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Case Management in Psychiatry

Psikiyatride Vaka Yönetimi

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Abstract

Case management is a process in which all services are provided together and in coordinative to meet individuals' various needs (treatment, social, accommodation, financial, resting, cultural needs). It is a caring method which takes into consideration the satisfaction of the patient and the caregivers and the cost and provides management of medical concerns of the individuals in a holistic way. With case management, it is aimed to improve an individual's problem-solving, professional and social skills, to increase leisure time activities and development of functionality with independence of the individual, and due to its this aspect, it has been reported to be an effective method for individuals with chronic mental diseases. In our country, however, the issue of case management is of vital importance in order to increase quality of care and reduce costs in community health centers where a holistic service model is practiced psychiatric treatment, in which psychiatric treatment, rehabilitation and inter-institutional coordination are conducted. Therefore, in this compilation, representation of definition, objectives, characteristics, types and information concerning its benefits in practice of case management is aimed.

Keywords*:* Psychiatry, case management, community mental health.

Öz

Vaka yönetimi; bireylerin çeşitli ihtiyaçlarını (tedavi, sosyal, konaklama, finansal, istihdam, dinlenme, kültürel ihtiyaçlar) karşılamak amacıyla tüm hizmetlerin bir arada ve eşgüdümlü olarak verildiği bir süreçtir. Hasta ve hizmet verenlerin memnuniyetini ve maliyeti dikkate alan, bireylerin bütüncül sağlık endişelerinin yönetimini sağlayan bir bakım verme modelidir. Vaka yönetimiyle bireyin, problem çözme, iş ve sosyal becerilerinin gelişmesi, boş zaman aktivitelerinin artması ve bireyin bağımsızlaşmasıyla işlevselliğinin gelişmesi amaçlanır ve bu yönüyle vaka yönetiminin kronik ruhsal hastalığı olan bireyler için etkili bir yöntem olduğu belirtilmektedir. Ülkemizde ise psikiyatrik tedavi, rehabilitasyon ve kurumlar arası koordinasyonun yürütüldüğü bütüncül hizmet modelinin uygulandığı toplum ruh sağlığı merkezlerinde bakım kalitesinin artırılması ve maliyetin azaltılması için vaka yönetimi konusu büyük önem taşımaktadır. Bu nedenle bu derlemede vaka yönetimi tanımı, amaçları, özellikleri, çeşitleri ve uygulama alanındaki yararlarına ilişkin bilgiler sunulması amaçlanmıştır.

Anahtar sözcükler: Psikiyatri, vaka yönetimi, toplum ruh sağlığı.

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RAPID improvement of science and technology has led important development in healthcare services. Such positive improvements caused an increase in healthcare expenses. Cost effective and qualified care providing in healthcare services has become important within this context. Case management is service model appeared under these developments (Daş 1999). The case management may be explained as an intermediary institution in the simplest way, and it is a strong tool to coordinate the services in different disciplines. Service providing to one or more personnel by including coordination, integration and limited resources to individualized care (Zigarus 2000). In the present paper, review of use of case management in psychiatry in consideration of importance of interdisciplinary collaboration in mental health and psychiatry services.

Case Management

Case management is a process where all services to meet different needs of the individuals (treatment, social, accommodation, financial, employment, entertainment, cultural needs) are provided together and in coordination (Killaspy and Rosen 2011). It is a care giving model considering satisfaction of the patient and service providers as well as the cost and providing the management of integrated health concerns (Girard 1994). It is coordination of healthcare services fragmented to meet patient requirements in healthcare system (Townsend 2009).

Doss elders, the individuals with developmental, mental and physical disabilities, the individuals with problems requiring high cost care (i.e. AIDS) and the individuals who are affected severely by acute attack or acute exacerbation (i.e. schizophrenia) (Townsend 2009). The aim of the case management is to improve problem solving, business and social skills, to increase activities in the free times and to improve functionality through independence of the individual; therefore, case management is mentioned as an efficient method for individuals with chronic mental diseases. (Townsend 2009). Case management is reported to have positive consequences in terms of psychiatric symptoms, quality of life, social and occupational functionality of the patient (Björkman and Hansson 2007). A decrease in hospitalizations is expected as much as possible by improving the clinical and social outcomes (Liberman 2008).

Case management usually accelerates integration of the patients with the community in a traditional way; however, it also recalls stigmatizing meaning for the patients. The patients do not want to be seemed as manageable cases; they prefer to take services selected in collaboration with clinicians. Therefore, a term which is more compliant for dignity and strengthening of the individuals with severe mental diseases is "personal supportive services". Service providers are also called as personal support specialists (Liberman 2008).

Case Management in Psychiatry

Case management in psychiatry has started by adoption of liberal democracy in 1960s. A care policy was created for care of the patients with severe mental disorders in the community; big psychiatry hospitals were closed and treatments in ambulatory therapy centers, daytime hospitals and community mental health centers became common. However, since there is not any decrease occurred in repetitive hospitalization rates of the patients, effect of community based mental health services was shown to be less

than expected (Marshall et al. 2000). The reason for that is diversity and increasing complexity of healthcare system; this has made the individuals with chronic mental health disease to access to and benefit from these services difficult. Psychotic patients do not seek such services, cannot go behind their rights and cannot adopt community based systems (Delice 2017). However, community mental health services lose the contact with the patients in the long term and these services cannot sufficiently meet psychosocial needs of the patients, therefore, the case management which appeared as a response to such problems is used as a tool to coordinate care of the individuals with severe mental diseases (Marshall et al. 2000). Since coming up of case management model used to arrange the community based services provided to the individuals with mental diseases in United States, it is implemented almost in all countries in Europe (Björkman and Hansson 2007). It is mentioned that case management is implemented for community mental health services because the case cannot be provided continuously and the system was broken (Ziguras and Stuart 2000). Community Mental Health Centers (CMHC) performs case management to find individual solutions to patients' problems. The aim of the case management is to increase compliance of the individuals to the treatment, thereby to reduce frequency of hospitalization and disease symptoms and to increase social functionality. In a research where the effect of case management on clinical symptoms, social functionality and quality of life of the patients with schizophrenia, it was detected that symptoms of the disease are less and social functionality and quality of life increase in the patients followed by case management when compared with those followed by polyclinic control (Aydın, 2016).

New case management approaches where technology is used were developed to increase cost efficiency and service accessibility. Multiple technology-based systems are used tı facilitate the communication of the patients and case management team. Beyond conventional personal interview and telephone contact, online applications where video and emergency connection request may be provided were developed (Talisman et al. 2015). Although, latest developments on case management exist in such field, many models are mentioned in the literature from emergence of the case management model (Ziguras et al. 2002, Killaspy and Rosen 2011, Delice 2017).

Case Management Models in Psychiatry

Case management is defined in different forms. Solomon defines for different forms including fitted asserted community treatment model, strengthening-based model, intermediary service model and supportive case management (Solomon, 1992). Mueser et al. defined six different models including clinical case management model, intermediary service case management model, intensive case management model, fitted assertive community treatment model, strengthening based model, rehabilitation model are used in modern mental health services (Mueser et al. 1998).

Intermediary Service Model

This is the first case management model developed for the individuals with mental health disorder. (Intagliata 1982, Delice 2017). Essential task of the case manager is to have contact with the patient and to coordinate with other services. Functional tasks of the intermediary service case management include evaluation, planning, connecting with other services, monitoring and defense (Intagliata 1982). The basic principle of

intermediary service model approach is to evaluate the patient needs, to direct them for adequate services, to observe for ongoing treatment and to provide the coordination. Limitation of this model is that the case managers are not clinicians (Mueser et al. 1988, Solomon 1992, Delice 2017). This case remains limited since clinical skills are ignored to have an efficient case management (Mueser et al. 1998).

Clinical Case Management Model

This model was developed to eliminate the limitation of intermediary service model (Delice 2017) by the idea that case managers should also serve as clinicians (Lamb 1980). It emphasizes on expertise of the case manager and healing power of the therapeutic communication (Marshall et al. 2000).

Kanter (1989) identified clinical case managers in 4 sections;

1. Initial stage (participation, assessment, planning)
2. Environmental interventions (connecting with community resources, consulting with family and other close environment, enlargement of case and social network, collaboration of physicians and hospitals, defense).
3. Patient interventions (Intermittent individual psychotherapy, social skill training, patient psycho-training)
4. Patient environment interventions (Crisis interventions, monitoring) (Kanter 1989)

The differential characteristics from intermediary model is inclusion of psychotherapy and psycho-training interventions for individual development of the patient (Lamb 1980).

Intensified Case Management Model

This model was developed for treatment of the patients with severe psychiatric diseases who cannot be treated through conventional case management methods and refers ER frequently (Surles et al. 1992). In the intensified case management model, case managers have less contact with the patient when compared with conventional case management model. Furthermore, it contributes to daily living skills while service providing in natural environments of the patients. It is similar to fitted assertive community model (Mueser et al. 1998). In the systematic review of Dieterich et al (2017), the studies where intensified case management model and standard case management model were compared in the patients with severe psychiatric disorder were reviewed; they reported that the studies included into the review lower the validity of the outcomes since there are differences between the countries in terms of healthcare services and social support services. It was detected in the reviewed studies that the patients whom intensified case management services are provided stay more in the service model, have better functionality, benefit more from occupation and accommodation options and have shorter hospitalization periods.

Strengthening-based Model

The aim of this model is to treat the individuals with severe mental diseases by focusing on strong aspects of the patients instead of limitations (Mueser et al.1998, Delice 2017). The deficient part of the model is implementation in a healthcare center instead

of natural environment of the patient where community integration is achieved (Mueser et al.1998).

Rehabilitation Model

Importance of case management services based on personal requests and targets is focused rather than the targets predicted by mental health system in the strengthening-based model . The different part is that this model supports development of social skills as well as achieving personal targets (Mueser et al. 1998, Delice 2017).

Fitted Assertive Treatment Model

It is the most intense and most clearly explained form of the models (Marshall et al. 2000, Ziguras et al. 2002, Killaspy and Rosen 2011). The studies conducted show that there are benefits such as decrease in hospitalized treatment, better accommodation, more patient satisfaction and better quality of life for the patients who receive fitted assertive treatment services (Liberman 2008). The fitted assertive treatment was developed for the patients with complex clinical problems such as schizophrenia, schizoaffective disorder, bipolar disorder (including co morbidities such as functional and cognitive disorder and substance abuse), those with social needs (such as homelessness and social isolation) and the patients with long term mental health problem who have difficulty to communicate standard community mental health services (Killaspy and Rosen 2011).

Fitted Assertive Treatment Teams should have a full expertise on different mental health disciplines (psychiatry, nursing, occupational therapy, psychology, social work) (Killaspy and Rosen 2011). Fitted assertive community treatment is implemented by a multi-disciplinary team consisting of a psychiatrist and nurse and at least two case manager (Mueser et al. 1998). Professionals work with less case load when compared with standard community health services. Case manager shares the studies with all team and whole team know about counselee of each other. This is facilitated by shift working (usually 12 hours including weekends) to provide services for long hours and daily team meetings where the counselees are discussed and works are planned. Such case share is known as team approach or team case management (Killaspy and Rosen 2011).

Differences between Fitted Assertive Treatment and Standard Case Management

In the fitted assertive treatment, a more intense service is provided than standard case management and face-to-face interviews are held three times more than standard services (Killaspy and Rosen 2011). In the fitted assertive treatment, the interview is conducted in the house of the counselee or anywhere else whereas the interview is carried out in the institution where the team exists except the cases requiring home treatment in the standard case management (Solomon 1992, Scott 1995, Mueser et al. 1998, Killaspy and Rosen 2011). Fitted assertive treatment teams focus on social need such as financial support (assistance in banking issues and ensuring that the counselee received the rights that they have), support in daily works (shopping, eating and cleaning) (Killaspy and Rosen 2011).

Both standard case management and fitted assertive treatment provide evidence based interventions including individual and family support, psychological intervention

and drug treatment. However, the fitted assertive treatment teams have some flexibilities to provide more support including providing and administrating the drugs prescribed, due to smaller case loads and long working hours. The treatment team increases the support level and may prevent exacerbation of the disease when prodromal symptoms are detected. The Fitted Assertive Treatment teams also provide the users to complete required examinations and interventions to preserve and improve overall health states and to participate into medical appointments (Killaspy and Rosen 2011).

Table 1. Differences between social treatment in place services and standard society mental health services

Sociable Treatment in Place	Standard Case Management
Total amount of consultant for team:80-100	Total amount of counselee for team:300-350
Expanded working hours (every day 08:00-21:00)	Only institution working hours (Mon-Fri 09:00-17:00)
"In-vivo" work, meeting with person in home, or cafe, park etc.	Institution appointment and home visits
Positive dependence: trial for more than once, flexible and various approaches, friendly approach, practical support offer	Institution appointment and/or home visits
No leaving' policy, dependence for maintaining long term relationship	If cannot, making contact or discharging
Maximum individual counselee: Counselee rate=1:12	Maximum individual counselee: Counselee rate=1:35
Team based approach-all members of team works with all counselees	A little case sharing between the members of team as there is individual counselee
Frequent (daily) team meetings to discuss daily plan and counselees	Weekly team meetings
Using team's abilities rather than exterior mediators	Using exterior mediators for services like receiving advice etc. (e.g. social security benefits, housing, job opportunities substance use)

When the literature is reviewed, there are strong studies where efficiency of standard case management and fitted assertive treatment were searched. Marshall et al. (2000) reported in their systematic review comparing the standard case management and fitted assertive treatment model that case management increases controllability of the patients; however, increases the hospitalization rates. Although the outcomes associated with prolongation of hospitalization period in the hospital are significant, it was revealed that it does not provide an important improvement in social functionality and life quality and increases the treatment costs.

Ziguras and Stuart (2000) concluded in their meta-analysis to evaluate efficient of case management that case management has a contributive role to healing in mental health services; fitted assertive treatment should be implemented to all patients who has higher risk for hospitalization; and both clinical case management and fitted assertive treatment should be a part of mental health services.

Zigarus et al (2002) compared outcomes of those two comprehensive studies and they stated that the differences between the outcomes of two studies were caused by some variables such as the differences in inclusion criteria, inclusion of non-randomized studies etc. and current researches showed the case management effective. Consequently, the studies differ according to efficiency of case management models; however, case

management requires eclectic approach in practice. The case manager should aim to combine elements of strong and intensive case management models according to the progression of the diseases (Marshall et al. 2000).

All mental health services gradually promote the "do it together" approach which includes the counselee to this "healing" journey rather than a didactic "do it" approach regardless from the case model. The simulation of evolving from a travel guide to a travel mate was used to explain the efficient, supportive, cooperative and expert role of case manager (Killaspy and Rosen 2011). The patients are referred to a manager to benefit from many services (Townsend 2009).

Case Manager

Case manager is a professional who is responsible to connect with healthcare service providers (Björkman and Hansson 2000, Townsend 2009). The case manager is expected to asses the needs of the individual, to develop a care plane, to implement adequate care plan interventions, to monitor the care plan and to maintain the contact with the individual (Marshall ete al. 2000).

The case managers provide crisis intervention, supportive treatment, family contact, surveillance of clinical and social functionality. The role of case managers is great in receiving and renewal of social security aids, professional improvement, budget making and money management, providing adequate accommodation options, psychiatric, medical and dental health consultancy and access to mental health community treatment services. Furthermore, all mental health professionals (nurse, psychologist, occupational therapist, social worker, psychiatrist) who have clinical skills such as treatment planning, symptom assessing, functional assessing, skill training, target determination as well as defending skills may serve as case managers (Liberman 2008).

The nurses who have knowledge to evaluate the human as a bio-psycho-social whole are qualified professionals to serve as case managers. An experience of several years is needed as a nurse to serve as a case manager (Kayahan and Aksoy 2001, Townsend 2009). Furthermore, case management provides the nurses to fulfil their roles in a multi-disciplinary team. According to Girard (1994) and Herrich and Bartlett (2004), the nurse case manager has case finding, being a change agent, observer, coordinator, consultant, resource manager, financial consultant, researcher and trainer roles. Efficiency of the nurses associated with case management is very important (Chen et al. 2018).

The nurses may optimize the self-care of the patients, reduce the interruptions in the case, provide a sustainable qualified care, increase quality of life of the patients, increase customer and personal satisfaction and provide a cost efficient use of limited resources (Girard 1994). In a study where effects of the nurses who serve as case managers in Community Mental Health Center on physical health care, it was detected that a decrease was observed in annual physical disease history of the individuals and an increase in physical activity (Miller and Martinez 2003).

Conclusion

There are programs such as club house, partial hospital, community mental health center, environment therapy in community based psychiatry services in developed coun-

tries. Since there is not another institution and legal infrastructure in our country, all such services are expected to be provided by community mental health centers. Limited resources cannot remove the obligation of service providing to the individuals with severe mental disease, therefore, current resources should be used as much as appropriate. In consideration of the requirement of integrated care and treatment to the individuals with mental health disorder of which many fields of life is affected together with severe mental disorder, case management, efficient use of case management resources and integration are considered as a beneficiary approach in our country.

Case management is a process where all services are integrated to meet different needs of the individuals. Satisfaction of service receivers and service providers as well as cost efficiency should be considered. The individuals who need multi-dimensional care may be benefited from case management. Case management is implemented in mental health services to eliminate the deficiencies in community mental health field because of lack of system integrity and failure to provide sustainability of the care. There are many case management types in modern mental health services. The case management in care and treatment of the individuals with chronic mental disease is reported to be an efficient service form. Determination of the methods to be used with an eclectic approach and standardization would be an adequate approach in our country.

Although case management has been used for psychiatric care and treatment in many developed countries for a long period, it is not common in our country. Along with transition to community based services in psychiatry, use of home care services became common and monitoring, treatment and rehabilitation of the patients are provided outside the hospital, it is considered that case management services should be made common to optimize the use of current resources. Within this context, inclusion of case management to national mental health action plan and to increase use of case management would provide a great contribution to the individuals with mental health disorders to receive the care and treatment that they deserve. Arrangement of the health policies for use of case management, creation of certification programs for case management and increase of cooperation between the teams are all suggested.

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