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ORIGINAL ARTICLE

Exploring mental health consumer experiences of the strengths model of case management: A phenomenological study

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Abstract

The strengths of model of case management is a recovery-oriented model of community mental health care that has been linked to positive consumer outcomes. The aim of this qualitative study was to explore the consumer perspective of the strengths model of case management using a descriptive phenomenological approach. Data were collected through in-depth, semi-structured interviews. In total, six consumers from a metropolitan community mental health service were interviewed. Interview transcripts were analysed using Colaizzi's phenomenological method. Three major themes were identified: the relationship between the consumer and the case manager is valuable, the strengths assessment supports identifying strengths and areas for action and the strengths model of case management promotes recovery and goal achievement. Implications for practice include an increased understanding of consumer preferences and promoting the consumer voice, thereby supporting the provision of higher quality evidence-based practice.

KEYWORDS

adults, case management, consumer perspective, mental health, strengths model case management

INTRODUCTION

Internationally, mental health services are shifting towards a recovery focus (Tondora et al., 2014). Recovery is a journey of striving towards one's full potential by increasing one's self-determination, understanding one's abilities and encouraging a positive sense-of-self to live a more satisfying life, despite limitations caused by illness (Anthony, 1993; Frese & Davis, 1997; Piat et al., 2009). The concept of recovery was established by consumers (people with lived experiences of mental illness receiving mental health services) to provide service users, carers and advocates greater control and influence over mental health services (Deegan, 1988). Mental health policy and practice have gradually evolved to promote consumer recovery (Le Boutillier et al., 2011; Slade et al., 2012; Tondora et al., 2014). In line with this international shift, the Australian Government developed the National Framework for Recovery-Oriented Mental Health Services to guide the implementation of recovery-oriented practice at an organizational and individual level (Commonwealth of Australia, 2013).

One example of recovery-oriented practice is the strengths model of case management (SMCM) (Rapp & Goscha, 2012). SMCM is strengths-based, utilizing consumers' positive internal (i.e., strengths, aspirations and abilities) and external (i.e., social relationships and opportunities) resources, to promote community inclusion, independence and support consumers to achieve self-determined goals, known as 'desired outcomes' (Rapp & Goscha, 2012). SMCM is underpinned by six principles: (1) consumers "can recover, reclaim, and transform their lives"; (2) "focus on individual strengths rather than deficits"; (3) "the community is viewed as an oasis of resources"; (4) the consumer "is the director of the helping process"; (5)

the case manager–consumer "relationship is primary and essential"; (6) "the primary setting for work is the community" (Rapp & Goscha, 2012, pp. 54–61). Within SMCM, consumers complete a strengths assessment, which gathers information on their strengths and resources, and a Personal Recovery Plan (PRP), which facilitates goal attainment by outlining a mutual agenda for work between the consumer and the case manager (Rapp & Goscha, 2012).

BACKGROUND

Studies on the effectiveness of SMCM are promising. SMCM has been found to reduce rates of hospitalization and reliance on acute services, promote goal achievement and improve consumer psychosocial functioning (Barry et al., 2003; Björkman et al., 2002; Fukui et al., 2012; Gelkopf et al., 2016; Rapp & Wintersteen, 1989; Stanard, 1999; Tse et al., 2016; Tsoi et al., 2019). Higher fidelity in the implementation of SMCM has been shown to result in better consumer outcomes in several studies (Fukui et al., 2012; Proctor et al., 2011; Stanard, 1999; Tsoi et al., 2019). A study by Roebuck, Latimer, et al. (2022) found that high-fidelity SMCM was associated with a stronger working relationship between case managers and consumers, and that this in turn positively influenced consumer hope, community functioning and quality of life. SMCM has also been found to reinvigorate practice and reduce levels of emotional exhaustion for clinicians (Chopra et al., 2009; Deane et al., 2019; Petrakis et al., 2013; Pullman et al., 2023; Tsoi et al., 2019). More recently, SMCM has been found to improve recovery-orientated practice in an Australian context (Pullman et al., 2023).

Despite this evidence, studies exploring consumer perspectives of SMCM is limited. A study by Dunstan and Anderson (2018) examining consumer satisfaction and outcomes of a rural SMCM service determined high consumer satisfaction with case managers, services provided and achievement of desired outcomes. Consumer perspectives were not explored in-depth in this study but were gathered using self-report measures and structured interviews consisting of closed-ended questions that required scaled or yes/no answers. Three in-depth explorations of the consumer experience exist within the literature. Brun and Rapp (2001) explored the perspectives of consumers with substance use disorder receiving SMCM and their opinions of the consumer–case manager relationship. Findings from this study included the positive and hopeful outlook SMCM provided consumers and the goals consumers were able to achieve through SMCM (Brun & Rapp, 2001). Another finding related to the consumer–case manager relationship and how the case manager provided resources and a level of care consumers felt they had not received from past mental health services (Brun & Rapp, 2001). Tse et al. (2010) investigated perspectives of Chinese migrants in New Zealand with a lived experience of mental illness in relation to SMCM. This study found consumers appreciated the strengths focus, as it shifted the shame they normally associated with mental illness, as well as the respectful and supportive nature of the consumer–case manager relationship (Tse et al., 2010). More recently Roebuck, Aubry, and Manoni-Miller (2022), examined consumers' perceptions of the consumer–case manager working relationship in a Canadian context. They found consumers valued the opportunity for choice and control and the case managers' responsiveness to their needs and that consumers attributed improved life changes to their relationships with their case managers. As two of these studies were investigating specific population groups, and the Canadian study was focused on the case manager–consumer relationship, there remains limited research into consumer perspectives of SMCM across a range of contexts.

Given that consumer preferences and values are regarded to be an important component of recovery-oriented, person-centred and evidence-based mental health services alongside clinician expertise and research evidence (Hoffmann et al., 2017), more research is required exploring consumer perspectives of SMCM. This study aimed to answer the following research questions:

- What are consumer experiences of SMCM in a metropolitan Community Mental Health service?
- Do consumer perspectives align with the six key principles of SMCM?

METHODS

Design

This qualitative study interviewed consumers of an Australian metropolitan community mental health service that supports consumers, aged 18 to 65 with a mental health condition throughout the recovery process. The methodological approach used by this study was descriptive phenomenology which seeks to understand and describe the meaning individuals make of their lived experiences (Carpenter, 2016; Colaizzi, 1978). This approach was chosen as it aims to uncover a detailed representation of an individual's experience by determining the 'essence', defined as the distinctive and universally experienced characteristics, of an experiential phenomenon (Colaizzi, 1978). To achieve this, data was collected through semi-structured interviews.

Participants and recruitment

Inclusion criteria:

- Mental health consumers currently receiving services from a metropolitan community mental health service.

- Consumers who have worked with a case manager using SMCM and who have participated in a strengths assessment three or more months prior to recruitment.

Exclusion criteria:

- Consumers receiving involuntary treatment under the Mental Health Act (2007) (NSW) or Guardianship Act (1987) (NSW).

To ensure recruitment of individuals who met the inclusion criteria, a purposive sampling strategy was utilized (Carpenter, 2016). Six consumers participated in the study; the total number of eligible participants is unknown as the research team for ethical reasons were not permitted access to medical records. To recruit participants, mental health clinicians within the community mental health service were informed by a member of the research team about the research project and the eligibility criteria for inclusion in the study. Eligible consumers, as identified by the mental health clinicians, were verbally informed about the research project. Interested consumers completed a consent-to-contact form and once this was returned to a member of the research team, consumers were contacted by the first author who was not known to the consumers. During the study period all consumers who identified that they were interested in participating met the criteria for inclusion and were interviewed. No consumers interested in participating were excluded from the study. The first author explained the research project, answered questions, gathered verbal consent to participate and scheduled the interviews. Written informed consent was provided by all participants prior to interviews.

Data collection

Most interviews lasted approximately 30 min. All interviews were conducted in 2021 face-to-face at the community mental health service in a private meeting room, audio-recorded and transcribed via a qualified transcription service. Interviews were conducted using an interview schedule which was reviewed and piloted by an experienced peer-worker. The topics for the interview outlined in the interview schedule were: participant demographics, participant experiences of receiving SMCM, examples of life changes as a result of receiving SMCM, examples of SMCM that participants were either satisfied or not satisfied with, and examples of the impact of SMCM. The employment of phenomenological data collection enabled a small sample size as the in-depth information gained was intended to support data saturation (Carpenter, 2016).

Data analysis

To obtain a rich understanding of consumers' experiences, Colaizzi (1978) rigorous seven step phenomenological method was utilized for data analysis. After (1) familiarization of the data through reading each transcript and listening to each interview recording multiple times, (2) the significant statements relating to the participants' experience of SMCM were highlighted and extracted. The first author then (3) formulated the underlying meanings of these statements in relation to SMCM. To avoid misinterpretation, a bracketing interview was conducted in which the research team discussed pre-suppositions, biases and previous experiences that may influence the analysis process. To embed this within the research process, this form of bracketing was viewed as data, recorded and revisited throughout the analysis process (Carpenter, 2016). Following adjustments in response to feedback from the research team, the formulated meanings were (4) clustered into themes. Once consensus was achieved between the whole research team, the themes were integrated into an (5) exhaustive description of SMCM. This was then adjusted to include only the core and universal elements of the phenomena, creating the (6) fundamental structure. The final step sought the (7) verification of results, through study participants reviewing the exhaustive description (Colaizzi, 1978; Sanders, 2003). Only one participant provided feedback, stating that his experience was accurately captured.

By ensuring the participants' perspectives aligned with the researcher's representation, member checking supported the credibility, and therefore trustworthiness of the results (Letts et al., 2007). Ensuring that consensus was achieved between the whole research team for each aspect of the analysis process also supported credibility, as ongoing analysis was regularly presented to the third and fourth authors to confirm the clarity and accuracy of the interpretive process (Krefting, 1991; Letts et al., 2007). To reduce bias and support the trustworthiness of results, the research team engaged in bracketing which supported them to not only identify their preconceptions, but also to set these perspectives aside and authentically hear participants' experiences (Carpenter, 2016). In addition to making explicit all preconceptions related to the research process, bracketing involved systematic and critical reflection of all decisions made, keeping a reflective journal and thorough discussions with the research team (Carpenter, 2016; Sanders, 2003). An audit trail of these processes was generated to increase the reliability and credibility of the study procedures and results (Sanders, 2003). These measures ensured a comprehensive exploration, in-depth analysis, and accurate depiction of participants' experiences. Ethical approval was provided by The Human Research Ethics Committee at South-Eastern Sydney Local Health District (2019/ETH13661) and Australian Catholic University (2021-3R). The study is reported according to

guidance of the Standards of Reporting Qualitative Research (SRdQR) (O'Brien et al., 2014).

RESULTS

Participant demographics are outlined in Table 1. Participants' responses have been reported with pseudonyms to protect privacy and confidentiality. Three themes identified through the data analysis process were: the consumer–case manager relationship is valuable, the strengths assessment supports identifying strengths and areas for action and SMCM promotes recovery and goal achievement. These themes are presented in Table 2 and discussed below.

Theme 1 – the Consumer–Case manager relationship is valuable

Service provided by case managers is relevant to what the consumer needs and is valued by the consumer

Consumers described the service provided as collaborative, relevant and individualized. Rohan explained:

> [My current case manager] was the only one I can think of at the moment that actually sat down and told me what the actual strengths assessment was all about and I could get my family involved if I wanted to. She actually gave me an ample amount of time to actually get my family involved and talk to them about it. Get their feedback and all that and compile it into the strengths assessment.

In addition to being knowledgeable, consumers described their case managers as reliable, as they would follow up on tasks, were responsive regarding consumers' service delivery and would make the time to be available for consumers. Grace describes:

> I think my relationship with [my case manager] is really good and she's always trying her best to help me and to yeah just be that support that I need and then connect me to other people. She's always there and she's always checking in with me and sometimes she's that 'you need to do this' motivation in my ear as well.

Participants also expressed appreciation for instances when their case manager would advocate on their behalf, most notably in the hospital setting. In Yasmin's words, "the second time I went to hospital, obviously, they changed my medication because of an admission, and [my case manager] reminds the doctor to review."

Consumers find case managers to be supportive and strengths-focused

Consumers described their case managers as having a welcoming, encouraging and supportive presence that reminded consumers to seek and achieve their meaningful goals. Case managers were also described as positive and strengths-focused, reminding consumers of their previously identified strengths as resources. As was the case for Grace:

> When first being diagnosed with bipolar there was a lot of fear around having another episode and what it means for my future […] [my case manager] was like, I have all of the faith and confidence in you […] I don't have any doubt that you're going to be able to live a normal life.

All participants felt comfortable opening up to their case managers even regarding difficult topics, as case managers were approachable, understanding, and non-judgemental As Rohan stated, "we're able to talk about practically anything. It might be as simple as [video games], or it might be as complex as my mental health but it can be anything in between". Further, when Rohan needed to speak up to ensure his needs were addressed, his case manager was receptive to the feedback. Rohan described this as "rather empowering because it just shows that I'm able to use my voice in a constructive manner and she takes it in a constructive manner." Over time, this relationship developed with the case manager becoming more aware of the Rohan's wants.

TABLE 1 Participant demographics and pseudonyms.

Pseudonym	Age	Gender	Diagnosis
Kristie	40	F	Unknown
Grace	24	F	Bipolar Affective Disorder
Fred	29	M	Psychosis
Yasmin	34	F	Bipolar Affective Disorder
Rohan	23	M	Post-Traumatic Stress Disorder
Sebastian	27	M	Schizoaffective and Bipolar Affective Disorder

TABLE 2 Themes and sub-themes.

Theme		Sub-theme
Theme 1	The consumer – case manager relationship is valuable	Service provided by case managers is relevant to what the consumer needs and is valued by the consumer
		Consumers find case managers to be supportive and strengths-focused Engagement in SMCM can positively impact service provision
Theme 2	The strengths assessment supports identifying strengths and areas for action	The Strengths Assessment can support consumers to identify areas they want to work on The Strengths Assessment supported self-reflection that involves the identification of strengths and resources
		Consumer suggestions for ways the Strengths Assessment can be administered to better support consumer self-reflection
Theme 3	SMCM promotes recovery and goal achievement	SMCM supports consumer recovery SMCM supports goal attainment
		There was not a focus on the Personal Recovery Plan during service provision

Engagement in SMCM can positively impact service provision

Two consumers had previously engaged in other community mental health services. One noted service provision was typical to other services, whereas Rohan identified an increase in respect and ease from clinicians after engaging in SMCM. He attributed this to SMCM providing his case manager insight into his strengths and abilities:

> I've been getting the service from [the community health service] quite a bit better after the strengths assessment because they've seen how capable I am, so […] now they're treating me with just a smidge more respect and all that.

Theme 2 – the strengths assessment supports identifying strengths and areas for action

The strengths assessment can support consumers to identify areas they want to work on

As Fred stated, the strengths assessment helped consumers "find out if there's any particular problem" and identify the areas they wanted to work on by promoting "reflection, on […] all these different things." Grace encapsulated the overall impact of the strengths assessment, stating that it "reminded me of where I am at with my recovery and where I want to be." For Yasmin, completing the strengths assessment was motivating and guided her to "feel the meaning of life or I can feel the goal." Contrastingly, Fred "didn't really find large places to make improvements on my lifestyle" after completing his assessment. Instead, he realized he was comfortable in all areas of his life.

The strengths assessment also supported consumers to plan and prioritize their daily activities, promote long-term planning and assisted them to achieve their goals. In the short term, Yasmin stated that the strengths assessment helped her "set my routine." In the long term, it supported her to "think about my future career development and my family plan." Consumers were also guided to identify the strengths that could support them to achieve their goals. In Rohan's words:

> I didn't think I'd be able to […] focus on anything […]. but after the strengths assessment, it's shown me how many strengths I have and it's like, okay, which ones do I use […] to sit down and focus? Because there's a lot I can focus on now.

The strengths assessment supported self-reflection that involves the identification of strengths and resources

The strengths assessment being a positive, relaxed, quick and easy process was a shared experience among consumers. Rohan appreciated the use of strengths cards to identify strengths. Kristie stated, the process of completing the strengths assessment was "quite relaxed, yeah I just need to talk and think of the time, think of what you go through in life slowly, no rush." The organized structure and comprehensive categories of the strengths assessment guided reflection in many areas, assisting consumers to identify new, and recall previously identified, strengths and resources. Thus, the strengths assessment supported consumers to deeply reflect on elements of their recovery. Grace explained:

> I think the different categories, so it's like the past, current and then your hopes and goals, so different areas, focusing on different areas is a good reflective tool and then also is good at looking then into the future and where you want to be.

Further, the sectioned, matrix layout of the assessment and the act of writing their thoughts on paper helped

consumers structure and clarify their thoughts. As Yasmin stated, "Otherwise, […] everything seems like it's tangling in my mind but […] with the strengths [assessment], it becomes clearer." However, for some, reflection through the strengths assessment can be a partially negative experience.

> I think at times it did sort of bring up maybe a bit of like, not doubt, but it brought up a bit of I guess I'm trying to find the word, but it kind of made me go oh I wish I had more of this sort of thing or I wish I was stronger in this particular area. So it brought up I guess a little bit of anxiety I guess you could say. And a bit of a desire to be even better; like in terms of my recovery be even more progressed than I am.

Consumer suggestions for ways the strengths assessment can be administered to better support consumer self-reflection

Consumers suggested that the strengths assessment could be improved to better support reflection. Consumers expressed the desire to "come back to it in the sessions", "rather than doing it at the start and forgetting about it," and to compare their current and past strengths assessments to determine progress. Sebastian indicated more specific and actionable questions would provide a "better picture of where the person is." An example provided was asking "what can you do to make your living space better?" instead of "what do you like about living where you are living right now?" Consumers also wanted to involve their support network in the process. Consumers who involved family found it highly beneficial, as it provided an outsider perspective that was validating and empowering.

Theme 3 – SMCM promotes recovery and goal achievement

SMCM supports consumer recovery

Consumers identified SMCM, including their case manager's support, and the processes of reflection as "helpful in [their] recovery." Specifically, SMCM provided hope and a guide for recovery, and kept consumers headed "in the right direction." For Grace, SMCM "helps you as a consumer to really focus in on your strengths, provide goals and aspirations for the future." Through SMCM and thinking about the "good things you have experienced in your life" such as "it made me think of the time I was learning a Thai cuisine from a friend, yeah, and making some moon cakes by myself," Kristie found that "you have more strength to face life."

Through SMCM consumers identified an increased understanding and acceptance of their mental health and recovery. Yasmin exemplified this in comparing her experiences of being admitted to hospital prior to, and after, engaging in SMCM; "the first time I was totally an involuntary patient because I don't realise I have mental distress and disorganised thoughts. But the second time I felt I had more awareness of the disorder." Grace's statement that the "reflection process of going okay, I can change, and my hopes and my goals can change", describes how SMCM created a foundation of self-acceptance that supported consumers to engage in their recovery. Sebastian shared similar sentiments, stating that SMCM assisted the realization that "it's not unusual to have an experience like I've experienced and then go forward from it and then learn from it as well."

The process of identifying strengths supported self-discovery and it supported recovery. Rohan encapsulated this, stating that "I know I had some strengths but to see them all laid out, as many as there were, was kind of mind blowing actually." Rohan further stated:

> What I liked about the strengths assessment and the whole process really is just discovering who I am because I've gone through pretty much hell and back multiple times trying to work out who I am and just my general life and honestly, it's just been a fun experience.

Self-discovery and identifying capabilities was described as empowering. Kristie exemplified how identifying strengths made consumers feel more capable by describing how "I used to […] think I can do nothing. […] I was very depressed. But with this strength model yeah, I can." Overall, as Rohan describes, SMCM promoted a "sense of agency and a sense of control over what I'm doing and what I want to do versus what I don't want to do."

SMCM supports goal attainment

SMCM supported goal setting and attainment. Consumers detailed having achieved goals relating to returning to work and completing education, home life and relationships. SMCM also provided consumers with the opportunity and confidence to engage in activities that previously seemed unachievable. Grace stated that "before this service I never realised how many opportunities and different mental health departments and organisations and treatment groups there are." Rohan illustrated this confidence by saying "I'm actually more willing to do some stuff that it is slightly outside of my comfort zone whereas before, you couldn't get me out of my comfort zone even if you planted a bomb there!" Examples of activities participants described included: "going to the shops

more regularly," having a "deep chat with my partner [about] topics that I was fearful to talk about," developing hobbies such as "going fishing and playing badminton," and helping others.

Though most participants indicated that SMCM supported progress towards, or attainment of, a meaningful goal, the extent to which consumers stated SMCM had impacted their lives varied. Some noted change was present but not drastic. Others noted no specific goals for change or specific areas that remained unchanged, such as "social life." However, SMCM can result in notable change, as Yasmin recounted, "I have changed. I feel I have hobbies now. Before I only focussed on my career."

The strengths model provided an opportunity to review goals depending on what was happening at the time. As Fred explained "so far, the illness is still there so I can't really, try for any big goals, but I do have them in mind." Sebastian identified the ability "to act on your strengths" as a challenge to implementing change; noting that "it's one thing to […] identify the strengths and it's another thing […] act on them and implement them."

There was not a focus on the personal recovery plan during service provision

The process of completing the PRP was described as enjoyable and useful to set and review goals, however case managers "didn't really touch on the recovery plan that much." Consequently, consumer understanding and ability to recall the experience of completing the PRP was limited. Specifically, the prioritization, layout, timeframes and the breaking down of goals within the PRP was beneficial to guiding goal setting by providing structure and allowing consumers to put their "thoughts […] onto paper" and "think about the future and where I'm going." Consumers expressed wanting more in-depth explorations of the PRP. Consumers also desired more motivating discussions regarding goal attainment to guide them with problem solving and breaking down the steps to achieve their goals; the opportunity to discuss their "hopes and the goals and aspirations rather than just yeah kind of bringing it up and mentioning it," and "talking about why you want this particular goal" as "a reminder of how important it is to you." In reflecting on goal attainment, consumers emphasized the value of being able to see the progress they had made throughout SMCM, as doing so promoted a "sense of achievement" that encouraged further progress.

DISCUSSION

The findings of this study provide insight into consumer experiences of SMCM in an Australian metropolitan community mental health service, and to what extent the experiences of consumers align with the six principles of SMCM. Overall, this study supports findings from other research that has shown that consumers find SMCM to be a positive experience. This study determined that consumers found SMCM, and specifically its strengths-focus, empowering, and that the strong working consumer–case manager relationship that SMCM promoted was valuable and that SMCM provided a guide for recovery by promoting self-reflection, the identification of strengths and achievement of goals by consumers (Brun & Rapp, 2001; Dunstan & Anderson, 2018; Tse et al., 2010).

The findings from this study on the importance of the consumer–case manager relationship in the implementation of SMCM concurs with other literature highlighting the critical role of working alliance in SMCM (Brun & Rapp, 2001; Roebuck, Aubry, & Manoni-Miller, 2022; Roebuck, Latimer, et al., 2022). Case managers in this study were perceived by consumers to be supportive, responsive and approachable, which aligns with previous research highlighting positive features of the consumer–case manager relationship when using SMCM (Brun & Rapp, 2001; Tse et al., 2010).

This study determined that consumers identified an increase in respect and ease in interactions with their case managers following engagement in SMCM, suggesting that SMCM is mutually beneficial for both consumers and their case managers. SMCM generated a more positive view from the case manager that consumers noticed in this study. This was also described in research by Pullman et al. (2023) as the client becoming visible to the case manager, supporting them to see the whole person of the consumer, and to have a greater understanding of the life of the consumer and to be more empathetic towards the consumer. In this study, consumers reported that this new, holistic and strengths focused view that case managers now had of them because of SMCM created an improved relationship.

The fact that consumers in this study described their relationships with case managers as supportive and collaborative is significant given that relationship challenges have been identified as a key obstacle to recovery-oriented practice (Chester et al., 2016). Research has shown conflict is not uncommon within relationships between consumers and health professionals due to health professionals having trouble trusting consumers (Kristiansen et al., 2010), having negative perceptions about consumers (Kristiansen et al., 2010; Lammie et al., 2010; Tennille et al., 2010), and having pessimistic viewpoints on the prospect of recovery for consumers (Lammie et al., 2010; Prytys et al., 2011). The findings from this study show that SMCM goes some way towards addressing these challenges in the consumer–case manager relationship.

Consumers reported that the strengths assessment was valuable in identifying strengths and clarifying areas for action and goals. While the value of being supported to identify one's strengths through SMCM has

been previously highlighted (Brun & Rapp, 2001), contrary to previous studies, whose participants sometimes struggled to identify strengths due to cultural expectations (Tse et al., 2010), consumers in this study were on the whole, comfortable with identifying and accepting evidence of their own abilities.

Consumers in this study identified several important ways in which they wanted case managers to modify their practice in relation to the strengths assessment. Consumers expressed a desire for their family members to be invited to participate in completing the strength assessment. They suggested that using strengths cards could be helpful. They also said that they wanted the opportunity to revisit their strengths assessment in future sessions, rather than completing it as a onetime assessment. What consumers are desiring is consistent with the way in which the strengths assessment was designed to be used in high-fidelity SMCM practice (Brun & Rapp, 2001). The strengths assessment tool is intended to be used in an ongoing way with people while they are linked with mental health services and to evolve overtime to show the progress people are making (Brun & Rapp, 2001).

While some consumers described making progress towards their goals, others described limited or no goal achievement. It is likely that the limited amount of time and priority that consumers reported that case managers gave to the PRP was a significant contributing factor towards this outcome. Consumers wanted more in-depth exploration of the PRP and wanted to revisit their PRP regularly to track their progress on goals. Once again what consumers are requesting is how the SMCM is intended to be used in high-fidelity practice and not the way consumers were experiencing it with some case managers (Brun & Rapp, 2001).

Both these findings in relation to the way in which consumers were experiencing the strengths assessment and the PRP with case managers show that for this service the implementation of SMCM could be further improved to meet fidelity requirements. Helping case managers to continue to build their skills around using the strengths assessment and PRP with proficiency in practice through the provision of training, supervision and mentoring is not only important in improving the quality of practice but is aligned with how consumers would like case managers to use these important tools.

This study sought to determine whether consumer perspectives aligned with the six principles of SMCM (Rapp & Goscha, 2012). Consumer perspectives aligned with five of the SMCM principles relating to the ability of consumers to recover, reclaim and transform their lives, a focus on consumer strengths, the primacy of the consumer–case manager relationship, the consumer being the director of the helping process and the community as an oasis of resources (Table 3). Consumers in this study did not, however, identify that the primary setting of service provision was the community. This was likely due to COVID-19 restrictions, which impeded community-based case management at the time of the study. Consumers did however note that through SMCM they increased the activities they were undertaking in the community such as sport and shopping.

LIMITATIONS

In this study, there was no comparison in experience between consumers receiving SMCM and other models of traditional case management. Furthermore, purposive

TABLE 3 Association of study findings with principles of SMCM.

Principles of SMCM	Associated sub-themes	Link to consumer perspectives
Consumers "can recover, reclaim, and transform their lives".	• SMCM supports consumer recovery • SMCM supports goal attainment	This principle aligned with most consumers' experiences of feeling more hopeful and capable through SMCM
"The focus is on an individual's strengths rather than deficits".	• Consumers find case managers to be supportive and strengths focused • The Strengths Assessment supported self-reflection that involves the identification of strengths and resources	This principle aligned with consumer descriptions of the service provided, focus of their case manager and strengths assessment
The case manager–consumer "relationship is primary and essential".	• Consumers find case managers to be supportive and strengths focused • Service provided by case managers is relevant to what the consumer needs and is valued by the consumer	Consumers described their case managers as being influential in supporting consumers' recovery and focused on consumer needs
The consumer "is the director of the helping process".	• Service provided by case managers is relevant to what the consumer needs and is valued by the consumer • SMCM supports consumer recovery.	This principle aligned with consumer experiences of being empowered and having autonomy throughout engagement in SMCM
"The primary setting for work is the community".	• There were no sub-themes that were directly associated with this principle.	Service delivery typically occurred inside the community mental health centre
"The community is viewed as an oasis of resources".	• SMCM supported goal attainment (included goals for participation in community activities and settings).	Participants reported increased community activities such as going to the shops more, going fishing, returning to work and playing sports

Note: The Principles of Strengths Model Case Management (Rapp & Goscha, 2012, pp. 54–61).

sampling of participants from one community mental health service, limits the transferability of results.

CONCLUSION

This study showed that SMCM can enhance recovery-oriented case management service provision by creating a strong working relationship between the case manager and consumer that is valued by consumers, and by facilitating identification of areas for action and strengths that can be used to support consumers' recovery and attainment of goals. This study adds to the evidence base surrounding SMCM to include the contemporary community mental health consumer experience. Furthermore, this study expands on the evidence base by describing consumer acceptability of SMCM, as a factor to inform its implementation in practice (Hoffmann et al., 2017).

RELEVANCE FOR CLINICAL PRACTICE

For nurses, mental health clinicians and services who seek to provide recovery-oriented services, consumers in this study reported that SMCM supported elements of personal recovery including hope, self-discovery and empowerment. SMCM also resulted in positive relationships between consumers and health professionals. Practical suggestions by consumers in this study can assist with enhancing the implementation of SMCM, such as involving family members in strengths assessments and maintaining a focus on the recovery plan goals. Other suggestions to promote meaningful consumer reflection included clinicians asking strengths based probing questions about the positives in a person's life and revisiting the strengths assessment for the comparison of past and present strengths identified.

AUTHOR CONTRIBUTIONS

Rashmi Dissanayake led data collection and drafting of the manuscript. Leonie Dunn contributed to the data collection. All authors made substantial contributions to the conception and design of the study. Rashmi Dissanayake, Melissa Aguey-Zinsou and Elisa Yule substantially contributed to the interpretation of the results. Melissa Aguey-Zinsou and Elisa Yule substantially contributed to the drafting and revising of the manuscript. Rashmi Dissanayake, Rebecca Olivieri and Leonie Dunn contributed to revising the manuscript. All authors have approved the manuscript and are accountable for all aspects of the work.

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CONFLICT OF INTEREST STATEMENT

Nil conflict of interests to declare.

DATA AVAILABILITY STATEMENT

The data are not publicly available due to ethical restrictions.

ETHICS STATEMENT

Ethical Approval for this study was obtained from The Human Research Ethics Committee at South-Eastern Sydney Local Health District (2019/ETH13661) and Australian Catholic University (2021-3R).

CONSENT

Informed consent was obtained from all participants included in the study and have consented to have the study findings published.

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