

Consumers' experiences of case management with the Strengths Model

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Cover image 'Apart with faith' by Richard McLean

This book of interviews and analysis is an important addition to the body of literature that reports the felt experience of people receiving mental health services. In this case the service under scrutiny is case management and an attempt is made to distill the essential ingredients that make it either a successful and supportive intervention, or not so helpful.

As most of the people tell in their narratives, case managers come and go in their lives over the course of sometimes years of contact with community mental health services.

What is most striking on reading these transcripts is the person's ability to determine who is helpful and who is not. It seems that the case manager's level of sincerity, respect and belief in the person's preferred future are some of the essential ingredients to a successful therapeutic collaboration.

The Strengths Model aims to put the user of services in the centre of all things concerning their treatment and support. Informed decision making and support to make self-directed decisions is doubly important when people are often off balance and exhausted due to the heroic efforts they are undertaking to keep themselves functioning and engaged. Case managers need to connect with the people they serve in a manner that recognises this struggle and be there to help people navigate the path of their recovery.

What we all need to understand is that we are not here to do things to people but are instead here to do things with people in a way that respects their autonomy and right to determine their own future. As helpers we need to walk alongside them, offering encouragement for growth, curiosity for community exploration and support for niche building. A person's recovery is a combination of renewed identity and environmental fit that resonates with an inner sense of peace and security.

I would like to acknowledge the management and staff of St Vincent's Mental Health Services, who have nurtured this focus on strengths within the agency. It has been a joy and privilege to know and support them in this worthy endeavour. As to the people fortunate to have the value of their support and services, you are the teachers and mentors of the case managers' practice. Without your willingness to share what works and what doesn't, professional growth is doubly difficult. Thank you for sharing your knowledge without which this book would not be possible. I applaud your efforts and your honesty. May you achieve the recovery you seek.

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Gaining strength - Consumers' experiences of case management with the Strengths Model

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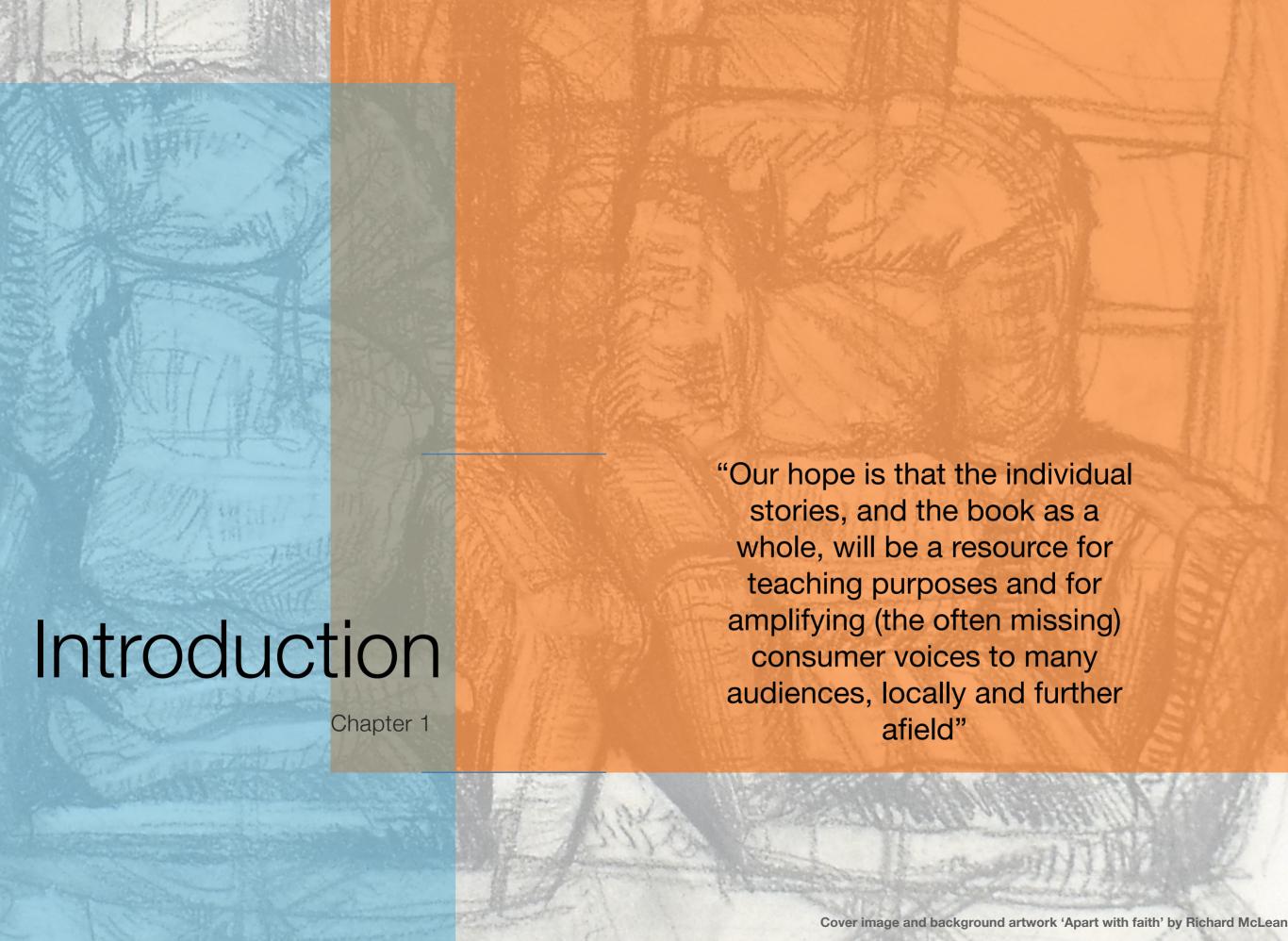
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There would have been no Strengths Model of Case Management implementation at St Vincent's Mental

Health if not for the commitment of Jenny Smith as Manager of the service, at the earliest decision point and over many years. The original group of Strengths Model champions as senior staff of the service included Mick Deans, Prem Chopra and Gareth Jones, all of whom have moved into other roles. We want to thank the Executive groups within the SVMH and the wider healthcare organisation. You have made each step possible, by backing the work with local resources and nominating Strengths Model at SVMH for awards and prizes. Lastly we are grateful to the (then) Victorian Department of Human Services for the grant of funds to make this project possible. We trust you enjoy hearing the voices of experience in these pages.





Introduction

This book is an important part of the ongoing work of implementing and evaluating the Strengths Model of Case Management1 at St Vincent's Mental Health (SVMH), Melbourne. After six years and several revisions of the organisation-wide plan, the Strengths Model is a core part of the everyday work of staff and consumers at St Vincent's. It was first applied as the model of care for the St Vincent's Community Care Unit and the Mobile Support teams. Since then the larger group of case managers in Continuing Care Teams and acute settings, including the Inpatient Unit and the Crisis Assessment and Treatment Team. have also taken it up. This is not to say that the implementation of this Model is finished. In a complex public mental health service, nested within a large metropolitan teaching hospital, many improvement ideas compete for attention. Staff change, leaders change, policy contexts change and organisational cultures are remodelled.

Other valued elements of public mental health services—clinical expertise, hospital efficiency and risk management, to name a few—exist in some tension with the principles and the practices used with the Strengths Model. Healthcare is a sector crowded with super-specialists and experts. Strengths is a model that foregrounds the consumer as expert in his or her life.

The principles are uncompromising: the Strengths Model requires us to recognise the possibility that every person can 'build a meaningful and satisfying life, as defined by the person'.2 The challenge for talented and committed staff has been, and still is, to take a supportive or backstop position so that the person can step into as many decisions, actions, choices, as they care to handle. This book of interviews gives a front-row position to those people. Their words demonstrate how case managers creatively find ways to be partners with people referred to SVMH as consumers.

This project to gather consumer narratives3 was developed as an element of a multifaceted evaluation of the Strengths Model implementation at SVMH. This book, Gaining strength: consumers' experiences of case management with the Strengths Model, shows more clearly than we otherwise could what consumers think of the work done by clinicians. At its heart are the conversations between Evan Bichara, the consumer researcher appointed for the project, and twenty consumers of case management services.

Accordingly, the majority of the book consists of transcripts of these interviews. Each interview stands alone as a chapter and ends with a brief narrative summary. These conversations shine a spotlight on many valued aspects of the work of case managers. The aim, in publishing the full transcripts and in summarising each one, is to amplify the views and voice of the consumer.

Although this book is not designed according to the conventions of a research report, details of the employed research method, important ethical issues and a profile of the research team are included in the appendices.

Following the set of interviews and narrative summaries, the book includes a chapter drawing out themes that can be seen across all the interviews. A core issue fleshed out by these consumers is the quality of the relationship between themselves and their case managers. The interviews demonstrate that without a respectful and warm relationship the work of case management cannot not flourish. Further, consumers value the fundamentals of ready access to case managers and the experience of hands- on assistance. They share thoughts about the vexed issues of involuntary treatment and of psychiatric medication given without consent. Researchers and readers can learn as much, maybe more, from consumers recounting disappointments as we do from stories of satisfaction. This chapter concludes with consideration of the way the themes in the consumer narratives intersect with the stated principles of the Strengths Model of Case Management.

The final chapter of the book identifies lessons and practical recommendations for SVMH. In this way, the book begins and ends with the purpose of informing ongoing development of the service provided. These lessons are invaluable to SVMH, for ongoing monitoring of the Strengths Model implementation within

the organisation. But our hope is that the individual stories, and the book as a whole, will be a resource for teaching purposes and for amplifying (the often missing) consumer voices to many audiences, locally and further afield.

Bridget Hamilton

¹ Rapp & Gosha (2006)

² Shepherd, Boardman & Slade (2008)

³ See Appendix 2 for details of method

1st interview
Philip
Chapter 2

"I am a single man in my 40s. I am close with my parents and have one sister. I like activities like walking the dog, driving my car and listening to music."

Evan: Alright, Philip, thank you for wanting to do this research project for us.

Philip: Yeah, no worries.

Evan: And I hope it's fruitful for you as it is for the research project itself.

Philip: Yeah.

Evan: Now, I just want to ask you, how long have you been with case management?

Philip: It's been a long time. It's been like, round about ... I can't recall the time.

Evan: Has it been with one case manager, or has it been --?

Philip: No, there's been several.

Evan: Several? Okay. And what have you found effective with having a case manager?

Philip: I've ——

Evan: What has been good, you know? What have you found good benefits for having a case manager?

Philip: Just ... I don't know, there's not much. Privacy, you know, just privacy. What else? Commitment to something. That's about it.

Evan: See, I'm curious, Philip, because I haven't had a case manager before.

Philip: Right.

Evan: I've only had a ... you know, a doctor, sort of thing.

Philip: Yeah.

Evan: I've never had to go through a case manager. And that's why I really want to know, what has it been like to have a case manager?

Philip: It's just ... it's just like having a brother or sister or something like that, you know.

Evan: So you found that helpful?

Philip: Yeah.

Evan: That's good.

Philip: You know, at some points I found it like that, you know.

Evan: And can you tell me a little bit more about that?

Philip: How can I ... yeah, I don't know, I just ... yeah, just found it helpful. I found it sort of ... especially, my sister's overseas now and she's living over there, and I haven't got a voice to speak out for ... you know, to speak for. And with case managing, it's helped, you know.

Evan: It's given you the opportunity of talking ——

Philip: Yeah.

Evan: Something about with someone?

Philip: Yeah.

Evan: Yeah. And how do you feel speaking with a case manager?

Philip: I'm pretty fluent, you know. Just like ... yeah, pretty good.

Evan: What have you found, you know, less effective with a case manager?

Philip: Even a liability sometimes. Maybe they get distracted from something ... for something else. You know it's things like that, you know that's ——

Evan: They don't devote enough time, is that what you're saying?

Philip: Yeah. Yeah.

Evan: Would you prefer them to devote more time to you?

Philip: Yeah, yeah.

Evan: And how can they do that, do you ... in your view?

Philip: I don't know, just ... I don't know, I really don't know how they could.

Evan: So you've been with a case manager for a long, long time now?

Philip: Yeah, I've been ... I've had a case manager for years.

Evan: So you would be, you know, really good to give us some feedback in how case managers can improve?

Philip: There's not ... see, you don't get to see most of the work getting done, but I assume there's work getting done. But if you visually see it ... because it's writing, it's not physical stuff. You know it doesn't apply to me almost, you know.

Evan: We're not looking at the case manager, now, we're looking at you.

Philip: Right?

Evan: How has it helped you?

Philip: How has it helped me? So --

Evan: It's given you a voice?

Philip: Yeah, it's given me a voice.

Evan: How else has it helped you, Philip?

Philip: Yeah, just — —

Evan: What sort of strengths has it given you?

Philip: Just ... it's given me no strengths actually, so it's just like ... it's ... yeah, just I don't know how it's done it, I mean it's like talking to a friend almost, you know, openly, you know, and things like that.

Evan: And have you found other important, helpful things from a case manager?

Philip: Not really. I mean, sometimes it's thrusted on you, you know. So some information's been thrusted on you, you know. But other times ... it depends on the case manager that's working with you, you know. Sometimes it's good, you know, sometimes it's effective; sometimes it isn't, you know.

Cathy: Can you give us an example of when it's not as effective, like when things are more thrust on you?

Philip: In the sense that ... it's not effective in the sense that it's like, you know you don't feel it. You know you don't feel it, that doesn't help, you know. It doesn't help you, not...knowing that what they've done is the right thing, you know. So, yeah, it's just ... I don't know ... yeah, yeah.

Cathy: So can you think of a specific time, like there's one specific example you could give us of that?

Philip: Just when ... when something ... like you want something and it doesn't happen. Sometimes, like you ... you want something and you do get it, you know. And once you get it, you notice that satisfaction, you know. So, you know.

Evan: I mean, a specific example. How has a case manager — —

Philip: A specific example?

Evan: Yeah?

Philip: Okay. For instance ... I couldn't give you a specific one because sometimes — —

Evan: Or any example?

Philip: Like, for instance, say you want to get ... like you've run out of cigarettes and you need cigarettes, and you can't hold out, and you know you just like say 'Oh, you know I need cigarettes.' And the case manager might get them straight away, or medication or something like that, you know, which is good, you know.

Evan: So they're more like an emergency call type thing?

Philip: Yeah, yeah.

Cathy: You're saying that doesn't always happen?

Philip: Sometimes it doesn't happen. Yeah, sometimes. But sometimes it does, you know, so yeah.

Evan: And you've had a number of different case managers?

Philip: Yeah, I've had ... I've had about three different case managers.

Evan: Can you compare, you know the good from the bad in ... have you had a really good case manager and you've really had a bad case manager, and can you give an example of ——

Philip: I couldn't describe it. You'd think they'd work on ... all on equal terms, but they ... but they didn't. You know some do, some don't, you know.

Evan: Yeah. Those that don't, how have they not?

Philip: Oh, you know, just not supporting my, my cause or anything like that. So you know just ... some do support it, just, but others don't, you know. It's just, yeah.

Evan: It's sad, isn't it, sometimes — —

Philip: Yeah.

Evan: That it happens? I know, because I've been there.

Philip: Yeah.

Evan: And those case managers that have been supportive, how have they been supportive?

Philip: Like they've helped me out, things that I need, things that I want, things that have to be done. Like here ... for instance, here at (home) there's ... I find, like some case managers are good, you know and some workers are good. But you know other times it's bad. You know it's like they're joking around and things like that, you know, just, at expense of you, or, so, you know.

Evan: It's difficult, isn't it?

Philip: Yeah.

Evan: Because we're talking personalities here. People are different. You'll always have one case manager different to another.

Philip: Yeah.

Evan: Yeah. So it takes maybe a sequence of case managers to find the right one?

Philip: Probably, but depending on what ... how many are available, you know; what's available and what isn't, you know.

Evan: Yeah, that's also true too.

Philip: So you know, what's allocated to you, you know.

Cathy: So what kind of things do you do with your case manager, just to give us a bit of background, like generally?

Philip: For instance, here, I've been going out, going out to the city for drives, sometimes, just for drives to the shops and things like that. So you know, yeah, things like that.

Evan: And you've found that helpful?

Philip: Sort of.

Evan: It occupies your day, doesn't it, to some degree?

Philip: Yeah, yeah, it gives me something to do. But sometimes it drags me away from something that I want to do. Like, for instance, I might want to go for a walk. And what's more

important, a walk or a drive, you know? And priorities get confused a bit — —

Evan: And do you voice these priorities to them?

Philip: Sometimes. Sometimes I don't, you know, because then I think, you know 'I mightn't need to go for that walk, you know, instead, you know.' But yeah, sometimes I voice it to them but sometimes I don't. But I can't express myself well at times. You know it's very difficult to express. So, yeah.

Cathy: What do you think might make it difficult for you to express? Is it because you don't think you're going to be heard or ...?

Philip: Yeah, yeah, that's what, that's what I think, you know.

Cathy: Okay. Do you know what makes you think that? Because of the way people responded in the past, or ...?

Philip: No, just because in my family we had an etiquette. Like, because I get like two points of view, like I've got my dad's point of view and my mum's point of view, and then I've got my sister's and then I've got, I haven't got like two point of view, I've got like lots of point of views. And ...

Evan: And you don't know which point of view to follow?

Philip: Yeah, yeah. Yeah, it's not just ...

Evan: Do you think it's, do you think you can make your own point of view?

Philip: I think I probably can, yeah, but it's always bagged. So you know, yeah, it's not, they think it's not the right one, so yeah. And it's like, you know, then when you need sort of ...

Evan: Guidance?

Philip: Guidance, yeah. You get it, but it's still fuzzy. You know it's still fuzzy sort of in the sense that it's not—it's not clear, you know. It's reassuring, you know.

Evan: Yeah, yeah, I know what you mean. Do you enjoy walking?

Philip: Yeah, yeah.

Evan: And who got you on that?

Philip: I got myself on to it.

Evan: Good. That's very good. That's a strength.

Philip: Yeah.

Evan: That's good. Have you got other strengths besides the walking?

Philip: Not really, not much now. I like shopping and things like that, you know.

Evan: That's good. That's a strength. Retail therapy they call it.

Philip: Yeah, yeah.

Evan: I know. I do that myself sometimes. That's good (laughter). And you like walking, you like retail therapy?

Philip: Yeah.

Evan: Any other strengths that you've learned through your experience with a case manager?

Philip: Case manager? Yeah. Sometimes they push me, you know, sort of in the sense that, for my good. And sometimes I don't like that, sometimes I do, you know. It depends on ... it depends on what's, what, how I feel on the day, you know.

Evan: Yeah. I mean we all have, you know, good and bad days.

Philip: Yeah. Yeah.

Evan: So is there a case manager readily available, when you need them?

Philip: Sometimes it is and sometimes it isn't, so yeah.

Evan: Would you like a case manager to be readily available when you need them?

Philip: Sort of, yeah, because they could guide me in the right, right way. Whereas if I did it with someone else off the street or something like that, it would probably be ...

Evan: So you have a bit of trust with them?

Philip: Yeah, yeah.

Evan: So what do you think a case manager does?

Philip: Helps you out and, you know, in a sense that he helps you out, things that you don't understand, you know, about the health, mental health system.

Evan: And do you find that helpful?

Philip: Yeah, yeah.

Evan: That's good. So you've grown through that process?

Philip: Yeah, yeah. But sometimes they're supportive, sometimes they aren't. So you know, like, yeah, sometimes they're supportive. But I know, like sometimes I feel like some of them, some are liars sometimes. Some things are lies, for the main issue, you know, sort of thing. So yeah.

Evan: And do you think these lies are to help you, or ...?

Philip: Probably to help me, in some aspect. Yeah.

Cathy: So what's it like, you were saying before that you have trust in these case managers because they help you?

Philip: Yeah.

Cathy: And at the same, sometimes you feel like they're lying to you? How does that ...?

Philip: Not lying, not so much lying to me, it's sort of probably ignoring me, you know, or something like that. But yeah, just, I

don't know whether it's, yeah, I don't know, you know. Just, yeah, just feel ...

Evan: Which would you say is more stronger, the trust you have with them or the ——

Philip: Lying?

Evan: Ignorance, they give you?

Philip: Probably the trust, yeah. A bit of ignorance as well, so you know.

Evan (to Cathy): I think we'll finish there.

Cathy: Yeah. I've got one more thing I'd like to ask. There's something that's come up a few times. At the start you were saying how sometimes you feel the case manager's giving you a voice ——

Philip: Yeah.

Evan: That you don't otherwise have. And then you're saying often you feel like your voice isn't listened to. So obviously the case manager has an important role in that?

Philip: Yeah.

Cathy: Can you give us an example of that, either where it's been helpful or unhelpful?

Philip: I couldn't ... I couldn't ... really, I couldn't give you an example, but I don't know how ——

Evan: An example of a guidance?

Philip: Yeah, yeah.

Cathy: Or how you've been given a voice?

Philip: Like, for instance ... like, for instance, I might feel something, or something that I might think of, you know. And it might sound right to me and it feels good—feel good about it, you know. And then I might go to my case manager and talk to him about it, but then, you know he might think, 'Oh, that's not right', you know, 'That's not the right thing', you know. So, yeah, that aspect, you know. But for instance, an example of one would be ... like for instance, I've been messing around with my scooter, and I know it's the wrong thing to do, but I couldn't give you an example, you know, I'm just, sorry, you know, I'm just ...

Evan: No, that's alright. I know sometimes it can be difficult to give examples. Very hard sometimes. But you did well. You did well, Philip. Thank you for giving your input.

Cathy: Just before we turn off, is there anything that we haven't asked about that you'd like to talk about in terms of case management?

Philip: Sometimes like I feel they're unreliable, you know. Sometimes I feel like, sometimes I feel they're pushy, you know. They don't do it on a gentle aspect, you know, sort of, you know, sort of like, just gentle.

Evan: Caring?

Philip: Caring, yeah. Yeah. Cathy: Yeah.

Philip: And some ... yeah, like if ... it would probably be different if I had a Greek case manager, or something like that.

Cathy: Okay.

Philip: Yeah. They'd probably see my point of view too, you know, in some aspect, you know. So ...

Evan: Do you also do support work? Do you go to support work?

Philip: Yeah, I do.

Evan: Support groups?

Philip: Yeah, yeah, I do.

Evan: Do you find them helpful? Do you go with a case manager to them?

Philip: Sometimes, yeah, for instance, like, like a case manager might tell me to go to computers, you know to preoccupy my time. And I don't feel like that's the right thing for me, you know. You know I feel like sometimes that's a, that's a bit, it's a bit pushy, you know, it's just not, it's not said in a proper manner; in a manner that, it's like ...

Evan: You would want it to be?

Philip: Yeah, yeah.

Evan: So what manner would you want it to be said?

Philip: Probably in a more caring manner, you know. Sort of not so, you know, assertive.

Evan: Not too assertive?

Philip: Assertive, yeah.

Evan: Yeah, I understand. Yeah.

Philip: Things like that, you know. Just, and not so pushy, you know. I have to go, you know. But you know, something that I don't, you know, mightn't enjoy, and I have to go to it. And it's, you know ...

Evan: To occupy your time?

Philip: Yeah. You know, something that I don't know nothing about, you know.

Evan: So is there anything else, as Cathy was saying, anything else you wanted to say before we close the interview?

Philip: No, no, there's nothing else. That's probably, that's about it.

Evan: Well, thank you, Philip. Thank you very much.

Philip: No worries.

Cathy: We appreciate it.

Philip: No worries.

Evan: You should come to the support group I run at St Vincent's.

Philip: Yeah? What is it?

Evan: I run a support group there, a spectrum of cultures, multicultural people.

Philip: Oh, yeah, yeah.

Evan: It's really good. You have Vietnamese, Greek people, Lebanese people. I've got Turkish people.

Philip: At the Acute ...?

Evan: No, it's at the Bolte Wing, which is at the corner. But if you give me your name and address, I'll send you an invitation letter to come along if you want.

Philip: Yeah.

Evan: You might find it helpful.

Philip: Okay.

Evan: Yeah. Well, thank you, Philip. I need to reimburse you. I'll turn this off first. I hope I've taped it all. No, I would have. Thanks, Cathy for your efforts too.

Cathy: Yeah, that's fine. So the thing with this kind of research, Philip, is there's no right or wrong answers.

Philip: Yeah. Right.

Cathy: It's just about getting people's ideas.

NARRATIVE SUMMARY

Philip is philosophical and careful in his comments about case management.

He knows how he likes people to be with him, but the views of others can dominate, and he seems almost accustomed to that, even in the family. Philip has a keen sense of the fit (or not) between himself and the case manager. He looks for an example of a good fit, when the person is doing the right thing—the authentic thing—gently, with good timing and a respectful manner.

In contrast, he describes the experience of other peoples' ideas being 'thrusted on you'; he objects to having to fit in with their agenda, such as going for a (pre-planned) drive, instead of walking. He identifies an important difference between case managers being more pushy than caring.

Things that matter to Philip are: the case manager 'supporting his cause', seeing his point of view, being on equal terms, devoting more time. This is not always how case management works in Philip's experience; specifically he mentions the negative experience of a case manager 'joking around at your expense'. Case managers sometimes are busy doing things that have nothing to do with Philip, away in an office somewhere else. He recognises, a bit sadly, that what he gets from case managers depends on what is available, what is allocated.

It is not straightforward for Philip to express himself and be heard. What he wants is to be confident of being heard; in amongst all the other stuff that goes on and amongst the ideas that other people have for Philip's life.

BRIDGET HAMILTON



Evan: Okay. Alright, Terry. Look, Terry, I haven't had a case manager, I've only had a private psychiatrist. So I'm interested and curious what it's like to have a case manager. Can you tell me a bit about how case managers are relating to you?

Terry: All the case managers I had in ten years, I had about five, all of them have been really good except one I didn't like about eight years ago.

Evan: Yeah. Do you want to expand a little bit about that Terry and why you didn't like the one that you're saying you didn't like as a case manager?

Terry: I wouldn't—I prefer not to say.

Evan: Alright, well that's fair enough. But the ones that you did have before, can you see any good things that you saw within the case managers, how they were helpful for you? Let's go to the most recent case manager you're having at the moment?

Terry: The one I've got now?

Evan: Yeah.

Terry: Yeah.

Evan: Are they good for you?

Terry: She's really nice.

Evan: Oh, that's nice, that's nice to know. And can you tell me a bit more about, you know, how they relate to you?

Terry: Well they always come over, talk to me and ask me, 'Do you want to go for a coffee?' Or we go and play pool sometimes and we go and play tenpin bowling. And we'll probably, and we'll probably start up bike riding soon when the weather gets better.

Cathy: Oh, that's good.

Evan: That's really good. Yeah, it's good exercise too. Exercise is good.

Terry: I need the exercise.

Evan: Well don't we all? (laughter). Yeah. No, it's good, it's good. Exercise is good for the brain too; it's very good. And now that the weather's fining up it should be really good for you. So who suggested that, the case manager or you?

Terry: A case manager, but she's now left.

Evan: Okay. And you met ...

Terry: So I'm going to start up again.

Evan: And you mentioned you go to coffee shops. Do you go to the same coffee shop or different coffee shops, or ...?

Terry: Hmmm, three.

Evan: Three?

Terry: Depending on which nurse I go with or something.

Evan: Okay, that's good.

Terry: Just, yeah, a new environment.

Evan: Yeah. So how helpful has that been for you?

Terry: It's alright, it's rather nice to get out. We don't go out anywhere or nothing, you know, so it's alright to get out for, you know, half and hour or something.

Evan: Sure, sure. And what other things do you want from a case manager?

Terry: Well everything I ask her, she listens to me and all that.

Evan: Oh, that's very nice

Terry: Yeah. So I've had no problems.

Evan: Mmm. And how do you feel about speaking with case managers?

Terry: Well I don't like going talking about my symptoms and all that, you know. They know my symptoms, my case manager. So she's really nice though.

Evan: That's good, that's good. So you don't want to talk about your symptoms, is that --

Terry: No.

Evan: No, that's fair enough, that's fair enough. And how important is it for you ... how often do you see the case manager? How often? Once a week, once a day?

Terry: No, no, no. Probably once every second day.

Evan: Once every second ...

Terry: No, she probably, oh nearly, I'd say nearly every day really.

Evan: Yeah. And they're just close to you here, aren't they?

Terry: Yeah.

Evan: So whenever you need them you just go over and see them, don't you?

Terry: Yeah.

Evan: Yeah, that's good.

Terry: Or ring them up.

Evan: Yeah, that's good, that's good. And are they attentive to that? Every time you ring they come to your need, straight away?

Terry: Yeah, when you ask them, you tell them you've got a problem or something, someone a nurse or my case manager will come over. That's if, she's not here a lot, a nurse will come over.

Evan: Okay. So someone else might come if the case manager is not available?

Terry: Yeah.

Evan: That's good. So anything that the case manager has done that you didn't like?

Terry: Not really, no.

Evan: No? Yeah. If you had the opportunity to state something of how to improve St Vincent's care, what would you suggest?

Terry: Well I would just go and say that it's absolutely wonderful, all the things they do for me.

Evan: That's lovely. That's very good Terry. But if you had some—if you had the opportunity to suggest other things that they could do to improve the way they treat you, is there anything else that they could do?

Terry: No. St Vincent's ...

Evan: Tops, hey?

Terry: Yeah, they're really good.

Evan: You're really happy with it?

Terry: I get blood tests every month, I get the ultrasound, I get all the x-rays, and you know.

Evan: Yeah, I know, I've been there Terry, I know what it's like.

Terry: The only, the only thing I don't like is when I go for my liver, because you've got to wait to get to it.

Evan: Oh, I see, the appointment?

Terry: Yeah. Usually even like when you go to get a blood test and that, you're straight in and straight out. Whereas the liver doctor, you're there for about a two-hour wait.

Evan: Really? Two hours with the what? What did you say?

Terry: For the liver doctor.

Evan: Oh, the liver doctor. Okay.

Cathy: So do you go on your own or does your case manager go with you, or someone else?

Terry: My own father.

Cathy: Okay. Yeah. So he comes over?

Evan: Mmm. Cathy: Yeah.

Evan: Yeah, that's good. So, can you give an example of, I mean you mentioned you go for coffee, you go to play pool ——

Terry: Play pool.

Evan: Which is good.

Terry: Yeah, I've been going every second week to have a pub meal.

Evan: A pub meal? Yeah, that's good.

Terry: That's a place I really, I hadn't done in two years. I used to go all the time.

Evan: And do you have a local here?

Terry: Yeah, well there's the (local hotel) we go there.

Evan: Okay, that's lovely. They have music there too, don't they, sometimes?

Terry: Yeah, we go there about 12 o'clock to play pool and they've got always music, music going and sports going. The sports is turned down and the music up ...

Evan: Yeah. And that's important for you, isn't it, of course?

Terry: Yeah.

Evan: Yeah. Yeah. Because it gives you the opportunity to see other people as well and not be locked in. I know, I've been there, Terry.

Terry: I know. I get really paranoid and that's why I always get first there when it's opened. Like they wanted me, a couple of the residents wanted me to go on, it was in October, it was three days I go with them, you know to play pool at night. But I don't go out at night.

Evan: Mmm. That's fair enough, yeah. So can you tell me a bit more about, you know, how you and your case manager—I mean, at the first beginning of having a case manager, it took a time for you to build the trust with the case manager, and all that. Can you tell me how that process happened for you?

Terry: Sorry, I don't understand what you mean?

Evan: How you became a friend with the case manager?

Terry: I don't know what you're saying really. I just get on with her, I just get along with her alright.

Evan: Yeah. Yeah, well that's good. So if you could say something about the care that you're receiving, is there anything in particular that, I mean you did mention something you didn't like. You don't want to talk about, which is fair enough.

Terry: What was that, sorry?

Evan: You said that there was something with a case manager that you didn't like at one stage?

Terry: Oh. Not the one here?

Evan: No, no, I know. The one before.

Terry: That was about seven years ago or something.

Evan: Oh, okay. Well that's not with, yeah. No, that's not what we're here for. We're here with the most recent situations. So if you had to, so it is important for you to have a case manager, isn't it, in some way?

Terry: Yeah. Someone you can ring up and rely on straight away to come over.

Evan: Sure, yeah.

Cathy: Do you feel comfortable with ringing up your case manager or do you sometimes feel like you're not sure if they'll listen to you, or are you comfortable that they will?

Terry: No, no. They always listen to you.

Cathy: Yeah, great.

Terry: Even the afternoon shift, they'll come over and listen to you.

Cathy: Yeah, that's great. Good.

Evan: So can you make comparisons, because you've had a number of case managers before, can you make ...

Terry: This one I've said, like I really did and I really do like all my case managers. It was just one—it was one person in life. I didn't have her very long anyway. Been a while ago. I only had her for about four weeks or something.

Evan: Mmm. So can you say a bit more about that, what it was like with that?

Terry: No. I just didn't like her.

Evan: Mmm. Because why I'm inquisitive to find out, I know I don't want to get myself into the actual problem situation of the case manager you had. But if you, this research project is supposed to improve the way case managers relate to people like you.

Terry: No, but I mean I've had about seven of them and they've all been great, so I wouldn't even really worry about that one. I only had her for four weeks, so I wouldn't ...

Evan: Yeah. So the other case managers, how were they getting you involved in activities before?

Terry: Just we'd go and play bowls a few times. Before ...

Evan: Did you go on your own with the case manager or as a group?

Terry: Well, at the start I went with just my case manager, then, bowling. And then another person come, and now we've got, we've now got four, and I feel comfortable in a car. I don't want to get in a car with more than four people. Because they're always jumping it around, so I can go with four people.

Evan: Sure. To make you feel comfortable? Terry: Yeah.

Evan: Which is fair enough too. Yeah. So do you enjoy bowling, do you like bowling?

Terry: Yeah.

Evan: Do you get a good score?

Terry: Well a few years ago I used to be really good. I'm shocking now.

Evan: Yeah. And how about snooker, billiards, do you play billiards or snooker?

Terry: Just eight ball.

Evan: Eight ball? And do you usually win, with your case manager, or the case manager wins? Do you actually play with the case manager or you go with ...

Terry: There's about four of us just do a round robin, all play each other once.

Evan: Right, yeah. And do you usually ...

Terry: We just double it up.

Evan: And how do you score there? Do you get ...

Terry: I'm not bad at pool.

Evan: Okay, that's good. Good on you. That's good. So it's something you can spend your day doing something. It's a good activity to do. So in your words, what do you think a case manager's role is?

Terry: Just if you've got problems, and look after me and let me know when I've got appointments and things like that.

Evan: Mmm. Yeah?

Terry: More or less they do whatever you ask them to do. If they can do it for you, they'll do it for you.

Evan: Sure. That's good. So they're helpful with most respects too. That's excellent. So if, yeah, you mentioned you do a lot of things with the case manager. Does the case manager also help you to cope with your illness as well?

Terry: Yeah.

Evan: That's good. And can you explain ways they do that?

Terry: Not really. They just, as I said, they ...

Evan: They just stand by you like a friend?

Terry: She's just a nice lady. So there's not much more to say.

Evan: Mmm. So (to Cathy) did you have further questions?

Cathy: I don't have anything I want to ask. Is there anything else that you think you'd like to tell us that we haven't asked about, and you'd like to tell us before we finish?

Terry: Yeah, well I'd just like to say all the nurses and OTs and the manager, all treat you—all really nice. That's all I want to say.

Evan: That's good. Good on you, that's good. I'm sure, because you're nice, they're nice to you too.

Terry: Yeah.

Evan: Yeah. Which reflects, I mean, they're only nice because you're nice. You've got to think of that too. So it's nice, Terry. So there's nothing else you want to add in improving services of care?

Terry: No. No, nothing.

Evan: We'll finish it there. Well thank you, Terry. Thank you very much.

NARRATIVE SUMMARY

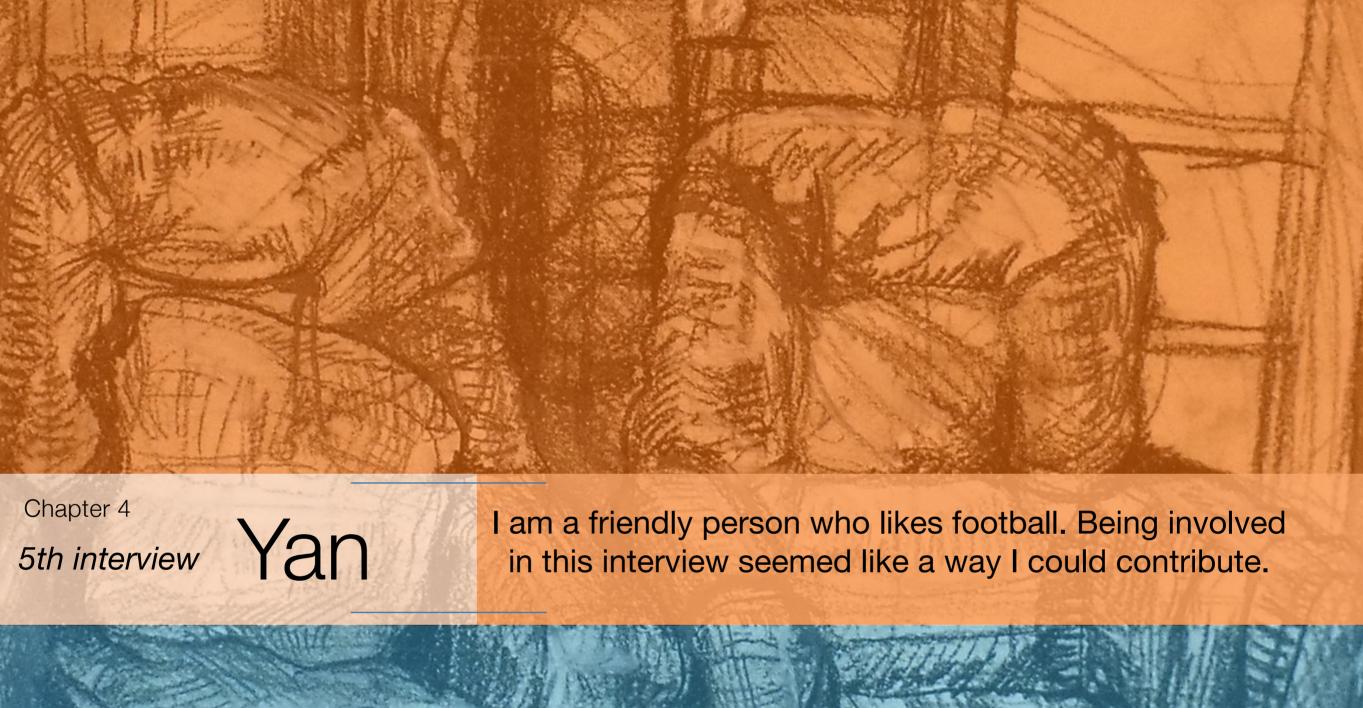
Terry wanted to let us know that of the many case managers he had, all were good, except for one. He did not want to comment in detail on that one negative experience. Focusing on the recent case manger, he appreciates her, and the variety of things they do together: they go to the coffee shop, to play pool, also go bowling and he enjoys all of that. Her active involvement has been helpful for Terry. He plans to start bike riding soon ... a healthy activity suggested by the case manager!

Terry comments that case manager listens to him in everything he says. He prefers not to talk about his symptoms and the case manager respects that. He sees the case manager every day or second day and she is readily available via phone. Despite one bad experience, Terry now feels comfortable talking with case managers. They do make him feel comfortable.

He finds it is rather easy to build trust and friendships with the case managers. They stand by you as friend, and are always there when Terry needs them.

Terry gets blood tests every month. A part of his treatment that he does not look forward to is attending the liver doctor as he has to wait. He believes it is rather important to go out with the case manager. Terry feels he gets paranoid quite frequently, so it is important to go out with the case manager, rather than to go out on his own.

Terry sees the case manager role as: sorting out problems; helping go to appointments; helping him to cope with the illness, and mainly being willing to do what he asks them to do. He feels that mainly they have been rather wonderful with him, so Terry cannot really comment on how to improve St Vincent's care.



Evan: OK, Yan. Thank you for wanting to be involved in this project. I haven't had a case manager before, Yan; I have a private psychiatrist. But I have never had a case manager, so I'm curious to know what it's like to have a case manager. Can you tell me a bit more about what it's like to have a case manager?

Yan: Yeah, it's just, I'd say it's motivating. It's good, like I get to do more things.

Evan: Yeah, go on ...

Yan: Yeah, I get to do more things and, yeah.

Evan: So what sort of things do you do with your case manager, Yan?

Yan: He just schedules my—does some schedules for me for the week, so I can do things.

Evan: What sort of things ...?

Yan: Groups, like pool group or bowling, or anything like that. The case manager manages all that. I get to do more things rather than just sitting doing nothing.

Evan: Yeah, that's good. So how long have you had the case manager that you're dealing with now?

Yan: It's been a few, about a year that I've been here, or a bit more, I've had a case manager.

Evan: So does the case manager come to you or you contact the case manager?

Yan: I think the case manager comes to me, but yeah, I contact if it's just to find out my schedule. I contact my case manager if there's anything I ...

Evan: So he puts the schedule together for you, does he?

Yan: Yes.

Evan: And do you have any input into the schedule, what you want to? You know, do you have a say in what you do?

Yan: Yeah, I do have a say actually.

Evan: So you enjoy bowling?

Yan: Yeah, I do.

Evan: What is it, grass bowling or tenpin?

Yan: No, tenpin.

Evan: OK. So you must have a high score by now?

Yan: Yeah. I have actually. I've had, like I think one hundred is my highest score.

Evan: Gosh, that's terrific. That's above average, that's really good.

Cathy: Yan, you were saying just before that sometimes you do get a say in what kind of things are in your program.

Yan: Yeah.

Cathy: Is that just if you happen to mention something, or does the case manager try and find out what you want to do, or how does that work?

Yan: Yeah, the case manager is pretty lenient and gives me, you know, a choice of what I want to do, which is good. That makes it more interesting, so ...

Evan: So he actually says a few activities and you choose from the set that he says?

Yan: Yes. Yeah.

Evan: OK. And, so what have you done lately with your case manager?

Yan: Lately, I think pool, the pool group, or swimming, which is interesting.

Evan: OK. So how often do you do swimming, Yan?

Yan: At least once a week, probably, that's ...

Evan: OK. And it's swimming laps, is it? Yan: Yeah, laps. Gym work as well.

Evan: Good on you, that's good exercise. That's good. So are you happy in seeing the case manager?

Yan: Yeah. Yeah, I think he's, I think I'm actually happy with my case manager.

Evan: So what role do you see as the case manager does to you?

Yan: I just, just feel like, you know it's good for me, and like helps me, gets me up earlier, which is good.

Evan: And helps you clean the room, as I saw there, which is good too. I mean that's a skill, you know. It's a valuable skill because it's something that maybe used in life, you know.

Yan: Yeah.

Evan: Everyone needs to clean ——

Yan: Clean up, and stuff.

Evan: A room at certain times of their life. So how did your case manager make a difference in your life, Yan?

Yan: I think he's just made me happier. He's also given me, like a boost.

Evan: Sure.

Yan: Yeah.

Evan: So he's made you happier and he's given you a boost. How has he done that?

Yan: Just nice compliments and stuff. Yeah.

Evan: And how do you feel about speaking with your case manager?

Yan: I'm pretty comfortable.

Evan: Yeah? That's good. And I mean, I'm a consumer, as you know. I've been through what you're talking about now and I know what it's like to have a counsellor or a case manager, and been through that role. So if you had the opportunity to make a change between the relationship between you and your case manager, what you like to see in a case manager? How would you see the case manager improving?

Yan: Improving? In which way?

Evan: As you ...

Cathy: If they could do anything better, what would it be?

Yan: I think, getting up, it's just I think with my medication, I prefer to just get up and take it myself and then get up. But I think I get prompted too much in that area.

Cathy: And how do they prompt you in that?

Yan: They, you know, just kind of like, I don't know, just remind me to take my medication. But I prefer to just to, you know, get up and take my own. Yeah. Maybe going around waking me up in a better way. But I'm still—that's probably the only concern really.

Cathy: OK. And do you feel like you can talk about that with your case manager or not?

Yan: Yeah, I'm comfortable talking with him.

Cathy: Yeah.

Evan: So what's holding you back in talking about it?

Yan: It's just I don't want to offend my case manager. But apart from that, he's really good. He's like one of the best ones I've had.

Cathy: So you say he's one of the best ones you've had?

Yan: Yeah.

Cathy: So I guess comparing with others?

Yan: Yeah.

Cathy: What would make him better than the other ones?

Yan: He's, he just goes around things better. He's good at motivation and stuff.

Cathy: OK, yeah. So how does he motivate you?

Yan: Just compliments and stuff. Yeah, sort of a bit of pushing as well, which is good.

Cathy: OK, yeah. So you like some pushing, but just not too much?

Yan: Yeah.

Evan: So are there things that you think are very important to say in improving the case management role maybe that your case manager has? You're saying you don't want to be offensive to him, though you want to be able for him to improve the way you are. So I mean, in voicing those concerns that you voiced earlier, that may not be as offensive, you know? It may be a guide for him to be able to support you to be a better person.

Yan: A bit better, yeah. Or going through, or go through things a bit better.

Evan: That's what case managers are, they want to improve their job all the time, you know. So that they're keen to hear from you how they can improve. And this research project is, because I've been a consumer myself; I understand. You may be able to voice things with me that you can't voice with the case manager, on improving his way he relates to you. So can you see any other ways the case manager can improve, Yan?

Yan: Yeah, no, apart from that, no, because I'm very happy with him, so ...

Evan: Yeah, that's good. So what do you see the most important relationship you have with your case manager?

Yan: I think it's good we have a joke, a laugh. Yeah, we have a good friendship as well.

Evan: Yeah, that's good too. Yeah. And you say you go to pool with a group?

Yan: Yeah.

Evan: So you make other friends as well there too?

Yan: Yes.

Evan: Which is good. That's good. And do you score high in pool?

Yan: Oh, pool, yeah, I actually did well last time.

Evan: Yeah? That's good.

Yan: The last couple of times I did well, so ...

Cathy: That's good.

Evan: That's great. That's good. And how many laps do you do swimming now?

Yan: Two hundred is my ——

Evan: Two hundred?

Yan: Two hundred—200 metres is my best.

Evan: I was going to say, 200 laps? That's almost like an Olympian, 200 laps.

Yan: Yeah. 200 metres is my best.

Evan: So that's four laps, roughly four laps?

Yan: Four.

Evan: Yeah, fifty metres is a lap. Yeah. Y

Yan: Yeah.

Evan: That's not bad. So you try to improve that as you go?

Yan: Yes.

Evan: You said you go once a week, swimming?

Yan: Yeah, but I actually used to do about twenty laps of an Olympic size.

Evan: Really? Back in your early days?

Yan: Yeah.

Evan: Well you can get back to that? Yan: Yeah, I think I might do that. Evan: Yeah, of course you can.

Yan: Yeah.

Evan: Do you go with your case manager?

Yan: Yeah, I have. The last time I think it was with my case manager and my sister.

Evan: Good. So which swimming pool do you go to, Richmond?

Yan: Go to Fitzroy.

Cathy: Fitzroy? Yeah.

Yan: I used to go to the Richmond and Collingwood one as well.

Evan: That's the one in Clifton Hill, isn't it?

Yan: Yeah. But Brunswick and, yeah, the Collingwood's on Clifton Hill way.

Evan: Oh, no, you go to the Fitzroy one, which is ...

Yan: They're all Yarra, the Yarra thing.

Evan: That's good. So you go once a week to that?

Yan: Yeah.

Evan: So does your case manager try to encourage you to do more of that? Because you seem like you like that, that swimming.

Yan: Yeah, I think so.

Evan: And your family is also trying to encourage you.

Yan: Yeah.

Evan: Which is good. They obviously see potential in that.

Yan: Mmm.

Evan: You might be an Olympian one day. Yeah. Yeah, so if you had, I mean you spoke about the case manager, how the case manager can improve. How about the service here, how can the service improve?

Yan: I'm not sure.

Evan: You know, the kind of service you get here? It's obviously very good.

Yan: Yeah, it is. I'm pretty happy with it actually, the caring and stuff.

Evan: Yeah. And you can't see any ways of improving it. How long have you been with (this team)?

Yan: Over a year. I'd say a year and a half or something.

Evan: Yeah. And you can't see any ways of engaging—ways in improving the service?

Yan: Not really. I think we're pretty happy with it. Yeah.

Evan: (to Cathy) Have you any other questions you want to ask Yan?

Cathy: Yan. A question I like asking everyone is, is there something we haven't asked you about that you think is really important for us to know when we're learning about case management and how it's been for you to have a case manager?

Yan: Yeah. I reckon it's, I find it effective for me, good for me.

Evan: How is it effective?

Yan: Ij just get to do, you know...

Evan: It motivates you?

Yan: Yeah. You know, I don't sleep as much. What else? Yeah, no, I just ...

Evan: I know it's not easy to speak on this because it's very, I mean, particularly when you haven't prepared for something like this.

Yan: Yeah.

Evan: Sorry for putting you on the spot like this.

Yan: That's alright.

Evan: But we're trying to find out how effective has the case management role been for you?

Yan: Yeah, very effective. I've never had one before, but I enjoy it. I enjoy having a case manager, it's good. I like it.

Evan: So does he set goals for you to do? Does he look at your needs and then prioritise goals accordingly?

Yan: Yeah.

Evan: Does he ask you what you need, and then he tries to get you, to get to those needs?

Yan: Yeah, I think so.

Evan: Yeah? So what need have you highlighted with your case manager—vocation, employment, school, these are just examples?

Yan: Yeah, actually courses, music and IT.

Evan: Right. And has he helped you get that?

Yan: Yeah.

Evan: That's good. So have you progressed with that?

Yan: Yeah, actually today I'm going in with my mum. She's going to actually see what it's all about as well.

Cathy: OK, great.

Evan: Good.

Yan: Because I've said I wanted to learn acoustic guitar and do IT. So I want to do one thing at a time while I'm here.

Evan: That's the best way. Yeah.

Yan: There's hospitality, which I've done before. So I think I'm going to do music or IT first.

Evan: So you're going to do which one first, have you chosen yet?

Yan: I think it'll either be music or IT first.

Evan: You're going to do acoustic guitar too. Have you done guitar lessons before?

Yan: No.

Evan: OK. So you're going to start from scratch?

Yan: Scratch, yeah.

Evan: Well good luck with that.

Yan: Thanks.

Evan: I know certainly music is a good, creative art to go into. And that people with illnesses like you and me, it's good to have some, that creativity.

Yan: It's a good outlet.

Evan: Of course it is, yeah. It is, yeah. I didn't do much in music, but I do other creative things.

Yan: No, yeah, it's good for the mind.

Evan: Of course it is, yeah. I know a friend of mine who's an artist and she does art and she paints and she sells the art. She makes a profit out of it. You never know, one day you might get into a group, a band, where you can go to pubs and play as well.

Yan: Yeah.

Evan: It would be good. Yeah. So haveyou composed music?

Yan: No, I don't really read music that well. I did music class, but used to muck around on the organ or something, you know. That was it. I didn't really read the music or pursue it really, wasn't really trying in that area.

Evan: And the IT you want to get into, do you want to do a course in that?

Yan: Yeah, just building computers and stuff.

Evan: Yes, that's good.

Yan: Like hardware.

Evan: Good on you. That's great, that's good. And I mean you're still young, you've got how many years ahead of you? You might have a career in that path one day. Good on you, that's good. So as Cathy was saying, if you had anything else to add to this interview before we close it off, is there anything you want to say, Yan?

Yan: No, just thanks for your time. And just thanks for the interview.

Evan: We thank you. We thank you. You know what you said will be transcribed and you'll have a look at the transcription, and then you'll have a chance to either add to it or take away what you want, what you said. And hopefully what you've said, themes will come out of it that may be useful in improving case management in the future. So we'd like to thank you, Yan, for your involvement.

Cathy: Thank you.

Yan: Thanks.

Evan: That's alright.

Chapter 4

NARRATIVE SUMMARY

Yan reflects thoughtfully on a long experience of case management. There is an over-all sense in the interview that the fit between Yan and the current case manager is good and works well.

Through the interview, Yan describes the role of the case manager in his life. For Yan, the case manager is a bit like a coach: providing motivation; 'complimenting' Yan; giving him a 'boost'. Practically, having a case manager has meant Yan gets 'to do more things' and this is achieved through having a weekly schedule that is managed by the case manager. Case manager 'does some schedules for me for the week so I can do things':

- Leisure/fitness/social/vocational
- Pool group, bowling
- IT—building computers
- Learning acoustic guitar

In the narrative, the presence of Yan's family is part of how his life is now—his sister might join in with the swimming, or his mother might come with him on an activity, and this is not problematic in

the narrative. Physical as well as other activity is valued - 'Music good for the 'mind'. So it is not just the body.

For Yan, 'doing things' is contrasted with 'just sitting doing nothing' and there is a sense that this is a known alternative for Yan. Later in the interview: 'I don't sleep as much' (now, as he perhaps did) and that the case manager helps him 'get up earlier'. These are felt as 'good things' that are 'good' for Yan. The idea of motivation and 'trying' is contrasted with 'just muck(ing)' around (when it comes to the idea of learning a new instrument).

How Yan feels about the case manager:

- 'I think I'm actually happy with my case manager'
- '[I]t's good for me' it has 'made me happier' and 'given me a boost'.
- 'I'm pretty happy with it actually, the caring and stuff'
- 'I think we're pretty happy with it.'
- 'I enjoy having a case manager. It's good. I like it'.
- It's 'effective for me, good for me.' (sense of utility, practical,

- practical, morally good)
- '[I]t gets you to ...' (an outside prompt to do things, which is seen as a good thing).

There is a sense that the combination of 'push' and compliments works well for Yan in being able to 'motivate' him. They share 'a joke, a laugh' and the relationship for Yan is 'a good friendship'. There is a sense that Yan learns from the case manager that there are different ways to 'go around' or 'go through' things in a 'better' way, so there's perhaps a sense that the case manager also provides resources about learning how to negotiate the 'wider world' or the 'world outside' of the CCU¹ in new ways.

Yan talks about doing one new thing at a time. When Yan says that he wants to do one thing at a time 'while I'm here', there is a sense of a future time when he will not be where he is now. The narrative has some sense of positive forward trajectory toward this future time and a present time where getting up earlier; doing things and having some structure; doing one thing at a time; and being motivated are valued in the present.

A sense of choice is also reflected when he talks about the amount of swimming laps he used to do, and he says he 'might' do that again, but there is a sense that this will be a matter of his choice and desire.

When asked about how case managers could be improved, Yan says his only concern is that he would prefer to get up himself and take his medication on his own. He would like to be woken up in 'a better way'. On a continuum between 'push' 'prompt' and 'motivation', Yan says that he is 'prompted too much in that area'. There is a sense of invasiveness that people 'come in my unit'. And although Yan is comfortable talking with the case manager, on this issue he does not want to 'offend' the case manager and so is more reluctant to speak up.

CATH ROPER

1. Community Care Unit



Evan: Thank you Therese for coming today and doing this interview. What I want to say to you today is that I haven't had a case manager before. I see a psychiatrist; I haven't had a case manager. So I'm curious to find out what it's like to have a case manager. Do you want to add a little bit to what it's like to have a case manager?

Therese: Alright. Am I being recorded?

Evan: Yeah, yeah. We can omit it if you're unhappy afterwards. Are you happy with the case manager you're seeing?

Therese: Yeah, she's alright.

Evan: That's good, that's good. And in what ways does the case manager make you happy, Therese?

Therese: It's good to meet up with someone occasionally and talk to them about anything you're having difficulties with. And then work out ways to get round them.

Evan: And what sort of activities do you do with your case manager?

Therese: Mainly just going out for a coffee to discuss things, or help with travel, training and stuff like that.

Cathy: So do you feel comfortable in talking with your case manager? Do you feel like, if an issue comes up, you feel like you can trust your case manager and you're comfortable in talking with them? Or sometimes you're not so comfortable?

Therese: I don't know. I guess it always depends on the case manager and the patient.

Cathy: So what about with you with your current case manager?

Therese: (Pause) Yeah it's alright. Cathy: Yeah?

Evan: You said the case manager helps you in having companionship and being able to solve problems. How has that happened to you?

Therese: How has that happened?

Evan: Yeah. How has—what sort of problems or what activities, or what sort of things have happened with you and your case manager that has made you happier? You said—you mentioned the first thing, happier.

Therese: I don't know. Can be things like being helped to go to somewhere.

Evan: So does the case manager look at your needs and then set you goals to get to those needs?

Therese: Yeah.

Evan: Yeah? So can you give a specific example?

Therese: When I was looking at getting the internet, she went down with me to the store the first time, and then after that I went on my own.

Evan: Good. She's given you a bit of confidence to do something —to be assertive, to do something on your own?

Therese: Yes.

Evan: That's very good. Yeah. And can you give other specific examples?

Therese: I'm not really sure.

Evan: That obviously stands to mind that the one you mentioned, that is you looked at the internet, and you were keen on something and she helped you buy it, is that what you mean?

Therese: No, to purchase internet services.

Evan: Okay.

Cathy: To get an internet provider?

Therese: Yes.

Evan: Good. And do you use the internet very often?

Therese: I don't have it yet because I wasn't sure. The contract had a few details that were a bit dodgy.

Evan: Have you used the internet before?

Therese: Yes.

Evan: That's good. Yeah, it's an IT world, this world, isn't it, these days? Yeah. Yeah, the internet is very helpful

in many ways. And have you tried to get—has the case manager helped you in seeking other needs that you have like a vocation, employment, school or anything like that?

Therese: She has offered, but I don't feel I'm at that stage yet.

Evan: Fair enough, yeah.

Cathy: So if your case manager offers you something, and as you said you don't feel you're at that stage yet, do you feel comfortable saying that to your case manager, or do you sometimes feel like you might be pushed into doing things or ...?

Therese: Well, I know they would like me to do things and they will provide encouragement. Yeah, I sometimes wonder if they will be frustrated, but I'll say if I don't want to do something.

Cathy: Okay good.

Evan: So what do you want from your case manager Therese?

Therese: Just for someone to be there if I need help.

Evan: Yeah. Yeah, that's—yeah. And has she been there at those moments?

Therese: Yes.

Evan: Can you give a specific example?

Therese: I'm not sure, it's more of a general sort of ---

Evan: Yeah. Yeah, that's fair enough. So what has the case manager done that's changed your life? How long have you had the case manager, Therese?

Therese: Since I've been here, and that was—I'm not sure. I think since—maybe almost a year. I don't really know.

Evan: Okay. And have you had the same case manager all along?

Therese: Yes.

Evan: Okay. So what do you see as most important that the case manager does? What role does the case manager have with you that's important? You mentioned the companionship, the friendship, the help. Anything else that comes to mind?

Therese: I'm not sure. Maybe because they're advisers.

Evan: And in what way do they advise? Can you give like an example that ...?

Therese: I just mean like feedback.

Evan: Yeah.

Cathy: Yeah. What kind of things does your case manager give you feedback on?

Therese: Anything I ask about really.

Cathy: Okay, yeah. Great.

Evan: So does the case manager suggest any activities for you to do?

Therese: Sometimes if she's seen something she might suggest it to me.

Evan: I mean, that's broadly speaking. Can you specifically speak about something that the case manager has seen and spoke about to you?

Therese: She suggested a nearby community house.

Evan: And have you acted on that, have you been there?

Therese: I'm looking into it.

Evan: Good. So in what way do you look into that? Are you going to wait till you get the internet, so you're going to look it up on the internet? Are you going to contact them by phone or are you going to go there?

Therese: I've been there, and I don't know—they're pretty full at the moment, and I'm not sure if I'm going to do any courses there. So I'm just thinking about it.

Evan: That's good. That's an option, isn't it, for you to do?

Therese: Yes.

Evan: So if you had to suggest something—if I asked you, how do you see the case manager role as it is now, and how it can

improve, can you suggest any ways the case management role can improve?

Therese: I'm not sure.

Evan: Yeah. I mean, you sound like you're happy with the case manager you've got. But because you are receiving this service from the case manager, you're best to ask how can the service improve? So how often do you see the case manager? Do you want to see the case manager more often than you see her now, or less often? How often do you see the case manager?

Therese: I'm not sure. The shift work makes it difficult to—to know sometimes what day she's on.

Evan: So the case manager works on different shifts, so it's very hard.

Therese: Yes.

Evan: I understand that. So that's very hard for you to know what day she's on, for you to see her, is that right?

Therese: Yeah. Evan: Yeah. Yeah.

Cathy: So what happens if you want to speak to your case manager about something but she's not on at that time?

Therese: I'll try and remember it for when she is.

Cathy: Okay, yeah.

Evan: So do you have any other questions? Because I was going to say—at the beginning, when you had your first case manager, what things did you do at the very beginning with the case manager?

Therese: Just sort of try and get to know each other first.

Evan: How did you do that, just from conversation or from activities?

Therese: Yeah, from ——

Evan: Or both?

Therese: Meeting sometimes, and I guess just time.

Cathy: It does take time.

Evan: Yeah, it does. Yeah. And now that you know your case manager more often, what sort of activities do you do that you couldn't do in the earlier days, you're doing now?

Therese: No, not really much difference.

Evan: So before I close this interview, Therese, do you have anything else you want to add to the interview? Like do you see any other ways case management can improve, or anything that's negative about the case manager? Would you like to add something more before I close the interview?

Therese: I'm not sure.

Cathy: Is there anything that you see as being important that we haven't asked about?

Therese: No.

Cathy: No? Okay.

Evan: Alright, Therese, well thank you. Thank you

very much for this interview

Chapter 5

NARRATIVE SUMMARY

Therese offers reflective comments on her experience of case management with care and precision. Her words are measured and contain much reflective insight into her experience.

Therese's story expresses her position as an individual who has a strong sense of 'centredness' in her life. She is in control of her situation and has the ability to make choices for herself. Her interactions with the case manager are about finding help, suggestions, advice, encouragement and feedback. Therese values being able to talk through issues and 'work out ways to get around them'.

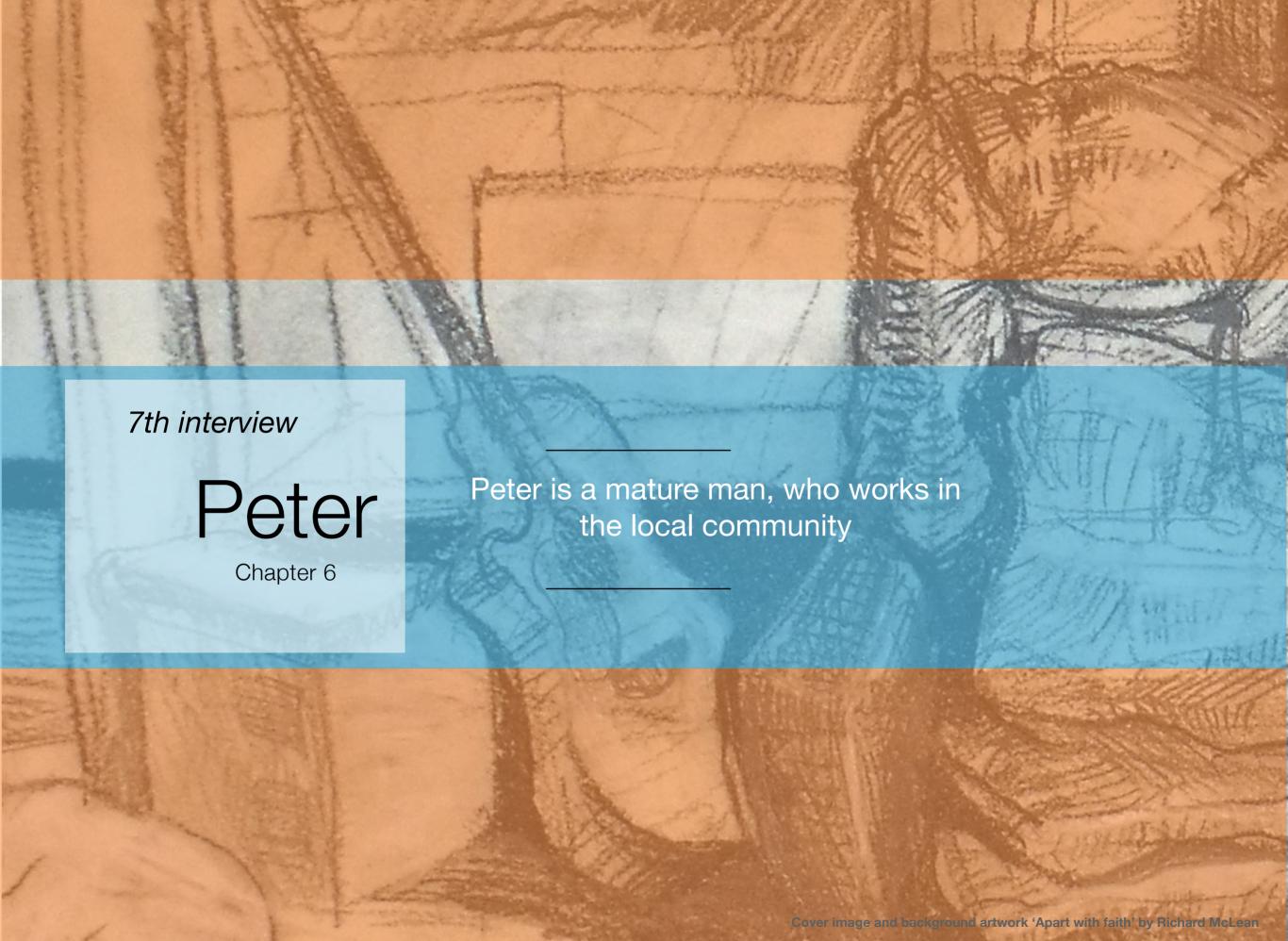
The case manager provides a connection with a broader experience of life. Therese gathers in the information and support offered and then weighs it up for herself. For Therese there is a period of research and 'looking into it' that is needed. This measuring is deliberate and cautious, and

necessary for making a decision. This is something she does on her own. However, the case manager is a valued source of information and encouragement in the process.

Relationship with the case manager is important for Therese. She prefers to try and remember things for when her case manager is on than to seek out another person. For Therese, relationships need time to develop. There is work in getting to know someone. Therese wonders if the case manager will become frustrated if she decides not to do something suggested. But nonetheless, Therese's strong sense of agency allows her to make her own decisions.

This is a lone journey Therese experiences. However, the case manager's advice helps Therese to take her next steps.

CATHY EASTON



Evan: Alright, Peter, well thank you for wanting to be part of this whole project of improving the services within St Vincent's in case management. What I want to ask you, Peter, is, I've never had a case manager before, I've only had a service through a private psychiatrist. So what I want to ask you is what is it like to have a case manager, Peter? What do you find are the benefits, or risk factors of having a case manager?

Peter: Well she looks after things and come to me, or I feel what I'm doing here, daily job, working and involved with something, how I can manage. I think case management tries to help me in a sense not to overdo things, for better control for myself.

Evan: And you find that helpful, Peter?

Peter: Yeah. There is, they do it, I think, and generally looks after me, (indistinct) not thinking, to look after medication and things. And it's helped me to a decision, important, control.

Evan: So what sort of things do you do with your case manager, what sort of activities, or he gets you involved in activities?

Peter: Well it's not activities, it's just coming to interview with me.

Evan: And how long have you had a case manager, Peter?

Peter: Well it's ...

Evan: The one you've having at the moment?

Peter: (pause) It's about five or six years I would ...

Evan: Goodness me. Yeah. So you'd be very good in perhaps letting us know how to perhaps engage in improving the case management role. Have you got any ways of, any suggestions of how, this is your opportunity to voice to us how you think case management can improve. How can a case manager improve in the way he communicates maybe, or what do you think could be done, what benefits do you find out of the case manager or what not so benefits to you?

Peter: I cannot tell anything. What, I cannot complain. They are doing, I think what they think is okay. I have accept that thing, you know.

Evan: We're sort of trying to find feedback from people who are involved with case management, on ways of them being able to improve case management. Can you let us know any, if you were a case manager, for example, what do you think you could do better than your case manager in that role?

Peter: I don't know. I'm not studying psychological things. What they usually, well they are trying to help things and to manage me ...

Evan: And how do they do that, Peter? How does your case manager help?

Peter: Well he tries to understand making sure, they are involved in a service that is important and they've looked after that I am taking care of the medication and then check how I feel after then. And what sort of a work I'm involved, what I'm thinking.

Evan: And you mentioned work. Do they try to engage you with a type of work that you have an interest in?

Peter: Well I have done it, I have done motivation when, I don't have a lot of motivation; they used to be normal things before.

Evan: What sort of work do you do, Peter?

Peter: Maintenance, maintenance work in the community.

Evan: Okay, yeah. And you do that at a part-time level or full-time?

Peter: Part-time, yeah.

Evan: Part-time? Yeah.

Peter: Well I'm not, I'm not too forced to have to do it, but I'm doing my own—that I am busy and that.

Evan: Sure. And how long have you done that for, Peter?

Peter: The past ten or fifteen years.

Evan: Goodness me. That's almost long service type of ...

Peter: Well, it's, I have been involved, I mean I offer my services, what I can do, to get sort of, I been doing different work involved and not just sitting in a room. I just try to get physically something in work.

Evan: Yeah. And how does the case manager get you involved in that? Can you comment a bit on how the case manager motivates you to do more of that work?

Peter: It's not really things, just they're happy that I'm doing. I'm happy myself, myself.

Evan: And does he talk to you about the work you do?

Peter: Well not much. I just explain what I'm doing, but there's not much things to tell about. And I'm doing outside cleaning and inside in the community. I'm in the community hall and church, and in the church cleaning.

Evan: That's lovely. Very nice.

Peter: Cleaning in the toilets and out in the parking area, and then about cleaning and (indistinct) sometimes.

Evan: That's very good, Peter. You're helping in the community, and that's very important.

Peter: Yeah.

Evan: And I find that that, because I've done that myself, and I find that very rich in helping others. You're giving something to the community, and it might later on lead to, in the future, into maybe a more full-time type of work. Is that what your aim is?

Peter: No, because there's not much, I'm getting older not younger, and these are things that I used to do.

Evan: Yeah, I know, I'm the same.

Peter: Where I would like to, work at twenty-five, twenty years ago, then I'm not able to do it in my spiritual, my spiritual thinking is not the same as it used to be in the younger. I was more enthusiastic about things, you know.

Evan: So are you happy to see your case manager? How often do you see him?

Peter: Well they come once a week.

Evan: They come and see you?

Peter: But now they, they come once a month. They always used to be here every, nearly every week they come. But the weekends usually they come to check if I'm taking medication.

Evan: Medication. Yeah. And that is important. You think that that's important?

Peter: Well they tell me it's important to take it, but I can neglect it. And I didn't control it. I might not taking in the past, every time, which I think there's something, but there's a side effect, which I'm not motivated and not okay, at times the medication push me down. And not ...

Evan: Yeah. You think the side effects might be not as pleasant?

Peter: Yeah. No.

Evan: So has the case manager talked to you about ways of engaging in changing the medication?

Peter: No, not, I suggested ——

Evan: Have you spoken to him about it?

Peter: To him to drop it down and then try to, and take it. But in my opinion I'm taking too many things, and I get sometimes, not every day, but dizziness. And then when I ...

Evan: I've experienced all that, Peter, so I understand. I've been on medication, and I'm still taking medication. In a way, I find talking about it with the doctor or even a case manager is a helpful way of dealing with the situation. Do you talk about this with your doctor a bit more?

Peter: Well, I've, I try to, what I'm feeling—but nothing that you can do because you have to take medication. But I'm not happy with that. Naturally it's, I feel I've got not as, I mean, I think in the normal, when I was about 20 or 15 years ago, before, and I was different; more outspoken and more involved in various things. We used to like to have, well, table tennis; I used to play table tennis, but I ...

Evan: You were a champion? Peter: I'm not a champion. Evan: Close to a champion?

Peter: No, no. I would just say I was involved in it and I had a different thinking, you know.

Evan: Were you in a table tennis club? Peter: I associate, associated a bit. Evan: That's very good.

Peter: But it's not any more. There is slow down everything and just slowed down, motivate, my movement.

Evan: Yeah. But do you find that the case manager tries to get you more into the activities of the past that you find helpful?

Peter: Well they've tried to get involved, or something to do.

Evan: And how has he done that, the case manager, or she?

Peter: Well they said, they explained to go to the club or somewhere and take a part, participate in it. But I'm not ...

Evan: You're not keen on that?

Peter: Not keen on that any more because they don't see me twenty years ago, then I was involved in the clubs. They want to win, they want to, they challenge one upon each other. But I just don't take it so serious any more, and I think ...

Evan: Yeah. Do you think it's the ageing factor?

Peter: Well it's the ageing and I think maybe the medication. I don't know what is a normal or (indistinct).

Evan: It seems like you're saying that the medication is not working. So have you discussed this with the case manager a bit more?

Peter: Well I just don't take it every time because when I, a few times I have mentioned, I have a dizziness and I'm not well.

Evan: And how do you feel talking with your case manager, Peter?

Peter: Well, I talk the same way as I'm talking with you. I don't know what to—I don't know what to say about things, you know.

Evan: Yeah. Yeah. And how do you see yourself with the case manager, do you see yourself as being assisted with the case manager?

Peter: Well it's what they, what they, they try to help, but they can just only, can only talk about things, you know. But I'm not motivated and I haven't got the motivation, not the will in me, myself.

Evan: And does the case manager try and motivate you by trying to get you involved with community things? Who got you involved with the work that you do?

Peter: I'm doing the community work, and I do it myself. I do not, have any force behind me or something like that, I do it voluntarily things.

Evan: Who got you involved with that, was it the case manager or was it you?

Peter: No, myself.

Evan: Great.

Peter: I think it was before, before I met the people here from St Vincent's, I think that I was already involved in maintenance work and continue to do it as far as I can.

Evan: Can you give me an example where the case manager has been helpful?

Peter: Well they have been helpful in assisting when I was trouble with the teeth, things that I'm unsure of, find out, find out place to recommend me where to go. They eventually, there was a place in Richmond where I went and I get a placement for my teeth. But that was before (indistinct). He told me they don't take anybody only on the emergency list. But I went down to, I was asking about, talking about the computer, because I have got a laptop, but I'm not working the computer and these things. They gave me the address where to go and to ...

Evan: Was it Greenpeace? Greenpeace organisation, or another — —

Peter: Doing the computer classes.

Evan: Okay, doing the class? A course?

Peter: Yeah, a course, a computer course. Yeah.

Evan: Very good. In what, Officeworks?

Peter: No, just in the community social, what do you call it?

Evan: Neighbourhood house?

Peter: Neighbourhood house, yeah. I've been there.

Evan: Okay, that's good. And have you found that helpful?

Peter: Well, it's helpful, but I was not ...

Evan: Can't grasp it?

Peter: (pause) Not, I'm not, everything I could, manage what they were teaching about things. And I have to probably to get once more again, I think, sometime.

Evan: You know with the computer, I've done a course too, and it's sometimes mind-boggling; you can't grasp everything. And also, after the course you need to practise it so it can sustain in there, you know?

Peter: Yeah.

Evan: So have you got a computer that you practise with? Peter: Yeah, I do have. Evan: That's good.

Peter: Not to say I like to do something, but there's something, I'm not motivated. I would be, so myself, sometimes I was happy and I bought a camera and so I to make pictures, photos and other things. But then I was in the course and I took part in a teaching ...

Evan: You mentioned making pictures. Through computer?

Peter: Well a digital camera. So they store and print things on the computer. So it was one way at the beginning, it was whatever it is. And then this stopped and lost interest in it.

Evan: Well that's, I mean we pick up things we like to do and then all of a sudden we've lost interest. I've done the same, Peter. I've done soccer refereeing, soccer coaching. I've done, what else have I done? I've done many things that I've lost interest in. That generally happens, you know, with us consumers. But has the case manager, over the years, I mean, what can you describe as the case management role? I mean you mentioned he helps you. What else does he do that, he makes you happy. What else does he do? You mentioned you're happy to see the case manager. What else does he do that is of great benefit to you, you find? I mean you see the case manager once a week, you said?

Peter: Yeah.

Evan: Also you mentioned he checks that you take the medication, and you do that. And he obviously, so he looks after you, your health in general, you mentioned.

Peter: Yeah.

Evan: How else does he look after you?

Peter: We'll they're checking tablets, and what do they call it, feelings when I'm doing things, and if I'm happy. Well, if I am happy under, I'm happy to just ...

Evan: How long does the case manager stay with you when he comes to see you?

Peter: About ten or fifteen minutes.

Evan: So do you find that okay with you, or would you prefer the case manager to ...?

Peter: Well it's something, well I cannot change. I accept that, well, I cannot.

Evan: Yeah, but, no, if you had a say in it, would you prefer the case manager stayed longer with you?

Peter: No, that's not necessary.

Evan: So you're happy with the fifteen minutes he stays?

Peter: Well it's, they just mainly come and 'How are you?' How I feel, what I've been, that day involved and what things, I cannot tell things what I'm doing really. I'm repairing, it's maintenance, something here, and sometimes in Camberwell. Some things ...

Evan: So out of all those things I mentioned, what do you see as the most important part that the case manager does with you—the most important?

Peter: Well it's, she's come to see if I'm well or not well.

Evan: Just well-wellness. Yeah.

Peter: That's she's doing, some people are doing here. When I would be alone myself, but I'm not myself very anxious. Just in the community and Camberwell doing some community work. And I spent weekends in the community there, and I go to the church. During the week I meet people here.

Evan: So you also meet other people in the community?

Peter: Yeah, in the (indistinct) community, I'm ...

Evan: That's excellent.

Peter: I was living there for fifteen years.

Evan: That's important in getting better, you know. And does case manager sometimes attend with you to these community places you go to?

Peter: No.

Evan: Does he offer to do that? Has he asked you to do that?

Peter: No, that's myself.

Evan: He probably doesn't see ...

Peter: No, it's just, they just say it's something good. They say good that I'm participating. Good, to do something physically and mentally.

Evan: Very good. So before I close this interview, Peter, are there any other comments that you wish to make? Perhaps, I mean you

mentioned everything positive. Is there something maybe not so positive, maybe negative that the case manager may have that you think you would like to say?

Peter: No, I just ...

Evan: You're very happy with him. Yeah. At St Vincent's we have a good service, don't we?

Peter: Oh, yes.

Evan: So I mean, this research project, I mean I've been a consumer myself so I know what it's like to have a case manager because I've spoken to a number of people. But if you had the opportunity of saying something in improving the St Vincent's care or the case management care that they do to you, what else do you think can be done that can be helpful? Like you mentioned the medications not working that right. Do you think it might be worthwhile the case manager discussing with you the options of changing your medication?

Peter: That just, that just seems to have, to drop it down and then something, when we are talking, things I'm feeling, what I'm doing. And sometimes when I do something maybe faster, or something, they think, 'Well it's a result of the tablets or something'. They just keeping more attention only when I have to take it. But I would like to drop it, but I feel, I would feel that I'm motivated better and more involved in things.

Evan: So what you're saying is that if they reduce your medication you may feel more motivated?

Peter: Yeah.

Evan: So that you want them to perhaps look at your need in that respect, is that what you're saying? And are they looking at that need, or no, not really?

Peter: Not, not really.

Evan: Doesn't look like it.

Peter: They think I have to take it, get it to stick. But I'm not taking it then I get too exaggerated or maybe something I get more involved in things and I go ...

Evan: Yeah. But there's also concerns with, like they don't want you to do too much because sometimes when you do too much you can, you know, fall maybe.

Peter: Yeah, that's to the, to the tablets, I slow down and I'm more settled and quiet.

Evan: Yeah. Well that's good, Peter. Look, I'm very happy for you to give us the information today. And hopefully this information will be gathered in some way and hopefully case managers may improve in their services. So thank you very much, Peter.

Peter: My pleasure.

Evan: Thank you, Peter.

Chapter 6

NARRATIVE SUMMARY

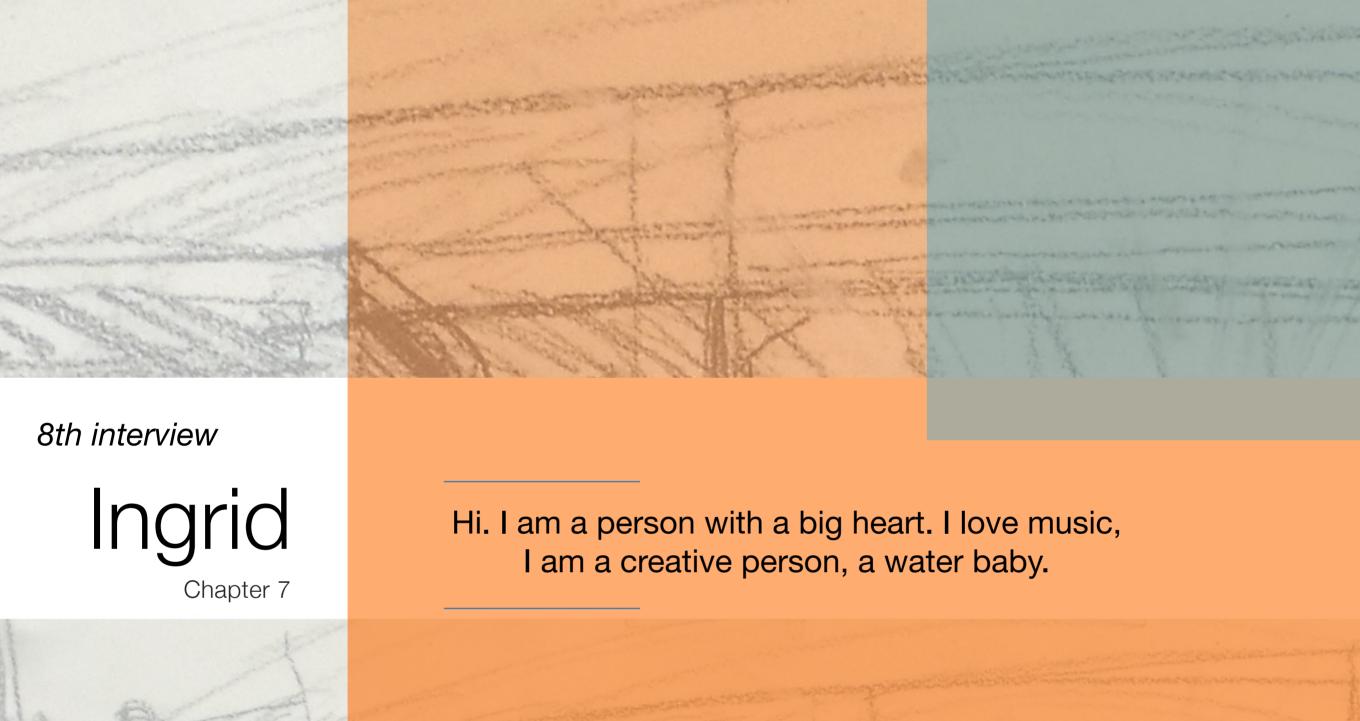
Peter reflected on the mix of commitments and experiences he has, at this point in life. He does community work as a volunteer in the church. He is content with where he currently stands in the community. This is a central part of his life, which he sees as independent from the role of case manager. He doesn't mind that the case manager asks how he is going with his commitments, but he does not wish the case manager to be more involved in the things of his life that are going well.

Peter appreciates the help case managers provide with his physical health, such as when they arranged appointments for the dentist. The only aspect of life that relates to case management and which Peter wants to change is his medication regime. He would like to at least review it. This he feels adamantly has very problematic side effects of lowering his

motivation to do more active roles in his community.

Still, he communicates an attitude of 'giving up', with the process of negotiating to change his medications. Though he does have a real difference of opinion with his case manager about the usefulness of medication, he considers efforts to alter the case manager's clinical judgement would be futile. He regrets this but puts it into the perspective of his stage of life. Peter's different focus from his case manager about medication has confronted him and required Peter to understand that people are different and not always with the same perspective. He is in a state of agreeing with the case manager to avoid further complication and is quite pleased to live life as it is.

EVAN BICHARA





Evan: So as I said, this is to look at the Strengths Model of Case Management, which is the case management model that is being delivered to you. I've never had a case manager, Ingrid, so I'm curious to find out what it's like to have a case manager. What do you think a case manager does to you?

Ingrid: Yep. A case manager makes sure that you actually are prepared to do things for yourself that need to be done, and you're actually capable of doing those things for yourself.

Evan: And how do they do that, Ingrid?

Ingrid: Making sure that you're in charge and ready and knowing of things that you're supposed to do. Like ...

Evan: So yes, go on.

Ingrid: An example would be if you needed to replace things that you've lost that, you know, you can't use the phone in a place like this but they'll tell you to go down the street, call up this place to get a new card or things like that, you know? And they're there to really keep you on the right track and ... yeah.

Evan: So does the case manager come to see you or do you contact the case manager whenever you need to see the case manager?

Ingrid: Basically, the case manager will catch up with you for a coffee, like as a treat, and it's really nice, you go out for a coffee.

Evan: Of course it is, yeah.

Ingrid: Yeah. Probably once every two weeks you go out for a coffee and that's really nice. I find myself coming to hang out with the staff probably just to touch base, you know, probably every day, you know, it's really nice just to have someone just to talk to all the time.

But what I wanted to talk to you about which is really a major concern for me, is the medications. It doesn't seem to be that the consumer has a choice about medications, you know, like I'd prefer to be on no medications, but I'm being told that it's part of my community treatment order that I have to be on medications. You know, so ...

Evan: So have you discussed this with your case manager?

Ingrid: Yeah.

Evan: And have they explained it to you?

Ingrid: Yeah, well they've said, you know, like they've said '(a) it's not their choice, it's part of someone else'. Even my doctors have said it's not up to them and they're the ones that I have contact with.

Evan: So your community treatment order is only for a term I suppose?

Ingrid: Twelve months and then it gets reviewed and then it can go for another twelve months or ...

Evan: So you have to remain on medication for twelve months?

Ingrid: Yeah.

Evan: And then in the review process, they look at maybe changing the medication?

Ingrid: That's right, yeah.

Evan: So why aren't you happy with the medication again?

Ingrid: This is personally, I wouldn't even take Panadol when I was a kid, I'm a vegan, you know what I mean, like ...

Evan: But if it makes you feel better ...

Ingrid: It doesn't for me, you know.

Evan: So have you discussed that with your case manager?

Ingrid: I have, and they still feel that I should be on medication.

Evan: So we're looking at feedback about how the C --

Ingrid: CTO?

Evan: The case manager, no, I call them CM, meaning it's the case manager. We're looking at feedback about what you think the case manager should be doing or not doing. You mentioned the medication. Maybe they should review the medication but then they're under that CTO umbrella, of the community treatment order, and they can't do that.

Ingrid: Yeah.

Evan: So in reference to feedback of how the case manager's dealing with you, are you pretty happy with the way ...

Ingrid: Yeah, I mean my case manager even comes and does exercise with me.

Evan: Oh, really?

Ingrid: I mean for a while she was coming and swimming with me once a week. Evan: That's good, that's very good. Ingrid: Yeah, taking me swimming. Evan: And are you still doing that? Ingrid: Yeah, yeah.

Evan: And you're doing that with the case manager or — —

Ingrid: Yeah.

Evan: On your own now?

Ingrid: On my own now. She'd come sometimes if she could. And

Evan: So how often do you do that?

Ingrid: Well there's a group that goes once a week.

Evan: Okay, you go with the group?

Ingrid: Mmm.

Evan: Oh, that's even better. Ingrid: Yeah, yeah.

Evan: That companionship is helpful. Having a meaningful relationship is very helpful, having the relationships with this particular illness, because I'd know because I've been there, I've done that and I know what it's all about. Relationships with case managers, relationships with family, relationships with anybody that cares for you is very helpful in you getting better, in recovery.

Ingrid: Yeah.

Evan: So has the case manager — obviously has helped you in getting you into a swimming group, and you find that helpful?

Ingrid: Yep, definitely.

Evan: So how else has the case manager helped? Takes you out for the coffee?

Ingrid: Yeah. Probably once a week I get a big pay and someone always comes with me to do a big shop.

Evan: Sorry, I didn't get that.

Ingrid: A big shop.

Evan: Shopping?

Ingrid: Yeah, shopping.

Evan: Okay, when you get paid.

Ingrid: Yeah, a big shop for ——

Evan: Shopping therapy they call it. We all do it, don't worry.

Ingrid: Food, food shopping.

Evan: Oh, food shopping, okay, okay. Is that your case manager who goes with you, or someone else?

Ingrid: Yeah, sometimes case manager, sometimes someone else.

Evan: So you enjoy that? Ingrid: Yeah, yeah. And my case

managers—I have two of them actually. Evan: Okay. Oh, lucky you.

Ingrid: Yeah, they took me out for lunch at the Vegie Bar the other week. Yeah.

Evan: Oh, the Vegie Bar just up the road.

Ingrid: Yeah, yeah.

Evan: Yeah, it's a very nice place. They have lovely food. Are you vegetarian?

Ingrid: Yep, yep, yep.

Evan: Oh, you are. So that's handy for you there.

Ingrid: Yeah, yeah. So yeah, it's really good. I feel like I'm really on lucky road being here.

Evan: So you feel that the case managers have helped you in your recovery?

Ingrid: Yep.

Evan: That's good. So besides the medication, is there anything like, ah, not so happy about case management?

Ingrid: No, it's all pretty good, you know, and they do as much as is humanly possible, yeah.

Evan: You're really happy with the service, that's good.

Ingrid: Yeah.

Evan: So how do you feel speaking to the case manager?

Ingrid: Um. Good.

Evan: Can you give me an example?

Ingrid: Probably that I can trust them, like, you know.

Evan: You can open up to them ——

Ingrid: Yeah, yeah.

Evan: With confidence and reassurance.

Ingrid: Yeah.

Evan: And do you get a good response from them?

Ingrid: They're honest, you know, they always tell me there are two sides to the story, you know, and that comes down to the

quality of their person, you know, not just that they're doing their job but that they actually have insight into ... yeah.

Evan: They've got personalities that's made for case management.

Ingrid: Yeah, yeah.

Evan: Yeah, well that's good, that's good. You mentioned you have two case managers.

Ingrid: Yeah, well (case manager's name)'s the main one, and there's another one.

Evan: Can you compare the one from the other? I mean this is confidential, they won't know what you're saying here. Can you make a comparison; can you say one's better than the other or in a particular way or ...?

Ingrid: Well one of them just like, you know, she expects that you should be able to handle things, you know what I mean, you know, like with a grain of salt, a grain of sand, yeah. And the other one's always kind of looking to keep things, she's on the lookout if you know what I mean— 'Have you been doing this? Have you

¹ Given that this promise of confidentiality is at odds with the use of the interview to which Ingrid had consented, the project supervisor (BH) met with Ingrid to review the draft chapter. We explored the issue, re-confirming that she consents to the publication of the passages following this statement and this interview transcript in total.

been doing that?' You know what I mean?

Evan: Do you find that sometimes ——

Ingrid: No, it's ——

Evan: Do you find that helpful?

Ingrid: It's okay because you sometimes want a little check post, you know what I mean, just to say, 'Oh well yeah, you're right, you should be', yeah.

Evan: So if you wanted to change the service or the way the case managers did it with you, how would you change it?

Ingrid: I'd say I'd want their support to get off medicines completely. Yep and no ...

Evan: Have you done that before, gone off medicines completely?

Ingrid: Yeah, I have, a few years ago I was off medicines for two years, they were the best two years of my life, I got into a relationship and that went beautifully, until I ended up back in hospital.

Evan: So that reason itself, once you, is the reason that why you want to go off --

Ingrid: Yeah.

Evan: But people evolve with time. I suppose what the case manager is saying maybe is looking after you, looking after you is

number one, rather than cautioning that, maybe because the CTO's been put onto you, maybe that's a reason why, the CTO's only for twelve months, after the twelve months, then they review the medication and everything else.

Ingrid: Yeah.

Evan: Maybe you need to just be a bit patient with the twelve months.

Ingrid: Yep.

Evan: So how do you describe the case management role? You said that they look after you, they take you out to activities, what other things do they do?

Ingrid: It's like having a check post against certain things, like you know, like they'll kind of have a sixth or seventh sense, they'll say, 'Have you been on drugs? Have you been exercising? Have you ...', you know, they'll check that you're keeping your living room to a standard.

Evan: Do they help you do that or you do it on your own?

Ingrid: Yep, do it on your own. They'll make sure you're not borrowing things from other people. And then there's just making sure that you're looking after yourself.

Evan: So how do they make, you say they make sure about these things, how do they do that, like how do they make sure?

Ingrid: They visit you in your room, every day basically just to check on you, yeah, and just ...

Evan: Have a chat.

Ingrid: Yeah.

Evan: So can you reflect the first time or the beginning of the times you had a case manager, how different was it then to now, the first time a case manager—the first time (case manager's name), as a case manager, the very first time she was case managing with you, and now, make the distinction?

Ingrid: I suppose like no holds barred, you know, like it was deciding to be open and honest, I decided that that was an important thing, you know, because that's the only way to really make things work. I mean sometimes you have deep and personal issues that you don't feel comfortable sharing, and you know, so that's a matter of personal privacy. But the things you really want to work on, you know, you feel are important that you need to talk about. They're the things that I wanted to share with her from the start. So ...

Evan: That's helpful for you.

Ingrid: Yeah, definitely. So from the start I've enjoyed my case manager because I actually knew her before I got here. She was from, working at the hospital.

Evan: Can you give me an example of how she sort of helped you to build trust and rapport with you?

Ingrid: Probably because it's like, if I'd done something which was probably ... you know, maybe something that infringed upon, just say I had a little smoke or something, she'd say to me ... she wouldn't press it, you know, she'd give me the opportunity to decide for myself whether it was something I wanted to do without actually ... you know. Because that's part of the individual, say consumer for me. You know, it's probably not so important validating the truth, as it is important to decide what's going to happen in the future, in a situation like that. It's not like you're a little kid that needs to be taught right from wrong, it's about deciding for yourself what you want to do in terms of behaviours.

Evan: And the case manager has ——

Ingrid: Yeah.

Evan: Almost made you do that.

Ingrid: Yeah. It's not like saying: 'This is right or wrong'. When the case manager says, 'This is right or wrong', it's like, 'Do you want to do this?' Do you know what I mean? And that can apply to a different thing, so I think that's a really good quality of my case manager.

Evan: That they can give you the options to choose on your own.

Ingrid: Yeah.

Evan: Yeah, that's good. So can you give me an example of like how they did that? I mean you mentioned ——

Ingrid: Probably just having a smoke of chuff, yeah, yeah.

Evan: And you had the option of whether you wanted to smoke or not wanting to smoke?

Ingrid: Yeah, just to think about it, just to think about it, like you can get literature from the computer and stuff and it's not like, 'that's against the rules', blah blah blah, it's more like, 'Do you want to do this to yourself?'

Evan: That helped you stop?

Ingrid: Yep.

Evan: And are there any other examples of how the case managers allowed you to have the option of choosing something in your life that you've done?

Ingrid: Well I can think ... I can also ... you can apply that to exercise, you know.

Evan: In that you choose that.

Ingrid: You know, yeah, that's another thing that's come up.

Evan: And what sort of exercise do you do?

Ingrid: Well every day I walk a couple of kilometres, every day I do a walk.

Evan: You walk around the park? Ingrid: I walk around the park, I walk around Brunswick, Collingwood, the city. Evan: From here to Brunswick?

Ingrid: Yeah.

Evan: That's excellent. That's very good. Walking's very good exercise, I used to do it myself, I used to do it every day on a ritual basis. That's good to walk when you can. Any other—you mentioned swimming?

Ingrid: Yep

Evan: Any other exercise?

Ingrid: Not really, yeah.

Evan: Just swimming and walking.

Ingrid: Yeah.

Evan: So if you had the option of improving the services, St Vincent's services here, what would you say to that?

Ingrid: I would say to bring in those people who can take you off medicines, to come and talk to people about getting on the individual plan to get off the medicines if the person wants to, because I am sick of seeing my friends all drugged up and on medicines that are too harsh.

Evan: And what medication are you on?

Ingrid: Clopine, Topomax.

Evan: And you're taking a high dosage, are you?

Ingrid: Yep.

Evan: You're not on maintenance levels yet?

Ingrid: Yeah, I am, but still it's just, everything is too much, 'cos I really want to ...

Evan: And you've discussed this with your case managers?

Ingrid: Yeah, yeah.

Evan: And what's their response to it?

Ingrid: Just that it's not up to them.

Evan: Is that what they say?

Ingrid: And I need to take it to the Review Board if I want to get off.

Evan: And have you — —

Ingrid: Which doesn't seem to be very like, very doctorly.

Evan: Well that's the procedure, I mean that's the process, you have to fill in an appeal statement and forward it to the Review Board and then the Review Board reviews the situation, that's the process. I'm not sure whether the case manager explained it to you.

Ingrid: Yep.

Evan: You don't feel competent in doing that or you're not happy about that process?

Ingrid: Not that much, yeah.

Evan: So if you had to put in that other process, what would it be, people come out and talk to you about it from the Review Board?

Ingrid: Oh, it's not such a big deal because I know they're pretty easy, you just apply and turn up to the meeting within two weeks.

Evan: Have you ever approached — —

Ingrid: I've done that before.

Evan: The Review Board?

Ingrid: Yep, in the last six months I have.

Evan: And what was the outcome of that?

Ingrid: Stayed the same.

Evan: (to Cathy) So before we close off this interview, do you have any questions you want to ask, Ingrid?

Cathy: One question I ask everyone actually, is so we've asked you about particular things, are there other things that you think are really important for us to know about, and we're thinking about your case management, which you'd really like to tell us about that we haven't asked you about yet?

Ingrid: I think at the hospital level if you could just consider, there's not really, I think you need counselling as well, yeah, that's probably about it.

Cathy: Okay, but just at the hospital level for that?

Evan: Weren't you given counselling?

Ingrid: Not really.

Evan: And you'd prefer case managers to work at the hospital as

well?

Ingrid: Yep.

Evan: Offering counselling. Good suggestion. So before we close off the interview, Ingrid, is there anything else you want to add, you want to say?

Ingrid: Nah, that's pretty much it.

Cathy: Well, so if you had to describe your relationship with your case manager just in a few sentences, what would you say?

Ingrid: I'd say it was pretty compassionate, it was honest, and it was helpful. Yep.

Evan: That's good, Ingrid. Well look, thank you for your time.

Ingrid: Thanks Evan, I hope everything goes well.

Chapter 7

NARRATIVE SUMMARY

Ingrid is strikingly articulate and direct, as she shares her thoughts and experiences. She provides a rich account of what case management is like for her. She shares her positive experience about the day-to-day interactions with case managers and also takes an analytical view about the quality of their interactions, their role and priorities.

Ingrid came to the interview with the aim of sharing a major concern, about medications. She clearly lays out her concern about the role of case manager in relation to her dissatisfaction with the (lack of) consumer choice and support of consumer decisions about medicines. She sees this as a problem for herself and for

other people she knows and cares about. Ingrid returned to this topic later, to suggest that case managers and doctors should actively explore medication reduction and cessation when this is in line with consumer goals. She feels strongly that they should each direct more of their attention to this important area, rather than redirecting her to the Mental Health Review Board. She recommends that case managers get support for this work, if necessary 'bring in people' to help consumers reduce and cease medicines. Likewise, doctors should tackle the medicine prescribing issue more decisively, be more 'doctorly'.

This topic links into another aspect of case management that Ingrid does greatly appreciate: the way she and the case managers speak honestly and frankly, even when they have differences of view. Ingrid came to this current case management relationship with a willingness to share her aims and 'the things you really want to work on, you know, you feel are important that you need to talk about. They're the things that I wanted to share with her from the start.' She reflects that this approach to the relationship has paid off.

Equally, she credits the case manager with success. The case manager has a taken the approach of being a 'check post',

providing information and feedback about a course of action, acting as a resource to Ingrid to help her decide well for herself. Ingrid trusts and values this approach, even when it involves being visited often, questioned and prompted.

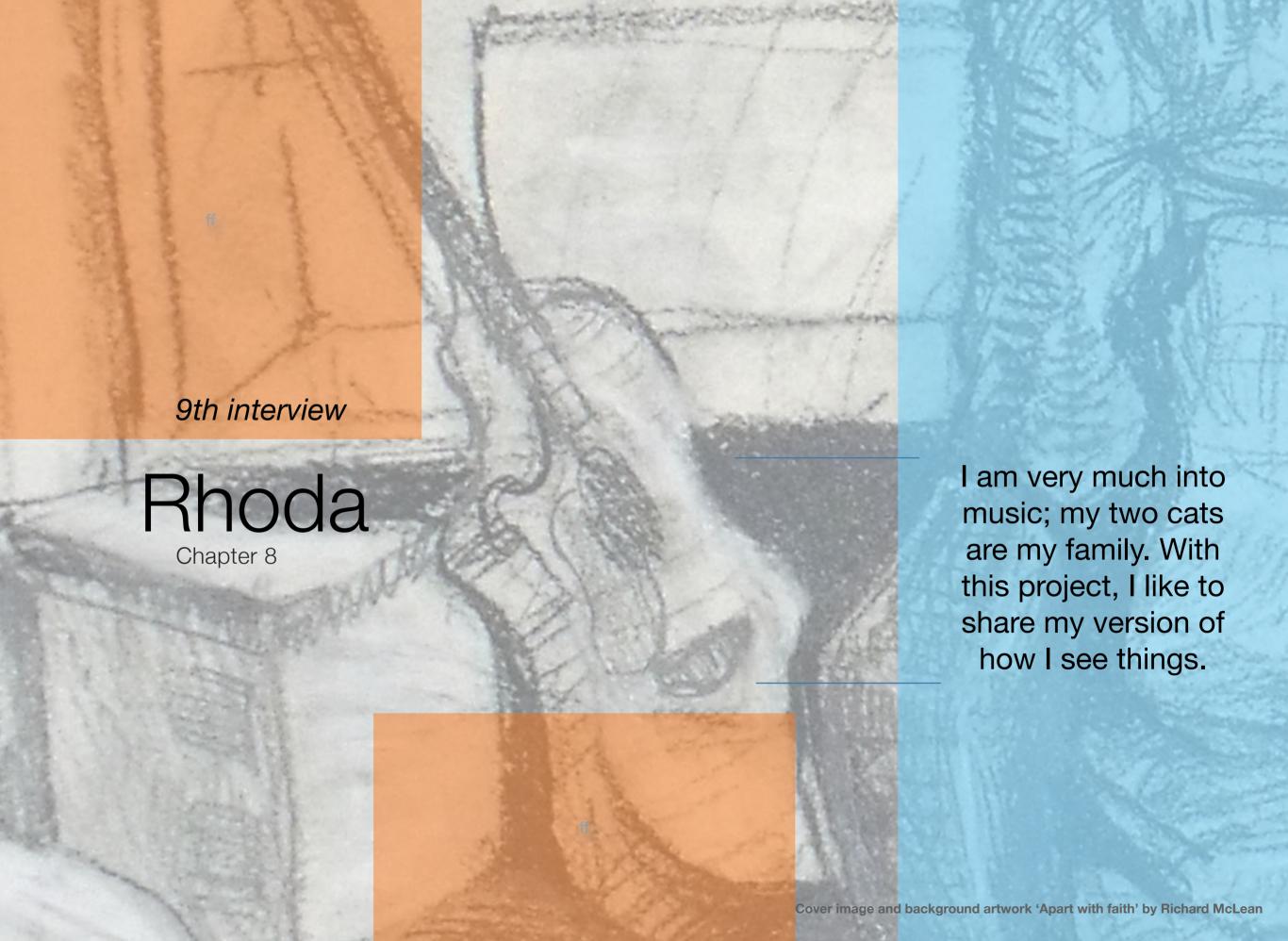
For Ingrid, a vital aspect of the success of case managers' feedback is the way a behaviour is raised, in order that Ingrid herself makes decisions and follows through: 'It's not like you're a little kid that

needs to be taught right from wrong, it's about deciding for yourself what you want to do in terms of behaviours.' She reflects on the mental health system response to people more widely, recommending that counselling should be more available to consumers in hospital.

Ingrid recounts several enjoyable and companionable experiences with case managers—going out for coffee, meals, swimming and shopping. Despite her

well-honed criticism about case managers' role with medications, Ingrid is generous in her praise for the case managers as mainly compassionate, honest and helpful.

BRIDGET HAMILTON



Evan: Okay, alright, Rhoda, now well thank you for wanting to do this interview for us. I've never had a case manager before so I'm curious to know what it's like to have a case manager. Would you like to tell me what it's like to have a case manager?

Rhoda: Just they're available for ... to support you in between the working hours. But I found with (the clinic) that they don't have like a message bank to leave a message for the workers and they don't obviously give out their mobile numbers because that could create problems with other things. But I've found them to be very supportive and set you up in whatever area you live in with other supports as well.

Evan: So they link you in to the services?

Rhoda: Yeah, whether it's dental, podiatry, psychologist, anything like that, yeah.

Evan: That's good. So what do you do with your case manager, what sort of things do you do? Do you do activities with your case manager?

Rhoda: We did a bit of paperwork that we've got to discuss with her and myself, but I do find—I don't know if they're understaffed but they seem to be working a lot of hours, a lot of days.

Evan: So the time that they spend with you, are you saying it's not enough or ...

Rhoda: No, I don't find, it's not enough for me in particular, obviously I don't know the other clients that well.

Evan: Okay, so what do you mean, that the caseload on them is too much?

Rhoda: Yeah, I think they're just under-resourced and ...

Evan: How do you know that, Rhoda? Rhoda: Well, they do mention that, 'It's my eighth day in a row and I'm tired'. Evan: Okay, I see, yeah.

Rhoda: And they shouldn't have to be put through that I don't think, because they suffer and obviously the clients will suffer too.

Evan: That's true, yeah. Yeah. So how often do you see your case manager, Rhoda, how often?

Rhoda: It's normally once a week but the last two or three weeks I've had other appointments that I've been linked up with. So that's sort of taken that time away from ——

Evan: So do you see the—sorry to interrupt you, you were saying?

Rhoda: Yeah, it just seems to take time away from seeing my case manager when I'm ... like I've been going to the dentist and that sort of, is that hour allocated for that week and it might be just a phone call, catch up, chat. But I do find them, they're very caring there, very caring. But I think that they've just got too much of a workload on for the staff there. I don't know if the funding, or whether they need another couple of workers or ...

Evan: So you're obviously caring to them too ——

Rhoda: Yeah, yeah.

Evan: In that way, which is very nice of you. So you mentioned, before I was taping you mentioned that you've just recently changed case manager. Can you make a comparison with the one you're having now to the previous one?

Rhoda: He's I think one of the ones in charge, but he seemed to have two, three times as much work compared to the others. I think he was the actual coordinator of the other staff there and just rushing around a lot and, yeah, the time that he allocated for me was often doing a bit of other things for other people, so I felt as if I wasn't getting his full attention.

Evan: Yeah, because of his workload obviously.

Rhoda: Yeah, yeah.

Evan: Yeah, so the previous case manager, was that any different to ...

Rhoda: Oh, he was a lovely man, good to talk to and everything, but I just found that there was a lot of times where he might've been doing other things for other people as well, in my hour or half hour or whatever I had him for.

Cathy: Do you feel like you could talk to him about that, or ...

Rhoda: Oh, I just ... an incident happened here and I was very upset, crying, and he left me like that and I don't think that should happen anywhere, as far as a counsellor, psychologist,

psychiatrist whatever, in the state I was in, and I just lost all confidence with him. And you know, I stayed with him for another couple of weeks but that still stuck in my head that he left me upset and ...

Evan: Do you want to elaborate a little bit about what happened, just to give us a little bit of a clearer picture?

Rhoda: My memory's pickled but ——

Evan: Well what — —

Rhoda: But he said sort of basically 'I've got to go and see my other client now' and I was just sitting there bawling and I thought 'That's not a nice thing to do'. But that's really the only problem I have, and it's obviously not their fault that they're understaffed or not resourced.

Evan: So this new case manager that you're seeing is—you're obviously happier with her?

Rhoda: Yes, yeah. She's organised some appointments at North Richmond for dental, she's trying to get a hold of a psychologist that doesn't, like, you don't have to pay or pay the gap.

Evan: Bulk bill, yeah.

Rhoda: Bulk bill, yeah. And a drug and alcohol counsellor as well, yeah.

Evan: So what role do you see, how would you describe the case manager's role?

Rhoda: I think they're there to support

us when we're either in crisis or when, even when things are going well. Because you're not ... it chops and changes I find with me, even day to day. So it's good that she knows that's how my mind works and she's able to, the majority of the time, support me in both of those cases.

Evan: So how do you feel speaking with the case manager? Do you feel confident?

Rhoda: Yeah, yeah.

Evan: To say anything ...?

Rhoda: I mean we've had our disagreements, which happens.

Evan: That's usually, it's a commonality that that happens ...

Rhoda: But yeah, she's been really good, yeah.

Evan: Oh, that's good, that's good. It's good to know that, you know, case managers are doing a good job in managing one's life. I mean I've never had a case manager but knowing, I've met a number of them and most of them are a good personality, good type of people.

Rhoda: Yeah, you've got to be a special type of person to work in that field.

Evan: Yeah, that's right, they're suited in that way aren't they?

Rhoda: Yeah.

Evan: So in as far as activities that you actually do with a case manager, like you mentioned she organises for you to go to the dentist, does the case manager actually come with you?

Rhoda: The majority of the time, yeah, she does, she does, because I get a bit—I struggle on public transport. I get very paranoid and a bit distressed, so as much as she can she will take me and bring me back home or --

Evan: That's good.

Rhoda: I will meet her at (the clinic).

Evan: And so what other activities do you do with the case manager? Does the case manager get you involved in group activities?

Rhoda: Not at the moment.

Evan: Were you at the barbecue at Christmas?

Rhoda: No.

Evan: Oh, you missed a good time then. You should go to the next one. It's really good (laughter).

Rhoda: Do they have vegetarian?

Evan: Yeah, they did, yeah, vegetarian burgers.

Rhoda: Oh, missed out (laugh).

Evan: You should try and get the case manager to link you in to some of the group activities there at (the clinic). Some of them are very good.

Rhoda: Oh, that's interesting.

Evan: And that's why I'm asking you if the case manager has tried to link you with these groups, or told you about these groups.

Rhoda: No, but she has mentioned about certain groups but they're trying to get like a thing set up around my area just to --

Evan: So you can settle in a bit.

Rhoda: Yeah, 'cause this is transitional housing.

Evan: So how long have you lived here?

Rhoda: It'll be three years December, this December.

Evan: So if you had the option of saying something about improving the way the case manager deals with you, you mentioned their workload be reduced is one way. Can you think of any other better ways the case manager can improve in the job they do?

Rhoda: Oh, well they seem to be rushing to and from clients, so maybe if they just cut down how many they have per day, or allow a bit extra time. Obviously they're driving and when you get peak hour it's just bedlam for them I would imagine, driving around.

Evan: Are there any other ways of improving ...

Rhoda: Maybe, I don't know but I have a lot of trouble with my memory so to sort of, if I meet her at (the clinic) maybe sort of get on the computer and type what we've had in the session and maybe read through it again at the start of the next one just to let me remind myself because I do have problems with my memory, or just write down here, if she comes here, just little notes of what's been happening.

Evan: And leave the note with you to reflect on?

Rhoda: Yeah, like I have a diary and I'd be lost without that, but often I won't open it for a day or two and I've missed appointments.

Evan: You'd like the case manager to encourage you to write about the interview.

Rhoda: Yeah, yeah.

Evan: About the visit the case manager's done with ...

Rhoda: Yeah, just jot down some short things that'll just trigger, you know, what we've been through.

Evan: That's good. No one's mentioned that, that's a very insightful way of improving their job role.

Cathy: It's very practical, you could see — —

Rhoda: And it helps them with their notes when they've got to do their file.

Evan: But it helps you too, remembering what was said so next time, next visit, you'd know what was said and you can build on that.

Rhoda: That's it, yeah, yeah.

Evan: Any other ways that case managers can improve the way they do things?

Rhoda: Maybe shout us a coffee every visit, go to a café, nah.

Evan: No, no, why not? Some do.

Rhoda: Well I don't know—I assume they get funding, or maybe not, it might be out of their pockets, but ...

Evan: Some do.

Rhoda: That's a nice thing to do, different environment, more relaxed.

Evan: That's true, yeah, take you out to a coffee shop and have a coffee for a day and that, or lunch. That's also optional. So what do you see as the most important role of a case manager? You mentioned they support you and they link you into the services, the local services, but out of all that, what do you think is the most important part that the case manager does for you?

Rhoda: It's just someone that is able, you know, qualified to handle situations that arise. I know with myself. I'm not one hundred per cent sure on others clients there, but there's not, I

don't think there's anything that has come up that she hasn't been able to deal with or help me with. And that's a good thing to rely on, you know.

Evan: So what you're saying is they're professional in their role?

Rhoda: Yeah, yeah, rather than, you know, talk to your friends and they're not, they don't have the qualifications to help you through things, yet the mobile support team ...

Evan: So if you can remember the first time you had your case manager and now having seen the case manager over, you said three years you've been, sorry, three years here, but how long have you been seeing the case manager?

Rhoda: Must've been early in the year I think.

Evan: Okay, over a year.

Rhoda: Yeah.

Evan: So the first time you saw the case manager and now, as you're seeing the case manager, how different is the role of ...

Rhoda: Well it takes a little while to get confidence in each other, because not always with workers that I have had, not through (the clinic) but other places, that ...

Evan: Have you seen improvements over time?

Rhoda Yeah, yeah. Which is a great, great help and a great support.

Evan: Good. So the relationship with you and your case manager is becoming more meaningful?

Rhoda: Yeah.

Evan: That's good. And it's important to have meaningful relationships with people like us, with a mental illness, very much so, whether it's family, whether it's a friend, whether it's a case manager, counsellor, doctor; all these are meaningful relationships and they're playing a vital role. Yeah, so it's obviously been rewarding for you to have the case manager.

Rhoda: Oh yeah, I don't know where I'd be if I didn't have them, not in a good place. I don't think I'd even be here to be honest with you.

Evan: That's good. So if I asked you if there was something not so positive that you could say with your case manager, is there anything? I mean this is confidential¹, no one will know about it, just we're trying to find out methods or ways that case managers can improve in their job and their task that they do. So is there anything that you see negative in their role that they do? They rush you said.

Rhoda: Well they do rush around and I think a few of them get a speeding fine or two, so a bit naughty.

Evan: Yeah, was there anything other than that you've felt was negative with the way they do things?

Rhoda: No, they've always been there to help or if I ring during the day and get the receptionist it's quite quick in response.

Evan: And you mentioned about having a voicemail attached to their phone?

Rhoda: Well once the day's over, the hours, then it's just, I think if you're in crisis to ring the CAT² team or something.

Evan: And do you find that awkward for you to do that?

Rhoda: Yeah, 'cause sometimes it's not as serious to go to ring the CAT team, it's sort of maybe to leave a message so they can contact me as soon as they get in, in the morning.

Evan: And do they do that, they contact you ...

Rhoda: No, well they don't have any voicemail.

¹ Given that this promise of confidentiality is at odds with the use of the interview to which Rhoda had consented, the project supervisor (BH) spoke at length with Rhoda, to review the draft chapter. We explored the issue, reconfirming that she consents to the publication of the passages following this statement and this interview transcript in total.

² Crisis Assessment and Treatment Service (CATS)

Evan: Yeah, but if you rang the CAT team and you told them that you see case manager so and so and you wished so and so to contact you the next day ...

Rhoda: I haven't actually done that, I didn't even think to do that, yeah.

Evan: That's one process. I don't know if they could do that but that is one process that can possibly happen,

Cathy: Have you spoken with your case manager about this, about how you can leave a message for them after hours or ...

Rhoda: No, but that's interesting actually. I might have to write that down so I don't forget it (laugh).

Cathy: Do you want to write it down right now?

Rhoda: Yeah.

Evan: You won't forget. It's a very good suggestion. It is something that you value, it's a point that you value and I think it would be important that you raise it with the case manager. And then we might have a second interview.

Rhoda: Yep.

Evan: We're going to give you the transcript to this interview and when we have the second interview, we might answer that question, what has happened in response to that enquiry with the case manager.

Rhoda: Okay, yeah.

Evan: So that would be interesting for us as well, in finding out what they say. So to finalise this interview, is there anything important that you want to say before we close it off?

Rhoda: No, apart from the fact that they all need a pay rise I think. (laugh)

Evan: Cathy, anything you want to add?

Cathy: Actually in summary because we've asked you a lot of questions, could you just summarise about how you would describe your relationship with your case manager?

Rhoda: I must admit it was a bit rocky at the start because it took a little while to get to know each other, and some things that were said to me which were right and true, I just couldn't handle the fact that they were, so I sort of was rebelling a little bit, because I couldn't accept the fact that I was wrong and she was right. So that was a bit difficult for me but I'm glad it happened and I think that's how they should be, you know, honest with their clients, and vice versa.

Evan: You felt you learned through that process?

Rhoda: Yeah, well how to deal with other people in society, you know, there's no point bullshitting to people, you know.

Evan: True.

Cathy: And so you feel like now you've got a much more open relationship?

Rhoda: Yeah, yeah.

Cathy: In what way?

Rhoda: We tell each other exactly, without pushing it too far, how we're feeling or if something might've been said in the heat of the moment and just discuss it, rather than dismissing it and let it brew inside you, you know?

Evan: Alright, well thank you Rhoda.

Rhoda: No worries.

Evan: Thank you very much for that.

Chapter 8

NARRATIVE SUMMARY

Rhoda readily and clearly shares her perspective of case management. For Rhoda the key role is the support provided by the case manager to her, through ups and downs of life.

She begins with her observation of case managers as busy people, dealing with competing pressures in a long working week. This sense of pressure troubles Rhoda because she values and would like to preserve the contact time between the case managers and herself.

Rhoda enjoys the quality of the conversation, experiencing the case managers as caring and capable professionals. She really appreciates the sense of case managers' competence to

help her in a crisis and she contrasts this with the support of a friend, which is limited in a different way. While the time available with case managers might be limited, friends can't be expected to always cope with another's problems and crises.

Rhoda stops short of criticizing the case managers for their busy-ness, accepting it as a reality of limited or rationed resource. She puts herself in the case manager's shoes and feels some sympathy for the demands of the role. She conveys that she does not have as ready access to the case manager or as much time with the case manager as she would like. She is offering feedback to the service, to consider reducing case

manager workloads, so that she and others might have more of case managers' time.

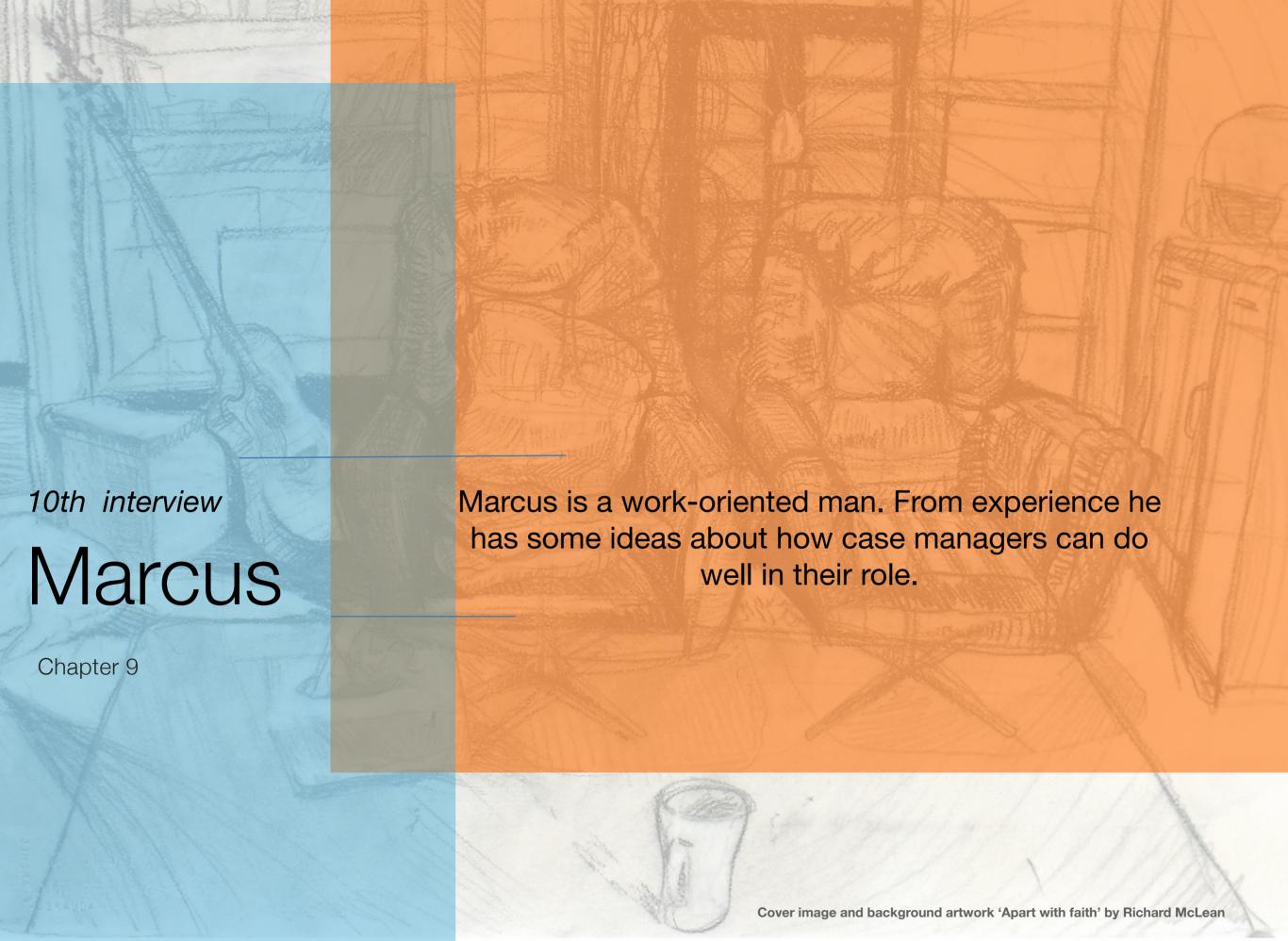
Rhoda has thought about the fit between the practices that case managers employ and her issues and needs. She makes two modest and practical suggestions for improving communication with the team:

 They (either she or the case manager) could make a short note at the end of meeting about main points and actions, to refer back to next time, as an aid to her memory which she considers to be poor. Establish a team message bank, so she and other clients can leave message for team members after hours.

Rhoda appreciates the practical assistance the team provides, linking her with (or accompanying her to) other health care and social services appointments. She prizes the honest and supportive quality of interactions with the case manager. Because she holds the team in high regard, one occasion stands out in her experience, when a case manager was not sensitive to her distress and she then 'just lost all confidence with him'. So for Rhoda we see that confidence in the case manager is vital, builds over time and can be broken. This

noted event was followed by a change in case manager; Rhoda is enjoying the new case manager relationship. She considers this to be a relationship where she and the case manager can speak plainly and freely, and discuss differences, rather than avoid things.

BRIDGET HAMILTON



Evan: Alright, Marcus, thank you for wanting to do this research project. Certainly it will help the service improvement in some way. So your feedback will be positive or negative, whatever, whatever you say will be confidential and your case manager won't know what you've said, alright¹.

Marcus: Okay.

Evan: Now I have never had a case manager, Marcus, even though I'm a consumer like you. I only had a private psychiatrist sort of thing, and so what it is like to have a case manager?

Marcus: I've just got a question for you. Is the case manager my nurse, the one I see that gives me the injection?

Evan: The one that you see all the time, yeah.

Marcus: Yep. Look, it's really good, it's positive as well, in a way where they help you with whatever you need, if you're looking for work and stuff like that.

Evan: So in what way have they helped you?

Marcus: They helped me like they put me through to Job Network members and stuff like that to help me look for work. They've tried to help me quit smoking, like quitting smoking. They're just good, like they cared, you know what I mean, like they ask you how you're going and stuff like that and they check up on you. And if you have any problems or you need to talk they're always on call as well.

Evan: They're always on call, that's great. So you can pick up the phone and just call them.

Marcus: Yeah, I call them, I can leave a message or talk to someone else if they're not there, or, yeah.

Evan: So do you see your case manager by their request or by you wanting to see them, or both?

Marcus: I've seen them both in a week but like now because I'm pretty good and stuff like that, I'm looking for work and stuff like that, I only see her once every fortnight.

Evan: Yeah, yeah. So how long have you had your case manager?

Marcus: I think it's been about two years now, or nearly three years I think.

Evan: And so what kind of things do you do with your case manager?

Marcus: We talk.

Evan: You talk?

¹ This promise of confidentiality, made at the beginning of the interview and again later in the interview (p52), is at odds with the information given about the use of the interview, to which Marcus originally consented. So the project supervisor (BH) spoke at length with Marcus, to review the draft chapter. We explored the issue, re-confirming that his consents to the publication of this interview transcript in total.

Marcus: Yeah, we talk about like, I don't know, we just talk and stuff like that.

Evan: And you find that helpful?

Marcus: Yeah, look, it's helped, it helps, like positive conversation is good, you know what I mean?

Evan: That's good, yeah. So I'm looking for feedback sort of from what you've seen from the nurse or case manager. What sort of feedback, what sort of good things have they done to you?

Marcus: Good things that I've got done to me is like they've helped me get my life on track in a way, like I had parking fines and stuff like that, from like, I used to take a lot of drugs and stuff like that as well, and they helped, like they helped ...

Evan: So they helped you come off that addiction?

Marcus: They helped me come off the addiction and stuff like that, and like

I have taken it a couple of times but I haven't done that, I haven't done so for a long time and stuff like that.

Evan: So you're improving?

Marcus: Yeah, like I've more than improved, like ...

Evan: That's good. Yeah, it's like when you see a case manager it's like pruning, you know.

Marcus: Yep.

Evan: You know, as you prune a tree you get better. They prune you, they prune the bad things from you and you get better. So have you noticed that?

Marcus: Yeah, I have, like I've been training for four months now, like I've been doing gym and stuff like that.

Evan: Right, yeah, I noticed that.

Marcus: And like they helped with ...

Evan: And you enjoy that?

Marcus: Yeah, I do enjoy gym but I'm kind of starting to get a little bit bored and I'm taking a bit of a break, so I've started boxing now, to keep the fitness and stuff like that.

Evan: Oh, good. What type of boxing, kickboxing?

Marcus: No, just normal boxing, yep.

Evan: Just normal boxing, yeah. And you enjoy that too?

Marcus: Yeah I do.

Evan: And who got you into that, you or the case or the nurse?

Marcus: No, actually a friend got me into that, but like I talked to her about it and she goes, 'How's it going?' and stuff like that. It's like she's more like a friend in a way, you know what I, if you understand what I mean, like, yep.

Evan: Well that's good, good on you. That's good. So the case manager led you there almost?

Marcus: Like she said, 'Are you doing gym?' and stuff like that, and I thought about it and I started doing gym and stuff. And she said like, 'You shouldn't smoke' as well, and I thought like, I told her I tried, I quit for a week but I started again. And then she goes, 'Look, if you need help with patches, we've got a counsellor here that can help you with patches and stuff like that'.

Evan: So are you happy seeing your case manager?

Marcus: Yeah, I am, very happy.

Evan: You are, okay, that's good. What role do you see the case manager being? Marcus: Look, the role I see it as ... Evan: How did you describe the role?

Marcus: How do I describe the role? I'd probably describe it in a sense of, like if I have any problems or any issues or I need to talk about anything, they can help, like she can help with that and stuff like that.

Evan: And can you give me an example, a specific example, of where, I mean you mentioned the smoking; you mentioned the drug addiction; you mentioned work; you mentioned the gym; finding a friend; boxing; any other ways that they've been helpful? In the beginning maybe?

Marcus: Look, in the beginning they were helpful in the sense of like, I was on medication and stuff like that and I had taken a lot

of drugs and stuff so I was tired a lot and stuff like that. So they just come to my house, like they used to say, 'Would you rather come to the clinic or would you rather have us come to your house?'

Evan: Oh, isn't that lovely?

Marcus: Yeah, like do you know what I mean, they were really ...

Evan: They give you the option.

Marcus: Yeah, they gave me the option, I used to say, 'Come to my house' and stuff like that.

Evan: That's good. Just like a friend.

Marcus: Yeah, no, like a friend but like ...

Evan: A professional friend.

Marcus: Yeah, a professional friend, but she says it ... you know, she goes like ...

Evan: Maybe better than a friend.

Marcus: Yeah, I don't know, like, yeah.

Evan: So how do you feel speaking with the case manager?

Marcus: Very comfortable, very good.

Evan: So, if I asked you if you wanted things changed to be a little bit better, what would you change?

Marcus: Look, I really wouldn't change anything. Like ...

Evan: Pleased with the service?

Marcus: Yeah, I'm pleased with the service, like, yeah, really, I'm actually pleased with the service because I've done it for three years now and I've gone from ups and downs and stuff like that.

Evan: Sure, sure.

Marcus: And like currently, I see her once a fortnight and like I get my injection and stuff like that, we have a talk for about half an hour or so and she goes, 'How's things going?' and stuff like that and just, you know.

Evan: And you find that helpful?

Marcus: Yeah, like it's good, you know.

Evan: In what way has the case manager been important in your life?

Marcus: Look, the important way is if I had a problem or something like that I could just call and it would help, do you know what I mean, like I could say, 'Look, this is my problem' and stuff like that.

Evan: And you could ring on the weekend?

Marcus: Yeah, I'm not sure about ringing on the weekend, I don't know if I have or not.

Evan: Through the CAT team maybe? You know what a CAT team is?

Marcus: Yeah, the CAT team is the one that the ...

Evan: They've explained to you what a CAT team is?

Marcus: Yep, yep, they have.

Evan: So you could ring the CAT team, leave a message for them to contact your case manager?

Marcus: Yeah, see the thing is I'm not sure if I rang the CAT team at all.

Evan: Okay, you've never had to maybe.

Marcus: I think I did a couple of times.

Evan: In crisis?

Marcus: In crisis, yeah, I think I did.

Evan: And so the case manager was able to get you out of that crisis that you ...

Marcus: Yeah, they said, 'Look ...' like they said, you know, the guy on the phone said, 'If it's serious enough, go to the emergency ward and we'll see what we can do' and stuff like that. Or 'If you can stay home and then come see us in the morning and talk to a doctor and see what they want to do', like, you know.

Evan: So obviously the case manager was able to find your strengths and encourage you to build on them?

Marcus: Yeah, like if you want to look for a job they'll help you look for a job and stuff like that.

Evan: And in what way have they helped you?

Marcus: They helped me, like they used to take me to the appointments and stuff like that, by car and stuff like that, because it was ...

Evan: To go to the interviews?

Marcus: Yeah, to go to the, not job interviews, they used to take me to go to see the ...

Evan: The Job Network.

Marcus: Yeah, Job Network member.

Evan: And what did you learn there? Did you fill in a, did you write a resume, they helped you do that or ——

Marcus: Like, yeah, I told them where I've worked and stuff like that and they did a resume for me. They stayed through the whole interview then drove me home as well.

Evan: So have you worked before?

Marcus: Yeah, I have.

Evan: And what type of work?

Marcus: I've done security, I've worked at (company name) as a baggage handler.

Evan: At the airport?

Marcus: Yeah, at the airport.

Evan: Okay, that's good. Have you tried to get back into that?

Marcus: I actually did try to get into catering at the airport, because my sister just got in, but they didn't give it to me.

Evan: Oh well, there's options in the future.

Marcus: Yeah, yeah, there is, like I'm still looking for work and just, you know.

Evan: I mean security work there's a lot of work around for that, even in casinos and pubs.

Marcus: There is. Like I was doing my security licence, that's when my sister told me she's working at (company name) and I thought, 'I'll (indistinct) my security licence'.

Evan: (company name) is a lovely organisation.

Marcus: Yeah, they are, they are, but they weren't as good when I was there, like there was a lot of, it wasn't as good as it seemed from the outside if you know what I mean.

Evan: Yeah, yeah, yeah. So is the case manager working on trying to get you into the workplace?

Marcus: She asked me today, she said, 'Look, we've got a ...' like not a case manager but they've got like a consultant, because I'm with (company name).

Evan: Employment consultant?

Marcus: Yeah, an employment consultant. And I'm with (company name) and I said, 'Look, I haven't seen them in two weeks and I'm looking on my own in a way', she said, 'Look, we can put you through them', and I said, 'No, I'll try to do it on my own'.

Evan: So are you going to see this employment consultant?

Marcus: No, I said I didn't want to.

Evan: But the case manager offered it to you?

Marcus: Yes, she did.

Evan: Okay. Well maybe in the future if you need to, but you're saying you're competent enough to ...

Marcus: Yeah, I'm saying I'm competent and I'm already with (company name) which is ...

Evan: Okay, which is not far away.

Marcus: Yeah, she said, 'Look, it'll double up your options' and stuff like that.

Evan: Yeah, yeah. So what do you do with (company name)? I remember going through employment, like the (company name) organisation, they helped me a lot, they'd help me write resumes, they helped me organise myself into interviews—time manage, you know, manage my time, doing interview after interview after interview. And is that what they do, (company name)?

Marcus: Yeah, it is what they do, but the thing is I haven't worked in actually about a year and ten months now.

Evan: That's nothing. I've seen people that haven't worked for fifteen years and they're finding it really hard getting back in the workforce. And you've only not worked for, what, a few months maybe?

Marcus: No, two years nearly.

Evan: Two years, yeah. Well you know, you're still young anyway.

Marcus: Yeah, I know like I'm still young and stuff like that but like I was doing a security course and I finished the first week and then I got the flu.

Evan: And how long was the course for?

Marcus: The course was for two weeks. I would've had a week off and then got Certificate III, you need Certificate III now.

Evan: Yes, yes. And have you got that?

Marcus: No, no, I didn't do it, like I stopped the first week, I got the flu, and then I applied to the (company name) job and then I had the flu for three weeks, so they gave me blood tests and stuff like that from my clinic, like they checked my obs and stuff like that, and everything came back clear and now I'm just, I don't want ...

Evan: So you might do the Certificate III?

Marcus: I don't want to do security now, like I've thought about it and it's just not for me, I don't want to ...

Evan: Okay, so what do you want to do, have you thought about that?

Marcus: No, look, I've been looking at, I'm thinking of maybe doing labouring or cleaning or something like that. Like I wouldn't even mind doing like a dishwasher job, you know, like it doesn't worry me.

Evan: Yes, you mentioned catering at (company name).

Marcus: Yeah.

Evan: Have you tried to write a letter to them?

Marcus: See, I rang them, my sister put in a good word because she knows one of the managers, but they didn't say anything so I'm not going to push on it.

Evan: Well the options are good, Australia's a very good country here.

Marcus: Yeah, yeah, I'm not saying it's not.

Evan: There's opportunity for the young here.

Marcus: Yeah, yeah, there is.

Evan: there? Have you been to (country), back

Marcus: Yeah, it's been probably I think ten years or something

like that. So ...

Evan: And can you compare from there to here?

Marcus: Yeah, it's very different.

Evan: It's very different, isn't it.

Marcus: Yeah, it is.

Evan: There's opportunities here.

Marcus: Yeah, there is, there is.

Evan: That's good. So if I asked you to sum up in a few words of what your case manager is or does to you, how would you describe your case manager?

Marcus: Look, I would probably describe her as someone to talk to if you need to talk, someone to help you if you need help with anything, and I don't know, that's about it, do you know what I mean, it's someone on call you can call as well.

Evan: And that's very important for you of course.

Marcus: Yeah, it is important in a way, like because you know, it's good, do you know what I mean.

Evan: Yeah, yeah, yeah. So what you said is very important stuff really for anybody really, you know, when help is required and it's not there, you can be sort of in turmoil, in crisis.

Marcus: Yeah, yeah.

Evan: And it's more important for us who have a mental illness to have someone that we can relate to, because relationships play an important role in our recovery.

Marcus: Yeah, it does.

Evan: So you said you've got a friend too who's helping you. That relationship is helping your recovery.

Marcus: Yeah, it is.

Evan: Meaningful relationships are very important So it's good that you've improved, Marcus, in that way. Look, so if you could compare when you first had the case manager to now, what sort of improvements have you seen, or what sort of changes can you see from the first instance of having the case manager, to now?

Marcus: Look, I don't know if I've seen that many changes. Like it's kind of been the same since the start to now, but when I was in the condition I was at the start, it didn't, it just, it was different, like you know, you haven't met them before and it's hard to get, like it was just different. It was hard in the sense of like, you know

them, and stuff like that, it's like, 'Look, we can do anything to help' and stuff like that, and it's like, 'Okay, so these are my problems' and stuff like that, and they say, 'Look, these are the stuff we can do'. But it just, like, see the way it is, like it took not long, but it took a little bit of time to get used to them and stuff like that, if you know what I mean.

Evan: Yeah, yeah. So have you got a plan with the case manager, like a plan that you work on?

Marcus: Like—what do you—I'm not sure what you mean.

Evan: Have you put a plan, has the case manager put a plan with you together setting goals or little tasks that you have to do, you know, through the month or the fortnight that you don't see the case manager? Any little tasks or little goals?

Marcus: No, look, I'm mainly more of the sense of I say, 'Look, I can do it myself' and stuff like that and she says, 'Look, if you need help you can call' and stuff like that. But it's more the sense of I say like I'm looking for work now and stuff like that and when I see her ...

Evan: So that's the main plan?

Marcus: Yeah, for me the plan ...

Evan: To try and get you back into work?

Marcus: Yeah, that's kind of the plan, but I'm doing it on my own if you know what I mean. Like I've got help from (company name) and I've got the, what do they call it again?

Evan: The employment consultant?

Marcus: Not the employment ...

Evan: The Job Network?

Marcus: No, no, the ...

Evan: The nurse, the case manager?

Marcus: Yeah, the nurse, the case manager, I've got them to help as well if I need, yep.

Evan: Yeah, yeah, but they can only help so much and the rest is really up to you.

Marcus: Yeah, it is.

Evan: And it's good that you're taking that responsibility, good on you. You know, there's a lot of people I've seen that expect the responsibility, they throw the responsibility on the case manager and expect the case manager to give them on a silver platter the job, you know. It's good you've taken the responsibility and you're going the right way about it. So before I close the interview, Marcus, is there anything you want to add in particular?

Marcus: Look ...

Evan: I mean everything you've said is positive and rosy, that's good. Is there anything that sort of over those years was a concern for you that you think you—I mean it's confidential, so no one will hear this, your name won't be attached to what you say here.² So if there's anything like you feel that there was some discrepancy or something that may require a little bit of improvement or a little bit of, in the way, over the years I mean, not just, you know, over the week or ...

Marcus: Yep, look, see the thing, I don't know what, I'm not quite sure, but for me the way it is now it's like I'm comfortable with it and stuff like that, but ...

Evan: Yeah, but I mean before, before, with anything that you think may have required, in your opinion, if you were the case manager what would you have done different to what your case manager's doing?

Marcus: Look, I wouldn't have done that many things different, but I would've, like, if I could've done anything different, I would've found a way where, I don't know how but, like when you first introduce yourself and stuff, maybe spend maybe a little bit more time with them or something like that, or maybe spend a day, so they can get used to you and stuff like that.

Evan: A full day?

Marcus: I don't know about ...

² See the earlier footnote, page 77

Evan: Yes, please say what you think. So you're saying on first instance, to spend a bit longer than the hour or the half hour or whatever they see you in. Like the first instance, to spend a bit more time with you?

Marcus: Maybe not the first instance, but maybe in a week you'd see them three times; I don't know if I did see them three times, I think I saw them twice, but maybe for like, maybe go out to lunch or something like that.

Evan: Mmm, that'd be nice, wouldn't it?

Marcus: Yeah, like something where ...

Evan: So they don't do that, they haven't taken you out to lunch or coffee?

Marcus: No, like you're not allowed to leave in some instances and stuff like that they say. Like today, with the case manager I was looking up dogs and stuff like that and I was telling her how my dog bites and she was telling me how she had a dog and stuff like that.

Evan: Yeah, sharing the same experiences.

Marcus: Yeah, like talking, do you know what I mean. But see, I don't know, maybe for me because like I used, I hear a lot of voices and stuff like that.

Evan: And the medication's not helpful?

Marcus: Look, the medication, the only problem I really, I didn't mind taking the medication at all, but I got really drowsy, like you know what I mean, I got tired and stuff like that, and I asked them for help and they said, 'Look, we'll take you to the interviews', and they used to come and wake me up and stuff like that and I used to go to the interviews with them and stuff, you know. Like they helped a lot but I was just saying like when you first meet someone, you need like ...

Evan: More intensive time.

Marcus: You've got a lot going on and stuff like that and you think, you know, like, 'I don't know you' kind of thing.

Evan: So you need more time to spend with them.

Marcus: Yep, I'm not sure like what they could do but ...

Evan: No, that's good, a good suggestion. I think it's a valid suggestion actually. You know, case managers are sometimes over-committed with their work, but I think what you're saying is at the first instance, yeah, sure, go out for a coffee or take you out for lunch to get to know them a bit more, not on like a, what's the word, a professional level, but more on a social level.

Marcus: Yeah, maybe, I don't know about like, I think, I don't know, yeah, maybe more on a social level but more in a sense of like, because if you meet someone for an hour and like I had a lot going on, you know what I mean, at the time, I had a lot like ...

Evan: So you had a lot to say?

Marcus: Not a lot to say, I had a lot just in the sense of hearing voices and stuff happening and stuff like that and like I saw them for, I think I saw them twice in that week, but when you're actually like, when I was in the thing, what's it called?

Evan: Inpatient ward.

Marcus: The inpatient ward.

Evan: At St Vincent's, yeah, yeah.

Marcus: Yeah, and you're there like 12 hours a day and stuff like that and you see them twice for probably two hours and they say, 'Do you want to keep talking?' but you think, no, no, that's okay, you know, like that's the way I was in a way.

Evan: I see, yeah. Well that's fair enough, it's a fair, valid comment. What I was going to say is that I run a spectrum of cultures consumer group at St Vincent's there, not at the Mental Health Clinic, but at the Bolte Wing which is another wing of St Vincent's Hospital, and you're welcome to come along to that if you want to, and the option is up to you really if you want to come along. But with regards to this research project, I'm really happy for your input that you've said today and hopefully what you said will be documented. There'll be a transcript of the whole interview and I'll be coming for the second interview, that's if you agree to it.

Marcus: Yeah, that's fine.

Evan: And you have a look at the transcript, and if you want to add more or take off what you said at the interview, we'll do that according to what your wishes are, alright?

Marcus: Yep, alright.

Evan: Well thank you, Marcus, thank you very much.

Chapter 9

NARRATIVE SUMMARY

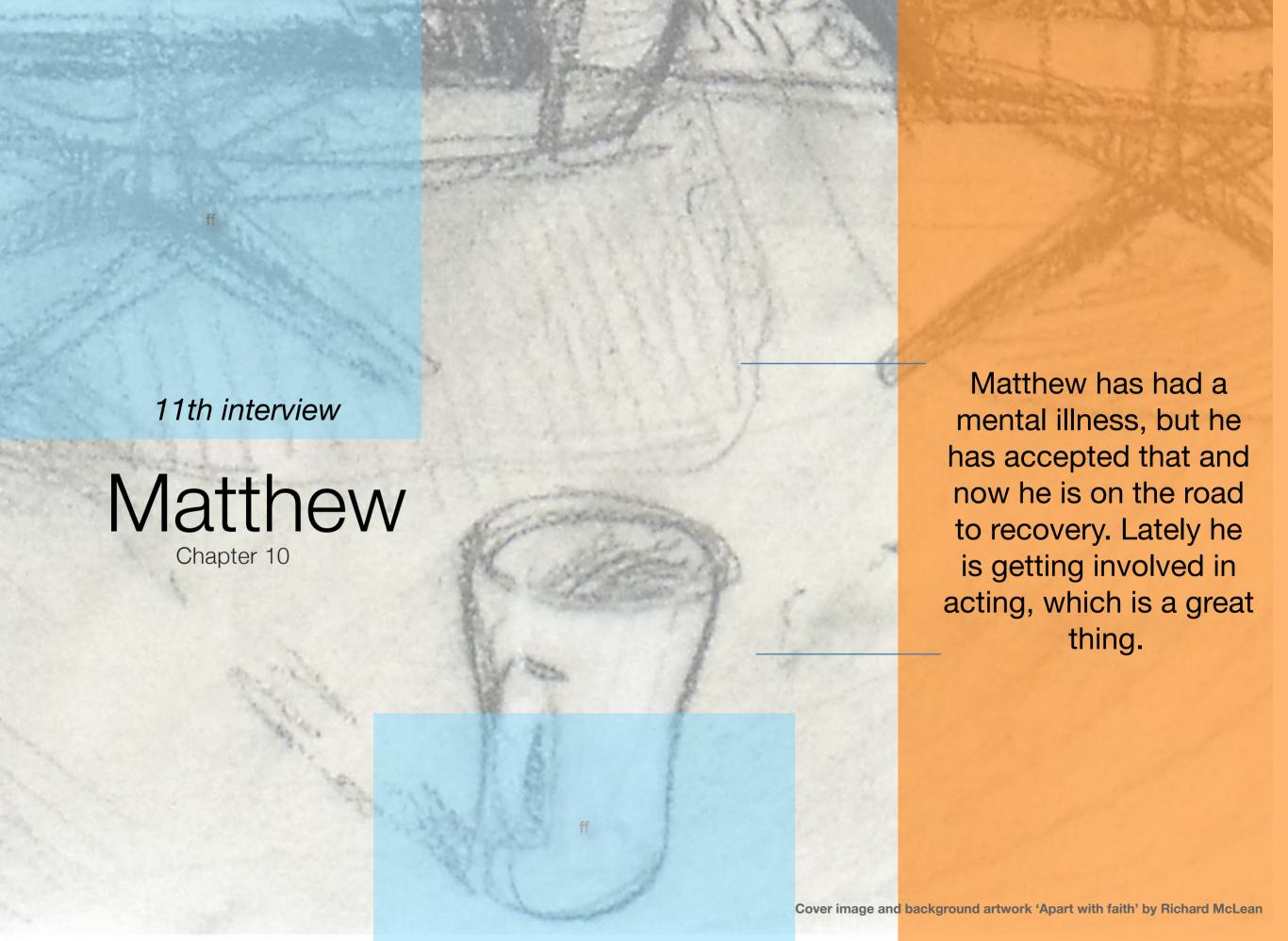
Marcus says that he could not have got his life on track, but now with the case manager this has been possible. Marcus appears to be taking responsibility for looking after himself and likes the independence of making his own decisions.

For Marcus, as he talked, there seems to have been an initial, a middle and a present phase, with case management. He considers that the case manager does a lot of caring; checking with him that he is ok; talking with him in positive conversations. Marcus reaffirms this by stating that if you need help, you get help from the case manager. Early on, the case manager was able to help him out of a mess as he explained with parking fines. He thought that the case manager could start earlier with engagement, while the person is still in the inpatient unit. He reflects how he progressed slowly from then on, with encouragement from the case manager and assurance for a hopeful future. He reflects that he has travelled a lengthy journey of recovery, positive in more instances because the case manager has been part of that journey.

At the initial phase Marcus wonders if the case manager should spend more time with the client, maybe even a full day or taking the client to lunch. This is so getting to know each other can be established a lot quicker. Case managers do well to be accessible, to be on call when needed. Case managers can be like a friend, or family member, they can be like a life coach, aiming to build on the person's strengths to live life to the fullest possible.

Marcus has a very clear goal in wanting to find work, and is motivated in seeking for it. The case manager has encouraged Marcus to go with this goal and strength, has offered to channel him towards a vocation but has also left Marcus to progress this, according to his preference. The case manager has assisted Marcus in other ways to strengthen his character, by supporting him dealing with his addiction to drugs. The case manager has been a great help with him working through hearing voices and Marcus values this, because it is not something just anyone could help him with. Marcus indicated that it takes a long time to establish a good conversation and understanding with the case manager. Overall, Marcus has come a long way in his recovery and the case manager has benefited him greatly in this.

EVAN BICHARA



Evan: Alright, thank you Matthew for wanting to do this research project. We hope it becomes just as fruitful for you as it is for us to do this research.

Matthew: Alright, no worries.

Evan: Now Matthew, I've never had a case manager before, I've only had like a private psychiatrist that I dealt with my illness with.

Matthew: Okay.

Evan: So I'm curious to find out what it's like to have a case manager. Do you mind telling me a little bit ——

Matthew: Yeah, well to have a case worker, it's great, because they help you with getting into routine, they help you to basically get motivated. They help you with work, they help you get achieve the goals you want to achieve basically.

Evan: Okay, so you mentioned work, how have they helped you find work?

Matthew: I've been seeing an employment officer by the name of (worker's name) that works at (the) Clinic, and he helped me type up a resume a few weeks ago and ...

Evan: He actually helped you with your resume?

Matthew: Yeah, he did, yeah.

Evan: Very good.

Matthew: And he's helping me get a, he works for employment and he's helping me get a job in being a child supervisor next year.

Evan: Okay, that's good. So this guy (worker's name), he's not your case manager?

Matthew: No.

Evan: The case manager got you onto (him)?

Matthew: (Case manager's name), yeah.

Evan: Okay, that's good. So you were wanting to work in the field of child supervising?

Matthew: That's right, yeah.

Evan: Oh, good on you. Well, so you mentioned other things that case managers do, like you mentioned that they're helpful; in what way have you found them helpful, Matthew?

Matthew: In what way have I found them helpful? Just being persistent with their job, just being calm, just the way they do their job is very persistent. They really do their job the way they should do it, they don't stuff around with things like that, they really, how do I put it? They're really ...

Evan: So how long have you had your case manager for?

Matthew: Probably three years.

Evan: And so how often do you see your case manager?

Matthew: Every Tuesday.

Evan: So once a week?

Matthew: Once a week.

Evan: Do you find that that is enough?

Matthew: Yeah, that's plenty.

Evan: And if you wanted to contact your case manager, can you

do that?

Matthew: Yeah, I can ring her up on her mobile, yeah.

Evan: That's good. And they're ready to serve you?

Matthew: That's right, yeah.

Evan: That's good. So I'm looking for other feedback that case managers do that you find helpful or not so helpful that may improve, that we may utilise to improve the way that they do work.

Matthew: Okay, stuff like, not with me but with my girlfriend, I mean they've been having meetings with my girlfriend about someone else she's living with and they haven't been too helpful with that. She's been getting abused by one of her flatmates, my girlfriend nearly had her room burnt down by one of her flatmates, and the case worker says that was quite safe, they didn't deal

with it, but it's only because I've hassled them and said that I'll take legal action that they're going to deal with it now.

Evan: So can you be more specific with that, in the role of the case manager?

Matthew: Yeah, in the role of the case worker, they should be supporting her, instead of taking sides with the other client.

Evan: And are they supporting you?

Matthew: They're supporting me but it's not me they're working with, it's my girlfriend they're working with at the moment, so this is her case worker.

Evan: Oh, her case worker.

Matthew: Yeah, it's her case worker.

Evan: Okay, so you're talking about another case manager?

Matthew: Yeah, another case worker, yeah.

Evan: Okay, so yeah, so you're finding that they're not helpful for her.

Matthew: Not really no. They've had endless meetings with her, but it never changes anything, they don't help the situation.

Evan: And with you, have you found the case manager in some way not been helpful?

Matthew: For me, no, no, perfect.

Evan: That's good. So what has happened over the time that you have worked with the case manager? Have you noticed a lot of improvements?

Matthew: Yeah, I have, yeah. I basically just go into a consumer group and things like that.

Evan: They linked you into that?

Matthew: (Indistinct) and just outings with ARAFEMI and stuff like that.

Evan: Okay, they also linked you to that too?

Matthew: Yeah, yeah.

Evan: And you've found those links helpful?

Matthew: Yeah, I have, yep.

Evan: That's good. So what have you been able to do lately with your case manager?

Matthew: Probably, probably just looked for work and looked for accommodation, and they're going to help me find accommodation.

Evan: So this is temporary here?

Matthew: This is temporary, yeah.

Evan: Okay, okay. And they've sort of queried what type of area you want to live in?

Matthew: Yeah, they have, yeah.

Evan: That's good.

Matthew: Because we're supposed to be getting married some time next year.

Evan: Okay, good on you, that's good. So you're looking for accommodation with your ——

Matthew: Yeah, girlfriend, yeah, fiancée. Yeah.

Evan: That's good. So are you happy with seeing your case manager?

Matthew: Oh yeah, pretty much.

Evan: And how did you, if you had to describe in a few words what the case manager's role is, how would you describe it?

Matthew: Well, I'd say case managers are there to help the client out, there to help their client achieve the goal they want to achieve. Basically they're there to just be there for the client basically, yeah, just ...

Evan: Sure. So the case manager's done a plan for you?

Matthew: Yeah, done a plan for me, yep.

Evan: Good on you. And goals?

Matthew: And goals, goals in it, yep.

Evan: And have you achieved some of them?

Matthew: Yeah, I have, yep.

Evan: Good on you. Can you be a bit more specific with your goals?

Matthew: Yeah, stuff like work goals, hygiene, all that type of thing. Stuff like ...

Evan: With work, what do you mean with work, have they got you into paid work, voluntary work, both?

Matthew: Probably ah (yawn) ...

Evan: You're half asleep (laughter).

Matthew: Yeah, probably voluntary work because I used to work at (organisation name) and I was working there voluntary, so they got me into that.

Evan: Yes, they're a good organisation.

Matthew: Yeah, good organisation, yeah. So they helped me with that. The next job I'm doing will be paid work, so yeah.

Evan: Yep, that's the next step at the moment, yeah. That's good. So how many hours voluntary work have you been doing?

Matthew: Probably eight hours a day.

Evan: Really?

Matthew: Yeah, eight hours a day.

Evan: Five days a week?

Matthew: No, no, no, two days a week, two days a week.

Evan: That's good.

Matthew: So I did that a few years ago down at (organisation name), I went back in last year.

Evan: So is there anything that you didn't like, that the case manager's done?

Matthew: Not with me, not so much with me, they've done pretty much a lot with me. Everything they've worked towards with me and helped me achieve, pretty much supported, pretty well.

Evan: That's good. So if you had to, like you said you had the case manager for twelve months, can you sort of relate how in the beginning you had the case manager to now having the case manager, can you see an improvement in the case manager's role with you and what improvements can you see?

Matthew: Yeah, I can, yeah, I can. Yeah, I can see a lot of improvement, especially at that stage I was looking for work and they couldn't find anything for me and now they could so, yeah.

Evan: Can you tell me a bit more about that?

Matthew: Yeah, at that stage, I wasn't ready for looking for work at that stage so I was still, I probably wasn't as well as I was then,

but now I'm weller, and more motivated they've started to look for work for me. So yeah, so during the time I was working at (organisation name) they were looking for work for me then, but before then I wasn't ready for work but at that stage I was looking and ready for work. And now I'm looking for paid work, so yeah.

Evan: So you mentioned this child supervisor — —

Matthew: Yeah, child supervisor, yeah.

Evan: That's good, in a childcare centre?

Matthew: No, no, it's walking kids across the road.

Evan: Doing what?

Matthew: Being a child supervision, a crossing supervisor.

Evan: Oh, crossing?

Matthew: At a crossing, yeah, a child crossing supervisor.

Evan: Oh, like a lollipop man?

Matthew: Lollipop man, yeah. I'll be doing that next year.

Evan: Oh, that's a great job, because you'd meet a lot of people doing that job.

Matthew: Well, you do, yeah. So I filled out the, I've been for the interview. Basically had the interview, filled out the papers and now I'm on the waiting list so I should get it next year.

Evan: Good on you. That is one job that --

Matthew: It's one job, that's right, and it's paid as well.

Evan: So you do it in the morning and ——

Matthew: Yeah, and in the afternoon for five days a week, yeah.

Evan: Good on you, it's a good job and it's a paid job?

Matthew: It's a paid job, yeah.

Evan: It's paid by the council isn't it?

Matthew: It is, yeah.

Evan: Good on you.

Matthew: And apart from that, I'm a Salvo, down at (location) Corps. I have been a Salvo now for eighteen years.

Evan: And how do you find that?

Matthew: I love it. I just love working beside the community, doing Red Shield Appeal and doing meetings of Corps cadets, training soldiers to become soldiers, and I've done a bit of drug and alcohol rehab, on the streets with a mate of mine, he's a youth worker in the Salvation Army.

Evan: So the case manager linked you to that?

Matthew: No, that was something I did before.

Evan: You did?

Matthew: I did, yeah, something I did.

Evan: Good on you. And do you think the case manager

motivated towards that?

Matthew: No, not really, it's something I've motivated myself towards. So something I joined up quite before I went to mental health clinic at eighteen.

Evan: And the lollipop crossing supervisor?

Matthew: Yeah, that was ...

Evan: Did the case manager ...?

Matthew: Case worker did that, yeah.

Evan: That's great, that's really good. So that's really important to have a paid job.

Matthew: Yeah, it is, yep, that's right, yeah.

Evan: And so how do you feel speaking with the case manager?

Matthew: Yeah, pretty good.

Evan: Confident?

Matthew: Yeah, confident, yeah, pretty much.

Evan: Because it's important to have meaningful relationships.

Matthew: Well that's right, it is, yeah. Evan: And to build that relationship with a case manager is a starting point.

Matthew: It is.

Evan: To build other friendly relationships with the community.

Matthew: That's right, yeah.

Evan: You say you to go to a consumer group as well?

Matthew: Yeah, that's right, yeah. And they are really interesting because they talk about what can be changed ...

Evan: Is that (organisation name)? Matthew: No, it's (organisation name). Evan: Oh, at (organisation name).

Matthew: Yeah, so it's basically during the week, things they can change. Stuff like how you're feeling and things like that, and outings and things like that.

Evan: And did the case manager, when they linked you to that consumer group, did they attend on an initial basis?

Matthew: Yeah, they do.

Evan: And they still attend?

Matthew: Yeah, they do, yeah.

Evan: Every time you attend they attend?

Matthew: Yeah, they pretty much.

Evan: Gee that's good. So if you had to change the service to improve it, what ways would you change it?

Matthew: Well, not with me with my case worker, but my fiancée's case worker, I would be putting someone into hospital if they were unstable. I wouldn't be letting them get away with it and letting them live in that unit if they were unstable, I wouldn't be doing that. That's how I'd change it, because I just don't think it's fair for my fiancée to live in a unit where she's going to be abused by her own flatmates. And then with the other flatmate just laughing, everything's a joke and thinks she can probably get away with anything. Because when someone tries to burn down a room, that's not normal.

Evan: Of course it isn't. But is that his case manager too?

Matthew: That was the client that my girlfriend's living with at the moment and her case worker's not doing anything about it.

Evan: Is her case worker seeing him as well?

Matthew: Seeing her?

Evan: No. him.

Matthew: Well it's not him, it's her, she's living with two other girls.

Evan: But we're making reference to another case worker?

Matthew: Another case worker, yeah.

Evan: And this other case worker, she's ——

Matthew: Yeah, she's a woman, yeah.

Evan: She's seeing your girlfriend?

Matthew: Yeah, she's seeing my girlfriend ——

Evan: But is she seeing your girlfriend with the boyfriend?

Matthew: Well it's not with me, it's not her boyfriend, it's a girlfriend she's living with.

Evan: I see, another girl, yeah.

Matthew: Yeah, another girl she's living with, yeah. So yeah, she's seen them, they have meetings but nothing ever happens.

Evan: And this case manager's from the St Vincent's?

Matthew: No, from (organisation name). And they said, 'Don't get stressed, Matthew', because I had a go at them the other day about it, I said it needs to be dealt with and they said they'd get on top of it. But nothing ever happens and she just, my fiancée goes to her room and cries because it's that bad.

Evan: So have you suggested to, I mean this is just, have you suggested to your girlfriend to go to St Vincent's?

Matthew: Not yet, not yet.

Evan: Because the St Vincent's service of case management is really good, as you point out too.

Matthew: Okay, alright, that's right.

Evan: It might be worthwhile suggesting that she changes her case manager.

Matthew: Yeah, it might be an idea, yeah, because she just finds that she's not getting anywhere with this situation. And the woman nearly left the toaster in her room near the blankets. The case worker said, 'Oh, it wouldn't have burnt, the smoke detector would've went off if it had been dangerous and that's quite safe'. And that's ridiculous, that's not safe at all.

Evan: Of course it isn't.

Matthew: And the woman who did this is having a big laugh about it and she thinks it's a joke.

Evan: She might need medication or something.

Matthew: Yeah, need medication or something, yeah.

Evan: Or treatment.

Matthew: Or treatment, yeah, that's right. So it's not funny and it's not, it's quite dangerous.

Evan: It can lead to ——

Matthew: It could've led to worse, the room could've been down. So I haven't been too pleased with the case worker about this situation, but I spoke to St Vincent's actually, I did actually, and

they said to me, 'She's got rights and we could see a lawyer through Mental Health'.

Evan: Okay, it's something that you can pursue ...

Matthew: Yeah, that's something to pursue, yeah.

Evan: So you mentioned about the consumer group that you go with your case manager. So how do you input into those activities?

Matthew: Well, input, for myself, input ...

Evan: With the case manager?

Matthew: With the case worker. Input that I'm motivated, I look after my hygiene well, I eat regularly, and I don't smoke, I don't do any illegal drugs or anything like that. So basically I therefore look after myself and take responsibility for my own actions.

Evan: That's good, that's really good, yeah. Alright, well look, before I shut this interview, is there anything that you want to add, Matthew, in how to improve services and how to improve a case management approach to you? Any other, any suggestions that you can bring forward?

Matthew: Probably just being there for the client, not taking sides, probably being there for the other client, and letting her have her say, letting my fiancée have her say, and she's got ——

Evan: I'm talking about the St Vincent's case worker that's seeing you.

Matthew: Oh, St Vincent's seeing me.

Evan: Is there anything that you can, anything that you'd like to talk about before ——

Matthew: Who am I seeing at the St Vincent's? I think it's doctor, I'm seeing (case manager's name) from the Clinic and I'm seeing (name) who's a psychiatrist from (the) Clinic.

Evan: Yes, but I'm talking about (name) who's the case worker.

Matthew: Yeah, case worker, right.

Evan: Is there anything you'd like to, you know, any recollection about some stuff that you've done with (case manager) let's say, that you've found to be very helpful, something that you've done that you've found not so helpful?

Matthew: Okay, yeah, stuff like making me more motivated, really telling me to get my life together, really ...

Evan: Can you be more specific?

Matthew: Yeah, more specific. Probably telling me to really have a go at life sort of thing, really try your hardest to keep up your hygiene and all that sort of stuff which I've been doing, so that's great.

Evan: It's not easy having a mental illness, is it?

Matthew: No, it's not.

Evan: I know, I can understand that.

Matthew: Yeah, but I mean stuff, basically just things that could improve with her would be, I don't think I need to improve with her, she's been pretty good. But just with myself is, not try to take too much on, doing a little bit at a time. So like if I find a job, don't try and do full-time straight away, try and take it part-time, and things like that.

Evan: Yeah, little steps.

Matthew: Little steps, yeah.

Evan: (Indistinct).

Matthew: That's right, yeah.

Evan: Good on you. Alright Matthew, you. well thank

Matthew: No worries.

Evan: And I appreciate your time for this.

Matthew: That's alright.

Evan: And hopefully what you said can be ...

Matthew: Voiced!

Evan: Voiced, yeah, and improve the services overall. Thank you

Chapter 10

NARRATIVE SUMMARY

Matthew clearly likes to be a doer, more than a talker. Matthew emphasises that the doing, more than the talking, has been most important to him with the case manager (and the other group of people he associates with). Endless talking can produce zero, without the action to follow it he states. He appreciates how the case manager took a lot of time with Matthew until he was ready for work. Then they both applied to find work. Readiness and changing needs are very important for Matthew in order to act on something.

Matthew plans to get married in the near future, so this to Matthew is an important goal that the case manger can support him with, helping him with accommodation. Matthew does not like the formality of meetings too much. Matthew prefers to be doing what he

can to resolve an issue, rather than talking about it to find a resolved answer.

Matthew also attends as he mentions a 'consumer group' at ARAFEMI. He chose to call this group a consumer group rather than an activity group. This conveys the importance of the peer support structure to him of its members, the consumers. Matthew appears to place importance or value upon the peer relationships formed from this group and the activities that they do.

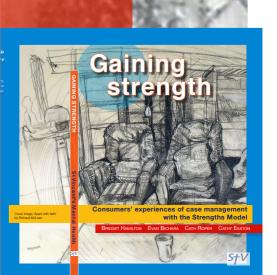
The case manager is always there for Matthew. Reliability seems important for Matthew, to have the case manager when necessary. Matthew's involvement and work with the Salvation Army, long before his (illness) contact with mental health services, gave Matthew a sense of familiarity and purpose, going back

there and contributing well. Matthew continued this vocation with ease even with mental health issues. It was not only comfortable but rewarding for Matthew to help people in this vocation.

Matthew says that he finds help from the case manager in the routines of his activities—with his hygiene, with motivation, with getting up and running with his life. The case manager has also helped Matthew with goal setting. Case management has worked with Matthew in areas that fit for him. He seems confident that the case manager can help him take one step at a time, encouraging him to aim for one step beyond here, not to bite more than one could chew. A case manager is perhaps like a life coach for Matthew.

Matthew communicates a strong sense of structure; a routine pattern of activities which the case manager might have an influence on. He sees the case manager on Tuesdays and they work towards the next goal that Matthew values. For Matthew the case manager does not have a strong clinical flavour but more of a social support flavour. At the moment the focus is on finding paid work. Matthew utilizes the case manager to navigate, with him, through his journey—being more like a life journey than a recovery journey.

EVAN BICHARA





Chapter 11
12th interview Tina

I am so grateful for the support of my family and friends. I am not ashamed of my condition and it is unfortunate that mental health conditions are stigmatised.



Evan: Alright, Tina, thank you for wanting to do this research project. What I want to ask you is, I've never had a case manager before, so I'm curious to find out a little bit more about what the role of the case manager is and how helpful they've been. Would you like to comment on that?

Tina: Sure. I've had two case managers over my two years and my first case manager was a psychologist who regularly ——

Evan: You're very lucky to have a psychologist.

Tina: Yeah—very regularly came, and rang me made sure I was okay, communicated with my mum who was my carer, and was more focused on medication and organisation. She was very organised, she was very helpful with everything that needed to be done. Currently I've got an occupational therapist as my case manager, who is good in another perspective. Because she's more based on I think that Strengths Model in terms of she's telling me, like she's trying to help me get back into the scheme of life and trying to get me back into, you know, studying and career and everything that I hope to achieve which I thought I wouldn't at the beginning to be honest.

Evan: So how has she done that?

Tina: Well, basically through, ah, she comes to my home which is different from my first case manager who was at the clinic. She comes to my home, we discuss little, well I guess just a bit of therapy. She helps me, she's taken me to like a volunteer centre

which I wanted to do some volunteer work, so she's helped me like that, she's very proactive in trying to get me to ...

Evan: Yeah, so she went along with you to these volunteer organisations.

Tina: Yeah, yeah, she organised it, she organised. And so she comes here, and we have completely different sort of therapy. Because now it's not so much based on what I do have and the symptoms I have, it's more based on, 'Okay, where do we go from here?' kind of, if that makes sense.

Evan: Yeah, of course it does. And have you noticed improvements in your case manager?

Tina: Yes, definitely, because she's given me a lot of, I'd say courage because she's very, maybe because I had such a negative view of my capabilities. She's given me a good kind of push and said, 'No, you can do that, you're not limited by your illness to do this and you can do that'. And you know I've gone back to school. I've done a couple of subjects at uni which was good. That was probably a highlight, I would have to thank her for that because she's given me a lot of strength to do that, like encouragement, and I think that's probably what I needed.

Evan: Now a lot of that is you, yourself. She's just sort of, she's like a catalyst.

Tina: Yeah, that's right, yeah, so that's really helped.

Evan: To see what you do. Most of that is what you've done, you know. So yeah, it's true, because I know what it's like to have an illness and I know having a counsellor input into how you, how a person develops through the community in ways of location or in school. But it's good that the case manager was able to give you that confidence, you know, and you go your own way, which direction you wanted to go. So I'm looking for feedback as to the way the case manager operates.

Tina: Okay.

Evan: So you obviously said it was positive.

Tina: Yep, yeah, well see I wouldn't be able to compare to the negative. I know that ...

Evan: Is there ways of her or him improving?

Tina: Probably, I thought about this last night. I just, probably, I'm not too sure. Because the only thing I can recall when I first got out of hospital is the amount of obviously shock and disbelief, you don't know what happened, for me anyway, I was, I had a psychotic episode and was very, I didn't know what happened, like everyone around me kind of fell, and I just didn't know what happened and the confusion. So my first case manager who was very, she was really good, at just being there at the times where my mum needed to call something up, she would get the psychiatrist straight away, organise. So she was more of a nurse to me at that time because that's what I needed, so that's why she was very positive in that sense. I can't say that she, even

though she was a psychologist, I can't say I had much counselling from her.

Evan: So she played the role and fitted in.

Tina: Yeah, yeah, because I don't think I was able to be counselled at the time, the only thing I needed was just kind of some clarity of what's going on. And that went on for a lot because I had, I don't know if you know my story but I had bipolar. So I had the manic episode and then I fell down, and the depression which again she was there through that whole cycle. And yeah, so she was more of a nurse kind of role. And now with ...

Evan: So you think it's important that a case manager plays the role that is required at the time?

Tina: Yeah, I do. I think that probably makes a big difference, because if I had a role ...

Evan: So the role of the counsellor, the role of the employment counsellor, the role of the vocational counsellor— it's important those roles are played at particular times, as the person develops through, develops out of the illness and goes into remission of the illness.

Tina: Yeah, yeah. Definitely, because if I think now, if I had my second case manager right now telling me what she does or telling me her way in therapy, I wouldn't be able to handle it a year ago when I was in bed and couldn't move, you know. I wouldn't. I don't think she'd be helpful in that sense.

Evan: So I'm looking at the, we're talking about the roles, we spoke about the roles of the case manager, it's important they play the right role at the right time.

Tina: Yep.

Evan: The relationship with the case manager, how do you get along with the case manager?

Tina: Well good. I think, yeah, good. Yeah, no problem there. I think both of them were very friendly and ...

Evan: So are you happy to see the case manager when you see them?

Tina: Sometimes. Sometimes yes. I think afterwards I'm happy. Probably beforehand I'm just like, 'Oh, you know, another appointment' at the clinic, this was, home is not so bad. But at the clinic: 'Oh, another appointment'. But afterwards, I feel pretty good. I've never walked out of a session where I don't feel better.

Evan: And what kind of things do you do with the case manager? You mentioned she organises you to get into voluntary work and she goes out with you to build that confidence?

Tina: Yeah, yeah, she ...

Evan: What other things do you do with the case manager that you find helpful?

Tina: She assists ...

Evan: Or what do you find not helpful?

Tina: Well she assists me with, I think with my second one we were just more focused on talking and more about getting, yeah, getting back into life really for me. And so she's really good in that aspect. We can communicate, much more easier to communicate with her and there's much more conversation and there's much more talking-based. And also she's very helpful with her role she plays. Like if we say, 'Oh, we need this medication' or 'We've run out of this medication' she'll get that organised with the psychiatrist. She also organises my psychiatric appointments as well, so that's another thing that she does.

Evan: And do you think the case manager's made a big difference?

Tina: Yeah, I do. Overall, yeah, yeah. Well, they've always been the point of contact to the hospital.

Evan: So you can contact the case manager at any time?

Tina: Yeah.

Evan: Even by phone.

Tina: Yep.

Evan: And she's always there for you?

Tina: Mmm, mmm. Yeah, especially my first case manager, she was always, yeah, immediately she would always call back.

Evan: Is there anything in particular that the case manager's done that you didn't like?

Tina: Nothing comes to mind, like no event comes to mind to be honest, but I have to keep in mind that I might ...

Evan: Don't feel that you have to hide if they've done something wrong.

Tina: Oh yeah, no, no.

Evan: Because this is confidential.¹

Tina: Yeah, absolutely.

Evan: And like I said, no one will know. The case manager won't know. So is there anything in particular that you can recall that the case manager's done that you didn't like?

Tina: Didn't like, I can't recall anything negative to me, like because I think they, because, no, I can't recall any event.

Evan: Because the positive feedback is okay but also the negative feedback is good because if you say something that you didn't like, we can, in future case managers coming on board, we can prevent that from them doing that, you know.

Tina: Yeah, yeah.

Evan: So is there anything in particular that you didn't like from maybe the first case manager, particularly the first, when you were a bit episodic? **Tina**: Yeah, yeah. Well for me probably the only thing I have to say is because of the, because I really wanted to know personally what was going on, I didn't understand it. I had no, there was no light at the end of the tunnel because I didn't know what was wrong with me; I knew what it was in black and white but I didn't know if it would ever get better. I think it would've been useful if I had more, I don't know, maybe some more feedback and some more rundown on the positives I guess, if that makes sense.

Evan: At the earliest stage.

Tina: At the earliest stage, because the clinic did organise a group at Mosaic just further up the road. And that was for the first episode of psychosis, with other young people. And we went and that kind of, that was supposed to be helpful but for me it wasn't, it kind of just scared me even more but ...

Evan: So can you talk a little bit about that group?

Tina: Well, we went there and it was a group of about, you know, five or seven of us. And a couple were still quite psychotic and quite, you know, hearing their voices, and I was still like, I can't explain what, I was just like bad, I was very bad, and we went,

¹ This assurance of confidentiality was offered during the interview, but was out of step with the research proposal and consent. So the Bridget as leader of the research team reviewed in detail with Tina her feedback and Tina reconfirmed consent for her interview to be published in this booklet.

they went in there. We had a board, they gave us a booklet full of, a folder full of booklets and information, you know, about schizophrenia and bipolar and all the different illnesses and basically talking about first aid for psychosis. Now, I'd never heard of this illness before so I was just saying, I actually asked the lady who, I don't know who took it, but I said, 'Will this happen to me again? That's all I want to know, will this happen?', and she said, 'I'll get back to you'. Now it was, I think it was a four-day kind of ...

Evan: Was this the facilitator?

Tina: Yeah, yeah. And the next day she came back with a graph and she said, 'This is what I found in research'. It was a pie graph, I've still got it. It was a pie graph, and seventy-four per cent of it said that the likelihood that they'll have another episode and there was like twenty that would never have an episode and twenty that will be asymptomatic, I don't know. And that kind of just, again, just took the world, when I realised seventy-four per cent will have another episode—and within a few months I did have another episode. So yeah, that was something that stands out readily. And I think the knowledge is what I wanted more from, from the case manager, me personally, I want to know what ...

Evan: That particular knowledge?

Tina: Yeah, yeah.

Evan: And they didn't ...

Tina: I can't say my first, no, my first manager wasn't very helpful in that sense, she was more helpful in the practical way, like you know, appointments, medication, all that stuff. And I had a few issues with doctors but we won't get into the doctors. But yeah, in terms of sitting down and saying, 'This is your life ...'

Evan: But really do you think a doctor can be, sometimes take the role of a case manager do you think in some ways?

Tina: Oh yeah, yeah.

Evan: So if there's something in particular that you weren't happy with the doctor ...

Tina: Well maybe it's just the public system but it was just ...

Evan: Short visits?

Tina: No, not, the visits were good. Usually, my favourite doctor who I've got now, she's ...

Evan: They spend time.

Tina: Yeah, see she went on maternity leave and since that kind of bracket, I've had just like, you know, I'll have doctors that I'd only see once kind of thing, and that doesn't help. You know, they don't know you.

Evan: Oh, they keep changing?

Tina: Yeah, like it just changes and ...

Evan: Yes, it's not consistent.

Tina: Yeah, yeah.

Evan: I've always advocated for, you know, improvements in that

area.

Tina: It makes a huge difference because ...

Evan: Of course it does.

Tina: (pause) I went overseas in order to get away from my illness. I was going to go to see family overseas. And now obviously it's definitely not the doctor's fault, but my parents were like, 'She's going overseas, should we give her anything on the plane, she's not going to sleep, jetlag', and he gave us a packet of anti-psychotics and told us, my brother who was coming with me, to give it to me if I see, no, told me to take it if I feel any symptoms. Now within literally, within, and I was so confident that I wouldn't fall ill again. Within, not sleeping on the plane and a couple of sleepless nights at the beginning of the journey, I slipped into a psychotic episode.

Evan: That's sometimes stress (indistinct) can trigger off ...

Tina: Yeah, it was just like a slide, I went straight into it.

Evan: (pause) And being anxious, what you do is you try and avoid stressful situations. I know because I've got an illness too so I've learnt to avoid stressful situations and you learn gradually as time progresses as you get older, you'll learn and ...

Tina: I hope so.

Evan: You will, you'll create your own coping mechanisms, and that's what they're called, coping mechanisms.

Tina: Yeah, yeah.

Evan: People might have different coping mechanisms; I have various coping mechanisms. One of them is I avoid stressful situations if I can. Another one is when I find I get too stressed, I leave everything, books and everything, to go to a relaxing environment and try just to relax, because yeah, to avoid a relapse, you know. So these things case managers should be able to tell you, but do they tell you this at all? Have you been told that?

Tina: I have, yes I have, I have from my first. more emphasised by my first case manager, because back then I was pretty much bedridden, so ...

Evan: So in what way have they told you that?

Tina: In a way that she said that, obviously like she will always, she'd always tell me to take it easy. I remember her saying, 'Take it easy, don't worry', in that way, yeah, yeah. But in terms of, I can't say she briefed me much on the illness itself, she didn't help me much there.

Evan: Do you think maybe because she didn't know that much about it, or do you think maybe she didn't think it was that important?

Tina: Not important. I think she would know, I think she just would've known that the cycle of like the illness, she would've known exactly, like she would've seen the same patients as me. But I didn't get much of an explanation, probably because she already knew kind of thing.

Evan: So if you were to give or suggest ways of improving St Vincent's care by case managers, the particular case manager you have, how would you suggest ways of her improving, him or her improving?

Tina: Well, when you first fall ill, I think it's really important that, I think maybe it would be better if the case manager, even when people are ill and it doesn't really make sense to them, but I think it would be important if the case manager relays exactly her role to the patient. Like says, 'I'm here for your, you know, I'm here to', for example, she was a psychologist, so, 'I'm your psychologist, I'm going to help you get appointments with your doctor, I'm going to help you with whatever you need, you know, this is what you have'. I think, maybe she did, I just can't remember, I think that would be very helpful.

Evan: So the initial contact.

Tina: Yeah, like a briefing.

Evan: It might be very important to brief what her role is with you, to you.

Tina: Yeah, yeah, and also I think it would be really important that they grab as much information—books, pamphlets, whatever it

may be—and sit down, as a case manager, sit down and read about the condition that this person has. I think that would be a really, like just to educate them on what's going on. Because you're in a blur of confusion, you know, you don't know what's going on.

Evan: But do you think that initial point in time it might be too much overload, information?

Tina: Maybe at the beginning because it's a shock, yeah, maybe at the beginning.

Evan: What were your parents informed of?

Tina: Yes. I think they helped with their language as well, they were given interpreters and Greek booklets and things like that.

Evan: That's good. So before I close off, is there anything that you think you might want to add to the interview?

Tina: As I think about this, I probably should say it's a good idea that I was given a psychologist at the beginning and an occupational therapist now, in terms of the change. I think it's a positive in my therapy because of the difference of where I was when I needed a psychologist, and I need an occupational therapist now.

Evan: Did you request the change?

Tina: No, no, it was, just kind of naturally happened. I think my first case manager had to go, because I haven't seen her around.

Evan: So in comparing the two, you find the second, the one who's doing, her doing the Strengths Model is a lot better.

Tina: Yeah, yeah, for this, for this moment, yeah, yeah, yeah.

Evan: So look at your strengths and try to build on that, that's the principle behind it.

Tina: Yeah, yeah, yeah.

Evan: Whereas the other one, the previous case manager, was looking at your deficits, your problems, and trying to work out your problems.

Tina: Yeah, yeah, she was, yeah.

Evan: So the idea is to get this research project is supposed to try to find the positives of it.

Tina: Balance, yeah.

Evan: Because this is piloted through St Vincent's and from there it might go state-wide if we get positive results and a report drafted and all put together. So I appreciate your comments, Tina, and I'm sure that they will be valued in the formation of the text.

Tina: I have to say though, in terms of the Strengths Model, and that's what my second case manager's doing, I didn't think I could be able to handle it, nor would I want to at the beginning. Because if I had someone, I mean I'd like to have someone being positive and looking at my good side and my strengths, but if I

had someone almost I felt that was pushing me at a time where I couldn't be pushed, I think that would be ...

Evan: So that's important to raising there, we'll say that the Strengths case managers should jump in when the person is a little bit more relaxed and more ...

Tina: Yeah, yes, relaxed, that would probably be, not consumed with their illness when it's just a bit more, when they're more used to ...

Evan: Sure, okay.

Tina: Yeah, yeah.

Evan: That's interesting. Well thank you for that.

Tina: No worries.

Evan: We'll close the interview. Thanks

Chapter 11

NARRATIVE SUMMARY

Tina thoughtfully compares her experience of two different case managers. This comparison shapes her considered feedback about the work and roles of case management. Where there have been changes in the way case management has been provided over time, Tina concludes that these changes have worked very well for her.

She vividly recalls feelings of confusion, distress and fear that dominated her experience when she first engaged with a case manager. She is very grateful for the level of reassurance, the responsiveness, the efficiency and the organisation of the first case manager, fulfilling what Tina describes as a nurse-like role. She recalls that she did not receive much counselling at that time, that the relationship was not so much based on talking together. Rather she received lots of assistance with medications, arranging appointments, supporting her family and that the case manager was a continuing presence and a resource through cycles or episodes of illness.

Tina recognises the impact of case manager's clinical training, what difference it might make that the case manager is a psychologist, an occupational therapist or a nurse, as well as aspects of their personal and professional style and roles that are needed. Tina illustrates a complex interplay between these factors. Based on her experience, she suggests that there might be a time or season for different roles in the process of assisting patients in their recoveries.

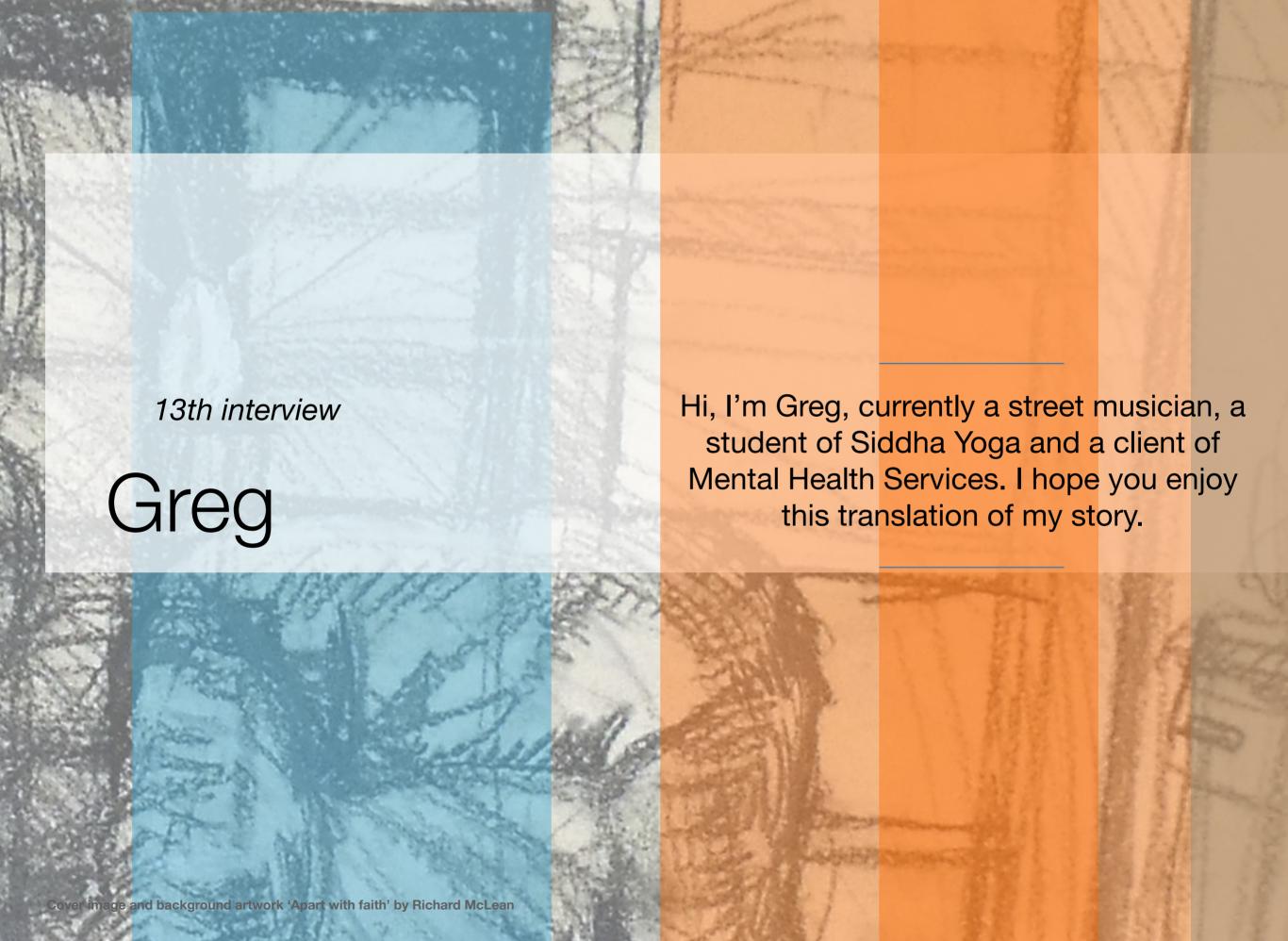
Tina is now gaining courage to step out and recommence university studies. She attributes this shift in her focus in part to the case manager. Tina recognises she is using a Strengths approach to 'getting back into life'. She values the positive attitude, optimism and energy the case manager now brings. She wonders though whether such an approach could have been too pushy and overwhelming for her at an earlier stage. There is certainly room for a range of case management approaches, and for decisions

to be taken to match the case managers skills and style with the person.

An important issue Tina wants to raise is the need to have more and better-pitched information. She remembers a strong desire to have explained what was happening for her. From early on, she needed to know about illness and about what she and other people working with case managers might expect to happen in the future. And at the very beginning stage, she needed information about the case manager's role. She needs more and different information today.

She is careful in saying that case managers must be sensitive in sharing information, so that it is well-timed and useful. Tina described an overwhelming experience she had fairly early in her recovery, when attending a first-episode psychosis group. The symptoms and behaviour of others was confronting and the information given by the facilitator about relapse was blunt and perhaps too complex for her to absorb and use effectively.

BRIDGET HAMILTON



Evan: Alright, Greg, well, thank you for wanting to do this interview. Look Greg, I've never had a case manager before so I'm interested to find out what it's like to have a case manager. Do you want to highlight a little bit on that, what it's like?

Greg: Well, it has its good and it has its bad points. I will start with a few bad points like sometimes you can feel the bit of pressure because they put—they give you things that you have to—like you've forms to fill out and you've got to put down your goals. So sometimes you might feel a bit of pressure because you don't know what you want to do just as yet.

Evan: Okay, alright, so in what way do you think they could avoid that situation for you? In what way could they have done it better?

Greg: Well, I think—my case manager was (name), right, and he—I've got to say he was quite good in guiding me through that path. Now and then I sort of found it organised my thoughts, not my thoughts but what I had to do with my life so, so I had a routine to go through and to follow through, you know.

Evan: So you found it helpful?

Greg: Yeah, I did I found it helpful

but sometimes I think is it out of my, sometimes I think, I would think is it out of my reach, you know, to do the things that I had written down and what I was really supposed to do. And then the other problem is, was with the drugs like, do they, they demand it seems they want you to be a lot more active and then with the drugs you've always got to go, you're like sleeping all the time so what you've write down is not getting done.

Evan: Yeah, yeah, that's true and do you highlight that to your case manager or to your doctor so that ——

Greg: Yeah, yeah, I do. I tell them.

Evan: Do they have act on that in a way? Do they reduce your medication or do they try to get you on another medication that's not as sedative?

Greg: Well, they've just put the medication up.

Evan: Okay, well, that's only obviously temporary for a while till you have some just, or get a little bit better and then they will bring it down to maintenance level. I presume that's, that's what they do in most cases?

Greg: Yeah.

Evan: But how do you find your case manager, or what activities do you do with your case manager that is helpful for you?

Greg: Well they, what they, I've got the Strength Model form. That's what you're inquiring about ... Well, I've seen them before. Do you want to see mine? Yeah, I've had a look. You've seen them?

Evan: I haven't seen yours, no, no. So you've got to put your goals down and you work towards them with the case manager?

Greg: That's right, yeah.

Evan: So does the case manager come along with you to try and achieve those goals?

Greg: No, I do it all by myself.

Evan: Yeah, so what's one goal that you've wanted to do, that you've accomplished more or less, or you're working on at the moment?

Greg: Well, outside of the pattern that I'm usually into because I'm into Siddha Yoga, that's a meditation procedure, right, and ...

Evan: Yeah and has the case manager helped you link into that particular service or ...

Greg: No, that's what I do by myself.

Evan: Okay, has the case manager given you confidence or selfesteem to be able to go and do that particular activity?

Greg: No, I really think they, they let you write down what you want to write down and see how you go.

Evan: I see, yeah, they more or less empower you to do it?

Greg: Yeah to see if you pick up.

Evan: Okay, yeah, yeah. So you said there were good things and there were bad things?

Greg: Yeah.

Evan: What are the bad things of the case manager can you think of?

Greg: Well, there's not many to be quite honest. It's quite helpful I should say that, yeah.

Evan: Yeah, so what good things were there from the case manager?

Greg: Well, like I've said, it helps you organise your life, you know, because in what you can do during the day. There's mine ...

Evan: Sure, yeah. So you filled this out with the case manager or he gave it to you to do in your own ...

Greg: In my own time I did it.

Evan: Okay and then you presented it to him?

Greg: Yeah.

Evan: Okay, so he reviewed this with you obviously, had a look at it with you, yeah. And are there, like you said the yoga you'd been able to do, any other activities that you have been able to do?

Greg: Well, I just finished a thousand-piece jigsaw puzzle.

Evan: Very well, I've done that. It takes a while, doesn't it?

Greg: Yeah. I did it over ten months.

Evan: Well done, well done.

Greg: It took ten months.

Evan: Well done, that's an achievement, isn't it?

Greg: And I took it off to get framed.

Evan: Yeah, I did that too.

Greg: What was it of?

Evan: It was, umm, you know, Jaws the shark.

Greg: Yeah.

Evan: There was a big picture of a shark.

Greg: Yeah.

Evan: Under ... under the sea. So what was yours on?

Greg: The Mona Lisa.

Evan: That would have been ...

Greg: I will show you a picture of it.

Evan: Yeah, that would have been amazing.

Greg: It's a good joke ...

Evan: No, no, that's good. That's more or less like an activity that, that produces results, you know. You've actually produced something that you can maybe later on in the future look at it and say, 'Look, I did that' you know.

Greg: Yeah.

Evan: It's an achievement, well done. That's ... so you're going to do more puzzles?

Greg: Yeah, I've got that one to do. I've got quite a few. I bought, I bought another one—Starry night by van Gogh. It's a thousand-piece jigsaw puzzle.

Evan: Okay, so you're obviously, was that one of your goals you had in there or ...?

Greg: It was on the New Year's resolution one.

Evan: Okay?

Greg: I will show you that one.

Evan: Yeah, so you're more of a, you try to achieve your own goals by writing them down?

Greg: Yeah, I do. I, well, this one ... Evan: You find that helpful, don't you? Greg: Yeah, I do. It is very helpful.

Evan: Yeah, you write them down and then when you see you've achieved them you feel you've accomplished something, don't you?

Greg: Yeah.

Evan: Yeah, that's good.

Greg: That's what I'm working on down here.

Evan: Okay, walking, yeah, half an hour, that's good and yoga and swimming. And you're a swimmer? You like swimming?

Greg: Well, well, earlier on this last year I did a lot of swimming. I got up to seventy laps.

Evan: That's terrific, in one go?

Greg: Yeah, I did it over three periods in a day. I thought, 'Well, how far can I push it' you know.

Evan: Yeah, that's good and so, I mean this is all good. I mean this is all self achieved, you know?

Greg: Yeah.

Evan: But I'm more interested in the role of the case manager. How the case manager intervenes in you getting this done in what way? He ...

Greg: No, he just really left it up to me.

Evan: Yeah, yeah. So how often do you see the case manager?

Greg: Once a week. And what he does he monitors it though. Like he'd say, 'What did you do this week, you know, what did you accomplish for this week?'

Evan: Yeah, okay well, that's good. So he asks for feedback ...

Greg: Yeah.

Evan: (pause) From your goals when you have achieved them, yeah. So what have you done lately with your case manager?

Greg: Well, he's gone on holidays and then, it will be for six weeks too so I haven't seen him and they're just monitoring me with a phone call.

Evan: Okay and then you hadn't seen your case manager?

Greg: Yeah, yeah.

Evan: Yeah, that's good, and what role do you see the case manager? What role do you see him doing to you?

Greg: Just to monitor me.

Evan: Yeah, a monitor.

Greg: Yeah, a monitor.

Evan: So you don't see him as a problem solver or a coach, a life coach to try and get you into ...

Greg: Yeah, he is a problem solver.

Evan: A problem solver, yeah. Do you see him as a coach trying to coach into the community as well or ...

Greg: Yes, I do, yeah.

Evan: So do you see him more of a problem solver than a life — —

Greg: Both, both.

Evan: Both, that's excellent, very good.

Greg: But say where the problem is, you wonder whether they're trying to push you in a way sometimes and ——

Evan: Yeah, sure.

Greg: And you feel that you're being pushed and you wonder you're ready or not to do that or not.

Evan: Sure, sure. So has the case manager made a difference in your life?

Greg: Yes, it has.

Evan: It has? So how long have you seen the case manager?

Greg: Well, ever since I went to Hawthorn—for four years.

Evan: Okay, so can you recall the first instance of seeing your case manager and compare it to currently as you're seeing the case manager? Has the relationship developed? Has ...

Greg: Yes, it has.

Evan: It has, that's good?

Greg: Yeah.

Evan: So what other differences do you see in, from the earlier times to the current times?

Greg: Well, it's more open. Like with my meditation and with my vegetarian food and everything I'm doing in that, in that respect, right, I feel that my heart has opened and literally opened, you know.

Evan: Sure, yeah?

Greg: I thought ...

Evan: So it's helped you deal with your illness as well I suppose?

Greg: Yeah, well, it's helped, it helped my heart to be pushed open. Even though sometimes you feel like you don't want to be pushed in that direction. Just a bit of a nudge, there and there will get it open, you know.

Evan: Yeah, I can understand that because some people tend to freeze in their mental illness and they can't get out of it.

Greg: Yeah, that's right and I understand.

Evan: I do too because I had it. I've been — —

Greg: Right, too.

Evan: So in order to get help to be thawed, out of that frozen state you need, that's right, your heart opened, more understanding, more tolerant of people. So are there any other qualities that developed over the time you've had your case manager with you; any personal qualities? Like you said your heart opened with the activities that you do, the meditation. Any other qualities that you can think of?

Greg: Well, I feel like it ...

Evan: What the case manager's has done to you?

Greg: I begin to feel love instead of feeling anxiety and upset all the time and things like that. I've began to feel love and peace.

Evan: So you needed someone to be able to talk this over with and you appreciate their love to you and your love to them?

Greg: Yeah.

Evan: To be able to get that relationship going and help, and become a helpful relationship?

Greg: Yeah.

Evan: Yeah, that's very important and do you find that, so do you feel confident in speaking to your case manager ...

Greg: Yeah.

Evan: That's great, it's good. So if I asked what you wanted from the case manager besides the love, the good relationships you have with him, the helpful relationship what other things would you be wanting from the case manager?

Greg: Nothing else.

Evan: Yeah, nothing you can think of?

Greg: Only to keep an open relationship you know that. I guess like ...

Evan: You mentioned there were goals that you haven't achieved. Do you still want to achieve those goals?

Greg: Yeah. I'm still pursuing them.

Evan: So you would want the case manager perhaps to guide you through them?

Greg: Well ...

Evan: Because sometimes some goals that may be, you know, not within scope. They can be broken down to little goals?

Greg: Yeah.

Evan: And then gradually built up to that scope in goal, you know? You know, so has the case manager helped you with that?

Greg: Yes, he has.

Evan: That's good, that's good, that's good.

Greg: He's been really good, you know.

Evan: That's, that's important. So, yeah, so before I close this interview is there anything in particular that you think may be the role of the case manager how that role can improve? Any way, I mean you can say anything here? It's confidential¹.

¹ Given that this promise of confidentiality is at odds with the use of the interview to which Greg had consented, the project supervisor (BH) met with Greg to review the draft chapter. We explored the issue, re-confirming that he consents to the publication of the passages following this statement and this interview transcript in total.

Evan: You can even say negative things?

Greg: No, but there's nothing negative to say.

Evan: That's, that's, so you're really happy with your case manager?

Greg: Yeah.

Evan: So can you, there's room for improvement. There's always room for improvement. So can you think of any ways that he may improve in the way he deals with you: he or she deals with you?

Greg: No.

Evan: So you're really content?

Greg: Yeah.

Evan: That's really good. Has he tried to get you into a vocation? Like into school or into employment?

Greg: Yeah, he has but I didn't wanna.

Evan: Okay, did he come along with you?

Greg: He did.

Evan: He did, yeah. So you tried that, that direction and it didn't work?

Greg: Yeah, yeah.

Evan: So what was the vocation that he tried?

Greg: Well, he wanted me to do some catering and making coffee and doing a, doing a catering course, you know.

Evan: Was that like the barista course; how you learn how to make your coffee; it's a six-month course?

Greg: Yeah, that's right, yeah.

Evan: Or was this on adult training?

Greg: Both.

Evan: Both training, yeah and you weren't happy with that?

Greg: I couldn't see any point in doing that.

Evan: I mean you would earn money from it; you would, a network of people as well. You'd be able to, yeah, source people, you know, relate to others and besides your case manager as well. So there are benefits to it but you couldn't see those, you couldn't see any benefits. You're happy with what you're doing?

Greg: Yeah, I'm happy ...

Evan: I can see you're happy with music?

Greg: I'd like to play you a song.

Evan: You've got so many trophies there and you want to play me a song?

Greg: Yeah.

Evan: That will be nice. Okay, just briefly though just a part of the song if you like, some of the good words that come out of the song maybe. Okay, it's a schizophrenia song.

Greg: I don't really write, I've only really written one schizophrenia song. I haven't memorised it so I have to read it, alright?

Evan: Alright. (Song played).

Greg:

Well we've all got schizophrenia,

And we don't know what to do.

Yes, we've all got schizophrenia,

And we don't know what to do.

Yes we are waiting for a miracle,

And Cos we've all got schizophrenia

And we don't know what (pause)

Evan: to do!

Greg: to do (laugh).

Evan: That sounds very good, Greg. Have you put that on CD?

Greg: No, I haven't.

Evan: Do you wish to or ...

Greg: Well, I don't know. There's an organisation down at Crop we're working on, working on our music.

Evan: Yeah, so if you ever do put that on CD I wouldn't mind buying the CD off you?

Greg: That's alright.

Evan: Yeah, I mean it too. I like music like that.

Greg: Hang on ... (pause)

Evan: So, Greg, you've gone ... where have you gone?

Greg: Here.

Evan: Okay?

Greg: Here's a present for you. You don't owe me any money. I've got heaps of these.

Evan: Is it, is it on schizophrenia?

Greg: No, it's not. It's just to do with ...

Evan: This will be, is that you?

Greg: yes, me.

Evan: That will be very nice.

Greg: That's a present.

Evan: Thank you. Look I'd love to listen to this. It's you playing your quitar and singing?

Greg: Yes, it's got ...

Evan: So have you put these songs together yourself?

Greg: Yeah.

Evan: So you're a composer?

Greg: Yeah, yeah.

Evan: Very good, very good, Greg. You can perhaps make a living out of this if you wanted to?

Greg: Yeah, well, that's what I want, that's what I want to do in the future.

Evan: Yeah so maybe if you talk with your case manager about that?

Greg: Yeah, in, in time—not this year. I know we had to wait a couple of more months.

Evan: That's good, Greg. So before I, like I said before I shut this inter ... is there anything you would like to add to this interview?

Greg: Well, everything I've done, well, like I first experienced mental illness in '91, right, and everything I've done has, has been in the direction to do my music.

Evan: Sure.

Greg: Right, even though my relationship broke up. I still push, I still want to do my music, right? And everything I've done has come to the point where I can, where I've achieved that now and I'm ready to perform it.

Evan: Very good, that is excellent, well done, Greg.

Greg: And everybody helped, you know, the doctors, the nurses, the, um, Upton House where I was admitted, (name) the counsellor was really fantastic. They all pitched in and they all helped me and it was the sort of ...

Evan: Yeah, that's good. Do you know (consumer consultant) of Upton House?

Greg: No, I don't, sorry.

Evan: The consumer advisor there?

Greg: No, I don't.

Evan: Okay, that's alright, it doesn't matter. When were you at Upton House?

Greg: That was a while ago. My last admission ...

Evan: Yes, maybe (consumer consultant) wasn't there back then.

Greg: Oh, I see.

Evan: But I've been in there, Upton

House, it's a lovely place, isn't it?

Greg: Yeah, it's not bad.

Evan: A very nice building.

Greg: Yeah.

Evan: Yeah, so that is good, Greg. Look I want to thank you for being part of this research project and being, you know, interviewed answering my questions. Hopefully this will be put together in some way as a transcript and it will be sent to you and I will shut the interview now.

Chapter 12

NARRATIVE SUMMARY

Greg has given careful thought to the ways case management has impacted on him, over four years. He feels pride and satisfaction in achieving many things in this time, recognizing this as fundamentally his own work rather than something that can come from others. He credits the case manager with helping him organize his life.

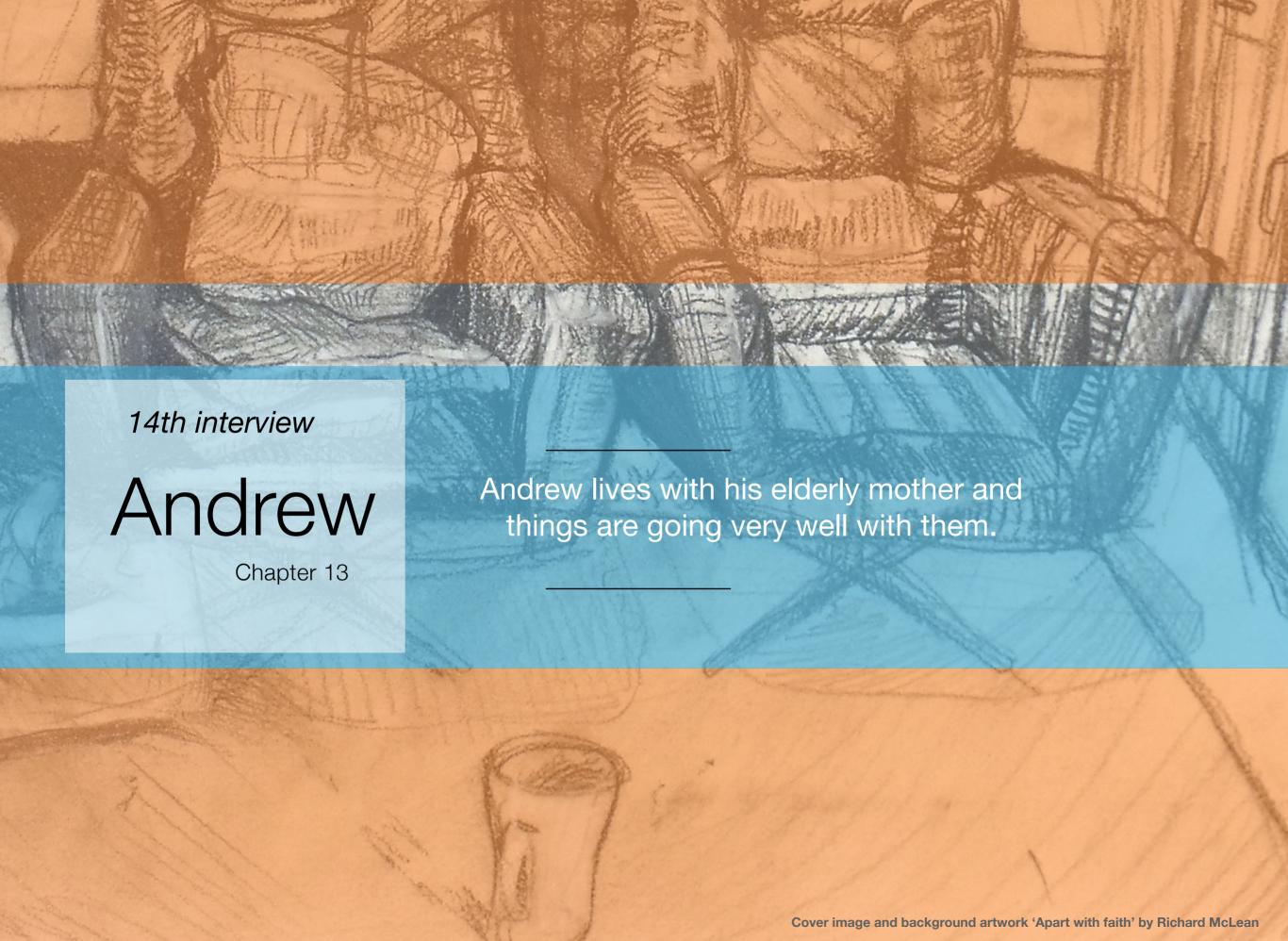
He provides some considered feedback about the relationship between pressure from case manager and his achievements. He sees that the case manager focuses on him being active in setting and pursuing his goals. Planning together, writing these down, and monitoring how he goes can be a boost to Greg being organized and making good use of his time. But at the same time, Greg is encouraged to take medications that make him want to sleep and therefore get in the way of pursuing his goals. He has some misgivings about the expectations case managers can have of him as sometimes being 'out of reach'.

Greg is proud of many achievements and wants also to emphasise what he has done in his own good time and with energy that comes from him. He is proud of persisting with goals that take time: building up to seventy laps of swimming in the pool, or completing a one thousand-piece puzzle over many months. He has a strong sense of what are meaningful activities and aspirations for him, so sometimes he passes up the case manager's suggestions, such as barista training. Other times he pursues goals such as yoga and music without much need of the case manager's support.

There is a sense in which pressure from the case manager can be productive and valuable. But there is also a sense in which pressure can be unreasonable or out of step with his deeper motives. He reflects that his case manager does mainly get the pressure right. Greg feels that the relationship with his case manager is sufficiently open that Greg can resist the pressure from the case manager when it is not in step with his desires.

He thinks about his growth and the spiritual 'work of the heart' that he has been doing since he first experienced schizophrenia. He feels that is it essential to be open-hearted, to feel love and peace in place of feeling anxious or upset. He feels that his case manager has helped him with this, by nudging him to grow. Greg feels he has gained from this, when the nudge is in a direction that fits with Greg's own wishes

BRIDGET HAMILTON



Evan: Okay, Andrew, I will just put this near you so I can get a tape. Andrew, I've never had a case manager before so can you tell me a little bit about what it's like to have a case manager, in your own words and your own pace ...

Andrew: Well, you know, I think it's a, you know, it's a good thing to have somebody who's, you know, who's able to, you know, listen to you and respect your needs.

Evan: Sure and what activities do you do with your case manager that has helped you?

Andrew: Well, the manager took me to a group meeting and there was eight group meetings.

Evan: Okay, there was eight, yes, and have you found that helpful?

Andrew: Yeah.

Evan: When you went to the group did they give you the address and that and they said, 'You go on your own' or did they come with you and helped you introduce to the people?

Andrew: Yeah, yeah, at first they took me around in the car. And then you know they said I could do it on my own so I took the tram and the bus ...

Evan: Okay, on your own later?

Andrew: On my own.

Evan: That's good and you're happy seeing the case manager? You're happy seeing the case manager?

Andrew: Yeah, well, yeah, it's okay.

Evan: Yeah and how long have you had this case manager that you're seeing at the moment?

Andrew: I think it's about eight years now.

Evan: Eight years? Goodness me that's a long time. So I presume —can you remember at the first instance when you first saw your case manager to currently now seeing your case manager, can you highlight any differences that have happened over those years?

Andrew: Well, I think everything is about the same. But they changed my medication in 2004.

Evan: Did they? Okay, has that helped you?

Andrew: Yeah, I think so, mmm.

Evan: Good, that's good. So that's positive obviously helping you with medication. In seeing your case manager do you find it helpful, Andrew? So what I want to say is that in essence there's benefits in seeing the case manager, right, and there's obviously, we want to hear feedback from you in as far as positive feedback or negative feedback, something that you weren't happy with seeing the case manager this remains confidential by the way. Your case manager won't hear this tape plus when I publish the

book and everything your name it's optional to use a pseudo name in place of it, you know, another name. So they won't know what you said, you know. So in as far as improving the way the case manager relates to you have you any ideas on how the case manager can improve?

Andrew: No, I think I'm satisfied at the moment with how things are going.

Evan: Yeah, yeah, and you can't think of any other methods that they could use or the way that they could relate to you? I mean they set goals. You set your own goals, don't you? Then they help you achieve those goals? Has there been any goals that you've set that you've been able to achieve?

Andrew: Yes, I think so.

Evan: Can you talk a bit more about that?

Andrew: Well, I think, yeah, you know, we need to do a bit of work on the house so that, our house is a bit old and it needs a bit of work done on it and we've got a ...

Evan: So you're a handyman in a way?

Andrew: Yeah.

Evan: Good, that's good. So you want to do some more work on the house?

Andrew: Yeah, yeah.

Evan: And how has the case manager helped you do, or start doing that?

Andrew: Well, you know, I think, you know, he usually mentions that we need to do some more gardening on the property, on our property.

Evan: Sure, sure, so he encourages you to do it?

Andrew: Yeah, yeah.

Evan: Which is good and have you found that helpful?

Andrew: Yeah.

Evan: Have you been able to do gardening and that?

Andrew: Yeah.

Evan: Very good. I think I will get you to do my garden?

Andrew: Yeah.

Evan: And you must be a good gardener then? That's good. I mean gardening is good in one way because you can work at your pace with it, you know, and you can, you don't, it's not hard

¹ Since this assurance of confidentiality was offered during the interview, Bridget and Andrew reviewed his feedback in detail. He carefully reconsidered and confirmed his consent for his feedback to be published in this booklet.

labour and it's not easy labour but it's labour where you can, when you've had enough you can just step aside and get, go back to it on another day. Is that right? Is that how you find it?

Andrew: Yeah, I think so.

Evan: That's good and has he tried to get you into any vocation like—I understand you have a horticultural certificate?

Andrew: Yeah.

Evan: So you're really an expert in that field? Has he tried to get you in a vocation in that way in a job?

Andrew: No, not at the moment, no.

Evan: No? Would you like to?

Andrew: Yeah, I don't mind that.

Evan: Have you talked that over with your case manager?

Andrew: Yeah, I, not at length, just a little bit.

Evan: You obviously want to get ahead in life? You want to be able to have a job? So it's something that you may pursue in the future with him, yeah. Yeah, so can you give me other examples where the case manager has been helpful for you? You've said he's tried to encourage you to do work around the house like the skills, gain skills in the house. Anything else he's done to help you; he or she?

Andrew: Yeah, I, I got an application from the post office for a passport. You know, their job, you know, as the application needs a guarantor and so, you know, I handed that over to the case manager and she had to help me out to complete the application, and hand it back about a week or two.

Evan: There's obviously a step by step to the travel? Is that right?

Andrew: Yeah, not at the moment. I don't plan to travel at the moment.

Evan: But you managed to get a passport happening?

Andrew: Yeah.

Evan: And the case manager has helped you with that?

Andrew: Yeah.

Evan: Which is good. Any other activities that you've done with the case manager?

Andrew: Yeah, I did do a, take us to the bowling green, you know, where the participants they do a bit of bowling.

Evan: And can you talk a bit more about that?

Andrew: Yeah, yeah, I went and did some bowling as well and that continued for about a year and a half. Then, you know, I caught a virus and then I had to stop.

Evan: Okay and were you bowling for a club?

Andrew: Yeah, no, just, you know, along with other, other players.

Evan: Other team—other members, other friends?

Andrew: Yeah, other participants who, you know, had schizophrenia or other mental illnesses.

Evan: That's alright, Andrew, I mean I have schizophrenia too. You mightn't believe it but I do. I've gone through like you've gone through. I'm a consumer as well of the service and I'm basically doing this research project to try and improve on the services that St Vincents provide. And with your valued input into this we can, we can improve the services not just from St Vincent's but statewide as well because this is a pilot project done by St Vincent's. So feel comfortable, Andrew. I have schizophrenia too and nothing wrong. I mean the illness is only that's small to us, but the qualities of the humans we are is massive, you know. You have qualities, you're able to do the gardening, you're able to do bowling, you said, and I have no doubt in the future you will be able to do more things as well. So do you have any other goals that you want to pursue that you've discussed with your case manager or you wish to discuss?

Andrew: Yeah, as I've said, you know, I've got an old house in East Hawthorn. And, you know, it needs quite a lot of work at the moment.

Evan: Right, so that's the work in the house you're talking about?

Andrew: Yeah.

Evan: Good, good, so you're working gradually with that?

Andrew: Yeah, yes.

Evan: That's good. Good on you, Andrew, that's very good. It's, it's some of us people with these mental illnesses are very understanding people because we've gone through the difficulty of having the illness so we can understand better, humans better. And we can, and we can slowly get into the community and doing things like any other human being. In fact, some of the things we do are a lot unachievable by people who don't have a mental illness. Like if I told you I was a soccer coach, a soccer referee for Soccer Australia with a mental illness?

Andrew: Yeah.

Evan: You know and this is all true. I've achieved all that through, through working hard with clinicians and case managers like you said and so do you find the case manager helpful?

Andrew: Yeah.

Evan: You did say that they're helpful?

Andrew: Yeah.

Evan: In what other ways do you find them helpful or let's say, you've mentioned a few ways that are helpful. What ways don't you find them like being helpful?

Andrew: I don't know. I don't think there's anything in particular, ways in which they are not helpful.

Evan: So you're happy with the case manager?

Andrew: Yes, yeah.

Evan: That's good. So if I had to ask you what ways do you think or what sort of difference the case manager has made in your life in what way have they made a difference in your life?

Andrew: Well, I think, you know, that there's somebody there that, you know, listens to your problems.

Evan: Having someone listen to your problems is helpful?

Andrew: Yeah, yeah.

Evan: Of course and also feeding back maybe ways of dealing with them? Is that helpful? Or empowering you to deal with them? Giving you the option of dealing with them?

Andrew: Yeah.

Evan: Or just someone to listen to when you're talking?

Andrew: Yeah, yeah.

Evan: Sure and I found that helpful too. I mean sometimes it's very hard to find friends. So having that case manager there as a friend and as a listener can be helpful, yeah. So can you give me an example of where the case manager was a listener for you?

Andrew: I think that when I went to hospital, you know, when I went to hospital in 2001, the case manager was, was there to, you know, listen to my problems which, you know, yeah ...

Evan: So this was the same case manager that you had for eight years, okay, and you went into hospital?

Andrew: Yeah, I went to hospital in 2001, and yeah I went to hospital again in 2004.

Evan: The same case manager was dealing with you ...

Andrew: Yeah, yes.

Evan: That's important to have the same case manager. Because that relationship builds with them?

Andrew: Yeah.

Evan: So you found that helpful?

Andrew: Yeah.

Evan: Just being there for you and listening to your problems?

Andrew: Yeah.

Evan: That's good. So if I can ask you in your own ways, I mean you've had a case manager for eight years. You're a good source of information for how to improve the services of St Vincent's. If I had to ask you what ways can they improve? Not so much looking at their, their negatives but any other ways that they could

improve the service? Do you see the case manager every, how frequent do you see him? Once a week, once a fortnight?

Andrew: Yeah, I think it's about once a week at the moment.

Evan: Are you happy with that?

Andrew: Yeah, sure.

Evan: Okay, any other ways you think that services can improve?

Andrew: Yeah, I'm not sure at the moment. You know, they've been, the (name) Community Mental Health Centre, had been carrying out blood tests on me for the past nine years and, you know, I'm not sure how, how much longer they're going to continue with those ...

Evan: Continue? Is that because of the medication you're on?

Andrew: Yeah.

Evan: Is it Clozapine?

Andrew: Yes, yeah.

Evan: Clozapine, because that requires tests for your safety I assume because I think as you explained the white cells reduce or can reduce and the white cells are very important in your body. So the blood tests count the white cells, yeah. So yeah so are you happy, you're not happy with having the blood test?

Andrew: Yeah, I'm not sure at the moment. As I said they've been carrying that out for the past nine years ...

Evan: Sure for a long time, yeah, so have you discussed it with your case manager? Have you discussed that maybe you're not too happy with this blood test for nine years? Maybe they could change you onto another medication. Have you discussed it, the options is there, you know?

Andrew: Yeah, no, we're haven't discussed it at any length.

Evan: Okay, okay, yeah?

Andrew: And I'm not sure ...

Evan: So has the case manager asked you, 'Are you happy with what you're on at the moment, medication?'

Andrew: Yeah, no, he hasn't asked me, no.

Evan: Okay, do you think he should?

Andrew: Yeah, I'm not sure really. As I said its been going on for nearly ten years, no, I'm not sure what to expect ...

Evan: Have you been given information about what you're on and the side effects and all that by the case manager, Andrew?

Andrew: Not a great deal.

Evan: You'd like more information to be passed onto you, would you?

Andrew: Yeah.

Evan: Yeah, sure. That's, that's a very valuable input you're giving us now here because we can, we can pass that onto future case managers to be able to inform, you know, other people that need this information and important information too. So Andrew before I close this interview, is there anything you would like to add at this point in time?

Andrew: Yeah, I was interested in, you know, getting a driver's licence, you know, for a power motor vehicle. And I mean I've been mentioning it to the examining doctor. You know, I haven't had any, any, you know, I haven't been getting, you know, any feedback from them. So I don't know what the doctor thinks. So I will have to, you know, raise it with the doctor again and see what she says.

Evan: So you are eager in getting this driver's licence?

Andrew: Yeah.

Evan: Yeah. I think it's important that you raise it with the doctor maybe because, was there a reason why you can't get the driver's licence because of the medication you're on or ...?

Andrew: Yeah, I think, you know, they, you know, they consider me as too old to get one anyway with—down with schizophrenia.

Evan: I don't know. I think there's a lot of people with schizophrenia that can drive?

Andrew: Yeah.

Evan: Do you have epilepsy or ...

Andrew: No ...

Evan: Okay, so maybe there's a particular reason why you can't. You should discuss this with your case manager. You should find the reason why they've restricted you driving and work on that with your case manager so you can maybe possibly drive. I know in Australia here, you know, you can't live without a car, you know. So but also the public transport is good too. But nevertheless anything else you'd like to raise, Andrew?

Andrew: Not at the moment.

Evan: Okay, well look Andrew, I'm very, very grateful for your time today and I'm sure that what you've said will be somehow inputted into the future case managers that come onboard. And maybe, well, not maybe but they will be able to give a better service. So thank you, Andrew, thank you kindly for that.

Chapter 13

NARRATIVE SUMMARY

Andrew has a wealth of experience of case management. The aspect of the role that he particularly values is that the case manager is there to listen to his problems. He sees that this important role has been consistent over a long time.

There have some examples of the case manager assisting him to join a community group and a bowling group. And most recently Andrew and the case manager have talked about the work that Andrew considers is needed on a house he owns. He is a qualified in horticulture, so there is a fit between Andrew's skills and the priorities they talk about. But the major and valuable feature that Andrew highlights is the capacity of the case manager to listen.

Very recently, he has sought the case manager's assistance to gain a passport. Andrew expects that the case manager will follow through with the parts of the application that may require endorsement. The way he describes this process conveys a confidence in the case manager, to help in a practical matter and a reliable way.

Evan highlights the worth of feedback provided by Andrew about the St Vincent's service he knows so well. Andrew then identifies a specific concern he has about the regular blood testing he undergoes, related to his medicines. He plans to take up the invitation to speak with the case manager about this. He is interested in gaining some more and updated information about what he can expect in the future. Also, Andrew wants to investigate with the case manager what steps are required to regain his drivers' license. He has asked doctors about this previously.

His ideas about the future are impacted by uncertainty about medicines and blood tests and what to expect. But Andrew indicates he would like to pursue with his case manager these two questions that matter to him that he raised with Evan.

BRIDGET HAMILTON

Chapter 14

16th interview

Trevor's Advice to CMs

I have good ideas about how case management should be.

Trevor was engaged in an interview with Evan Bichara and Cathy Easton about Strengths case management. But when the research group came to review the recording, we realised that the team he was involved with was outside of the scope of this St Vincent's Strengths feedback project. We recognized it was not fair to Trevor or to the team to include the transcript of feedback to the service, about his experience of working with community support. Nevertheless, Trevor gave many solid examples and advice about what he would like case managers to do. Wishing to honour his contribution to the project, we have summarized his interview as 'Trevor's advice to case managers'.

Trevor's advice to case managers:

- Case managers should get to know the client one-on-one.
- If a case manager is going to have a vital role, it needs lots of time and hands on action.
- Working together well requires time and effort for both consumers and patients.
- They can set you up with strategies and goals for the future.
- To show genuine interest takes about forty-five minutes.

- There should plenty of talking, not too much paper work.
- It is important not to avoid the patient who is ill.
- Case managers should do practical things like help people find and keep good accommodation, go shopping together with the person, take the person swimming, to the golf course, to a shopping mall.
- Case managers should 'discuss things of an outside nature—how you are going to get outside in life; how you can be outgoing; how your mind is going to improve; how you can become a leader of group; how you can join something'.
- Case managers need good approaches to talking, good public relations towards customers, treating them well.
- You should be able to talk about doctor-related issues with the case manager.
- Case managers must follow through with actions when making promises.
- The case manager should really get involved in the person trying to find work. For example, the case manager could help with writing a CV, the case manager could ring the employer, speak well

of the person, maybe say he is very experienced, very capable, with a very good attitude, he is a little bit schizophrenic, takes his medicine.

- The case manager should talk with the person about key past abilities, their extreme experiences and weaknesses.
- They should spend at least 45 minutes together, twice a fortnight, to really get into work.
- Help with things that play a vital role in life.
- Case managers should keep a data input list of strengths, writing down their goals and ambitions for life.
- Case managers should work on things that help to build self-esteem.
- The case manager should be working on every patient diligently, based on the specific fact that they care sincerely, not 'fill in this form, see you later'.
- Case managers need to realise that people in hospital are grieving in their own personal image.
- Be ethical!

Trevor says case management probably won't work if:

- the person feels put down
- the person is stuck with a case manager and they don't get along
- the case manager is angry towards you, ask provoking questions or intrudes about family life
- they don't do much together
- they only have too short a time together, say fifteen minutes
- the person loses trust in the case manager
- the case manager doesn't keep contact when the person is in hospital
- the case manager won't discuss the medications you are taking
- the case manager says I will ring you back, then sees you seven weeks later
- the case manager doesn't say much, just writes things or analyses you
- the case manager has no resources: time, good facilities or things the person needs.

Evan: Thank you for wanting to do this interview, Amon. Look, I've never had a case manager before, I just wanted to ask you what's it like to have a case manager?

Amon: Terrible.

Evan: Terrible?

Amon: To have anyone apart from people that actually have your interests at stake, and who know you, deciding anything about you or getting involved [when it is their job and at the end of the day perhaps they don't actually care for you]. They may be more run by money, versus a bond to help. Perhaps there is too much emphasis on bureaucracy and what they are asked to do for the system ... Also, with the doctors, you get a relationship for six months and then they're gone. And you're trying to establish your point of view, which means they need to know you, yet they look at your file which is what other people have written about you, they I really want people in the system to think about what it is like for a troubled person to lose fundamental rights and to have treatment they don't want. may not actually know you and haven't spent the time to get to know you and yet they judge and condemn you [or at least take away a fundamental right away from you, the right to self-determination]. So basically that's my whole contention, control ... So, I'm saying that control leads to judgement, which makes healing more difficult ... And that's one of the great obstacles in overcoming mental illness, the fear of persecution and the fear of being labelled as something and put in the box as inferior. When, basically who is anyone but God to judge me? If you are labelled, you can be treated as a lesser class

of citizen, you lose rights [and your misgivings are not treated seriously].

Evan: Yes, right. Look, Amon, I appreciate your comments there. How long have you had your case manager for?

Amon: I've had—she can be a very lovely person, that's another thing that I'd like to say there, no one is all bad ... perhaps they are troubled by some of the framework of mental health, giving drugs instead of other kinds of care. [As a result they can't fulfil all of their duties].

Evan: So what sort of activities have you done with your case manager?

Amon: Usually, if she comes around here, we've done some things like strengths and weaknesses kind of stuff, we've written up a few contracts about the way to manage my situation. Basically—

Evan: Is that helpful, has that helped you?

¹ After reading through the transcript, Amon wanted to revisit some of his ideas. He took away the transcript and carefully decided what he would like to omit from this chapter. Where phrases were removed, this is indicated by an ellipsis (...). Amon also wanted to clarify some points and he was very keen to add some thoughts. You will see a few clarifying comments which have been added in square brackets in the transcript itself. Rather than making big changes in the interview itself, most of his thoughts have been included in a postscript to the interview, at the end of this chapter.

Amon: Not really, not a great deal has helped me in my life from what we've done. I feel I've been persecuted by the whole system, CTO and them, telling me how to think and what to think. How I think, and I think therefore I am, that's one premise [of psychology] is: 'I think therefore I am', that's a part of consciousness, of soul.

Evan: Have you done anything specifically with your case manager that's been helpful? I mean you said goals, have you achieved any goals?

Amon: Yeah, like helpful in a paradigm that's unhelpful. That's what I'm trying to say, yeah, helpful in a paradigm that's unhelpful. On another note, how does the financial gain work; who has the most to gain financially by mental health services? And how do pharmaceutical [companies] sway opinion and treatment of all those under mental health services in Melbourne, Victoria, and elsewhere? So that [mental health system] is the place where I've spent my whole time, and I've tried to be as good to the treating team and focussed mainly on working together, on steps of small measure, and [working from] common ground. That's what I've learnt, rather than trying to get anything too quickly. But I'm held against my will by the state, for what, not for breaking any law, except for being initially labelled insane. And that's from people that have never spent much time around me. Good time around me, sharing and enjoying good health.

Evan: So how would you describe the case manager's role, what can you expect from a case manager?

Amon: The problem I deal with is the case manager's role is basically mind control police, that's part of their role, part of the job description. And you can't forget that, because at the end of the day that causes friction. ... So what literature opposes this; once a CTO is written, it's hell. Something you did years before can be brought up at any time, you are re-labelled.

Evan: Is there anything you've done with your case manager that you liked?

Amon: Going out for coffee! And we talk so she is up to date with me. I like people, I'm not saying, you know, I don't like that.

Evan: So it's a trust — —

Amon: Yeah, but I'm just saying the paradigm is wrong, the whole paradigm is wrong, so no matter what you do you're a patient ...

Evan: (pause) Everyone's unique in some way, you know, we've all had different experiences in life, and even the case manager is unique as well, because you can have different case managers.

Amon: Certainly, yeah, yeah, I've experienced that.

Evan: So have you had a number of case managers?

Amon: I've had three or four or something.

Evan: And I mean you're a good role model to give us some feedback on what case managers do that's good, what they do that's no good, because you've had three case managers, you can compare—

Amon: I can compare what they do. Basically when they tell you ... basically telling you what to do and what to think is bullshit [self-motivation is healthier]. When you start out in your teens, it is a sensitive time in forming who you are. If you get involved in mental health services, then you lose opportunities to grow, work it out for yourself. You need more time and space to make your own decisions. If decisions get taken away from you [you lose something inherently valuable] ...

Evan: So can you give me like an example of something that you've done with your case manager that's been helpful, an example? Like——

Amon: Yes, I can, I can. I can certainly— yes. My case manager helped me get my \$12.00 an hour job and they pointed me in the right direction for café front-of-house, which is that she first of all talked me into it, then took me down there to see if I wanted to do it, and I said, yes, I wanted to do it, so there was some help. [The eight hour-a-week job was helpful and good for me.]

Evan: So the case manager came with you?

Amon: Yes, this was (case manager's name) and this was very helpful.

Evan: Very good.

Amon: But at the same time, that being said, I'm a musician and I've been on pills [that make it harder to play good music], so instead I'm being screwed by the system ...

Evan: But maybe music is something you can think of in the future?

Amon: True ...

Evan: So, yeah.

Amon: You know, and I don't have [enough] choice about this, and my body's a temple and (pause) have you taken this shit? Try six months daily and then I'll ask what you think. ... Anyone can be labelled with some form of mental ailment. Is this helpful? Who gains from this? ...

Evan: So you mentioned you're a musician, what, do you play music?

Amon: Piano, guitar, singing, learning ukulele, violin.

Cathy: I was wondering what instrument, yeah.

Evan: Excellent. So you play piano?

Amon: Yeah, yeah

Evan: And guitar as well, electric guitar?

Amon: Semi-acoustic and electric.

Evan: So that, you know, it's one avenue that perhaps could lead into the future maybe.

Amon: Yeah, like yeah, I certainly think so.

Evan: So have you discussed this with your case manager?

Amon: Yeah, we've done a little bit of stuff but, and I've just had a bit of medication reduction, so that's—

Evan: They've reduced that?

Amon: My body's shot to pieces, it's been ten years since I started psych medications, I don't know if my body will ever recover. So it's entered my central nervous system, cerebral system. Vitamin B1, B2, B12 and spirulina may help. Maybe case managers could give advice on helpful foods, nutrition to help.

Evan: So this job you do, you said——

Amon: I was doing it, yeah, I've been working in a café, but that job I lost at the start of 2009, as a result of how the business was doing. They said they might call me very soon but I've got a friend's wedding that I've got to prepare for. So that's really good news ... She's from London so basically yeah, they're living here but they're going to have the wedding over there. So she's getting a few of us to go over so I've got to save up like four grand, so I've been trying to look for work, lately I've been investing time in a worldwide project, City Difference. That's another thing, having mental health services involved is a real problem, a hindrance realistically, because when someone says you're coming from an agency or anything to do with an agency [they already think 'He's not on even standing with the other workers'] and I think that's an important point, you're hindering yourself ... [for job potential]. A really fundamental point to also meditate on, and this is one I

think that you should help all mentally-ill with is 'Am I important?' It's important for everyone, as opposed to self-importance.

Evan: I think everybody's — —

Amon: Everyone should meditate on that but I'm just saying that's one form of helpful mindfulness

Cathy: Yeah, that's good.

Evan: So, what would you --

Amon: Not importance, but, 'Am I important?'. That's different.

Evan: So if you had to change the way your case manager deals with you, what would you ---

Amon: I'd choose friends and family over workers, and case managers having less influence. The case management is [for me] part of a bigger contentious issue and it's all caught up in that. [People need to be patient with people and give some grace.] And until people understand people, some give a label but they don't understand it, honestly they don't understand it, and they've got a lot more work to do yet. And issues can't be turned around in a moment. The people who are in charge of mental illness can act immaturely [and can be] a law unto themselves. They don't search for helpful strategies and stuff like that, and seek a quick solution to a problem for notoriety, you know, would go to such extremes, would cut pieces off people's brains out in order to do it, which is a huge misunderstanding of people involved in this area of health. And we're still doing the

same thing, trying to remove something from the brain, which is through medication rather than a lobotomy. But it's the same stuff and it's wrong, miseducation, misinformation. We need to working towards health, not always illness, with more checks and balances about the treatment. So when you're talking about mental illness you've missed the point and perhaps what you're doing is controlling people, then labelling them with a condition. ...

Evan: Mmm. So what's it like, for example, how often do you see a case manager?

Amon: Once a week kind of, but I might see, they just try to keep out of my hair as much as possible, which I don't mind!

Evan: And can you contact your case manager?

Amon: Yeah, I can, but I rarely do. I mean she can be nice and we have a good rapport and sometimes it's nice to have someone to care. But maybe the case manager in part erodes family and friends' role in health living. They back off ...

Evan: Oh.

Cathy: So I've heard a lot already about what you're saying about the bigger system and I hear that. I'm just wondering if we can focus more on—so given what that is, what do you think the case manager could do to improve or what do you think—

Amon: I think listen more to what your patients, people are saying. Be attentive. A fundamental thing, perhaps have more of an open mind ...

Evan: So how long have you had the case manager?

Amon: This one probably for about four years.

Evan: So two years ago, if you can reflect back two years ago to now, do you——

Amon: Well, basically I've come from a different position, basically I've come from being out north of the city, where there's a different model for health, it's more that it's a problem, than we work on kind of common ground ... but it's about interaction.

Cathy: So you were just saying, I'd just like a bit more information, you're saying that St Vincent's does it a bit better than Northern Health?

Amon: Better than Northern.

Cathy: Can you tell me in what way it's been better?

Amon: Well, sorry, this isn't going into case management as much.

Evan: No, it isn't.

Amon: No, this is going into—the care in the wards at times is inept. Like there was a girl who ... he said to her, 'You fat bitch, you stay on the floor and just sit there,' and stuff like that. And I'm

just saying, but that kind of attitude in a psych ward is just—you're meant to have compassionate and caring people in there and some people in there are, I don't know. They rely too much on drugs rather than on helping people and it's basically a psychology versus psychiatry model. And that's where the conflict comes in, and in this stage it's psychiatry that gets—

Evan: The bigger——

Amon: Gets pushed the most because it's an easier way to deal with the problem and it's a cheaper way to deal with the problem.

Evan: Yeah, I see what you're saying. So you're saying at St Vincent's it's a bit better than the Northern?

Amon: Yes. There's different things. ... at least at Northern [inpatient unit] most of the rooms are separate which means that you can get a little peace and get away from a bit of the madness to a certain degree. Like you can at least get into your own room which is something, so there's at least a break, you can get a break, but not always, you're in a psych ward.

Evan: So you mentioned earlier about the case manager giving you or helping you finding work, that's a way the case manager has assisted. Can you give other examples where the case manager has assisted in a similar way?

Amon: Well, I find they never assisted me really because they never listened to me and I've got to be listened to in order to be assisted. It's like my perspective and you've got to be considerate

of me. [It's someone's perspective and not all perspectives are equal.]

Evan: So you feel you want to be listened to a bit more?

Amon: Well, I told my case manager I wanted to get off my medication and that hasn't happened with any case manager and that's what I want and that hasn't happened, and I've had to deal with it and just play my cards right, you know, in the situation that I'm in, I've got to play the cards right which means I've got to take the medication every day [my legal responsibility]. And I'd prefer to be taking it without them coming around every day, so I've just played it so I take it and I'm just forced to take it, by law ...

Cathy: And that's partly where this research project's come from, so we can actually get a chance to talk to people like you and others to actually hear your story and then feed that back into the system with the hope that they actually can change it from the ground up, right.

Amon: Yeah, yeah, yeah.

Cathy: So that's where we're going.

Amon: Yeah, cool.

Evan: That's why what you're saying is going to be valued, it's going to hopefully changed from the ground up.

Cathy: So how do you think families could be supported to then better support you?

Amon: I think better knowledge to the family in the situation and I think the knowledge at the moment is inept ... If you could get more of a psychologist maybe coming around to help with the family (indistinct), but it's impossible to know and an outsider coming into the family is seen as an intrusion. So you may not get —in a crisis situation, you may not get the best outcome and you may not be able to get everyone to sit together and to agree [not that agreeing is always a necessity]. So that's why it's a breakdown of the family and having some outsider coming in to try and fix it is not so effective. It's got to be up to the family and friends and church, and it's got to be up to morals and stuff ...

Evan: You mentioned about the family, I'm curious about the family, you said it's the knowledge that's given to the family that's of importance. What avenue do you see best in providing information?

Amon: Well basically I think people have got to learn how to chill ... Who would appreciate pills forced down your throat, ...

Evan: And do you talk this over with your case manager?

Amon: A little bit, but you know, like I've got to be careful what I say and when I say it because if I say the wrong thing, I might be back in hospital, and that's how I feel and is that really helping me? ...

Evan: (to Cathy) Do you want to say anything before we close?

Cathy: We've asked a few questions and you've told us lots of good information. I'm just wondering if there's something that we haven't asked about that you think is important for this project to know about your experience about case management?

Amon: I've certainly had different styles of case management and one I've got at the moment is the best, but that's due to my maturity and the way I've handled it and the way we've had a good rapport with each other, and that is helpful!

• • •

Evan: So building a rapport has been helpful for you?

Amon: Yeah, yeah, the rapport is good and we have a respect for each other. And that's important too, to have a respect for each other. I believe you have got to show respect to be respected.

Evan: That's been very valuable what you've said and hopefully what you've said will be passed on to future case managers, and hopefully - we hope that they will learn from this process.

(to Cathy) Did you want to say something?

Cathy: I don't think so, yeah, thank you very much for sharing that today.

Evan: All right, well thank you. Thanks a lot Amon, for that.

•

Postscript from Amon

As mentioned in a footnote earlier, Amon took away the transcript and carefully decided what he would like to omit from, and add to, this chapter. You saw some indications (...) of interview sections omitted and clarifying comments were added in square brackets, in the transcript itself. This postscript consists of the written comments Amon made, arising from his review of the interview transcript and his reflections afterwards:

- Those who are treated by mental health services may at some times face the fear of prejudice. Case managers and those who force medication seems to me a form of persecution. And there is no place for people in that category to vent or address injustice.
- I accept that parts of a case manager's job are extremely difficult. They are understaffed and have too big a workload, so they can't do everything they would like to in their work. But a part of their role is ensuring or forcing a person to take certain forms of treatment they may not wish to take. So basically, if the service didn't have as part of its role the thought police element, I contend that case management would be much, much better.
- Healing is seen to be in the too-hard basket.

- There is a role that marketing and media changes the way people are treated. Pharmaceutical companies come in, they influence the thinking of lots of clinicians, it must be a pretty watertight system that persuades staff that the role of medicine is so important, above other forms of care. Maybe it is cheaper than other forms, like if there is psychology it may take a year to make a difference and in the mean time, medication is in there.
- The most frustrating part is basically the duties of mind control police, that's their role, that's a contentious, frustrating part of the case manager's role and job description.
- My greatest mistrust is of the drugs, forced down my throat or injected into me.
- I have found the social conditioning element of their role to be corrosive. Thinking for yourself is obviously a necessity. And case managers should be nurturing and encouraging thought.
- It can be hard to eat well on welfare, to get the right nutrition (not meds).
- At night (in hospital) you get people who like to control people, which is a sickness and some people are drawn to that.

- Case managers need to look beyond people's shortcomings. Aim to treat someone for who they are, and I wish that a conscience in overdrive may find its peace.
- A gradual progression to less emphasis on medicines is needed. I think the ideal thing would be short-term medication and case management and if it becomes long-term, then it is a failure.
- Case managers are limited by dogma, ill-conceived notions of health/ ill health. They focus more on problems than on good personality traits. Two drinks a night makes an alcoholic of a client, but for them at home, that is not a big deal.
- Case managers need to nurture and help those to evolve our nature, compassionate, loving is our true nature.
- I am so worried about the health effects of medicines long term, on the brain, on the pituitary gland, on neurological system, on the whole body, long term. Medicine changes you and then people think the changes are you or the illness that impacts you. They don't recognise the person that you are, they might see the Largactil shuffle and the think that is you, the look in the eyes, withdrawn and that is thought to be you, not the effect of medicine. What are the influences that shape ideas about people?

• The medical expert is seen as the one that knows about you, and family can say: 'Amon you don't know anything, listen to the experts', but it's demoralising for the person. Hopefully, for the next generation coming this will be different, paying attention to supports at home, food, psychological care. Also labels can be used over and over. Labels and medicines and the files get in the way of accepting people for who they are, where they are now. Like for example if you were suicidal years before then the experts can bring that forward and the response is not family and supports but police, and records and medicine and hospital.

NARRATIVE ANALYSIS

Amon provides his deep-felt feedback early on, telling Evan that case managers are 'helpful in a paradigm that's unhelpful'. Case management as a process is part of a larger mental health system within society and for Amon the structure of mental health care, especially the use of involuntary treatment such as CTO, is an activity of social control, and the antithesis of healing. What is needed is family and friends for ongoing support and case management can lead to families standing back, which is not good in the longer term.

He feels that controlling approaches encourage judgemental attitudes, and

contribute to stigma and fear. He bitterly resents being treated with medication against his will. He responds to his experience of flawed mental health care with grief and anger.

Through his feedback during the interview and afterwards, Amon builds a treatise on the values that are vital to him within a healing paradigm and that he strongly considers would inform good mental health care:

In order to contribute to a
healing process, case managers
and others need to attend carefully
to people, to what they are saying
and what they want.

- Case managers and others can be helpful after getting to know people, and this takes time.
- Healing 'has to come from you', a person cannot helpfully be told what to do and think.
- Healing is about the interaction.
- Case managers and others must give primary consideration to the person (not the social rules).
- Case managers and others must take seriously what the person wants, such as wanting to get off medication.

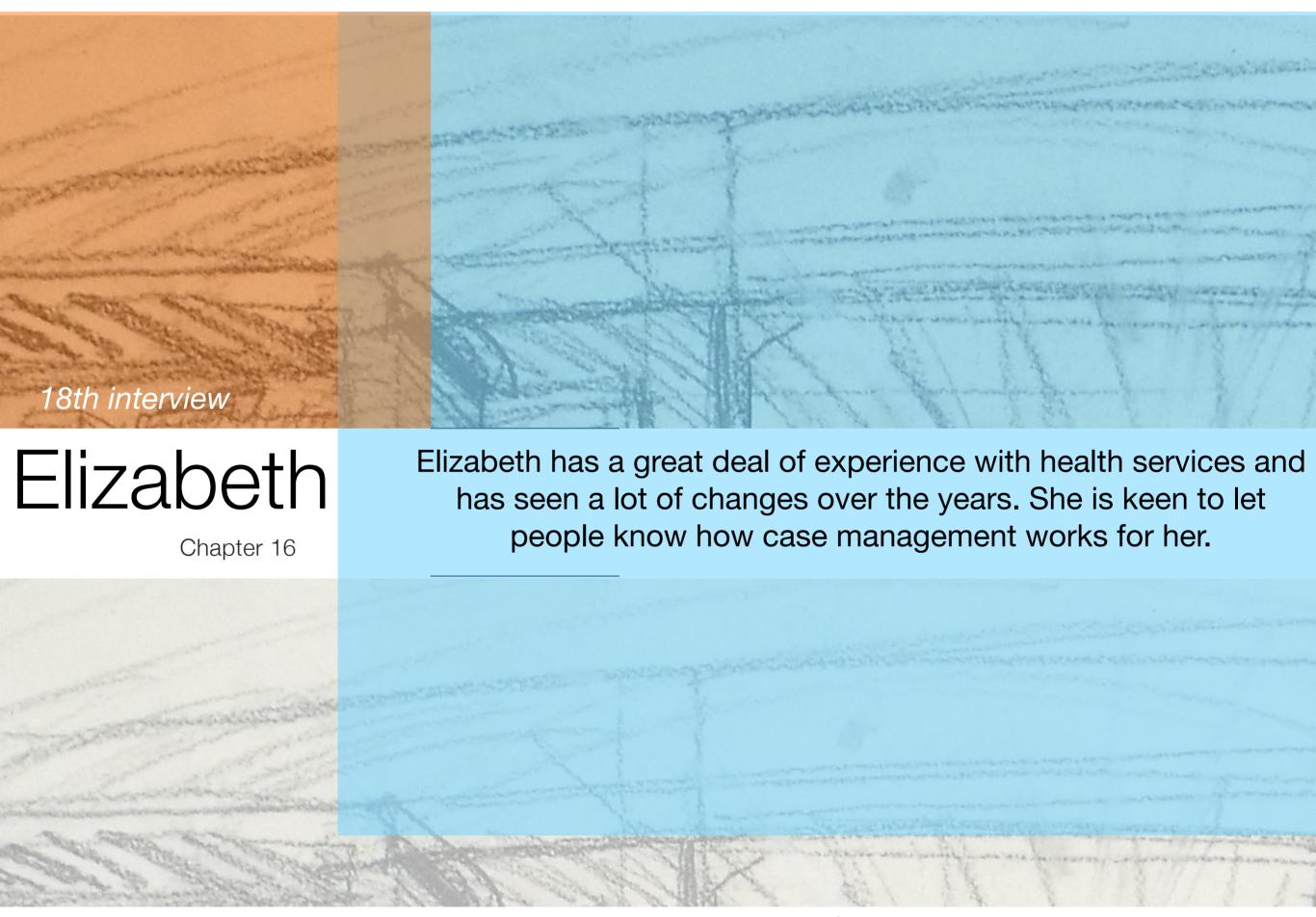
 Families are the core unit and they need much more understanding of mental illness and psychological matters, rather than being tied in to the system of judging the sick person.

Amon also reflects that he has experienced different styles of case management. He wants us to know that he likes and respects his case manager as a person and case managers in general, as decent people who are often trying to be helpful. This current relationship is better for him than ones in the past, based on a respectful rapport. Also, Amon feels that he has matured and knows how to handle it.

Despite the level of warmth in his relationship with his case manager, Amon is wary. He is not confident that he can fully express his view about the flaws in the mental health system, without being heard as mad and without risking an admission to hospital, as a consequence.

BRIDGET HAMILTON





Evan: Alright, Elizabeth, well thank you for wanting to do this interview for us. Elizabeth, I've never had a case manager, so can you tell me what it's like to have a case manager?

Elizabeth: Oh, it's wonderful—somebody to lean on, somebody to tell your troubles to, somebody that cares for you, and somebody that does a good job in helping you out.

Evan: Very good, very good. Can you give me some examples of things that you've done.

Elizabeth: Oh yes, I've only got to ring when my case manager's on and if he's on the day that I ring he sees me as soon as he can.

Evan: That's lovely, very nice. And can you give me some specific examples where the case manager has worked or you have worked together in achieving something?

Elizabeth: Well he's achieved me being here with the Salvation Army, living alone as a manic depressive, living now here for five years.

Evan: Very good, five years.

Elizabeth: And I've had hundreds and—ten or twenty visits to St Vincent's on top. So I've been five years without a hospital visit.

Evan: That's good. And what other— like do you do sort of activities with the case manager?

Elizabeth: No, no. No, he looks after me, that's all, he looks after my best interests.

Evan: So in what ways does he look after you? The medication you mentioned?

Elizabeth: Oh yes, the medication's in the drug box, we never go without medication, it's administered every day and I take the morning ones and they leave the night time ones out. I've got no worries about that.

Evan: Okay, and in what other ways does he—how long have you had your case manager?

Elizabeth: I met him when I was a young woman, before I was married. I was married for thirty-five years.

Evan: Okay, so how long have you had your case manager for?

Elizabeth: Oh dear, a long time, a long time.

Evan: Oh goodness me, so you've got a good relationship?

Elizabeth: I met him when he was a student nurse.

Cathy: Wow.

Evan: And he's been your case manager ever since?

Elizabeth: Yeah.

Evan: That's good. So can you reflect back on the earlier times to now? Can you see any developments in the way he relates to you and the way he helps you?

Elizabeth: Well he's always there if I need him, I'll put it at that, he's always at hand. He's just been and gone.

Evan: Yeah, on a Saturday too, that's very good. And can you give me like specific examples of things that he does for you that have been helpful, things that he does?

Elizabeth: Well, he gave me a book about manic depression, living under a black cloud or something. And I've read that over and over again, that's helped me a lot.

Evan: It has, has it? And in what way has it helped you?

Elizabeth: It helped me to get out of a state of depression.

Evan: And can you give me other specific examples where he's done things that have been helpful for you?

Elizabeth: He's teamed up with the Salvation Army to handle my money, carefully, and spend it on shopping and not on trivial things, like 'manics' go out and blow money.

Evan: Yeah, I know a few of those. I'm one of them sometimes. I know what it's like, I know. So he's helped you with that, has he?

Elizabeth: Yeah.

Evan: And in what other ways has he

been helpful?

Elizabeth: Well, he's introduced me to his young daughter who has a great passion for highland dancing and won trophies the same as I did, as a young lass. And I've seen pictures of her in her kilt.

Evan: And you used to do that yourself?

Elizabeth: I tell you I started when Iwas three and I stopped when I was seventeen, and I was adult championship style. And I've seen (case manager's) little girl in the same Dress Stuart tartan as I was in and the hat with the pompoms and everything.

Evan: It's amazing, isn't it, small world, isn't it, yeah. And this Gaelic dancing is it, or what is it?

Elizabeth: Highland dancing.

Evan: And this highland dancing, you obviously don't do it now, do you?

Elizabeth: Oh no, I——

Evan: But you enjoy watching it though, don't you?

Elizabeth: I love watching her.

Evan: And you like the highland music as well?

Elizabeth: Yeah, I do.

Evan: That's good.

Elizabeth: I loved Andrew Stewart, you know, my father used to (indistinct) him into Festival Hall with the band.

Evan: Lovely, very nice. And getting back to (case manager's name), your case manager, what other things has he done, been helping you with?

Elizabeth: Well he's rescued me many times from the pub having a few too many wines, and put me into the Larundel when it was around, and arguing with the bank manager when he hadn't paid me cheque when he had. He had to haul me out of the bank.

Evan: Did he? Yeah.

Elizabeth: So I suppose that was good.

Evan: Yeah, I'm sure it would've ...

Elizabeth: I might've got had up by the police.

Evan: So (case manager's name)'s been more like a friend than a case manager to you?

Elizabeth: Yeah.

Evan: Like a family in a way?

Elizabeth: He's like a big brother.

Evan: Yeah, I'd say he would be, yeah. And how do you feel speaking with (case manager's name), your case manager?

Elizabeth: I feel easy with (case manager), I feel easy with (case manager) because I've known him for so long. I don't shake, I don't tremble or nothing.

Evan: And are you happy seeing him when you see him?

Elizabeth: Oh yes, I'm delighted.

Evan: That's good. So when he leaves you're still feeling happy about it?

Elizabeth: Yeah, I feel alright then. Once he's been I feel good.

Evan: Yeah, that's good. And what do you see the role of the case manager?

Elizabeth: To look after these patients and to see they get the best attention and to do what he can do for, in the best he can.

Evan: So if you had to—if I asked you are there any bad things that (case manager name)'s done or that you weren't happy with the way the case manager's ...

Elizabeth: Not one thing, not one thing. I couldn't say anything bad about (case manager name).

Evan: That's good.

Elizabeth: We swap and change cigarettes if I've got cigarettes and (case manager name)'s got—he gets some—if he's got some and I've got none, he'll give me some.

Evan: And how much time do you spend with (case manager name) when he comes?

Elizabeth: Oh, about half an hour. He brings me a bottle of drink, soft drink, and pours out a glass of drink, I feel like the Queen. I put the rest of the bottle back in the fridge.

Evan: Goodness me. So we're looking for good feedback and you're obviously giving us good feedback for future case managers that they could do, you know. You know, like they could be like a friend to you more or less. Can you think of other ways about the way (case manager name) has treated you that's been good?

Elizabeth: Oh yes.

Evan: Or things that he's done?

Elizabeth: He saved me some major crises from my husband when he used to bash me up. He used to get me out of the house and take me to St Vincent's in a government car.

Evan: For your protection?

Elizabeth: Yeah, yeah.

Evan: (to Cathy) And have you got any questions you want to

ask?

Cathy: That's okay, yeah, yeah.

Evan: And if you had to change the system, the St Vincent's care for the better, can you think of any ideas that they could do to? I mean you're already being looked after which is good to know, but if you had to add to that to make it even better, can you suggest any suggestions?

Elizabeth: I'd just like the patients in St Vincent's that are having the same disorder as me to be as well looked after as I am.

Evan: You are a good role model as a patient, that's good. That's very good. And to be looked as well as you are, can you give us other examples of that?

Elizabeth: Oh yeah, he always makes sure that I've got provisions in to eat and plenty, that I've spent my money on the right thing, and so does the Salvation Army, I can't say a thing against the Salvation Army.

Evan: Yeah, they're lovely.

Elizabeth: I was spending too much money in the pokies and not feeding myself and they took over my money. And since they've took over my money I've never looked back.

Evan: That's good, so that's helped you with those habits?

Elizabeth: Plus I've got a few bob in the trustee, because someone burnt down my house after my husband died and I had nowhere to live so they sent me to St Vincent's and I got this place by myself in one day.

Cathy: Great.

Evan: So what sort of activities do you do with (case manager's name) that's been helpful?

Elizabeth: Beg your pardon?

Evan: Activities, that you do with (case manager) does (case manager) take you to the shop. Does (case manager) take you shopping?

Elizabeth: The Salvation Army do. The Salvation Army take me to the shop.

Evan: OK. And who got you in contact with them, (case manager)?

Elizabeth: Yeah, (case manager name)'s in contact with them.

Evan: Okay, yeah, so you're not — —

Elizabeth: See, the Salvation Army, we go down to (doctor's name) and she writes a script for my tablets down in (clinic name) in Fairfield and we go to the chemist and the Salvos pick it up and give it to the girls at St Vincent's.

Evan: Okay, so that's all local isn't it, it's all gone local.

Elizabeth: Yeah, yeah.

Evan: Good, yeah.

Chapter 16

NARRATIVE SUMMARY

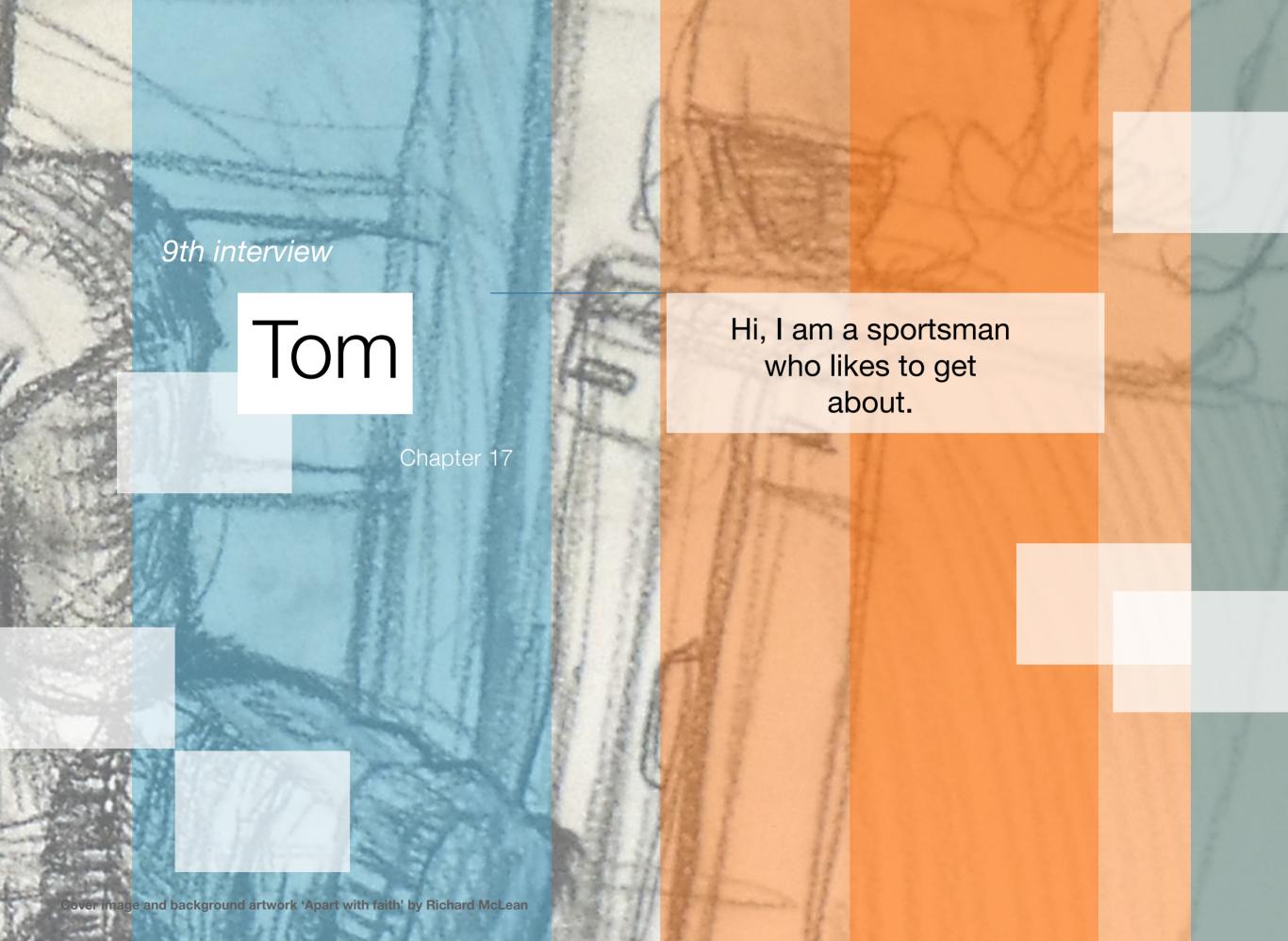
Elizabeth speaks with confidence and good cheer about her case manager. She lives independently, with support from different agencies with which the case manager liaises. Elizabeth and the case manager have had a long period of time to build up their relationship. Elizabeth feels like she knows the case manager very well, and she 'feels easy' with him. Elizabeth paints the picture of her case manager as a real person, whom she appreciates and respects and with whom she shares some important social interests.

When Elizabeth mentions a few difficult periods in her life, she often recalls these

with humour and humility and provides very clear examples of how the case manager has helped her through, such as helping to manage her money, make sure she's eating right and giving her helpful literature to read. The stories she tells give substance, depth and breadth to her statement that 'he looks after my best interests'. Elizabeth values having 'somebody to lean on, somebody to tell your troubles to, somebody that cares for you' and this is her unalloyed experience of the case manager, who is like a friend, or a 'big brother'. Elizabeth feels certain that the case manager is available if she needs help and will come as soon as he can.

Elizabeth highly values the quality of the personal relationship with her case manager as well as appreciating the practical support that he provides in his clinical role and says: 'once he's been, I feel good'. She attributes in part her success in staying out of hospital and living independently to his role in her life and there is a sense of pride in these achievements. Elizabeth wishes that all clients who have case management could be 'as well looked after as I am'.

BRIDGET HAMILTON



Evan: Yes, Tom, thank you for wanting to do this interview. Look, Tom, I'm a consumer like you and I've been through the service myself but I've never had a case manager. Would you like to let me know what it's like to have a case manager, Tom?

Tom: Well, it's pretty good, because they give you advice on your life and your situation and how to go about remedying the problems you have, whatever the problems may be. They also help you with even household stuff like budgets and stuff ... Well, a case manager can become like a confidante, and also, especially with my case manager she's become like a friend.

Evan: Which is nice, isn't it?

Tom: Yeah, she's become like a genuine friend.

Evan: And the trust has been built there.

Tom: Yeah. And whatever my issues are at the time, whether they be personal or whatever, she doesn't judge and stuff, which is important, and she comes from a view, from an outside view, you know what I mean, like when it comes to dealing with family and stuff, because I've had family issues and stuff in the past, she can look from the outside in.

Evan: Very good, yes, yeah.

Tom: Which is a good thing.

Evan: So a third person.

Tom: A third person, you know what I mean. And she's met my mother and she's had talks with my mother and stuff like that, and she knows my history and background pretty well, which is good.

Evan: That's good, Tom, that you've mentioned that, but can you give me specific examples. Like you said that they give you advice; can you give me a specific example where they've been able to help you in that way?

Tom: Well, with work in the past, I've done sort of like dishwashing, furniture polishing, stuff like that. She's looked at my, what I've done in the past and stuff before I got ill and then I was working. I was ill for a little bit, then I worked, then I was ill, then I worked. And she's sort of like identified my strengths and stuff. She knows I'm a personable person and I relate to people very well, she's very much like that. So she——

Evan: I can see that, Tom, you're very bubbly which is good. It's good for you to be that way——

Tom: No, because my illness has taught me a good thing. Because meeting other people with——

Evan: Similar — —

Tom: Similar problems and problems that, like, I've become more a sensitive person and I've like grown up from it.

Evan: Of course, yep. I suppose the actual grieving and the, I don't know if I should use this term, suffering from the illness or

the actual turmoil of having the illness has made you a stronger person, is that what you're saying?

Tom: Yeah, and I've met a lot of nice people with mental illness.

Evan: Yeah, I have too. I know there's a lot of us around that are very nice people and we can get ahead in this life, we can put our illness aside and move ahead with life. I mean the illness that we have is only a small minority of our entire make-up of who we are. You know, we are other people as well, we have other qualities in life. For example, I was a soccer referee for Soccer Australia and you know, even though I had a mental illness, I've been able to get out there and do things in the community. And it looks like you're the same like that, you build your strengths through your case manager. So can you give me other examples of where the case manager has built your strengths? You said that they've looked at your history of your employment when you were well and, sorry, I interrupted there. Did you mean that they put you into employment later on? Did they help you get into employment?

Tom: No, they gave me an employment officer at (the) clinic and he found me the job, I went there, I took the interview. The person interviewing me was very impressed and then I done some training and stuff and I learned like detergents and equipment and stuff like that and the best way to go about it.

Evan: So is that like a certificate course in cleaning, similar to that?

Tom: No. I had to do on-the-job training before I get assigned a place to work, and that's going to start happening next week.

Evan: So you got a certificate from that training or you ...

Tom: No. I've done a hospitality course though, because I've worked in restaurants before as well.

Evan: Okay, in kitchen hand or in waiting?

Tom: Kitchen hand and waitering.

Evan: Excellent. And cooking too?

Tom: Preparing, like preparing, like cutting up the stuff.

Evan: You have more skills than me. It seems like you're coping quite well, that's really good.

Tom: Yeah, that's one of the things they sort of like, my case manager's sort of referred to me, she thinks that I can do anything I put my mind to, I'm one of these guys. And I was very like, when I was young I played a lot of cricket, I was cricket captain in the fourteen to sixteens, I won bowling in the comp and stuff like that.

Evan: Very good. I can see you're a football fanatic too.

Tom: Yeah, I'm a bit of a sports-head. I'm coordinated, I'm fairly skillful.

Evan: Do you get involved in the clubs?

Tom: Because I had a tumultuous, with my dad, he sort of lived through me sort of thing because he saw I had skill and there was cricket, you know, district level?

Evan: Yes.

Tom: Like the district level, like Collingwood, Northcote, all those kind of clubs, you know, Essendon and Carlton and all those kind of clubs, like a district level, when I was young. There was, three district sides that were trying to pick me up.

Evan: Oh really, you're very talented.

Tom: Yeah, I was a bit of an all-rounder.

Evan: So have you endeavoured to look into that, to do that, to do that ...

Tom: I played in the Reclink competition, I was captain of the side.

Evan: Oh yeah, Reclink, I've heard of them. So you know, in Footscray aren't they?

Tom: No, St Kilda Sacred Heart.

Evan: There's a few, few teams.

Tom: There's some new teams coming in all the time, they started off with three, but now there's a lot more sides.

Evan: I used to know the coach, the football, the Footscray team, they told me that the Reclink is a very good league to be a part of, because they get a lot of volunteers, and some of them are from the police force I believe, that help them out too, which is good.

Tom: Yeah, I actually played in the comp match, I was picked for being in the best side to play against the coppers.

Evan: Oh yeah.

Tom: You know, at the MCG, I've played at the MCG as well.

Evan: Excellent. So what position do you favour or what position do you play in?

Tom: Well, I'm like a fast-medium bowler, I can bowl up to about 130 to 135k's, and I'm a bit of a batsman, I bat about in the middle order, about four or five.

Evan: Very good, that's excellent. So what other ways has the case manager engaged you in getting better I suppose? They've got you a job. Or really, they gave you the lead and you got the job yourself really.

Tom: Yeah.

Evan: So good luck with that.

Tom: Yeah, should be good.

Evan: What other ways has the case manager sort of engaged you into building some strengths that they noticed in you?

Tom: Well, the main thing is my, I used to be a bit of a choofer, did marijuana, and that was, that brought on my schizophrenia. It was like a trigger, and they identified that. And I don't smoke anymore.

Evan: Good, so you broke that addiction?

Tom: Yeah. Maybe once I got a, probably once a month, maybe last year once a month I had one, but it blew my mind and I knew it wasn't for me. So that's the thing.

Evan: Sometimes experience is the best learner, you know, you learnt from it.

Tom: Yeah, but I was very young when I started, you know what I mean, like in my early twenties when I was ...

Evan: Yeah, peer group, probably, peer group pressure, maybe.

Tom: Yeah, yeah, just when you're young you sort of try things and stuff.

Evan: So what role do you see the case manager, you said they're a friend, you said ...

Tom: A confidante.

Evan: What do you mean by that?

Tom: You can tell them what's on your mind, what's personally on your mind, and you know that they've got an objective, like opinion, and they can give you good advice.

Evan: Okay. So how do you think the case manager has made a difference in your life, in what way?

Tom: It's made me feel more worthwhile, because there was a point there where I didn't think, I wasn't good enough for society and stuff.

Evan: So it's given you a bit of value, self esteem, self confidence ...

Tom: I used to isolate myself as well, and stuff like that.

Evan: I know, it's the illness, the illness sometimes does that to you, but after you practice, like with the case manager, to open up and to have confidence in the case manager, you can build that up on, one step higher by opening up to the community more. Have you noticed that?

Tom: Yeah.

Evan: So in what way have you opened up to the community?

Tom: Well, I go to a couple of places like St Mary's and stuff.

Evan: In Brunswick Street?

Tom: Brunswick Street, yeah.

Evan: That's a good place.

Tom: Yeah, and I've met a lot of good people there and stuff like that. I've made, I go to a local pub down here, I've got a couple of mates down here and stuff.

Evan: That's good.

Tom: So yeah, I know, I'm pretty good at personal, I always have a chat to the guy at the milk bar and stuff like that, I know Mavis across the street, Bronwyn, family here, Peter over there. I know my ...

Evan: Your local community, that's good.

Tom: ... local community. And we always, like before I would just walk on by and not care sort of thing, but now I engage with people and stuff like that. Because what I've, like with the mental, what I've noticed with the mental illness staff people, is that they're very communicative and they talk to each other and that. And I sort of saw that and I thought 'I'm missing out on this' you know what I mean, and like, 'Get a life' you know what I mean?

Evan: So you've moved on from where you were.

Tom: Rather than just sitting at home choofing-on all day, getting myself smashed, spacing out, getting paranoid and all that kind of stuff, they've encouraged me to communicate with people rather than withdraw, or go within myself.

Evan: Yeah, well you've obviously learnt. There's a saying that says 'no man is an island' and you've obviously learnt that. That you can't be an island of your own, you've got to be able to interact with people and it's good that you were able to learn that. And it's very hard for others to still learn that. So it's good, you're aware that you've got an illness, you don't feel ashamed or you want to hide the fact you've got the illness, you're happy to open up with people about your illness, and that's good, that's good, that will, you'll develop from that, you know, and I wish you the best with the job too.

Tom: And the good thing about it is Jeff Kennett's put it on the map, you know what I mean. A high profile person, has gone by the beyondblue, and I reckon it's fantastic.

Evan: Have you seen him?

Tom: No.

Evan: Not yet?

Tom: No, but I reckon he was a good premier, I reckon he done Victoria pretty good.

Evan: Yeah, he did alright.

Tom: You know, I reckon he was an alright bloke, then he moved into beyondblue and then he's like with commercials and stuff and he's always ...

Evan: Yes, promoting it.

Tom: Yeah, when we get our next premier, like a premier, like a leader of the community and stuff like that, a voted leader of community, someone you want to lead and they go and then promote beyondblue for depression and stuff like that.

Evan: That's right, that's right. He's actually got some footballers of mental illness that are starting to ...

Tom: Nathan Thompson has it, Nathan Thompson.

Evan: That's right, I met him the other day. And there's another one called, I can't remember his name, but Nathan Thompson, I went to one of his talks and he talked about depression and how he ...

Tom: When I was in hospital, there was a guy that lives around Hawthorn and was in a café one day and saw Nathan Thompson come in, look around, not and then sort of looked around and then just walked out. But he didn't, he looked sad. You know what I mean? He sort of made the effort, and then like the guy was there and he was going to go after him and sort of like, 'Come on mate, you know what I mean, don't worry about it', sort of thing.

Evan: Yeah, it's good that people are like that in some way. It's good. So tell me ...

Tom: I actually saw him watching a Reclink match, because I played footy about five years ago for Reclink and stuff and he was in the crowd, he was there by himself watching us.

Evan: Yeah, because he's doing a lot of mental health that guy. He's trying to promote that it's okay to have a mental illness, he's promoting that and you know ...

Tom: It was good actually watching an AFL footballer watch us kick the ball around, you know what I mean?

Evan: Of course, yeah.

Tom: It was a good thing, and he was really watching us, you know what I mean. Because sometimes like I come off the bench sometimes, come off for a rest, and I just watch him watching the game and he was really watching it, he was really following it, you know.

Evan: It seems like you've enjoyed the football, the Reclink.

Tom: And I've met Dean Jones through the cricket, Dean Jones, Merv Hughes, yeah.

Evan: Okay, yeah.

Tom: Dean Jones come and umpired a game for us one day.

Evan: Oh really?

Tom: Yeah, and we bowled to him and he was hitting us, he was hitting us out of the ground.

Evan: So would you say the case manager got you into this Reclink?

Tom: She encouraged it.

Evan: She encouraged it.

Tom: She encouraged it because I mentioned ...

Evan: You mentioned you did it in the past, so she got ...

Tom: Yeah, I gave up at 19, I gave up at 19 because my dad was like, he wanted me to play for Australia and all this kind of stuff, he thought, you know all that kind of stuff. And yeah, so ...

Evan: So it's good, it seems like the relationship you have with your case manager is an excellent one. If you could just tell me, are there some things that the case manager does that you don't like?

Tom: That I don't like.

Evan: You know, this will be confidential obviously, your case manager won't know about this. 1 Or is there something that the case manager can improve on?

Tom: Improve on.

Evan: The way that they relate to you or ...

Tom: It was a good thing, and he was really watching us, you know what I mean. Because sometimes like I come off the bench sometimes, come off for a rest, and I just watch him watching the game and he was really watching it, he was really following it, you know.

Evan: It seems like you've enjoyed the football, the Reclink.

Tom: And I've met Dean Jones through

Tom: I don't know because I've got a good case manager at the moment, yeah, you know what I mean.

Evan: You have yeah. How often do you see the case manager?

Tom: At least once a week, probably even twice a week sometimes.

Evan: Is that satisfactory, the duration of time?

Tom: Yes, yes.

Evan: That's okay?

Tom: That's good.

Evan: How long would you see the case manager for?

Tom: Probably at least an hour.

Evan: An hour?

Tom: Yeah.

¹ Since this assurance of confidentiality offered during the interview was at odds with the information provided at time of seeking Tom's consent to participate, the research leader Bridget carefully reviewed with Tom his feedback in detail. He confirmed his consent for his feedback interview to be published in this booklet.

Evan: That's good.

Tom: Because we talk about everything, you know what I mean, because she's the one person I know that it won't go anywhere. If anywhere, she'll probably tell her colleagues and it'll just stay inhouse.

Evan: So if we were to talk about St Vincent's care, how would you improve the service if that question was thrown to you?

Tom: St Vincent's care?

Evan: The case manager, or have you only had the case manager?

Tom: I've had two.

Evan: You've had two. So how can you compare one from the other? Are there any differences that you've noticed?

Tom: My recent one, well, she's more hands-on and she's more ...

Evan: More concrete type? More right to the, she's not abstract type, she's more realistic if you like?

Tom: She's more realistic and she's result-driven, you know what I mean. She wants to get results, she wants to make things right and she wants me to improve on mental health, by stressing like medication's very important. Because there were times there where I thought I was alright, you know what I mean. Like sometimes you think to yourself, 'Now hang on a minute, I'm doing alright, I feel normal, I don't feel like there's any

schizophrenia, don't take the medication,' and I don't take the medication and ...

Evan: You go into a relapse after a week or two?

Tom: Yeah, I've relapsed and gone into hospital, where I've been totally out of my mind, because I've illusionised. I've seen things on the streets like figures and stuff that I've illusioned. And that's part of my, you know what I mean?

Evan: Yeah, yeah. And your previous case manager, can you say some things that she or he may improve upon, the previous case manager, obviously the second case manager was better. The first one, how can the first case manager improve on ...

Tom: Sometimes they (don't) give a damn, because sometimes I think, like my mother thinks that she was in the wrong job, you know what I mean sort of thing?

Evan: The case manager?

Tom: Yeah. I hate to say that, but ...

Evan: No, that's alright, your opinion, that's fine.

Tom: She was okay.

Evan: I mean we want to listen to these things because that's the only way that we can, how do you think she could've improved?

Tom: How she could improve? Man, I haven't had her for a while so I haven't really thought about it.

Evan: Maybe she could've spent more time with you or maybe she may have asked you what interests you, did she ask you what interests you had and did she try to build on your strengths, did she do that?

Tom: She was more like for the medication. She was stressing more on the medication and less on the self-improving and looking at the positive side of things. Like sometimes a person thinks like, because medication's pretty good these days ...

Evan: They think that's the only way to get better.

Tom: Think, yeah, they think if ...

Evan: But there's also added ways with the medication.

Tom: Exactly, it not only takes medication to get better, it takes the inner person within you, the inner thought, the inner person, the real person as well.

Evan: Yeah, you've got to want to get better.

Tom: You know what I mean, like the chemicals in our body, the natural chemicals in our body, the endorphins, all this kind of stuff. Because thirty years ago when someone fell ill or got depressed or something they had to get out of it, but now there's a service for people to help people.

Evan: You know what they say, Tom——

Tom: You need both.

Evan: Of course.

Tom: You need your life thing and you need your medication to work hand-in-hand, whereas one case manager thought medication was the only way.

Evan: But it's not, because we're not chemicals. We're not just chemicals, you know, you can't fix up a human being with just chemicals. The human being's got to want to relate into the community and work and want to get better and mix with people, network with people, get a job, a vocation, build a relationship, you know, all these are components of getting a recovery, you know. So I suppose you've obviously had a good case manager. Before, so you're actually happy seeing the case manager you're seeing?

Tom: Yeah, and I like her too. And she laughs with me.

Evan: That's good. So what sort of activities do you do with the case manager?

Tom: Activities, well, like over the last three months, it's mainly been to get me back in the workforce.

Evan: And you've both succeeded in that.

Tom: Yeah. And we've done a course, we've done some training.

Evan: So did she actually come to the course with you, to do the course?

Tom: No, I went to the course by myself. The course was for five weeks.

Evan: Okay, but she organised the, what did she do in as far as ...

Tom: She referred me onto an employment officer.

Evan: Okay, and they came with you to the course, the employment officer?

Tom: They, I spoke to them, I showed them what I'd done in the past and ...

Evan: They helped you write the resume?

Tom: Yeah, I had a resume but they improved it. Do you want to have a look at some of my references?

Evan: Yeah, I can just tell that you must have really good ones, by the way you speak.

Tom: See I got a VCE.

Evan: Oh, you got VCE?

Tom: Yeah, I've got a Year 12.

Evan: So you've worked for all these companies?

Tom: This is a very good one. Me and this guy were like the best of mates. He owned a shop and his father and me used to muck around, me and his father, and that's what I done, work experience, and this guy works at the RAS now.

Evan: That's excellent. Well look, I wish you the best with your job. When do you start, soon? When do you start?

Tom: Next week, yep.

Evan: This is really good. So before I close the tape, is there anything you would like to add? Or is there a word that you could use to describe the case manager?

Tom: Very helpful.

Evan: Any other words?

Tom: Consistent, consistent.

Evan: Any other words.

Tom: Reliable.

Evan: That's excellent. So before I close the tape, is there anything else you want to add to the way the case manager's been relating with you and getting you better, to recovery, is there anything else you want to add?

Tom: Well, me and my case manager have got a mutual, we actually like each other as people, and when you have a personality ...

Evan: So she comes here?

Tom: She comes here, I go to the clinic, you know what I mean, stuff like that ...

Evan: So are you saying you relate as people ...

Tom: And when I'm talking to the 108 Gaining strength psychiatrist, like she helps me talk through my issues and problems, right, to the psychiatrist.

Evan: So she attends the session with your ...

Tom: Psychiatrist, yeah. She's like my left-hand man.

Evan: That's good, excellent. She's more like a coach, a life coach.

Tom: Yeah, a life coach, yeah, I like that, yeah.

Evan: So that's good, Tom. Look, I appreciate your time and your value and your input and certainly what you've said will be passed on and hopefully it will improve for future case managers that come through St Vincent's or beyond other services.

Tom: It's sometimes good to laugh with your case manager, you know what I mean?

Evan: Of course it is, yeah, humour goes a long way, yeah, it certainly does.

Tom: Like when she came here we were cracking jokes and stuff like that. Because things were on the up and up. Like just recently, like I was on the clozapine, the medication, like the side effect of that was making me dizzy and I was getting really big dizzy spells to the point of fainting. So they put me back on my

old medication and they've upped the dose of my olanzapine, and they've found the right balance and that's a good thing.

Evan: Very good, that's good, because even though there's a variety of medications, each individual is different and the combination of medication varies.

Tom: It's trial and error.

Evan: Exactly.

Tom: Yeah, like with the medication it's trial and error, like they've got to like, they have to try a few things, to see if your mind if like working at that one hundred per cent level.

Evan: That's true, yeah.

Tom: So you can be in society and be viewed as normal, rather than someone with an illness, if you know what I mean.

Evan: But really, if you think about it Tom, even with someone with an illness, you can be still seen normal, because normality has its ups and downs, has its deficiencies, has its weaknesses and strengths. So even though a person has an illness, they still can be seen normal, in my view anyway.

Tom: Yeah.

Evan: Yeah, we are normal people.

Tom: We are normal.

Evan: We just have that unfortunate circumstance of carrying that burden of an illness. But we've taken the step towards recovery, you know.

Tom: Whether it be life experience that's lead me to um, because I believe like some people fulfil it because of life experience and some is genetics. Because I've got like an aunty with, it's never got diagnosed, but I think she's bipolar. She's very up and down. Do you know what bipolar is, extremes?

Evan: Yes, yes.

Tom: Like very euphoric and then very depressed.

Evan: Depressed or very high, yeah.

Tom: Depressed, they go very, go from one extreme to the other.

Evan: That's right, yeah, yeah. And she hasn't been diagnosed. And you know, Tom, there are many people out there in the community that have maybe even schizophrenia that haven't been diagnosed as well. But it's when it becomes problematic that it needs diagnosis, you know? And so I feel that the recovery and the going through the case manager's counselling process and having to take the medication, is part of the recovery and part of getting better and part of coping and getting on with life. And I feel that people like you and me and many others who have this illness are the most caring people, you know. And it's true, because we've gone through an enormous amount of burden, grieving, call it whatever you like, you know.

Tom: Yeah. When we come out on the other side, after recovery ...

Evan: We become better people.

Tom: Not only become better people, but we become, the bottom line is more caring. And we become more sensitive and more like, because there was a point there where I was really ill and then I started like, and then I came out the other side and then I started listening to everyone's problems. Not so much problems but just being there for people all the time and stuff, around my friends and that. You know, and then I became this guy, 'You can trust Tom', and then I got known as that, you know what I mean? So ...

Evan: Well it's good, it certainly highlights the fact that you've done a lot of work towards your recovery, you know, whether ...

Tom: Because I was pretty gone, I was pretty gone when I was really ill, when I first became ill. I was like out with the fairies. I was out of touch with reality, you know what I mean?

Evan: Yeah.

Tom: I made up a world of my own, a world like spiritual, this that, evolution, I sort of just put the pieces together in order, how things come and, yeah.

Evan: And the medication and also wanting to get better fixed all that up I suppose in a way. Which is good, Tom. Well thank you very much, Tom, thank you kindly for that.

Chapter 17

NARRATIVE SUMMARY

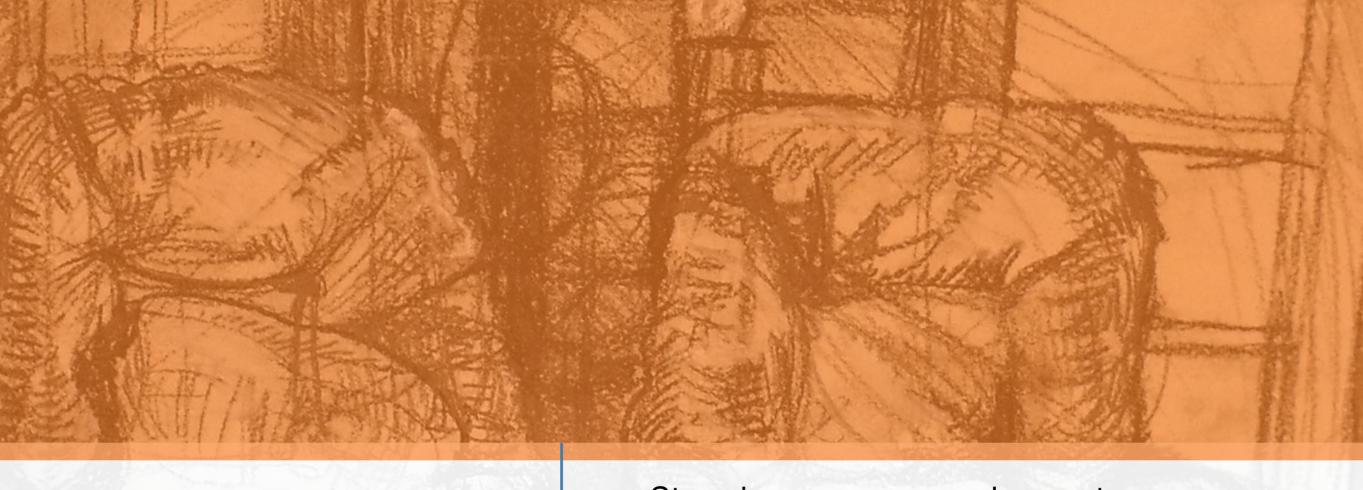
Tom speaks very warmly of his relationship with his case manager. He recognizes that case managers in general can be an asset, helping with problem solving, budgeting, meeting practical needs. And he then reflects on the way his case manager is also a trusted 'confidante' and 'like a friend'. He enjoys a fundamental sense of equality and a high level of regard in the relationship, and this is not something he takes for granted.

Tom feels himself to be in a good place at the moment, where 'things are on the up'. He recognizes that, as he is growing and achieving new things, he is drawing on many characteristics and talents he developed over all of his life, such as his sorting ability, his energy, and being good with people. He feels also that that he has learned important lessons about himself and life, through the experience of illness. Tom has learned some lessons about ways to stay well, from experience, from trial and error, And he has taken advice from his case manager, about things such as medication and marijuana.

Tom says that the conversations he shares with the case manager are geared towards noticing and capitalizing on the positive aspects of his character and his situation. He feels he has learned to relate and communicate more with others, partly from seeing the way the mental health team members are together. He likes changes that he sees in himself, becoming more caring towards others. Tom is really pleased with his recent moves towards re-entering the workforce. This is the main focus of their work together recently. He credits the case manager for linking him in a timely way with the employment worker. He appreciates how she encourages him, as he updates his resume, applies for work, and undertakes on-the-job training.

It transpires that Tom has worked with a different case manager in the past. He is not inclined to explore the comparison, but this experience affords Tom the opportunity to notice the way he and the case manager are so well matched. Tom is sure that there is much more to his recovery that medications, and he greatly appreciates that his current case manager sees this too. He finds her helpful, consistent, reliable. He describes how they are able to see eye to eye and work together, in a way that enhances his own considerable efforts. Tom took to Evan's term of 'life coach' to describe his case manager's role in his life.

BRIDGET HAMILTON



Chapter 18

20th interview

Steve

Steve is a young man who wants to contribute to improvements at St Vincent's.

Evan: Alright, Steve.

Steve: You're welcome.

Evan: Thank you. Steve, I've never had a case manager before; do you want to tell me a little bit about what it's like to have a case manager?

Steve: It's good, just every week you have a chance to discuss whatever you've been thinking and problems you've been having.

Evan: That's good. Can you be a bit more specific with what activities you do with your case manager?

Steve: I don't know, mostly just talking I guess. Well case manager one, more than case manager two, is sort of, well, I think case manager two is my case manager now but case manager one is this other lady I see. She's sort of more technical, like, 'What have you been thinking? How, explain the thoughts,' and you know, discussing coping strategies with me.

Evan: Sure, sure.

Steve: Case manager two more just sort of just a good person to talk to in general.

Evan: And have you set like goals or ...

Steve: Yeah, I do that with case manager two, he's got a, every couple of months we update ...

Evan: Do you want to be specific with what goals you set?

Steve: Go back to uni ...

Evan: And you've achieved it, well done.

Steve: Yes, yep.

Evan: And any other goal?

Steve: I guess socialise more and just like hobbies and stuff I could take up, like do a bit of cycling and rock climbing and that sort of thing.

Evan: And does case manager two help you meet those goals?

Steve: Yeah.

Evan: In what way and how?

Steve: Well ... I guess not directly, just by discussing it and just encouraging me to do it.

Evan: Okay. And what role do you see as the case manager's role, case manger two's role, what role do you see him as?

Steve: I'm not quite sure. I guess just look out for my wellbeing, make sure ...

Evan: And are you happy seeing your case manager?

Steve: Yep. Yeah it's good.

Evan: And how would you describe the role of the case manager? One word maybe, how would you describe it?

Steve: I don't know, helpful.

Evan: Yes, yes. Any other words that come to mind?

Steve: I don't know.

Evan: And how does case manager two become helpful to you?

Steve: I don't know, it's a bit hard to say really. I guess just having someone to talk to every week, yeah, mainly with ...

Evan: What do you see as the most important role that the case manager does?

Steve: Understanding where you're coming from and what you're going through.

Evan: And I must tell you this, Steve, I'm a consumer as well, I've got a mental illness too.

Steve: Oh, Okay.

Evan: I'm a consumer researcher though, I've recovered or taken this role as a consumer researcher, researching other consumers. So you can address anything you like about your illness freely, I understand where you're coming from and I've been where you are and I still am where you are sometimes, you know. So in fact you're doing quite well, you're going to uni. I did a science degree that I haven't completed, but you're almost completing yours which is good. So. I'm sort of looking for feedback from you as what the case manager does.

Steve: Yeah, I don't know, it's hard to really say. I guess we generally just have a conversation. Apart from setting the goals and stuff ...

Evan: And do you find that conversation helpful?

Steve: Yeah.

Evan: In what way?

Steve: Well, I guess, well sort of what it's like is for a while we just chat, just talk general stuff, and then at the end you'll ...

Evan: What sort of things do you talk about?

Steve: 'What have you been up to?' Like I'll tell him about a book I'm reading or something like that.

Evan: He tries to find interests that you have and talks about that, yeah.

Steve: Yeah, that sort of stuff, yeah. And then sort of towards the end he's, you know, 'What have you been thinking?' and you know.

Evan: Checks your thought patterns.

Steve: Because I have these nights when I just get lots of rushing thoughts, I find it really hard to concentrate on anything, so he sort of discusses that with me.

Evan: I understand those rushing thoughts, I've had them myself. You take medication obviously, don't you?

Steve: Yep.

Evan: And you find that helpful?

Steve: Yeah, I think so.

Evan: But there's also the other side of recovery and that's—

Steve: Yeah, the psychological side.

Evan: Well, not so—the social side, you know, networking into the community. Does he help you with that?

Steve: Yeah, he got me—yeah, he got me involved with—originally this RAVE group.

Evan: Sorry, recovery group?

Steve: It's called RAVE, Recovery through Adventure and Education.

Evan: Okay, where are they?

Steve: I did that a long time ago. That was at Mosaic.

Evan: Yes, I know Mosaic, in Hawthorn.

Steve: Yeah, that's right.

Evan: Do you know (name omitted)?

Steve: (Name).

Evan: Consumer consultant.

Steve: Yeah, I think I do.

Evan: You would know him by face probably.

Steve: Yeah, I think I do know him.

Evan: Yeah. I think he runs the group or he facilitates it.

Steve: Well there's lots of different groups, yeah, he probably runs one of them.

Evan: And the RAVE group, you found that helpful?

Steve: I did, that was good.

Evan: And are you still going to it?

Steve: It only went for about eight weeks but I still go to some— he got me involved with Mosaic, I still go to some of the programs there.

Evan: You find that helpful?

Steve: Yeah, it's good to be around other people that sort of have...

Evan: Yeah, particularly similar circumstances.

Steve: Yeah.

Evan: Because you can see people better off, worse off, you see the different degrees of illness and it gives you hope that one day you might recover, you know, or you could give hope to someone else that they might recover as well. So it's good. So what things do you do with the case manager, do you actually do activities besides just talking?

Steve: I played a game of pool with him once, but that was only once, so——

Evan: So he took you to ...

Steve: I've got a pool table.

Evan: Oh, you've got one here. Oh, that's good. So he pops in and plays a game of pool, that's cool. Do you win or is he better than you at pool? Oh, well you own the table, what do you expect, you probably practise every day.

Steve: Yeah.

Evan: That's great, no, that's good. So you enjoyed the game of pool?

Steve: Yep.

Evan: Excellent, that's good.

Steve: And case manager one's my other, she usually takes me out for a coffee or something.

Evan: Oh, that's nice. Locally?

Steve: Yep.

Evan: That's nice, that's nice, yeah. And do you do any other things with the case manager?

Steve: That's about it.

Evan: Yeah, and when she takes you out for a coffee you talk about things in general like ...

Steve: With (case manager's name) it tends to be a lot, like a bit, but a lot more focussed on mental health issues.

Evan: The way you think and that, yeah. And do you find that helpful?

Steve: Yeah, yeah, it's good.

Evan: If you had to say what things you don't like about the case manager, what things would you say?

Steve: It's a bit hard, I mean I don't really ...

Evan: This is confidential¹, the case manager won't hear this, and plus your name will be not on this interview.

¹ Since this assurance of confidentiality offered during the interview was at odds with the information provided at the time of seeking Steve's consent to participate, the research leader Bridget carefully reviewed with Steve his feedback in detail. He confirmed his consent for his feedback interview to be published in this booklet.

Steve: I guess the repetitiveness a bit but that's their job, so, you know, I do get sick of people asking, 'Have you had a bad day this week?' and then, 'What happened, why do you think that happened?' I just answer those questions a million times.

Evan: Okay, so you don't like the repetitive questions that they ask.

Steve: Yeah.

Evan: Have you talked this over with the case manager?

Steve: No, maybe I should.

Evan: Yeah, yeah. I mean you've told me now, this is going to hopefully improve case managers that come through St Vincent's and look beyond other services. So it's good that you are highlighting the fact you don't like the repetitive questions. I mean who does, I don't even, particularly when it's to do with health too, you don't want the same issues asked and asked. So anything that you've done with the case manager that you don't like? You've mentioned the repetitive questions you don't like, anything else?

Steve: Not really, I get along with them well really.

Evan: That's good, that's good ... How do you see yourself with the case manager?

Steve: I guess almost a friend, in some ways.

Evan: That's good. So you see the case manager as a friend? How long have you had the case manager for?

Steve: A couple of years.

Evan: And have you always had the same case manager?

Steve: Yeah.

Evan: Well that's good.

Steve: I didn't really want to see him at first actually, when I first got sick. But once I got to know them, that's good.

Evan: That's good. It takes a while to build the trust and the rapport, particularly with things like one's illness and that.

Obviously I know myself, the first time I met my doctor or case manager, it took some time for me to build trust, to open up, you know, to issues relating to my illness. So what do you see as the most important role of the case manager?

Steve: I don't know, keep things in perspective and help me move forward.

Evan: And can you give me some specific examples where they've done that. I know you mentioned the uni progressed you to uni life, can you give me other examples?

Steve: Well, sort of we've had lots of conversations, I can't really, I guess I don't remember a lot of specific details; I guess just like, I'll just tell them what I'm thinking and you know, I have these memories and these sort of transmissions to the past and I'll tell

them about that. And then I'll say like, that thing's very real, but how can it be physically possible and sort of working through the logic and reasoning behind what you believe. And they helped me, it's just somewhere I can like say that and, you know, have someone, you know, help me to process it.

Evan: It's like, have you seen the movie A beautiful mind?

Steve: Yes.

Evan: Have you seen that movie?

Steve: Yeah.

Evan: How the guy sees the girl and the girl doesn't grow at all over all those years of his growth, and how, if he puts two and two together, that picture of that girl obviously is not the real thing because the girl remains small all throughout his life. Is that what you mean?

Steve: That sort of thing, yeah.

Evan: Can you give me a specific example, like the one I just explained, an analogy to the example?

Steve: Well, I sort of have this belief that what I'm thinking is transmitted to the past so people from the past should be able to see into the future, but the thing is clearly no-one ever does. Like there's been those bushfires and obviously no-one saw that coming, you know, because they would've done something about it, so things like that.

Evan: So talking this with your case manager has made you realise that these things are not possible.

Steve: Well, yeah, instead of just going along with what I think, I've got them there to help me challenge it, is probably what ...

Evan: That's good, so they'll make you challenge your thoughts.

Steve: Yes.

Evan: Very good. And you find that helpful?

Steve: Yep.

Evan: That's excellent, that's good. And so you see the case manager as a life coach more or less, helping you through your life.

Steve: I guess so, yeah.

Evan: So if you had to comment on improving the way the case manager relates to you, what would you say? You're obviously an intelligent guy, I can tell, like just your words, how you put your words together. I'm just interested to see how you would gauge improving your case manager?

Steve: Yeah, be hard to say because I really do get along with them well.

Evan: Or for other case managers say, general, speaking, how could they improve?

Steve: I don't know, maybe they could give out a bit more literature and you know, past, other cases, other recovery stories or different techniques. They've never really given me anything physical to read or anything.

Evan: So they haven't given you an example of a case story that they've felt ...

Steve: Oh yeah, or just anything in general that might be good for ___

Evan: And you think that may be helpful?

Steve: It could be, yeah.

Evan: Have you talked to (indistinct).

Steve: I only just thought of it then, I guess so.

Evan: Do you think it's worthwhile talking?

Steve: Yeah, I think—yeah.

Evan: If that's where your interest lies, do you think that that will help you in getting better, in your recovery?

Steve: I think—yeah, because I guess if we have a conversation it's quite helpful but in some ways you don't remember it for very long, whereas if you've got it written down—

Evan: Written down, that's right. Steve: I tend to remember things I read much better than the things I hear.

Evan: Yeah, and you can always go back to it if it's written too.

Steve: Yeah.

Evan: That's interesting. No one's brought that up actually. So it's good that you're bringing new vision into how case managers can improve? Can you think of any other ways they could improve?

Steve: I don't know, I guess you'd have to sort of assess that on a fairly individual basis. As far as I'm concerned they're quite helpful to me, I can't really complain.

Evan: That's good. And most people have indicated that, but we're looking at ways of improving them.

Steve: Yeah, I understand that but it's just a bit hard to think of anything.

Evan: And it's good that you've mentioned that they're like a friend to you and not like a clinical person or a professional case manager, they're more like a friend, a human relation, which is good. So if you have, I mean before I close this interview, Steve, I just wanted to know is there anything else you wanted to add to the interview before we close off?

Steve: Not really.

Evan: In improving or in the way that you think the case manager is relating to you? Like I said, I said this question to you before, if you had to put one word to sum up your case manager, what

would that word be? Or a sequence of words, a number of words?

Steve: Yeah, I guess just helping people process thoughts, help people move forward and help people give an external view of things, external verification, you can check your thoughts against ...

Evan: And you've indicated through the interview of how they do that to you, which is good. Well thank you, Steve, thank you very much for that, and hopefully this will become of value to the service.

Chapter 18

NARRATIVE SUMMARY

Steve provides important feedback on the role of the case manager in facilitating a conversation that can be valuable. Steve reflected that he was initially reluctant to engage with his case manager. However through the development of rapport and engagement, his case manager was able to create a space to talk about issues comfortably. Steve reflected that his case manager is helpful in being able to develop an understanding of his own experiences, and to be able to help him 'keep things in perspective and help (him) move forward.' It is clear that this conversation can be a meaningful experience, and allows for the opportunity of 'helping process

thoughts, help people move forward and help people get an external view of things, external verification.'

Steve also provides important feedback on this process of having conversations with his case manager. Steve's clear statement that he is 'sick of being asked standard questions' shows that clinical questioning may be frustrating if questions are asked in a routine manner. Steve acknowledged that this may be part of the case manager's job, but repetitive questions of a clinical nature may be frustrating. Steve's comments also highlight the role of consumers, in providing feedback based on their unique perspectives to clinicians on their role.

Another key theme to emerge from Steve's experience was one of friendship with his case manager, which is related to the establishment of a safe space to talk about issues, adding depth to clinical tasks. As Steve stated, his case manager is 'just a good person to talk to, in general'. Conversations about general matters, about books and daily life, are still a core part of the relationship. Since trust has developed in the relationships, Steve feels safe to explore and make sense for himself of some very significant memories, thoughts and compelling beliefs.

Steve noted the role of his case manager in being able to facilitate a link with recovery-focused social groups, and his

own journey of recovery that saw him return to university.

Further, Steve suggests that he would value written information, since he is a person who retains more from reading. Steve states that his experience of case management could be improved by receiving more literature on 'other recovery stories or different techniques'. He highlights that the provision of such resources can be empowering for individuals, as they may be able to recognise that others share experiences similar to their own, as well as focusing on an individual pursuit of putting experiences in perspective.

PREM CHOPRA

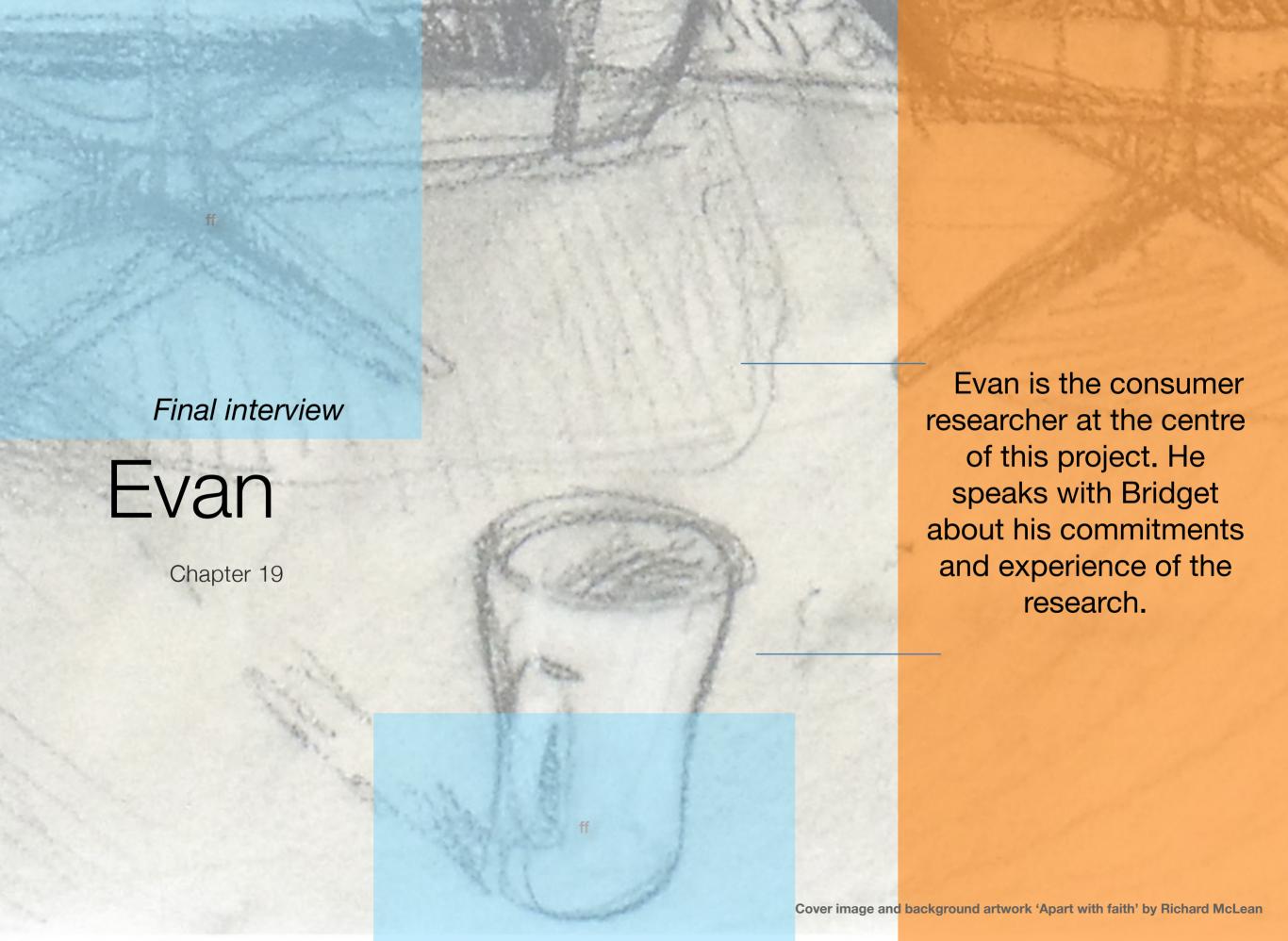


About the 2nd, 3rd & 15th interviews

Three individuals participated in interviews because they wanted to provide input and advice to St Vincent's Mental Health, but were clear at that time that they did not want their interviews published in full.

The 2nd and 3rd interviewees consented to their feedback being included in the thematic analyses, while the 15th interviewee decided, on reflection, to withdraw from the project.

We thank these people for sharing their thoughts and time through an interview.



Bridget: Well Evan, we thought it'd be lovely, as a way of adding something to this project, to not only have the collection of interviews that you've conducted with consumers around their experience of Strengths case management, but even to interview you about your role as a consumer researcher. You've been so central to this project.

Evan: Thank you.

Bridget: And the project carries a stamp of who you are, as much as it does the people. So we just thought this would be a good way of getting you into the --

Evan: Yeah, look, I appreciate the process of putting me in the terms you've mentioned and yeah, I hope that the entire research project does become productive for future case managers in the Strengths Model.

Bridget: Great, Evan, well look, the things that we wanted to know from you really about you and your role in this project.

So I just want to start by asking you why it was that you were attracted to the consumer researcher role and to join in this project, Evan?

Evan: Well, firstly I was approached by you for it and I greatly appreciate that, and also I've done a conference presentation on consumer research. Because I think having consumers as researchers can be an interesting area of research because it brings new findings into the picture of research in any particular topic of research. So I feel that by doing this research project it's

given me a training skilled development in this area of research, which I may be able to assist other or at least advocate for further consumer researchers to progress in this area.

Bridget: And so when you heard about the project and that it was about interviewing consumers, what made you think you'd like to get on board with that specifically?

Evan: Yeah, well because I've worked around researchers, you know, PhD students and that, and formed relationships with a few researchers and also being in the ...

Bridget: Participant.

Evan: Participant, yeah, a lot—I participated in many researches, from a participant's perspective. So through that I think that I would encourage further research. Because I think research is one domain that is lacking, you know in, particularly in the area of mental health. There's not enough research being done in this area, and I feel that there needs to be done more research, you know what I mean. They only know so much about mental health and so it would be worthwhile to know a bit more than so much in mental health, to be able to assist the unfortunate consumers who face the circumstance of having a mental illness and their families as well, and their carers. And also to assist health professionals in their skill development area. Overall to help the consumer, the clinician and the carer as well—the three Cs.

Bridget: I was thinking, Evan, that as well as having participated in quite a lot of research, I know that you've been a part of Ellie

Fossey's project¹, which has also been about interviewing, hasn't it. Do you want to just say a bit about how you think maybe your role in that project has influenced the way you came into this one?

Evan: Sure, sure. My first starting with being part of Ellie Fossey's project was to be in the research reference team of her research project. She did most of the — well she did all the interviewing. I was not an interviewer there at her research project, but I was a participant, I was interviewed as one of her forty prospective participants in her research project. I could be wrong with forty, it's around about that number. But by being in the research reference team we were able to look at qualitative data and we were able to—you know, I learnt quite a lot through Ellie. She highlighted a number of ways of extrapolating the data in a qualitative sense, and she's an amazing person because she has done tremendously a lot of work in that research project. And she got me really, really interested in working in research, yeah.

Bridget: Well thanks Evan. I suppose thinking specifically about what this project's about, can you tell us a bit about what appeals to you in listening to consumers' stories or experiences?

Evan: I think that first of all, being the consumer, consumer researcher, it invited the consumer as a participant, a lot more easier to come to the interview, you know, to have the interview. It's, I think, a consumer tends to speak on the same level with another consumer about issues that may not be addressed through an academic researcher, for example, because the uncertainty of where the academic researcher may take the

information further. I think the consumer-type of research allows the confidentiality to be easily acceptable perhaps by the participant and it allows ... and I can relate to a number of things that they bring up at the interview too. And I do, and I do that in a way that I can tell them that, look, it's no big deal, I've been through what you've been through and it's possible to reach recovery and maintain a good standard of living. So I highlight the fact that there is a possibility of recovery through a mental illness to them, yeah.

Bridget: And what was it like listening to people's stories in ——

Evan: I think it also gave them a sense of opportunity and value to voice their accomplishments and limitations in the relationship they formed with their case managers; it also opened my horizons to the skeptics, denialists or the contradicts, you know, there was a whole huge horizon of views from all the different consumers I viewed. And it was interesting actually, I had expected to see consumers' viewpoints to be more or less in line of a similar tone of voice. But by interviewing the twenty, it highlighted the differences in each one of them.

Bridget: What was that like for you hearing very different ——

Evan: Yeah, it sort of made me realise that people can be

¹ Fossey, E. (2009). Participating as resisting: Everyday life stories of people experiencing mental health issues.PhD thesis. Melbourne: The University of Melbourne.

different, can have different views—and even with reference to the differences, there is some uniqueness in all of them as well, and the uniqueness is not just the mental illness but beyond that, that they have that human quality of communicating effectively with other consumers as well and their case managers as well. So in line of giving them the opportunity to voice those concerns, I felt that it was helping them in a way, you know, and they felt really happy to do the interview. They were happy to the start commencing the process and at the end they were even more happier that they, you know, voiced their concerns, their ways of perhaps improving the services and they also voice their concerns through their case managers and further possible developments in improving future case managers in the future. Having that input from them has been obviously beneficial for them I think in the long run.

Bridget: You know you were saying there's a lot of diversity in the views that you heard from people?

Evan: Yeah.

Bridget: Did anything surprise you, did you hear anything that was not what you expected or was surprising?

Evan: Actually, what surprised me was that most of them were quite content with their case managers. I tried to get ways of—or negative aspects of their case managers and none of them were willing to—there were a few that did point out some negative aspects of their case managers, but the majority were all quite positive aspects of their case manager. So what really surprised

me was the positive approach that consumers have on their recovery.

Bridget: Thanks for that.

Evan: And I think that that was put forth from the trust in the relationships that they build with their Strengths case managers. I think that played a big role in them having a good aspect towards their recovery, their relationship that they relate with their case managers and, yeah. So Ithink it's important that consumers have a voice. Some of them are low in self- esteem, low in self-confidence, maybe even low in self-image at certain times, but that is all due to having that burden of carrying that mental illness. Whether it be the stigma or whether it be the symptoms of the illness, giving them the opportunity to voice in the way I did their ways of improving the services, gave them a sense of value that they were doing something productive in their life.

Bridget: That's great, thanks Evan. I was just thinking that obviously part of this experience has been for you learning a lot about Strengths. You know, when you started, you came on board, that was something you needed to do in order to get feedback about it. So I guess I'm interested in what your view is of the Strengths Model, maybe what it was early on and how it is now, how you see it.

Evan: Yeah, I think the Strengths Model initially to me was a way of case managers bringing forth the way that they work, you know, and whether they be a coach with their client in as far as coaching them into positive aspects of life, or whether they

be a problem solver. And I think that the Strengths Model is more of a, they're a coach, they're coaching the client to work out what strengths the client has and then build on those strengths bit by bit, you know. I know a person for example that wanted to go to Germany for example, now he didn't have the money to do that but he can reduce that goal into smaller points, he can go and watch a movie about Germany where he can afford that, or he could break that trip to Germany by contemplating getting a job and saving money to be able to afford that trip to Germany. So this form of dialogue with the client makes the unrealistic more realistic, by breaking those goals down.

Bridget: And maybe the other side of that is it makes things possible.

Evan: Yeah, yeah, makes the, what the client may see impossible, makes things possible, yeah, in some way.

Bridget: I noticed in your interviews that you often talked to people about how potentially they could really help to improve the way that we do case management in St Vincent's by their contribution and by their feedback, what do you think? Can you talk a little bit about what your hopes are for consumers and also for case managers at St Vincent's, as a result of being part of the project, Evan?

Evan: Well I'd like to see future case managers refine the Strengths Model. I know that St Vincent's have done a lot of work in this area and certainly it is a model that works really well with consumers. It diminishes consumers dwelling on their

illness, which is not a good aspect to have when a person has a mental illness, dwelling on their illness. It allows the person to look at other things in life besides the illness, because every human being does have certain qualities in life and I think that if they look at the person without the disability and look at their abilities and focus on their abilities more and more, I think that it's a matter of practice I think, that refines the entire model. But I think also it's the way the Strengths case managers or the new ones that come on board, it's the way the training's been presented. I've attended the training session and I think that it is a good training session. But I think it needs to have consumer consultants or experienced consumers, or even consumers who have become champions through the Strengths Model, to be participants of that training session, to hear them say what they've learnt through the process, because I think that that does carry a lot merit, and it's easier for case managers to pick up on those ... Yeah, so I was saying, it's easier to listen to a consumer from experience and to understand what they've been through and what they've accomplished than to just listen to a presentation that is academically structured.

Bridget: Or from someone who doesn't have that firsthand experience and knowledge.

Evan: Practice, yeah, yeah.

Bridget: Powerful, isn't it?

Evan: It is, it is, and this is powerful too because I'm voicing from a consumer's perspective and a consumer researcher, and this is

what I'm saying, the consumer researcher can bring in newer findings, newer outcomes to the entire project, which would be just as productive as if an academic researcher was to do it, maybe even more in some instances.

Bridget: Well that's what I hear you saying about consumers being more a part of the training and implementation, it can be powerful to encourage people, to give people a really strong sense of what's possible.

Evan: Yeah, that's right. I remember when we did the training, they got me on the panel and it was well organised, well (indistinct), and I just looked at the case managers in the audience, they were so keen on listening to what I had to say as the consumer, and they also listened to the other people as well, but I think they highlighted, more questions were thrown at me, at the panel, rather than thrown at the other case managers. So it does highlight an interest in that area and it is an area that needs to be improved in the training.

Bridget: Sure. So for you, Evan, the project's almost rounding off, you've certainly conducted all the interviews; what do you see heading forward? How do you see yourself being involved in your work as a consumer and potentially as a consumer researcher into the future?

Evan: Well, the Strengths Model is supposedly for any consumer, so that includes the CALD communities as well. So I'd like to be able to work on that a little bit because the area of my specialty is looking at the CALD communities in mental health, and I'd like to

see where the Strengths Model ties in with the CALD communities, that's the non-English speaking communities. Because a lot of the good aspects that came out from those consumers I've interviewed are relevant with the CALD communities. So I'd perhaps like to further engage that particular Strengths Model to maybe even further down the track to have a chapter in the training program, looking at the CALD communities with the Strengths Model. But that's further down the track, who knows if it will happen or not. But I certainly am involved with setting up the module at St Vincent's currently and that's to look at consumer and carer input into training clinicians and for their work they do with the CALD communities. So I want to put into that module a little bit about the Strengths Model and how effective it is as well. So like you indicated, or like I indicated earlier, I didn't know what the Strengths Model was until I was approached by you, Bridget, and with this research project. I certainly was for looking at people's strengths and abilities, but I didn't know there was an actual case management model that did that, you know, Charles Rapp did an amazing work in getting this model together and putting it into action in some way. And St Vincent's taking the initiative to pilot it through and hopefully through this research project, the DHS report that goes through, I'm hoping it goes to other services as well.

Bridget: Yeah, I think we'd like to see that as well.

Evan: Not just Victoria-wide, nationally, even internationally.

Bridget: And in terms of research, do you see yourself potentially being involved as a consumer researcher again in the future?

Evan: In this little project that I did, I was like an apprentice let's say. If the opportunity did arise again in the field of where I was interested in, I would be keen on taking the initiative again and being involved in consumer research further, as a consumer researcher.

Bridget: Great. Well thanks, Evan, for being a partner in this project.

Evan: I just want to highlight the process is fun, it's intellectually stimulating, it also allows a person to learn beyond the classroom and my hope for consumers or future case managers in the St Vincent's Mental Health helps to alleviate the despair that is overwhelming when chaos of an illness does arise. And I just want to say that St Vincent's Mental Health staff have been amazing in getting this Strengths Model piloted through St Vincent's, and hopefully as I said, this research project will go beyond the book or beyond the report or beyond a conference presentation.

Bridget: For both of us too.

Evan: Yeah, let's hope so.

Bridget: Thanks.

Evan: That's alright.



In addition to presenting most interviews in full with accompanying narrative analysis, the research team produced a thematic analysis. This chapter highlights dominant themes and key issues across all the interviews with participants.

Prominent feedback from participants addresses topics of: the kind of relationships between case managers and consumers; access to case managers; case managers' roles in practical doing with consumers; case managers motivating consumers; case managers managing medication and finally several participants had suggestions regarding case managers sharing information with consumers. Each of these themes is presented and discussed in this chapter, with illustrations from the all the interview texts. We make a point of including in this chapter relevant extracts from the three of the four participants whose interview transcripts are not printed in full—Trevor, Interview 2 and Interview 3.

As anyone who has first read the interviews in earlier chapters will know, the participants' comments were predominantly positive, providing useful detail about what elements of Strengths case management work well from the perspective of clients. Given the evaluative purpose of this project, the thematic analysis gives careful attention to any negative feedback and suggestions for practice.

Feedback regarding the first three of the themes in this chapter is overwhelmingly positive. The comments regarding case managers' roles in motivating and in providing information is mixed and the material regarding roles with medication are often critical. The theme of sharing information mostly arose as suggestions from participants. In all cases, the feedback is an excellent resource for refinement of practice, policy and training related to case management, with great relevance within and beyond St Vincent's Mental Health.

Participants identified several features of case management and case managers as fundamental and valuable: the kind of relationship, access to case managers, their practical action/doing. Their feedback provided fine details about these three elements, including some of the more subtle features within these elements of case management. We present details of these three positive findings in the first part of this chapter.

THEME ONE

THE KIND OF RELATIONSHIP WITH A CASE MANAGER

The majority of participants were explicit in praising case managers for the way they interacted with consumers and the attitudes they displayed in their work—such as being willing to take time, listen carefully, engage in broad conversations, be helpful, use humour, share aspects of their own experience and demonstrate commitment to the person. Most consumers described several positive and valued interpersonal characteristics of case managers—such as being pleasant to be with, friendly, interested, trustworthy and warm.

I find myself coming to hang out with the staff probably just to touch base, you know, probably every day, you know, it's really nice just to have someone just to talk to all the time. – *Ingrid*

(It's) like talking to a friend almost, you know, openly, you know, and things like that. – *Philip*

Yeah, well I'd just like to say all the nurses and OTs and the manager, all treat you, all really nice. That's all I want to say. – *Terry*

It's sometimes good to laugh with your case manager, you know what I mean? ... Like when she came here we were cracking jokes and stuff like that. – *Tom*

She (the case manager) is great fun. – Interviewee 2 He's like a big brother. – *Elizabeth*

I think it's good we have a joke, a laugh. Yeah, we have a good friendship as well. – *Yan*

I think both of them were very friendly – *Tina*

Well everything I ask her, she listens to me and all that. - Terry

The next comment was in response to the question: 'What other things do you want from a case manager?

Interviewee 2: Like she's there for you, they're there for you.

Evan: Can you give me an example of when the case manager was there for you?

Interviewee 2: Just when I needed to let out my thoughts on paper, she wrote it. It felt like

I'd achieved something.

In interview 16, Trevor advised case managers that they needed 'good approaches to talking, good public relations towards customers, treating them well'. Several participants identified trust as an important quality in the relationship:

Evan: So how do you feel speaking to the case manager? Ingrid: Um. Good.

Evan: Can you give me an example?

Ingrid: Probably that I can trust them, like, you know.

Tom: Yeah, she's become like a genuine friend.

Evan: And the trust has been built there.

Tom: Yeah. And whatever my issues are at the time, whether they be personal or

whatever, she doesn't judge and stuff, which is important.

Commonly, participants described case management as a helping relationship:

It about having somebody to lean on, that cares for you, does a good job of helping.

Evan: Well, so if you had to describe your relationship with your case manager just in a

few sentences, what would you say?

Ingrid: I'd say it was pretty compassionate, it was honest, and it was helpful. Yep.

Evan: And are you happy seeing your case manager? Steve: Yep. Yeah it's good.

Evan: And how would you describe the role of the case manager? One word maybe ...

Steve: I don't know, helpful.

Sometimes a case manager's help took the form of being a sounding board, and providing advice about a range of issues:

... they're advisers ... It's good to meet up with someone occasionally and talk to them about anything you're having difficulties with. And then work out ways to get round them.

- Therese

My case manager rescued me from the pub, from domestic violence, ...makes sure I eat right.

- Elizabeth

Evan: ... in what way have you noticed a difference (since having a case manager)?

Trevor: In a more positive way, I know there's somebody there to support me and to help

me, and so in that way I find it beneficial.

Some participants valued talking in detail with the case manager explicitly about symptoms of mental illness, getting information and advice, sorting though and making sense of their experience. This can be thought of as part of the more classical clinical and therapeutic role. Participants described how this kind of talk was set in the context of other kinds of listening, helping and doing by the case manager.

Steve: And then sort of towards the end he's, you know, 'What have you been thinking?'

and you know.

Evan: Checks your thought patterns.

Steve: Because I have these nights when I just get lots of rushing thoughts, I find it really

hard to concentrate on anything, so he sort of discusses that with me.

Equally, consumers noted ways that case managers showed an interest in, and optimism about, their broader life beyond helping and mental health issues:

Well she assists me with, I think with my second one we were just more focused on talking and more about getting, yeah, getting back into life really for me. And so she's really good in that aspect. We can communicate, much more easier to communicate with her and there's much more conversation.

-Tina

(The case manager) is more just sort of just a good person to talk to in general.

- Steve

In one instance an absence of warmth was commented on as a problem that undermined case management:

... some workers are good. But you know other times it's bad. You know it's like they're joking around and things like that, you know, just, at expense of you ... — Philip

Several consumers flagged the issue that a very strong relationship was established with the case manager over time spent together. The consumers who were most emphatic about the depth of this bond had the lengthiest relationships with a case

manager. Marcus, who had worked with this case manager for three years, said:

They're just good, like they cared, you know what I mean, like they ask you how you're going and stuff like that and they check up on you.

Elizabeth, who had known her case manager for many years, said:

Oh, it's wonderful, somebody to lean on, somebody to tell your troubles to, somebody that cares for you, and somebody that does a good job in helping you out.

... I feel easy with (case manager), I feel easy with (case manager) because I've known him for so long.

Steve, who had worked with this case manager for three years said:

I didn't really want to see him at first actually, when I first got sick. But once I got to know them, that's good.

In several interviews, even when the consumer mainly focussed on an unwelcomed aspect of the case manager's work or role, these kinds of interpersonal attitudes and attributes were still acknowledged:

Interviewee 3: ...and sometimes, after an injection she'll take me for afternoon tea.

Evan: So what is it like to go to afternoon tea with a case manager, do you enjoy

that?

Interviewee 3: Well it provides a different perspective because usually, I mean, you know

it's more leisure than business.

One participant, Amon, had very strong reservations in principle about case management, because of its legal context, such as use of Community Treatment Orders (CTO). Nevertheless he identified and valued the warmth of rapport between his current case manager and himself:

I've certainly had different styles of case management and one I've got at the moment is the best ... we've had a rapport with each other, so it's a rapport with each other

... she can be nice and sometimes it's nice to have someone to care.

A lack of a trust in the consumer–case manager relationship can strongly limit the usefulness of case management, particularly in the basic role of monitoring health in relation to a CTO. Because of a lack of trust, consumers may not raise important concerns with the case manager, or might withhold important clinical information:

Evan: ...does (your case manager) compliment on the things you do, or do you talk

to her about those things?

Interviewee 3: No, because with a case manager I always feel defensive. Like for example,

if I felt particularly down one day, the last person I would tell would be my

case manager because I'd be scared they'd put me in hospital.

Evan: And do you talk this with your case manager?

Amon: A little bit, but you know, like I've got to be careful what I say and when I say

it because if I say the wrong thing I'm back in hospital, and that's how I feel

and is that really helping me.

From these instances in particular, we can see how some consumers, who were 'assertively' case managed and under the Mental Health Act, have experienced this as a profound barrier to forming a trust relationship. This section has shown how much consumers who participated in the project attended to the quality of relationship with case managers. For all the consumers involved, the quality of the relationship that was forged between themselves and case managers, including friendliness, attentiveness and trust, was a vital ingredient in useful case management.

THEME TWO

ACCESS TO THE CASE MANAGER

The second major theme that was evident across the consumer narratives was the high value placed by consumers on having access to case managers. Feedback about the accessibility of the case manager encompassed the frequency of phone contact or visits, ease with which the consumer could contact the case manager by phone, the case manager being 'on call', and the responsiveness of the case manager to return calls or to visit the consumer. Many participants were happy that their case manager was very accessible. Consumers spoke about how much time case managers spent with them. Participants were dissatisfied in some cases, however comments were favourable in the majority of cases:

... if you have any problems, or you need to talk they're always on call as well.

- Marcus

I can ring her up on her mobile, yeah.

- Matthew

Someone you can ring up and rely on straight away to come over.

- Terry

I've only got to ring when my case manager's on and if he's on the day that I ring he sees me as soon as he can.

Elizabeth

Evan: In what way has the case manager been important in your life?

Marcus: Look, the important way is if I had a problem or something like that I could just call

and it would help, do you know what I mean, like I could say, 'Look, this is my

problem' and stuff like that.

Of course, some participants were working with case managers in a residential program, while others were working with case managers via outreach to home and other community settings, so that proximity between the consumer and the case manager was varied. However, it did not follow that consumers in a residential setting had no problems with access, or that outreached consumers had all the problems with access. It seems that participants carried different expectations about what degree of access, and how quick a response, was reasonable and helpful for them. Most were very clear about whether access was adequate or not, in their terms:

Interviewee 2: (Current case manager) is the best, because I get more time with her, you

know. She can explain a lot more.

Evan: She gives you more time?

Interviewee 2: Yeah. The rest were by appointment and all this shit.

As this extract suggests, consumers at times found limited access to their case manager problematic:

They're available for, to support you in between the working hours. But I found with (the clinic) that they don't have like a message bank to leave a message for the workers ...

- Rhoda

Evan: So in your view, how could they bring organisation to the ...?

Interviewee 3: Maybe fewer cases, fewer patients per case manager might help.

Evan: OK, that's good. So you feel the case manager load on clientele is too high?

Interviewee 3: I feel like I'm just a number.

Both of these participants suggested that their case managers needed to be working with a smaller number of consumers, in order to spend more time with each one and be more responsive. Although there may be other elements to the interviewee feeling 'like a number', case manager to consumer ratios was a factor.

Consumers had views about the way case managers prioritise time so that accessibility, availability and responsiveness conveyed the case manager's commitment to the consumer. For some participants there was a sense that direct work with the consumer, that was valued by them, could sometimes take second place to other work:

There's not, see, you don't get to see most of the work getting done, but I assume there's work getting done. But if you visually see it, because it's writing, it's not physical stuff. You know it doesn't apply to me almost, you know.

- Philip

My first case manager who was very, she was really good, at just being there at the times where my mum needed to call something up, she would get the psychiatrist straight away, organise.

-Tina

Even participants who were unhappy with a range of case management interventions appreciated the possibility of having access the case manager if need be:

They could leave it as a service where I can call them if I want to, not they call me all the time.

- *Interviewee 3* (This was in answer to a question: How could they improve their care?)

Evan: So out of all those things I mentioned, what do you see as the most important part

that the case manager does with you—the most important?

Peter: Well it's, she's come to see if I'm well or not well.

I wouldn't mind more time with her.

- Interviewee 2

This message that consumers would like more time with their case managers was implicit in several of the interviews. The consistent message from the participants was that they preferred case management to include ample time, responsiveness and flexible access.

The next theme relates more to the range of activities participants described case managers as doing with clients.

THEME THREE

PRACTICAL DOING WITH CONSUMERS

Every participant mentioned as valuable a range of tangible, practical assistance given by the case manager.

I'd say that it's absolutely wonderful, all the things they do for me.

- Terry

More or less they do whatever you ask them to do. If they can do it for you, they'll do it for you.

- Terry

I just feel like, you know it's good for me, and like help me—gets me up earlier, which is good.

- Yan

Well they have been helpful in assisting when I was in trouble with the teeth, things that I'm unsure of, find out place to recommend me where to go.

Peter

In many instances there was an element of 'doing with' that cemented the relationship. Providing transport to appointments, delivering medicines or sharing a coffee in a cafe were prominent examples, as was joining the consumer in exercise or leisure activities:

Mainly just going out for a coffee to discuss things, or help with travel, training, and stuff like that.

-Therese

Well she just took me to my appointment and we had morning tea after that. And that was nice, because otherwise I couldn't have gotten there.

- Interviewee 3

Probably once every two weeks you go out for a coffee and that's really nice.

- Ingrid

Evan: ... What sort of feedback, what sort of good things have they done to you?

Marcus: Good things that I've got done to me is like they've helped me get my life on track

in a way, like I had parking fines and stuff like that, from like, I used to take a lot of

drugs and stuff like that as well, and they helped, like they helped ...

... my case manager even comes and does exercise with me.

- Ingrid

The only thing that I can say that's positive about it is that they give you lifts sometimes and help you out in that way ...

- Interviewee 3

The activities that were described almost always involved the case manager meeting with the consumer in person, and away from the office base of the case manager. Very often, examples also involved engaging in activity together outside of the consumer's home.

Some examples involved dealing with government bureaucracy, or helping to gain additional resources such as money, work training accommodation or a license:

Evan: Anything else he's done to help you; he or she?

Phillip: Yeah, I, I got an application from the post office for a passport. You know, their

job, as the application needs a guarantor and so, you know, I handed that over to the case manager and she had to help me out to complete the application, and

hand it back about a week or two.

When I was looking at getting Internet, she went down with me to the store the first time, and then after that I went on my own.

- Therese

Evan: So can you give me like an example of something that you've done with your case

manager that's been helpful, an example? Like ---

Amon: Yes, I can, I can. I can certainly—yes. They helped me get my \$12.00 an hour job

and they pointed me in the right direction for café front-of-house, which is that she first of all talked me into it, then took me down there to see if I wanted to do it, and

I said, yes, I wanted to do it, so there was some help.

Being organised and timely in such practical work was also important to consumers. Consumers feel that case managers can add to their stress when they experience delays, mistakes in care (wrong medications, forgotten scripts) and last minute appointment changes:

I wish the Clinic was more organised and didn't stuff me around. Like I waited for my blood test for one-and-half-hours the other, someone was supposed to pick me up and they only could come after one-and-a-half hours ...

- Interviewee 3

Problems of delay and inconsistency tied back to the issue of relationship and attitude. If a person was reluctant to engage with treatment in the first place, then problems with access, delays and instances of unreliability in following through with planned activity contributed to a sense of the case manager not caring (enough). This readily heightened consumer disengagement:

(I said) 'Please give them my right mobile number so that there's no stuffing around.' Now (the case manager) said she'd do that, but it wasn't done. Because you're just a number, that's how it feels.

- Interviewee 3

Consumers mentioned disorganisation, changes of plans and miscommunication as indications of a lack of care or commitment to them. These criticisms are very important for the purpose of improving our understanding of the role of case managers, from the perspective of consumers. However, participants relayed such examples more as exceptions than the rule.

SUMMING UP THE THEMES OF RELATIONSHIP, ACCESS AND PRACTICAL DOING

There are several valuable lessons for St Vincent's Mental Health Service to learn from the overwhelmingly positive feedback participants gave, regarding the importance of the relationship, case manager accessibility, and practical assistance provided by case managers.

The three valued aspects of case management including the kind of relationship, practices of 'doing with', and having ready access, all softened the depth of some consumers' displeasure with the imposition of case managers and case management in their lives. These strategies may be doubly important, when consumers are coercively treated and minimally engaged by the service.

The next section of analysis deals with mixed and negative feedback from participants. Consumers gave pointed feedback about two aspects of case management, where their experiences were complex. These were the case manager's role in motivating the consumer and the case manager's role with medications. Medications in particular were problematic for consumers when given by case managers in the context of coercive involuntary treatment, such as a CTO.

THEME FOUR

MOTIVATING AND PUSHING CONSUMERS

The majority of consumers mentioned the impact and the activity of case managers in motivating them to take action, develop routines and to try new things. This was a complex area, where 'pushing' was sometimes unwelcomed, badly timed or too intense, versus situations where the consumer clearly identified a bit of pushing or a type of pushing as being helpful for them.

It's great, because they help you with getting into routine, they help you to basically get motivated. They help you with work, they help you get achieve the goals you want to achieve basically.

- Matthew

Evan: ...what it's like to have a case manager?

Interviewee 2: She prompts you on—or he prompts you on—and it's hard to get along with

them at the start. But once you see they're doing the best thing for you, what you want to be doing to get better. It takes a little while but ... like at a certain

point you become happy.

Participants gave examples of being encouraged to try something new in a way that suited them well:

Groups—like pool group or bowling, or anything like that. The case manager manages all that. I get to do more things rather than just sitting doing nothing.

Yan

When motivating worked well, it was sometimes related to case managers using a positive tone of encouragement, giving compliments:

Yan: I think he's just made me happier. He's also given me, like a boost.

Evan: So he's made you happier and he's given you a boost. How has he done that?

Yan: Just nice compliments and stuff. Yeah.

Cathy: What would make him (case manager) better than the other ones?

Yan: He's, he just goes around things better. He's good at motivation and stuff.

Cathy: OK, yeah. So how does he motivate you?

Yan: Just compliments and stuff. Yeah, sort of a bit of pushing as well, which is good.

Planning and prompting was not so effective when the action did not fit with the consumer's interests and priorities:

But sometimes it (the case manager's priority) drags me away from something that I want to do. Like, for instance, I might want to go for a walk. And what's more important, a walk or a drive, you know? And priorities get confused a bit.

- Philip

Another aspect of less-effective prompting, from the participants' perspective, was timing and the degree of pressure:

I just wanted to do things more on my timing.

Interviewee 2

Philip expressed two sides of the issue of case managers pushing consumers in this way:

Sometimes they push me, you know, sort of in the sense that, for my good. And sometimes I don't like that, sometimes I do, you know. It depends on, it depends on what's, what, how I feel on the day, you know.

Philip also identified that there was a tone to case managers pushing that determined whether it was more or less effective with him:

Sometimes I feel like, sometimes I feel they're pushy, you know. They don't do it on a gentle aspect, you know, sort of, you know, sort of like, just gentle.

This issue of case managers getting it right with the timing, purpose and degree of pushing toward goals does not feature in the model or in training currently. It warrants attention in case management training.

THEME FIVE

ROLES WITH MEDICATION

Medication did not feature large in all interviews. But dissatisfaction with medication and with the case manager's role in maintaining a medication regimen (including facilitating blood tests) was the single most prominent area of complaint from participants.

Well, I told my case manager I wanted to get off my medication and that hasn't happened with any case manager and that's what I want and that hasn't happened, and I've had to deal with it and just play my cards right ...

- Amon

Well they tell me it's important to take it, but I can neglect it. And I didn't control it. I might not taking in the past, in this time, which I think there's something, but there's a side effect, which I'm not motivated and not ok, at times the medication push me down.

- Peter

But in my opinion I'm taking too many things, and I get sometimes, not every day, but dizziness.

- Peter

Ingrid: ... But what I wanted to talk to you about which is really a major concern for

me, is the medications. It doesn't seem to be that the consumer has a

choice about medications, you know, like I'd prefer to be on no medications, but I'm being told that it's part of my community treatment order that I have

to be on medications. You know, so ...

Evan: So have you discussed this with your case manager?

Ingrid: Yeah.

Evan: And have they explained it to you?

Ingrid: Yeah, well they've said, you know, like—they've said '(a) it's not their choice,

it's part of someone else'. Even my doctors have said it's not up to them and

they're the ones that I have contact with.

Evan: Okay, any other ways you think that services can improve?

Phillip: Yeah, I'm not sure at the moment. You know, they've been, the (name)

Community Mental Health Centre had been carrying out blood tests on me for the past nine years and, you know, I'm not sure how, how much longer

they're going to continue with those ...

Four participants (Amon, Peter, Ingrid, Interviewee 3) made an explicit link between unwanted medication and involuntary status, as the core and unsatisfactory elements of their experience with case management:

I'm involved in the (named) Clinic against my will; I'm on a Community Treatment Order. So really I don't want a case manager, I don't want have to answer the calls from the Clinic, and things like that. But I have to, so I try and make the most of it.

- Interviewee 3

Two others (Phillip and Greg) were less direct in their resistance to having to take medicines, undergo tests and accept case managers attendance.

The earlier issues of case manager attitude and 'doing with' were even more important, in instances where treatment was involuntary and consumers were understandably angry about that. The warmth of the case manager lessened the negative impact on engagement of involuntary status and medications given without consent:

Evan: ... But if you were to talk about your specific case manager, is she nice to you?

Interviewee 3: Yes, she's nice. Yeah, yeah.

Evan: That's good

Interviewee 3: She's nice enough. She's not a bad case manager; she's just a case

manager, that's all.

Evan: So you put case managers in ...

Interviewee 3: I don't like them, I don't want one. That's how I feel.

There were several people for whom the issue of supervised medication taking or involuntary treatment was an issue that did not entirely undermine the relationship and the work, from their view:

Yan: I think, getting up, it's just I think with my medication, I prefer to just

get up and take it myself and then get up. But I think I get prompted

too much in that area.

Cathy: And how do they prompt you in that?

Yan: They, you know, just kind of like, I don't know, just remind me to take

my medication. But I prefer to just to, you know, get up and take my own. Yeah. Maybe going around waking me up in a better way. But I'm

still, that's probably the only concern really.

The Strengths Model does not directly address case managers' roles in assertive and coercive medical treatment. This reflects the origin of the Strengths Model, from social work/social welfare practice that occurs in parallel with medical or clinical treatment systems, rather than inside treatment systems. There is a need to work through more explicitly the way these roles and priorities are carried through, when applying the Strengths Model and staff training, in a clinical service such as St Vincent's Mental Health.

The final category of feedback highlighted strongly by a subset of participants was the case managers' role in providing accessible and helpful information about a number of topics, from medication and illness diagnoses, to the service system, to recovery stories.

THEME SIX

SHARING INFORMATION, FOSTERING UNDERSTANDING

Several participants described their growing understanding of their own situation, the treatment system, sometimes their illness, and their own effective actions for self-care, in addition to medications. The case manager was sometimes a key person alongside the consumer, gaining this understanding. Whether this was a valued part of the case manager's work seemed to depend on three different elements: the information case managers made available, the trust shared between them and the opportunity to talk things out, to a point of understanding.

At a practical level, participants expected case managers to be knowledgeable about the system:

(the case manager) helps you out and, you know, in a sense that he helps you out, things that you don't understand, you know, about the health, mental health system.

- Philip

There came a time for some participants when their perspective on past experiences had developed and they wanted to review and think through their experience of illness and treatment:

Evan: So if you were asked a question, what do you think a case manager can do

to improve your care?

Interviewee 2: Nothing too much. Just I want to understand a little bit about why I was

treated that way in these things. I mean I was very ill at the time. I was

saying some stupid shit.

Evan: And you aware of them back then?

Interviewee 2: Yeah.

Tina: Well, we went there and it was a group of about, you know, five or seven of

us ... they gave us a booklet full of, a folder full of booklets and information,

you know, about schizophrenia and bipolar and all the different illnesses and

basically talking about first aid for psychosis. Now, I'd never heard of this illness before so I was just saying, I actually asked the lady who, I don't know who took it, but I said, 'Will this happen to me again? That's all I want to know, will this happen?', and she said, 'I'll get back to you'. Now it was, I think it was a four-day kind of ...

Evan: Was this the facilitator?

Tina:

Yeah, yeah. And the next day she came back with a graph and she said, 'This is what I found in research'. It was a pie graph, I've still got it, it was a pie graph, and seventy-four per cent of it said that the likelihood that they'll have another episode and there was like twenty that would never have an episode and twenty that will be asymptomatic, I don't know. And that kind of just, again, just took the world, when I realised seventy-four per cent will have another episode and within a few months I did have another episode. So yeah, that was something that stands out readily. And I think the knowledge is what I wanted more from, from the case manager, me personally, I want to know what ...

Evan: That particular knowledge?

Tina: Yeah, yeah.

Evan: And they didn't ...

In some instances, case managers did share various kinds of written information that was valued by the consumer:

Evan: ... And can you give me like specific examples of things that he does for you

that have been helpful, things that he does?

Elizabeth: Well, he gave me a book about manic depression, living under a black cloud

or something. And I've read that over and over again, that's helped me a lot.

Evan: It has, has it? And in what way has it helped you?

Elizabeth: It helped me to get out of a state of depression.

In other instances, interview questions that prompted reflection about what consumers needed gave rise to the idea that case managers could help by sharing written resources such recovery stories. Steve identified this as a gap in the work of case managers from his experience:

Evan: ... Or for other case managers say, general, speaking, how could they improve?

Steve: I don't know, maybe they could give out a bit more literature and you know, past,

other cases, other recovery stories or different techniques. They've never really

given me anything physical to read or anything.

Evan: So they haven't given you an example of a case story that they've felt ...

Steve: Oh yeah ,or just any thing in general that might be good for——

Evan: And you think that may be helpful? Steve: It could be, yeah.

Evan: Have you talked to ...

Steve: I only just thought of it then, I guess so.

Evan: Do you think it's worthwhile talking? Steve: Yeah, I think—yeah.

Evan: If that's where your interest lies, do you think that that will help you in getting

better, in your recovery?

Steve: I think—yeah, because I guess if we have a conversation it's quite helpful but in

some ways you don't remember it for very long, whereas if you've got it written

down--

Evan: Written down, that's right.

Steve: I tend to remember things I read much better than the things I hear.

Evan: Yeah, and you can always go back to it if it's written too.

Steve: Yeah.

Evan: That's interesting.

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Ingrid also wanted specific information and guidance about ceasing medication safely, a topic she felt needed expertise from outside the clinical team:

Evan: So if you had the option of improving the services, St Vincent's services here,

(service name) what would you say to that?

I would say to bring in those people who can take you off medicines, to come and

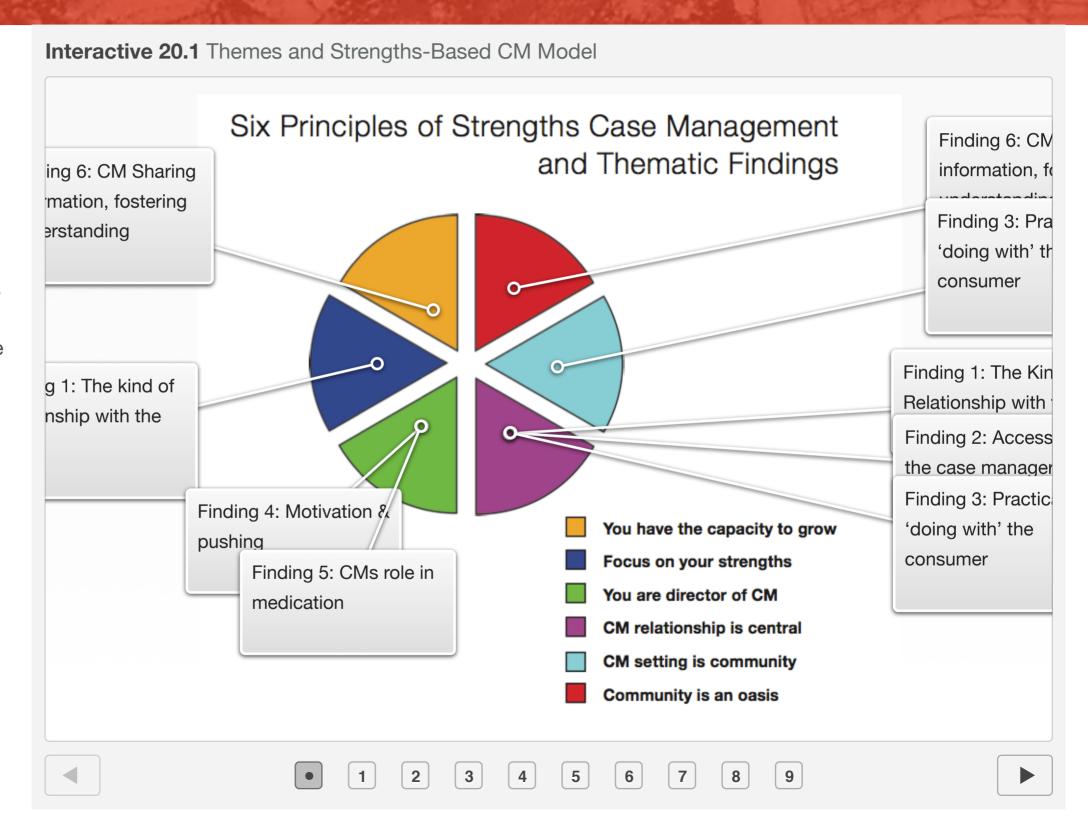
talk to people about getting on the individual plan to get off the medicines if the person wants to, because I am sick of seeing my friends all drugged up and on

medicines that are too harsh.

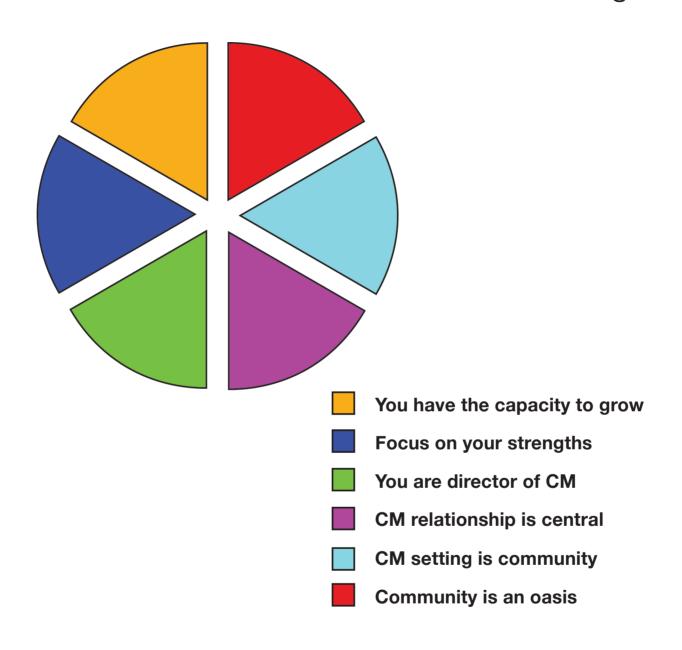
This finding about sharing more information and stories was not loud across the consumer narratives, but it was a key piece of advice from some participants. It has implications for the way case managers are resourced to do their work. That is case managers may need greater access to a variety of information, including stories of recovery and a richer supply of information related to specific psychiatric problems and treatment, but developed in lay language.

THEMES AND STRENGTHS-BASED MODEL OF CASE MANAGEMENT

This thematic analysis concludes with a reflection on the ways the six findings relate to the defined principles at the heart of the Strengths Model of Case Management. This diagram is used to represent these links and further illustrated on the following pages



Six Principles of Strengths Case Management and Thematic Findings

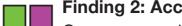


Finding 1: The kind of relationship with the CM

Consumers value particular aspects of the CM relationship, including warmth, optimism and a sense of a rapport, the building of trust, CM showing interest in the person and their lives beyond issues of clinical treatment. These were valued even when the consumer did not really want to engage with a case manager.

This finding links clearly to:

"The relationship is primary and essential" and also to "the focus is on strengths"



Finding 2: Access to the case manager

Consumers valued ready access to the case manager, in terms of the time spent together and of being able to contact the case manager. Access was important for the practical work and also as a feature of a good relationship.

This finding links somewhat to the principles:

"You are director of the helping relationship" and "The relationship is primary and essential"



Finding 3: Practical 'doing with' the consumer

All consumers spoke positively about tangible, practical assistance given by the case manager away from clinics and offices. Some activities of 'doing with' consumers cemented the relationship.

This finding links positively to the principles:

"The setting for CM work is in the community" and "The relationship is primary and essential"



Finding 4: Motivation & pushing

This finding highlights two sides of case manager's taking initiative in the work with consumers. Despite the key principle of consumers being directors in the work, there are in participating consumers' views occasions where case managers usefully take the lead or initiative, within a strong working relationship.

This links in a complex way to the principle:

"You are director of the helping relationship" and at best affirms the principle "You have capacity to grow."



Finding 5: CMs role in medication

Consumers identified that conflict between themselves and case managers was centred on medication. Consumers wanted more say in medication decisions and they wanted more support from case managers in taking their own decisions.

The finding highlights a problematic limit to the practice of case managers regarding the principle:

"You are the director of the helping relationship"



Finding 6: CM Sharing information, fostering understanding

CMs are looked to as key people to share information and resources.

Consumers want CM to assist them access information, including the stories of others and their journeys, as a useful resources

This finding links to the principles:

"Community is an oasis of resources" and also to "You have capacity to grow"



Recommendations for St Vincent's Mental Health

Issue 1

In the view of consumers, the quality of the relationship between consumers and case managers is vital to successful case management.

The valued relationship is characterised by: warmth, respect, friendliness, humour, optimism and interest in the person. It follows that St Vincent's Mental Health and other organisations wishing to take up consumers' perspectives of the service will attend to enhancing the relationship.

Recommendation 1

The quality of relationship should be a feature of training and recruitment of case managers, case allocation and transfer, case review and ongoing service evaluation, especially the evaluation routinely gathering consumer feedback.

Issue 2

Consumers valued ready access to case managers on the phone and in person, and practical assistance provided by case managers.

Assistance with a range of practical tasks was prized by consumers, and usually required the case manager to work away from the clinical setting. Access to case managers by phone was a very positive and reassuring feature of service for consumers. These elements were of particular value in instances where a consumer was reluctant to engage with the service. Recommendations about access and outreaching work practices may have implications for resourcing of case management.

Recommendation 2

St Vincent's Mental Health should maximise accessibility and flexibility of case managers, in its ongoing service planning and organisation of case management teams and roles.

Issue 3

Motivating people to pursue goals and new experiences was an aspect of case management that could work well and not so well in the view of consumers.

The conditions required for motivating to be successful were not analysed in this study, but probably include a mix of close relationship to consumer priorities, good timing and language use.

Recommendation 3

Consideration should be given to training, mentoring and Strengths brainstorming/ supervision sessions to identify effective ways of motivating consumers. Consumer educators/facilitators may usefully assist with this content.

Issue 4

Managing medication and working with consumers receiving involuntary treatment were two problematic areas of case management for consumers.

The Strengths Model of Case management does not explicitly address issues associated with involuntary status of clients, arising as it does out of a social support system. As St Vincent's Mental Health and other services provide a clinical service, so there is a need to address this gap in the model.

Recommendation 4

St Vincent's Mental Health should explore and make explicit the skills and strategies case managers can employ to minimise the detrimental impact of the involuntary treatment on effective partnerships between case managers and consumers

Issue 5

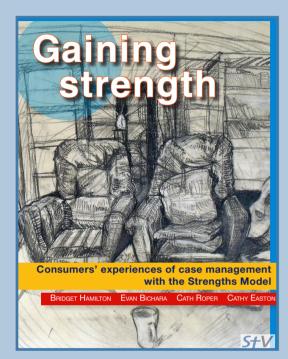
Consumers noted the value of having written information from case managers. They suggested lay information and diagrams about symptoms prognosis and treatment, and stories of recovery would supplement the information case managers usually share.

Recommendation 5

St Vincent's Mental Health should investigate, collect and make available a range of specific lay information about a range of mental illness and treatment experiences, including consumer narratives, to discuss and share with consumers.

APPENDIX 1

Introducing the research team



These individuals have a strong influence over what was emphasised in the narrative analysis. So it seems only fair to provide a thumbnail picture of each researcher involved in that process. All four were also engaged in the project reference group and the thematic analysis.

CATH ROPER holds the post of Consumer Academic in the Department of Nursing and in the Centre for Psychiatric Nursing at the

University of Melbourne. She is widely known for her extensive experience in consumer consultancy and teaching. Cath has developed a strong philosophy and commitment to amplifying consumer views and the contribution of consumer perspectives to teaching, research, policy and practice. She is part of a network of teachers and researchers who aim to build consumer perspective as an academic discipline.

CATHY EASTON is a practicing Speech Therapist and Academic Linguist. Her research has centred on ethnographic methods to explore cultural and linguistic change in Papua New Guinea. In this project, she supported Evan Bichara to develop his skills in research and interviewing. She was also a member of the steering group overseeing the project, and contributed to narrative and thematic analyses of interviews.

PREM CHOPRA is a Consultant Psychiatrist with the Victorian Transcultural Psychiatry Unit, St Vincent's Hospital. He has an interest in qualitative research and the needs of people with mental health problems. His MD research used mixed methods to consider outcomes for a cohort of people experiencing the impact of deinstitutionalisation in an Australian community setting. He assisted with this project from the early design phase, through to the thematic and narrative analysis.

EVAN BICHARA was employed by the project as lead consumer researcher/ interviewer. He also participated in the research steering and analysis groups. As the key consumer researcher, Evan has given an account of his role in an interview included in the main chapters.

BRIDGET HAMILTON is Clinical Nurse Consultant at St Vincent's Mental Health and Senior Lecturer in the Department of Nursing at the University of Melbourne. Her research program sits at the intersection of social sciences and health sciences research, particularly the contribution of critical fieldwork and interview studies to health services research. Practically speaking, she is interested in research that pays attention to the opinions of those whose views are sometimes overlooked, and to practices that are taken for granted. Recent research projects have focused on the way people learn mindfulness and on organisational strategies to reduce seclusion in inpatient psychiatric units. She co-led this project with Evan Bichara, and was responsible for integrating the analyses into this book.

APPENDIX 2

Notes on research method

This narrative study was designed to complement several other elements of service evaluation research undertaken in the course of implementing the Strengths Model of Case Management at St Vincent's Mental Health, Melbourne, from 2005 onwards.

The evaluation used established tools to evaluate fidelity with the Strengths Model; monitored staff optimism, and considered the effects on clinician-rated consumer

outcome measures. The leadership team was also interested in consumer perspectives of the Model and of working with the service. While there are many ways of gathering consumer feedback, we wanted more detailed feedback than is usually gained via consumer surveys.

Employing narrative research in combination with other modes of evaluation enhances the evaluation of the Strengths Model in several ways. It:

 Highlights the perspectives of consumers in a full and rich way—more than can be achieved by more common methods of survey or even focus groups.

- Generates and analyses stories that convey aspects of the consumer-case manager relationship at the core of the Strengths Model.
- Produces detailed feedback that will inform refinements of clinician training, organisational support and ongoing use of the model.
- Contributes timely and original research in an area of national and international priority, ie consumer-centred, recoveryoriented care.
- Extends research skills in staff of St Vincent's Mental Health.

THEORY

Narrative research attends to subjective experience. Other aspects of the evaluation deal with standardised and objective ratings of interventions and treatment outcomes. The subjective and personal experiences of consumers play a key role in all medical endeavours and health care, particularly in relation to rehabilitation and recovery.

Our interest in subjective experience and meaning is paralleled in the Strengths Model itself. Clinicians' inclination to rework a consumer experience into a case history and treatment plan is downplayed in favour of working directly with the consumer's ambitions and goals. By deliberately gathering and analysing subjective consumer accounts as part of the evaluation, we add to the knowledge of consumer experiences and the impact of our efforts to care.

Furthermore, we wanted to have a strong consumer involvement in steering and conducting such a project.

The respectful approach to consumers

as collaborators in this research was enhanced by establishment of two consumer-dominated teams:

- A research reference group, to oversee the development and conduct of the project.
- A research team consisting of consumer researchers (Evan, Cath) with Evan as the lead researcher; a minority of clinicians (Bridget and Prem) and a linguist / social researcher (Cathy E) to support the consumer interviewer. The study relies on a social constructivist epistemology (Schwandt, 2000) and on specific theory of narrative or story (Guillemin & Gillam, 2006). In this epistemology the reality of interest is the one constructed by the narrator, who selects, organises and explains events with the purpose of making meaning. Narratology, or the theory of stories, is a field of enquiry embracing the view that even narratives of fact are 'never a simple mirror of events, rather they are recounted versions of what

happened' (Hurwitz et al 2004:14). A narrative requires the telling of events by a narrator to an audience and the events are ordered and shaped according to a plot. Narratives are studied for what they reveal of the way people understand themselves and make meaning of their lives (Guillemin & Gillam 2006).

AIM

The aim of this research was to gather the perspectives of consumers regarding their work with case managers since the implementation of the Strengths Model at St Vincent's Mental Health.

PARTICIPANTS

The number of participants was not rigidly defined as we did not aim to produce accounts that represent all consumers' experiences. Rather, the aim was to elicit diverse consumer narratives, expecting to find some common and divergent elements. For reasons of viability the study size could not exceed

twenty participants. Given the inclusive ethos of this collaborative narrative study, the research team did not purposively select interview subjects. Rather all consumers who met the inclusion criteria were invited to express their interest to the consumer researcher.

If many more individual consumers expressed interest in participating, selection was to occur with the goal of maximising diversity—such as consumer age, gender, locality, years involvement with the service, case manager discipline, service type and team. This decision was be made by the Evan and Bridget in consultation with the research and analysis team (see section below re analysis).

RECRUITMENT

Inclusion criteria were that the consumer:

Had worked with a St
 Vincents Mental Health case manager or case managers

for a significant duration (greater than three months).

Was in a team where the Strengths
 Model is fully implemented (greater
 than twelve
 months). This included the residential
 Community Care Unit 'the Footbridge'
 and the two Mobile Support and
 Treatment Teams.

Together, these services provide support to approximately 160 people. But a proportion of these clients at any one time are new to the service or team. So the number of eligible consumers was closer to 100 at the time of recruitment. Recruiting commenced with Evan providing information service-wide about the project and an invitation for clients of these teams to express interest in participating.

Information was provided through posters, consumer-led meetings and letters sent directly to clients. Case managers, and staff on the noted teams, were informed of the project by Evan and

Bridget but were not directly involved in recruiting. They were asked to flag any consumers who might be distressed by receipt of an unsolicited letter, or who routinely required a translator for conversation, speaking a language other than English.

Responses to invitations trickled in over several weeks. The consumer researcher accepted for interview all participants who expressed interest. He then made follow- up approaches at the various sites to encourage more consumers to come forward, with an eye to gaining a mix of teams, gender and age group among participants. For example, there were more early approaches from men than women. The consumer researcher followed up initial invitations by attending consumer meetings and mentioning that he would particularly like to hear from women who would like to share their experiences.

INTERVIEWS

The consumer interviewer was oriented to the task of in-depth interviewing by Bridget and was supported during most of the interviews by the social researcher. Cathy. Evan met with consumers at home or at a location of their choice, and interviewed each one about their experience of case management since implementation of the Strengths Model. The interview was guided by a schedule of questions such as 'Please tell me, what is it like to spend time/work with (case manager)?' Also, consumers were asked to tell a specific story of a recent interaction with the case manager. Limited interjection of the interviewer was intended to encourage the participant to relate a story that is significant to him or her (Hollway & Jefferson, 1997). All interviews were audio-recorded and subsequently fully transcribed. Each consumer interview was presented as a whole transcript, analysed and summarized as a unique story. Later the interviews were reanalysed together, for themes across consumer experiences.

NARRATIVE ANALYSIS

Narrative analysis was conducted by a small team that included local St Vincent's Mental Health-based researchers (Evan, Prem and Bridget); a social researcher external to the organisation (Cathy) and a consumer researcher from the University of Melbourne (Cath). The group met five times, analysing three to five interviews at a sitting. The team read transcripts as they listened together to the digital recoding. Each researcher identified themes and features in the stories as they listened and then together the group discussed their perspectives, generating a preliminary analysis. Such triangulation added strength to analysis, as the team could generate and debate diverse and complementary perspectives (Murray et al 2002). At the completion of the discussion, one member of the group volunteered to write a narrative summary of the interview.

Analysis was directed at whole transcripts, looking for plot, characters, emotion and meaning, rather than using content analysis with small segments or single words in a text (Guillemin & Gillam 2006). Analysis gave attention to individual perspectives, recognising individual meaning. Next, analysis highlighted themes and contrasts within the one consumer narrative. As with other qualitative methods, this analysis included looking for and critically analysing commonalities and differences, to add depth to findings (Silverman 2005).

The transcripts showed diversity in the way participants were engaged at interview in the sharing of their experiences. It was evident the consumer interviewer conducted interviews in a conversational manner. This approach was very helpful for putting many participants at ease. It also meant that the consumer interviewer was an inextricable influence over the course of many interviews. So the decision was

made to present full transcripts in the final outcome of the study, in order that the readers could appreciate the conversational quality of each story. The narrative summary represents the work of the analysis team, aiming to do justice to the particular experience and meaning for the individual.

Full transcripts together with the narrative analysis were returned to each participant, with encouragement to comment and add as the person saw fit. One participant made substantial changes to his transcript by removing some parts and adding a new section of feedback. The issue of disclosure and of being identified by their words and details was carefully discussed with all participants. Three participants decided they did not wish their full interview to be made public, but were eager for their feedback to be included in thematic analysis, to influence change and training. Participants were encouraged to choose a pseudonym for use in publication. They had conversations first

with Evan and later with Bridget about the precise presentation of their interview and summary and also contributed a sentence or two to introduce their transcript for the book. Several consumers wanted to be known for their feedback and contribution to service improvement, so they chose to use their own name in the transcripts.

In this way, care was taken to report the data, especially to include and present transcripts, in a way that would not immediately identify any individual participants, unless they chose to be identified.

THEMATIC ANALYSIS

In addition to presenting the interviews in full, with our accompanying narrative analysis, the research team worked together to conduct a thematic analysis. Here we briefly present the analytical approach taken, as a background to the chapter entitled 'Themes from interviews'.

This thematic analysis was the product of a one-day workshop involving a team of seven people. The thematic analysis team consisted of four consumer researchers (Cath, Evan, Deanne, Lei); two PhD qualified mental health researchers (Bridget, Prem); and one social researcher PhD (Cathy). All of the team were fully versed in the project aims and engaged in the steering group for the project. All but two were familiar with many of the interview transcripts, prior to this thematic analysis workshop, from their role in the earlier narrative analysis phase.

Thematic analysis was built on rigorous processes of:

- inductive theme generation
- comparative analysis and triangulation across team members
 - group review for accuracy
- inclusion, completeness and coherence.

Practically speaking, these processes

were achieved in stepwise stages. Each member of the group initially reviewed one transcript each, drafting preliminary memos with noted themes and attached quotes/excerpts. These transcripts and memos were mounted on the wall so that the team could review and comment on each other's memos and add further memos. Team members then proposed potential category headings, based on these memos. When all transcripts were preliminarily analysed in this way, the group then discussed the proposed categories and attempted to sort all memos under the proposed categories, arraying them on larger sheets of paper around the room. Category titles were discussed and revised, until the team were satisfied with the fit. Transcripts were then re-read, looking for exceptions or excerpts that provided further detail or counterpoint to the category. When all memos were clustered, the team considered briefly the six principles of the Strengths Model. With these principles in mind,

the team reviewed the category
headings and grouped them and
suggested overarching thematic
headings. This process continued until
all memos and categories were
clustered under five proposed major
themes.

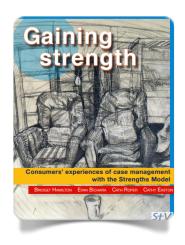
Bridget chaired the thematic analysis session; and also wrote the memos, analysis categories and quotes into prose as a drafted chapter. The chapter was then reviewed and edited by the research team, and then the reference group, before inclusion in this book.

Services in Victoria provided support funds under a scheme called a research fellowship grant. Evan undertook all recruitment and interviewing duties.

GRANT SUPPORT

In order to enhance the grass roots and collaborative nature of the project, funds were sought and gained to employ Evan as lead consumer researcher for twelve months, and to pay for research methods training and support to Evan and production of a book of findings.

The (then) Department of Human



APPENDIX 3

Ethical issues, including consent

The project proposal was submitted as a stand-alone project for ethical review to the Human Research and Ethics Committee (HREC) of St Vincent's Health Melbourne, constituted under the provisions of the Australian National Health and Medical Research Committee (NHMRC) for the ethical review of research. Given that the project formed part of a service-evaluation program, the HREC decided to review the project through its quality assurance subcommittee.

Consent and disclosure

The subcommittee did not require the researchers to use formal participant information and consent documents for the study. However the research team did use these processes and documents. We did this in order to give full regard to the participants' right to information and careful consideration of the benefits and risks of participating.

While the HREC subcommittee considered the interviewing of consumers to be a reasonable part of building a quality service, we saw that there were significant ethical considerations about these interviews and the planned book. Signed

consent was gained from consumer participants, written information about the project was first provided and then followed up with phone conversations in several cases. Evan further discussed any concerns and implications with potential participants. This process allowed time for potential participants to consider their involvement without being pressed. Participants were free to withdraw themselves and their stories from the study at any time up to preparation of publications.

There was a need to carefully set the context for the production of narratives so that consumers could freely tell a story.

Participants were encouraged and supported to feedback both good and bad elements, without feeling constrained to edit their story. We were concerned that St Vincent's clinical researchers should not conduct the interviews, as they may be aligned with professional or management views (Briggs 2000). Given the complex power relations between consumers and a public mental health service—which encompasses involuntary treatment and in line with consumer participation policy, a consumer researcher who did not otherwise work for the specific adult mental health services was considered to be ideally positioned to interview consumers (Department of Human Services 2003).

Even so, to be interviewed and then have that interview published in full is to share a great deal of information, some of which may readily identify the participant to readers of the book. Further, when the information provided at interview is feedback regarding a health service that the person may (arguably) need currently

or in the future, the participant may be disadvantaged by disclosure of any negative feedback.

On this basis, the research team took the careful path of seeking formal consent and revisiting this consent at key stages in the project. As a result and as noted in the introduction, four people chose to participate in interviews, but not to consent to having their interview published. In fact, participants made a range of choices about disclosure. The majority of participants nominated a pseudonym to be used in their interview. Each transcript was reviewed by the participant and the researchers to highlight, and obscure, other potentially identifying information such as references to family members, friends and local landmarks.

However, and despite encouragement to consider a pseudonym, five participants were keen to use their own names in the chapters. Some of these participants were proud of their contribution to the evaluation project and wanted that recognised; and some wanted to assert

their voice and have their opinion acknowledged. Some participants saw this decision as an act of advocacy and solidarity with other consumers. As one person who firmly wished to be named in the book noted, by way of introduction for that chapter: 'I am not ashamed of my condition and it is unfortunate that mental health conditions are stigmatised.' The project for some signalled interest in a (greater) public role, as spokesperson for the rights, needs and wishes of people who are consumers of mental health care.

Problems with offers of confidentiality

In the process of narrative analysis, it became evident that during some interviews Evan had made assurances of complete confidentiality to some participants. Given the original plan to publish the narratives in a book, this assurance was out of step with earlier information and consent. In each case where this occurred, Bridget spoke with the participant about the sections of the interview after such an assurance were given, and about their consent in

general. In every instance the participants were happy for their feedback and transcripts to be produced in the book, confirming their earlier consent. These instances are footnoted in the book.

Confidentiality of the highly identifiable audio data was assured, as audiotapes were not made available beyond the analysis team. All participants were specifically assured that consumer narratives were not shared with the specific treating team in any way other than in the approved book. Extracts included in other publications were carefully selected, so as not to directly identify participants through content. Opportunity was proposed for participants to continue to contribute their views beyond the narrative study.

Further opportunities to contribute

As a means of acknowledging and rounding off participants' commitment to this project, all were invited as special guests to a community launch of the book. Several participants were eager to be recognised there as partners in the

project. Some wished to be present as part of the crowd, still others did not wish to attend. So throughout the project, provision was made for different levels of confidentiality and voice.

Each participant was also invited to contribute their expertise to training of case managers or other clinicians as opportunities arose. It seems likely that some participants will take up this offer. In this or other diverse ways these participants may continue to vitally enhance our understanding of the work of the mental health sector.

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