

Department of Corrections

# ***Suicide Prevention and Postvention Action Plan Refresh***

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2026 - 2029



DEPARTMENT OF  
**CORRECTIONS**  
ARA POUTAMA AOTEAROA

## **Preface**

This report includes information about suicide deaths and information on those who have died by suicide while being managed by Corrections. The information included here places an emphasis on data and as such, may appear to depersonalise the pain and loss behind the statistics. This is not our intention.

We acknowledge the individuals, families and communities affected by suicide each year in Aotearoa New Zealand.

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# Foreword



**Leigh Marsh**

I'm proud to launch the Department of Corrections' Suicide Prevention and Postvention Action Plan 2026–2029. This refreshed plan builds on the progress we've made since 2022 and underscores the importance of a coordinated, organisation-wide effort to prevent suicide and serious self-harm among people in prison.

When someone is in custody, we work hard to support their mental wellbeing, ensure their physical safety, and treat them with dignity and respect. Our people are deeply committed to the well-being of everyone they manage.

Every suicide is a tragedy with lasting impacts - on loved ones, communities, and on those who worked with that person. Self-harm attempts also leave deep and enduring effects on the people we manage in our prisons.

From 1 March 2022 to 1 November 2025, we recorded:

- 31 deaths attributed to suspected suicide
- 228 life-threatening self-harm incidents
- 2,737 non-life threatening self-harm events

Each of these events is a stark reminder of the challenges we face. Preventing self-harm can be incredibly difficult when someone is determined. Sometimes it requires heroic, split-second actions from our people to save lives. I want to acknowledge those moments and the people involved - they exemplify professionalism, compassion, and unwavering commitment.

Since introducing the 2022–2025 plan, we've made significant changes. Following a review of mental health services we have:

- Shifted prison-based mild-moderate mental health support from external contracted services to strengthened in-house Intervention and Support Practice Teams – reinvesting funding into additional clinical capacity. This has expanded Intervention and Support Practice Teams (ISPTs) to 17 prisons to ensure earlier assessments and tailored interventions.
- Standardised how prison mental health care is delivered through a single operational backbone (the Mental Health Operations Manual) covering assessment, case planning, suicide risk management and discharge/transfer processes).
- Enhanced reception responsiveness by setting clear referral triage expectations (within 24 hours) so higher-risk needs are identified and acted on earlier and more consistently across sites.
- Hikitia, our newly operationalised Mental Health and Addictions services for prisons in the Waikato, is enabled to respond to suicide distress by combining:
  - Early access
  - The right intensity of therapeutic support
  - Structured transitions/step down that maintain stability and connection to care.
- Developed and commenced refurbishment of Intervention and Support Units (ISUs) to create safer, more supportive environments.

These positive changes reflect our commitment to continuous improvement. This new plan, developed with input from across Corrections and our external partners, sets out a clear, unified approach to prevention, intervention, and postvention - ensuring every part of our organisation is aligned and engaged.

Thank you to everyone who has contributed to this important work. Together, we will keep striving to reduce harm and save lives.

**Leigh Marsh**

Deputy Chief Executive Pae Ora (Acting), Department of Corrections

# Introduction

## **Kotahi anō te kaupapa: ko te oranga o te iwi**

*There is only one purpose to our work: the wellness and wellbeing of people*

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Suicide devastates lives. It impacts people we manage, their whānau, and our staff. No single person, whānau, agency, or iwi can solve this alone. Suicide has complex, multifaceted causes, making prediction difficult.

While it affects all communities, people in prison experience significantly higher rates of suicidal behaviour than the general population, and Māori are disproportionately impacted.

The Department of Corrections launched the Suicide Prevention and Postvention Action Plan 2022–2025 as a first step toward reducing unnatural deaths among those we manage and across Aotearoa New Zealand. Four years on, we remain steadfast in our commitment to deliberate, targeted action to address suicide among people under Corrections' care and management.

The refreshed Action Plan sets out the further steps we will take to reduce instances of self-harm and suicide among people we manage, both in prison and in the community. It outlines the work completed to date, the foundations of our approach, and builds on these to set our direction for the next three and a half years. This plan updates the original Action Plan, with revised actions informed by lessons learned, internal and external reviews, and recommendations from the Office of the Inspectorate and Coroners' reports. A key learning has been the need for a coordinated, system-wide approach—one that brings together input and commitment from across all areas, not just mental health services.

# The need for a refreshed Action Plan

Corrections' first Suicide Prevention and Postvention Action Plan (2022–2025) drew heavily on the Ministry of Health's Every Life Matters – He Tapu te Oranga o ia Tāngata Suicide Prevention Strategy (2019–2029). This strategy recognises that lowering instances of suicide requires collective action. Corrections answered that call and became the first government agency outside the Ministry of Health to launch its own plan.

The need is clear. People in prison are twice as likely to have thought about suicide and four times as likely to have attempted it compared to the general population<sup>1</sup>. Prison suicide rates consistently exceed national rates (see Table 1), despite year-to-year fluctuations.

Māori, particularly young Māori, are significantly more likely to die by suicide than non-Māori in the general population. In 2022/23, the suspected suicide rate for Māori was 16.3 per 100,000, compared to 9.0 for non-Māori<sup>2</sup>. However, in prison, suspected suicide deaths are proportionally higher for non-Māori. The overall rate of suicide for women in prison is also lower than the rate for men, however it is worth noting that women in prison have been shown to have higher rates of suicidal behaviours than men in prison, including ever thinking about suicide (44% compared to 34%) and ever attempting suicide (29% compared to 18%)<sup>3</sup>. These figures underscore why a refreshed plan is essential. Suicide is complex and multifaceted— there is no single solution. However, we know that deliberate, targeted action can save lives.

**Table 1. Comparison of suspected suicides in NZ prisons to suspected suicides nationally between 1 January 2010 and 30 June 2025**

Year	Number of people in prison during the year	Number of suspected suicides (All NZ suspected suicides)	Rate per 100,000 people managed in prison during the year (All NZ rate per 100,000)
2010	19,506	6 (542)	30.8 (12.1)
2011	18,968	8 (512)	42.2 (11.5)
2012	18,608	3 (544)	16.1 (12.2)
2013	17,869	4 (532)	22.4 (11.5)
2014	17,933	7 (515)	39.0 (11.0)
2015	18,659	7 (547)	37.5 (11.4)
2016	20,325	6 (580)	29.5 (11.8)
2017	21,517	3 (636)	13.9 (12.7)
2018	21,793	5 (636)	22.9 (12.3)
2019	21,579	5 (680)	23.2 (13.2)
2020	8442	5 (599)	23.9 (11.4)
2021	18,646	12 (618)	64.4 (11.6)
2022	18,121	11 (561)	60.7 (10.4)
2023	19,632	8 (591)	40.7 (10.9)
2024	21,255	9 (630)	42.3 (11.0)
to 30 June 2025*	15,984	5	31.3
<b>Total</b>	<b>-</b>	<b>104 (8,723)</b>	<b>-</b>

\*Note – this row represents only six months

# **Hōkai Rangi**

Hōkai Rangi, first released in 2019 and refreshed in 2024, reaffirms our commitment to better outcomes for people we manage, their whānau, and communities. While Māori are not disproportionately represented in prison suicide data relative to their prison population percentage, their overrepresentation in prisons means the impact of suicide on Māori is significant and must be addressed.

The six pou of Hōkai Rangi remain central to guiding our work and shaping this refreshed Suicide Action Plan. Here's how they apply:

## **Partnership and leadership**

By embedding assessment, intervention, and postvention processes designed to improve outcomes for Māori.

## **Humanising and healing**

Improving high-risk environments, addressing mental health needs, and expanding access to meaningful activities and rehabilitation will support people to return to their communities sooner.

## **Whānau**

Strengthening whānau connections through technology and including whānau in care planning where possible will contribute to suicide reduction.

## **Te Ao Māori worldview**

Encouraging the use of assessment tools and methodologies grounded in Te Ao Māori and Mātauranga Māori will support greater engagement by Māori in prison.

## **Whakapapa**

Delivering culturally relevant programmes and interventions which raise engagement and support long-term wellbeing for all.

## **Foundations for participation**

Provide Hauora (holistic – whole person) support across rehabilitation, health, custodial care, and community management – recognising strengths and ensuring universal participation.

# What we've done so far

Corrections manages more people with mental illness than any other institution in New Zealand. The changes we have made and our commitment to keep improving speaks to the importance of this work across our organisation.

Towards the end of 2025, we worked to identify any gaps, and consider lessons learned in our work so far to reduce rates of suicide in our prisons. This process has been essential to helping us shape the refreshed plan to support the people we manage, our staff, and the wider community.

Specialist multidisciplinary mental health services were first introduced as a pilot programme in 2017 and then expanded to a total of six prisons by the end of 2021. We now have 12 Intervention and Support Practice Teams covering 17 prison sites.

Beginning in 2023, we undertook an [independent review](#) of our mental health service and we are now well underway implementing the recommendations.

In February 2024, the Office of the Inspectorate completed a [thematic review](#) on suicide and self-harm in prison, with all six overarching recommendations accepted by Corrections.

Earlier this year we operationalised Hikitia, a collection of mental health and addictions services, that blends cultural therapies, clinical expertise, and custodial care. Hikitia, meaning to 'lift up, carry in one's arms and take away the troubles that overwhelm a person', includes services based out of Waikeria Prison's 96-bed Te Wai o Pure facility, that are offered to all prisoners across all units (including lower security units) at Waikeria Prison, Spring Hill Corrections Facility, and Tongariro Prison. Hikitia is one of several initiatives that represents our commitment to invest more in mental health and addictions treatment.

In June, the Ministry of Health delivered a national Suicide Prevention Action Plan 2025- 2029 in which our Action Plan, and our commitment to refresh and extend it, was included.

In 2022, our Action Plan identified eight areas of strategic focus and signalled what we planned to do in each focus area. Although there is still more work to do our accomplishments to date reflect a comprehensive, evidence-based, and culturally responsive approach to suicide prevention and mental health within the corrections environment, emphasizing leadership, workforce development, data- driven decision-making, and whānau engagement. The following highlights key progress made since 2022.

## Key Strategic Areas and Progress

### 1. National Leadership

- Established strong central leadership, including a Lead Advisor for Suicide Prevention.
- Developed new guidance for suicide assessment and a Mental Health Operations Manual.
- Strengthened partnerships with health and community organizations.
- Improved language accessibility and interpreter services.

### 2. Using Evidence to Make a Difference

- Enhanced data capture and analysis for suicide-related risk.
- Implemented environmental safety measures in prisons.
- Introduced integrated assessment processes grounded in Te Ao Māori and clinical approaches.
- Demonstrated positive outcomes from mental health interventions using Kessler-10 screening.

### **3. *Developing the Workforce***

- Delivered extensive training (e.g., Mental Health 101, trauma-informed care, suicide assessment and intervention).
- Expanded Māori workforce and cultural competency initiatives.
- Provided education on safer prescribing and withdrawal management.

### **4. *Evaluation and Monitoring***

- Introduced new data collection processes and dashboards.
- Established quarterly reporting on suicide and self-harm incidents.
- Engaged in national suicide prevention with the Ministry of Health.

### **5. *Promoting Wellbeing***

- Started environmental improvements to Intervention and Support Units.
- Streamlined mental health referral and triage processes.
- Increased whānau connectivity through the use of technology

### **6. *Responding to Suicidal Distress***

- Implemented coordinated screening and risk assessment processes.
- Delivered best-practice guidance and training for staff.

### **7. *Responding to Suicidal Behaviour***

- Expanded culturally relevant services, including Rongoā Māori and Kairuruku Hinengaro roles.
- Reduced access to means for self-harm.
- Strengthened partnerships for training and practice development.

### **8. *Supporting After a Suicide***

- Drafted postvention processes for prison and community sites.
- Updated operational processes to include cultural considerations and staff support.

# ***Suicide Prevention and Postvention Action Plan Refresh 2026-2029***

Evidence suggests that individuals in New Zealand prisons are more than twice as likely to have ever experienced suicidal thoughts, and more than four times as likely to have attempted suicide (Indig et. al., 2016). Corrections has a legal duty of care to keep people in its care and management safe. This includes an obligation to actively prevent suicide by identifying risk, responding appropriately, and ensuring access to support and care, including for those who may witness or otherwise be affected by a suicide event. The refreshed Suicide Action Plan outlines evidence-based actions to ensure appropriate processes, training, supports, and data collection are in place, enabling Corrections to meet its responsibility to protect the safety of people in its care in prison and under management in the community, and to prevent suicide where possible.

## ***High priority actions yet to start***

### ***Data Collection***

Improving data collection and analysis in relation to suicide and self-harm related variables, including first months in prison, people under management in the community, and community programme needs.

Robust data collection and analysis are essential to monitor trends, measure effectiveness, and ensure appropriate identification and response to suicide and self-harm risks across prison and community settings.

### ***Information Sharing***

Developing and implementing guidance to support consistent information sharing and community care planning for individuals with known mental health involvement or a history of suicidal distress.

Developing and embedding guidance on information sharing and community care planning is essential for implementing recommendations made by the Ombudsman, Inspectorate and others, and for ensuring staff practice aligns with expectations for safe, coordinated care.

### ***Postvention Services***

Ensuring that the necessary supports are in place for all those affected when a person under our care or management dies by suicide.

Ensuring appropriate support following a suicide is necessary to safeguard wellbeing, manage ongoing risk, and uphold Corrections' duty of care to both people in its care and the workforce.

## ***Actions underway***

### ***Environmental Work***

Continuing remedial work to reduce or minimise access to means of self-harm and suicide (such as potential ligature points), refurbishment of Intervention and Support Units and application of design standards for prison refurbishments and new builds.

Continuing environmental remedial work is essential for reducing access to means of self-harm and suicide, particularly through the identification and removal of potential ligature points, and for supporting safer custodial environments.

### ***Staff Training***

Integrating suicide prevention, postvention and trauma-informed care and practice into learning programmes for staff.

Integrating suicide prevention, postvention, and trauma-informed care into staff training is essential for building workforce capability in line with recommendations from a range of internal and external reviews, and for supporting staff to work safely and confidently within established policies and procedures such as the Prison Operations Manual (POM), the Probation Practice Centre, and the Mental Health Operations Manual.

### ***Remand Programmes***

Offering offence-focused programmes to remand convicted, behavioural skill development programmes to remand-accused, and AOD harm minimisation sessions to all on remand.

Increasing access to programmes supports rehabilitation outcomes and provides meaningful activity, which supports with reducing and mitigating risk for this population.

### ***Integrated Model of Care***

Developing, evaluating and implementing an integrated health model incorporating culturally responsive and whānau-centred approaches including Rongoā Māori, and an integrated assessment model, grounded in whanaungatanga and Te Whare Tapa Whā.

Developing updated models of care for health service provision within Corrections addresses a key action with the original Hōkai Rangi strategy and is critical for ensuring that the health services address the needs of the population that Corrections serves.

### ***Pain Management***

Developing and embedding a standalone e-learning module on pain management for physical health staff.

Developing a pain management module is essential for ensuring physical health staff are supported to safely manage those who are experiencing pain and the associated risks relating to suicide.

### ***Community Mental Health***

Work is underway to improve access to mental health services for people we manage in the community.

Strengthen the supports for Community Corrections staff in working with people we manage with Mental Health challenges through discussion with health system participants to map current Community Mental Health supports, identify service gaps, and build a collaborative platform to ensure tailored, sustainable interventions for people in our care.

### ***Prisoner Connectedness***

Increasing availability of landline phones and whānau calling devices to improve connections to whānau.

Increasing opportunities for whānau connection enhances the broader system by supporting emotional wellbeing, reducing isolation, and reinforcing protective factors that contribute to positive behaviour and rehabilitation.



# Glossary of terms

**Intervention and Support Unit (ISU)** – specialised prison unit where individuals who are at risk of suicide, or who have acute mental health needs, are housed

**Kaiāwhina** – peer support advocate

**Mana Motuhake** – self-determination

**Mātauranga Māori** – Māori knowledge

**Oranga** – wellness or wellbeing

**Rongoā Māori** – traditional Māori healing, which encompasses herbal remedies, physical therapies and spiritual healing

**Self Harm** – intentional self-injury

**Suicide** – death caused by injuring oneself

**Suicide prevention** – activities undertaken to prevent or reduce risk of suicide

**Suicide postvention** – activities developed by, with or for those bereaved and affected by suicide to support recovery after suicide and to prevent future harm for those affected

**Te Ao Māori** – the Māori world, Māori worldview

**Tohunga** – expert Māori practitioner



**New Zealand Government**  
Te Kāwanatanga o Aotearoa

Department of Corrections, PO Box 1206, Wellington, 6140

**Phone:** (64 4) 460 3000



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