

Pfalzlinikum – Service Provider for Mental Health: A Glance into our Everyday Work



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Pfalzkllinikum Service Provider for Mental Health – a glance into our everyday work

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

As mental health is its daily work, Pfalzkllinikum focuses not only on helping people becoming mentally healthy again. Its task also encompasses supporting clients and patients in being re-integrated individuals in our society and taking part in the everyday life in our communities as everyone else. Pfalzkllinikum's services are very diverse. In the following booklet we will introduce two very different aspects of Pfalzkllinikum's work.

In our report on page 3, you will get to know different living concepts of Pfalzkllinikum's community-based services. We give you an insight into the routines of the everyday lives of our workforce and clients; we show how social participation and self-determination are possible; and we show how independent living for people and their individual requirements can work.

From page 5 on, we'll look into the work of our clinic for forensic psychiatry for people who have committed crimes guided by their mental illness. Let us clean up with the stigmatisation and common perception of "dangerous" people in prison. Let us take a look at the therapeutic work, the little steps, the everyday successes and try-agains. Let us regard the area of forensic psychiatry as it is – a place for recovery, preparing people for their second chances, and their re-integration into our community.

Two days, three sites, many approaches – our community-based services

The requirements and services in community-based services are as individual as their users, however, they all have the same objective: to integrate persons with an impairment into community, to shape their daily lives and to ask for tolerance and understanding again and again. During a two-day visit to three sites I had a detailed look at how this is done in case of our facility 'Care-Foster-Live'.

Curative Education Residence in Maikammer

Monday morning, nine o'clock. It is quiet in the Curative Education Residence in Maikammer. The residential units are empty. Now and then, a resident walks by. Where is everybody?

"In TSM," explains Eckhard Will, the head of the residence, who I visit first today. The TSM, short for day-structuring measures, are offered on the ground floor of the facility.

At half past nine the residents meet in the various group rooms, depending on the activities suiting them and the support objectives agreed upon in their participation plan – and, of course, depending on what the residents like to do. "Maintaining the balance between self-determination and the participation plan over and over is an important part of our work," Will explains. As far as possible the residents organise their daily routine according to their own wishes. "Therefore, not all residents are in TSM all day long. Some stop by occasionally, spending most of the time in the residential group. For this reason, there is always one caregiver per group on duty checking on the residents without supervising them permanently," he says and opens the door to TSM for me.

Peace due to structure

From jigsaws and sorting games, to painting and woodwork – TSM offers something for everybody. There is also a relaxation room in which the participants can retreat when everything becomes too much. Caregiver Johanna Huisman's group is working with wood and paint, their creations decorate the room: painted wood and wicker wreaths, mobiles, animal figures, acrylic paintings and bird houses. One of the residents produces hearts wrapped with colourful wool to be sold at the next event, while another participant is busy with a collage of colourful squares on canvas. Now and then Johanna Huisman provides assistance.

In the afternoon I accompany the deputy head of the residence, Ilona Bus-Breier. While the residents are still in TSM, it is time for organisational work – fixing appointments, creating duty schedules and buying food. The caregivers co-ordinate who assumes which task. 30 residents ranging in age from their late 20s to early 80s live in this shared home, Ilona Bus-Breier tells me. In contrast to other residential facilities of Care-Foster-Live, mentally disabled persons with an additional mental impairment live here. For this reason, among others, curative teachers work in the residence. The residents live in five identically constructed residential groups with six individual rooms each. Between the residential groups on the upper floors there is a lively exchange: Everybody is here and there to talk, watch TV or be alone.

The group of people on the ground floor remain by themselves most of the time: "Autistic persons live in this group. For them fixed structures, procedures and contact persons are particularly important," explains the curative teacher. Of course, routines also give security to the other residents.

After the day in TSM, it is time for personal contact, residents and supervisors prepare dinner or take rest, or otherwise receive support regarding their daily body care. When dinner is ready, I say goodbye and let the residents end their day in the accustomed way.

Participation Centre in Bellheim

When I arrive at the Participation Centre in Bellheim the next day, the employees have already finished their first round of visits. At 6.30 am the night shift hands over to their colleagues of the early morning shift with a report on any events during the night. Even though such cases are seldom – an employee is always within reach at night in case a resident needs emergency aid or falls into a state of crisis.

After the handover, the visits to the residents begin. The 20 clients cared for live in single apartments or shared flats in the municipality of Bellheim, a small town in the Palatinate. The Participation Centre itself is a kind of contact point for residents and the base for the employees. Each day the caregivers do four rounds to look after their clients. On these rounds they dispense medicines, talk about upcoming appointments and activities, accompany their clients to shops and doctors or help them with their daily body care, depending on their demands and wishes.



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Before the second round in the morning starts, Julia Schlimmer, the head of the Participation Centre, and caregiver Bettina Kiffel welcome me into the breakroom for employees on the first floor. The on-call room and the offices are also located on this floor. Encounters, cooking and occupational therapy take place on the ground floor. Before Care-Foster-Live took over this house, it was a normal single-family house with a garden. "We adjusted it a bit to our requirements but basically the character of a private house has been maintained," Julia Schlimmer tells me. This is exactly what it should be: a home, a meeting place for its residents. Here, they can pass their day and cultivate social contacts.

Although the Bellheim Participation Centre looks like an outpatient care centre at first glance, it is really an inpatient care centre. "Actually, it is a residence," explains Julia Schlimmer, "with the difference being that the residents do not live in one but several places." This offers many advantages to the caregivers and residents as I soon see: I accompany Bettina Kiffel during the second round in the morning.

Driving through Bellheim, we repeatedly meet residents walking through the village. In the Participation Centre, the day structure is voluntary and the residents can also organise their day individually.

Daily life according to the principle of normality

To be able to react flexibly to the residents' day activities, the caregivers co-ordinate their efforts several times a day to see what is possible. "We work according to the principle of normality and offer the clients the possibility to organise their daily lives on widely self-determined terms. After all, everybody wants to decide when to take a shower or do laundry," Bettina Kiffel says.

Today, for example, she is going to buy clothes with her reference resident Mr. S. We collect him at home and together we choose shirts, trousers and a belt in a shop. After that, we visit Ms M. She is confined to a wheelchair and needs practical support for some activities. Ms M. and Bettina Kiffel discuss the day: "When do you want to do your body care today? What do you have for lunch? Shall we put fresh linen on the bed? Can you please put the freshly laundered clothing into the wardrobe?"

In short: The caregivers are everyday companions, household helpers, shopping counsellors and confidants. The decentralised organisation of the Participation Centre offers the benefit that several times a day we have a one-on-one contact with our residents and can concentrate on their needs. "The resulting close relationships help us to better assess crises and to cope with them together. Apart from this, it is a nice way of working – also at the human level," Bettina Kiffel explains.

Community-Psychiatric Centre in Speyer

After the common lunch break in the Participation Centre, I move on to the Community-Psychiatric Centre in Speyer. It unites very different services; many of them are located in a state-of-the-art, openly constructed building. It includes a day centre for persons who are mentally impaired but still able to organise their daily lives for themselves and wish to have a productively structured day.

The outpatient care offers the clients additional support at home. Furthermore, there is a monthly consultation hour on participation. There, the people concerned can get information about employment and leisure-time opportunities in the surroundings. The employees also help them to establish contact to clubs, for instance. The open contact point is a further service where the persons concerned can drop in, without obligations, to

exchange ideas with others and have a close look at the daily offers of the Community-Psychiatric Centre so that they will perhaps personally take part one day. "The open offer reduces the inhibition threshold many people have when it comes to seeking help," explains Dominik Friedrich, the deputy head of the facility. He shows me around the Community-Psychiatric Centre today.

On our way to the assisted living group, also accommodated in this building, we pass the in-house TSM. Dominik Friedrich explains to me the difference to a day centre: "Day-structuring measures are for clients living in the residential group. The guests of a day centre come from the outside. They live and work more independently. Accordingly, the offers are orientated towards concrete results. The woodworks or knitted products, for instance, are specifically produced to be sold at markets so that the material costs can be covered." Here, too, the focus is put on the participants' strengths and interests.

When I arrive in the residential group, a female colleague from the care service shows me around. The utility rooms are on the interior, the living area is open-plan – sofas, kitchen, dining area are located in a single large room. From here the other rooms can be directly accessed. Twelve residents, female and male, live in this residential group, another eight residents live in flat-sharing communities further outside and similar to the Bellheim concept. "For us it is important to appreciate the residents as independent adults and treat them accordingly," says Friedrich. The caregiver team supports and motivates the residents in organising their everyday and work life, in shopping or medical appointments, and promotes joint activities such as the preparation of meals, for example. "Nevertheless," Friedrich adds, "the residents can also buy food and cook or go to the doctor alone. Our superordinate target is that, in the long run, the residents cope with their lives independently, no matter at which position they are right now regarding their participation plan."

Three sites, many approaches. In these two days I learned how manifold the work of our community-based services is. From close contact and homely atmosphere via support in intense one-on-one relationships, to the respectful treatment of self-determined adults – the concepts of Care-Foster-Live are as individual as the people.

Find out more about our community-based services in this video: <https://bit.ly/2ru2laY>

Text: Romina Männl



A universe of its own – work excursion to the Clinic for Forensic Psychiatry

A bright entrance with lots of glass, a security gate and security staff behind a desk. I am not at the airport but the entrance of the Clinic for Forensic Psychiatry at Pfalzlinikum in Klingenstein, here to shadow employees on different wards for the next two days.

F1 tour and cross-facility conference

Thilo Hochdörffer, deputy head of educational and nursing issues, accompanies me to ward F1. The team at the admission ward informs me about the core tasks of their work and shows me around. F1 is a ward for people with a mental disorder and who have committed a crime, were found not criminally guilty by court, and sentenced to forensic commitment in accordance with section 63* of the German Criminal Code.

Furthermore, patients for whom other legal guidelines apply (§126 a German Code of Criminal Procedure) are detained here. The employees of F1 work in different, yet long and concomitant shifts. They try to convey structure and rules to the patients, and teach them independence in daily life. Each patient has a reference therapist among the staff supporting and guiding them personally. In most cases, two patients share a room but there are also two single rooms. The day on the ward is precisely structured; for instance, three times a day medicine is dispensed. Here it is documented whether the patient takes his medicine. Due to the new hospital order treatment law the employees have to manage a difficult balancing act which is also felt on my second day of job shadowing**.

Most patients are not allowed to leave the ward, they have not yet been granted privileges. Only when the therapy is effective can patients request such initially tiered liberties (permission to go out, for example). In case of a successful request for privileges, the patients can, for instance, go to ergotherapy outside the ward. The complete teams of caregivers as well as the head physician, Dr. Eva Biebing, have to agree to these privileges. Meetings to discuss the patients' requests take place every fortnight.

The privileges are approved on colour-page forms visualising the privileges in a 'traffic-light system'. The first level of privileges is requested on a red form, the second level on a yellow form and the third level on a green form. A green form can mean that the patient may be granted a 'continuous testing phase', in which case the patients live outside the clinic but still receive outpatient care and treatment as ordered by the court. If a patient does not comply with these requirements and cannot be reached

for several days – even though a drug test, for example, was due – he is summoned into the clinic where he must remain until the test result becomes available.

I leave the ward and take a tour with Hochdörffer, who tells me that he is responsible for innovation and staff development. He develops further education and training courses and acts as a quality management co-ordinator. Pfalzlinikum QM co-ordinators have to take part in obligatory training courses every year – for example, in de-escalation, hygiene, inventory, documentation or PNA***. Every ward has several co-ordinators who take part in the training courses and internally convey the acquired information to other colleagues on their ward. In a list, Hochdörffer documents all training courses in which employees took part. Furthermore, he shows me different rooms, including the classrooms and a computer room where patients can surf the internet. They can obtain different German school-leaving qualifications and also get support when studying at university. The two teachers, Walter Schamari and Luis Gonzalez-Casin, even give classes on the ward if the patients have not yet been granted any privileges. Another room is used for dental treatment, thus reducing staffing effort and expenses.



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We walk to the forensic residential group (FWGII), where patients working outside the clinic area live. The pre-requisite is an elevated level of privileges. For this reason, there are no secured doors or windows. In this residential community with six beds, the patients learn to organise their daily lives with increased autonomy, performing their own cleaning and cooking and they can put forward a request to leave for a weekend trip.

Our tour ends in the forensic psychiatric outpatient clinic which is divided into two parts, the 'Komm-Ambulanz' and the 'Geh-Ambulanz'. In the 'Komm-Ambulanz', patients come to the outpatient department by themselves, for example to have urine or blood samples examined because of an existing addiction. 'Geh-Ambulanz' means that employees regularly visit patients in their social environment all over the Palatinate.

Finally, I attend a cross-facility conference on innovative concepts. Case presentation takes place several times a year on different wards of all facilities. Today, colleagues from gerontopsychiatry and the Clinic for Psychiatry, Psychosomatics and Psychotherapy in Klingenmünster are gathered here. In the Clinic for Forensic Psychiatry, Silvia Kubath-Schmenger and Ralph Micka present a new short-time program for patients sentenced according to §64 of the German Criminal Code who have simultaneously received further detention sentences of at least two years. The first run starts in April, the program duration shall be one year. Some patients report on their experience with the program, e.g. their previously hopeless situation and on how far a participation has a positive effect on their life. Having successfully finished a program they are in the position to enter different levels of privileges faster. The treatment services are similar to those for other §64 patients. However, the patients are looked after by a caregiver in a more compact and intense manner.

On my second day I visit the wards for women. On FFa, Klaus Christmann, head of the ward, and his team welcome me. FFa is a closed ward for women where no distinction is made between §63 and §64 of the German Criminal Code; here all women are treated in the same way. The ward uses synergy effects with its neighbouring ward FFb,¹ e.g. in staff planning. Once a week, a cross-ward meeting about patients take place. Here it is discussed what is planned for the patients and whether transfers are possible.

On ward FFa, one-on-one walks for patients are possible if such privileges are applicable. This means that the women, together with their therapeutic caregivers, can move freely on the clinic premises. The employees often have the task to accompany patients: when they have to see a doctor (councils), when they are taken on a walk or when a visit of the roof-top terrace is planned. What is special about FFa is the fact that one colleague is specialised in adventure-based education.

* Apart from patients sentenced in accordance with §63 of the German Criminal Code others are admitted to a forensic psychiatric hospital in accordance with §64 of the German Criminal Code. This means that they committed a crime in the context of an addiction.

Patients sentenced in accordance with §63 committed a crime in the context of a mental disorder.

** This article is to be continued in the next Inform edition.

*** PNA stands for the German 'Personen-Notsignal-Anlage'. It is a Personal Distress Signal System always carried on the clinic's staff for reasons of security.

For interested patients he organises monthly nature adventures in the forest, made up of different modules taking place over the year.

FFa also organises a weekly patient forum, wherein all subjects and problems are addressed. For instance, they talk about patients who fail to satisfactorily fulfill the tasks assigned to them in turns. A member of the nursing staff moderates the meeting and the subjects are recorded.

FFa and all the other wards have rules for visitors. The fundamental condition is that patients are allowed to receive visitors. If this is the case, the visitors have to register beforehand not only themselves but also objects brought along. Unregistered objects must not be brought into the ward. Dangerous objects are forbidden. Additionally, the first visit involves an initial information talk about the clinic rules. This holds also true for the 'sister ward' FFb, which I am visiting now. Here I meet Nicole Türck and her team. She allows a lot of time for me and I learn more about the special characteristics of this ward. FFb is a continuing, subordinate ward. It houses patients who are granted more privileges than on FFa; they are also sentenced in accordance with different paragraphs. In the morning and in the afternoon, the patients go to work therapy. Ergotherapy takes place continuously on weekdays. There are also patients' fora and manifold group offers. The patients get meals from the Pfalzlinikum kitchen, but also like to cook themselves. Türck introduces me to everybody and asks the patients whether I may have a look into their rooms. The women react very openly and I look into several rooms.

Continuing ward F6

I move on to F6. Before I have a look at the ward, Hochdörffer informs me about important issues. In my opinion, the variety of information documented in the clinic is impressive as well as the internal cooperation project between the clinic and Care-Foster-Live, the HalfWayHouse.² It reveals that the new laws call for innovative offers which are possible thanks to interinstitutional cooperation and an open expert exchange. Back on the ward, Tobias Seibel, male nurse on this ward, walks me around. F6 is a continuing therapy ward and follows F2. The patients come to F6 when they have already achieved a certain level of privileges and some progress in therapy. They were sentenced in accordance with §64 of the German Criminal Code. Tobias Seibel takes me along to the legally required yard exercise. It takes place separately for §63-patients and §64-patients. After my visit to the inner courtyard my two-day work shadowing ends. I was able to collect diverse impressions and I gained a better understanding of the in-house procedures.

My conclusion: There are great people working on the different wards showing much commitment despite partially difficult (legal) conditions.

Text: Elena Posth

- 1 Editors' remark: In the meantime FFa and FFb are no longer neighbouring wards. Since January 29 FFa I has been located in Building 9. Now FFb and F11 are neighbouring wards. FFb is a continuing ward for women enabling therapy and preparing for a possible discharge.
- 2 The concept of the HalfWayHouse will be presented in a future edition of our company magazine, *Inform*.

Find out more about forensic commitment and society in this video: <https://bit.ly/2lqifh2>



