

# Thinking inside the box

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# Stellingen

Behorende bij het proefschrift

## **Thinking inside the box**

Changing lifestyle to improve the health status of  
inpatients with severe mental illness

Jeroen Deenik

1. Zonder integratie van leefstijlinterventies in de dagelijkse behandeling van mensen met een ernstige psychiatrische aandoening verbetert hun lichamelijke gezondheid niet, of gaat deze zelfs achteruit.
2. Leefstijlinterventies kunnen behalve de lichamelijke gezondheid ook de kwaliteit van leven en het functioneren van mensen met een ernstig psychiatrische aandoening verbeteren.
3. Implementatieonderzoek is essentieel om de kloof te dichten tussen effectief bevonden interventies en duurzame implementatie in de dagelijkse zorg.
4. De uiteindelijke sleutel tot verandering van leefstijl wordt bepaald door hoe we denken en (samen)werken in de ggz.
5. Leefstijlmonitoring zou een prominente plek moeten hebben binnen de behandeling van mensen met een ernstige psychiatrische aandoening.
6. Leefstijlinterventies kunnen ook tot verbeteringen leiden in de gezondheid van medewerkers in de ggz, die een belangrijke factor zijn tot cultuurverandering.
7. Wetenschappelijke tijdschriften moeten meer aandacht besteden aan (implementatie)onderzoek in de dagelijkse praktijk, om de vertaling van onderzoek naar de dagelijkse behandelpraktijk te bevorderen.
8. Implementatie van een gezondere leefstijl in de ggz zal een katalysator zijn voor verbeteringen in zowel kwaliteit als kosten van zorg op de lange termijn.
9. Promoveren behoort tot de grotere risicofactoren voor het ontwikkelen van een ongezonde leefstijl.

# Propositions

Belonging to the doctoral thesis

## **Thinking inside the box**

Changing lifestyle to improve the health status of  
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1. Without integration of lifestyle interventions into routine clinical care of inpatients with severe mental illness, their physical health will not improve or may even deteriorate.
2. In addition to physical health, lifestyle interventions can improve the quality of life and the functioning of inpatients with severe mental illness.
3. Implementation research is essential to bridge the gap between effective interventions and maintenance in routine clinical practice.
4. The ultimate key to changing lifestyle involves how we think and work (together) in mental healthcare.
5. Monitoring the lifestyle should be an essential part of the treatment of patients with severe mental illness.
6. Lifestyle interventions can also lead to improvements in the health of mental healthcare professionals, who are a key factor to a culture change.
7. Journals need to support more (implementation) studies in 'real-world' settings, to promote the translation of research into routine clinical care.
8. The implementation of a healthier lifestyle in mental healthcare will become a catalyst for improvements in both the quality and cost of healthcare in the longer term.
9. Working on a PhD is among the major risk factors for developing an unhealthy lifestyle.