Strengths Based Case Management in New Zealand

We introduce Paul Liddy to the Office of Mental Health Research and Training. Paul comes to us from Timaru, New Zealand where he has been involved in training and implementation of the Strengths Based Case Management model for nine years. His teaching and promotion of the strengths model of case management for people experiencing mental illness has made a significant impact.

Paul will be a primary trainer of the Basic Case Management Training that the University of Kansas conducts. In addition, he will be consulting and training new mental health center sites who want to increase their fidelity to the Strengths Based Case Management. In the next few months, you may see him attending some of the Strengths Based Case Management fidelity reviews that we are conducting.

Below, we allow Paul to summarize his experience in implementation and training of Strengths Based Case Management. Given our experience of having people successfully implement Strengths Based Case Management in Japan, Sweden, Australia, England and New Zealand, we can truly call it a model that seems to know few cultural or geographic boundaries.

**Paul’s Previous Journey, by Paul Liddy**

During the last decade of conducting Strengths Based Case Management trainings, I have encountered many fine people who have both the intellectual agility and the wisdom to move their attention away from deficits and to focus on the strengths of people and their communities. This shift in focus brings major gains for individuals and their families, gains for staff supporting recovery and gains for institutions that provide such services.

The New Zealand experience supports the notion that mental health care delivery can be substantially altered to provide a clear, person-centered, recovery focused approach that has superior outcomes for all those involved. For the past six years I have been coordinator for Strengths implementation in the South Canterbury region in the South Island, NZ. The model was introduced across all mental health provider services in the region, from hospital to
community. This involved a consultation process with all stakeholders and an invitation to attend introductory fact-giving meetings to discuss potential difficulties in making the change. An agreement was reached to trial the model across services with the hospital based services providing the training at no cost to other community agencies, consumers or families. At the completion of a successful twelve month trial the funder of regional services, South Canterbury District Health Board, mandated that all providers must employ a Strengths Model of case management.

What they have seen is a marked improvement in outcomes for people accessing services and in particular a major drop off in the use of acute inpatient services for people with enduring mental illness. For example, a group of people who had been accessing services for five years or more (mostly with a primary diagnosis of schizophrenia) accounted for 53% of the acute admission events and 66% of the bed stay days in 2000 before the Strengths model was introduced. After four years of Strengths the percentage of admissions by 2005 had reduced to 19% and the bed stay days to 14%.

Such gains are reflected in satisfaction surveys of people who access services, their families and staff who provide inpatient care and community case management. There have also been gains in employment and education involvement. In general, the outcomes for people shows marked gains in community involvement and tenure. As a vehicle for recovery the Strengths Model is proving to be an effective and reliable means to help people evolve a life they can feel good about and call their own.

**Correction to Report!!!:**

In last months addition of EBP Times, supported employment programs receiving exemplary status were reported. Johnson County Mental Health Center was inadvertently excluded from the list of programs. We are sorry for the error and congratulate Johnson County's Supported Employment team for receiving exemplary status! David Hanson is the SE coordinator at Johnson County Mental Health Center.

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