

DEINSTITUTIONALIZING THE MENTALLY ILL: THE RISE OF THE CASE MANAGER

The prevailing policy for the care of the mentally ill is deinstitutionalization. Disappearing are the mental hospitals so dramatically represented in *One Flew Over the Cuckoo's Nest* that defined decades of care for the severely mentally ill and provided patients universal resources and treatments within a mammoth bureaucratic system. Today, patients must live, eat, travel, work, play, and find help in radically decentralized environments. To make this transition, a new practitioner was invented: the case manager.

Jerry Floersch, Ph.D., L.I.S.W., and assistant professor of social work at Case's Mandel School of Applied Social Sciences, studies the work between case managers and individuals (now called clients) with severe mental illnesses living independently in the community. With the goal of deinstitutionalization, case managers must mobilize community resources—indeed, successful programs are measured by their capacity to divert patients from hospitals to these resources.

Dr. Floersch's research explains that in order to keep individuals out of hospitals, case managers learn to monitor three client life domains: medication, money, and behavior as described in his book *Meds, Money, and Manners* (Columbia University Press, 2002). However, this model is not sufficient to facilitate self-initiative. Such management models provide no theory or language of the self; instead, they focus solely on resource acquisition and the creation of appropriate community and social manners.

"We are witnessing the rise of the case manager and decline of the psychiatrist—and at the same time, there has been a shift toward the goal of recovery for these individuals. To achieve this, we must incorporate clinical insights for understanding how management relationships can foster recovery," notes Dr. Floersch.

Dr. Floersch has distilled from his research a practical clinical language. Using data from his most recent study, he speculates that clients internalize the work of case management in phases: first, by the case manager doing things for client ("doing for"); next, they do it together ("doing with"); then the client does for himself or herself ("doing for oneself"); and finally, the case manager admires the accomplishment ("standing by to admire").

"If you can help your client say something even as simple as 'will you do this for me?' and 'will you do this with me?' and understand the difference, it changes the whole nature of the relationship because it brings awareness to what had been implicit and taken for granted," explains Dr. Floersch. Dr. Floersch and his colleagues are turning these findings into a tool book for case managers. "The categories of relations and emotional states are described in practical language that's easy to understand. We think that it can make a tremendous difference in aiding the recovery process," he adds.

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