

# "Model projects" - Klingenmünster from a rural perspective

## Psychosocial care based on the WHO pyramid model



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Neurology

# Pfalzlinikum <sup>1</sup>



- HQs
- Clinics for PPP
- Day Care and Service Facilities

Driving distance  
\* 124 km  
\*\* 73 km



**2.550**



**155 Mio. €**



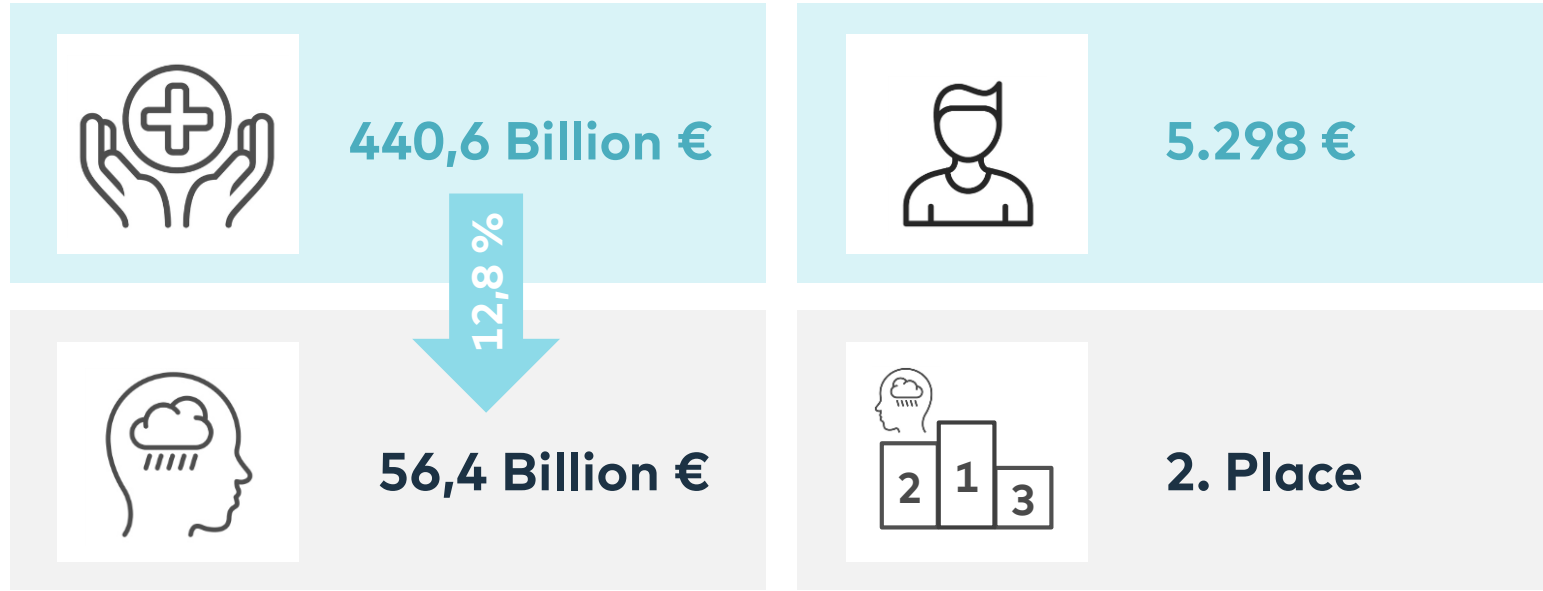
**1.179**



**30.000**

# Healthcare costs 2020 in Germany <sup>1</sup> ...

... .. and costs due to mental illness<sup>2</sup>



# The challenges of mental illness

## Why cross-sector forms of care are necessary!



**Waiting times<sup>1</sup>**  
Appointment:  
6 Weeks  
Treatment:  
5 Month



**Reason for  
illness no. 2<sup>2</sup>**



**Bed  
occupancy  
92 %<sup>3</sup>**



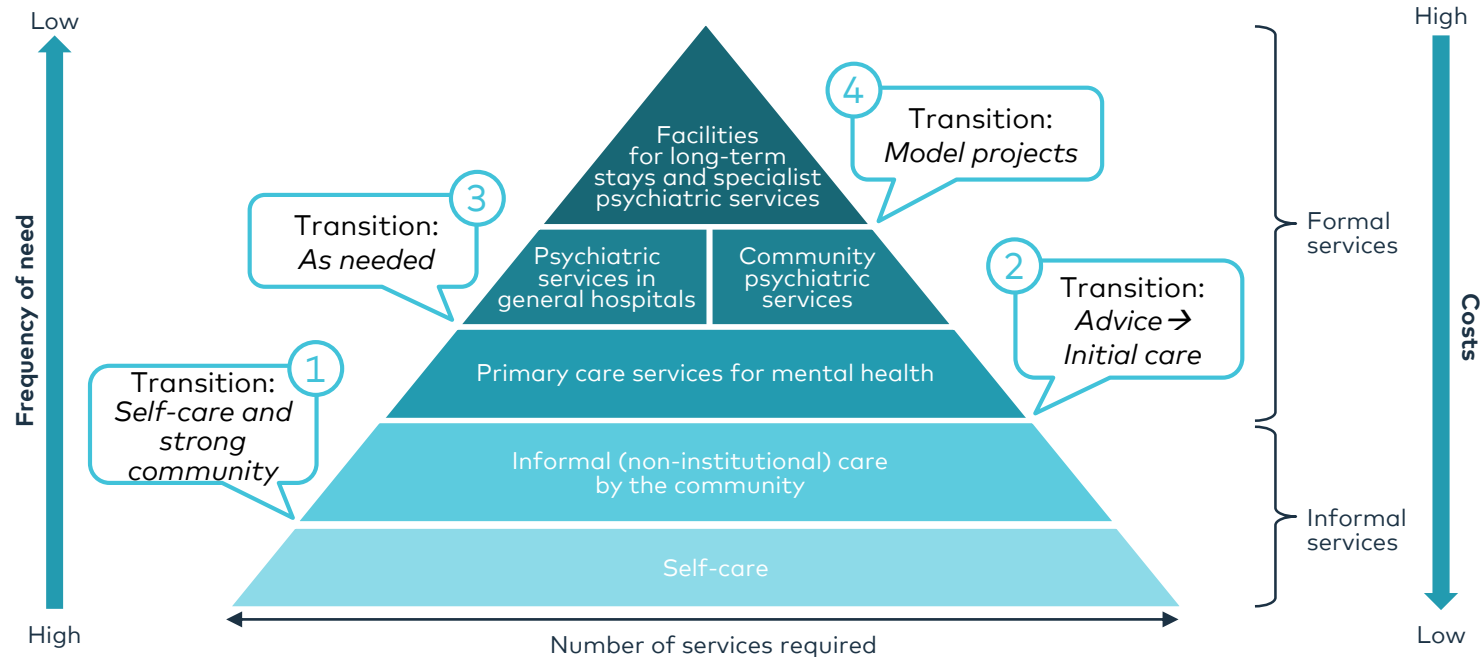
**Incapacity for  
work<sup>4</sup>  
in days**



**Most common cause of inpatient  
hospital treatment for 10- to 17-year-  
olds<sup>5</sup>**

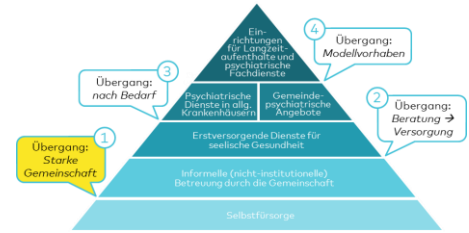
# Psychosocial care based on the WHO pyramid model<sup>1</sup>

## Recommendation: Create and manage transitions



# Psychosocial care based on the WHO pyramid model

## Transition 1: Self-care and a strong community



Recovery College -



e.g. Health meeting  
with the participation  
of local actor

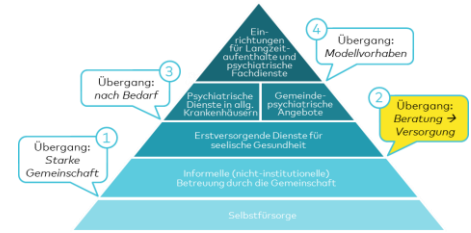


Patients' University



# Psychosocial care based on the WHO pyramid model

## Transition 2: From counselling to initial care



**EX-IN:**  
**Recovery counsellor**



**Healthcare iosk**

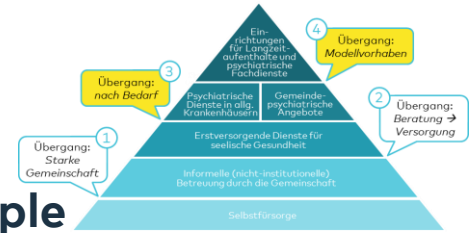
„It needs  
the whole  
village “



**tomoni**  
**mental health:**  
**z. B. tomoni.schools**



# Psychosocial care based on the WHO pyramid model



## Transition 3 /4: Orientation towards the needs of people

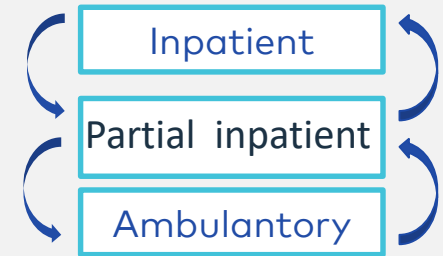
**cura  
menta**®

Patient portal for  
patients, relatives  
and interested  
parties



Modell **365°** Die Eingliederungshilfe  
Pfalzlinikum

Needs-based  
services for  
residents/clients



Cross-sectoral  
transitions in the pilot  
project "The Model"  
based on the Social  
Code V



# Psychosocial care based on the WHO pyramid model

## Cross-sectoral transitions in the pilot project "The Model" based on the Social Code V



- **Start: 01.01.2020**, 8 Years
- Corridor of 15,507 patients per year +/- 5 %; 98 % of all patients)
- Cross-sectoral, person-centred, lifeworld-oriented

### Partner of the Model: all Statutory Health Insurances in Germany

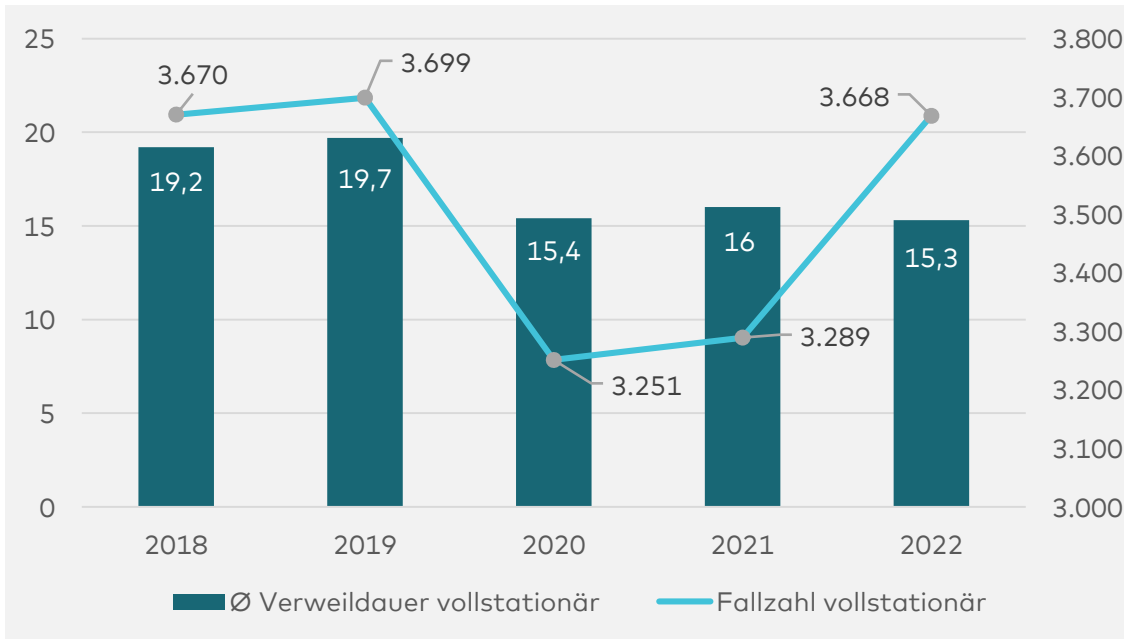


**BARMER**



# Model project of the Pfalzlinikum

## Length of stay & treatment cases (inpatients)

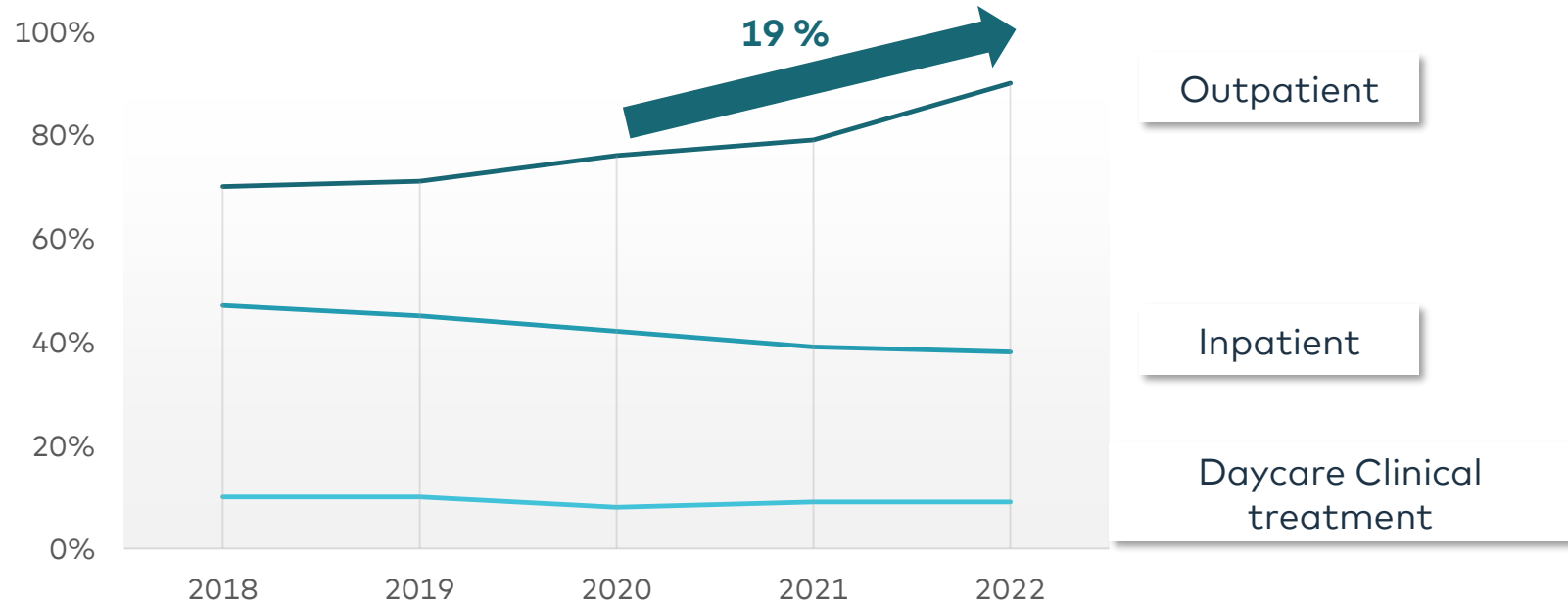


– Start of the Model:  
01.01.2020

– also:  
Covid-19-Pandemic since  
11th of March 2020!

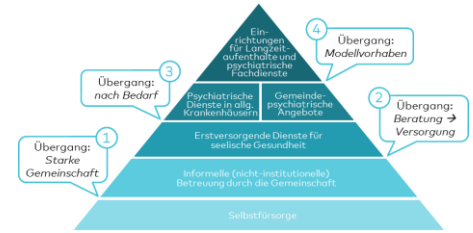
# Model project of the Pfalzkllinikum

**"More tents - less concrete": Ratio of patients between outpatients and inpatients**



# Conclusion: Further development of psychosocial care through transitions!

Cross-sector, person-centred & lifeworld-oriented

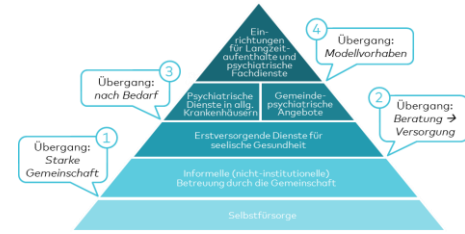


**MORE of ...**

- **Innovative forms of care**
- **Transitions** between the individual services
- **Intensification** of networked work and development of sustainable and diverse "service networks"

- **Strengthening health literacy**
- **Involvement of citizens** in decision-making
- **Integration of participatory** and civil society elements in the course of regional healthcare obligations

## ... and regional governance helps!

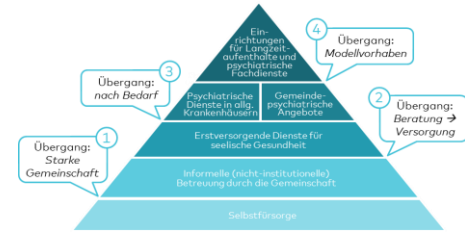


- is a **control mechanism** or a control idea
- represents an **extension of** state action (government)
- is **characterised by non-hierarchical forms of action**, participation, networks and pluralistic actor constellations
- **describes the cooperation of actors** (individuals, groups, associations, companies, legal entities) in one or more fields of practice.
- is **characterised by a comparatively low significance** of organisational, sectoral and state boundaries.
- **ensures that actors within and outside an organisation** (e.g. associations or companies), within and outside a sector (e.g. political and administrative) **work together**

# ... regional governance



## means for psychosocial care ...



- **public** psychosocial **health planning**
- **regional context** and subsidiarity principle
- **democratic control** of the objectives of the results
- **positive sanctioning** of solidarity-based action for care in a region
- **centralised control** by a publicly appointed **institution** (entrusted)

- **develops control criteria** for the entrusted institution, such as participation of the various stakeholder groups
- **ensures that the loan is limited** in time and that the institution's supervisory bodies are open for Users and Relatives
- **Develops an economic framework** that strengthens **regional responsibility and prevention**, prioritises non-stationary services (e.g. regional budget)

**Stupidity is not "knowing little",  
nor is it "wanting to know little",  
Stupidity is  
"believing you know enough"**

**(Konfuzius)**



Quelle: Bibliomed, Regina Sablotny, Berlin

**Thank you for your attention!  
Merci beaucoup pour votre attention!  
Hartelijk dank voor uw aandacht!**

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