



Mental Healthcare Quality Statute

Approved quality statute for mental health care - self-employed persons Format C

This is an unofficial translated version of the official Dutch version.

As of January 1, 2017, all providers of 'medical mental health care', i.e. generalist basic mental health care and specialized mental health care within the Health Insurance Act, are obliged to publish a quality statute. This concerns an approved quality statute.

I General information

1. Mental health provider details

Name of director: Tjeu Theunissen

BIG registrations: 39930812325

Other qualifications: University Teaching Qualification (UTQ)

AGB personal code: 94114235

Practical information 1

Name of practice as known to the Dutch Chamber of Commerce: Mental Profit

E-mail address: info@mentalprofit.com

Chamber of Commerce number: 76676927

Website: www.mentalprofit.com.

AGB practice code: 94067527

2. Offer care in

Because the Healthcare Performance Model still makes a distinction between basic and specialist mental health care, this question is also temporarily included in the quality statute. This distinction will disappear in the future and only the division into categories will remain.

2a.

At least one option must be checked here. Several options are possible.

- Generalist basic mental health care

2b.

At least one option must be checked here. Several options are possible.

- Category A

3. Description of areas of interest/care offering

Patients/clients can come to the practice with the following problems (such as areas of interest, type of complaints, form of treatment):

3a. Describe in a maximum of 10 sentences the general vision/working method of the practice and what your patient/client population looks like. For example: which problems/target group does the practice focus on, do you involve family/environment in the treatment, do you apply eHealth (applications), etc.:

From my practice Mental Profit I provide online/remote therapy (and executive coaching) for the following adult target group: entrepreneurs, business leaders and managers. Your complaints may, but do not necessarily, be related to your position and activities.

I provide evidence-based therapies for stress, mood, anxiety, trauma, panic, sleep and personality complaints. I work holistically by looking at the full context of your complaints and eclectically by combining multiple therapeutic techniques. I use e-Health to make treatment more efficient and effective.

Our sessions take place remotely (online) through (secure) video calling. This means you are not tied to a location or travel time and you receive therapy from the comfort of your own home, office or another location of your choice. I only involve family/environment if we together consider this useful for good treatment, and you agree to this.

3b. Patients/clients with the following main diagnosis(s) can visit my practice:

Attention deficit and behavior

Pervasive

Childhood, other

Alcohol
Other, on a substance
Depression
Bipolar and other
Anxiety
Remaining group of diagnoses
Dissociative disorders
Mental disorders due to a general medical condition
Sleep disorders
Personality
Somatoform disorders

4. Composition of the practice

The following healthcare providers are associated with the practice:

Indicating directing practitioner 1

Name: Tjeu Theunissen

BIG registration number: 39930812325

Coordinating coordinating practitioner 1

Name: Tjeu Theunissen

BIG registration number: 39930812325

5. Professional (multidisciplinary) network

5a. I use a professional (multidisciplinary) network including:

Other: In my role as a coordinating practitioner in mental health care, I work in a monodisciplinary manner. However, if necessary to provide proper treatment, I can use my professional network.

5b. In my professional (multidisciplinary) network, I work most frequently with (name(s) and, if applicable, BIG registration(s)):

In my role as a coordinating practitioner in mental health care, I work in a monodisciplinary manner. To maintain my registration as a professional and the obligations arising from the visitation of my professional association(s), I participate in learning networks with my colleagues from the same professional group. Participation in additional multidisciplinary learning networks is at the expense of patient care due to the time and effort required. That is why I limit myself to the learning networks that I have indicated here.

5c. I use that professional (multidisciplinary) network in the following situations, unless the patient/client does not give permission for this:

- Scaling up and down
- Collaboration on case studies in category C
- Diagnose
- Consultation
- Medication

5d. Patients/clients can go during the evening/night/weekend/crises to (myself, general practice/post, emergency first aid, mental health crisis service):

Your own GP/GP practice/post, emergency first aid, mental health crisis service

5th. Do you have specific agreements with a mental health crisis service, HAP or ER?

No, because: I work nationally and therefore have no specific agreements with local services.

5f. I form a learning network with the following five (including myself) independently working healthcare providers or have joined the learning network of the following healthcare provider:

Drew Puxty: Psyinternational therapy

Onur Guler: Mental Health International

5g. The learning network provides substance to learning and improving together in this way:

Structural intervision and consultancy.

6. Contracts with health insurers and the reimbursement of insured care

Do you have a contract with the health insurer?

No

7. Treatment rates:

I have published the rates I charge on my website or in practice.

I have published the rate for self-payers on my website or in practice.

I apply conditions and a no-show rate: published on my website or in practice.

Link to website with treatment rates, and any no-show conditions and no-show rate: <https://mentalprofit.com/algemene-voorwaarden/>

8. Quality assurance

I meet the following quality requirements, arising from my professional registration, specialty or industry/professional association (check what applies):

Intervision

Additional and further training

The professional code of my professional association

Link to website with evidence of the basic quality requirements of your profession: <https://www.lvvp.info/kwaliteitsbeleid/index.html>

9. Complaints and dispute settlement

My patients/clients can contact me or (name and contact details of complaints officer) with complaints and disputes about me or my treatment:

I am registered as a Healthcare Psychologist BIG and a member of the LVVP (the national association of independent psychologists and psychotherapists).

Complaints about the treatment or use of the professional code, if discussion does not provide a solution, can be submitted to the LVVP (<https://lvvp.info>). I am also affiliated with the Disputes Committee for Independent Mental Health Practices (Bordewijklaan 46, PO Box 90600, 2509 LP The Hague).

Link to website:

<https://www.lvvp.info/voor-clienten/hoe-te-handelen-bijklachten-over-de-behandelaar/>

10. Arrangements for holidays and emergencies

10a. Patients/clients can contact me during my absence during holidays and illness

Patients/clients can visit their own GP or his/her Mental Health nurse (POH-GGZ) during holidays or illness during absence. Patients/clients are informed of this carefully and in a timely manner.

10b. I have arranged and recorded transfer in case the practice suddenly closes due to death or other calamities:

Yes

II. The treatment process - the process that the patient goes through in my practice

11. Waiting time for intake and treatment

Patients/clients can find information about waiting times for intake and treatment via this link or document (and can request this by telephone).
Link to waiting times for intake and treatment :<https://mentalprofit.com/>

12. Registration and intake

12a. In practice, the registration procedure is arranged as follows (such as: who receives the telephone registration, who does the intake, how does the communication with the patient/client proceed):

Registration can be done via the contact form on the website or email, or via a referral from the GP. The intake is done by Tjeu Theunissen, GZ psychologist and practice owner. Communication with the patient/client takes place via secure email.

12b. I refer the patient/client to another healthcare provider with a more appropriate care offering or back to the referrer – if possible with appropriate advice – if the practice does not have a suitable offering for the patient/client's healthcare needs:

Yes

13. Treatment

13a. The patient/client has been informed about the person who is the point of contact during the treatment (name and position of the person in question are known to the patient/client):

Yes

13b. For longer-term treatment (> 12 weeks), the indicating coordinating practitioner will send a copy or summary of the treatment plan as a letter to the GP (or other referrer), unless the patient/client does not give permission for this:

Yes

13c. I ensure good communication with the patient/client and - if applicable and with the patient's/client's permission - their loved ones

about the course of the treatment. I do that as follows:

I ensure that the patient/client is informed in a timely and complete manner, and communicate sensitive/medical and confidential information only via secure email and the person directly involved. The patient/client gives permission verbally and in writing, of which a note or upload is always made in the EPD.

13d. The progress of treatment and guidance is monitored in practice as follows (such as progress discussion of treatment plan, evaluation, questionnaires, ROM):

I characterize the care requirement using the HONOS+ and discuss the progress of the treatment with the patient. I use questionnaires to evaluate satisfaction.

13th. I periodically and in a timely manner reflect on the progress, efficiency and effectiveness of the treatment with the patient/client (and possibly his or her loved ones, co-practitioners). I use the following as a standard period:

4 weeks

13f. I measure the satisfaction of my patients/clients in the following way (when, how):

Via CQi questionnaire.

14. Closure/aftercare

14a. I discuss the results of the treatment and possible next steps with the patient/client (and possibly his or her loved ones):

Yes

14b. The referrer will be informed of this by the (coordinating) coordinating practitioner by means of a completion letter, unless the patient/client objects to this:

Yes

14c. If follow-up treatment is necessary, I will provide specific advice to the referrer. Where necessary, I inform the follow-up practitioner about the progress of the treatment and the results achieved, along with follow-up advice, unless the patient/client objects to this:

Yes

15. Handling patient data

15a. I request permission from the patient/client when sharing data with professionals not involved in the treatment:

Yes

15b. In situations where professional secrecy may be breached, I use the applicable guidelines of the profession, including the reporting code for child abuse and domestic violence (in the event of a conflict of duties, suspicion of child abuse or domestic violence), the step-by-step plan for material inspection and I request the inspection plan. at the health insurer (during physical inspection):

Yes

15c. I use the privacy statement if the patient/client does not want to make his diagnosis known to his health insurer/NZa:

Yes

III. Signature

Name: Tjeu Theunissen

Place: St. Joost

Date: 25-08-2023

I declare that I adhere to the legal frameworks of my professional practice, act in accordance with the National Mental Healthcare Quality Statute and that I have completed this quality statute truthfully:

Yes