

# Chapter 18

## Mental Health Management in New Zealand: The Pathways Model for Client-Based Treatment

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### ABSTRACT

*This chapter outlines the approach to mental health care developed and currently being implemented by Pathways New Zealand for reducing disease risk factors in patients treated for mental health problems. Pathways New Zealand was formed in 1989 following the closure of the major mental service facility for the Waikato-Hauraki Region of New Zealand, Tokonui Hospital. Since that time Pathways has grown to a national level service offering services to its clients ranging from 24-hour supported accommodation, through healthy lifestyles programs, to outcomes based services including patient access to and involvement in the management of their medical and personal history data (ICAN). Gavin Cooper, Pathways Housing Management Coordinator for the Waikato-Hauraki Region, in conjunction with the Waikato Institute of Technology (WINTEC) has developed a holistic system for the treatment of environmentally induced mental illness that includes chemical treatment, exercise programs, self-help training and community support. The results of a two year program of research into the impact of this program are reported on in this chapter, and its suitability for wider adoption discussed. These comments are partly based on research statistics provided by the Centre for Sports Exercise Science (WINTEC) and Mike Dove, Team Leader Residential, Pathways.*

### INTRODUCTION: PATHWAYS NEW ZEALAND

*‘Creating mental health and wellness opportunities  
that enable individuals to live their dreams’*

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Pathways New Zealand was established in 1989 at a time when support for the traditional mental health support system in New Zealand, which involved long periods of incarceration and the use of drug therapy as the preferred method of treatment for people diagnosed with a range of mental disorders was declining. The mental health system was domi-

nated by a few large institutions like the former Tokonui Hospital (New Zealand Government mental health system institution for the Waikato Region from 1912 to 1997), and/or large group houses. Pathways New Zealand is registered as a Charitable Trust under the New Zealand *Charitable Trusts Act 1957*, and is effectively a Non-Government Organization (NGO) operating side-by-side with Government, local government and other welfare agencies. Its primary purpose is to provide high quality accommodation, in the community, and a range of support services that are based in everyday living environments. The fundamental concept being that mental health patients needed to be able to reintegrate in the community to achieve full normalcy.

This recovery model has continued to evolve and Pathways has been able to extend its range from the Waikato Region (based on the City of Hamilton, 2 hours south of Auckland) to the rest of the Country. The model itself relies on introducing clients to good independent housing, instilling a shared belief in recovery, and community-based recovery rather than the incarceration or ghetto-style isolation that characterised the former system of mental health care. One of the challenges was to ensure that client support services moved beyond 24 hour supported accommodation alone to a wider and more diverse range of services, while it was imperative to prove to the client and to the wider community that people do recover from mental illness in order to reduce the stereotypes surrounding this form of illness. Services rapidly became focussed on supporting clients to live well in their own homes; a by product is of course that fewer and fewer support staff are needed for other forms of accommodation, so Pathway's resources can be devoted to other services as outlined below.

As a result Pathways services have an explicit outcomes orientation, assisting clients to live for themselves, and with their families. When this is combined with increasing use of internet and other ICT-based tools, a true independence for the client may be reached. In this, Pathways'

origins as a group made up of community-based organisations and individuals concerned about homelessness and lack of support for clients of the mental health system following the closure of Tokonui Hospital in the Waikato has played a big role. The intention of the government at the time to provide little continuing support to take the hospital's place meant that its clients were essentially to be dumped into the wider society without support, or families where they existed were to take over the support role without assistance. No safe houses were to be provided, simply a half-way house solution – the *Henry Burnett Centre* in Hamilton – where medication could be introduced, patients stabilised, and *then released* into society. While this service could in fact take up to one year, it was not the continuing support that the client and the community needed.

The advent of Pathways brought long-term services, valued partnerships with client's families (a very important focus in the rehabilitation of clients), and new innovations in treatment and support as its hallmark from the beginning, but the flexibility derived from being a loose organisation of like-minded people and groups has been the major impetus to success in a community-based framework of support for people with mental health problems. Best practice services mean coping with rapid change and not having a 'one size fits all' approach to the services offered, flexibility is thus the key to survival and growth of the organisation as well as to improving the welfare of the client. Pathways is in effect a client of the Henry Burnett Centre, in that patients are released to its care and support instead of directly to families or to their own devices. As a provider of long-term residential and other lifestyle choice services, Pathways was thus a key ingredient in the new-style mental health care system introduced after 1999.

That this model works and is preferred in health care service delivery is also borne out by the creation of the post-2002 medical system in New Zealand based on Primary Health Organizations

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