

Effectiveness of Mental Health Case Management Services during pandemic Covid 19

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Abstract:

Psychosocial needs of patients with COVID-19 in acute care, subacute care, home health, and other outpatient settings have been guided by the well-established case management process of screening, assessing, planning, implementing, following up, transitioning, and evaluating. In addition, professional case managers are guided by values such as advocacy, autonomy and professionalism

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Introduction

COVID-19 was declared a pandemic by WHO on March 11, 2020, the first non-influenza pandemic, affecting more than 200 countries and areas, with more than 5.9 million cases by May 31, 2020. Countries have developed strategies to deal with the COVID-19 pandemic that fit their epidemiological situations, capacities, and values. We believe that mental health bed - case management services, have been played avital role in supporting and managing different crises e.g. reducing the length of stay in both ED & in-patient acute units, bed crises, categorization of patients. The management of resources and coordination to face the coronavirus epidemic raises concerns for the health of patients with mental disorders in any country where we still have memories of the dramatic experience of famine in psychiatric hospitals during the Second World War. We believe that sharing countries' experiences will help the global community manage the COVID-19 pandemic by identifying what works in the struggle against SARS-CoV-2. (1)

Case Management Practice implications:

Professional case managers are integral members of inter professional health care teams. Their roles and responsibilities are even more necessary during the uncertainty of a global pandemic such as COVID-19. So far, the experience of this crisis has resulted in a deliberate need to ensure the safety of both, those who are the

recipients of health care services and those who are responsible for the provision of care. Self-care and resilience of health care professionals and case managers, especially due to the complex dynamics of the COVID-19 pandemic, have advanced a desirable and necessary view of remote/virtual practice and as a strategy for enhancing the person's health and well-being. This pandemic has forced the development of impactful partnerships and collaborations among the diverse contexts of health care organizations and support service providers. These contexts of care delivery have also emphasized the necessary legal and ethical practice of case managers and the other involved parties. Experts agree that the innovative care delivery methods practiced during the pandemic will undoubtedly remain as desirable beyond the current crisis period.

The novel coronavirus disease 2019 (COVID-19) has presented the world and the Middle East with a crisis unlike any other previous experiences. It has virtually affected every individual on the planet in unprecedented ways, personally, socially, emotionally, psychologically, economically, and professionally.

These effects will forever be remembered. They also will undoubtedly leave lasting consequences on our personal and professional lives, some of which will be positive while others will be concerning. The ongoing uncertainty and fast and constantly changing dynamics of this global pandemic have brought about feelings of fear, anger, anxiety, frustration, and apprehension. They also have given rise to innovation, creativity, engagement, resilience service to others, and a sense of community. Like our society and the community at large, our health care industry has also experienced similar dynamics that have caused the development of innovative and new ways to the provision of care to patients and their support systems for example, use of telehealth, virtual specialty consults, and remote primary care visits.

Professional case managers have also expanded the use of tele-case management services to reach patients and their support systems regardless of where they are (e.g., at home) and across the continuum of health and human services. They have done this via collaborations among various health care organizations and diverse interdisciplinary health care professionals.

These have extended to different levels of care and to collaborations among public and private health care organizations and community-based support service providers.

Charge nurses Case managers like any other infectious diseases, the COVID-2019 has presented health care professionals and workers with an increased risk for exposure due to nature of work. (2)

Essential Case management Activities during COVID-19 Crisis

- Ongoing assessment and reassessment of the patient's condition, response to treatments and interventions, and continued appropriateness of the patient's care goals and case management plan for the purpose of alignment of patient/support system's wishes with the up-to-date plan.
- Staying on the line (telephone, video call, or tele-visit) after a patient's discharge with the patient's family.” It is important to provide support and help in such a situation.
- Confirm medical clearance for psychiatric patient who were pending admissions for MHS especially in regard of infectious disease “e.g. ensure that infectious screen forms done” “Ensure that covid -19 test done for high risk patients’ groups (3)
- While implementing new practice standards that address the effective and proactive management and prevention of the inherent risk for disease transmission. In this regard, charge nurse case managers actively collaborate with other experts such as the infection prevention and control and risk management specialists, head nurses, charge nurses, staff nurses to build trust in personal and coworker safety as well as the safety of patients and their support systems during transfer, admission, discharge .(4)
- Charge nurse case mangers stay closed and committed to The SWICC & CDC recommendations as it recommends conservative approach in its guidelines for the assessment of risk, exposure screening, testing, monitoring, and work restrictions. (4)

- Counseling regarding risks and benefits, informed and shared decisions-making, patient/support system wishes regarding admission or referring in case of COVID-19 serious symptoms, and provision of spiritual and emotional support. (5)
- Working out the logistics, “case managers have used their ability to collaborate and predict which patients may need post-acute care so they can make plans very early for transition. (5)

Recommendations:

For satisfactory adjustment into the community, the long-term patient often needs assistance in dealing with a bureaucracy of agencies and departments. Some professionals have suggested establishing the role of case manager, but the case management system is susceptible to becoming an impersonal bureaucracy itself. We suggest that case management functions are part of the normal duties of a conscientious therapist, and that only through significant therapeutic involvement does a case manager acquire the in-depth knowledge of the patient to adequately assess his needs and facilitate the processes for meeting them. Thus, the case manager should be not simply an intermediate broker of services but the patient's primary therapist. With the "therapist-case manager," the functions of therapy and case management would be combined. If therapists fail to do case management or to treat long-term patients altogether, this problem should be dealt with directly rather than simply by adding another member to the team.

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