

Working Together for Mental Health – Cross Government and Cross Sector Approaches

7 August 2003

Mental Health and Case Management

Case Managers need to be mobile and proactive.

Group Recommendations:

1. Recruitment and retention of staff needs to be addressed through such things as clinical supervision, flexible hours, greater support and improved salary (through a review and increase to the SACS Award as current levels of pay are not sufficient motivation for the extent of services expected).
2. Case Managers need to be linked with people while they are still in Hospital and then follow through with that person on discharge, across geographical boundaries, especially homeless people to address housing need. That is the case management process must commence earlier and follow through at all stages of the rehabilitation/recovery process – it needs to be mobile and flexible.. A model similar to that discussed by Simon Watts, the Floating Care Project, is supported.
3. There needs to be active engagement with consumers so that they mutually engage with the case management and where appropriate utilizing consumers' skills and experiences with each other's case management.
4. Increased resources are needed and they need to be used in a smarter way.
5. Services need to think laterally in regards to staff and should consider accessing other groups such as TAFE trained welfare staff in addition to nurses, psychologists and other professionals, for case managers.
6. There needs to be case management and treatment services that are able to assist people with personality disorders and dual diagnosis (drug/alcohol and disability).
7. There needs to be increased accountability of Area Mental Health Services in regards to the implementation of the Charter for Mental Health and Policy Frameworks.
8. There is a need to establish crisis case management for initial short-term interventions.
9. The development of strong links between Community Mental Health Services operated by NSW Health, and Mental Health NGOs and other relevant services, such as housing, disability etc.

Individual Recommendations:

1. The cultural and linguistic needs of people from a non-English speaking background, with mental illness, need to be accommodated appropriately when being in case management
2. Staff should receive cultural awareness training to be able to anticipate needs and respond appropriately to people from a non-English speaking background with mental illness.
3. Action to address equity of access to, and equity of outcome for, case management for people from NESB with a mental illness.
4. Staff should allow the consumers to ask the questions.
5. Consumers should be the ones running recovery and rehabilitation
6. NGOs make attempts to develop partnerships it is the mental health protocols that need to be addressed, as these are not attractive to NGOs.
7. Social Workers should be trained and skilled as case managers, despite the field of specialization.
8. An increase in resources and services in rural areas is needed.
9. Consideration needs to be given to the distribution of services to various cultural groupings.
10. Not everyone has to be a clinician to be capable of case management more lateral thinking is needed.
11. To train nurses in institutional psychiatric settings in case management as the current Key Worker process is not case management and the social worker that usually coordinates accommodation, employment etc are spread too thinly and have to cover many units and wards.
12. Consistency of service availability across areas needs to be addressed, as do the barriers created by Area Health Services boundaries.
13. Case Managers should be based in NGOs and not Area Health Services and there should be inclusion of funding for mobile case managers.