

Appendix One: Te Ara Tika – The Right Way: The Delivery of Mental Health Services within the Department of Corrections (Executive Summary)

Introduction

In 2023/2024, a comprehensive evaluation of the current state of mental health services within Corrections was completed by Corrections' Mental Health Quality and Practice Team. While the scope of this inquiry was both broad and comprehensive, the key focus was on identifying the types of services that should be provided across prison sites to deliver the best possible mental health outcomes.

In total, 46 recommendations were made as part of the review, ranging from various public health, health promotion and health education initiatives, to more specific service delivery, organisational, policy, strategy, clinical, cultural, and logistical considerations. While the review has highlighted the significant challenges of delivering mental health services within a prison setting, it likewise highlights the significant potential for growth and innovation. To develop a world-class mental health service – bespoke to the needs of prisoners – while also aware of the realities and constraints of delivering care within a prison setting.

The Approach

Given the scale of the review – an integrated (mixed-methods) methodology was developed to collect the data and information required. This approach combined both qualitative and quantitative data collection and involved reviews of literature, interviews with experts (both clinical and cultural) and special interest groups (including women, gender-diverse, and youth) as well as surveys, focus groups, hui and wānanga.

Recommendations and Next Steps

Of the 46 recommendations – three have been described as 'Long-term Investments', 23 have been identified as 'Medium-term Investments', 15 have been identified as 'Short-term investments', while five have been described as 'Priority Investments'. These are described in greater detail below:

Long-Term Investments (five or more years)

1.	Develop a comprehensive and bespoke workforce development strategy.
2.	Develop mental health focused therapeutic communities within prison units.
3.	Develop settings which allow young people time to settle before placement.

Medium-Term Investments (three to five years)

4.	Review prison sites to assess where opportunities exist to create more therapeutic environments.
5.	Ensure that mental health is integrated into all parts of the Corrections system (including policies, procedures, training).
6.	Review and update the current training programme for custodial staff to ensure there is sufficient training in mental health and trauma-informed care.
7.	Develop and implement a mental health promotion and education framework which includes innovative approaches to address the unique needs of people in prison.
8.	Implement a single-point-of-entry model for mental health referrals to ensure better integration and coordination between mental health services.
9.	Enhance the integration of services delivered by Psychological Services and Mental Health Services within Corrections.
10.	Review the evidence base to understand how mental health services can be delivered more effectively within a prison context and update the current service delivery models to reflect this.

11.	Examine what enhanced (and more bespoke) models of mental health care might be possible for women in prison and implement any subsequent development opportunities.
12.	Improve training for staff on the specific challenges faced by women in prison and the implications for mental health.
13.	Improve the use of existing systems to ensure greater access and continuity of care for people who require mental health support (e.g., mental health alerts, transferability constraints etc.)
14.	Review processes by which medication is administered to identify areas for improvement, efficiency and flexibility (particularly with regard to the timing of medication administration).
15.	Consider how mental health services can be more effectively delivered for people with high security classifications, acknowledging safety challenges and custodial supervision requirements.
16.	Explore how technology (e.g., video-technology, online courses, prison televisions, phones or tablets) might be used more effectively to support prisoners in accessing mental health care and resources.
17.	Integrate the roles of mental health staff and addiction staff working in the community.
18.	Integrate addictions clinicians into Intervention and Support Practice Teams.
19.	Develop a more coordinated approach to assessment, treatment and training across mental health and addictions services.
20.	Provide mental health support for people undertaking existing prison based intensive AoD interventions.
21.	Improve the process of referral to Forensic Mental Health Services within prisons.
22.	Collaborate with Forensic Mental Health Services to consider additional options for improving mental health service delivery within prisons and addressing, or identifying innovative solutions, to mitigate issues such as challenges with accessing mental health inpatient beds.
23.	Review and update security placement processes for young people, including consideration of the role of mental health services in these processes.
24.	Undertake targeted, translational research into the mental health needs of young people in prison.
25.	Improve the ways in which outcomes data is collected, analysed and reported within Corrections, including the development of a new bespoke mental health outcome measure and investigation into additional ways to collect service user's perspectives and levels of satisfaction with mental health service delivery.
26.	Prepare a strategic mental health research agenda which details research needs and opportunities, research priorities, research translation, funding requirements and options, workforce issues and potential collaborations, and recommendations (including a roadmap for implementation).

Short-Term Investments (one to three years)

27.	Ensure that any health promotion and education initiatives that are introduced consider the needs of women.
28.	Investigate factors which may contribute to inequitable access to mental health services for Māori and implement any opportunities that arise from this investigation that address any identified inequities.
29.	Develop a framework to support improved whānau engagement as part of mental health service delivery.
30.	Undertake a comprehensive review of mental health workforce development strategies that focuses on the specific needs of Ara Poutama Aotearoa (aligned to existing internal initiatives, as well as initiatives led by other agencies).

31.	Increase access to therapeutic spaces within prisons and enhance the quality of currently available spaces (i.e., fit-for-purpose therapy rooms).
32.	Establish Intervention and Support Practice Teams at prison sites that do not currently have these teams.
33.	Review the roles and responsibilities of existing mental health staff to ensure effective delivery of mental health service delivery models, and that staff are delivering support which is appropriate to their scopes of practice.
34.	Phase out trauma counsellor and trauma focused roles (with a focus on strengthening all clinicians' skills in responding to trauma related issues).
35.	Explore ways in which a lived experience perspective can be built into the design, delivery and governance of mental health services.
36.	Collaborate with Forensic Mental Health Services on initiatives to address workforce issues.
37.	Collaborate with Forensic Mental Health Services to ensure that effective data and information sharing practices are occurring, with respect to people in prison who are receiving forensic-level support, and those who are receiving, or are requiring, mental health inpatient admission.
38.	Develop a process for ensuring that young people in our care are prioritised in relation to accessing and receiving mental health support.
39.	Provide opportunities for early engagement for young people with mental health services during the settling in and adjustment phase.
40.	Implement improvements to relevant policies and procedures to ensure greater continuity of mental health care for people who transition between prison sites or are released.
41.	Conduct a review following the implementation of Te Ara Whakamua to understand the impacts that this has had on mental health service delivery within Ara Poutama Aotearoa, and what improvements can be made.

Priority Investments

42.	Investigate, develop, and support the implementation of culturally-inspired mental health approaches within a bicultural delivery model.
43.	Increase access to cultural supports (e.g., tohunga) and develop a clear framework for how these supports can assist with the delivery of mental health care.
44.	Improve access to cultural activities and services which promote hauora (such as rongoā Māori), including a framework for delivering these types of support alongside existing mental health services.
45.	Develop and implement a mental health staff allocation model which ensures appropriate baseline staffing levels at each site, to enable the effective delivery of mental health services.
46.	Develop a service level agreement with Forensic Mental Health Services which clarifies key roles and responsibilities with respect to mental health service delivery within Corrections.