

Approved Quality Statute Mental Health Care (ggz) – Institution format 4.0

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

I. General information

1. Details of the mental health care provider

Trade name:

LifEm B.V.

Main postal address, street and number:

Westblaak 150

Main postal address, postal code and city:

3012KM ROTTERDAM

Website:

www.praktijklifem.nl

Chamber of Commerce (KvK) number:

96455179

AGB code 1:

22227892

2. Details of the contact person

Name:

Erkay Kardes

Email address:

e.kardes@praktijklifem.nl

Second email address:

info@praktijklifem.nl

Phone number:

0618465497

3. Our locations can be found here

Link:

www.praktijklifem.nl

4. Description of areas of focus/care offered

4a. Describe in a maximum of 10 sentences the general vision/working method of your institution and what your client population looks like. For example: which problems/target group does your institution focus on, do you involve family/those around the client in the treatment, do you apply eHealth applications, etc.:

LifEm provides personalized, culturally sensitive mental health care in which the client is central. We focus on adults with various psychological complaints, including anxiety, depression, trauma, adjustment problems and mild personality problems. Our approach is holistic and respectful, with attention to cultural and individual differences in values, norms and experience. Together with the client, we map out the complaints and context and choose the best-fitting treatment route. Self-reliance, independence and self-responsibility are important

starting points within our working method. Family and relatives are actively involved in the treatment process where desirable and appropriate. We use evidence-based treatment methods and, where possible, also apply eHealth applications. Our treatment relationships are based on mutual respect, transparency and trust. LifEm strives to motivate clients to achieve their personal goals and to contribute to a higher quality of life. In doing so, we work professionally, with integrity and in a socially responsible manner.

4b. Clients with the following primary diagnosis/diagnoses can be treated at my institution:

- Anxiety disorders
- Depressive mood disorders
- Somatic symptom disorder and related disorders
- Trauma- and stressor-related disorders

4c. Does your organization offer highly specialized mental health care (3rd-line ggz):

No

4d. Do you have any other specializations:

Other, namely: Trauma

- Adjustment problems
- Panic disorders
- Sleep disorders
- Burnout complaints

5. Description of professional network

LifEm actively collaborates within a broad professional network in order to provide high-quality, integrated care. We maintain close collaborative relationships with general practitioners, GP mental health support staff (POH-GGZ), medical specialists, neighborhood teams and other mental health institutions for consultation, referral and joint case discussion. We also work together with municipalities, socio-societal organizations and organizations focused on culturally and linguistically sensitive care. Where necessary, we involve family/system members and other involved care providers in the treatment, with emphasis on coordination and transparency. Within this network we ensure short lines of communication, good accessibility and mutual feedback. In addition, we participate in regional consultation structures, such as collaborative partnerships in first-line mental health care or social neighborhood teams. We also work together with eHealth providers and professionals with additional expertise (such as interpreters or peer support workers) when this benefits care. Our network contributes to a coherent, person-centered and culturally aware approach to care.

6. Our institution offers care in

There is a transitional situation in which we work both with a distinction between generalist basic mental health care and specialized mental health care, and with a classification by settings of the Care Performance Model (Zorgprestatie-model). In the future the first distinction will be discontinued.

Setting 2 (ambulatory – monodisciplinary) / generalist basic mental health care:

Within LifEm B.V., GZ-psychologists, a physician (basisarts), a psychotherapist and a clinical psychologist are employed. In generalist basic mental health care, GZ-psychologists carry out the indicating and coordinating tasks. Treatment is delivered in an ambulatory, monodisciplinary setting, with internal consultation with other disciplines where necessary.

Setting 2 (ambulatory – monodisciplinary) / specialized mental health care:

Within LifEm B.V., GZ-psychologists, a physician (basisarts), a psychotherapist and a clinical psychologist are employed. In specialized mental health care, GZ-psychologists and the psychotherapist carry out the indicating and coordinating tasks. The physician conducts the medical consultations. Treatment is delivered in an ambulatory, monodisciplinary or multidisciplinary setting, with internal consultation with other disciplines where necessary.

7. Structural collaboration partners

LifEm B.V. collaborates for the treatment and support of clients with (describing the function of the collaboration and who participates in it, including contact details and website):

MiSi Neuropsych

<https://www.misineuropsych.nl/>

Weena 742 A

3014 DA Rotterdam

Sohal Ismail, Clinical psychologist

Raja Psychologie

www.rajapsychologie.nl

Hertog Albrechtlaan 6

2553 GS Den Haag

S.A. Raja, GZ-psychologist

Praktijk Yakamoz

Nieuwe Crooswijkseweg 28 B

3034PP Rotterdam

Yavuz Ilhan, psychiatrist

II. Organization of care

8. Learning network

LifEm B.V. gives substance to the learning network of indicating and coordinating principal practitioners (regiebehandelaren) as follows. If you are a small care provider (2–50 care providers (category 2)), you must also indicate this.

Our institution gives substance to the learning network of indicating and coordinating principal practitioners by means of regular intervision and case discussion sessions within the team, in which treatment strategies, dilemmas and quality issues are structurally addressed. These meetings are led by a principal practitioner and are aimed at promoting professional in-depth knowledge, reflection on professional conduct and safeguarding the quality of care.

In addition, as a small care provider we are connected to GGZ-praktijk Yakamoz, with whom we maintain a formal collaborative partnership. Within this network, joint learning sessions and thematic exchanges take place periodically. In this way we safeguard the continuity of knowledge sharing and professional development beyond the boundaries of our own organization, fully in line with the requirements of the quality statute.

9. Care standards and professional guidelines

LifEm B.V. ensures the following:

9a. Care providers are authorized and competent:

LifEm works exclusively with care providers who are demonstrably authorized and competent. Upon hiring, we verify diplomas, BIG registrations and other professional registrations. We also assess relevant work experience and request certificates of good conduct (VOG). We conduct annual performance reviews and carry out file audits and intervision sessions to continue monitoring competence. When authorization temporarily lapses (for example due to an expired registration), the person concerned is temporarily excluded from tasks requiring that authorization until the situation has been resolved.

9b. Care providers act in accordance with quality standards, care standards and guidelines:

Our institution works in accordance with the applicable quality standards of the Network for Quality Development in Mental Health Care (Netwerk Kwaliteitsontwikkeling GGZ), including guidelines such as the generic module 'Shared decision-making', multidisciplinary guidelines and care standards (such as for depression, anxiety, trauma, etc.). Care providers are actively informed of these, and application is safeguarded through multidisciplinary consultation, treatment plan discussions, peer review and intervision. We encourage a

culture of evidence-based work and stay abreast of current developments. File audits and evaluations form part of our quality policy.

9c. Care providers keep their expertise up to date:

At LifEm, continuous professional development is part of personnel policy. Care providers are encouraged and facilitated to follow continuing education, training and refresher courses relevant to their professional registration and substantive expertise. An annual performance review is held in which individual learning goals are discussed. In addition, we regularly organize internal intervision and training sessions. Participation in professional associations and supervision is common practice and is actively supported. Training is recorded and taken into account in the annual assessment.

10. Collaboration

10a. Collaboration within your organization and the (multidisciplinary) consultation is laid down and safeguarded in the professional statute (choose one of the two options):

Yes

10b. Within LifEm B.V., the (multidisciplinary) consultation and the exchange and transfer of information between the principal practitioner and other involved practitioners is arranged as follows:

Within LifEm, collaboration and coordination between the principal practitioner, psychologists and other practitioners takes place through a combination of structural multidisciplinary consultation (MDO) and daily digital communication. The MDO is organized on a regular basis, during which case material, treatment plans and progress are discussed. The composition of the consultation depends on the disciplines involved and is tailored to the client's needs. Between consultations, information is exchanged via our secure electronic patient record system (EPD) Zorg Service Groep, in which practitioners and principal practitioners can consult current files, share notes and coordinate treatment steps. In addition, low-threshold contact is possible via email and direct coordination in complex situations. A concise report is made of each MDO and included in the EPD, so that everyone involved remains well informed.

10c. LifEm B.V. applies the following procedure for escalating or de-escalating care to a subsequent or preceding level of care:

In situations where home care is needed, we refer the client to the general practitioner for this. If necessary, we ourselves contact the relevant general practitioner or institution. We do not provide forensic care ourselves.

10d. Within LifEm B.V., in the event of a difference of opinion between care providers involved in a care process, the following escalation procedure applies:

Step 1: Mutual consultation

The care providers involved first discuss the difference of opinion with each other and try to jointly reach a solution. Open communication and respect for each other's professional views are pursued.

Step 2: Involving the direct supervisor

If no agreement is reached, the direct supervisor (team leader or coordinator) is called in. This person acts as mediator and helps find a supported decision.

Step 3: Multidisciplinary consultation (MDO)

If the difference of opinion persists, the matter is brought into a multidisciplinary consultation. The situation is discussed here with other care professionals (such as a physician, nurse, social worker, etc.) in order to reach a well-considered decision from multiple perspectives.

Step 4: Escalation to management / quality officer

If the MDO does not provide a solution, the matter is escalated to management or the quality officer. These parties assess the situation and, if necessary, make a binding decision.

Step 5: Documentation

All steps in the process are recorded in writing in the client file and/or in the internal registration system. This ensures transparency and traceability.

11. Record-keeping and handling of client data

11a. I request the client's consent when sharing data with professionals not involved in the treatment:

Yes

11b. In situations where professional confidentiality may possibly be breached, I use the applicable guidelines of the profession, including the reporting code for child abuse and domestic violence (in case of conflicting duties, suspicion of child abuse or domestic violence), the step-by-step plan for material control, and I request the control plan from the health insurer (in case of material control):

Yes

11c. I use the privacy statement if the client does not wish to disclose their diagnosis to their health insurer/NZa:

Yes

12. Complaints and disputes procedure

12a. Clients can find the complaints procedure here:

Link to complaints procedure: <https://www.psynip.nl/uw-beroep/tuchtrecht-en-klachten/klachtprocedure/>

12b. For disputes about a treatment or support, clients can turn to:

Name of the disputes body to which the institution is affiliated:

De Geschillencommissie

Contact details:

registrant@deggeschillencommissie.nl, 070 – 3105371

The disputes procedure can be found here:

Link to disputes procedure: www.deggeschillencommissie.nl

III. The care process – the pathway the client follows within this institution

13. Waiting time for intake/problem analysis and treatment and support

Clients can find information about waiting times for intake and treatment and support via this link or document (and can also request this by phone). This information is — where the distinction applies — provided per health insurer and per diagnosis.

Link to waiting times for intake and treatment:

<https://www.praktijklifem.nl/korte-wachtlijst>

14. Registration and intake/problem analysis

14a. The registration procedure is arranged within the organization as follows (who receives the telephone registration, who conducts the intake, how does communication with the client proceed):

- The Registration department is responsible for the first contact with you as a patient/client (within 1–3 days), the administrative processing, as well as checking whether the registration meets the formal requirements set out in the field norms/insurance requirements applicable to this.
- The Registration department is the first point of contact until the first appointment with you. The referrer remains responsible for the patient/client until the first appointment with the patient.
- If the registration does not meet the statutory requirements, the Registration department advises and supports you in meeting these criteria, thereby lowering the formal threshold to treatment.
- If your registration meets the formal criteria, you are invited for an intake interview, which will be conducted by the principal practitioner and a practitioner. LifEm strives to receive you for an intake interview with the co-practitioner and/or principal practitioner well within the Treek norm (treeknorm).
- The principal practitioner is responsible for you from the moment of registration and acts as the point of contact in the period between registration and the start of treatment. You will be informed of this appointment by phone and in writing. Should LifEm not have a suitable offer for your care need, you will be referred back to the referrer or to a suitable follow-up treatment.

14b. Within LifEm B.V., the client is referred to another care provider with a suitable care offer, or referred back to the referrer — where possible with suitable advice — if the institution does not have a suitable offer for the client's care need:

Yes

15. Indication (assessment for treatment)

Describe how the intake/problem analysis and indication process are arranged within LifEm B.V. (how does the registration come in, how is the appointment with the client for the intake arranged, who is the principal practitioner during the intake phase and how is that decision made (in consultation with the client), what are the responsibilities of the principal practitioner in establishing the diagnosis):

Registration and intake planning

Registration comes in via the Secretariat, which is responsible for the first telephone contact with the client within 1–3 working days. This department carries out the administrative processing and checks whether the registration meets the formal requirements in accordance with field norms and insurance requirements. If the registration is incomplete, the department assists the client in completing it.

Once the registration meets the formal criteria, an intake interview is scheduled. The patient is informed of the appointment both by phone and by email.

Intake phase and principal practitioner

The intake is conducted by the practitioner, and a session with the principal practitioner is also held. The principal practitioner is responsible for the client from the moment of registration and acts as the first point of contact. During the intake phase, this principal practitioner is also the one who establishes the indication.

Indication and diagnosis

During the intake interview, the care question, problem analysis and relevant background information are discussed. In consultation with the client, the problem is mapped out and it is assessed which care is most suitable. The principal practitioner establishes a diagnosis and indication based on the information gathered and professional judgment, in accordance with applicable guidelines and standards.

Responsibilities of the principal practitioner

The indicating principal practitioner is responsible for:

- Establishing the (provisional) diagnosis;
- Determining the indication;
- Drawing up the treatment proposal in consultation with the patient;
- Coordinating the care pathway up to the start of treatment;
- Referring the patient back if there is no suitable care offer within LifEm.

Through this working method, LifEm ensures a careful, client-centered and standardized approach within the intake and indication procedure.

16. Treatment and support

16a. The treatment plan is drawn up as follows (description of the process and involvement of the patient/client and (co-)practitioners, role of the (multidisciplinary) team):

Following the intake, a suitable treatment plan is drawn up by the practitioner. This treatment plan is evaluated during the session with the principal practitioner and adjusted if necessary. The principal practitioner may, if necessary, later adjust the treatment plan in consultation with the practitioner. After the intake, a medical consultation with the physician can be scheduled if necessary.

16b. The central point of contact for the client during treatment is the principal practitioner (description of the role and tasks of the principal practitioner in relation to the role and tasks of co-practitioners):

The role of the principal practitioner during treatment is primarily coordinating. The practitioner can call on the principal practitioner when necessary, for example to change the diagnosis or treatment plan.

16c. The progress of treatment is monitored within LifEm B.V. as follows (such as treatment plan progress discussions, evaluation, questionnaires, ROM):

The progress of treatment is monitored within LifEm as follows: progress/interim/final evaluation of the treatment plan. Routine Outcome Monitoring (ROM) is also sent to the patient at the start and at the end of treatment.

During consultation moments between the principal practitioner and co-practitioner, the progress of treatment is evaluated. After the first 10 sessions, an evaluation moment takes place, in which the treatment is evaluated and extended if necessary.

16d. Within LifEm B.V., the principal practitioner reflects together with the client and, where relevant, their relatives, on the progress, efficiency and effectiveness of the treatment and support as follows (explanation of the method of evaluation and frequency):

LifEm periodically and timely evaluates the progress, efficiency and effectiveness of the treatment together with the patient (and, where relevant, their relatives). As a standard period for this, LifEm applies: at the start, mid-way, and at the end of the treatment pathway.

16e. Client satisfaction is measured within LifEm B.V. in the following way (when, how):

Satisfaction is measured by means of:

- The final evaluation of the treatment.
- CQI (Consumer Quality Index).
- During treatment there is ongoing attention to your satisfaction and this is actively inquired about.

17. Closure/aftercare

17a. The results of the treatment and support and possible follow-up steps are discussed with the client and their referrer as follows (including informing the referrer, advice to the referrer on follow-up steps, informing the follow-up practitioner, how the institution acts if the client objects to informing the referrer or others):

The results of the treatment and support and the possible follow-up steps are discussed with the client in the closing conversation. A closing letter is sent to the referrer with the necessary information (including advice on further treatment/follow-up steps), provided the client has given consent for this.

17b. Clients or their relatives can act as follows if a crisis or relapse occurs after treatment and support have ended:

In the event of a crisis or relapse, clients or their relatives can contact the client's general practitioner (or out-of-hours GP service) or call 112 if necessary. The out-of-hours GP service or police can further assist the client during a crisis. In the event of a relapse, the general practitioner can further refer the client for help.

IV. Signature

Name of director of LifEm B.V.:

Emre Özkuzugudenli

Place:

Rotterdam

Date:

03-09-2026

I declare that I comply with the statutory frameworks of my professional practice, act in accordance with the National Quality Statute for Mental Health Care (Landelijk kwaliteitsstatuut ggz), and that I have completed this quality statute truthfully:

Yes

When publishing the quality statute, the mental health care institution adds the following annexes to the registration page of www.ggzkwaliteitsstatuut.nl:

- A copy of the quality certificate applicable within the institution (HKZ/NIAZ/JCI and/or other quality mark);
- Its general terms and conditions of delivery;

- The professional statute applicable within the institution, in which the aforementioned escalation procedure is included.