

23 December 2021

C138662

S 9(2)(a)

Tēnā koe S 9(2)(a)

Thank you for your email of 13 July 2021, requesting information about prison psychologists and counsellors, appointments for psychological help and self-harm incidents. Your request has been considered under the Official Information Act 1982 (OIA).

Corrections acknowledges that each and every death by suicide is tragic and has an immeasurable effect on the individual's whānau, friends, as well as an indelible impact on our staff.

Corrections is committed to preventing unnatural deaths and incidents of self-harm in prisons. The causes of suicide are multifactorial and complex and people in prison are a known high-risk group. Further, national and international experts agree that due to the complex and multifactorial nature of the contributors to suicidal behaviour, risk assessment tools remain limited in their utility to assist in predicting who is most at risk. However, as we have become more aware of the level of significant mental health issues for people in prison, our role has expanded to strengthen our response to support the needs of this group. We make every effort to ensure people's mental wellbeing and physical safety during their time in custody. This can be extremely challenging for our frontline staff who work very hard to support people with complex needs. Please refer to page 65 of our 2020/21 Annual Report for more information about our work to reduce suicide and self-harm in prisons, which is available on our website [here](#).

Our research shows people in prison have higher rates of complex personality traits, and mental health and substance use disorders than the general population. It is estimated that 62 percent of those in prison have met the diagnostic criteria for either a mental health or substance abuse disorder within the last 12 months, and 91 percent will meet these diagnostic criteria at some time over the course of their lives. Our research also suggests that these psychological disorders can go undetected and untreated prior to prison.

In 2020 Corrections restructured its Health Services to align it with Corrections strategy, Hōkai Rangi. The new structure supports more agile ways of working and a

stronger collaboration between national office, regional mental health and health leadership, and health centres. Other changes include establishing specialist heads of profession, with a strong focus on delivering a model of care that best meets the needs of Māori as an overrepresented group in our prisons.

As an example, a Chief Māori Health Officer role was established to lead on the prioritisation of health equity of outcomes and pae ora (healthy futures) for Maori. A Director Mental Health and Addictions position was also created to be the operational and strategic lead in this specialist area with a particular focus on strengthening and expanding mental health and addiction services. We are doing more than ever in the area of mental health and are being proactive in ensuring people in prison have access to the specialist mental health support they need and that our staff have the appropriate tools and resources to keep people safe.

When a person enters prison, one of our immediate priorities is to meet their mental and physical health needs. They undergo an induction process, where health staff assess their health needs, including any mental health needs, whether they may be at risk of self-harm or suicide and whether they require a referral to a medical officer (GP). People may be referred to a range of mental health services depending on their level of need.

Mild to moderate mental health needs

Corrections has a contracted for the Improving Mental Health Service, delivering a primary care mental health service at each prison, and in some community locations. These services provide time limited focussed interventions for people with mild-to-moderate mental distress. Alongside this, wrap-around whānau services in four regions connect whānau of people who are accessing primary mental health services with community services to improve their social, health, and education outcomes. To support people's mild to moderate needs, we also directly employ social workers and trauma counsellors across the three women's prisons to provide therapeutic interventions and support.

Moderate to severe mental distress

In Budget 2017, Corrections received funding to improve intervention and support for people in prison at risk of self-harm and suicide. The Intervention and Support Project introduced multi-disciplinary teams of psychologists, occupational therapists, clinical nurse specialists, clinical social workers, and cultural support workers to provide assessments, develop individualised treatment plans, and provide therapeutic interventions and support that are flexible to an individual's changing needs. The intention of these teams is to provide better and more enduring outcomes for psychological, emotional, and physical well-being.

The Intervention and Support Practice Teams (ISPT) were initially established at Christchurch Men's Prison, Auckland Prison and Auckland Region Women's Corrections Facility. At these sites, therapeutical interventions, cultural support, as well as staff education is provided to build awareness and knowledge of mental health and addictions-related issues. The clear and concerted focus on staff training

reflects the need to support the wellbeing and upskilling of staff working to support some of the most mentally distressed and complex people in prison.

Additional funding allocated through Budget 2019 has allowed us to continue improving services to meet the needs of people with moderate to severe mental distress. We have established three additional mental health teams (ISP) in 2021 and these teams are now operating, and with some clinicians still being recruited (at Rimutaka, Mount Eden, and Springhill). We have also created Clinical Nurse Specialists (Mental Health) positions at nine other prisons, which have not previously had this level of specialist mental health support. The CNS roles focus on screening, and brief interventions for moderate to severe mental distress.

Serious and enduring mental health needs

People experiencing the highest levels of mental distress are referred to DHB forensic mental health service, which can be delivered either in prisons or in secure DHB inpatient facilities.

Offence-focused psychological needs

In addition to mental health services, Corrections also employs psychologists to deliver offence-focused assessment and treatment. These psychologists make up the majority of our psychologist workforce. Offence-focused interventions have traditionally focused on motivation to change, cognitive behavioural interventions and general skills such as problem solving, communication, and self-regulation. Psychologists employed to address offence related needs support people at high risk of serious re-offending through group and one-on-one treatment. The focus of their work is related to assessing and addressing risk of recidivism and does not typically focus on mental health. However, should mental health concerns arise during either the assessment or intervention stage, these concerns will be managed appropriately (including referral on to specialist mental health services if necessary) by the relevant psychologist.

The wellbeing of the men and woman we manage is a key focus for all of our mental health clinicians, including psychologists, whether they work in mental health teams or in offence-focused services.

Corrections has numbered your questions to assist with our response to you. You requested:

1. *The total number of prison psychologists and counsellors employed to service prisoners in New Zealand, broken down into each year, from June 30th 2016 to 30th June 2021.*

Of psychologists employed by Corrections nine are in the ISPTs, with the remainder employed as offence-focused psychologists. Corrections' statistics do not differentiate between offence-focused psychologists employed nationally by Corrections Services who work at prison and in community settings.

The number of psychologists and counsellors employed by Corrections fluctuates throughout the year, due to staff turnover. The number of each employed nationally by Corrections from 2016 to 2021, as at 30 June of each year is as follows. Note the information provided is by headcount, as you have asked for the number of each.

Psychologists	
Year	Headcount
30 June 2016	146
30 June 2017	172
30 June 2018	194
30 June 2019	191
30 June 2020	194
30 June 2021	202

Counsellors	
Year	Headcount
30 June 2016	0
30 June 2017	4
30 June 2018	6
30 June 2019	4
30 June 2020	3
30 June 2021	5

2. *The total number of requests for psychological help from prisoners in New Zealand broken down into each year, from June 30th 2016 to 30th June 2021.*
3. *The total number of appointments made in response to requests for psychological help, broken down into each year, from June 30th 2016 to 30th June 2021.*

Corrections does hold information relating to mental health referrals, such as through the Improving Mental Health Services. Information about this service can be found in Corrections' [Annual Reports](#), specifically page 64 of the Annual Report for 2020/21. While this information is generally related to your request, it differs to requests for 'psychological help' from people in prison and the total number of appointments relating to these requests – which we have interpreted as requests from people in prison for mental health assistance from psychologists. Records for the information you have requested are not centrally held in a way that can be extracted to respond to your request. Providing this information would instead require initiation of a project to extract, analyse and present the data in the form requested.

Accordingly, your request for this information is refused under section 18(g) of the OIA, as the information is not held by Corrections, nor is it believed to be held by any other organisation or more closely connected to the functions of any other organisation.

4. *The average wait time for an appointment with a prison psychologist and/or counsellor, broken down into each year, from June 30th 2016 to 30th June 2021.*

Corrections does not record information relating to the wait times in a format which is readily accessible. We are midway through a project that will enable us to provide this information in the near future from our patient management system. Presently though we cannot easily or readily extract that data due to the way it is held.

Given this current situation, we are unable to provide a response for average wait time for all appointments. We do expect to have this data available in the first quarter of next year (2022).

Therefore, this part of your request is refused under section 18(g) of the OIA, as the information requested is not held by Corrections, and we have no grounds for believing that it is held by another agency or more closely connected with the functions of another agency.

5. *The total number of self-harm incidents that have been recorded in New Zealand prisons, broken down into each year, from June 30th 2016 to 30th June 2021.*
6. *The total number of attempted suicides recorded in New Zealand prisons, broken down into each year, from June 30th 2016 to 30th June 2021.*

The information sought for questions 5 and 6 of your request is attached as Appendix One. This includes the number of self-harm events, as a total across all prisons in New Zealand, for each financial year from 2016/17 to 2020/21. Further contextual information relating to the data is included in the Appendix.

We note that your request was framed around professional mental health services and support for people in our care. Should you wish to make further requests to Corrections for information on this topic, Corrections would welcome such requests.

Please note that this response may be published on Corrections' website. Typically, responses are published quarterly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

I trust the information provided is of assistance. Should you have any concerns with this response, I would encourage you to raise them with Corrections. Alternatively, you are advised of your right to also raise any concerns with the Office of the Ombudsman. Contact details are: Office of the Ombudsman, PO Box 10152, Wellington 6143.

Ngā mihi



Juanita Ryan
Deputy Chief Executive, Health

Appendix One – C138662

Self-Harm incidents in prisons, 2016/17 to 2020/21

Number of self-harm incidents, by category		
Financial year	Self-harm - threat to life	Self-harm - no threat to life
2016/17	16	336
2017/18	30	462
2018/19	54	599
2019/20	83	553
2020/21	59	600

Notes for table:

- Self-harm threat to life is defined as an intentional act of harm to oneself which would most probably have led to death if there was no immediate intervention (includes all attempted suicides).
- Self-harm no threat to life is defined as an intentional act of harm to oneself which would most probably not have led to death if no immediate intervention.
- The count of self-harm threat to life and self-harm no threat to life is based on a count of incident events. As such some people will be multiple times if they were involved in more than once incident.