

30 August 2024

Janis Adair
Chief Inspector
Department of Corrections

By email: janis.adair@corrections.govt.nz

Kia ora Janis,

Suspected Suicide and Self-harm Thematic Report

I am writing to provide the first semi-annual update on Corrections' response to the above noted report, released in February 2024.

As acknowledged in your report, Corrections established the Suicide Prevention and Postvention Action Plan 2022-2025 to guide change and improvements to our mahi in this area. This plan was developed and driven by the principles in Hōkai Rangi, and now sits within Te Ara Whakamua; a reorganisation of our services designed to ensure the wellbeing of the people in our care and their whānau are to be prioritised.

We agree that the Separation and Isolation Thematic Report should be considered a companion document to the Suicide and Self-harm Thematic Report, and to Corrections' Action Plan. There appear to be several areas where recommendations and proposed actions overlap.

We are in the early stages of reflecting on the recommendations and areas for consideration noted in your report. In recognition of the importance and complexity of this work, we have appointed a Lead Advisor as a dedicated resource to drive change and support coordination of the actions. An initial analysis is underway to identify work already in progress and those areas that require further investigation. This includes consideration of potential overlap with recommendations and findings from other reports (such as the Separation and Isolation Thematic Report) and other relevant reviews. However, we can provide an update on the work and plans to date.

Strategy and Leadership

Corrections must continue to review the strategic and operational leadership, resourcing, operating models and service delivery for prisoners vulnerable to suicide or self-harm as set out in its Suicide Prevention and Postvention Action Plan

- A significant reorganisation of the Department's leadership structure was completed in April this year to align the structure with the principles of the Hōkai Rangi strategy. This will support strengthened Pae Ora (health) services in both the physical and mental health spaces which are safe, high-quality, and effective. We endeavour to deliver health services to Māori in a way which boosts their engagement and participation in their healthcare to improve their outcomes.

- Recommendations from an in-depth review of our mental health services (due later this year) will provide the foundation for an improved operating model and better future service delivery.
- A pilot of five portable prisoner payphones has been completed at Auckland Prison. The pilot provided Auckland Prison the option to allow a secure mobile phone to be used in cells, connecting the men to their whānau. The pilot had a significant impact. In the maximum-security units, the portable phones increased phone access for people in the units, decreased call related movements for staff, reduced call related tensions and risk in the yard. Work is underway to fully productionise the five phones at Auckland Prison.

Training and development

Corrections must continue its investment in additional training, development, and supervision for staff in recognising and responding to risk factors for suicide and self-harm, as set out in its Suicide Prevention and Postvention Action Plan, specifically including using trauma-informed approaches and managing alcohol and drug withdrawal.

- We recently delivered refresher training to our frontline mental health staff on the Columbia Suicide Severity Rating Scale. The training was recorded so that new staff can access, or review as needed for a refresher, at any time that is convenient for them.
- We have partnered with experts from the Suicide Prevention Office to develop evidenced-based guidance for frontline mental health staff about assessment, formulation, and intervention in relation to suicide. The guidance will sit in the newly developed Mental Health Operations Manual (see below).
- A withdrawal management training package has been developed with Te Pou for Corrections Nurses' inductions and refreshers. The first of these is planned to be delivered in August.

Improving Intervention and Support Units

Corrections must review its model of care for managing people at risk of suicide or self-harm in the Intervention and Support Units, and ensure there are sufficient resources to support the model of care.

- A newly developed Mental Health Operations Manual is in the process of being finalized. This will standardise the model of care across ISUs and guide mental health assessment, care and intervention across the wider prison estate. It will also promote a more collaborative service delivery between mental health, health and custody.
- Refurbishment projects, aimed at improving physical environments within Intervention and Support Units are underway. Specialized furniture has been delivered and investigations of prototypes for television enclosures with associated infrastructure are underway.

Partnering with key stakeholders

Corrections must continue to work with agencies across sectors to explore how services for people with complex mental health needs can be coordinated and improved.

- We are working to connect the Department, at a regional level, with community suicide postvention coordinators to improve our response to whānau, other prisoners, and staff involved when someone in our care dies by suicide.
- We have engaged at a ministerial level to highlight the issues with the lack of availability of forensic beds for the people in Corrections' care who need them.

Assurance

Corrections must regularly update its Suicide Prevention and Postvention Advisory Group about its progress towards the recommendations and areas for consideration in this report. The Office of the Inspectorate will report on progress publicly at periodic intervals.

- The Suicide Prevention and Postvention Advisory Group was established in 2021 to provide expertise and oversight for the implementation of the Suicide Prevention and Postvention Action Plan. For various reasons, including the availability of group members, this group has not met regularly since mid-2023. Corrections has, however, consulted on an on-going basis with various advisory group members as required to progress relevant actions within the Suicide Action Plan. Corrections' Pae Ora Senior Leadership Team is continuing to provide governance, assurance and oversight over the delivery of the Action Plan.
- Corrections is currently considering the role of the Suicide Advisory Group moving forward, including what alternative options may be available in terms of accessing advice from subject matter experts to support the delivery of the actions within the Suicide Action Plan.

Anti-ligature remediation

Corrections must provide the Office of the Inspectorate with progress updates on the work to identify and mitigate against potential ligature points in cells across the prison network.

The reduction of ligature points wherever possible is a high priority to support in reducing opportunities for self-harm and suicide. The Corrections Asset Management group continues working towards mitigating and minimising identified ligature risks. This is through initiatives across the estate such as business-as-usual (BAU) works and planned asset replacements, cell and wider prison design, network planning (the closure of poor-quality beds/facilities including consideration of ligature points in cells) and, other specific programmes of work that have been completed or are currently underway.

In particular, the Anti-Ligature and Cell Hardening Programme is a core programme working progressively across custodial sites to remediate or minimise existing ligature points. The Anti-Ligature Programme is a 6-year programme that commenced in FY2022/23 and is currently funded through to FY2027/28. The programme is currently working progressively across custodial sites, where remand and high security sites have been identified as top priority.

It should be noted that it is expected that it is not feasible to eliminate all ligature risks due to factors such as site availability (custodial resource constraints), occupancy (ability to decant cell occupants), the constraints of the existing build and future network considerations.

We really appreciate the way in which we are working in partnership with the Office of the Inspectorate to ensure we do the best for the people in our care.

Ngā mihi nui,



Emma Gardner,

Chief Mental Health and Addictions Officer

