

Practice information Amedea

Dr. A.M. (Andrea) Ruissen, psychiatrist

What does a psychiatrist do?

A psychiatrist is a medical specialist. Based on exploring into biological, psychological and social factors, she makes a diagnosis and treats more complex psychiatric problems. Furthermore, the psychiatrist makes himself available as a consultant in the field of diagnosis, indication and treatment. Some psychiatrists work from their own practice: the independently established psychiatrists (ZGP). Some of these psychiatrists mainly focus on treatment with medication, pharmacotherapy, which I don't opt for. Other psychiatrists, on the other hand, choose treatment through conversations, psychotherapy, like me. Both are scientifically based treatment methods for more complex psychiatric disorders. Psychiatrists, if they maintain their competence, are authorized to perform both types of treatment.

At Amedea, I provide *diagnostics & treatment and consultation*.

DIAGNOSTICS & TREATMENT

Application

If I have availability, you can contact me via info@amedea.nl. Please check [my website](#) to see if there is availability. I don't use a waiting list.

Perspective on treatment

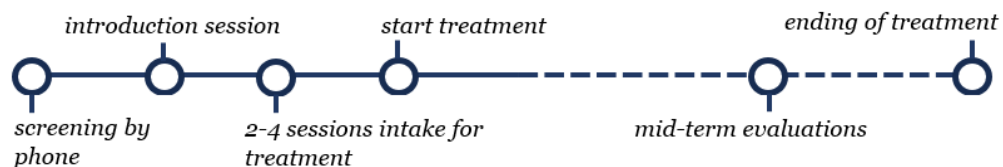
A treatment ensures that the patient gains insight into his or her own inner world and its psychological and psychiatric symptoms, learns to recognize and acknowledge them, to process them and/or to deal with them so that they disappear, reduce or can in any case be managed; in short, the goal of the treatment is for you to become more familiar with your inner world. In my practice, people are welcome for treatment who have the desire to explore their inner world and thus want to work on with their psychological complaints or psychiatric problems. More information about (psycho)therapy can be found on the websites of the [NVvP](#) and the [NVPP](#).

I have specific expertise in the field of somatics¹, of the interaction between physical and psychological complaints¹ and of psychological complaints that are related to or go hand in

hand with medical complaints (e.g. abdominal complaints, pain, shortness of breath), medical conditions (such as cancer) and medical circumstances (e.g. pregnancy)¹. The use or non-use of (psychiatric) medication or the reduction of it is also part of my area of interest¹. I don't have opportunities for physical examinations, lab tests, I don't work primarily focused on DSM classifications² and I don't prescribe (new) medication myself. So you can't come to me for that². If you are already taking medication prescribed by someone else, we will discuss the options during the introduction and/or intake.

Patient journey

After applying by e-mail, we will schedule a telephone screening. In this conversation, we will explore whether my offer and your question could be a good match. If that could be the case, we will schedule a no-obligation introduction meeting. If you and/or I in that conversation come to the conclusion that we are not willing to continue, this conversation is free of charge. If we do go further, you will receive a registration form and two to four intake sessions will follow. In these sessions, I map out your question and relevant data. Based on these conversations, I make a diagnosis and propose a treatment plan or do I explain why I can't offer treatment. If you consent to that plan, we will start the treatment. During the treatment, we evaluate implicitly and explicitly. We decide to complete the treatment together and we also prepare this ending of treatment together.



Framework

In order to achieve a good treatment result, the therapy framework is of great importance. In the treatment phase I work with weekly sessions, sometimes twice a week on indication. The sessions last about 45-50 minutes (planning is realisation) on a fixed time slot. Psychoanalytic thinking forms the substantive framework of the treatment. I thereby use my competences and skills in the field of Transactional Analysis (TA), Transference Focused Psychotherapy (TPF), Mentalisation Based Treatment (MBT), socratic dialogue, systemic work and the biopsychosocial model.

CONSULTATION

Application and treatment

Application for consultation is only possible after prior consultation with the referrer³, for example your general practitioner, psychotherapist, psychologist or other BIG-registered professional with an AGB-code. He or she will remain the main or directing practitioner. My efforts as a psychiatrist then serve as a surplus to an already ongoing treatment elsewhere. I don't have possibilities for (extensive) physical examinations, lab tests, work not primarily focused on DSM classifications and I don't prescribe (new) medication myself. So you can't come to me for that⁴.

In the case of a consultation, I see you in the role of psychiatrist once, in a short series of a number of conversations or a few times a year. Together with the referrer, we set a goal in their treatment plan. My commitment as a psychiatrist will focus on diagnostics, medication counseling questions, and/or, for example, medical complaints, disorders or circumstances, mental capacity and end-of-life questions. This may include an evaluation and preparation of a treatment plan for previously prescribed medication that is then carried out by the original prescriber, or psychiatric or psychotherapeutic diagnosis.

During consultations, I use [de zorgstandaard samenwerkingsafspraken](#) and [handreiking verantwoordelijkheidsverdeling](#), in addition to my own quality statute.

GENERAL INFORMATION

What I can't I offer

I only offer outpatient elective care, which means: care that the patient in question chooses within the walls of my practice^{1,3}. If it is clear in advance that crisis care, acute or emergency care, home visits or (part-time) admission must be part of the treatment plan, then unfortunately I cannot be of service to you^{2,4}. During the introduction, we will discuss which options there may be. If, during my treatment, it turns out that crisis care, acute or emergency care, addiction care or (part-time) admission are necessary, I prefer to refer you to elsewhere, whether or not in consultation with my GP, as I cannot provide that care.

Rates

Usually, the care provided for me is covered by the Dutch health insurance law. For that care, you need a referral letter with an AGB-code and I will use a classification according to the DSM. For this care, I use [the NZa-rates](#): for 2024 this is €261,75 for a diagnosis, introductory or intake session and €223,18 for a treatment session. You will receive an invoice from me for the care provided. The responsibility for paying this invoice on time lies with you. You can submit my invoice to your health insurer. You will then receive (part of)

the amount, usually between 60-100%. Also take into account the 'eigen risico' of €385,00 in 2024, which you will have to pay anyway.

Sometimes there is a different form of financing. In that case, the payment will be made through a foreign insurer, through the referrer, through an arrangement with your employer or through private payment. We agree on appropriate and clear rates in advance. As a starting point, I use a market-based psychiatrist rate per hour worked, administration time is charged. Exceptions are possible for lower income groups. Sometimes [coaching](#) is more suitable.

No-show

In the unlikely event that you are unable to attend, please let us know in the session before, or at least 24 hours in advance. In other cases, I will charge a no-show rate of 50 euros.

Registration requirements

I am registered as a psychiatrist in the [Dutch BIG-register](#). This means that I am [qualified and competent](#) to carry out psychiatric treatment including psychotherapy. I also participate in intervision, supervision and quality assessment and in continuing education. In doing so, I adhere to the rules and guidelines of my profession and the relevant professional codes. The [WTZa](#) also holds me to [the domestic violence and child abuse reporting code](#). If there are any concerns about this from my side, I will discuss this with the client first, in accordance with the reporting code.

Complaints

If you are dissatisfied with my treatment, I hope you will discuss it with me first. In fact, discussing your complaints or comments, or even a break in the treatment relationship and make them negotiable, is an important part of the therapy process. If discussing it with me didn't work out for you, you can contact [De Geschillencommissie](#).

Relevant data

My quality statute (kwaliteitsstatuut) is available at the [website](#). KvK nummer: 59653698, AGB-code practice: 03037970, AGB-code personal: 03102741, BIG-number: 89064433101.

* The treatments are also combined in multidisciplinary trajectories, usually in the large(r) mental health institutions. In addition to pharmacotherapy and psychotherapy, there are other treatments that are used less often, which I will not discuss here.

¹ These are inclusion criteria for diagnostics and treatment ² These are exclusion criteria for diagnostics and treatment ³ These are inclusion criteria for consultation ⁴ These are exclusion criteria for consultation