Case Management: the Client with Mental Illness

What We Know

› Case management is a method of service delivery for persons who are considered vulnerable and need services and resources that address multiple aspects of their lives (e.g., healthcare, mental health, employment, housing, rehabilitation). Case management is a collaborative process that encompasses assessment, treatment planning, facilitation of services, monitoring client progress, and client advocacy. Case management began to be used following the de-institutionalization of persons with mental illness that took place beginning in the 1970s, after which clients needed intensive services to remain in the community.

› Case management models vary in their philosophies and approaches but share six widely accepted basic functions:
  • Identify and assess clients’ needs, strengths, and weaknesses
  • Create service or treatment plans for clients’ needs
  • Link clients with services in both formal and informal settings
  • Monitor delivery of services and clients’ progress
  • Advocate for clients
  • Evaluate client outcomes

› Case management programs can be found in the public, nonprofit, and for-profit sectors.

› Case management programs often are the next step after a hospital discharge or a client’s involvement in a community mental health services program. An initial referral often comes from these settings or from a physician.

› Case managers in these situations assess the client’s level of therapeutic support, community support, family support, medical comorbidities, recovery, and resilience.

› Case managers are most often social workers but may also be other licensed mental health professionals. This will depend on the individual program and its guidelines.

› Effective case management and a good relationship between the case manager and the client can result in a dramatic improvement in clinical outcomes.

› Researchers who conducted a qualitative study found that case management providing continuity of care to frequent users of emergency departments experiencing mental illness and addiction may decrease emergency department utilization.

› In a randomized control study of older adults experiencing significant mental health symptoms, researchers found that case management that provides a high level of assessment, access to mental health care, and symptom monitoring was associated with improved mental health functioning compared to that of participants with symptom monitoring alone.

› Researchers from a study of veterans both with and without a co-occurring mental illness and substance use disorder found that both groups were equally helped by intensive case
management programs, whereas typically clients with co-occurring disorders have poorer outcomes. The intensive case management enabled them to achieve the same positive outcomes as veterans with a single diagnosis, including increased independence\(^{(21)}\)

- Case management services are more cost-effective for the community and the healthcare system\(^{(15)}\)
- Case managers may act as brokers of services, providers of services, or both, depending on the program\(^{(9)}\)
- Case managers who are optimistic, patient, flexible, and assertive are more likely to have successful outcomes\(^{(1,2)}\)
- The client’s informal helping and support networks will guide the case manager in finding the appropriate services that will work well with those support systems\(^{(4)}\)
- Treatment should be self-directed, individualized, person-centered, and strengths-based. Peer support, respect, empowerment, responsibility, and hope are integral parts of the treatment and case management of clients with mental illness\(^{(2,4,19,24,28)}\)
  - Clients need to feel they have influence on the goal-setting that is part of their treatment plan. They also need a good relationship with their case manager. A focus on strengths and abilities and not just the client’s deficits will increase the client’s investment in treatment, foster participation, and help him or her have improved self-esteem and a greater likelihood of success\(^{(1,16,28)}\)
- The social worker in a case management role may encounter ethical dilemmas while trying to provide services\(^{(6)}\)
  - These ethical dilemmas most commonly will be related to a client’s refusal of care, how the social worker collects and shares the client’s personal information, and allocation of resources
- Temporary emergency hospitalization may be necessary if the client experiences a mental health crisis\(^{(9)}\)
- There are four main models of case management\(^{(5,8,25,26,27)}\)
  - Assertive community treatment (ACT)\(^{(2,4,15,19,22,28)}\)
    - Uses a team approach
    - Entails involvement or provision of services by multiple disciplines (e.g., RN, SW, MD)
    - Integrated services that are individually tailored to the client
    - Low staff-to-client ratios
    - Provides medication management for clients
    - Frequent contact with clients in the community instead of in a clinic or hospital
    - Focuses on issues of everyday living, concrete interventions, and problem solving
    - Uses assertive outreach to obtain additional community-based services
    - 24-hour availability and crisis intervention services
    - Critical time intervention (CTI) is an extension of ACT that provides 9 months of step-down care during times of transition, particularly from supported housing to community housing. A primary goal of CTI is to provide continuity of service and linkages to outside support systems through periods of transition\(^{(1,10)}\)
  - Intensive case management (ICM)\(^{(22)}\)
    - Meant for clients who have a high utilization of services
    - 24-hour coverage and availability to clients
    - Community setting
    - Low staff-to-client ratios
    - Uses assertive outreach to obtain additional services
    - Case manager links client to services (e.g., vocational, psychiatric, rehabilitation) but does not provide services directly
    - Case manager monitors clients’ progress with these services
  - Brokerage/generalist
    - Can be freestanding or a specialized unit within an organization
    - Uses a social approach rather than a medical approach
    - Links the client to other services, agencies, and organizations without having a financial or administrative relationship with these providers
    - Minimal coordination of services
    - Minimal monitoring
    - High staff-to-client ratios
What We Can Do

› Become knowledgeable about case management so you can accurately assess your clients’ needs and direct them to the appropriate care
› Collaborate with multidisciplinary care teams in your facility according to facility protocols to identify, treat, and provide case management to clients
› Assist clients with referrals to the case management program that can best serve their needs
› Review confidentiality procedures and informed consents with clients so clients are aware of boundaries and limitations
› Set timelines/points for evaluation in the care plan
› Develop an awareness of your own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of the client
› Practice with awareness of and adherence to the National Association of Social Workers (NASW) Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence; and become knowledgeable of the NASW ethical standards as they apply to case management with clients with mental illness and practice accordingly

References


23. Readmissions reduced with psychiatric care. (2013). *Case Management Advisor, 24*(8), 89-90. (GI)


