

Barriers to Case Management Implementation: Differences Between Mental Health Teams in Portugal

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1. Introduction

Case management is defined as an evidence-based practice used to help patients in the recovery process. The experiences of several countries show that progress towards case management implementation is slow and complex, depending not only from the degree of effectiveness or the complexity of the practice, but also from regional and local barriers to implementation.

2. Objectives

To study the differences in the case management barriers to implementation, between Portuguese specialised mental health teams.

3. Methods

Data was collected in 26 public and private mental health services of mainland Portugal. Barriers were assessed using the BaFAI - Barriers and Facilitators Assessment Instrument (Peters, 2001). Services profiles were made using a specific questionnaire.

4. Results

Significant differences between mental health teams were found in the following barriers to implementation: 1. Resistance to use treatment protocols was higher in teams that routinely don't use clinical guidelines ($p=0,028$). This barrier was also higher in services without research activity ($p=0,034$); 2. Barriers linked with space availability to implement the practice were higher in teams without liaison with the primary health care ($p=0,045$). 3. Barriers associated with professional's difficulty to change were found in less specialised mental health teams ($p=0,006$).

5. Conclusion

Special attention is needed to regional and local barriers to implementation in the process of mental health services quality improvement and innovation. Implementation protocols should include prior barriers assessment so that implementation plans can incorporate the strategies to tackle differences between mental health teams.