Social services case management did not improve behaviour or quality of life in persons with long-term mental disorders

*Marshall M, Lockwood A, Gath D. **Social services case-management for long-term mental disorders: a randomised controlled trial.** Lancet. 1995 Feb 18;345:409-12.*

Objective
To evaluate the effectiveness of a social services case-management team for persons with long-term mental disorders.

Design
Randomised controlled trial with 7-month follow-up (79% of patients completed 14-month follow-up).

Setting
Oxford, United Kingdom.

Patients
80 patients (aged > 20 y; 85% men) with a severe, persistent psychiatric disorder who were homeless; at risk for being homeless; living in accommodations that were temporary, supported, or of poor quality; were coping poorly, socially isolated, or causing disturbances; and were not clients of another case-management service. 86% of patients were followed up for 7 months.

Intervention
40 patients each were assigned to the case-management group and to the control group. In the case-management group, a case manager arranged an assessment of need, a comprehensive service plan, and delivery of suitable services and monitored and assessed the services delivered. Patients in the control group continued to receive the care that had been provided before the study began.

Main Outcome Measures
Patients' needs for psychiatric and social care (assessed with a modified version of the Medical Research Council Needs of Care Schedule), quality of life (assessed in terms of employment status, quality of accommodation, and the Quality of Life Interview), social and deviant behaviour (assessed by a standardised behaviour scale [REHAB]) and severity of psychiatric symptoms (assessed by the Manchester Scale).

Main Results
At 7-month follow-up, no clinically or statistically significant differences were found between the treatment and control groups in the number of needs (mean difference, –0.05; 95% CI, –0.60 to 0.49)*, quality of life (mean difference, 0.04; CI, –0.32 to 0.40)*, social behaviour (mean difference, 5.49; CI, –3.39 to 14.4)*, deviant behaviour (mean difference, 0.37; CI, 0.00 to 0.75)*, or severity of psychiatric symptoms (mean difference, –0.08; CI, –1.53 to 1.36)*. At 14-month follow-up with 79% of the patients being followed, no differences were found between the groups for any measure except deviant behaviour. In the case-management group, deviant behaviour was reduced (mean difference, 0.3; CI, 0.15 to 0.46; $P < 0.01$).

Conclusion
Social services case management did not improve the quality of life or the social behaviour, or reduce the deviant behaviour or the needs requirements of persons with long-term mental disorders at 7-month follow-up.

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For article reprint: Dr. M. Marshall, Oxford University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, United Kingdom. FAX 44-1865-793-101.

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Commentary

Oscar Wilde once commented that the United States and Great Britain were 2 countries separated by a common language; the wisdom of this observation is shown here. North American and English case management are different, and this study shows what can happen when these differences are not made explicit. Case management, a concept introduced in the United States more than 20 years ago, ensures that psychiatric patients, particularly those with severe mental illness, have a coordinated programme of care by providing treatment and by drawing on other services, such as medical, rehabilitation, and housing, when required (1).

In England (but not in other parts of the United Kingdom), "case management" has become "care management" and has been a statutory requirement since April 1993. Because the study by Marshall and colleagues is probably the only randomised trial of this approach that will be published, its findings are important. English care management was largely ineffective when compared with treatment as usual (apart from some reduction in deviant behaviour after 14 months). This approach, however, is confined to social service departments and is only concerned with the managerial aspects of assessing and monitoring care. Thus, it differs from "case management" as practised in the United States.

The study by Marshall and colleagues suggests that the new reforms are not working well. The main thrust behind the reforms leading to care management was financially rather than clinically driven. The evidence that care management is ineffective is a blow for those who introduced these reforms, but not necessarily for case management as originally envisaged. What has been shown is that the form of case management used in this study, which was stripped from its essential therapeutic and caring elements, is of little value.

Peter Tyrer, MD
Imperial College of Science, Technology and Medicine
London, United Kingdom

Reference

1. **Onyett S.** Case Management in Mental Health. London: Chapman & Hall; 1992.