

03 May 2024

C178805



Tēnā koe 

Thank you for your email of 30 January to Te Whatu Ora – Health New Zealand requesting information about mental health clinic and screening tools for people in prison and statistics related to these people’s mental health needs. As advised on 28 February 2024 your request was partially transferred to the Department of Corrections. On 2 March 2024, Corrections asked you to clarify your request. On 3 March 2024, you clarified your request as follows:

- 1. What process prisoners go through to get their mental health assessed once in prison? Could we have access to the procedures that need to be followed by the clinical nurse that performs the initial assessments?*
- 2. In the past year, what number (% and amount) of the prison muster was eligible for psychological intervention after the initial health assessment?*
- 3. What number (% and amount) of the current prison muster has been assessed as eligible for psychological intervention? How many of those are on the service waiting list for assessment/treatment? How long is the waiting list? Is there a backlog?*
- 4. How many prisoners (% and amount) have been referred to mental health assessments/treatment in the past year? How many of those are still waiting to be assessed and treated?*
- 5. I'm also seeking data on the current number of prisoners with acute mental health issues placed on ISUs and waiting for psychological intervention and a hospital bed.*

In accordance with section 15(1AA) of the OIA, this clarification of your request is considered to be a new request for the purposes of calculating the maximum statutory timeframe for response.

On 7 March 2024, you refined your request to Te Whatu Ora – Health New Zealand as follows:

6. *I understand that in 2014 the NZ Prisons Screening Tool was implemented, to identify the high numbers of prisoners who suffer from mental illness in NZ Prisons. Is this still in use? If not, how are those with mental illnesses identified in Prison?*
7. *If a screening tool is used to triage prisoners before they come into prison, how is this used? Is it used across all forensic services?*
8. *If a screening tool is not used, how does Te Whatu Ora currently identify the high number of prisoners with mental health disorders?*
9. *Nation-wide, what percentage of the prison population are referred to forensic psychiatric services? What is the number and percentage in each region?*
10. *How many people waiting to be admitted to a forensic psychiatric unit are in the ISU? In the past year how many were in the ISU? (Please break down per correction's facility)*
11. *What is the average length of stay in the ISU for people waiting to be transferred to a mental health inpatient bed?*
12. *How many new patients were assessed and treated in each area for the past 2 years. Is this different to the number assessed 5 years ago?*
13. *In the Canterbury region, how many patients are seen per week in prison. Is there a total number for the past year? Is this different to the number seen 5 years ago?*

As advised on 7 March 2023, questions six through to thirteen were subsequently transferred to the Department of Corrections. Your requests have been considered under the Official Information Act 1982 (OIA).

We recognise the demand for mental health services across New Zealand and are fully committed to improving the mental health of people in prison, and thereby helping them better engage in the education, rehabilitation, and employment programmes we know will help them to live crime free on release.

While our prison-based services were not historically designed to support people with serious mental illness, 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. We have a range of work underway to improve the mental health support for people we manage. This includes doing more to upskill our frontline staff in identifying and managing people's needs and ensuring they have the appropriate tools and resources to keep people safe from harm.

The mental health services provided in prisons do not replace the services provided by Te Whatu Ora – Health New Zealand’s Forensic Mental Health Services, however, while someone is in custody, we make every effort to support and improve their mental wellbeing, ensure their physical safety, and to treat them with dignity and respect. We are often required to manage some of New Zealand’s most unwell people in a custodial environment, including, at times, people waiting for a bed in a dedicated forensic mental health facility outside prison. This can be extremely challenging for our frontline staff who do an incredible job working with often volatile and vulnerable people.

For ease of response, some of your questions have been re-ordered.

- 1. What process prisoners go through to get their mental health assessed once in prison? Could we have access to the procedures that need to be followed by the clinical nurse that performs the initial assessments?*

Corrections employs a range of health professionals who have contact with people in prison throughout their sentence. At any time these health professionals may assess a person’s mental health needs if behaviours or stated concerns warrant it. For example, when a person enters prison, if they are assessed for an offence-related programme, or if they are referred by prison staff for additional support.

When a person enters prison, Corrections’ immediate priority is to ensure that their mental and physical health needs are met. Custodial staff complete a [M.05.01 Reception Risk Assessment](#) and advise health staff of the outcome. The outcome of this Risk Assessment will be recorded in the patient’s electronic health record.

In addition, a registered nurse will also complete a Reception Health Screen for each person. The Reception Health Screen aims to identify and prioritise a person’s immediate physical and mental health needs. The registered nurse will undertake a self-harm screen as part of the Reception Health Screen and document the result in the patient’s electronic health record. Information from the Reception Health Screen is also used to determine the timing of a more in-depth Initial Health Assessment (or an Updated Health Assessment if the person has returned to prison within 12 months of release).

The Initial Health Assessment and Updated Health Assessment include the use of the Mental Health Screening Tool (MHST). The MHST was designed to identify people who require a referral to Forensic Mental Health Services for further screening or assessment but is also used to determine whether a referral to another on-site mental health service (such as the Intervention and Support Practice Team or the Improving Mental Health Service) is appropriate.

All people in prison receive a MHST assessment as part of their Reception Health Screen (RHS) Initial Health Assessment (IHA), Updated Health Assessment (UHA), Two yearly Health Assessment and/or their Annual Health Assessment (for patients aged 65 years and older), unless they have had a mental health screen within the last 12 months.

All patients who have a positive response to one or more items in section one or two or more items in section two of the MHST are referred to Forensic Mental Health Services for triage and further assessment.

If a patient is identified as having immediate, high health needs an urgent referral must be sent on the day the patient is received in prison (within 8 hours). If a patient is identified as having semi urgent, medium health needs, then their referral must be sent within 24 hours. All routine or low health need referrals to Forensic Mental Health Service must be completed within 72 hours of a positive screen. People identified with acute mental health issues are seen as soon as is practically possible to ensure that they are safe and that their immediate needs are met. This support will either be provided by Te Whatu Ora – Health New Zealand staff or staff from one of Corrections’ Intervention and Support Practice Teams.

The registered nurse on site is responsible for referring any patient they consider requires further assessment, regardless of the outcome of the mental health screen, to Forensic Mental Health Services.

The Health Centre Manager and medical officer are responsible for deciding on the most appropriate alternative referral pathway for any patient when there is a delay in accessing Forensic Mental Health Services, and/or assessment of the referral by Forensic Health Services determines the patient does not meet the threshold for access to the service.

2. *In the past year, what number (% and amount) of the prison muster was eligible for psychological intervention after the initial health assessment?*

In terms of psychological intervention, Corrections has two main pathways for people in prison: offence related intervention and mental health related intervention¹. Depending on the presentation and history of a person, both pathways will include either a brief or thorough assessment of mental health related needs, for example intellectual impairment, significant family or personal trauma, past suicide attempts, history of victimisation by peers, suicide ideation and suicide attempts, eating disorder and psychotropic medication (this is not an exhaustive list, but provided for indicative purposes).

Offence related interventions (group, individual treatment or combination run by psychologists and programme facilitators) largely target the dynamic risk related needs associated with the risk of reoffending, as per the Risk Needs Responsivity (RNR) model (Andrews & Bonta, 1990). For example, intervention for men who have sexually offended against children, or for women with violent offences. The eligibility criteria for these pathways are initially based on static re-offending risk algorithms and psychological triage by our various Special Treatment Units (STUs) clinicians, which is separate from the initial health assessment described in question/answer one. Historically within Corrections these two distinct pathways have been somewhat separate, however with our recent structure

¹ Note people in prison also have access to Accident Compensation Corporation (ACC) interventions related to Sensitive Claims- i.e. the integrated service for sensitive claims (ISSC) contract provides therapy to clients that have experienced sexual violence. These psychological services are externally delivered and managed by ACC, however people in prison can be supported by their prison case managers in a referral.

changes through Te Ara Whakamua the two psychological intervention pathways now fall under the same directorate, Pae Ora, in an attempt to provide a more seamless service to those in our care. The number of the prison muster (% and amount) for the offence related pathway is not provided, as the theme of the questions appear related to the mental health pathway needs of people in prison.

In terms of the mental health pathways in prison, as noted above, the MHST is used as part of the Initial Health Assessment and Updated Health Assessment to determine whether a person requires a referral to a mental health service for further screening or assessment. A positive screen indicates that a referral to mental health services may be required.

Between 4 March 2023 and 4 March 2024, there were 4,119 people who screened positive on the MHST. Because the prison population fluctuates daily, we are unable to provide this number as a percentage.

The MHST can help to determine whether a person requires a referral to a mental health service for a secondary screen or assessment. It does not specifically determine whether someone is eligible or suitable for psychological intervention. Please note we have interpreted 'psychological intervention' as any mental health-focused intervention delivered by any mental health professional.

To determine how many people were identified as eligible for psychological intervention following screening would require us to review a large number of individual files from the last year. This part of your request is therefore refused under section 18(f) of the OIA, as the information requested cannot be made available without substantial collation or research.

3. *What number (% and amount) of the current prison muster has been assessed as eligible for psychological intervention? How many of those are on the service waiting list for assessment/treatment? How long is the waiting list? Is there a backlog?*

As noted above, we interpret this question in the context of mental health difficulties, and as such we will report on the waitlists regarding mental health services as opposed to offence-related intervention.

Waitlist numbers for mental health services fluctuate daily and vary by prison site. People who are assessed as having mental health needs requiring immediate support are prioritised, and those considered to be at risk of suicide or self-harm are supported in an Intervention and Support Unit.

As of 8 March 2024, there were 289 people in prison who were on the waitlist for mental health services provided or contracted by the Department of Corrections. As of 8 March 2024, the prison population was 9,316.

People can be referred for mental health support at any time while they are in prison. This includes people who are identified by custodial and health staff as requiring mental health support at the time when they first enter prison, as well those who are identified as requiring mental health support at any other time while they are in prison. This number does not include people who may be on the waitlist for assessment or treatment by Te Whatu Ora – Health New Zealand's Forensic Mental Health Services or ACC. We note that this figure is also provided in the context of workforce shortages across the broader health and custodial workforces which may impact access to services.

4. *How many prisoners (% and amount) have been referred to mental health assessments/treatment in the past year? How many of those are still waiting to be assessed and treated?*

Information about mental health service delivery for the 2022/2023 financial year is available on pages 56-57 of Corrections' most recent Annual Report, which can be accessed [here](#). As you will see from this report, 3,881 referrals were received by the Improved Mental Health Services in the 2022/23 financial year. Intervention and Support Practice Teams and Clinical Nurse Specialists also provided mental health input for 5,956 people (this includes triaging referrals, providing mental health advice, screening, assessments, and interventions) during this same period.

As of 8 March 2024, there were 289 people in prison who were on the waitlist for either the Intervention and Support Practice Team or the Improving Mental Health Service. The prison population on 8 March 2024 was 9,316.

5. *I'm also seeking data on the current number of prisoners with acute mental health issues placed on ISUs and waiting for psychological intervention and a hospital bed.*

In order to provide information about the current number of people in prison with acute mental health issues placed in Intervention and Support Units (ISUs) and waiting for psychological intervention, we would have to review the individual files of every person currently in the ISU. This would be considered substantial collation and is unable to be provided within the specified timeframe. Therefore, this part of your request is declined in accordance with section 18(f) of the OIA.

6. *I understand that in 2014 the NZ Prisons Screening Tool was implemented, to identify the high numbers of prisoners who suffer from mental illness in NZ Prisons. Is this still in use? If not, how are those with mental illnesses identified in Prison?*

Corrections continues to use the Mental Health Screening Tool which was implemented in 2012 and is currently part of the Initial Health Assessment. As previously advised in response to question one, when a person enters prison, they undergo an induction process by custodial and health services. This includes a reception health assessment undertaken by health staff, which assesses each person's physical and mental health needs, including whether they may be at risk of self-harm or suicide. It also includes whether they require a referral to a prison doctor or other services to address immediate general and/or mental and addictions health care needs.

7. *If a screening tool is used to triage prisoners before they come into prison, how is this used? Is it used across all forensic services?*

Corrections manages people who are in prison, either on remand or sentenced. People who are on bail facing charges are managed by Police therefore corrections cannot triage or conduct a Mental Health Assessment on people who are subject to Police Administered Bail. The MHST is used when someone is already in prison and not prior. Mental Health Assessments can be conducted by the Courts, with assessments undertaken by Court Liaison Nurses. Information about the Courts' mental health assessments can be found here: [Apply for a mental health assessment | New Zealand Ministry of Justice](#) and [Mental health treatment | New Zealand Ministry of Justice](#) and [Compulsory Treatment Orders | New Zealand Ministry of Justice](#).

8. *If a screening tool is not used, how does Te Whatu Ora currently identify the high number of prisoners with mental health disorders?*

As previously advised, the MHST is used when someone is already in prison and not prior. As such, the information requested is not held by Corrections, and there are no grounds for believing that it is held by another agency or connected more closely with the functions of another agency. Therefore, this part of your request has been refused in accordance with section 18(g) of the OIA.

9. *How many people waiting to be admitted to a forensic psychiatric unit are in the ISU? In the past year how many were in the ISU? (Please break down per correction's facility)*
10. *What is the average length of stay in the ISU for people waiting to be transferred to a mental health inpatient bed?*

The information that you have requested does not currently exist in a form that can be readily supplied to you and would instead require Corrections to collaborate with Te Whatu Ora – Health New Zealand to initiate a project to extract, analyse and present the data in the form requested. 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.

Please note that the Ombudsman has advised that information is not considered to be held by an agency in instances where a request necessitates research or analysis of source data in order to generate fresh information in a form different from that in which the base data is held.

11. *Nation-wide, what percentage of the prison population are referred to forensic psychiatric services? What is the number and percentage in each region?*
12. *How many new patients were assessed and treated in each area for the past 2 years. Is this different to the number assessed 5 years ago?*

Unfortunately, we cannot readily extract what percentage of the prison population were referred to psychiatric services, or how many new patients were assessed and treated in each area for the past five years as the information requested is not held in any readily retrievable format. To identify this type of specific information, we would be required to manually review a large number of files, consult extensively across the organisation, and consult with each prison across New Zealand.

In accordance with the OIA, we have considered whether to affix a charge or extend the time limit for responding. However, given the scale of the request we do not consider that this would be an appropriate use of our publicly funded resources. Therefore, this part of your request is refused under section 18(f) of the OIA, as the information cannot be made available without substantial collation or research.

As per Section 18B we have considered whether consulting with you would enable the request to be made in a form that would remove the reason for the refusal. However, we do not consider that the request can be refined in this instance.

13. In the Canterbury region, how many patients are seen per week in prison. Is there a total number for the past year? Is this different to the number seen 5 years ago?

The information that you have requested does not currently exist in a form that can be readily supplied to you and would instead require Corrections to collaborate with Te Whatu Ora to initiate a project to extract, analyse and present the data in the form requested. 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. However, I have been advised that Te Whatu Ora – Health New Zealand may have some information that may assist in responding to your request and you can expect to hear from them in due course.

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



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Deputy Chief Executive Pae Ora