

Training in Psychosocial Rehabilitation - Case Management

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Summary in Swedish

Utbildning i psykosocial rehabilitering - case management startades 1993. Studenterna i utbildningen tränas i evidensbaserade metoder för att arbeta med rehabilitering tillsammans med personer med allvarlig psykisk störning - inkluderande metoder för att organisera vård och service, samarbete och samordning. Från början var målgruppen psykiatrisk personal från den landstingsdrivna psykiatriska vården - i första hand sjuksköterskor och skötare i psykiatrisk vård. Senare när psykiatrireformen klargjorde ansvarsområdena mellan kommun och landsting utökades målgruppen till att även omfatta personal anställda av kommunen. Flera som arbetar som s k Personligt ombud har deltagit i utbildningen.

Målgruppen är nu personer med tre till fem års erfarenhet av att arbeta med personer med psykiska funktionshinder samt kunskaper och personliga kvalifikationer som gör dem lämpade för att arbeta i en case managementfunktion. Kursen omfattar 20 poäng förlagt över tre terminer. Den gemensamma undervisningen sker två dagar per månad. Delkurserna är Vetenskapsteori och forskningsmetodik, Etik, Rehabilitering av personer med psykiska funktionshinder, Ansvarsförhållanden och lagstiftning. I kursen ingår också handledning och projektarbete. Ian Falloons modell för Integrerad psykiatri används som huvudmodell för utbildningen. Ett kontinuerligt kvalitetsarbete sker i utbildningen. Resultatet av kvalitativa intervjuer med kursdeltagare har visat, att deras uppfattning om vad i utbildningen som bidragit till deras förmåga att arbeta som case managers, i stor utsträckning stämmer överens med den målbeskrivning och den teoretiska referensram som finns för kursen. En av slutsatserna är att utbildningen lämpar sig för personer som ska arbeta som case managers inom den psykiatriska vårdorganisationen, men att den också lämpar sig för dem som ska bli personligt ombud.

Summary in English

"Education in Psychosocial Rehabilitation - Case Management" was started in 1993. The students are trained in evidence-based methods for treating persons with severe mental illness, including methods for organising care and service planning, co-operation and co-ordination. At the beginning the target group was psychiatric professionals from the psychiatric organisation - primarily nurses and assistant nurses. Later, when the Psychiatric Care Reform Act clarified the areas of responsibility between the Mental Health Organisation and the Social Welfare System, we extended the target group to include staff working in the social welfare system as well. Some people working as "Personal Ombudmen" have been students on the course. The target group is now staff with three to five years' experience working with individuals with psychiatric disabilities. The duration of the programme is three terms with lectures and seminars two days every month. In addition, it includes supervised work with patients and their network, literature studies, writing of papers and other examinations. The main modules are Theory of Science, Evaluation Methods, Ethics, Rehabilitation for Individuals with Psychiatric Disabilities, General Responsibilities, Legislation and Co-operation. The course also includes supervision and working within a research project aimed at studying rehabilitation or case management organisation. One of the main foundations of the programme is Ian Falloon's model for Integrated Psychiatry.

Quality assurance is carried out continuously to evaluate the programme. One of the methods of quality assurance has been qualitative interviews with the students. One of the conclusions drawn from the interviews is that the programme is suitable for individuals who are going to work as

case managers in the psychiatric organisation as well as for individuals who will work as "Personal Ombudsmen".

Background

Case management was reported on in 1991 (SOU 1991:98) by a Swedish Parliamentary Committee - the Committee on Psychiatric Care. The committee had been studying case management programmes in the USA and in Great Britain and in some places in Sweden including a case management programme at the Central Stockholm Psychiatric Unit that had been in progress at the unit since 1990 (Åberg-Wistedt, 1995). The committee concluded that different categories of professionals as well as non-professionals can serve as case managers. They described different models of case management with varying contents and intensities ranging from the broker model to the full-service model. The broker model, which is least intensive, comprises co-ordination, planning, monitoring and evaluation. The full-service model comprises symptom management, crisis intervention and family intervention programmes as well. Sometimes psychotherapy is included. In the conclusion (SOU 1992:73) the committee suggested that a special case management function, with the aim of giving personal support to the long-term mentally ill, should be introduced in Sweden.

Education in Psychosocial Rehabilitation - Case Management was started at that time (1993) at the psychiatric unit at Danderyds Hospital north of Stockholm in co-operation with the Department of Psychiatry at the Karolinska Institute in Stockholm. The intention was to prepare psychiatric professionals for the new role of case manager. The head of the course was Assistant Professor Börje Wistedt and the main lecturer was Assistant Professor Ulf Malm.

In 1995 ten case management projects were financed by the National Board of Health and Welfare. These projects used different case management models. Professionals of different categories served as case managers: nurses, assistant nurses and professionals from different parts of the health and the social welfare system. Non-professionals from user organisations also served as case managers. The type of intervention used has differed between the models. However, the evaluation after one year and a half has shown decreasing needs for care, better psychosocial functioning, positive changes regarding the patients' network and quality of life and less use of hospital beds.

This year (2000) the Swedish Government has allocated 60 -90 million SKr a year for "Personal Ombudsmen". The Department of Social Welfare, in co-operation with the user organisations and representatives of the mental health and social service systems, has decided that the components in this case management function should be as follows:

- " to identify needs
- " to co-ordinate
- " to advocate
- " to fight for the consumer's social rights

To be eligible for a personal ombudsman the client must have complex needs for care, support and service which demand co-operation between the social welfare system, the psychiatric services, the local health centre and other authorities. The government funding makes it possible to organise "personal ombudsmen" for about 3000 individuals in Sweden. The parliamentary committee (1992:73) has shown that there are some 40 000 people with severe disabilities related to psychiatric disturbances. This leaves a large group of disabled people who are still in need of co-ordination within the existing health and social welfare system. According to the Health Care Act, the personal ombudsmen are not supposed to have the responsibility of making decisions about economic matters or service and are not supposed to vander care.

Our 4th course started this autumn, this time at the Central Stockholm Psychiatric Unit and with Anna-Åberg Wistedt heading the course. This time the students represent four categories of

professionals: nurses, assistant nurses, occupational therapists and social workers. Most of them intend to work as case managers within the mental health service organisation.

Framework

Ian Falloon's model for community-based rehabilitation - Integrated Psychiatric Care - is used as the main model for the training. The central principles are that the service has to be local, accessible, flexible and consumer-oriented. The service has to strengthen the clients' potential for solving their own problems, reflect the ethnic and cultural background adequately, focus on the strengths of the clients, be delivered in natural settings, meet their special needs and be evaluated (Falloon et al, 1997). Falloon describes that the staff has to manage the following activities:

- Problem analysis and goal setting
- Medication
- Information to clients and their families
- Stress management
- Crisis intervention
- Development of social competence
- Specific strategies for drug abuse, positive psychotic symptoms and anxiety

Other case management models are presented during the course to give the students the opportunity to reflect on the advantages and disadvantages of different types of case management models with regard to financial and organisational setting (Kanter, 1989; Liberman, 1998; Stein, 1998; Surber, 1994). The consensus document from WHO on psychosocial rehabilitation (WHO, 1996) is used as one of the basic documents in the course. This document describes how to build up and organise services to reach an optimum in nursing, treatment and support. It also describes methods for preventing and reducing disabilities associated with severe mental illness.

The content of the course is based on government policies, clinical practice and evidence-based knowledge. The course advocates community-based, consumer-directed interventions in a case management setting with alliance building and continuity as essential ingredients. Besides planning and linking the community resources, the case managers use a cognitive approach for stress management, psycho-education and social skills training. Medication management is one essential part of the course. It includes working with early signs of relapse and monitoring side effects.

Structure

The course lasts for three terms, 12-15 days per term plus time for supervision. The programme is run as a part-time course - two days every three weeks during three terms - so that extensive opportunities for training and integration are given to the students. During the programme and six months after the programme has ended, the students work with a person with a psychiatric disability and his or her network.

During the course, the students attend classes, discussions and seminars. The course also involves literature studies, supervision and written exams. The written exams consist of one research paper and one case report. The latter describes the work the student has done with his or her patient and the patient's network.

The students receive 20 credits for the total course. In the Swedish credit system for postgraduate education, one credit signifies one week of full-time study, including lectures, seminars, clinical training, supervision, preparing papers, examinations and literature studies - some 200-250 pages per credit. A bachelor's degree comprises 120 credits and a master's degree 160 credits.

Admission

Admission requirements are 3 - 5 years' of professional experience, personal qualities to complete the course and the ability to work with community-based psychiatric services in a case management organisation. A knowledge of mental illness and rehabilitation is necessary together with employment in an organisation using a case management model in which the employer is prepared to give support and opportunities for training.

Aims and objectives

The training is aimed at equipping students with different professional backgrounds to carry out an evidence-based rehabilitation programme in a case management organisation. After the course the student will be able to develop a working alliance with and give continual support to persons suffering from severe mental illness. They will be aware of the social rights of the disabled so that they will be able to support them in demanding their rights and sometimes represent the individual. One important function is assessing, planning and evaluating plans for each individual and to participate in the quality assurance work. They engage in advocacy, crisis intervention, patient education and family support - all with a cognitive approach. The students get practical training in co-operation with other authorities and co-ordinating interventions and support. Later training includes discussions on ethical issues and in evaluating new research.

Modules

The modules are

1. Scientific Theories and Methods of Evaluation, Ethics

This module deals with scientific theories, data collection, critical analysis of research results, literature searches, theory of ethics and discussion of ethical matters in the mental health field.

2. Rehabilitation of Individuals with Mental Disabilities

This module focuses on models of mental illness and the theories underlying different interventions. It examines the conditions for carrying out a community-based and consumer-directed rehabilitation programme. It is based on life goals and identifies resources and disabilities as a basis for goal-setting. This includes training in rehabilitation planning and work with the clients' resource group in the way Ian Falloon describes. The core of this module is family education and support for the patient. We also monitor methods of treatment, community resources used in a rehabilitation programme and the different ways of organising and implementing case management.

3. General Responsibilities and Legislation - Co-operation Between Authorities

The third module deals with the Social Service Act, the Health Care Act and social insurance rules. It also includes issues on co-operation, group psychology, conflict resolution and strategies for change.

4. Supervision

This module consists of two different kinds of supervision - supervision for working within the special programme and supervision of training to work in networks.

5. Project

This module includes two projects - one is a project in which the students use research methods to investigate a rehabilitation method or topic concerning case management organisation. The other part is a paper comprising a case study which describes assessment, interventions and the role change needed for the students to become a case manager.

Quality assurance

There is a continuous evaluation of the course made every term. This evaluation consists of a questionnaire followed by an individual meeting with the students to discuss their own

development as well as the development of the course. This ends in a group discussion. The development of the course is also discussed at the Board of Studies which consists of a group representing the programme leaders, the students, their employers and representatives of the user organisations.

Course number 2 was evaluated by qualitative interviews reported in a descriptive study (Nilsson, 1998). This evaluation focused on the students' development with reference to knowledge, skills, ethical values and opinions which helped their role as case managers. The aim was to give an analytic description of the students' opinions about the way in which the programme had contributed to their ability to work as case managers for persons with psychiatric disability. The results of these qualitative interviews with the students showed their views accorded largely with the aims, goals and theoretical framework of the programme.

An interview from a Consumer Satisfaction Rating Scale was done three times during the last course to assess consumers' opinion concerning accessibility, environmental issues, resources for treatment, information and medication. The results has yet to be published. These evaluations have resulted in changes in the programme. We have for instance focused more on working with patients' network and the module on General Responsibility and Legislation has been expanded.

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