Mental Health, Disability and Work: Inpatient Medical Rehabilitation

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Disability in relation to different disorders (Bundesgesundheitssurvey 98)
Type and meaning of work

Hand – Head – Haste!

you work to live? - you live to work!

Early retirement by diagnosis

www.oecd.org/els/disability
Health Care for Mental Disorders in Germany
(80 Mio. inhabitants)

individual outpatient practice
- 14.986 ambulatory psychological psychotherapists
- 2.985 ambulatory specialists for psychosomatic medicine and psychotherapy
- 2.724 ambulatory specialists for neurology and psychiatry
- 2.207 ambulatory specialists for psychiatry and psychotherapy
- 60.000 ambulatory physicians with special training in basic psychosomatic care (mostly general practitioners)
- 14.173 non-medical practitioners (Heilpraktiker)

outpatient clinics
- appr. 300 outpatient clinics (appr. 1.200 physicians and psychologists)
- 12.487 psychosocial counselling institutions (60.000 counsellors)
- 155 outpatient psychotherapy training institutes (appr. 4.000 psychotherapists)

= 162275 therapists/counsellors = 1 / 493 inhabitants
= 28.102 psychiatric-psychotherapeutic specialists = 1 / 2847

hospital care (pts per year)
- 638.538 pts. in psychiatric hospitals
- 23.220 pts. in psychosomatic hospitals
- 30.273 pts. in child and adolescent psychiatry hospitals
- appr. 160.000 pts. in general hospitals
- appr. 200.000 pts. in inpatient rehabilitation hospitals

Forms of Rehabilitation

- Participation Rehabilitation
  - prosthesis
  - barrier free architecture

- Job Rehabilitation
  - education in jobs which can be done in spite of existing impairment
  - formation of special jobs for persons with impairment

- Medical Rehabilitation
  - diagnosis and treatment of chronic illnesses (> ½ year)
  - treatment of illness course
  - support for self-management of chronic illnesses

www.oecd.org/els/disability
Medical Rehabilitation:
Medical specialty for the diagnosis and treatment of disability and chronic illnesses
SGB IX, § 26

- **Goals:**
  - prevention of chronicity
  - treatment of chronic illnesses
  - compensation of chronic illnesses
  - prevention of illness deterioration
  - prevention of negative illness consequences

- **Interventions:**
  - care by physicians
  - medication
  - psychotherapy
  - etc.

Inpatient medical rehabilitation for mental disorders
German federal pension agency, 1997–2008:
Inpatient Psychosomatic Rehabilitation in Germany

- 25,000 beds (0.3 beds per 1000 inhabitants)
- 200,000 patients per year (0.25%)
- Costs are payed by the pension or health insurance
- Patients and their physicians can send applications together with case reports to the insurance which are then reviewed by physicians
- Patients with prolonged times of sick leave are seen by physicians of the insurance and then send involuntarily to inpatient rehabilitation
- Patients who ask for early pensions are first send to inpatient rehabilitation (rehab first!)
- There is a fixed number of days admitted by insurance, which can be changed if necessary
- Patients are send by the insurance to rehabilitation centres nationwide which are specialised for the problem at hand

Why Inpatient Treatment: Therapeutic Milieu

- Intensified diagnosis
- Intensified treatment
- Shelter
- Relieve of demands
- Structuring of the day
- Therapeutic demands
- Practice field
- Motivation
- Model-Learning
- Contact with others
- More reliable observation and sociomedical judgements on illness state, prognosis and ability to work
## Diagnoses in Inpatient Psychosomatic Rehabilitation

**Dep. of Behavioral Medicine, Rehabilitation Centre Seehof Teltow/Berlin**

<table>
<thead>
<tr>
<th>ICD10-Diagnoses</th>
<th>%</th>
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<tbody>
<tr>
<td>F0 Organic Disorders</td>
<td>3,1</td>
</tr>
<tr>
<td>F1 Abuse of Psychotropic Substances</td>
<td>1,3</td>
</tr>
<tr>
<td>F2 Schizophrenia</td>
<td>0,4</td>
</tr>
<tr>
<td>F31 Bipolar Depression</td>
<td>2,2</td>
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<tr>
<td>F32 Depressive Episode</td>
<td>11,9</td>
</tr>
<tr>
<td>F33 Recurrent Depressive Episode</td>
<td>9,2</td>
</tr>
<tr>
<td>F34 Chronic Depressive Episode</td>
<td>3,8</td>
</tr>
<tr>
<td>F40 Phobic Disorder</td>
<td>15,3</td>
</tr>
<tr>
<td>F41 Panic, GAD</td>
<td>10,1</td>
</tr>
<tr>
<td>F42 OCD</td>
<td>2,0</td>
</tr>
<tr>
<td>F43 Adjustment Disorders</td>
<td>29,2</td>
</tr>
<tr>
<td>F45 Somatoforme Disorders</td>
<td>9,7</td>
</tr>
<tr>
<td>F48 Neurasthenia etc.</td>
<td>2,2</td>
</tr>
<tr>
<td>F50 Eating Disorders</td>
<td>0,7</td>
</tr>
<tr>
<td>F51 Sleep Disorders</td>
<td>0,7</td>
</tr>
<tr>
<td>F54 Psychological Reactions to Somatic Disorders</td>
<td>0,2</td>
</tr>
<tr>
<td>F60/61 Personality Disorders</td>
<td>8,1</td>
</tr>
<tr>
<td>F8 Developmental Disorders</td>
<td>0,2</td>
</tr>
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## Patients of the Department of Behavioral and Psychosomatic Rehabilitation at the Rehab Center Seehof of the German Federal Pension Agency

[Graph showing percentages of various issues faced by patients such as sick leave, problems at work, application for retirement, inpatient care, long-term psychotherapy, specialist treatment, and admission by insurance.]
ICD

Complaints / Symptoms

Diagnostic Algorithm

ICD-10-Diagnosis

Illness Status

Medical Episode Treatment

Medical Rehabilitation

ICF

ICF impairment of function

Mini-ICF-APP

ICF limitations of capacity

ICF barriers of context

ICF restrictions in participation

Social Support (e.g. sick leave, pension)

Special Diagnoses: Percentage of patients with sickness absence in relation to different types of work related anxiety

Work Place Phobia (N=39)
Generalized Anxiety (N=70)
Insufficiency Anxiety (N=61)
Hypochondriac Anxiety (N=23)
Situational Anxiety (N=46)
Unspecific Social Phobia (N=13)
Specific Social Phobia (N=39)
Adjustment Disorder (N=45)
PTSD (N=4)

0% 20% 40% 60% 80% 100%

no problems with participation
short time absence
long term sick leave
change or loss of job

www.oecd.org/els/disability
### Mental Functions (Psychopathology)
- Vigilance
- Orientation
- Memory
- Concentration
- Formal Thinking
- Content of Thoughts
- Ego-Disorders
- OCD and Anxieties
- Affect
- Drive
- Attitude
- Somatoform symptoms

### Capacities (Activities)
1. adjustment to routines
2. structuring of time
3. flexibility
4. competency
5. endurance
6. assertiveness
7. public roles
8. contact to others
9. family roles
10. leisure activities
11. Self Care
12. move around

### Participation (Role fulfillment)
- nurse
- architect
- physician
- baker
- workman
- truck driver
- carpenter
- plumber
- postman
- accountant

### Restrictions in Capacity and Sick Leave

![Graph showing restrictions in capacity and sick leave](www.oecd.org/els/disability)
Special Treatments:

Therapeutic Interventions for work related problems

- Individual psychotherapy for the improvement of self efficacy, reduction in anxiety etc.
- Group psychotherapy for the improvement of self efficacy, decrease of anxiety etc.
- Competency training by occupational therapists (concentration, endurance, functional training)
- Group therapy: management of conflicts at the work place
- Group therapy: management of time at the work place
- Group therapy: Work an self-development
- Internet search
- application for jobs with support
- Counseling for occupational rehabilitation
- Individual counseling for work related problems
- Contacts with the employer
- Work exposure
- Follow up counseling

Medical rehabilitation by general practitioners

www.oecd.org/els/disability
Percentage of patients on early retirement 2 years after inpatient rehabilitation

German Federal Pension Agency, 2005

Percentage of patients who have been on sick leave longer than ½ year and who have not been on early retirement during the next two years

German Federal Pension Agency

www.oecd.org/els/disability
Summary and Conclusions

- Chronic (mental) disorders have special characteristics in respect to functions, capacities and participation in work or life in general
- Chronic (mental) disorders pose special problems in respect to diagnosis and treatment and need special medical care (medical rehabilitation, social psychiatry)
- Specialized centers for medical rehabilitation can help to identify problems and offer targeted treatment in the course of chronic illnesses
- Additional to the diagnosis of syndromes diagnoses of course are needed and especially of criteria for course dependent interventions
- Assessment, prediction, and treatment of chronic (mental) disorders has to focus on the relation between capacity and context