



Case Management Services and Psychosocial Well-Being in Dementia Care: A Mixed-Methods Study of Patients and Families in Meru County, Kenya

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ABSTRACT

This study set out to examine the influence of case management services on the psychosocial wellbeing of dementia patients and their families in Meru County, Kenya. To assess the relationship between case management services and psychosocial wellbeing of dementia patients and their families, the study utilized a mixed-methods descriptive correlational research design. However, the target population of the study was dementia patients, primary caregivers and geriatric healthcare providers in Meru County, in which a sample of 60 respondents participated. In addition, primary data were collected using structured questionnaires and interview schedules. Cronbach's alpha coefficients were used to assess the reliability, while the validity of instruments was established through expert reviews. The Statistical Package for Social Sciences (SPSS) version 31 was adopted to analyze quantitative data. The software was also used to test hypotheses through descriptive statistics, simple linear regression, and Pearson correlation tests made. A thematic approach was adopted to analyze qualitative data from the interview schedule that provided deeper understanding of caregivers' and health providers' experiences. The result of the study showed a strong positive statistically significant relationship between case management and psychosocial wellbeing of dementia patients and their families in a score of $r = 0.895$, $p < 0.001$. In predicting the significance of how case management services influence psychosocial wellbeing, regression analysis was used with a score of $\beta = 0.850$, $p < 0.001$. This indicated that improvement in individualized care planning coupled with follow-up visits, referral support plus care plan updates was associated with better emotional wellbeing and adaptation to dementia-related challenges. The study hence concludes that effective case management services are an important component of person-centered dementia care. Although gaps remain in continuity, individualized support, and coordinated follow-up, hence, the study recommends strengthening community-based dementia case management through improved referral systems. It also suggests caregiver education, regular professional follow-up, and integrated psychosocial support to enhance the wellbeing of dementia patients and their families in rural Kenya.

Keywords: Case management services, psychosocial wellbeing, dementia care, caregivers, person-centered care, Meru County, Kenya.

INTRODUCTION

The challenges brought about by dementia are becoming a global phenomenon that is affecting the cognitive functioning of the patients, family relationships, and the wider care system. A report by the World Health Organization [WHO] (2021) indicated that over 55 million people are living with dementia. The situation is worsened because about 60% of them live in low- and middle-income nations. In these regions, families and local communities provide most of the hands-on care. The disease does not just affect the patient. As cognitive and behavioral issues worsen, patients rely heavily on family caregivers. Because of this, proper dementia care



must look at the whole picture. It needs to treat clinical symptoms while supporting the mental and social wellbeing of both the patient and their family.

The challenges encompass the outside of the dementia patient since progressive cerebral changes from time to time, including his or her behavior, increase more or less dependency on the family caregiver. Accordingly, Dotchin et al. (2014) opine that effective dementia care requires interventions that address both clinical needs as well as the psychosocial wellbeing of patients and their families. As important components of contemporary dementia care, Guerchet et al. (2020) say that the attached background identifies continuity of care and structured engagement, as well as caregiver support interventions.

According to Gaugler et al. (2020), time and again in developed health care systems, the use of case management services has been utilized to coordinate the complex needs of people living with dementia. On the other hand, WHO (2021) adds that case management involves things like assessment, coordination of service, follow-ups, and referrals as well as psychosocial support. In addition, case management is not just treating dementia through isolated clinical encounters, but it also seeks to connect patients and their families. This connection is building on mental health, appropriate health interventions, and/or community resources that would support the well-being of the dementia patient and their families. Gaugler et al. (2020) argue that caregiver support and medication management are also part and parcel of structured intervention that can improve the patient's quality of life. This is supported by a report of the WHO (2021) that indicated that this kind of approach is particularly relevant where dementia produces multiple and changing needs that cannot be adequately addressed through medical treatment alone.

The importance of case management cannot be gainsaid, and in sub-Saharan Africa, this has become more articulated. This is because dementia care management remains largely a family affair in which formal support services are limited or nonexistent. Guerchet et al. (2020) reported that dementia care across Africa is inhibited by several factors: a) limited awareness, b) shortages of trained health professionals, c) inadequate diagnostic capacity and to a larger extent weak health system responses. On the other hand, Dotchin et al. (2014) reported that dementia is really not so much recognized in Africa, thus leaving the care of dementia patients to unschooled caregivers. This has created stigma, and Akinyemi et al. (2022) further noted that the root cause of this is limited knowledge and restricted access to appropriate services that continue to affect dementia diagnosis and care in African settings. These circumstances can intensify caregiver pressure and hence reduce access to psychosocial support. Within such contexts, however, case management became the only route to take in providing a structured mechanism for coordinating services, supporting caregivers and maintaining continuity of care.

The challenges experienced in developing countries are new in Kenya's situation since they are particularly relevant in rural communities where specialist dementia services remain limited. Guerchet et al. (2020) identified substantial gaps in dementia diagnosis and treatment that are either unheard of or just rumors based on myths like witchcraft. In a regressive nature, it's only Prince et al. (2016) who further emphasized the dependence of dementia care in low- and middle-income countries on informal family caregivers, increasing that issue further than it was before. However, in rural places like Meru County, such limitations may require families to navigate assessment, psychosocial support, and follow-up with limited professional coordination. Case management, therefore, provides a relevant framework for examining whether individualized care plans and care plan updates contribute to the psychosocial wellbeing of persons living with dementia and their families. Accordingly, Livingston et al. (2024) argue that the influence of case management can be assessed through psychosocial wellbeing that provides important outcomes. A dementia condition, however, is associated with symptoms like agitation, depression, and other behavioral and psychological difficulties in which caregivers who don't understand may experience stress and emotional strains. Livingston et al. (2024) suggest that case management may at times improve psychosocial wellbeing by ensuring that the needs of dementia patients are identified and addressed promptly. Education for caregivers, psychosocial support, and peer interactions can also be a support base for strengthening coping mechanisms that reduce isolation related to long-term caregiving.

Yet, we still know very little about how case management affects families in rural Kenya. Most existing resea-



rch focuses on isolated pieces of dementia care rather than looking at the big picture. There is a major gap in understanding how combined services like coordinated assessments, ongoing case management, peer groups, and medication tracking work together to improve mental and emotional health. This exact gap is why this study was conducted through this mixed-methods study in Meru County. The intention of the study was to investigate precisely how coordinated case management changes the daily lives and psychosocial well-being of people living with dementia and the families who care for them.

Statement of the problem

Proper dementia care depends on easy access to coordinated case management services that are the primary indicators of dementia care. It basically meant that it was a process of blending assessment and emotional support for both patients and their families. However, in low-resource settings like Kenya, these services are completely fragmented and far apart. Families have to take on the heavy burden of long-term care without any steady professional guidance or knowledge of dementia cases. Studies from rural Kenya, like that of Mutuma et al. (2021), highlight a massive lack of dementia awareness and late diagnoses plus broken healthcare pathways, all of which are made worse by social stigma.

The dependency of dementia patients on neighbors and relatives is common in Meru County. This challenge is compounded by rarely or non-existing clinical follow-ups and no formal emotional support programs. In such scenarios, WHO (2021) argues that case management is supposed to fix this by bridging the gaps and linking families to services. But unfortunately, we have no evidence showing how this will improve or actually improves the mental and emotional well-being of dementia patients in rural areas. Previous research on this in Meru County has been looking at isolated pieces of care rather than how a coordinated system affects the whole family. In providing a clear pathway, this study steps into that gap to look directly at how case management services change the daily lives and psychosocial well-being of dementia patients and their families in Meru County.

Significance of the study

The finding will inform the Ministry of Health and the county health offices to strengthen coordination of dementia care properly. This can be done through a) referral, follow-up, or careful assessments mixed with psychosocial support. In so doing, it creates relevancy, especially in rural areas where dementia services remain fragmented, forcing families to use a lot in terms of finances. The findings are critically beneficial at the practice level since they hence assist healthcare providers to identify service gaps and strengthen continuity of care for patients. It is believed that the results and findings of this study will assist in case management approaches that address caregiver burden and social support, which are scientifically proven. On the side of academics, this study will contribute to the limited knowledge on case management and psychosocial wellbeing that is lacking for dementia patients. Facts remain that are clearer than before in that the current study has noted that the prevailing study has in some ways dealt with looking at individual patients instead of how coordinated case management influences the outcome. However, the current study will in actual sense give future researchers research on other specific dementia care and their interventions in Kenya as a whole.

Objective

To investigate the influence of case management services on the psychosocial wellbeing of dementia patients and their families in Meru County.

H₀₁: Hypothesis: There is no statistically significant influence of case management services on the psychosocial wellbeing of dementia patients and their families in Meru County.

LITERATURE REVIEW ON CASE MANAGEMENT

Case management has gained attention in dementia care because patients and families and according to Gaugler et al. (2020), often require several services that are difficult to access and coordinate independently. A closer look at developed health systems in countries like the USA, France, Germany, or even Britain (UK)



shows case management has been associated with improvements in continuity of care and patient quality of life. WHO (2021)'s report indicates that incorporating case management services with peer support can reduce caregiver burden by up to 20 or 30%. In return, this can improve patients' quality of life by up to 25 to 40% of health. According to Lee and Kim (2021), who argue that a good example comes from South Korea's well-structured model. This model works in a way that national dementia centers link patients with trained coordinators who also provide continuing monitoring and support.

Considerably, this kind of situation is so different from Sub-Saharan Africa as posted by Gureje et al. (2020), in which no formal case management exists hence the dependency on family care. Gureje et al. (2020) reported that structured case management was uncommon in Nigeria and Ghana, leaving families to provide care with limited training. Similar constraints have been reported in East and Central African settings, where shortages of trained personnel, plus fragmented services and weak integration of mental health care, restrict continuity of dementia care. Gureje et al. (2020) argue that case management is intended to connect assessment and referrals, but based on the evidence seen, these limitations become a hindrance. The situation in Kenya on coordinated case management is particularly pronounced in rural communities, which need it more than ever. Mutuma et al. (2022), in their study, show that dementia disease is clearly misunderstood as witchcraft or aging, hence contributing to delayed assessment and management. Mutuma et al. (2022) put it that many local clinics may initiate care but often provide limited specialist follow-up that leaves families or faith-based groups to bridge gaps in continuing support. On the other hand, Ndubi et al. (2023) similarly identified inadequate structured caregiver support as a significant problem, with more than 65% of caregivers reporting high stress and the other half reporting depressive symptoms.

All the above evidence brought in through the literature available suggests the value of case management services that lies in increasing service contact and coordination. What does this mean then? Unresolved psychosocial needs may be a result of giving out treatment that is not linked to care support. An observation is made, therefore, that the existing studies have tended to look at individuals who are suffering from dementia more. While this is commendable, the current study set out to examine the influence of case management services on psychosocial wellbeing of dementia patients in a rural setup like Meru County. These guarantees fill the gap left by the previous study that only dealt with dementia patients.

Theoretical Literature

The current study utilizes person-centered care theory that was developed by Tom Kitwood in 1997. This theory stands on the concept that cognitive impairment should not define the person or determine the manner in which care is provided. Kitwood (1997) is here; Kitwood challenged the traditional biomedical orientation to dementia and provided a relevant theoretical basis for understanding case management services in dementia care. Kitwood (1997) thus advances the idea that people living with dementia retain their identity, emotional needs, dignity, and capacity for meaningful relationships. Hence, this perspective calls for effective care, which should at all times be individualized rather than based on the disease and the symptoms it is showing in the patient.

In his claimed works Kitwood (1997) identified five psychological needs that underpin person-centred dementia care: a) comfort, b) inclusion, c) attachment d) identity plus occupation. Kitwood (1997) is likely suggesting that these needs provide a useful lens for examining case management because coordinated care should address both the clinical and psychosocial circumstances of patients. Kitwood (1997) believed that assessment and individual care planning can assist to identify specific needs of dementia patient. Similarly, other things like referral or follow ups are likely to facilitate access to appropriate services the patients' needs at different phase of the disease. A more pertinent issue suggested by Kitwood (1997) in his theory is that advocacy and continued engagement with caregiver may also assist patients' autonomy plus dignity. In more than several ways and based on the current objective; the theory therefore provides a basis for understanding how the organization and coordination of care may influence psychosocial wellbeing.

This theory of Kitwood (1997), therefore, is much more relevant to the current study that is examining case management and its influence on psychosocial wellbeing of dementia patients and their families on several co-



unts. One account is on the quality of interaction between patient and caregiver through professional health care, which can shape how people with dementia experience care. Kitwood's (1997) theory frames itself on the second account that is looking at individual care plans and regular follow-ups coupled with coordination. These fundamental frameworks are consistent with person-centered principles because they recognize the patient's circumstances and promote continuity of support. Kitwood's (1997) theory encourages something about what kind of environment the patient lives in because it's from this environment that dementia patients are valued. This is suggesting that supporting relationships plus respectful interactions can reduce distress and strengthen family engagement to a large extent.

For this study, PCC theory, therefore, explains the expected relationship between case management services and psychosocial well-being. Case management that incorporates individualized assessment, clear follow-ups, coordination, plus likely caregiver involvement is expected to create a more responsive care environment in which patients' needs are addressed. However, this theoretical position is complemented by Cobb's (1976) social support theory. It explains how emotional, informational, and instrumental support may strengthen coping and reduce the psychosocial effects of dementia on patients and families.

METHODOLOGY

Location of the Study

The location of the study was determined by the nature of it; hence, the conducting of the study was based on selected families, including health facilities in Meru County, Kenya. According to statistics from the Kenya National Bureau of Statistics [KNBS] (2019), Meru County covers 7,006 km² and has a population of 1,545,714 people. As a result, the study setting was considered appropriate because dementia care in rural communities depends substantially on family involvement and access to available health and community services. The setting, therefore, provided an appropriate context for examining case management services and their relationship with the psychosocial wellbeing of dementia patients and their families.

Research Design

The study employed a mixed-methods descriptive correlational research design to examine how case management services influence psychosocial wellbeing of dementia patients and their families. This led to examining how quantitative components of case management related to psychosocial wellbeing of dementia patients. At the same time the qualitative component explored the experiences of patients and family caregivers regarding access to and use of case management services. Even so, the research design was appropriate because the study examined naturally occurring relationships between variables without manipulating the study conditions. Creswell and Creswell (2018) describe that mixed-methods research is particularly useful where quantitative findings can be complemented by qualitative accounts that provide contextual understanding. Similarly, Johnson and Christensen (2020) emphasized the value of combining quantitative and qualitative approaches when a research problem requires both measurement and interpretation.

Target Population of the Study

Looking closely at this specific study, the target population comprised dementia patients, their primary family caregivers and geriatric healthcare providers in Meru County. The estimated population of 4,345 adults aged 60 years and above living with dementia was based on population projections by KNBS (2023). The report estimated a dementia prevalence of 9.4%, which was reported by Munyoro et al. (2024). A corresponding number of primary caregivers was considered because dementia patients commonly depend on family members for continuing care and support. The study also included approximately 64 geriatric healthcare providers involved in the care of older adults. These groups were relevant to the study because case management involves the coordination of services around the needs of both patients and their families.

Sampling Procedures and Sample Size

Along the same lines, purposive, snowball, and simple random sampling techniques were used to recruit participants. That being said, purposive sampling identified dementia patients, primary caregivers and healthcare providers who met the study criteria and had direct experience of dementia care. On the other hand, snowball sampling was then used to identify additional eligible patients and caregivers through existing participants and community contacts. Additionally, where an appropriate sampling frame was available, simple random sampling was applied. Perfectly placed was Yamane (1967)'s formula that was used to determine the required sample size from the target population using a target population of 8,710, an 8% margin of error, and a 95% confidence level.

$$n = \frac{N}{1 + N(e^2)}$$
$$= \frac{8,754}{1 + 8,754(0.08^2)} = 198$$

In this connection, therefore, for the calculated sample size of 198 respondents, 64 geriatric healthcare providers were selected through simple random sampling. Nevertheless, the remaining 134 respondents comprised 67 persons living with dementia and 67 primary caregivers. As guided by Kathuri and Pals (2021) and following proportional representation, 30% of the dementia patients and caregivers were selected through snowball sampling. This produced a final sample of 108 respondents, consisting of 22 persons living with dementia, 22 primary caregivers, and 64 geriatric healthcare providers.

In this current research two main instruments were used to collect the data: a structured questionnaire and a semi-structured interview schedule. That being said, the questionnaire was used to obtain quantitative information on case management services and psychosocial well-being. The case management items focused majorly on services such as a) assessment, b) referral, c) coordination, d) advocacy, e) follow-up, and psychosocial support. The semi-structured interview schedule was administered to primary caregivers to obtain detailed accounts of their experiences with dementia care. Other items on the interview schedule were access to coordinated services and the perceived influence of case management on their psychosocial well-being.

Piloting

A pilot study was conducted in Tharaka West Sub-County, Tharaka Nithi County, before the main data collection. The pilot area was outside the study county but provided a comparable rural setting. The exercise assessed the clarity, relevance, and suitability of the research instruments, which allowed necessary adjustments to be made before the main study.

Reliability and Validity of the Research Instruments

In this study, however, reliability was evaluated to establish the consistency of the research instruments. The reason was likely measuring case management services and psychosocial wellbeing of dementia patients plus their families in the study area. The pilot findings were used to identify unclear or inconsistent items and hence make appropriate revisions. Validity was measured through expert review of the instruments to ensure that the items reflected the study objective. Along the same lines, attention was given to ensuring that the measures captured the relevant dimensions of case management and psychosocial well-being.

Data Collection Procedures

In order to achieve the study's objectives, permission was sought so as to collect data from approving entities. Thus, approval was obtained from the Tharaka University Postgraduate Committee and the Ethics Review Committee. This was followed by approval from the National Commission for Science, Technology, and Innovation (NACOSTI), the Meru County Government, and relevant local authorities. Eligible participants were informed about the purpose of the study, their voluntary participation, and the confidentiality of the



information provided. Questionnaires were administered to the relevant respondents who filled them appropriately. While semi-structured interviews were conducted with primary caregivers to obtain qualitative accounts of their experiences with case management services.

Data Analysis

In this section of data analysis, quantitative and qualitative data were analyzed in accordance with the study objective and hypothesis. Quantitative data were coded and entered into SPSS Version 31.0 for analysis. Descriptive statistics were used to summarize participant characteristics and patterns relating to case management services and psychosocial well-being. On the other hand, inferential analysis was used to examine their relationship and test the study hypothesis. Caregivers' experience was majorly covered through qualitative interview data, which was organized thematically to capture follow-up, advocacy, coordination, referral, and psychosocial support. The qualitative findings were considered alongside the quantitative results to provide a fuller explanation of the influence of case management services on psychosocial well-being.

Ethical Considerations

The study adhered to established ethical standards to protect participants' rights, dignity, and wellbeing. Ethical clearance and a research license were obtained through our appropriate Kenyan established authorities, including NACOSTI, Meru County, and relevant local authorities. The researcher made sure that the participants were informed that this was a voluntary activity with no coercion or monetary gains and the right to withdraw without penalty. For participants living with dementia who could not provide informed consent, consent was obtained from their primary caregivers or legally authorized representatives.

RESULTS

This section presents the findings of the study based on data collected from respondents outlined in section 2.3 based in Meru County. The findings are presented using descriptive and inferential statistics in accordance with the study objective and hypothesis. The results, however, are focusing on the influence of case management services on the psychosocial wellbeing of dementia patients and their families.

Recruitment

The recruitment process saw a total of 64 participants who were targeted for the qualitative component of the study included. They comprised 22 persons living with dementia, 22 primary caregivers and 20 geriatric healthcare providers. All 44 targeted dementia patients and primary caregivers participated, while 16 of the 20 targeted healthcare providers participated. Thus, 60 of the 64 intended participants were recruited, representing an overall response rate of 93.75%, while 4 participants did not participate, giving a non-response rate of 6.25%. The response rate was considered adequate for analysis and interpretation of the study findings, as seen by Saunders et al. (2019) in their piecework. Table 1 presents the participant recruitment and response rates.

Table 1: Response Rate

Category of respondent	Intended sample	Responses obtained	Non-responses	Response rate (%)
Dementia patients	22	22	0	100
Primary caregivers	22	22	0	100
Geriatric healthcare providers	64	60	4	93.75
Total	108	104	4	96.30

Participant Characteristics

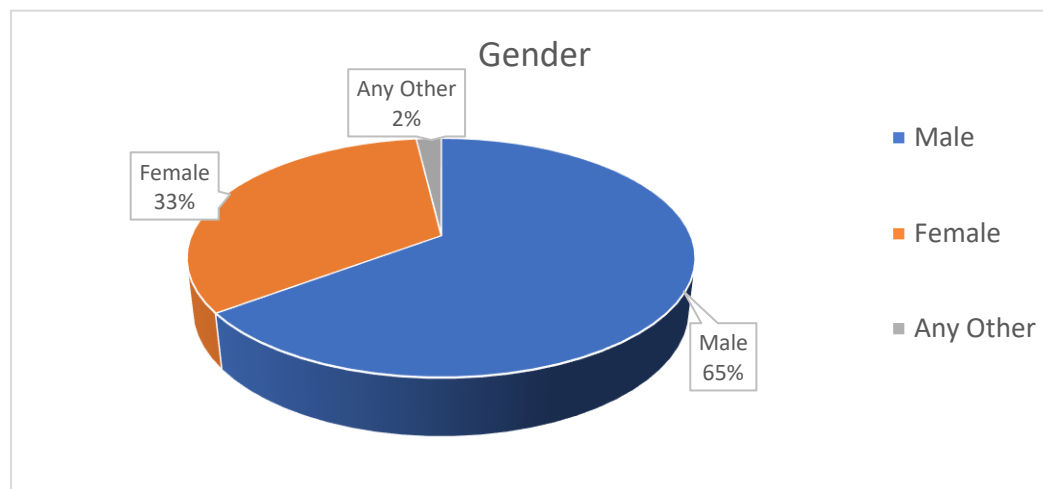
This section presents the demographic characteristics of the respondents to provide a profile of the participants included in the study. The characteristics examined included gender, age, and highest level of education.

Table 2: Age of the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20 to 30 yrs.	19	31.7	31.7	31.7
	31 to 40 yrs.	36	60.0	60.0	91.7
	41 to 60 yrs.	5	8.3	8.3	100.0
	Total	60	100.0	100.0	

Table 2 above shows that the age distribution of the respondents indicates that most participants were within the younger and middle-age categories in the area of study. Respondents aged 20 to 30 years constituted the largest group, scoring 38.6%, followed by those aged 31 to 40 years, who had a score of 32.9%. Participants aged 41 to 60 years accounted for 19.0%, while those aged 61 to 80 years represented the smallest proportion, having 9.5%. The results showed that the study captured perspectives across different age groups, including participants directly involved in dementia care. That being said, the gender distribution shows that male respondents constituted the majority with a score of 64.8%, while females accounted for 33.3%. A small proportion with a score of 1.9% was identified under the “other gender” category. Ultimately, the distribution provided representation across age and gender groups relevant to examining case management services and psychosocial well-being.

Figure 1: Gender



In figure 1, the gender distribution shows that males constituted the majority of respondents, with 39 participants at 65.0%, compared with 20 females who were at 33.3%. A category calling itself “other gender” was included with a score of 1.7%, meaning neither male nor female. Although all three categories were represented, male respondents formed nearly two-thirds of the sample. This distribution provides demographic context for interpreting participants’ perspectives on case management services and psychosocial wellbeing among dementia patients and their families in Meru County.

Table 3: Duration of Involvement with Dementia Care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 - 4 yrs	3	5	5	5
	5 - 8 yrs	15	25	25	30



9 - 12 yrs.	16	26.7	26.7	56.7
13-18 yrs	22	36.7	36.7	93.3
Above 18 yrs	4	6.7	6.7	100
Total	60	100	100	

Table 3 indicated that the respondents had varying levels of experience in dementia care and support. The largest proportion, 22 respondents scoring 36.7%, is followed by the category of 13 to 18 years of experience, with a frequency of 16, giving 26.7%. The category of 9 to 12 years had a frequency of 15 with a score of 25.0%, followed by the category of 5 to 8 years. Only 4 respondents, scoring 6.7%, had more than 18 years of experience, while 3 frequencies, scoring 5.0%, had less than 4 years of experience. Overall, 63.4% had 9 to 18 years of involvement, suggesting substantial exposure to dementia care. The diversity of experience provided valuable perspectives on case management services and psychosocial well-being.

Descriptive Statistics

This section presents descriptive statistics for the study variables in which means and standard deviations were computed to summarize respondents' perceptions of case management services. Along the same lines, the analysis covered case management indicators and psychosocial wellbeing measures. That being said, and categorically in this study, higher mean scores represented stronger agreement with the measured statements.

Table 4: Item Statistics under Case Management Services

Descriptive Statistics			
	n	Mean	Std. Deviation
a) The individualized care plan supports the dementia patients to maintain daily functioning and independence.	60	1.87	1.127
b) Follow-up visits are conducted regularly and contribute to the well-being of dementia patients.	60	1.88	1.059
c) Coordination between health care professionals and caregivers helps improve social engagement and overall well-being of dementia patients.	60	3.85	1.132
d) Referral support to other relevant services effectively addresses additional needs that enhance quality of life for dementia patients.	60	3.50	1.200
e) The care plan is reviewed and updated regularly based on changes in the person's condition to maintain optimal daily functioning and emotional well-being.	60	2.38	1.367
f) The case management services adequately address the changing needs of the psychosocial well-being of dementia patients.	60	2.20	1.205
Valid N (listwise)	60		
Average Score		2.61	1.18

The descriptive findings in Table 4 show variations in respondents' perceptions of case management services and their contribution to dementia care outcomes. Coordination between healthcare professionals and



caregivers recorded the highest rating of a mean of 3.85 and an SD of 1.132. This is indicating the importance of collaborative care in promoting psychosocial well-being. Referral support services also received a relatively high rating of a mean of 3.50 and an SD of 1.200, highlighting the value of linking patients and families with appropriate resources.

However, individualized care plans had a mean of 1.87 and SD of 1.127, and regular follow-up visits scored a mean of 1.88 and SD of 1.059. In the same instances, care plan reviews scored a mean of 2.38 and an SD of 1.367. It is also seen that adaptation to changing psychosocial needs scored a mean of 2.20 and SD of 1.205 and received lower ratings. These results suggest gaps in personalized planning, continuity of care, and responsiveness to changing dementia needs. The results support Kitwood's (1997) and Cobb's (1976) theoretical perspectives by emphasizing the importance of coordinated, individualized, and socially supportive dementia care. In due time, case management appears beneficial, but improvements are needed in implementation and continuity of services.

Table 5: Adequacy of Case Management Support Provided by Caregivers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very inadequate	19	31.7	31.7	31.7
	Inadequate	24	40	40	71.7
	Neutral	13	21.7	21.7	93.3
	Adequate	4	6.7	6.7	100
	Total	60	100	100	

The findings in Table 5 indicate that case management support available to caregivers was generally inadequate. A majority of respondents reported that support was inadequate, with a score of 40.0%, or very inadequate, at 31.7%, resulting in 71.7% perceiving services as insufficient. Only 6.7% considered support adequate, while none rated it very adequate. Caregivers mainly received medication guidance, home-care advice and limited psychological support from health workers. This result automatically suggests gaps in structured caregiver assistance, affecting effective dementia management and psychosocial wellbeing of the patients. Thus, this outcome is consistent with Kitwood's (1997) Person-Centered Care Theory, which argues that inadequate caregiver support may limit holistic care delivery. Similar studies, like those of Chen et al. (2022) and Thyrian et al. (2021), emphasize that coordinated case management, follow-up, and caregiver education improve dementia outcomes. Strengthening referral systems, caregiver training, and community-based support may improve dementia care in Meru County.

Table 6: Influence of Case Management Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	44	73.3	73.3	73.3
	No	16	26.7	26.7	100
	Total	60	100	100	

A majority of respondents, who had a frequency of 44 and a percentage of 73.3%, reported that case management services influence dementia care outcomes, while 26.7% indicated no influence. The results suggest that case management contributes to service coordination, caregiver guidance, emotional support, plus access to healthcare resources. These results agree with Vandervoort et al. (2020) and Samus et al. (2024), who found that structured dementia care management improves care coordination, caregiver confidence, and quality of life. That being said, limited perceived influence among some respondents may reflect challenges such as inadequate follow-up or limited specialists, thus restricting service accessibility. The findings support Kitwood's (1997) person-centered care theory by demonstrating that coordinated case management addresses the psychological, social, and relational needs of dementia patients and families.



Table 7: Effectiveness of Case Management

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not effective	28	46.7	46.7	46.7
	Slightly effective	15	25	25	71.7
	Moderately effective	7	11.7	11.7	83.3
	Very effective	5	8.3	8.3	91.7
	Extremely effective	5	8.3	8.3	100
	Total	60	100	100	

A considerable proportion of respondents, 28 (46.7%), indicated in table 7 that case management services were not effective in improving psychosocial wellbeing, while 15 (25.0%) rated them as slightly effective. Apparently, only 17 with 28.3% considered the services moderately to extremely effective. This revelation indicates that although case management is recognized as important, its current implementation may not adequately address daily functioning, emotional well-being, and social engagement. Sadly, these results differ from Samus et al. (2024) and Vandervoort et al. (2020), who reported positive outcomes from structured dementia care management through coordination and follow-up support. Ayisi-Boateng et al. (2022) note the lower effectiveness observed in Meru County may reflect contextual challenges such as limited specialists plus inadequate continuity of care. The findings partially support Kitwood's (1997) person-centered care theory, emphasizing the need for individualized care, caregiver support, and sustained follow-up.

Reliability Analysis

In this study, evaluation of reliability and consistency was done through use of Cronbach's alpha coefficient. That being said, reliability analysis was conducted to determine the consistency of the items measuring the study constructs on case management. It thus included individualized care plans, follow-up services, referral support, care plan updates, and psychosocial wellbeing indicators. According to Hair et al. (2022), Cronbach's alpha values of 0.70 or above indicate acceptable reliability, while values exceeding 0.80 demonstrate good internal consistency.

Table 5: Reliability Test

Scale	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	Number of Items
Case Management	0.726	0.717	12
Psychosocial Wellbeing	0.852	0.876	8
Average	0.8288	0.8342	

The reliability analysis presented in Table 5 indicates that the measurement scales for the study variables achieved acceptable levels of internal consistency and were reliable. In the meantime, the reliability of the case management services construct was assessed using 12 items and recorded a Cronbach's alpha coefficient of 0.726 and a standardized alpha coefficient of 0.717. Similarly, the psychosocial wellbeing of dementia patients and their families construct, measured using 8 items, recorded a Cronbach's alpha coefficient of 0.852 and a standardized alpha coefficient of 0.876, indicating good internal consistency. The overall average Cronbach's alpha coefficient was 0.8288, while the standardized average was 0.8342, demonstrating that the research instrument had satisfactory reliability. According to Hair et al. (2022), Cronbach's alpha values above 0.70 indicate acceptable reliability, while values above 0.80 reflect good internal consistency. This points to the



instrument that was considered reliable for measuring case management services and psychosocial wellbeing among dementia patients and their families in Meru County.

Correlation Analysis

To examine the relationship between case management services and psychosocial wellbeing among dementia patients and their families, Pearson's correlation analysis was conducted. The analysis determined the strength and direction of the association between the independent variable (case management services) and the dependent variable (psychosocial wellbeing). The correlation results are presented in Table 6.

Table 6: Correlation Results

Correlations			
		Case Management	Psychosocial Wellbeing
Case Management	Pearson Correlation	1	.895**
	Sig. (2-tailed)		0
	N	60	60
Psychosocial Wellbeing	Pearson Correlation	.895**	1
	Sig. (2-tailed)	0	
	N	60	60

**Correlation is significant at the 0.01 level (2-tailed).

The correlation results in Table 6 show a strong positive and statistically significant relationship between case management services and psychosocial wellbeing among dementia patients and their families ($r = 0.895$, $p < 0.001$, $n = 60$). This indicates that higher levels of case management services are associated with improved psychosocial wellbeing outcomes. The strength of the correlation suggests that effective individualized care planning and care coordination may contribute substantially to emotional wellbeing among dementia patients and caregivers. These revelations support Kitwood's (1997) Person-Centred Care Theory, which emphasizes that coordinated and individualized support preserves dignity and psychological wellbeing in dementia care. It also aligns with Cobb's (1976) social support theory, which highlights the importance of supportive relationships and access to resources in improving coping plus reducing psychosocial distress. The results therefore suggest that strengthening case management services may enhance dementia care outcomes in Meru County.

Regression Analysis

Regression analysis was conducted to determine the extent to which case management services influence the psychosocial wellbeing of dementia patients. The analysis examined the predictive effect of case management services on psychosocial wellbeing and established whether changes in case management services significantly explained variations in the dependent variable. The regression coefficients, including the unstandardized coefficients, standardized coefficients, significance levels, and collinearity statistics, are presented in Table 8.

Hypothesis Testing

Table 8: Linear Regression Model Summary for Case Management Services

Model	R	R Square	Adjusted R-squared	Std. Error of the Estimate	Change Statistics				
					R-squared Change	F Change	df1	df2	Sig. F Change
1	.850 ^a	0.722	0.717	0.65105	0.722	150.583	1	58	0

- a. Predictors: (Constant), Case Management
- b. Dependent Variable: Psychosocial Wellbeing

Table 9. ANOVA Results for the Regression Model						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	32.795	1	32.795	233.284	.000 ^b
	Residual	8.154	58	0.141		
	Total	40.949	59			
a. Dependent Variable: Psychosocial Wellbeing						
b. Predictors: (Constant), Case Management						

Table 10: Linear Regression Coefficients for Case Management Services

Coefficients								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	-0.305	0.269		-1.137	0.26		
	Case Management Support	2.064	0.168	0.85	12.271	0	1	1
a. Dependent Variable: Psychosocial Wellbeing								

The effect of case management services on psychosocial wellbeing among dementia patients and their families was examined using simple linear regression analysis. The model summary presented in table 8 indicates a strong positive relationship between case management services and psychosocial wellbeing with a score of $R = .850$. The coefficient of determination scored $R^2 = .722$ shows that case management services explained 72.2% of the variation in psychosocial well-being. While the adjusted R^2 of .717 indicates that the model maintained strong explanatory power after adjusting for sample size. The ANOVA results presented in Table 9 demonstrate that the regression model was statistically significant at a level of $F = 1.58 = 233.284$ and $p < .001$. This indicates that case management services significantly predicted psychosocial wellbeing among dementia patients and their families in Meru County, Kenya.

As presented in table 10, the regression coefficients show that case management services had a positive and statistically significant effect on psychosocial wellbeing at $B = 2.064$, $\beta = .850$, $t = 12.271$, $p < .000$. This implies that a one-unit increase in case management services is associated with a 2.064-unit increase in psychosocial well-being. The tolerance value of 1.000 and VIF value of 1.000 indicate no multicollinearity concerns. Therefore, the null hypothesis stating that case management services have no statistically significant influence on psychosocial wellbeing among dementia patients and their families was rejected. The results confirm that strengthening case management services contributes significantly to improved psychosocial outcomes in dementia care. In this case, the regression model was $Y = -0.305 + 2.064X + \epsilon$, where Y represents psychosocial wellbeing, X represents case management services, and ϵ represents the error term.

DISCUSSION

Interpretation of Findings

The findings of this study demonstrated that case management services had a positive and statistically significant influence on the psychosocial wellbeing of dementia patients and their families in Meru County, Kenya. The null hypothesis was rejected, confirming that case management services significantly predict psychosocial wellbeing outcomes. The conclusions suggest that effective individualized care planning, referral



mechanisms, and care coordination contribute to improved emotional well-being. Social engagement, daily functioning, and caregiver experiences among dementia households also play a role. This highlights the importance of strengthening structured case management approaches within dementia care systems in rural areas.

The strong relationship identified between case management services and psychosocial wellbeing indicates that coordinated support is an important component of person-centered dementia care. The findings align with Kitwood's (1997) person-centered care theory, which emphasizes maintaining dignity, identity, and meaningful relationships. They also support Cobb's (1976) social support theory, which explains how supportive networks enhance coping and reduce psychosocial challenges among individuals and families experiencing stressful conditions. That being said, the result should be interpreted within the rural context of Meru County, where limited specialized services plus fragmented support systems may influence the availability and effectiveness of case management. Although case management demonstrated a significant contribution to psychosocial wellbeing, improving continuity remains necessary to maximize benefits for dementia patients and their caregivers.

Interview Schedule Findings on Case Management Services

The qualitative findings from the interview schedule provided deeper insight into the experiences of dementia patients, primary caregivers and healthcare providers regarding case management services in Meru County. The study revealed that formal case management services were limited, disjointed, and largely dependent on individual healthcare providers. Respondents described case management as an important component of dementia care because it links patients and caregivers with assessment services. They also said that treatment guidance, follow-up support, and other available resources were important. That being said, the interviews indicated that these services were not consistently available, particularly within community settings. A major theme emerging from the interviews was the limited availability of structured follow-up and continuous care coordination. Caregivers reported that after diagnosis or initiation of treatment, patients were rarely visited by healthcare workers at home. This was leaving families to manage changing symptoms with minimal professional guidance. This affected their ability to respond effectively to behavioral changes, medication challenges, and declining functional abilities. The absence of regular monitoring also contributed to delayed identification of worsening conditions and increased caregiver pressure and stresses. These findings suggest that although case management is recognized as valuable, its implementation within Meru County requires stronger community-based systems and continuity mechanisms.

The interviews further demonstrated that individualized care planning remains an important gap in dementia management. Caregivers expressed the need for trained healthcare personnel who could assess patients within their home environments. The health care also needed to provide practical guidance and support families in managing dementia-related challenges and stresses. One caregiver emphasized the need for health workers to conduct field visits, train caregivers and provide guidance on managing the daily needs of persons living with dementia. This reflects the principles of Kitwood's (1997) Person-Centered Care Theory, which emphasizes that dementia care should consider the individual's identity, dignity and personal circumstances rather than focusing only on clinical symptoms. Another important revelation was that referral support existed but was often informal and insufficiently coordinated. Respondents identified the need for improved access to medication support, some counseling, at least specialized services, and community resources. Caregivers indicated that they required assistance beyond hospital-based treatment, including education on medication administration, home care strategies, and psychosocial support. These observations support Cobb's (1976) social support theory, which proposes that emotional, informational, and instrumental support networks reduce stress. It also strengthens coping among individuals and families facing challenging situations.

The findings also revealed that family caregivers currently function as the primary case managers for persons living with dementia. Most care responsibilities were undertaken by close family members, including sons, daughters, parents, and in-laws, with caregiving often continuing for six to ten years. While family involvement provided essential support, prolonged caregiving created emotional, social, and financial challenges. Respondents reported stress, exhaustion, isolation, and uncertainty due to inadequate formal



support structures. Ultimately, the interview findings demonstrate that case management services have significant potential to improve dementia care outcomes. But their effectiveness is constrained by limited accessibility, inadequate follow-up systems, and weak community support structures. The revelations highlight the need for integrated case management models that combine professional coordination and caregiver training. Psychosocial support and community-based referral networks can also be included to reinforce this approach. Strengthening these services would enhance person-centered dementia care and improve the psychosocial wellbeing of both dementia patients and their families in Meru County.

Comparison with Previous Studies

The findings of this study demonstrated that case management services have a positive and statistically significant influence on the psychosocial wellbeing of dementia patients and their families in Meru County, Kenya. The results indicate that improved case management practices, including individualized care planning, are associated with better emotional wellbeing, social engagement, and caregiver experiences. These findings are consistent with Vandervoort et al. (2020), who established that dementia case management improves coordination between healthcare providers, patients, and caregivers by facilitating access to appropriate medical and social support services. Samus et al. (2024) reported that structured dementia care management approaches enhance caregiver confidence and improve service access. This in a nutshell contributes to a better quality of life among persons living with dementia and their families, reducing unnecessary challenges.

The results further agree with Huang et al. (2024), who found that integrated dementia care models incorporate coordinated management and caregiver support. This contributed to reduced distress and improved psychosocial outcomes. These studies support the current finding that case management extends beyond clinical interventions. This is by addressing the emotional, social, and practical challenges experienced by dementia households. The results also reflect the principles of Kitwood's (1997) person-centered care theory, which emphasizes individualized support and meaningful relationships in dementia care. Looking closely, Cobb's (1976) social support theory explains how coordinated support systems provide emotional, informational, and instrumental assistance that strengthens coping among patients and caregivers.

That being said, the findings differ from some previous studies that have reported stronger effectiveness of case management interventions. For example, structured dementia care programs in high-resource settings have demonstrated substantial improvements in caregiver burden, patient functioning, and continuity of care. The relatively lower perceptions of effectiveness observed in this study may be explained by contextual differences within Meru County, including limited specialized geriatric services, inadequate follow-up mechanisms, and fragmented community support structures. This observation is consistent with Ayisi-Boateng et al. (2022), who highlighted that dementia care in many African settings is constrained by shortages of trained professionals. Within the African context, the findings align with Guerchet et al. (2017) and Dotchin et al. (2013), who emphasized that dementia care remains largely dependent on families due to limited access to formal healthcare services. The present study extends existing evidence by demonstrating that while case management has significant potential to improve psychosocial wellbeing, its effectiveness depends on availability. That being said, strengthening community-based case management systems and caregiver education, including referral networks, may enhance dementia care outcomes in rural Kenya.

Theoretical and Practical Implications

The findings of this study provide empirical support for the application of Person-Centered Care Theory by Kitwood (1997) and Social Support Theory by Cobb (1976) in understanding dementia care outcomes. The significant relationship between case management services and psychosocial wellbeing demonstrates that coordinated, individualized, and supportive care approaches contribute to addressing the emotional and functional needs of persons living with dementia and their families. The findings reinforce Kitwood's (1997) argument that dementia care should preserve dignity and meaningful relationships. While also supporting Cobb's view that emotional, informational, and instrumental support networks enhance coping and wellbeing among individuals facing stressful health conditions.



From a practical perspective, the result indicates the need for healthcare managers, county health authorities, and community-based organizations in Meru County to strengthen dementia-specific case management systems. This includes improving individualized care planning, establishing regular follow-up mechanisms, and strengthening referral pathways. Healthcare providers should adopt coordinated approaches that integrate patients and community resources to ensure continuity of care. The observation also suggests the importance of investing in community-based dementia support structures. This can also be particularly true in rural settings where families provide most long-term care. Strengthening these services may reduce caregiver burden, improve patient well-being, and enhance the delivery of person-centered dementia care.

FUTURE RESEARCH

Future research should consider longitudinal designs to examine how sustained case management interventions influence psychosocial wellbeing over time. Comparative studies across different counties or healthcare settings could also provide broader evidence on variations in dementia care delivery and experiences. Further research may explore the perspectives of community health workers and other stakeholders involved in dementia support. Looking closely at intervention-based studies could assess the effectiveness of specific case management components. These can be things such as caregiver education, follow-up systems, and referral networks in improving outcomes for dementia patients and their families. Such studies would strengthen evidence for developing context-specific dementia care models in Kenya.

CONCLUSION

This study examined the influence of case management services on the psychosocial wellbeing of dementia patients and their families in Meru County, Kenya. The results demonstrated that case management services had a positive and statistically significant relationship with psychosocial well-being. This was seen among persons living with dementia and their caregivers. Effective care coordination and individualized planning improved emotional wellbeing, social engagement, caregiver support, and dementia adaptation. The findings provide empirical evidence that case management services represent an important component of comprehensive dementia care within community settings.

The findings further support the principles of Kitwood's (1997) Person-Centered Care Theory and Cobb's (1976) Social Support Theory, which emphasize the importance of maintaining dignity and supportive relationships. It also emphasizes communication and access to meaningful care networks for individuals experiencing health challenges. The study also identified implementation gaps, including limited availability of structured follow-up. This was followed by inconsistent individualized care plans and inadequate coordination of dementia-related services. These challenges ultimately reduced significantly the ability of families and healthcare providers to provide continuous psychosocial support. From a practical perspective, the findings suggest strengthening community-based case management systems. It also includes improving referral pathways, enhancing caregiver education, and increasing professional follow-up, which may improve dementia care outcomes. Overall, this study backs framework-specific evidence on dementia case management in rural Kenya. It also highlights the need for integrated support approaches that address both patient and caregiver psychosocial needs.

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