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ORIGINAL PAPER

Health and Social Case Management for the Inclusion of People Living with a Schizophrenic Disorder: The PASSVers Experience

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Abstract

The way the social protection system in France is organized frequently leads to coordination difficulties between the social and healthcare sectors. A health and social program has been implemented in a French medical-psychological center to optimize the coherence of the pathway for people living with schizophrenia. This study evaluated the way users and professionals perceive this program so as to assess the relevance of double case management. Semi-structured interviews were conducted with users (N = 21) and professionals (N = 11) of this program and then analyzed with Alceste software. The results highlight the overall satisfaction of the participants with the program, and the double case management was shown to be beneficial in supporting people living with schizophrenia in their life project. These results indicate that this program enabled the emergence of a collective empowerment, which could assist with the recovery process of schizophrenia.

Keywords Schizophrenia · Recovery · Mental health service · Shared decision · Empowerment

Introduction

Although the deinstitutionalization movement in France was initiated in the 1960s, the French psychiatric sector is still struggling to move away from the hospital-centered model. The ambulatory shift process has not yet fully achieved its objective of accompanying patients at home and in their own environment, thus reducing the possibilities for people living with a chronic psychiatric disorder to achieve effective inclusion in the community. It is however established that people living with such a condition generally suffer from a high degree of isolation. While 40% of the general population report feeling lonely at least some of the time, this rate rises to 80% among people with a psychotic disorder (Fulford & Mueser, 2020). Although the causes and consequences of loneliness in psychosis appear unclear, self-esteem and perceived stigma/self-stigma have been shown to be mostly related to the experience of loneliness in people living with a psychotic disorder (Badcock et al., 2020).

In practical terms, people with severe mental health disorders suffer as well as loss in terms of decision-making capacity, living in independent housing, holding a job, and carrying out the acts of daily life (Le Comité Stratégique de la Santé Mentale et de la Psychiatrie, 2018).

Efforts have nevertheless been made in recent years to provide an inclusive response for these people, but these have encountered considerable difficulties. Indeed, the social protection system in France is divided into two distinct operators: the healthcare sector on the one hand and the social and medico-social sectors on the other. The psychiatric sector is responsible for a triple mission of prevention, care, and reintegration. The medico-social sector also undertakes a care mission, and it benefits from co-financing by the health insurance sector. This overlap leads to a competitive phenomenon that makes the coordination of actions particularly complex between the two sectors, which also differ in terms of culture, staff training, organization, financing, and supervisory bodies. As a result, individuals face the risk

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of being in a compromised position, "between two chairs, that is between the two government agencies that share responsibility" (Nordén, Eriksson, et al., 2012). Owing to the compartmentalized organization of services, users find it difficult to make their way through the labyrinthine pathways (Minvielle, 2018).

In practice, this coordination difficulty is reflected in the sequential implementation of interventions: the care pathway precedes the reintegration pathway. In the first instance, the user is considered solely from the point of view of their disorder, and the healthcare services offered are aimed at stabilizing their symptoms and managing their risk of relapse. As much as possible, the services offered by the healthcare sector include psychotherapy associated with the administration of psychotropic drugs, psychoeducation, cognitive remediation, and support for family members. However, it is only at a later stage, once the user's disability has been identified, and therefore late in the process, that the orientation towards rehabilitation can be initiated: proposals for assistance regarding returning to work, support in social life, and help with accommodation are put in place and coordinated by agencies in the medico-social sector. Moreover, rehabilitation care is generally no longer accessible once the reintegration process has been initiated, resulting in a loss of opportunities for patients.

Reducing the gap between care, support, and integration into society has become a major public health challenge (Mintzberg, 2017). The coordination of actions and parties in the pathways of people in complex clinical and social situations appears necessary to ensure better coherence of health systems (Bloch & Hénaut, 2014). Faced with this challenge, the response of developed countries has been to set up recovery-oriented follow-up based on the principle of intensive case management (ICM).

In practice, ICM is the convergence of two models of community-based care: Assertive Community Treatment (ACT) and Case Management (Burns, 2008; Ruggeri & Tansella, 2008; Scott & Dixon, 1995). Both models share common goals: maintaining contact, reducing hospitalizations and improving outcomes people with severe mental disorders (Dieterich et al., 2017). However, there are key differences between the two models.

A case manager is responsible for ensuring the continuity and coherence of the patient's pathway, and in particular for assessing their needs at home, supervising the provision of services, and adjusting interventions according to the situation (Bartoli et al., 2020). The Strengths Model Case Management (SMCM), in particular, relies on the user's capacities and the strengths of the environment to support the change process. This model is most integrated into the natural environment of the user (Petitqueux-Glaser et al., 2010; Rapp & Goscha, 2006). It is also one of the ten important elements for recovery-based services (Fukui et al., 2012; Substance Abuse and Mental Health Services Administration, 2005).

Developed in the 1970 and 1980s, ACT is a community-based treatment and rehabilitation program designed primarily for the most severe and resource-intensive patients in psychiatric services (Nordén, Eriksson, et al., 2012). ACT team members share responsibility for the people they serve, while case managers are individually responsible for their caseload (Marshall & Lockwood, 1998). Moreover, the characteristics of ACT were clearly defined from the first study (Stein & Test, 1980), and the model was operationalized through the development of a fidelity scale (McGrew et al., 1994; McGrew & Bond, 1995). Case management, on the other hand, is only guided by general theoretical concepts (Ellison et al., 1995). The ACT model has evolved over time. In the Netherlands, Flexible Assertive Community Treatment (FACT) first appeared in 2007 (van Veldhuizen, 2007), which provides a continuity of follow-up of variable intensity according to the periods of crisis and stabilization, irrespective of the severity of the disorders. A variant of this type of program, RACT: Resource Group Assertive Community Treatment (Falloon & Optimal Treatment Project Collaborators, 1999), has been developed in parallel with this in New Zealand, focusing on the patient and their decision-making capacity. This program is aimed at recovery and empowerment, by integrating the user who is being assisted into the close-knit team, as well as three or four of their close acquaintances. A personal project is then determined by the team, with the user being supported being placed at the center of the decisions. This is the program that currently has the most robust level of evidence (Dieterich et al., 2017; Nordén, Malm, et al., 2012).

In the French context described above, the Centre de Preuves en Psychiatrie et Santé Mentale (Center for Evidence in Psychiatry and Mental Health) has highlighted the importance of building a strong partnership at all stages, and at the beginning of the pathway, between health and social professionals. This partnership requires that there is both health case management and social case management (Hardy-Baylé, 2015). This proposal constitutes a significant evolution of the concept of case management. Indeed, the role of the case manager has historically been carried out by a single professional (a nurse, care assistant, social worker, or even a psychologist), whose objective is to facilitate access to care and services and communication between all operators (Petitqueux-Glaser et al., 2010). However, the caregiving position and the social support position are different, if not opposites. The former is geared towards identifying deficiencies and symptoms, reducing them, and limiting the risks incurred by the user. The second is geared towards the unconditional support of the user's projects and social inclusion. As the needs of people suffering from severe mental disorders are particularly high, a double case management

by a nurse and a social worker can improve outcomes. However, there is a gap in the relationship between the two professions. Minimizing this gap requires a conscious effort and a willingness to use the strengths of both towards reciprocity, responsibility and respect (Robbins & Birmingham, 2005).

In order to prevent all of these pitfalls, the Centre de Preuves en Psychiatrie et Santé Mentale has proposed a double level of coordination between health and social entities, which is embodied in the PASSVers program: on the one hand, a coordination as close as possible to the patient, through a close-knit team ensuring both health and social case management, guided by the user's projects; on the other hand, coordination of the provision of healthcare for which the sector is responsible and of the provision of support which includes access to common law resources. In this context, the common law resources refer to the ordinary environment, as opposed to the specific devices often offered to people living with severe mental disorders (employment in a sheltered environment, housing in a therapeutic apartment in particular).

The PASSVers program, which resulted directly from this proposed pathway partnership, was designed and implemented in 2017 at the Eugen Bleuler Medical-Psychological Center (CMP) (Versailles Hospital Center, France). It is a social-health support program for people with a psychological disability underlying a schizophrenic disorder. Conceptually, this program fits into the Strengths Model Case Management (SMCM). This is a goal-oriented approach, which aims to help users identify their talents, skills and environmental strengths in order to achieve their goals (Fukui et al., 2012; Rapp & Goscha, 2006). The PASSVers program is also operationally inspired by RACT (Falloon & Optimal Treatment Project Collaborators, 1999), which is congruent with the previous model. It focuses on the patient and their decision-making capacity to determine and implement a life project, with the presence, if possible, of a few relatives in the close-knit team.

The PASSVers program is based on double case management of health and social services: the association of a nurse from the CMP and a social worker, from a local unit and who is made available to the program. The latter is independent but still has a functional link with their original unit, which allows them to remain close to their "culture", at a distance from the context of the healthcare system, and to remain as close as possible to the social services of the everyday environment.

The nurse is in charge of identifying the need for care (as does the user themself) and directing them to the available healthcare resources. The social worker is in charge of identifying the need for support for integration and accompanying the user to the available resources, primarily those of the common law resources, for access to employment, daily chores, leisure activities, housing, etc., according to the user's project. The project identification process is based on the assessment of needs and resources using specific scales such as the Lausanne Difficulty and Need Self-Assessment Scale (Pomini et al., 2008), and the Resource Self-Assessment Scale (Bellier-Teichmann et al., 2017).

In practice, each user participated in regular sessions at the CMP, in the presence of the nurse and the social worker designated for them. One or more relatives can be included in the close-knit team if the user being accompanied so wishes, so as to support and participate in the process of setting up the project for the user. The intensity of the actions within the program has varied according to periods of crisis and symptomatic stability, and also depended on the needs of each user. Each team member had a caseload of 10 to 20 users, depending on their dedicated time on PASSVers. Some professionals were entirely dedicated to the program (2 nurses and 3 social workers), while others shared their time between PASSVers and the other services of the CMP (6 nurses). At the beginning of our study, 78 users out of the entire active file of users diagnosed with a schizophrenic disorder and followed at the CMP (176 people) were included in the PASSVers program. The program was offered to patients followed at the CMP who were often not fully stabilized symptomatically and not entirely involved in care for which they did not see the point, but who wanted to readjust their overall situation in life. One of the program's goals was to make them aware of their resources and their limitations by concretely implementing their projects and to encourage their compliance with treatment.

Aim of the Study

The aim of the study was to describe how the different parties perceived the program, their level of satisfaction, the impact of the program on their professional practice or their way of life (for the users), and their understanding of how the changes occurred. Particular interest was taken in the perceived role of each party in the program, with the intention of evaluating the relevance of double case management.

Method

Sample

The sample of professionals consisted of 8 nurses (8 women) and 3 social workers (2 women and 1 man) who were all professionals involved in PASSVers ($N=11$). These professionals ranged from 34 to 59 years of age ($M=44.36$; $SD=9.04$).

The sample of users was composed of 8 women and 13 men receiving care at the Eugen Bleuler Medical and Psychological Center (CMP) and included in the PASSVers

program for 12 to 20 months ($N = 21$). The users ranged from 22 to 66 years of age ($M = 41.86$; $SD = 10.60$). All of the users who participated in the interviews had been diagnosed with schizophrenia (according to the DSM-5 criteria) by a psychiatrist. The duration of the disorder ranged from 2 to 33 years at the time of inclusion in the program ($M = 14.78$; $SD = 9.08$).

It was intended that relatives involved in the follow-up of users would participate in this study, but the occurrence of the COVID-19 pandemic interrupted the participant recruitment process.

The characteristics of the professionals and consumers interviewed are presented in Table 1.

Procedure

All users included in PASSVers for more than 12 months were asked by the team of CMP professionals to participate in the study ($M = 16.76$; $SD = 2.82$). Ultimately, twenty-five of them accepted and four of these were excluded from the analyses due to a disorganized discourse that made the verbatims unusable.

All of the interviews were conducted face-to-face at the Eugen Bleuler CMP between June and July of 2019. Each participant was interviewed by a psychologist (M.H., M.K., and S.D.G. for the users; I.U. for the professionals), who was not part of the care team, using an interview guide

Table 1 Characteristics of professionals and users

Characteristics	Nb of participants
Characteristics of the professionals	11
Current age, *M (SD)*	44.36 (9.04)
Gender (*N*)	
Female	10
Male	1
Occupation (*N*)	
Social workers	3
Nurses	8
Professional experience (*N*)	
Nurses who have always worked in psychiatric services	4
Nurses with at least one experience in a somatic service	4
Social worker from the Versailles City Hall (CCAS)	1
Social worker from the Yvelines Departmental Council	1
Social worker from l'Œuvre Falret (association)	1
Status of the nurses in the PASSVers program (*N*)	
Nurses dividing their time between CMP and PASSVers	6
Nurses assigned to PASSVers	2
Characteristics of the users	21
Current age *M* (*SD*)	41.86 (10.60)
Gender (*N*)	
Female	8
Male	13
Professional situation (*N*)	
Employed in an ordinary workplace (Tailored to people with disabilities)	3
Employed in a sheltered workplace	2
Unemployed	14
Retired	2
Housing type (*N*)	
Independent dwelling	11
Parental housing	6
Communal housing	2
Inclusionary housing (adapted for people with disabilities)	1
Time since inclusion in PASSVers (in months), *M (SD)*	16.76 (2.82)
Time since diagnosis (in years), *M (SD)*	14.78 (9.08)
< 5 years	3
≥ 5 years	18

structured around ten themes: description of the life path/professional path; description of the PASSVers program; reasons for participating in the program; relationship with the team; decision making; emergence of the personal project; change of perspective in relation to the disease, in relation to the care, the health professionals, and the close acquaintances; self-esteem and autonomy; involvement of the users in care and activities and finally; evaluation of the program and suggestions for improvement.

The duration of the interviews ranged from 33 to 86 min ($M = 57.81$; $SD = 14.16$) for the professionals, and from 23 to 76 min ($M = 44.14$; $SD = 13.81$) for the users. The interviews were recorded, transcribed in full, and anonymized. The entire corpus amounted to 265 pages of single-spaced text.

Data Analysis

To analyze the content of the interviews, we used the Alceste method (Reinert, 1986). This is a lexical classification method that, through a detailed analysis of the vocabulary, allows extraction of the dominant themes of a corpus of text. This method has been used in several studies in the field of psychology, including statements from people living with schizophrenia (Castillo et al., 2008; Koenig et al., 2011), dealing with episodic memory in people living with autism spectrum disorder (Chaput et al., 2013) and, more recently, to evaluate the mental health of adolescents after bariatric surgery (Rigal et al., 2021).

The Alceste method was chosen because it allowed us to quickly categorize a large corpus into different classes of discourse and to take into account categorical variables such as the characteristics of the participants in order to link them to the classes. Indeed, before it can be analyzed, the corpus has undergone a coding step. The corpus was, therefore, coded according to a number of variables previously defined by the researchers. The first variable, common to all participants, was the topic of the interview (according to the topics of the interview grid). Then, the characteristics of the participants were added. For the professionals, the variables defined were profession (nurse or social worker) and status of the nurses (entirely dedicated to PASSVers or sharing their working time between PASSVers and the traditional follow-up of the CMP). For the users, the variables were age (in 10-year increments), duration of the disorder (less than 5 years or more than 5 years), and gender. This coding step allowed us to characterize each class, i.e. to quickly determine who is talking and what topic they are speaking about.

Double coding was performed by two psychologists to reduce subjectivity bias due to categorization by theme. Inter-rater agreement was established by calculating Cohen's kappa index (Cohen, 1960). This was estimated at a high level (Landis & Koch, 1977), indicating the strength of the coding method ($\varkappa = 0.65$).

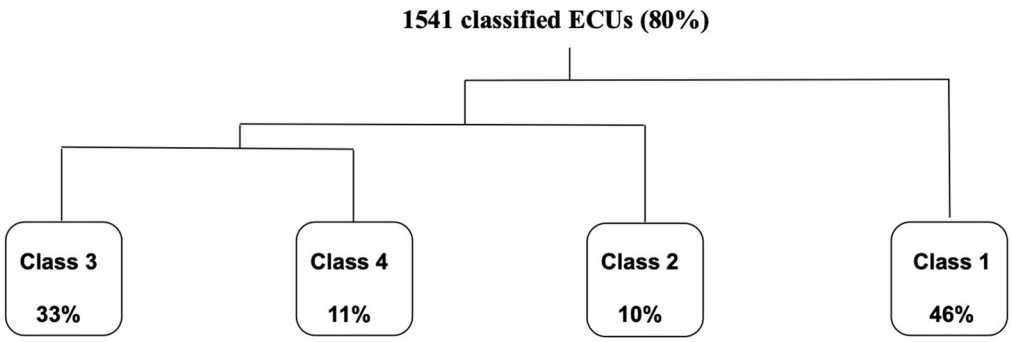
The corpus was then automatically divided into Elementary Context Units (ECU), i.e., text segments of 10 to 20 words, which were then grouped into several classes according to common forms (common vocabulary). The forms and characteristic variables of each class were ordered by frequency of occurrence and $\chi 2$ of association. Those with the largest $\chi 2$ were overrepresented in their class, i.e., they were most strongly associated with their class relative to other classes. Examining the characteristic variables in a class tells us who is speaking predominantly and examining the forms tells us what they are talking about. The analyst then took into account the context in which the forms appeared so as to give them meaning. The analysis steps have been described in detail in a previous article, the purpose of which was to show the value of using the Alceste method to evaluate health promotion activities (Hindenoch et al., 2022).

Results

Only the forms with the highest $\chi 2$ were selected in this analysis because they were the most representative of each class and best discriminated the classes from one another. To determine a threshold, we relied on the change in the $\chi 2$ values as a function of the reduced forms belonging to each class (Rigal et al., 2021). We selected nine forms for the classes in the professionals' corpus and 10 forms for the classes in the users' corpus, which were thresholds beyond which we considered the $\chi 2$ values to change only very weakly, although these values remain statistically significant at $p < .05$ up to $\chi 2(1) = 3.84$. In addition, only the three ECUs with the highest $\chi 2$ values containing the selected forms were selected for class interpretation. In some cases, ECUs with lower $\chi 2$ values were selected when they were particularly relevant in terms of meeting our aim. Finally, some ECUs were removed for ease of reading in the text.

Although the full results of the analysis are presented below, Class 1 of each corpus analysis is described in greater detail. Indeed, these classes of discourse are particularly focused on the aim of this article, namely how the double case management proposed by this program is experienced by professionals and users. The selected forms are presented in bold font in the text of the two classes 1 and are preceded, for all the classes, by a hash # in the verbatims (in italics). Each selected form was put into context, which may have caused some difficulties in translating from French to English. We have tried to render the ideas and verbatims as clearly as possible.

The results are presented in order of importance of the classes based on the percentage of ECUs classified in each class.



Form	χ2	Form	χ2	Form	χ2	Form	χ2
Patient	164	Training	180	Fill in	242	Medical	42
Charge	80	Brother	74	Grid	232	Unit	40
Take	53	Job	67	ELADEB[2]	214	Social	37
PASSVers	50	Husband	66	AERES[1]	170	Necessarily[3]	36
Interview	49	Woman	66	Resource	141	Different	35
Crisis	40	Group	66	Use	108	Nurse	33
Plan	32	Role	56	Card	101	People	32
Appointment	32	Important	50	Quality	98	Together	27
Home	30	Cap	41	File	59	Talk	26
Variable	**χ2**	**Variable**	**χ2**	**Variable**	**χ2**	**Variable**	**χ2**
*metier_1	250	*theme_6	114	*theme_6	128	*metier_2	453
*infir_c	149	*mt_16	110	*mt_16	86	*mt_210	181
*mt_12	108	*P009	93	*st_p6	54	*P011	144
*P006	101	*st_c6	78	*mt_26	40	*P007	123
*st_c2	56	*metier_1	45	*st_c6	37	*P005	61

Fig. 1 Class dendrogram of the professional interview corpus. [1] Auto-Evaluation des RESsources (Bellier-Teichmann et al., 2017). [2] Echelles Lausannoises d'Auto-évaluation des Difficultés et des Besoins (Pomini et al., 2008). [3] Necessarily: This form was not interpreted because it corresponds only to a user verbal tic, without any other meaning. *infir_c: nurse dividing her time between CMP and PASSVers; *metier_1: nurse ; *metier_2: social worker ; *mt_12: nurse describing PASSVers; *mt_16: Nurse addressing the emergence of the personal project; *mt_210: social worker assessing PASSVers; *mt_26: social worker addressing theme 6; *P005, *P006, *P007, *P009 et *P011: participating professionals; *st_c2: nurse dividing her time between CMP and PASSVers and describing PASSVers; *st_c6: nurse dividing her time between CMP and PASSVers and addressing the emergence of the personal project; *st_p6: nurse assigned to PASSVers addressing the emergence of the personal project; *theme_6: theme of the emergence of the personal project

Results of the Analysis of the Professionals' Corpus

The Alceste analysis produced four classes, and 1541 ECUs were classified, i.e., slightly more than 80% of the total number of ECUs in the corpus. The percentages for each of the classes shown in Fig. 1 represent the proportion of ECUs it contains.

Class 1: Program Evaluation by Professionals

In this class, the discourse of the social workers was over-represented (*metier_2, $\chi 2(1) = 453$; *P011, $\chi 2(1) = 144$; *P007, $\chi 2(1) = 123$; *P005, $\chi 2(1) = 61$), especially concerning the evaluation of the program (*mt_210, $\chi 2(1) = 181$). This class had a major role in the analysis since it represented 46% of the classified corpus, or nearly half of the total discourse.

Overall, the PASSVers program was described as a project that had **different** professionals working **together** to improve the support of **people**: "*The initial project, as such, worked by having professionals from #different sectors work #together for support, to optimize support for #people, it's very good, it's a very good idea*" (*P005, $\chi 2(1) = 10$), "*I said to myself, it's going to #necessarily be #different because we have to work with a #nurse and doctors and so it's how we can work #together*" (*P007, $\chi 2(1) = 14$). This organization was experienced favorably by the professionals, as testified by one of the nurses: "*It's good, it's enjoyable, I like it, yes we work, we exchange ideas, we think #together*" (*P010, $\chi 2(1) = 9$).

The program provided a new way of looking at users, since it opened up a place where the illness was not **talked** about. One **social** worker attributed this to the specificity of their positioning: "*I'm sure it's the outside view and the way I position myself as a #social worker who is completely removed, I don't see the illness aspect when I #talk to him, we don't #talk about his illness*" (*P007, $\chi 2(1) = 8$). In addition, working in a social-health pair was seen as a way to speed up the steps in supporting users on the social level, as noted by one of the nurses: "*What makes it special is that we are in a pair (…) #social worker and #nurse and as a result, what changes compared to our former, well with our purely CMP functioning, in the meetings with the others, I have the impression that it moves less readily and so we constantly refer them [users] to other professionals to move forward*" (*P008, $\chi 2(1) = 8$).

The social workers talked about their perception of the **medical** sector since their experience within PASSVers and how the work in social-health binomial appeared complementary with, on the one hand, the social workers as vectors of new ideas and, on the other hand, the **nurses** who allow adjustment of the dialogue by taking into account the disorders in the support of the users: "*We reach a perspective that is not at all overshadowed by the disease, so we had ideas and were able to make certain things and at the same time, the #medical perspective of the #nurses also facilitated the dialogue, how to address the #people*" (*P005, $\chi 2(1) = 14$). The presence of social workers also appeared to allow users to express themselves more freely: "*They were not #people who were labeled #medical or #nurse, doctor so already the approach was #different for the patients. There are things that patients say to #social workers that they don't #necessarily say to us, so I think the approach, yeah, that's very, very important*" (*P002, $\chi 2(1) = 10$).

The social workers highlighted the differences in functioning between the social sector and the medical sector and between the social workers according to their original **unit**, all associated with the need to adapt on a daily basis: "*It's a functioning that is #different (…), we have to understand as #social workers*" (*P011, $\chi 2(1) = 22$), "*Between #social workers, we come from three entities that all work #differently. CCAS and department function #differently but still with similarities, it's still #units (…) but with real #differences in the internal functioning*" (*P005, $\chi 2(1) = 20$). These differences in functioning are also strengthened by the positioning of the social workers, who were determined to remain in the social culture to work with the users: "*I really have the impression that I had it in me to especially not become a caregiver, to always remain a #social worker, that was something, a concern when we started*" (*P011, $\chi 2(1) = 9$).

Other Classes: How to Support Users in PASSVers

In Class 3, comprising 33% of the classified corpus, the discourse of the nurses was overrepresented (*metier_1, $\chi 2(1) = 250$). They described freedom of organization on a daily basis and placed users at the center of decisions: "*In #PASSVers, we are free to organize our #interviews when we want, where we want (…) and then I think it brings a lot to the #patient too because he becomes a real player in #taking #charge of his care, he is the one who decides*" (*P001, $\chi 2(1) = 13$). However, the nurses very much pointed out the significant workload, as PASSVers is a time-consuming program because people are supported in the globality of their needs, in their social and health dimensions.

In Class 4, comprising 11% of the corpus classified, the discourse of the nurses who mentioned the emergence of the personal project was overrepresented (*mt_16, $\chi 2(1) = 110$). They appeared to position themselves more as motivational support and as being heedful of the user's safety rather than at the forefront of concrete steps: "*We remobilize her each time, we remotivate her, while telling her that her #training is something that supports her* " (*P003, $\chi 2(1) = 25$). In addition, they assigned a central role to family caregivers in the teamwork, who appeared to be important collaborators in building personal projects.

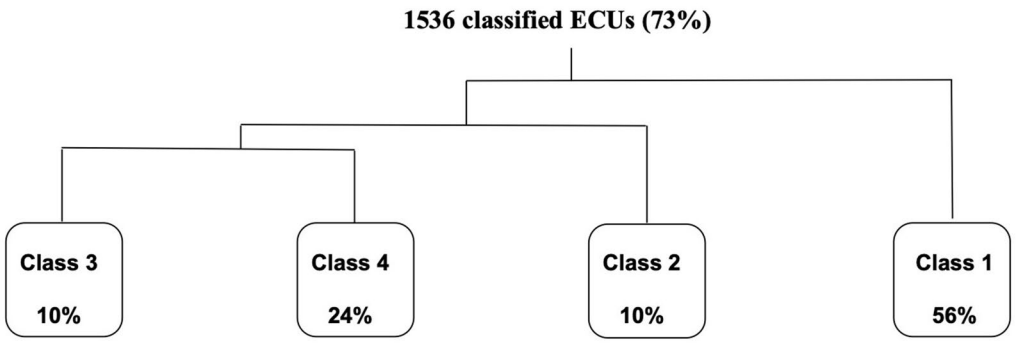
In Class 2, comprising 10% of the classified corpus, the discourse of the nurses and social workers who mentioned the emergence of the personal project was overrepresented (*mt_16, $\chi 2(1) = 86$; *st_p6, $\chi 2(1) = 54$). Professionals only described the technical aspects of using the assessment scales, so it is not relevant to this study to illustrate this class.

Results of the Analysis of the Users' Corpus

The Alceste analysis produced four classes, and 1536 ECUs were classified, which amounted to 73% of the total number of ECUs in the corpus. The percentages for each of the classes presented in Fig. 2 represent the rate of textual units (ECUs) that it contains.

Class 1: The Users' Perspective on PASSVers

This class was predominantly about the users' evaluation of the program (*theme_10, $\chi 2(1) = 84$). The discourses of male users (*sext_masc10, $\chi 2(1) = 56$), with a duration of disorder greater than 5 years (*diagt_plus510, $\chi 2(1) = 52$) and those 30–39 years of age (*aget_3010, $\chi 2(1) = 37$) evaluating the program were overrepresented. The discourse of participant *U025 ($\chi 2(1) = 34$) was overrepresented. This class had a major role in the analysis as it accounted for 56% of the classified corpus, or more than half of the total discourse.



Form	χ2	Form	χ2	Form	χ2	Form	χ2
Action[1]	117	Happen/get	76	Mother	161	PASSVers	100
Day	108	Go[2]	43	Sister	117	Project	75
Center	83	So[3]	36	Family	88	Social	61
Follow	78	Times[5]	35	Brother	81	Find	47
GEM[6]	76	Take	33	Father	65	Help	41
Monday	64	Time	30	Night	63	Professional	35
Saint	64	Forget	25	Symptoms	57	Assistant	33
Housing	63	Stuff[7]	24	Relative	54	Listen	25
Versailles	61	Vacation	24	Affection	54	Effectively[4]	25
Tuesday	55	Explain	24	Entourage	54	Different	23
Variable	**χ2**	**Variable**	**χ2**	**Variable**	**χ2**	**Variable**	**χ2**
*U005	118	*U001	46	*sext_fem11	203	*theme_10	84
*age_50	61	*U024	23	*theme_11	192	*sext_masc10	56
*theme_1	42	*sext_fem1	23	*diagt_plus511	167	*diagt_plus510	52
*sext_masc1	34	*theme_8	20	*aget_4011	128	*aget_3010	37
*U002	30	*diag_plus5	20	*aget_6011	54	*U025	34

Fig. 2 Class dendrogram of the user interview corpus. [1] Action: The term "activity" was reduced to "action" during the lemmatization of the corpus by Alceste. [2][3][5][7] Go, so, times and stuff: These forms were not interpreted because they don't refer to any meaningful lexical world in the context in which they occurred. [4] Effectively: This form was not interpreted because it corresponds only to a user verbal tic, without any other meaning. [6] GEM: Groupe d'Entraide Mutuelle (Peer support group). *age_50: user aged 50 to 59; *aget_3010: user aged 30 to 39 assessing PASSVers; *aget_4010: user aged 40 to 49 assessing PASSVers; *aget_6010: user aged 60 to 69 assessing PASSVers; *diag_plus5: user diagnosed for more than 5 years; *diagt_plus510: user diagnosed for more than 5 years assessing PASSVers; *diagt_plus511: user diagnosed for more than 5 years talking about the relationship with the entourage; *sext_fem1: woman describing her life path; *sext_fem11: woman talking about relationships with the entourage; *sext_masc1: man describing his life path; *sext_masc11: man talking about relationships with the entourage; *theme_1: description of the life story; *theme_8: self-esteem and autonomy; *theme_10: assessment of PASSVers; *U001, *U002, *U005, *U024 and *U025: participants

In the discourse of the users interviewed, **PASSVers** was described as a device centered on the successful completion of **projects**. The verb **find** was used to express a subjective evaluation of the relationship with the team or in reference to the help that the program can provide in solving certain problems encountered: "*Honestly, #PASSVers, if I compare it with the #social workers I had before, I #found that well, the relationships were good and I #found that they were people who had answers to my questions, who #found solutions to my case, to get me out of the mess I was #finding myself in*" (*U011, $\chi 2(1) = 14$).

In conducting the personal project, the users understood that the role of the binomial was to take into account both the needs and the resources of the individuals in the support: "*Their role is to accompany the patient in their life #project, taking into account their difficulties and abilities*" (*U016, $\chi 2(1) = 19$). The users emphasized the teamwork, where everyone participated and where roles sometimes mixed: "*She* [a nurse] *didn't just stick to her job as a nurse, sometimes she also accompanied, she asked questions about administrative procedures and so on, in order to go deeper. We played games to get to know each other better and everything about my personality as well, my goals, my #projects,*

so everyone participated, it was a bit of a mix" (*U014, $\chi2(1) = 23$).

The users also appeared to have properly perceived the nature of the roles of each of the parties of the binomial. Indeed, the **social assistants** were more associated with **helping** users find their way and improve their daily life, while the nurses were more associated with reassurance and help with enrolment in therapeutic activities: "*I really appreciate M.'s experience as a #social #assistant, I realized that it could be useful to #find my way, a device to improve my daily life*" (*U013, $\chi2(1) = 18$); "*M. he has a role as a #social #assistant and N. with her experience as a nurse, she #helped us to #find how I could do the steps to #find activities and she reassured me with her presence*" (*U013, $\chi2(1) = 14$). Although both members of the pairing were perceived as important, one user nevertheless assigned a predominant place to the social worker in the support: "*A.S.* [social worker], *she has an #effectively very important role I think, but that doesn't mean that we should devalue E.* [nurse], *E. has her role in this too; having said that, it's true that #effectively it's mainly A.S. who takes charge of things and who is assisted by E. I #found*" (*U025, $\chi2(1) = 8$).

The users felt **listened** to within PASSVers, both because the accompaniment created space to talk independently of the question of care and because the program provided a central position for the shared decision-making: "*I have interviews with #different people, it allows me to better express myself, provide my answer according to the questions asked, all that, in what they understand when I talk to them, they #listen to me, they #help me a lot*" (*U012, $\chi2(1) = 16$); "*They #listen a lot to my #projects, the decisions, they are not taken by one side, rather it's by mutual agreement*" (*U010, $\chi2(1) = 10$).

The projects worked on with the patient often concerned **professional** integration, although the life project could be envisaged on a broader level: "*C. it is the #social #assistant of the CCAS of Versailles, therefore of the town hall, who takes care (…) of the administrative steps of employment, of the life #project rather and #professional for certain patients*" (*U016, $\chi2(1) = 12$). Although the projects differed from one person to another, it was the fact of being centered on the present of the persons accompanied that helped to "heal" according to one user: "*It's important that they have a 'present' because that's also what heals after all, so yes, I would recommend it. Afterward, the #projects are completely #different from one person to another but it allows, it #helps to heal*" (*U010, $\chi2(1) = 16$).

Finally, the program was associated with the idea of support that was **different** from what the users had experienced so far: "*It was a #different way of working than Mrs. C.* [non-PASSVers social worker] *because it really #helps people get back on track, feel better, #help us with administrative procedures, deal with whatever problems they have*" (*U006, $\chi2(1) = 10$).

Other Classes: The Users' Perspective on Their Situation

Class 4, comprising 24% of the classified corpus, addressed issues of self-esteem and autonomy during recovery (*theme_8, $\chi2(1) = 20$), and women's discourse was overrepresented (*sext_fem1, $\chi2(1) = 23$). Users reported items relating to a lack of confidence in themselves and their abilities, although some appeared to become more engaged in their recovery during the support: "*I try to #explain as best I can (…), to #explain what's #happening to me*" (*U021, $\chi2(1) = 10$). They also highlighted the importance of taking into account the limitations imposed by the disease in conducting their project: *"I think that for my own wellbeing, I can't work full #time, it's too much*" (*U015, $\chi2(1) = 16$).

Class 2, comprising 10% of the classified corpus, concerned the users' relationships with their families and close acquaintances (*theme_11, $\chi2(1) = 192$). Here too, the discourse of women was overrepresented (*sext_fem11, $\chi2(1) = 203$). The family bond was described as an important support for recovery: "*My #mother takes me to the hospital when it's not going well, my #sister when I don't feel very well, she supports me, she cheers me up, my spouse is the same, as is my #sister*" (*U006, $\chi2(1) = 41$). The users also mentioned the issue of sleep that was previously disrupted and then regained over time: "*I have regained sensations that I had before, for example, the day-#night rhythm*" (*U003, $\chi2(1) = 14$).

In Class 3, comprising 10% of the classified corpus, the discourse of users between 50 and 59 years of age (*age_50, $\chi2(1) = 61$) and that of men who referred to their life course (*sext_masc1, $\chi2(1) = 34$) was overrepresented. The users showed involvement in therapeutic activities and highlighted the importance of regularity in their support. They also showed signs of empowerment in the process, in the sense that they understood that the team was there to support them but not to do things for them: "*I improved a little bit in regards to housework, the intention of getting a driver's license, the #GEM* [peer support group], *the outside #activities, well, after that we went around and it's up to me to do things*" (*U005, $\chi2(1) = 33$).

Discussion

The aim of this study was to describe how the different parties perceived the program, their level of satisfaction with the program, and the effects of it on their professional practice or on the users' lifestyle. We also assessed their understanding of how the changes came about. In particular, we examined the perceived role of each party in the program,

in order to assess the relevance of double case management. A series of semi-structured interviews were conducted with professionals and users involved in the program. These two corpora were each subjected to a lexical analysis using Alceste software (Reinert, 1986).

The Nurse as Facilitator of the Social Worker

The PASSVers program is an intensive follow-up program geared towards recovery. The common thread of this type of program aims for overall improvement in functioning and quality of life while supporting the consumers' sense of personal recovery, rather than aiming for symptom relief alone (Davidson et al., 2009; Kidd et al., 2015; Le Cardinal et al., 2013; Waldemar et al., 2016). Recovery in mental health has been defined as a process of growth and change that leads to the person living with a psychological disorder regaining control of their life, based on empowerment (Morrison et al., 2013). The recovery paradigm has been closely linked to the values described in the National Association of Social Work (NASW), particularly that of social justice. The same code also describes promoting human well-being as the primary mission of the profession (Carpenter, 2002).

It is, therefore, not surprising that nurses were described in our study as assistants for social workers, thus providing the latter a prominent place in the program. The professionals complemented this idea by describing nurses as facilitators of the relationship between the users and the social workers, through their knowledge of the illness and its symptoms and through the watchfulness they exercise over the user's safety. This role of the nurses would have allowed the social workers to consider the patients like any other users of social services. More than facilitators, the nurses played a role of potentiating the intervention of the social workers by providing a space of empowerment for these latter. Indeed, the nurses allowed the social workers to work in security and to take the risk of concrete projects with people suffering from severe psychological disorders. This detachment from purely medical considerations (i.e., relating to symptoms and treatments), which was one of the main issues of the program, is illustrated by the representative terms of Class 1 of the users' corpus. This class did not reflect the medical vocabulary but rather evoked the idea of global support toward the realization of personal projects. The users thus clearly perceived that the question of the illness was peripheral in the support.

Beyond their role as facilitating assistants to the social workers, according to the participants, the nurses played, a reassuring and motivational support role. These considerations refer to the idea that proximity is the primary value that creates a quality therapeutic alliance between patients and the nursing team in a psychiatric context (Morvillers & Rothan-Tondeur, 2017).

The Social Worker, a Guarantor of Access to Common Law Resources

The social worker was in charge of assessing the needs for integration, support, and accompanying the users towards common law resources, thus meeting the requirements of the French law of February 11, 2005, dedicated to the reorganization of the social protection of disabled people. This law is organized around a certain number of principles, including the primacy of common law resources; i.e., that access to common law resources must be systematically promoted for all. However, this is a specificity of the PASSVers program, since, in French medico-social facilities, reintegration is rarely oriented towards common law resources but rather towards specific devices (employment in a sheltered environment in particular) for people living with severe and persistent psychological disorders.

For this reason, the social workers, who had no previous experience in psychiatry, were made available to the CMP by their original unit, while remaining in regular functional contact with their hierarchy. This link enabled them to guarantee users access to the resources of the ordinary environment and to remain at a distance from the medical perspective that carers usually have of the users. Providing support towards common law resources can be assimilated to an advocacy role for the socials workers since they defend the interests of the users in their interaction with society. This advocacy role has been described as an important and powerful aspect of case management (Tahan, 2005). In addition, the social workers interviewed emphasized the importance of preserving their identity as social workers. We can assume that this desire was based on an attitude of vigilance when faced with the risk of finding oneself catering to the care project (and, therefore, dependent on what has been prescribed by the medical profession) and not catering to the people concerned by the care (Dos Santos, 2020). This attitude of vigilance was shared by all of the developers of the program, which was designed precisely to limit the risk of a shift towards a predominantly medical and nursing position. This line of conduct, shared by all, made it possible to avoid this shift and to focus all efforts on the user's life project.

This conception would have modified the nature of the dialogue with the users since they were not perceived through their illness, but through their needs and their resources. This attitude could help users replace their identity, rather than their diagnosis, at the center of their lives. In this way, this positioning could support user's personal recovery, as described in the literature (Deegan, 2005; Leamy et al., 2011). This considerations suggest that PASSVers fits well with recovery-oriented practices, defined as user-centered, strength-based, collaborative, and empowering (Davidson et al., 2009). PASSVers fits closely with the Strengths Model Case Management as this approach relies

on both the user's skills and the environment's strengths to achieve a goal (Rapp & Goscha, 2006).

Health and Social Case Management for Collective Empowerment

The benefits of the double case-management approach for health and social care were clearly identified by the professionals interviewed. The presence of a nurse in the close-knit team freed the social workers from medical concerns related to the users' condition. The social workers were thus able to fully partake in their role of accompanying the life project. Each member of the pair was then able to carry out their own role in safety for the users. This distribution of roles was well illustrated by the distribution of the classes of discourse in the analysis of the professionals' corpus: Class 1, characterized by the discourse of the social workers, contrasts with the other three classes, which are characterized more by the discourse of the nurses. Thus, each profession produced a particular "lexical world" (Reinert, 1995), relating different realities. Double case management appears to have facilitated the inclusion of users, while preventing them from remaining confined to their status as patients, thus supporting their ability to rebuild a social identity away from the illness, which is a fundamental pillar of the mental health recovery process (Leamy et al., 2011).

The specific roles of each of the members of the pair were clearly differentiated by the users, who knew whom to contact according to their needs, according to the professionals. While the social worker is placed on the side of "social care", nurses are placed on the side of "health care". Both are dedicated to providing specific care, attention and concern for the condition of individuals. (Noël-Hureaux, 2015).

However, we noted in the analysis of the users' discourse the idea of interpenetration of roles. It would appear that each of the professionals retained their identity while opening up to the other's world. Far from suggesting a confusion of roles, this observation appears rather to attest to an enhancement of practices thanks to the association of the two professions in catering to the user's support towards their life project. Nurses and social workers then faced the challenge of reducing the gap between the two professional cultures, putting the strengths of both professions at the service of both the users and the healthcare system (Robbins & Birmingham, 2005).

Finally, the socio-health support, in addition to having enhanced the practices of the professionals, offered them a new freedom of organization on a daily basis. On their side, the users testified to their entry into a process of empowerment and commitment to their recovery (classes 3 and 4 of the analysis of the users' corpus). Among the users interviewed, this configuration also appears to have encouraged the experience of being placed at the center of decisions and of being "listened to". The PASSVers program thus appears to have enabled a repositioning of all the parties, moving towards a "collective empowerment".

Limitations of the Study

Although the perspectives of the users and professionals involved made it possible to effectively assess how the program as a whole was experienced, the perspectives of family caregivers would have added a useful complementary dimension to the observations, as the latter play an important role in the support. Indeed, the PASSVers program is directly derived from the Resource Group Assertive Community Treatment (Falloon & Optimal Treatment Project Collaborators, 1999), a program aimed at integration of family caregivers into the close-knit team, with the objective of building an individualized project for the person living with a mental disorder. In addition, during the interviews, the users underscored the importance of family support in their recovery (Class 2 of the analysis of the users' corpus). Unfortunately, the context of the COVID-19 health crisis interrupted the recruitment process of this population in 2020, and only five families could be accommodated in the framework of this study, which limited our evaluation of the perspectives of this population with regard to the program. For rigorous methodological reasons, we have, therefore, chosen not to refer to these data in this article. In addition, only three users in our sample had a duration of disorder of less than 5 years, so we were not able to examine in detail the perception of the elements of the program among people in the early stages of the disorder. It would have been interesting to compare the perspectives of this category of users with those of users whose illness had become chronic. Moreover, to increase the validity of the results regarding the benefit of a double case management, the integration of a group of users followed by a single case manager would have been relevant.

Concerning the limits of the method, it is important to understand that the Alceste software considers the corpus studied as a set of words, without taking into account the syntax of the sentences and the organization of the text, so there is no understanding of the text as such by the software (Lebart & Salem, 1994). Thus, this method cannot deliver any *"intrinsic truth"* regarding the corpus, as the analyst is responsible for studying the results and for interpreting them (Delavigne, 2004). The Alceste software is therefore an aid to interpretation through its ability to categorize a text into different classes based on vocabulary. It is not a hindrance to the researcher's in-depth analysis of the discourse. However, only ECUs that have vocabulary in common with others are included and distributed in the different classes. As a result, a small part of the corpus is excluded from the analysis, which does not allow an exhaustive analysis of the discourse.

Conclusion and Perspectives

The PASSVers program achieved a high level of satisfaction among both the users and the professionals interviewed. Double case management of health and social services was shown to be beneficial in supporting people living with schizophrenia in reaching their life project. Indeed, in this setting, the nurse is in charge of the safety of the users, so that the social worker can accompany them in the globality of their identity, towards the common law resources. A counterpart of this accompaniment is the time that the professionals invested in it. It would be interesting to study the process of recovery and reappropriation of the empowerment during a follow-up in the program, or in a before/after study. Finally, this support program is currently being disseminated in other French institutions, which could lead to an implementation study.

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Data Availability The raw data set collected in this study and the coding guide for the analysis (in French) have been uploaded to the Figshare repository.

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval The entire study received a favorable ruling from the Southwest and Overseas Ethics Committee on April 10, 2018 (RCB ID# 2017-A03529-44).

Informed Consent All of the users provided oral informed consent to their psychiatrist. All of the professionals interviewed provided oral informed consent to their supervisors. To prevent coercion, oral consent was again requested from each participant by the researchers before the interview and it was specified that the interview could stop at any time.

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