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The Changing Focus Of Care, Case Management In Community Mental Health Nursing

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Abstract:
Clinical or therapeutic case management then developed as the need for the mental professional to establish a therapeutic relationship and be actively involved in clinical care was recognised. A more intensive form of case management (assertive community treatment or intensive case management) was also developed for patients with more severe illness who needed a more assertive approach.
Keywords*: community, management, health*

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I. Introduction:

Case management is the coordination of community services for mental health patients by allocating a professional to be responsible for the assessment of need and implementation of care plans. The case management model developed in the usa in response to the closure of large psychiatric hospitals (known as deinstitutionalisation) and initially following a brokeage model, where professionals arranged for the provisions of services, without the need for direct patient care or contact.

II. Definition:

The case management society of america (cmsa) defines case management as “a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individuals and family’s comprehensive health needs through communication and available resources to promote quality cost-effective outcomes”

Six activities form the core of case management:
- Identification and outreach
- Assessment
- Service planning
- Linkage with needed services
- Monitoring service delivery

Community support system:
Case management is integral to the community support system.

Community support system organized net work of people committed to helping persons with several mental illness meet their needs and move toward independence.

Components of a community support system include patient identification and outreach, mental health treatment, crisis response services, health and dental care, housing, income support and entitlement, peer support, family and community support, rehabilitation services, and protection and advocacy.

III. Services Provided By Act Team Members:

Medical support:
- Order medications from pharmacy
- Deliver medications to clients
- Educate about medication.
- Monitor medication compliance and side effects.

Rehabilitative approach to daily living skills:
- Do grocery shopping and cooking
- Purchase and maintain clothing.
- Facilitate access to transportation
- Foster social and family relationships.
- Educate about legal rights.

Family involvement:
- Provide crisis management
- Do counselling and psycho education with family and extended family.
- Coordinate with family service agencies.

Work opportunities:
- Give support in finding volunteer and vocational opportunities.
- Serve as liaison with and educator for employers.
- Serve as job coach for clients

Entitlement:
- Assist with documentation
- Accompany clients to entitlement officers.
- Manage food stamps.
- Assist with redetermination of benefits.

Health promotion:
- Provide preventive health education.
- Conduct medical screening.
- Schedule maintenance visits.
- Act as liaison for acute medical care.
- Provide reproductive counselling and sex education.

Housing assistance:
- Find suitable shelter.
- Secure lease and pay rent.
- Purchase and repair household items.
- Develop relationships with landlords.
- Improve housekeeping skills.

Financial management:
- Plan budget
- Troubleshoot financial problems, example, disability payments.
- Assist with bills.
- Increase independence in money management.

Counselling:
- Encourage problem solving approach.
- Facilitate integration into continuous work.
- Orchestrate goals addressed by all team members.
- Develop communication skills.
- Coordinate a comprehensive rehabilitative approach.

Types of clients who benefit from case management:
❖The frail elderly
❖Those who are developmentally disabled
❖Those who are physically handicapped
❖Those who are mentally handicapped

Individuals with long-term medically complex problems that require multifaceted, costly care (e.g., high- risk infants, persons with hiv or aids, and transplant patients)

Individuals who are severely compromised by an acute episode of illness or an acute episode of illness or an acute exacerbation of a severe and persistent illness (e.g., schizophrenia)

Managed care:
Managed care is a concept designed to control the balance between cost and quality of client care.
Managed care exists in many settings, including
❖Insurance – based programs
❖Employer- based medical provider programs
❖Social service programs

Bill of rights for clients:
- The right to appropriate treatment in settings and under conditions most supportive and least restrictive to personal liberty.
- The right to an individualized written treatment plan, periodic review of treatment, and revision of plan.
- The right to no going participation in the planning of services and the right to a reasonable explanation of general mental condition, treatment objective, adverse effects of treatment, reasons for treatment, and available alternatives.
- The right to refuse treatment expect in an emergency or as permitted by law.
- The right not to participate in experimentation.
- The right to freedom from restraint or seclusion.
- The right to humane treatment environment.
- The right to confidentiality of records.
- The right to access to records expect data provided by third parties or unless access would be detrimental to health.
- The right of access to telephone use, mail, and visitors.
- The right to know these rights.
- The right to initiate grievances when rights are infringed.
- The right to referral when discharged.

Models for community mental health nursing
❖Client – centered model
❖Case management model
❖Capitation and managed – care model
❖Public health model

Client – centered model:

Community nursing refers to nursing practicein the community . Case management and pact described above the interventions that would fit into the category of client centerd care.

Case management modelcapitation and managed – care model:

Some clients do not fit into one service system but require multiple systems simultaneously.

For example, clients who have a dual diagnosis, such as a substance abuse problem and a psychiatric disorder, would require services from multiple providers. Clients with mental illness who also have acquired immunodeficiency syndrome/ human immune deficiency virus (aids/hiv) need services from the general health sector as well as psychiatric services. Nurse are valuable members of such items.

Capitation and managed – care model;

Capitation and managed care, which are increasingly evident in the general health sector, are examples of **prospective payment systems**.

Prospective payment systems provide a predetermined payment for a specific period of time or diagnosis for an individual client. Both these models have as their goal providing effective care at the lowest possible cost and include prospective payment systems.

Capitation is a funding mechanism in which all defined services for a specific period of time are provided for an agreed- upon single payment. The payment is tied to the care of a particular client or group of clients.

Managed care is not the same as case management even though the terms are often used interchangeably and they share a similar historical development.

Managed care programs are prepaid health plans in which an identified intermediary is given authority to manage how and from whom the client may obtain services. When managed care programs include mental health services

In their benefit package, the services provided are under the constraints of whatever group provides payment. As efforts are made to contain the rising costs of health care, capitation and managed care programs will have increasing influence in health care delivery.

Public health model:
Caplan (1964) focused on preventive psychiatry and introduced three important terms;
- Primary prevention
- Secondary prevention
- Tertiary prevention

Changing focus of care in community mentalhealth

Community mental health describes a change in focus of psychiatric mental health care from the individual to the individual in interaction with his environment, care is provided to client outside of hospitals, in the least restrictive setting and it is provided at home or as close as possible to where the client lives.

Changing focus of care:

Before 1840 people who were mentally ill were generally placed in prisons, asylums, and county homes. The purpose for placement in any of these settings was protect the ill person from harming others or being harmed, neither of which was ensured by the arrangement.

In 1841, dorothea dix appointed herself inspector of institution for the mentally ill and began crusading for more humane treatment. She wanted each state assume responsibility for its mentally ill. The result was the establishment of 32mental hospitals in the united states. Most mental hospitals were built in rural areas, which offered inexpensive land, the removal of troublesome people from the mainstream of society and fresh air and quietness for the patients, thus the concept of community mental health came into practice.

1990 the state hospitals were over crowded and understaffed. Adolf meyers took up the crusade initiated by dix and recommended that clinics for the mentally ill be established in community.

The move to the community received a major impetus in 1908 with the publication of clifford beers book a mind that found itself. In 1909the national mental committee for mental hygiene was founded.

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