooperation für Transparenz und Qualität im Gesundheitswesen (Co-Operation for Transparency and Quality in Healthcare)
LiGa	Leben in Gastfamilien (Life with Guest Families)
LVR	Landschaftsverband Rheinland (Rhineland Regional Association)
MVZ	Medizinisches Versorgungszentrum (Medical Care Centre)
NRW	North Rhine-Westphalia
NWpG	Netzwerk psychische Gesundheit (Psychological Health Network)
PM	Psychosomatic Medicine
PP	Psychiatry & Psychotherapy
PVG	Pflichtversorgungsgebiet (Duty of Care Area)
QMB	Qualitätsmanagementbeauftragte (Quality Management Representative)
SGB	Sozialgesetzbuch (Social Security Statute Book)
SIM	Sprach- und Integrationsmittlerinnen und -mittler (Language and Integration Mediators)
SU	Addictive Disorders
SPKoM	Sozialpsychiatrisches Kompetenzzentrum Migration (Migration & Social Psychiatry Centre of Competence)
SPZ	Sozialpsychiatrisches Zentrum (Social Psychiatry Centre)
TK	Tagesklinik (Day Clinic)
UEMS	Europäisches Facharztexamen (European Union of Medical Specialists)
WHO	World Health Organisation
zBM	zentrales Beschwerdemanagement (Central Complaints Management)
ZNN	Zentrum für Neurologie und Neuropsychiatrie (Centre for Neurology and Neuropsychiatry)

# Legal Notice

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