

A person is silhouetted against a bright, low sun in a field of tall grass. Their arms are raised in a gesture of joy or freedom. The sky is filled with soft, golden clouds. The overall mood is peaceful and uplifting.

Welcome!

pro mente Reha GmbH
Non-Profit Organisation

pro mente | reha

Overview

- Social Insurance as Compulsory Insurance in Austria – Insured Risks
- Rehabilitation in Austria - Principles and Indications
- Model of Psychiatric Rehabilitation
- pro mente Reha GmbH (Ltd.): Company and Locations
- This is what our patients say ...

Social Insurance as Compulsory Insurance - Principles

ASVG - General Social Insurance Act

Social insurance as compulsory insurance for:

- Employed persons
- Unemployed persons
- Persons unable to work
- Their non-employed dependents - partners, children (age!)
- Persons with a residence permit - e.g. persons entitled to asylum

No choice of insurance company!



Social Insurance as Compulsory Insurance – Insured Risks

- Illness and leisure accident
- Occupational accident - only employed persons
- Childbirth/parenthood
- Unemployment - only employed persons *
- Age – Pension *



** There are qualification periods due to legal requirements.*

Rehabilitation in Austria: Principles

"Rehabilitation before disability pension"

A disability pension is granted only after a rehabilitation process if the ability to work could not be restored.

Phases acc. to WHO	Structures	Rechtstitel
Phase I	Hospital	Inpatient care/medical treatment
Phase II	Inpatient rehabilitation facility Outpatient rehabilitation facility	Rehabilitation
Phase III	Outpatient rehabilitation facility	Rehabilitation

Rehabilitation in Austria: Indications

Rehabilitation for:

- Diseases of the musculoskeletal system
- Oncological diseases
- Neurological diseases
- Cardiovascular diseases
- Pulmonary diseases
- Metabolic disorders
- Psychiatric diseases
- Lymphatic Diseases



Model of Psychiatric Rehabilitation

First facilities in Austria (2002): Sonnenpark Bad Hall and Reha-Clinic for Mental Health.

Duration of rehabilitation stay: 6 weeks.

Outpatient or inpatient stay.

Therapies in groups and individual settings.



Multiprofessional offer:

- Medical-psychiatric support by the medical team
- Psychotherapy/Psychology
- Occupational therapy
- Physiotherapy
- Music/Creative therapy
- Dietetics
- Nursing
- Social work

pro mente Reha GmbH ...

- ... was founded in 2007.
- ... utilizes 60 years of experience from the pro-mente family, especially pro mente Upper Austria.
- ... non-profit limited liability company.
- ... member of the pro mente Austria association.
- ... financed through daily rates by pension insurance providers.
- ... fulfills the medical performance profile specified by the Austrian Pension Insurance.

Inpatient and Outpatient Rehabilitation



APRGraz

Ambulante Psychosoziale Rehabilitation Graz

APRSalzburg

Ambulante Psychosoziale Rehabilitation Salzburg

mia – Miteinander Auszeit






pro mente Austria: Mental Health First Aid



www.erstehilfefuerdieseelle.at

A person is silhouetted against a bright, low sun in a field of tall, golden grass. Their arms are raised in a 'V' shape, reaching towards the sky. The sky is filled with soft, white clouds. The overall mood is one of joy, freedom, and accomplishment.

Wishing you all the
best and much joy
in your studies!

Dr. Karin Reiter-Prinz

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6 weeks of inpatient psychiatric Rehabilitation

Using the example of
Sonnenpark
Neusiedlersee

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The whole is more than the sum of its parts

The whole is more than the sum of its parts

- Psychiatric Rehabilitation has been fulfilling a key role in psychiatric treatment for over 20 years
- Psychiatric Rehabilitation does not exist in a vacuum and is closely connected to other treatment options in the psychiatric field and vocational and occupational rehabilitation

The whole is more than the sum of its parts

- What is the dimension of psychiatric rehabilitation?

The whole is more than the sum of its parts

- Psychiatric diagnosis are the main reason for disability and occupational incapacity pensions

Category	2019 (Occupational Disability Pensions)	2020 (Occupational Disability Pensions)	2021 (Occupational Disability Pensions)	2019 (Invalidity Pensions)	2020 (Invalidity Pensions)	2021 (Invalidity Pensions)
Total	100.0	100.0	100.0	100.0	100.0	100.0
Musculoskeletal System	11.6	9.5	12.0	18.8	16.5	20.7
Heart	8.2	7.7	8.4	12.5	11.5	13.1
Cancer	13.5	13.5	17.1	10.6	11.6	13.6
Nervous System	7.6	7.7	8.6	4.9	4.4	5.5
Psychiatric Disorders	47.7	49.7	41.7	38.8	42.2	31.3
Other	11.4	11.9	12.2	14.4	13.8	15.8

The whole is more than the sum of its parts

- What is the goal of the social system, especially for the pension system?
 - They want to bring people back into the world of work
 - Lower costs for nursing
 - Enhance social participation
 - Enhance quality of life

The whole is more than the sum of its parts

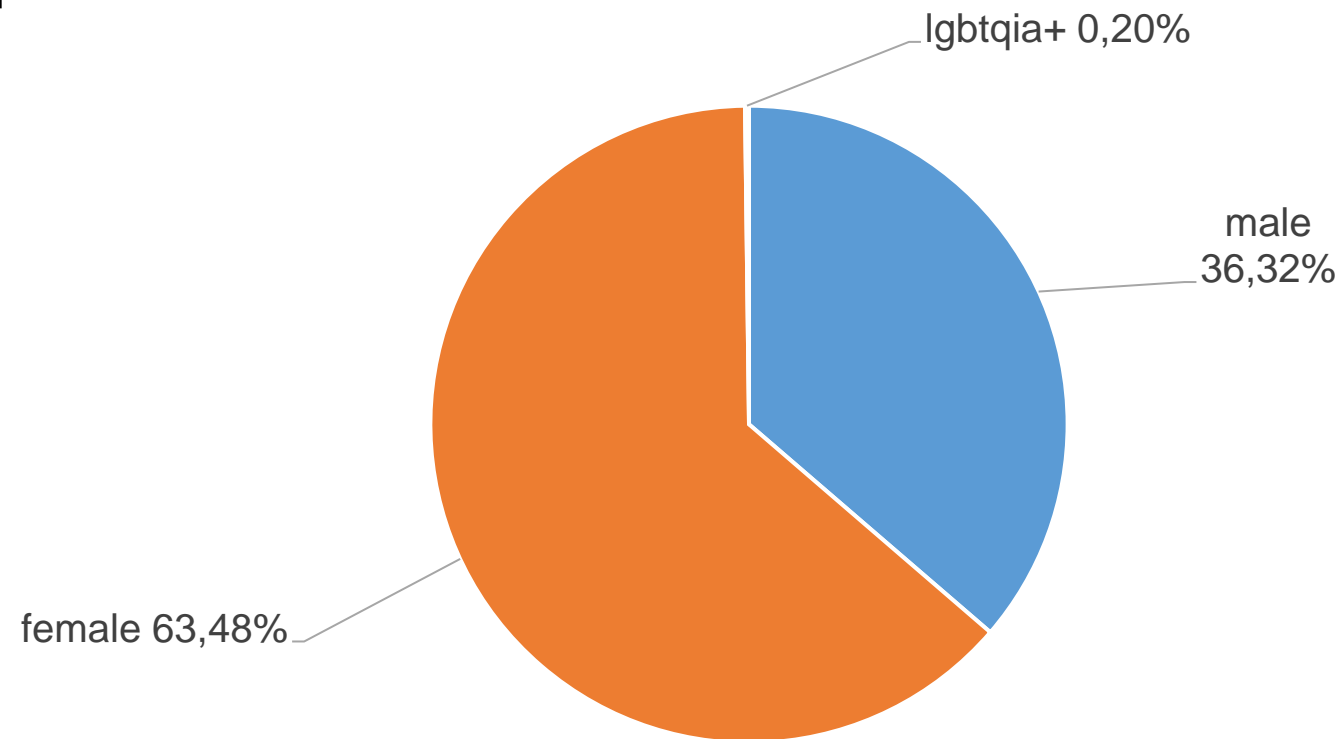
- What is the goal of our patients?
 - The same...but
 - First and foremost, they want to be seen in their individual story and their individual needs
 - They just want to feel better
- If they are given this opportunity (to be seen) – it is more likely that they will open up and achieve the mentioned goals

The whole is more than the sum of its parts

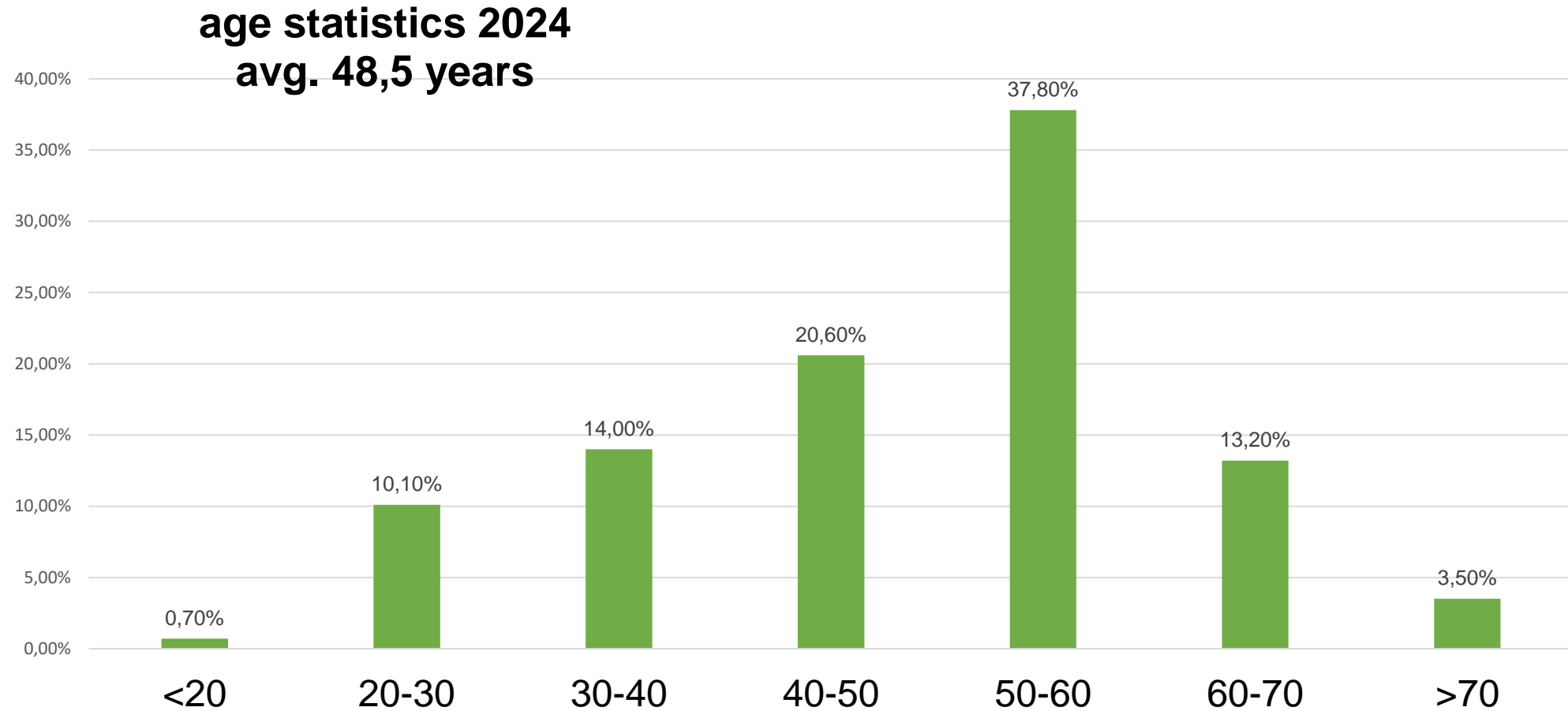
- What is the dimension at Sonnenpark Neusiedlersee?
- About 1000 Patients a year

The whole is more than the sum of its parts

gender statistics 2024
in total 1005 patients



The whole is more than the sum of its parts



The whole is more than the sum of its parts

- What is the dimension at Sonnenpark Neusiedlersee?
- 1000 Patients a year
- 60% are between 40 und 60a
- About 60 % are female, 40% male, and below 1% declared nonbinär
- The majority of diagnosis are depressive and anxiety disorders
- Personality disorders
- Trauma is often an important part in all psychiatric disorders

The whole is more than the sum of its parts

- What is the most important part in Traumatherapy?
 - To create an atmosphere of security and respect, awareness, mindfulness and compassion
 - The importance of Trauma and Traumatherapy cannot be overestimated

The whole is more than the sum of its parts

Mindfulness and (Self)Compassion

basically, you are attracted to or repelled by people, things, emotions...and fundamentally you avoid bad or difficult emotions

mindfulness enhance the room of neutrality or calmness, serenity

for that, you need compassion – so you can stay and hold yourself with difficult emotions

The whole is more than the sum of its parts

- Now, the whole is divided into its parts
- **Multiprofessional offer:**
 - Medical-psychiatric support by the medical team
 - Nursing
 - Psychotherapy/Psychology
 - Occupational therapy
 - Physiotherapy
 - Dietetics
 - Social work
 - Music/Creative therapy

The whole is more than the sum of its parts

medical team

- Doctors are responsible for admitting patients and preparing the discharge report.
- They guide the patient through the entire therapeutic process,
- prescribe medication,
- Lead psychoeducational groups
- And foremost, coordinate the therapeutic team.

Nursing in psychiatric rehabilitation

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Organizational Process

As nursing staff, we serve as a link between patients and all professional groups in rehabilitation. We are available 24/7, from Monday to Sunday.

Our nursing team consists of eleven professionals, all of whom are either generally certified (registered nurse) or specialized in psychiatric nursing

- On weekdays, between three and six nurses are on duty during the day. (depending on the different tasks of the day)
- After 6 PM, as well as on Saturdays, Sundays, and public holidays, one single nurse is responsible for 100 patients and independently decides in which situations an on-call doctor or emergency services should be contacted.
- Shift scheduling is flexible, and night shifts are covered by on-call services.

The Role of the Nurse

- Our profession is dedicated to helping patients recognize and utilize their own self-care abilities. Nurses only provide support where independence is not yet possible. Decisions are not made for the patients but developed together with them. We aim to make patients more independent.
- Nursing interventions are tailored to each patient's individual resources and challenges to ensure a person-centered approach. Our work is carried out in an interdisciplinary and collaborative framework.

Core Tasks of Psychiatric Nursing

- Establishing and maintaining therapeutic relationships
- Managing somatic complaints (in cooperation with the medical team)
- Carrying out prescribed interventions (distributing prescribed medication, planned daily well-being check-ins, alcohol checks...)
- Psychoeducational training
 - mindfulness, mental health, skills, physical health, hygiene, sleep...
- Acting as a mediator between patients, doctors, and therapists
- Well-being talks
 - being available when a patient needs someone to talk to outside of scheduled therapy sessions
- Supportive/ encouraging conversations

Communication

- Through targeted information/education, we encourage active patient participation and strengthen therapeutic relationships.
- We support patients in challenging situations and create a calm, safe environment.
- For specific concerns, we refer patients to the appropriate specialists (e.g., social workers, doctors, dietitians).

Additional Responsibilities

- Diagnostic and therapeutic procedures according to doctor's orders (blood draws, performing ECGs, wound care, etc.)
- Administering medication and educating patients on proper medication intake
- Providing first aid
- Documenting different incidents/ conversations and crises

aktuelle Patienten
 NEUR... | Zi.Nr.: 107 | G...
 H... | Zi.Nr.: 3...
 KNE... | Zi.Nr.: 232 | GEB4
 H... | Zi.Nr.: 232 | GEB4
 A... | Zi.Nr.: 109 | BLB2
 ... | Zi.Nr.: 30
 HL... | Zi.Nr.: 16 | ROA:
 ...
 S... | Zi.Nr.: 214 | BLB2
 T... | Zi.Nr.: 221 | ROB3
 ...
 M... | Zi.Nr.: 214 | BLB3
 STEP... | Zi.Nr.: 312 | BL...
 ...
 T... | Zi.Nr.: 231_1 | C...
 ... | Zi.Nr.: 103 | F...
 E... | Zi.Nr.: 108 | GE...
 ... | Zi.Nr.: 133
 L... | Zi.Nr.: 212 | BLB1
 MEL... | Zi.Nr.: 220 | BL...
 M... | Zi.Nr.: 139 | ROB4
 ER... | Zi.Nr.: 305 | GRB

Fr. ... **Geb.:** ... **ZiNr:** 231_1 **GEB4**
Dr.in ... **26.02.25-09.04.25** **PVA**

Mainfacts **Allergie**
Med.univ. **P.S.**

Gruppendokumentation **Therapieausfälle** **Anamnesen** **DFNW Interventionen** **Teambesprechung** **ETB**
Gesamt **Medizin** **Therapie** **Sozialarbeit** **Pflege** **Scores / Assessments**

27.02.2025
Gruppenverlauf
 Erstellt: 27.02.2025 16:10 von ... - Geändert: 27.02.2025 16:10 von ...
27.02.2025 08:00
 Bewegungstherapie / Gelb B
 Ballkoordinationsspiele zum Kennenlernen

26.02.2025
Aufnahme
 Erstellt: 26.02.2025 11:32 von Dr. med. univ. ... - Geändert: 26.02.2025 11:49 von Dr. med. univ. ...
Aufnahmearzt: Dr.in ...
26.02.2025 11:32:43, Dr. med. univ. ...
Zugang/Initiative zur Rehabilitation: Die Patientin kommt über Zuweisung ihres Facharztes für Psychiatrie zu ihrer 2.psychozialen Rehabilitation. Bei der Patientin sind psychische Beschwerden seit 2012 bekannt. Diesbezüglich kam es zu keinem stationären psychiatrischen Krankenhausaufenthalt. Die Patientin befindet sich in psychiatrischer und in psychotherapeutischer Behandlung. Bei Aufnahme besteht keine psychopharmakologische Vormedikation. Die vorherrschende Symptomatik zum Aufnahmezeitpunkt ist geprägt durch eine rasche Erschöpfung, Panikzustände und körperliche Beschwerden.
 Als persönliches Rehabilitationsziel gibt die Patientin an, dass sie insgesamt stabiler werden wolle.
Facharzt: Dr. ...
Hausarzt: Fr.Dr. ...
Voraufenthalte: keine speziell psychiatrischen KH Aufenthalte
 2.Reha h.o., 2023 St.Veit/Pongau
Spezifische Rehabilitationsanamnese: Die Patientin berichtet, dass ihre Symptomatik nach einer schweren Infektion mit langer Erholung 2012 begonnen habe, es zeigte sich eine depressiv getönte Symptomatik mit Erschöpfung und sozialem Rückzug. Nach ca. 1 Jahr sei es dann wieder zu einer Besserung gekommen. Eine

Diagnosen
F32.9 Depressive Episode
 G93.3 Chronisches Müdigk
 Klin.Long Covid Syndrom-
 G09 Folgen entzündlicher
 St.p. schwerer EBV Infektio
 (lt. Patient / Vorbefund) Pa
Dokumente
Vorbefunde: 102732-212
 11:21
 Erstellt durch MP2.DocSca
Rehaantrag: 102732-212

The Importance of Documentation in Nursing


Documentation is crucial in rehabilitation because multiple professionals collaborate in patient care.

A comprehensive record ensures that all team members are informed about the patient's current condition and progress. Additionally, documentation serves as legal protection and helps us meet regulatory requirements.

Our main system for documenting is called MP2.

Additional Tasks Beyond Traditional Nursing Duties

- Minor repairs in patient rooms
- Technical assistance (e.g., troubleshooting TV issues)
- Providing support and counseling to relatives (while maintaining data privacy)
- Finding solutions for noise disturbances
- Creative problem-solving while maintaining professional boundaries

A person is silhouetted against a bright, low sun, with their arms raised in a gesture of joy or triumph. They are standing in a field of tall, golden grass that is slightly out of focus. The sky is filled with soft, wispy clouds, and the overall color palette is warm, dominated by yellows, oranges, and greens.

Wishing you all the
best and much joy
in your studies!

Mona König, BSc

pro mente | reha

Psychotherapy in psychiatric rehabilitation

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The Staff

- 17 psychotherapists
- 3 clinical and health psychologists
- One colleague works both as a clinical and health psychologist and as a psychotherapist
- 8 interns, guided and supervised by individual psychotherapists

Four Clusters

- Humanistic psychotherapeutic schools,
- Depth psychology schools,
- Behavioural therapy
- Systemic family therapy

The relationship between the psychotherapist and the patient

Absence of any kind of coercion or pressure

Three attitudes

- Congruence,
- Empathy and
- Unconditional positive regard

Types of psychotherapy

- Individual therapy
- Group therapy

What can happen in six weeks of individual therapy?

A psychotherapeutic process can help patients discover possibilities for starting a healing process in the sense of integration.

These questions can point the way for the rehabilitation process:

- Is it good for me?
- Does it make me happy?
- Do I have the strength for it now?

Various group settings

Closed groups, called basic groups

- Maximum of 12 people, 2 therapists
- Atmosphere of trust and security

Open groups

- Maximum of 15 people. 1 therapist
- These groups are run in a psychoeducative way

Different topics

- Coping with anxiety
- Dealing with depression
- Strengthening resources (especially for traumatised patients)
- Coping with stress

Various group settings

Relaxation groups

- Pure moments of relaxation, for example through progressive muscle relaxation according to Jacobsen
- Essential elements of body-oriented psychotherapy.

Skills groups

Tension regulation groups (tension and trauma releasing exercises)

The psychotherapists work in co-leadership with the physiotherapists

What makes it special ...

“If I can listen to what he can tell me, if I can understand how it seems to him, if I can see its personal meaning for him, if I can sense the emotional flavor which it has for him, then I will be releasing potent forces of change in him.

We know from our research that such empathic understanding — understanding *with a person, not about him* — is such an effective approach that it can bring about major changes in personality”

(Carl R. Rogers, On Becoming a Person)

Clinical psychology in psychiatric rehabilitation

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Field of Activity - Overview

- Clinical Psychological Diagnostics
- Psychological Treatment
- Psychological Counseling
- Group Therapy
- Evaluation Process

Clinical Psychological Diagnostics

Two major areas:

- Performance Diagnostics (e.g. clarification of dementia vs. pseudodementia; clarification of cognitive performance in the context of a mental illness...)
- Personality Diagnostics (e.g. questionable personality disorder, differential diagnostics...)

Psychological Treatment - Biofeedback

Typical indications:

- Chronic pain (e.g. back pain, headaches, etc.)
- High muscle tension or high tension
- As support for panic attacks
- For stress diagnostics
- High psychovegetative reactivity
- Certain somatic clinical pictures (e.g. Raynaud's disease)

Psychological Treatment - Biofeedback



Psychological Counseling

Smoking Advice

- Function of the cigarette
- Alternative behaviors
- Motivation
- Addiction and dependence
- Helpful strategies
- The day X
- Providing information: literature, websites, smoke-free helplines, Smoke-free app, outpatient and inpatient services

Group Therapies

Relaxation Therapy

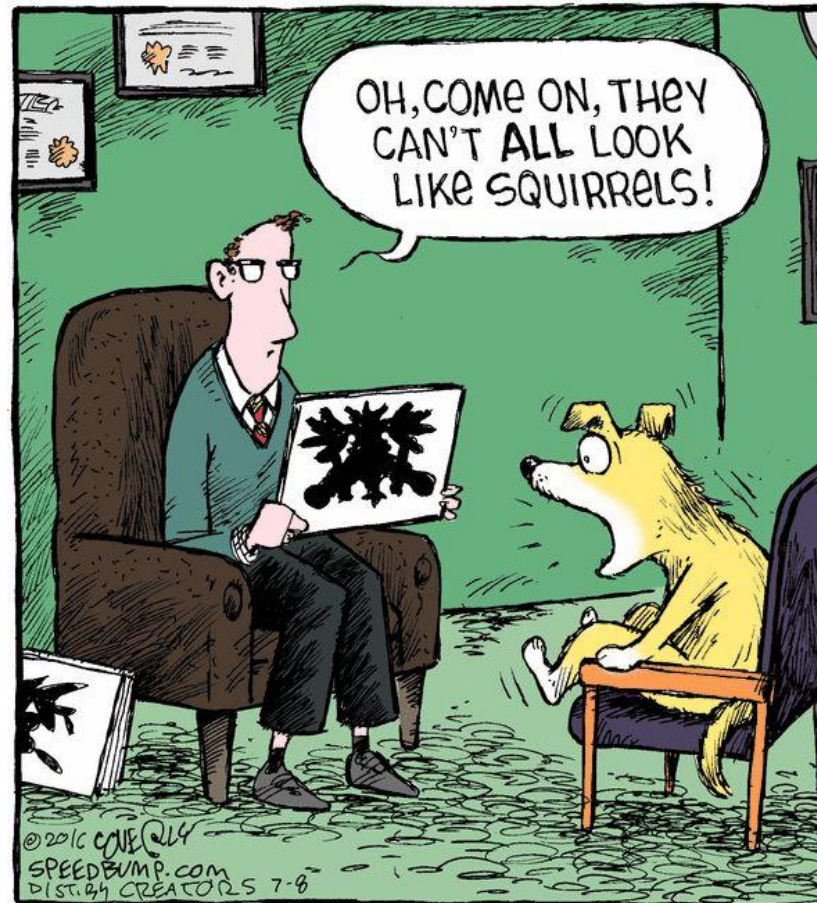
E.g. Progressive Muscle Relaxation

Progressive Muscle Relaxation developed by Edmund Jacobson is a relaxation method.

The aim is to achieve a state of deep relaxation of the whole body by deliberately and consciously tensing and relaxing certain muscle groups.

The individual muscle groups are tensed one after the other in a specific sequence, the muscle tension is held briefly and then released.

Thank you for your attention



Occupational therapy in psychiatric rehabilitation

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basic assumptions of occupational therapy

- being active is a basic human need
- meaningful activities have a health-promoting and therapeutic effect

occupational therapists ...

- work across the lifespan and
- in various settings.
- all settings in common is the use of different activities as intervention
 - ✓ promote health and well-being and
 - ✓ promote the clients ability to participate in the important activities in their daily life

interventions in our rehabilitation-setting

- occupational therapy in the **group** with different **creative** and **craft activities**

e.g. painting, painting on silk, doing pottery, soapstone, wood, origami,...

key points: **voluntary** and **freedom** in the choice of activity

- **educational content** with a focus on time management and mindfulness
- **individual therapy** (therapeutic focus, implementation in everyday life)

occupational therapy as a training ground

- pursuing and training individual aims
- observe how clients behave in activities
 - ❖ can then be discussed and reflected in the work with the client
 - ❖ discussed in our weekly interdisciplinary team meeting

aims

- regaining, maintaining, developing or promoting...

- **mental skills**

e.g. concentration, planning, problem-solving skills

- **social skills**

e.g. self-regulation, impulse control, expression of feelings, getting in contact

- **process-related skills**

e.g. adapt workplace, keep focus on activity

aims, cont.

- **self-efficacy** e.g. confidence in own abilities, have success stories
- **self-care** e.g. meet own needs, take a break, choose suitable material/ activity
- recognize and respect own **boundaries** and boundaries of other people
- recognize and reflect on stressful **working behaviour**, experience new and helpful working behaviour

aims, cont.

- find **creative expression**
- **joy of doing** and playing
- perceiving the **effect of activities** and consciously use these effects

Movement therapy in psychiatric rehabilitation

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General aims of movement therapy in psychiatric rehabilitation

- positive connotation of movement
- to set movement as a resource
- train the ability of recognizing the own body's limit
- to use the capacity of the body in a sensible way

Our therapeutic approach

- body as a store of all our physical relationship experiences
- can be remembered through movement
- our bodies do not forget

Our sight of „movement“

1. physical activity with its associated sensory perception
2. „being moved“ on an emotional level and
3. thereby „being in motion“ in the sense of a resulting experience and further development

Our patients sight of movement

- relentlessly demand of performance without paying attention to the limits
- avoiding of exercise altogether

Body image

Patients often subject their bodies to constant judgement or devaluation, which results in the feeling of „not being good enough“.

- Therefore we train without focus on performance but instead with a
- loving view on the body
 - ❖ from the outside by emphasising what is successful and the intuitive knowledge of our body
 - ❖ from within by guidance from body objectification – „how I believe I should be“
 - ❖ to body subjectification – „how I actually am by my perception“

Movement therapy procedures

- focus on **mindful perception** of what is happening in the body
- training of awareness of individual **physical boundaries**
- **talking about** the physical phenomena to change perception and create new possibilities for action
- **encouragement of trying new things** by coordinative activities
- focus on the **joy and co-operative setting** in movement games to experience oneself as an equal member of a group and use or try out new ways of acting
- **outdoor activities**

Many thanks for
your attention

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Dietetics in psychiatric rehabilitation

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Overview

1

Menu

2

Dietetic

3

**Nutritional
therapy**

Menu

1

- **Menu**

- Buffet three times a day
- Vegetarian or mixed diet
- No ordering in advance
- Tea and fruits all day long
 - For employees also
- Adapt menu for diets

Dietetic

2

- **Dietetic**

- Contact before the start of rehabilitation
 - ❖ Back office
- Screening on the day of arrival
 - ❖ Nursing
- Dietitians inform the kitchen
 - ❖ Diet cook

Dietetic

2

- **Dietetic**

We offer:

- Lactose free
- Fructose free
- Histamine free
- Gluten free
- Fodmap (IBS, irritable bowel syndrome)
- Allergies
- Vegan
- Bland diet

Nutritional therapy

3

- **Nutritional therapy**

- Group setting
 - Nutritional physiology
 - Function of macronutrients
 - Nourishing light
- Individual setting
 - Weight management
 - Digestion
 - Food intolerances
 - Eating disorders
 - ...
- Feel hunger and saturation
- Feel the energy coming back

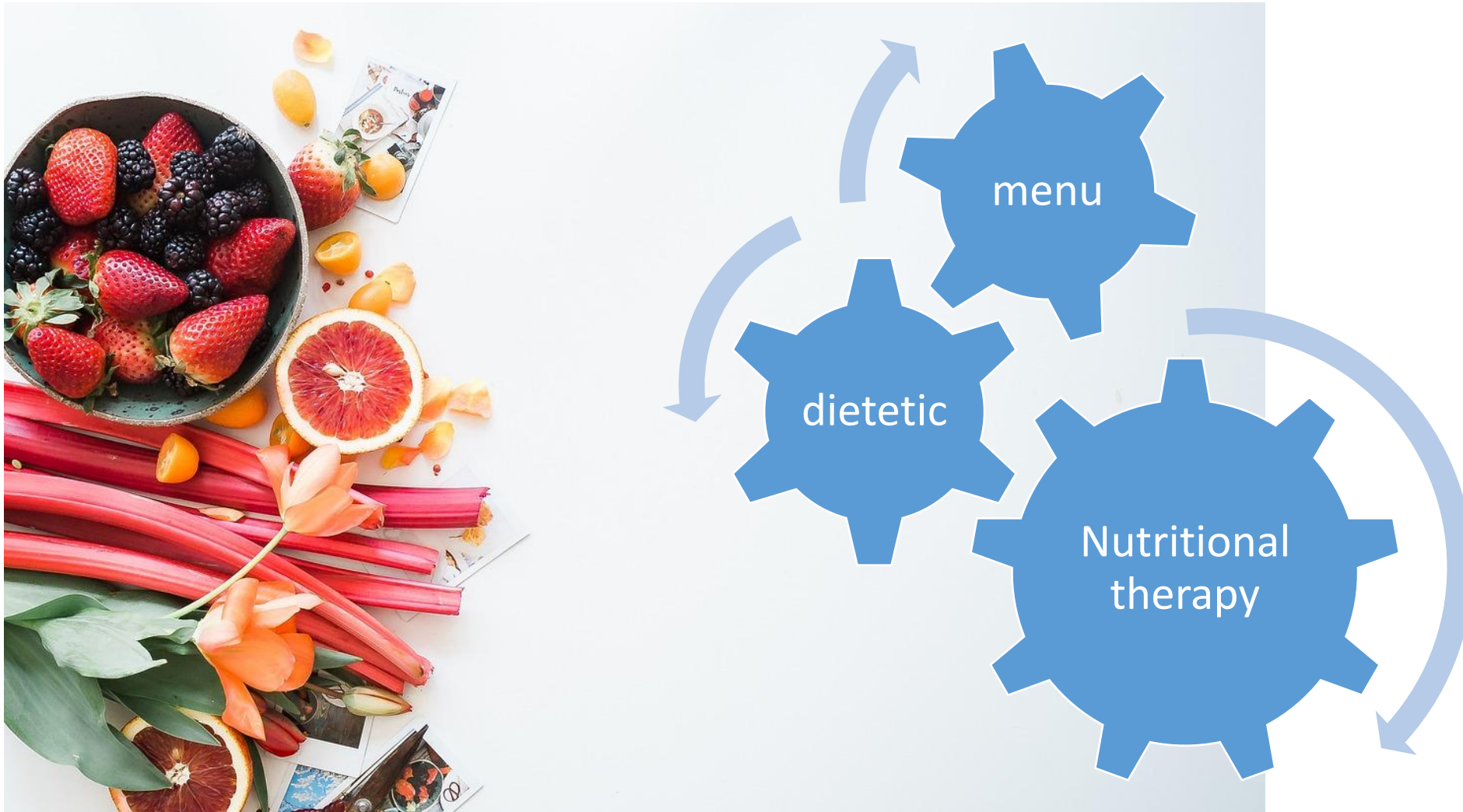


Image source: https://cdn.pixabay.com/photo/2017/08/05/12/33/flat-lay-2583213_1280.jpg, accessed on February 27, 2025

Social work in psychiatric rehabilitation

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social work supports patients in the following topics:

- professional,
- financial and
- social issues

social work in our rehabilitation setting:

- group session at the beginning of their rehabilitation stay
 - ❖ overview of our support services
- individual session upon request or medical referral
- group session in the 4. week of their stay about follow-up measures



main topics of social work support

➤ financial matters

- ❖ point of contact for labor law or social law questions
- ❖ financial assistance



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➤ working situation

- ❖ vocational rehabilitation
- ❖ career orientation
- ❖ support in maintaining employment
- ❖ dealing with problems at the workplace



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main aspects of social work support

➤ participation in social life

- ❖ leisure activities
- ❖ group settings
- ❖ financial security



➤ coordination of follow-up measure

- ❖ psychotherapy
- ❖ medical follow-up care and other therapies
- ❖ counseling centers in the patients' residential areas

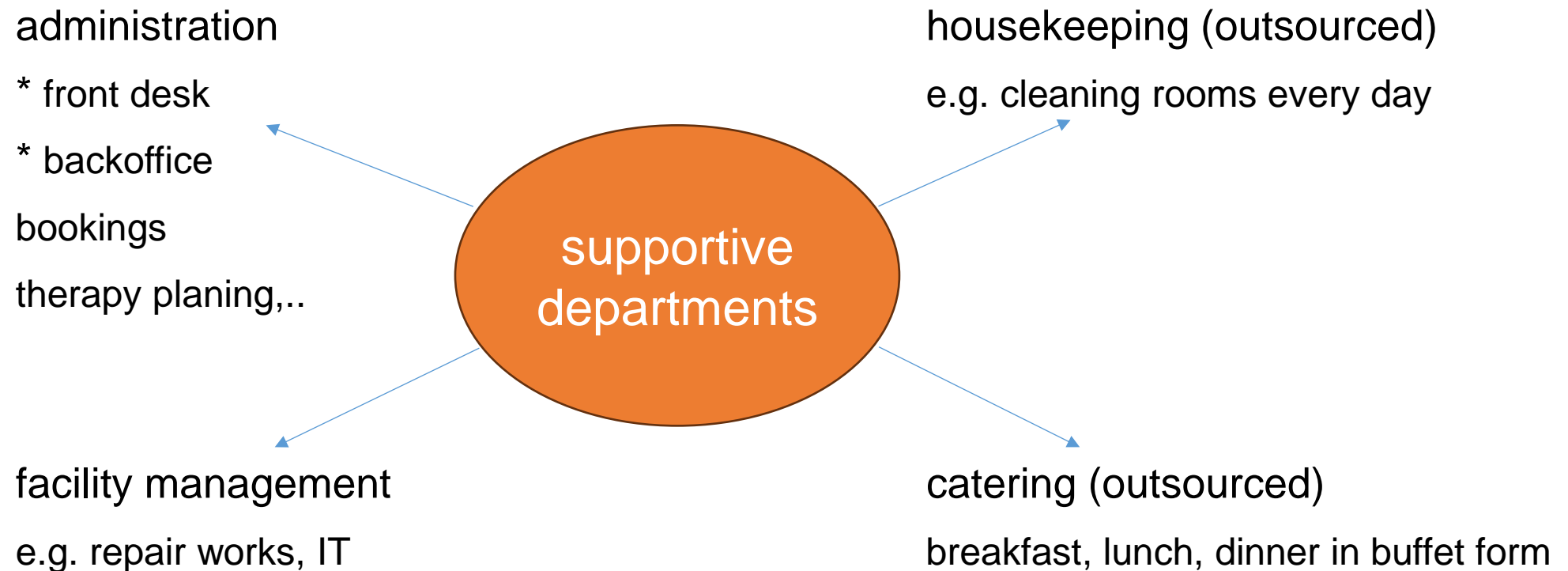


The whole is more than the sum of its parts

Creative therapy

- Creativity includes a huge variety of dimensions
 - Subconscious
 - Joy
 - The creation of the „new“
- Music therapy
- Dance therapy
- Art therapy

The whole is more than the sum of its parts



The whole is more than the sum of its parts

„if you want the children to be well, you have to make sure that the parents are well“

- cooperativ respectful communication
- cocreation of the therapeutical concept
- part-time possibilitiys
- BGF Betriebliche Gesundheitsförderung – (WHP) workplace health promotion