

31 January 2022

C144719

S 9(2)(a)

Tēnā koe S 9(2)(a)

Thank you for your email of 30 November 2021 to the Department of Corrections – Ara Poutama Aotearoa, requesting the following information:

I wanted some information please on the types if any of programme run inside correctional facilities around trauma based therapy.

S 9(2)(a)

I am aware that if an inmate has a counselling session as part of rehabilitation, this topic of trauma may form part of that healing. And, I know that other prisons around the world do offer these trauma-healing type therapies or PTSD and I wanted to know what is currently being offered in any (male or female) NZ correction facilities please in group therapy settings.

Your request has been considered under the Official Information Act 1982 (OIA).

Our research shows people in prison have higher rates of personality disorder, 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 tend to go undetected and/or 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 nursing leadership, and prison based nursing and mental health teams. Other changes include establishing specialist heads of profession, with a strong focus on delivering outcomes that meet the needs of Māori as an overrepresented group in our prisons. As an example, a Chief Māori Health Officer role was established to strengthen our approach to addressing health inequity issues for Māori. A Director Mental Health and Addictions position has also been created and appointed to, to strengthen and expand 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 from harm.

When a person enters prison, our immediate priority 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 prison doctor. 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 Improving Mental Health Service delivering a primary care mental health service at each prison. These services provide brief 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, mental health nurses, social workers and cultural support workers to provide earlier assessments, develop individualised plans and provide therapeutic interventions and support that is flexible to an individual's changing needs. The intention of these teams is to provide better and more enduring outcomes for psychological and physical well-being.

The Intervention and Support Practice Teams (ISPTs) were initially established at Christchurch Men's Prison, Auckland Prison and Auckland Region Women's Corrections Facility. The ISPT project team developed a prison-wide model of care for individuals vulnerable to self-harm and suicide. At these initial three sites, clinical supervision has been set up for health and custodial staff, and ongoing educations are provided to staff to build awareness and knowledge of mental health and addictions-related behaviours and signs of distress. The clear and concerted focus on staff training reflects the need to support the wellbeing and upskilling of staff dealing with some of the most vulnerable 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 new ISPT services in 2021, at Rimutaka Prison, Mount Eden Corrections Facility and Spring Hill Corrections Facility, and Clinical Nurse Specialists (Mental Health)

positions have been created at nine other prison sites that have not previously had this level of specialist mental health support.

We have also expanded supervision and training to custodial staff working in all of our Intervention and Support Units (i.e. not just the six sites that now have mental health teams). Additionally, we have started to deliver training on suicide prevention and understanding and effectively engaging/working with people with complex behaviours and personality traits.

As at January 2022, ISPT staff included 49 full-time equivalent (FTE) Mental Health Practitioners – including 10 FTE psychologists and seven FTE Māori Health Practitioners.

The nine new mental health-focused clinical nurse specialist roles (established in 2021) at sites that do not have ISPTs triage people to appropriate services, provide clinical expertise, and support training on site. They refer people experiencing mild-to-moderate distress to the Improving Mental Health Service, carry a caseload of people with moderate-to-severe mental distress at their site, and refer people experiencing serious and enduring mental distress to forensic DHB-based services.

Serious and enduring mental health needs

People experiencing the highest levels of mental distress can be referred to District Health Board (DHB) forensic mental health services, which are delivered either in prisons or in secure DHB inpatient facilities.

Offence-focused psychological needs

In addition to mental health services, Corrections also employs 197 FTE 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 by the relevant psychologist. The wellbeing of the men and women Corrections manages is a key focus for all of our psychologists irrespective of whether they are working in an ISPT or in offence-focused services.

Corrections' psychologists offer evidence-based individual and group therapy to people who have been assessed as high risk for violent or sexual reoffending. Internal programme facilitators also deliver group rehabilitative programmes to those who have been assessed as medium risk of reoffending (excluding sexual offending). The aim is to reduce reoffending by:

- Providing intensive treatment that targets risk factors associated with reoffending
- Assisting people to understand how they came to offend

- Supporting them to develop individual safety plans
- Providing them with lifelong skills that will assist them to manage their risk factors when they return to the community.

Therapy incorporates multiple treatment modalities and theories, such as cognitive behavioural therapy, dialectical behaviour therapy, schema therapy, acceptance and commitment therapy, cognitive self-change, mindfulness, the good lives model, social learning therapy and relapse prevention principals.

Māori concepts have been added to existing psychological and rehabilitation approaches and interventions to recognise the importance of a bi-cultural approach due to the high proportion of Māori utilising these programmes. The Psychology, Programmes and Kaupapa Māori Practice teams are currently designing a bi-cultural practice framework to guide those providing rehabilitation towards ensuring they are Māori culturally competent, safe, and responsive under the aspirations and intent of Hōkai Rangī.

Although Corrections does not offer a specific trauma based therapy or programme per se, at the outset of all therapy programmes, people are encouraged to explore their personal history/experiences (which often include traumatic events) their own interpretation of those experiences and how these interpretations continue to impact their decision making and way of navigating the world around them. The group process allows for the sharing of experiences in a safe environment, normalisation of thoughts and feelings related to those experiences, feedback about unhelpful thoughts and feelings, social behaviour and coping styles that put them at risk of reoffending, social learning (including skills related to emotional and self-regulation) and the instillation of hope. As such, relational components and other impacts of trauma are addressed in group treatment.

Individual sessions are available for people who require additional support outside of the group and staff may also encourage people to access ACC counselling, if they are willing to do so. In these cases, treatment would be tailored to the individual's particular needs and may include a trauma based approach.

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. I encourage you to raise any concerns about this response 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

A handwritten signature in blue ink, appearing to be 'JR' or similar initials, written in a cursive style.

Juanita Ryan
Deputy Chief Executive, Health