RURAL APPROACHES TO CLINICAL CASE MANAGEMENT IN NORTHERN NORWAY

Ian Dawson
Salten Psychiatric Centre, Bodø
Presented London 2000

This short presentation describes the geographical setting, psychiatric population, present services and a rural approach to a clinical case management practised by the Rehabilitation Team in Bodø, Northern Norway.

Putting us on the map!

Norway is a large country some 325 017 km , compared to the UK 244 820 km2 and Denmark 43 069 km2. However the population is a lot smaller; 4.5 million, compared to the UK with over 59 million and Denmark 5.3 million. Bodø, where the Rehabilitation Team is based, is 1230 km north of the capital Oslo, north of the arctic circle. Bodø is the county centre in Nordland county.

The Rehabilitation Team serves 11 district councils which form the Salten catchment area with a total population of 74 261. Bodø is the largest district with a population of 42 000, the smallest is an island, Røst, with approx. 660 inhabitants.

It is possible to drive to most of the districts, the nearest, Fauske is a hour drive away from Bodø. Steigen lies the furthest with a 3 hour drive, longer during the winter months. There are 2 island communities the team serves, where one has to travel by either plane or ferry.

Description of services

In Norway the health and social services are administered on 3 levels:

" District councils have responsibility for primary health care.
" County council has the responsibility for hospital and outpatient services.(from 2002 the hospital services will be run directly by the state)
" And the state has an overall control function and implimenting government policy.

The Rehabilitation Team is an intricate part of Salten Psychiatric Centre. In addition to the Rehabilitation team the centre has the following

services:

" Acute admission ward with 10 beds
" Sub acute ward with 12 beds
" Short stay ward with 12 beds
" Rehabilitation centre with 17 beds
" 2 outpatient clinics
" Psychosis Team (early intervention)
" Occupational therapy
" Physical therapy

Rehabilitation Team

The Rehabilitation Team is organized as a part of the out-patient services at Salten Psychiatric Center in Bodø, and works on a outreach principle. The Rehabilitation Team was started in 1990 to serve the needs of severely mentally ill patients living in the community who needed additional care/support to the traditional primary health services. It is a multidisciplinary team comprising of social workers, psychiatric nurses and other staff, 8 in all. The basis of our treatment philosophy is case management. A definition which covers what we do is as follows:

Case management is a way of tailoring help to meet individual need through placing the responsibility for assessment and service coordination with one individual worker or team. (Onyett 1992)

Nevertheless this does not quite cover the treatment philosophy we have. Salten Psychiatric Center has a eclectic approach based on the principal of individual tailored treatment, where a relatively wide range of therapeutic approaches can be employed according to individual needs. The following definition of clinical case management can best describe the Rehabilitation Teams treatment ideology:

Clinical case management is a process that is best defined by a set of premises and principles of care. It is not a specific intervention that can be easily described, or a program with clear boundaries. Simply, clinical case management is as much a way of thinking about care as it is providing specific interventions.(Surber 1992)

Case management has it's roots in American circles, but the Rehabilitation Team has not just introduced an American model. Intagliata (1982) says that the specific meaning of case management is dependent on the system it is based on. This means that the elements of a case management model are formed by the system it is a part of. The Rehabilitation Team`s method of implementing case management as a model and treatment philosophy is influenced by the fact that we are a part of Salten Psychiatric Center and the catchment area which we cover.

Finally I would like to highlight some important principles underlying our interpretation and use of clinical case management:

" We believe that a psychiatric illness can reduce a person's level of functioning for shorter or longer periods of time. This means that our

work should focus on increasing coping skills and developing a supportive environment around them.

" The Rehabilitation Team has a goal of encouraging positive development and generally increasing the quality of life. To achieve this we feel that the most optimal rehabilitation occurs where the client lives.

" And finally we aim at increased user influence, and that we tailor our contact according to their needs.

In Nordland Psychiatric Hospital's annual report for 1997 the following description of the team is presented:

The team works outside the hospital. The offer of treatment contains a wide range of approaches with home visits, social training, group treatment, activation and co-ordination (Case Management).

Clients that receive an offer of treatment from the Rehabilitation Team, are those that suffer from one or another form of serious mental illness. The majority have several admissions behind them, both a main and sub diagnosis, and multiple problems which the local services find difficult to tackle alone. In short we have one of the most difficult client groups in adult psychiatry. The majority of the clients the Rehabilitation Team has had contact with, suffer from one or another form for schizophrenia, as much as 70%. A common denominator for all the 62 people we have had contact with during 1998, are their problems in other areas besides their main illness. Their primary illness often is a cause for additional problems.

It is interesting to see if there is a trend in the demographic data on the 62 clients we have had contact with in the course of 1998. I have chosen to look at sex, age, civil status, children, housing, work/activity and economy.

" We have slightly more male clients- 34 men and 28 women. This division has been very stabile during the last few years. The age distribution is from 18 to 57. Just under 50% (24) are in their 30's. Otherwise the trend is towards a similar distribution in both sexes.

" Of the 62 clients only 4 are married (3 women and 1 man). Three are either divorced or separated. This means the majority are single, 90% (23 women and 32 men). 8 clients have children, but none live with them.

" Among the female clients 60% own their own home or rent from the local council. 50% of the males rent from the council while only 6 (17%) own their own homes. 4 females and 4 males, still live with their parents. Their ages range from 23 to 51 years.

" A minority of the clients we have any form for organized activity or work. 18 use either the day centre, nursery at the hospital or other form of sheltered work place. During the past year we have managed to obtain sheltered work places for more clients and this is an important

priority for the future.

" As expected the majority of the clients have social security pensions (44) and 6 females and 5 males are on re employment benefits.

These findings are not unexpected. The majority of our clients are unmarried, without children, live either in there own home or rent from the council, have no meaningful daily activity and are on social benefits. There was little difference between the sexes.

The Rehabilitation Team offers an outpatient treatment equivalent to that given by the traditional outpatient clinic at the Salten Psychiatric Centre. A common problem for our clients is their difficulty in using the traditional outpatient clinic where they have to meet in an office. They either do not attend or they feel that they gain no benefit from such treatment.

Therefore our form of treatment is based on an outreach policy, which focuses on where our clients live. Through our contact with them in the local community in an informal and less threatening situation, we manage to establish a therapeutic relationship with each individual client. Through this special contact we help clients to structure their daily lives and to cope with their mental illnesses. Our work aims to increase their ability to function and prevent relapse.

The following approaches as used by the Rehabilitation Team:.

" Home visits: We are a "mobile" outreach clinic where we meet our clients in their own home. This form of contact is very important since we can observe clients in their home environment. The time spent with clients can include observation of their level of function, specific training or social contact.

" Social training: The aim of social training is to increase the client's social arena. This is more comprehensive than that of the paid friend system that we have in Norway. We give the clients the ability to master situations where they come into contact with other people. They can then use the different services in the local community such as the bank, post office and cultural activities.

" Groups: As in earlier years the Rehabilitation Team has run several groups which are based on a common activity. These groups are based on social skills training and aim to establish social relationships, increase coping skills and develop feelings of responsibility for each other in the group. The " womans" group is now in its 5th year and the local district council will gradually take over the running of it. The group has a total of 6 clients and has based itself on various activities.The physical activity group has also been running for the same period and has 8 clients. In 1997 a group based on socialising was started where clients have been active in deciding content and the running of the group. At the moment the group is "closed" but the idea is that with time it will be an open group where any clients can participate if they so wish.

" Work/activities: To feel "useful" and to be "wanted" is important for us all. To have a meaningful activity or work which is valued, is very

important for people. This applies no less for psychiatric clients. We therefore accompany some clients to their work place and in some cases stay with them. To be a part of a work force, be given responsibility and be valued has been very important for the clients growth and development. The Rehabilitation Team has used the market garden at the hospital, a second hand shop run by the Salvation Army and a sheltered industry, with good results. We have registered a need for a wider variety of work places with the district councils.

" Training flats: The Rehabilitation Team has 4 training flats at their disposal which are located within the hospital grounds. These flats create a safe intermediate station between a hospital ward and the local community. For some clients it can be a too large a step from a safe existence in a hospital ward, to a life outside. The training flats are designed to reflect a normal existence outside the hospital. We are able to assess adequate daily living functions.

" Coordination: The majority of these clients have multiple problems which demand much support from services. In addition to their psychiatric illness, they often have problems connected to housing, income, work/activities, abuse and family. The majority of these problems have a negative effect on their psychiatric condition. Although many different agencies are involved these are far from coordinated and this causes problems between the heath and social services. Coordination of the different services is needed in order to insure that the client‘s needs are met in the best possible way. The Rehabilitation Team instigates this process and also acts as a coordinator for some clients.

References

Intagliata, J. (1982) Improving the quality of community care for the chronically mentally disabled - the Role of Case Management. Schizophrenia Bulletin, 8, 655-674.

Onyett, S. (1992) Case Management in Mental Health. Chapman & Hall, London

Surber, R. (1994) Clinical Case Management. Sage, California.