

Case Management of Persons with Mental Disabilities in Malaysia: Collaboration Challenges among Stakeholders

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Abstract

Components of Case management of Persons with Mental Disabilities (PWMD) has not been sufficient explored and studied in Malaysia. With the increased numbers of PWMD in Malaysia studies on case management of PWMD are definitely needed. This objective of this paper to explore collaboration challenges among stakeholders in case management of PWMD in Malaysia. Ten social workers from Medical Social Work Department and Social Welfare Department in Malaysia were in-depth interviewed in this qualitative study and the qualitative data were analysed thematically using a case study approach. The study discussed the social workers' challenges arise within collaboration with the public and private sector such as lack of specialized trainings for officials and lack of formal and effective collaborations between agencies. The findings suggest that the two main primary stakeholders involved with case management of PWMD such as Health Ministry and Welfare Department should enhance collaboration between them in getting their resources such as information and manpower together. This paper is fundamental for policy makers to take into account the complex needs of PWMD and their social workers to ensure the effectiveness of both important services. Thus, the case management services for persons with mental disabilities can be significantly improved aligned with Malaysia's social work competency standards.

Keywords: Persons with mental disabilities, case management, social worker, social work, collaboration

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Introduction

According to the Disability Act 2008, Persons with Mental Disabilities (PWMD) can be defined as individual with disrupted social, cognitive, and behavioral functioning as confirmed and received treatment by a trained psychiatrist for two years or more. Examples of the type of mental illness that PWMD are suffering from are Schizophrenia, Mood Disorder and Organic Mental Disorder.

Based on reports from Social Welfare Department of Malaysia persons with mental disabilities (PWMD) comprised of eight percent which are 29,403 from the total 365,677 of the total percentage of the Person with Disabilities (PWD) in Malaysia (Jabatan Kebajikan Masyarakat, 2015). The non-compulsory nature of the registration in Malaysia, total number of persons with mental disabilities are still unspecified (Mohd. Suhaimi et al. 2012; Steffen 2009). The actual figures of social workers working with PWMD has been unknown but 276 medical social workers were identified in the year 2015 working in government hospitals in Malaysia (Bernama, 2015).

Previous researches on case management has shown concept of case management has grown embedded into routine clinical practice but the incorporation basic case management principles into the social care and health systems have proved to be a problem (Holloway and Carson, 2001).

Furthermore, Holloway and Carson (2001) indicated that case management aspect of social work practice with PWMD are integrated into clinical practice. However, the difference between social and medical care systems creates discords within the integration.

According to Teoh (2000), origins of case management for PWMD from United States of America (U.S.A) was to ensure continuity in their care for PWMD. The concept evolved in London, when their government find it more appropriate to rename case management for PWMD as “care management” due to the aspects of care within the process of case management of the PWMD (Great Britain Department of Health, 1989).

Teoh (2000) also indicate two examples that represent the aspects of a case and care management of PWMD which are the Soutwark model of care management and the Newcastle model. On the aspect of care management, the Soutwark model of care management showcased assessment procedures and planned care management through local inter-agency collaboration while the Newcastle model highlight the rapports and relationship where social workers act more as a broker in delivering their services (Teoh, 2000).

According to Huxley and Warner (1992), literature demonstrated in case management of PWMD the preferred models in the United Kingdom is the administrative model where the case management social workers liaises and brokers for PWMD services. This model coordinate and purchase care which showed their approach as an independent non-provider. The reason behind this generalist approach was to prevent conflict of interest but concerns were raised regarding their quality of service and their role as an advocator. Further exploration into the practice shows that these approach leads to an increase of bureaucracy (Lewis, Bernstock, Bovell, and Wookey, 1997).

Onyet (1992) highlights a British approach to care management of PWMD. The British approach links with other services and proposed needs-based services directly to the clients (Onyett, 1992). In addition, core of this model is to provide continuity of care such as enabling clients to have an organised and an uninterrupted involvement with services for as long as the clients needed (Bridges, Davenport, and Goldberg, 1994; Shepherd, 1991).

This paper discussed complex challenges of social workers from Social Welfare Department and the Health Ministry on their case management towards PWMD in

navigating collaboration inter and intra-agencies. Their challenges and experiences when working with the PWMD are shared and discussed.

Methodology

The design of this qualitative study is based on a case-study approach. This paper takes the informant's experience as social workers for persons with mental disabilities (PWMD) as a case study to explore collaboration challenges that they face in case management for PWMD in Malaysia.

Research Samples and Location

The study was based around past experiences of ten social workers from Social Welfare Department and Health Department of Malaysia. Half of the informants are medical social workers from Hospitals' Medical Social Work Department and the other half are community development officers from the Social Welfare Department. All of them are social work trained and have a minimum of two years working with PWMD.

All of the informants were purposively chosen from Klang Valley as Federal Territory of Kuala Lumpur and Selangor showed the highest number of PWMD in Malaysia (Jabatan Kebajikan Masyarakat, 2015).

Process of Data Collection and Analysis

This paper conducted in-depth interviews with each informant until the saturation of data occurred (Mack, Woodsong, McQueen, Guest, & Namey, 2005; Willig, 2013). Qualitative tools utilized include open-ended and semi-structured questions. Prior to study approval of the welfare department and the medical social work department were received and informed consent was obtained from each of the informants. Data collected were recorded and transcribed with permissions from informants. Verbatim transcripts were constructed to complement the analysis and data organization process. The data analysis process was assisted using NVIVO 10.

Results and Discussions

Findings of the study has acknowledged two main challenges that the social workers faced in collaboration among stakeholders in case management of PWMD. The challenges were lack of inter-agencies specialized training specifically in training social workers working with PWMD and the lack of formal and efficient collaboration between agencies that cater for PWMD.

Collaboration Among Stakeholders

i. Lack of Specialized Training

The lack of existing specialized training especially for families who are willing to provide care for PWID have shown a lack of collaboration and initiatives from responsible stakeholders with the expertise to impart their skills to other stakeholders. Families needed the skills to tend to PWMD which requires a specialized. The lack of such training shows why some PWMD were locked away in isolation by their family members. These

instances often happen due lack of the training and education (Fatimah et al, 2013).

“A lot of factors, families said they are busy, they don’t have the skills to care for the PWMD, it’s hard for them to do it”

(Informant 3 – 2 years of experience)

The verbatim above shared experiences one informant who unveil his experience conversing with families of PWMD. The families indicated their lack of skills and lack of training for not providing care for PWMD. The informant also admitted that currently they have not received any guidance or were provided with any specific training or information in regards to providing care for PWMD. Recent study showed a participatory Montessori Programme on motion and visual perception skills involving PWMD and their mothers have been proved to be successful (Kaya & Yildiz, 2019). This shows that with the right initiatives, the desired outcomes can be achieved.

Furthermore, one of the informants themselves shared as the service providers, the training provided towards social workers were theoretical knowledge involving symptoms, illnesses and treatments. Other specialized training especially in the aspect of care and case management or how to manage PWMD individuals was not provided.

“The psychiatric department gave out a course but it’s only more on what are the psychiatry illness. No training regarding how to care or manage the mentally disabled. Plus we are more in a hospital setting so we focus more on diagnosing illness, about treatment”

(Informant 2- 2 years of experience)

“Expertise especially in terms of training there has not been any, we are not trained in handling the PWMD”

(Informant 5 – 5 years of experience)

Values and ethics are one of the aspects of training needed by service providers especially when working with complex groups such as the PWMD’s. An informant shared how the lack of training on values and ethics can cause other complications such as verbal or physical abuse from the service providers towards the PWMD.

“Some of the service providers have contrasting values, they didn’t respect the client, they are harsh with them”

(Informant 4 – 5 years of experience)

As conclusion, an active collaborative effort to provide specialized holistic training for families, service providers and PWMD can instigate a win-win situation for all stakeholders. A top down approach to support this initiative are needed to ensure it comes to fruition.

ii. Lack of Formal and Effective Collaboration

The study identified discovered that inter and intra-agencies collaboration exists during case management process of the PWMD. However, a consistent, formal, effective and comprehensive collaboration were not efficiently present. Only unofficial collaboration initiated by service providers as mentioned in the verbatim below were present:

“The only existing collaboration that we have normally are the ones with the authority bodies (police department), because sometimes families doesn’t want to cooperate. The collaboration is not an official one, it is more like a supportive gestures from other agencies”

(Informant 2 - 2 years of experience)

The study also highlights potential collaboration in terms of care management or case management that has not been initiated by the stakeholders involved. Existing resources in terms of manpower can be saved if collaboration was developed especially from the welfare department and health ministry. The verbatim below showed informants claimed on a lack of collaboration between the two agencies especially in terms of care which ends up impacted PWMD holistically.

“There is collaboration but not in terms of care. Existing collaboration mainly revolve around exchange of basic information of clients such as their personal data and location information”

(Informant 3 – 2 years of experience)

“Only collaboration we have is we call the social welfare department officers to share regarding the benefits they provide for the Person with Disabilities (PWD). It so that we medical social worker know the criteria to be registered as PWD”

(Informant 2 – 2 years of experience)

An integrated effort to collaborate under the structure of normal standard operating procedures often proved difficult to achieve as shared in the verbatim below. This lack of collaboration often wasted social workers’ time especially in sharing simple information such as whether the client has been registered there before.

“One problem in liaising the clients to the health officials is the procedure, they don’t make it easier for us to send the PWMD for a check-up or check whether they have been registered in the hospital”

(Informant 1 – 5 year of experience)

A simple data sharing collaboration and interaction even without combining their operating procedure between these different stakeholders within the sustainable development data ecosystem, and supported with ample IT infrastructure, can be fundamental in ensuring effective and sustained services towards PWMD (Thinyane, Goldkind, & Lam, 2018).

Success stories in a study from Japan showed social collaboration between the agriculture and welfare sector in providing PWMD with employment and empowerment showed that with the right intentions the desired outcome can be achieved (Kasugi & Kato, 2019). Efficient and inclusive collaboration are fundamental to maximised limited resources.

Conclusion

In conclusion, this study suggests that formal inter and intra-agencies collaboration is a must for PWMD case management in Malaysia. Key stakeholders such as Health Ministry and Welfare Department should improve collaboration between them in getting their resources such as information and manpower together in fulfilling the complex needs of PWMD to develop a more client centered case management for PWMD. Limits of this study is that the researcher were unable to triangulate the data with insights and perspective of the PWMD clients to complement the challenges that the social workers faced. Perhaps, this could be a research opportunity to explore PWMD perspectives on their case management as well as insights of social workers who are conducting the case management. With this, the case management services can be ensured to be more inclined with Malaysia's social work competency standards.

In a nutshell, by addressing these challenges in collaboration among stakeholders, aspects of case management for PWMD in the country can be significantly enhanced and empower PWMD's well-being.

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References

- Bernamea. 8th June, (2015). 500 Pegawai Kerja Sosial Perubatan diperlukan. Retrieved from Sinar Harian: <http://www.sinarharian.com.my/nasional/500-pegawai-kerja-sosial-perubatan-diperlukan-1.399055>
- Bridges, K., Davenport, S. and Goldberg, D. (1994) 'The need for hospital-based rehabilitation services'. *Journal of Mental Health*, 3, 205-12.
- Britain, G. Department of Health.(1989). Caring for people: Community care in the next decade and beyond. London, HMSO, ISBN: 0, 10, 1084927.
- Fatimah, A., Nur Saadah, M. A., Mohd Suhaimi, M. & Nor Jana, S. (2013). Fungsi Keluarga dalam Penjagaan Pesakit Mental : Kajian Kes di Klinik Kesihatan Kg. Simee Ipoh, Perak. *Journal of Psychology and Human Development*, 1(1), 57-72.
- Holloway, F & Carson, J. (2001). Case Management: An Update. *International Journal of Social Psychiatry*, 47(3), 21-31.
- Huxley, P. & Warner, R. (1992). Case management for long-term psychiatric patients: A study of quality of life. *Hospital and Community Psychiatry*, 43, 799-802.
- Jabatan Perdana Menteri Malaysia. (2017). Kategori-Kategori OKU. Retrieved from Gerbang Rasmi Kerajaan Malaysia: <https://www.malaysia.gov.my/public/cms/article/page/258/>
- Kaur, R. & Arora, H. (2010). Attitudes of family members towards mentally handicapped children and family burden. *Delhi Psychiatry Journal*, 13(1), 70-74.
- Kaya, M., & Yildiz, K. (2019). The Effect of Montessori Programme on the Motion and Visual Perception Skills of Trainable Mentally Retarded Individuals. *Journal of Education and Training Studies*, 7(2), 120-128.
- Kosugi, M., & Kato, K. (2019). The role of collaboration in developing agricultural competitiveness and welfare. *Journal of Japanese Management*, 4(1).
- Lewis, J., Bernstock, P., Bovell, V. and Wookey, F. (1997). Implementing Care Management: Issues in Relation to the New Community Care. *British Journal of Social Work*, 27, 5- 24.
- Mack, N., Woodsong, C., MacQueen, K. M., Guest, G., & Namey, E. (2005). Qualitative research methods: A data collectors field guide.
- Ministry of Health Malaysia. (2015). National Health and Morbidity Survey 2015.
- Mohamad, M. S., Zabidah, P., Fauziah, I., & Sarnon, N. (2012). Mental health literacy among family caregivers of schizophrenia patients. *Asian Social Science*, 8(9), 74.
- Onyett, S. (1992). Case management in mental health. London: Chapman and Hall.

- Steffen, S. (2009). Discharge planning in mental health care: A systematic review of the recent literature 1–9. doi:10.1111/j.1600-0447.2009.01373.x
- Shepherd, G. (1991). 'Psychiatric rehabilitation for the 1990s', in F.N. Watts and D.H. Bennett (eds.) *Theory and Practice of Psychiatric Rehabilitation*. London: John Wiley & Sons.
- Thinyane, M., Goldkind, L., & Lam, H. I. (2018). Data collaboration and participation for sustainable development goals—A case for engaging community-based organizations. *Journal of Human Rights and Social Work*, 3(1), 44-51.
- Jabatan Kebajikan Masyarakat. (2015). *Laporan Statistik Jabatan Kebajikan Masyarakat 2015*.
- Willig, C. (2013). *Introducing Qualitative Research in Psychology*. Open University Press.