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A REVIEW OF THE ROLE OF A CASE MANAGER IN MENTAL HEALTHCARE IN AUSTRALIA

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The role of a case manager mental health worker: History, Functions, challenges and future development

Definition

A case manager is a professional appointed for the role of helping a patient recover during their period as a mental health patient. (Better health Au, 2021). The Australian association of case managers define the role as in all fields including health, research, insurance, education, academia, welfare, insurance as well as in social and human services settings and in other private practices.(case management society of Australia and New Zealand(CMSA), 1996;2021) However, this discussion shall encompass a mental health case manager.

Case management Case management involves the mangers careful consideration of the different needs of each patient including their perceptions, motivations, attitudes, expectations, aspirations and choices in order to produce the most desired results for the patient.(CMSA, 2021)

Historical development of case management in Australia.

The history of mental health case management can be traced from the inception of mental health focus at Bethlehem Royal Hospital in London in 1247 and the subsequent transfer of the first fleet of mental health patients to Botany Bay in NSW in 1788. The establishment of mental health clinics has continued to grow over the years with interventions as the years went on. Now, in 1852, after an intense concern by the government to reduce the cases of corruption, mistreatment and abuse of mental asylums, the government introduced the government formed an inquiry to investigate these malpractices. (Brunton, 2005) The inquiry introduced a system of more caring and humane conditions intended for the moral treatment of mental health patients as opposed to the former methods where inmates would be locked up. It also marked a period of concern for government interventions, funding and support for the workers and

patients of mental health. Further, the introduction of Chlorpromazine in the treatment of schizophrenia that enabled for medical practitioners to focus on the treatment of mental disorders through non-pharmacological means for purposes of rehabilitation, and through recreation. Patients started to get treatment through being involved in normal day-to- day undertakings while in hospital such as working in the gardens and tending to livestock. During the periods of war, especially in the Second World War, the advancement in medicine continued with the invention of anti-depressants, valium and other forms of cognitive therapy. In 1981. D.T Richmond was the head of an inquiry for the deinstitutionalisation of mentally ill people, championing that they get a chance to enjoy life in normal communities as opposed to being held captive in mental institutions. After the Richmond report, the government started to do away with institutionalisation and to see mental hospitals as a place of therapy not where people would be thrown for their lack of social skills and their volatility in normal human co-existence. After that, there started to be reports that the released people would be out in the streets without any care, they lacked medicine and many of them were at the risk of death and even some of them would die. The situation prompted the government of Australia through the Health ministers' Advisory council to establish a task force. The taskforce was led by the then human rights equal opportunity commissioner Brian Burdekin, who came up with the Burdekin Report of 1993. The report inquired into the three aspects of social, economic and political integration. The report recommended that the government take steps into establishing a community based system of care for patients through planning and assessment. With brief hospitalisations for those with acute and severe mental illnesses and their subsequent and interdependent management through a support system. The Burdekin report support care group consisted of doctors, nurses, therapists, psychologists, psychiatrists and finally, the case managers. (Vrklevski, Eljiz and Greenfield, 2017). The establishment of case management has been backed by the establishment of community mental health care centres. The growth of the

profession has grown over time with the demand and with the government establishing mental healthcare services through the National Institute of mental health established the community support programme. The continuation review of the National Mental health plans continue to this day with a continued regard for community based programmes. (Rosen, 2006)

Functions

A case manager is tasked with advocacy, assessing, planning, monitoring and linking a mental health patient with any form of health rehabilitation and support service that they may find fit. They are to ensure that a patient has no case of relapse.

Planning

The WHO identifies planning as involving four steps, first is situational analysis which involves a contextual pictorial of the circumstances of the case. The case manager is tasked with consultation with other stakeholders, budgeting and creating a budget plan as well as reviewing the resources available in the public spaces. It also involves the review of utility in

the space of assignment. Secondly, planning involves the assessment. Assessment means the establishment of the severity of the matter. For instance is it mild or severe, through examination of the patient, as well as assessing budgetary resources needed. Thirdly, the planning process involves the target setting process. The care manager must ask questions such as what are the priorities, what objectives are short term and which ones are long term and intervention measures. Finally, the planning process involves the implementation that involves monitoring and evaluation of both the patient and the budgetary control of the process of treatment.(WHO, mental health resources planning, 2003 Pg, 10)The planning process is the first thing a care manager must do in accordance with the World Health organisation guidelines, established in 2003. The plans have been adopted into the Australian health care plans in every state. The government states that any person in the country who after assessment are found to need more than three months of care should have the health practitioners establish a care plan, a function for which is a function of the case manager. Care plans require regular reviews whenever they are needed thoroughly to ensure that one achieves the best results.

Advocacy

The concept of mental health advocacy involves an initiative to reduce mental health stigma, discrimination and a voice for the protection of human rights for mental health patients. The work of a mental health worker in advocacy is to establish cooperation with other advocates, determine the gravity of the mental disorders problem, and provide useful information to those legally allowed to obtain it, to determine the most effective costs to obtain mental health care, to identify interventions if any may be needed (Funk, Minoletti, Drew, Taylor and Saraceno, 2006). The World health organisation tasks the health workers across board to be advocates through the above programmes for the sake of obtaining the best outcomes from mental health treatment. (WHO, Mental health advocacy, 2003).

Linkages

Mental health care plans involves the carer to establish linkages to pychologistd, general practitioners, psychiatric nurses as well as psychiatrists given they are in the care managers are in a place of advantage and improved agency to recommend the best carer for their patient.

Challenges facing case management in Australia

Uncertainty of scope of Practice

Uncertainty in health care leads to feelings of inadequacy in the delivery of health care services. In the case of management, the integrated care model is intricately complex and hence leaves care managers with unclear rules and information regarding duty. In many cases, uncertainty in health care comes in the form of limited experience. Additionally, ambiguity arises when

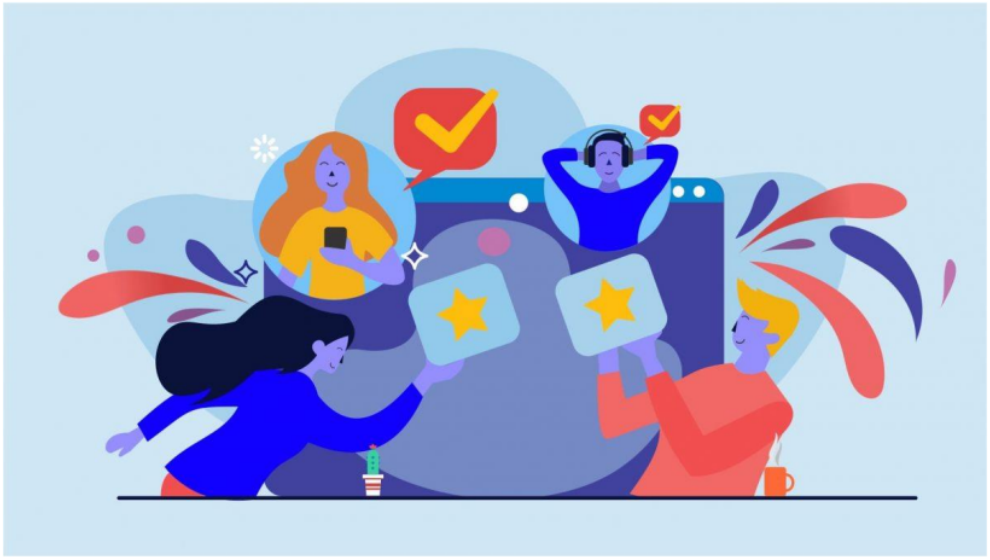
the carers are not central to the patient and also the integration of care of a patient due to the divided roles across board, involvement of social workers, general practitioners, psychiatrics, psychologists may cause feelings of uncertainty of scope that are highly likely to cause a case manager to have feelings of inadequacy, exhaustion and fatigue and to question the integrity of the patient care.(Pomare, Ellis, Churruca, Long and Braithwaite, 2018)

Moreover, the aspect of care coordination has not been well defined in the Australia's mental health care system despite that it is already established a good method of care for the mental health patients suffering from severe and persistent mental health illness requiring complex care and support. As a process that is involves integrated care, there is need for the coordination of the activities and roles that is well designed and structured. For instance, the lack of coordination has caused a shift from the use of care management as a proper service delivery channel given the fact that the lack of coordination has caused the delayed results for the care mechanisms. There has been loss of trust as to why the system is not providing a holistic approach hence affecting results of treatment which in the end may be frustrating not only to the case managers, but also to other practitioners in the integrated care system. ( )When cases of the uncertainty of the sustenance of the model is in question, then persons will be highly likely to be hesitant to take up the service.

Client relationship challenges

First impressions certainly matter especially in mental health care. Tindall, Francey and Hamilton (2015) conducted a study that aimed at finding how young mental health patients related with their case managers in their first episodes of psychosis and their subsequent decisions to continue with engagement or the lack thereof. Engagement of a mental health patient is not only necessary for the compliance to treatment but also for a therapeutic relationship with a medical professional. The lack of engagement would cause prolonged cases

of treatment, the risk of relapse, poor recovery that is related to the sociological, the cognitive attributes and the clinical settings of a patient. In a case study, case managers in Australia appreciated the critical role of case management. They were however concerned that the methods of integration between the patient and themselves could be improved through an alternative model of service delivery that was coherent to both the client and their case manager (CM) (Geanellos, et, al, 2001)



Poor collaboration with other professionals and lack of proper information guidelines.

Morrison et al., (2015) wrote concerning the lack of informational reconciliation between case managers and their doctors concerning the use of anti-psychotic medicines in Australia. During a research study, the authors found a lack of reconciliation concerning the side effects, the information concerning side effects was not clear to the case managers and the information concerning the management of the side effects was not clear either. A stated in the functions, the role of the case manager is to provide a correct linkage between other professionals in the health department. The lack of informational reconciliation is a hindrance to the long term effectiveness of the process given it produces confidence, improves the workers morale and

also gives the patient a clear and smooth healing process. Due to the lack of this understanding, the case managers in Australia were of the position that the mental health of the consumer was more a case of the side effects of the drugs, their poor choices in lifestyle, the inability to access medical treatment and perhaps poverty. They ended up abandoning some of the tasks of a health worker in favour of others resulting into the lack of holistic process. (Morrison et al., 2015)

Opportunities for case management.

Developing funding and support systems

Parliamentary inquiries into the resources available for the health care space have always been an issue since 1997 when the international community on health rated the mental health intervention measures conducted by Australia as highly unsatisfactory. In inquiry 2.12 of the parliamentary inquiry report, the statement states that there has been a problem of a revolving door. The meaning of it is that there are limited resources in the field of mental health given that the severely ill mental health patients are not in positions to take up employment. The lack of more general practitioners that are more trained in the field of mental health, and the lack of

resources provided by the government has therefore put a strain on the case workers who are overwhelmed by the burden of having too many patients therefore affecting the quality of their work and their general job satisfaction. The limitations in resources has also caused the influx of patients in wards and prisons where therapeutic care is not easily accessible. (Case for change Australian parliament mental health inquiry report, 2021). Hence, a public initiative to increase training support and sufficient funding for mental health patients will aid a great deal to the case managers who will be in a position to take fewer cases and generally improving the outcomes of mental health treatments. Further, the resources will help train more mental health case workers improving job satisfaction for them and furthering the fight for mental health in Australia.

Following this the Australian government offers a range of social services such as social housing, funding of care agreements and income support and housing however, there should be focus on the case workers to increase their support too in handling mental healthcare.

Structured Assessment to Improve Communication in Case Management

As an integrated model, Brophy et al (2014) provided a systematic approach model that emphasised the rationale of creating a model that is well facilitated with proper communication channels, cost effectiveness as well as sustainability of the system. The system appreciates the fact that for the system to be successful, there is dire need for the practitioners and participators in this field are well equipped with the right set of skills, enthusiasm and appreciation for barriers to case management. Regarding the problems of uncertainty, the streamlining of a proper line of coordination of mental health workers and their subsequent partners will reduce barriers to access, creating a robust system that are focused on the wellbeing of the consumer. For instance, the streamlining of governance through clear information on government guidelines, support, partnerships, expected roles and outcomes will keep the system well-

grounded and certain. Further, there is need also for the clear lines of communication between the cm's and their counterparts in the police departments, the primary health care workers such as nurses, emergency services. Brophy et al. (2014) suggest a system where there is established a person with the role of 'support 'facilitator for the sole purpose of establishing linkages support for the process. The role has been defined as that of a border spanner that involves the role that can be defined as an effective relationship person who is equipped with a wide range of network and with the ability to coordinate a non-hierarchical and chaotic spaces of decision making through brokerage and negotiation. The role borders that of a solution entrepreneur that connects problems to the required resources.

Conclusion.

The above report encompasses a critical review of the growth and development of a mental health case manager. It starts with a trace of how case management as a responsibility for mental health patients began. It goes further to outline the functions of the Case manager as outlines in the WHO guidelines given that Australia is a member of the WHO. It continues to expound on the problems faced by case managers in their daily undertakings and finally, the steps that can be used to improve the state of mental health case management as at now as well as addressing the problems stated before prior. Finally, the growth of a sustainable way for case management in Australia is still growing, at least in practice. It shall need continued support in implementation and allocation of funding activities.

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