



DEPARTMENT OF
CORRECTIONS
ARA POUTAMA AOTEAROA



◆ **Change Lives Shape Futures**

INVESTING IN BETTER MENTAL HEALTH FOR OFFENDERS



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One goal > **Four priorities** > **Eight action areas**

Investing in better mental health for offenders

Too many people come into Corrections in poor health; drug and alcohol use, undiagnosed illness, violence, abuse and a chaotic lifestyle all take their toll, leaving people in poor physical and mental health. The challenge we face is to improve people's overall wellbeing so they can engage in activities aimed at helping them stop offending.

Worldwide it is estimated one in four people experience mental health issues. One in five New Zealanders experience mental illness in their lifetime. In prison these figures are significantly higher; more than nine out of 10 (91%) people had a lifetime diagnosis of a mental health or substance use disorder.

The high prevalence of mental illness among prisoners means that the Department of Corrections is managing more people with mental illness than any other institution in New Zealand.

People starting a community sentence are five times more likely than the general population to have used a mental health service in the year before or after their time spent in the justice sector. Drug and alcohol use is also much higher among offenders. Almost half of all prisoners had a substance use disorder over their lifetime, 13 times higher than the general population.

The mental health of offenders is an ongoing concern for us, and I know it has also been an area of concern for others too, including the Office of the Ombudsman whose insights and reported findings¹ have been valuable in informing our plans to increase mental health support for offenders.

I signalled the importance of making gains in this area when I launched our Change Lives Shape Futures Strategic Plan back in August 2016. Providing a greater level of mental health, alcohol and other drug (AOD) support was one of eight action areas central to this plan. Here, we have set out in more detail what that support will look like.

In looking ahead, we must accept that at times our approach has not always met the mental health needs of all individuals in our care. We must learn from the

past and move forward with a firm commitment to invest in this area and improve the way we work with people who have mental health disorders².

The support we provide will be aimed at two particular groups; those with mild to moderate mental health issues, including drug and alcohol issues, and the small but significant minority of prisoners with severe (or acute) mental health issues and complex needs.

The investment we are making is significant. Some of it has already begun, such as our \$14 million investment in mental health services and the \$300 million redevelopment of Auckland Prison. Some are long-term aims that will take time and further investment, such as replacing out-dated units and moving to a new intervention and support model. Some initiatives are dependant on the co-operation of our partners. Changes of this scale cannot be introduced overnight, nor can they be done in isolation. We will work closely with those committed to delivering better mental health services, including the Ministry of Health and District Health Boards, particularly forensic units such as the Mason Clinic, the Ombudsman, service providers and our justice sector colleagues.

Our duty of care is as strong as our call to action. By investing in better mental health for offenders we improve their chances of changing their life and shaping a new future for themselves, their family, and our communities.



Ray Smith
Chief Executive

1. COTA Findings Report – A Question of Restraint August 2016

2. Mental health disorders include substance use disorders



91%

(nine out of ten) of prisoners had
a **LIFETIME DIAGNOSIS**
of a mental health or
substance use disorder³.



20%

(one in five) of people
in **NEW ZEALAND**
experience mental illness
in their lifetime⁴.

3. Figures from *Comorbid substance use disorders and mental health disorders among New Zealand prisoners*,
Devon Indig, Craig Gear, Kay Wilhelm. June 2016, Department of Corrections

4. *Te Rau Hinangaro: The New Zealand Mental Health Survey* (2006, Ministry of Health)

*“The high prevalence of mental illness among prisoners means
that the Department of Corrections is managing more people
with mental illness than any other institution in New Zealand.”*

Ray Smith, Chief Executive Department of Corrections

Modern Infrastructure

Auckland Prison Redevelopment

\$300 million redevelopment of New Zealand's Maximum Security Facility

Auckland Prison's maximum security facility houses 260 of the most challenging prisoners in the country, including 80 prisoners with serious mental health and/or complex behavioural issues. Many of these men have deeply troubled pasts fraught with abuse, deprivation, violence and substance misuse. Many display behaviours such as chronic self-harm, violence, persistent shouting and smearing their cells with excrement or blood.

While a small proportion of the people we work with meet the criteria to be transferred to a specialist forensic care facility⁵ for ongoing treatment, most do not and must be managed within the prison. Managing people with such extreme needs is a challenge. It requires well-trained staff supported by mental health experts working in a safe and therapeutic environment. The existing facility at Auckland Prison falls far short from this ideal setting.

It was built in 1968 at a time when the priority was for a secure maximum security facility (the first, and still the only such facility in New Zealand). Nearly 50 years on, safe containment is not enough and the prison is no longer fit for purpose. In 2012 the Government approved the redevelopment at Auckland Prison to enhance safety and security, to better address prisoners' mental health needs, to provide a greater opportunity for rehabilitation and reintegration to progress prisoners through the security classification system, and to improve operational efficiency. Construction began in 2015 and the new facility is due to open in 2018.

The new 260 bed facility design includes three points of delivery for healthcare:

- » A Central Health Centre for minor surgical procedures, emergencies and services that require special equipment. It will be the secure repository for all health records.
- » Satellite Health Stations on each accommodation block will have medication storage, and a treatment/consultation room. A range of interview and programme rooms will be available for health staff to undertake a wider variety of activities with prisoners.
- » A 'to the door service' will allow nurses to administer daily medication, treat minor complaints and assess segregated prisoners at their cell door.

5. There are five secure forensic units run by DHBs across the country – Mason Clinic, Henry Rongomau Bennett Centre, Ratonga-Rua-o-Porirua, Hillmorton Hospital and Wakari Hospital.

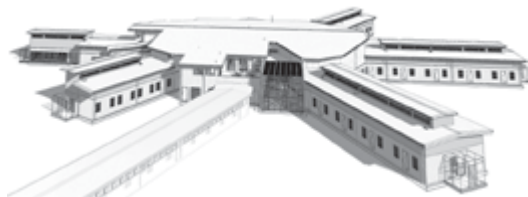


"Our investment is more than a fiscal one; it is also an investment in time, people, resources, specialist support, individuals, families and communities."

Ray Smith, Chief Executive Department of Corrections

Supporting the mental health of prisoners is a key component of the \$300 million redevelopment. Where possible, people with mild to moderate mental health needs will be managed in standard accommodation and supported by health staff on the unit. For those with a higher level of need, Unit 11 – Kia Mau Kia Matāra⁶ – will be a purpose built facility featuring:

- » a range of cell types to meet varying needs
- » soft, flexible furniture that will be used to provide a positive, flexible, multipurpose environment
- » enhanced safety through clear lines of sight, duress alarms and cameras
- » dayrooms and yards with views
- » a sensory room and garden designed as places to relax, reflect, meditate, contemplate and talk. The spaces enhance the senses of sight, sound, smell, taste and touch
- » access to treatment at the cell door
- » offender employment on unit
- » multipurpose rooms suitable for programmes, psychology, case management, health, socialisation, and activities.



Above all, Unit 11 will be a positive space to work in and a therapeutic and humane environment for prisoners and staff.

A multidisciplinary team will provide timely, on site support. The team will be made up of Corrections' health staff, psychologists, case managers, instructors, programme facilitators, custodial staff, and experts such as Regional Mental Health Service forensic nurses and psychologists⁶, reintegration service providers and cultural advisers. Individuals will be assessed and a management plan developed. Their healthcare will be complemented by general practitioners, psychiatrists, occupational therapists and physiotherapists.

Prisoners will take part in structured recreation, cultural and spiritual activities as well as having shared meals and time to socialise. They will be encouraged to join in group activities and follow regular routines to maintain personal hygiene and sufficient sleep.



6. Provided by DHBs through the Ministry of Health



The redevelopment at Auckland Prison will provide a new way of managing prisoners with high needs. It is being built as a public private partnership (PPP). Next Step Partners will design, build, finance and maintain the new facility, but the operation of the prison and custody of prisoners will continue to be the responsibility of the Department of Corrections. As such, it is essential that our people have the skills and support necessary to work in this new environment.

We will provide specialist training for staff who work in high needs areas. There will also be additional support available to staff who may have to manage very distressing situations such as threats of violence, or incidents of self-harm.

The new facilities and operating model at Auckland Prison will make it easier for us to treat and manage people with mental health disorders on site. The aim is to assess and intervene early to treat people before their behaviour escalates (or deteriorates), which will not only reduce the demand for our more acute services within prison, but also that of in-patient beds in secure facilities.

Crucially, we want to improve the individual's mental health and wellbeing so they can take the next steps towards their rehabilitation.

As we develop Auckland Prison and other sites, we will include facilities to better support those with mental health disorders. In February 2017, the Government approved a new facility to be built at Waikeria Prison. Although the design of this new site has not been confirmed, it will include many of those features known to provide a safer and more humane environment for people with high needs.



Industry, *Treatment* & Learning

Supporting offenders with mental health issues – \$14 million mental health package

As well as the existing screening and treatment to support offenders with mental health issues (detailed on pages 22), Corrections is investing \$14 million into a two-year mental health programme. The pilot programme, which began in early 2017, has four main workstreams:

1. Professional teams of mental health clinicians

Teams of contracted mental health workers will work with prisoners and community-based offenders across 15 prisons and four Community Corrections sites. Made up of professionals including psychiatrists, nurses with post-graduate qualifications in mental health, psychologists and occupational therapists, the team will work directly with offenders to stabilise and address their mental health needs.

These mental health teams will also provide advice and training to support Corrections staff working with offenders with mental health disorders.

In the community, the team will be there to support staff, offenders and their families. They will help offenders link in to existing mental health services in their area, and support ex-prisoners with mental health needs as they transition into the community.

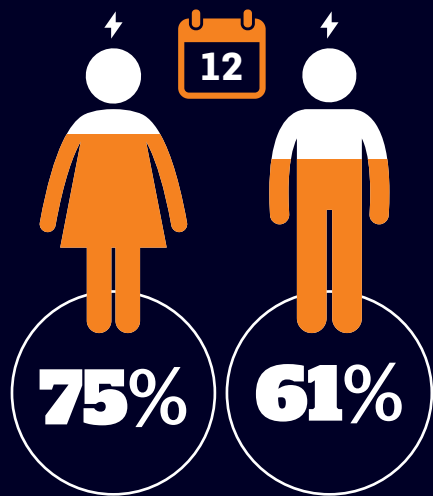
2. More help for women in prison

For women in prison their substance dependence or mental health challenges can often be linked to historic trauma. Departmental research indicates that two thirds of women in prison in New Zealand have been victims of family violence, rape and/or sexual assault. The resulting trauma they experience from these events has lasting adverse effects on the women's functioning and physical, social, emotional or spiritual wellbeing.

They may be in a state of extreme stress and self-protection, lack trust, have low cognitive abilities, feel unsafe, be hyper-vigilant and fearful, they may self-harm, be defiant or angry, freeze when they feel in danger, be in physical pain or emotionally numb. The prison environment itself can re-traumatise them.

It is essential that we understand the reasons behind a female prisoner's behaviour in order to respond accordingly. As well as increasing staff awareness around trauma and how to manage women suffering from it, counsellors deliver trauma-specific services to women in need and social workers support and enhance women's wellbeing in prison, particularly women associated with gangs and mothers who may be struggling to deal with family issues from prison.

Since November 2016, professional counsellors and social workers have worked with female prisoners at all three women's prisons (Auckland Region Women's Corrections Facility, Arohata Prison and Christchurch Women's Prison). The aim is to equip women with a variety of skills that will help them cope both in prison and on release.



Female prisoners were significantly more likely to have a 12 month diagnosis of any **MENTAL DISORDER** (75% compared to 61%).



Over half

(52%) of women in prison have a lifetime **POST-TRAUMATIC STRESS DIAGNOSIS**.

“It just blows you away the lives they’ve led. It’s a testament to their strength that they’re still in the condition they’re in. They’re survivors and I guess they’ve been like that forever.”

Corrections officer in a women's prison in New Zealand



3. Supported Living

Finding somewhere to live is difficult enough, but for people with high needs it can be particularly difficult.

Supported living will provide temporary accommodation for a small number of offenders with complex mental health needs.

For men and women in the community, there will be accommodation provided in Auckland and Hamilton by a supported living service provider. The provider will also help residents link into ongoing treatment, health and services available to them from community agencies, which will make the transition from Corrections' oversight smoother as they move into the wider community.

In exceptional circumstances, supported accommodation will be available. On release from prison a small number of men with high and complex mental health or cognitive impairment needs will be able to stay temporarily in self-care units on prison land that have been re-designated to house them.



4. Wrap around family support

Wrap around family support is a service for vulnerable families of offenders with mental health disorders. The service will provide support during imprisonment and post release. The aim will be to help families remain connected and able to support the offender on release from prison. Families will be linked in to services in their community, eg Whanāu Ora providers, to improve the offender's social, health and education outcomes.

Four Community Corrections sites at Manukau, Hamilton, Palmerston North and Dunedin have been chosen to pilot the programme initially. Eligible families will be identified through visitor centres at prisons, and will be referred to the providers of this new wrap around family support service.

For the majority of prisoners with mental health issues, their illness is mild to moderate. With timely intervention, treatment and support they can take the steps they need to take toward rehabilitation. For the few with more complex needs, there will be supported accommodation and additional help to transition into the community.

The aim of the mental health package is to promote self-care and independence, increase links between families, offenders and community services, improve collaboration and continuity of support for prisoners transitioning into the community, improve the capability of staff and improve offenders' overall mental health.

A new approach to managing people at risk

“These people want to damage themselves and they’ll use anything to damage themselves.” Staff member, At Risk Unit

The awful reality is that there are many people in prison who wish to take their own life. Close to 580 people committed suicide in New Zealand last year. On average (based on the last five years) six people commit suicide in a New Zealand prison each year. For every life that is lost, there are many more that are saved through the quick intervention of Corrections staff. Yet any death in custody is one too many and we want to do more to manage our most vulnerable prisoners.

Since the mid 1990s, the Department of Corrections has operated special At Risk Units (ARUs) for the safe management of prisoners with mental health needs and an increased risk of self-harm. The approach to managing people in these units has focused on identifying risks, maintaining a prisoner’s physical safety through close observation and referral to external agencies.



Specialist residential treatment

When prisoners have severe mental health issues Corrections works directly with Regional Forensic Mental Health Services (RFMHS) who are part of five lead District Health Boards (DHBs). In 2015/16, 625 prisoners met the threshold for treatment and support by RFMHS (indicating a serious mental illness) and were placed on their caseload. RFMHS can either treat people in prison or refer them to one of five secure forensic mental health facilities in New Zealand. Each year, an average of 112 prisoners is transferred to these facilities.

“I’m going to hang myself. I’ll hang myself in there. Look see that glass, smash! I’m dead.” Prisoner in At Risk Unit

A prisoner is placed in an ARU if they display significant mental health or behavioural disturbance. Corrections health and custodial staff work with RFMHS to treat and support some of the people in ARUs. Of 18 prisons in New Zealand, 14 have ARUs. In the past year, 3,088 prisoners were placed in ARUs on 4,281 occasions. The average length of stay is seven days, over one-third of prisoners stayed one day and 250 prisoners stayed for more than 30 days.

While no prisoner who was considered to be ‘at risk’ in an At Risk Unit has taken their life in the last three years, there is more we can do to support at risk prisoners.

Transforming Intervention and Support for At Risk Prisoners

Where possible, we will treat more people in their unit so they do not have to be moved to at risk. All staff who work with prisoners will undergo training to be able to identify risk, gain a better understanding of suicide and self-harm, and develop communications skills to help in their interactions with at risk prisoners. Where a prisoner has been identified as at risk, they will be assessed by a qualified professional. An Integrated Intervention and Support Plan will be prepared that sets out any safety concerns, needs, treatment and interventions.

For those whose risk escalates, we will provide better facilities to care for prisoners with severe mental health disorders within prison.

At Risk Units will become Intervention and Support Units (ISU) that are more therapeutic environments focused on supporting people at risk to make them well enough to leave the unit, stay safe and engage in further treatment.

Multidisciplinary teams (MDT) will be established to provide specialist care while prisoners are in the unit, and follow up care after they have left. Made up of mental health nurses, psychologists, occupational therapists, social workers, cultural advisers, medical, case management and custodial staff, these teams will decide or provide treatment options and interventions for prisoners, while they are in the ISU, as they transition to other units or as they return to the community. The MDT will complement the work of the RFMHS, the aim is to reduce the prisoner's condition before it escalates to the point where they require forensic services. MDT will work closely with the mental health clinicians who will operate in the wider prison environment.



There will be a focus on engaging in meaningful activity and treatment. Safety and security for both staff and prisoners will remain paramount, but additional resources will ensure prisoners have more unlock time and opportunities for interaction. Custodial staff in the ISU will receive additional mental health training and be a dedicated team.

We will physically change the units to make them less austere, to provide more furnishings, access to TV and radio, provision of reading material, reduce noise, access to natural light and improved outdoor spaces. We will redevelop the existing At Risk Units as opportunities present, eg design work is underway for a new At Risk Unit at Christchurch Men's Prison. Other units can be changed with relatively minor modifications to support a more therapeutic environment. Further investment may be required to bring some units up to the standard of an Intervention and Support Unit.



20%

(one in five) of prisoners
had both a **MENTAL DISORDER
AND A SUBSTANCE
USE DISORDER** (comorbidity)
in the last 12 months.



19%

(one in five) of prisoners had
ATTEMPTED SUICIDE,
6% of prisoners had attempted
suicide in the last year.

25%

(one in four) of people
WORLDWIDE
experience mental illness⁸.



8. World Health Organisation

Investing in more drug and other alcohol (AOD) treatment and support

One in five prisoners were found to have a 12-month diagnosis of both mental health and substance use disorders (known as comorbidity), while 42% were found to have a lifetime comorbidity diagnosis. Approximately 60% of community-based offenders have an identified alcohol and other drug (AOD) issue and 87% of prisoners have experienced problems with alcohol and drugs over their lifetime. For people in prison with AOD problems there is help available, but the real challenge often begins when they leave prison. Corrections is investing \$8.6 million from the Justice Sector Fund to provide more consistent aftercare support for offenders with (AOD) issues. Approximately 8,000 offenders will receive some form of AOD aftercare service during the two year pilot, which ends in June 2018.

New AOD aftercare support includes:

- » **Alcohol and other Drug (AOD) Aftercare Workers:** AOD Aftercare Workers support prisoners who have completed Drug Treatment Unit and Intensive Treatment Programmes. The aim is to help them maintain the gains they made during the programmes. Fifteen AOD Aftercare Workers have already been contracted to provide medium-intensity maintenance programmes that start in prison and follow offenders into the community for six-12 months. This service began at most prisons in July 2016.
- » **Community Residential AOD Treatment and Intensive AOD Outpatient Programmes:** We are providing more residential AOD treatment beds for community-based offenders with high alcohol and drug needs. The Community Residential AOD Treatment service went live on 8 February 2017. From April 2017, three new Intensive AOD Outpatient Programmes will deliver treatment five days a week for offenders with high AOD needs who cannot undertake residential treatment.
- » **Offender Digital Health Services** (see Enhancing technology)



Enhancing technology

By making use of existing technology offenders will be able to access mental health, alcohol and other drug support through mobile apps, 0800 lines and online programmes. Offender Digital Health Services are under development and will include a telephone-based AOD helpline that offenders, family members and friends can call 24 hours a day, seven days a week, and a telephone-based AOD treatment programme.

We are also investigating delivering mental health learning and support programmes via secure online learning (computer suites in prison with access to a range of educational, life skills, employment and reintegration sites).

A new Proceeds of Crime **meth screening and rehabilitation pilot** will identify meth users as they enter prison and provide support and treatment.



Drugs, alcohol and contraband

"I made the change to come here and give up the dope. That's my 20th negative [from the IDU drug testing station]. I've been five years clean." Prisoner

Reducing the harm caused by the use and misuse of drugs is an important foundation for stable mental wellbeing. As well as testing prisoners for alcohol and drug use, we have security measures in place to prevent the smuggling of contraband into prison, eg camera surveillance, scanners, searches, visitor checks and drug detection dog teams. In 2015-16, over 4,400 random drug tests were carried out in prisons; only 3.4% returned a positive result.

A multi-agency gang strategy sets out the combined effort of Police, Corrections, the Ministry of Social Development and others to

disrupt organised crime, reduce the supply of drugs and minimise the harm caused to individuals and communities.

In May 2017 a two year trial of devices that detect alcohol will begin in the northern region. This is the result of new legislation that has come into effect that allows Corrections and Police to monitor and test offenders and people on bail who have been given abstinence conditions by a judge or the Parole Board.

We have recently received additional funding to continue the trial of alcohol interlock devices in cars for another year. The aim of this is to stop drink driving. Probation officers follow up on any alcohol interlock violation with a sanction such as a brief intervention or community AOD treatment referral.



Our People

Our workforce at Corrections is committed to working with offenders to help them turn their lives around. Our people care when someone is in physical or mental pain, they care when someone hurts themselves or others, and understandably they want to feel safe at work. This is why from the time they are recruited, our people receive the training, mentoring, skills and tools they need to work with challenging people and keep each other safe.

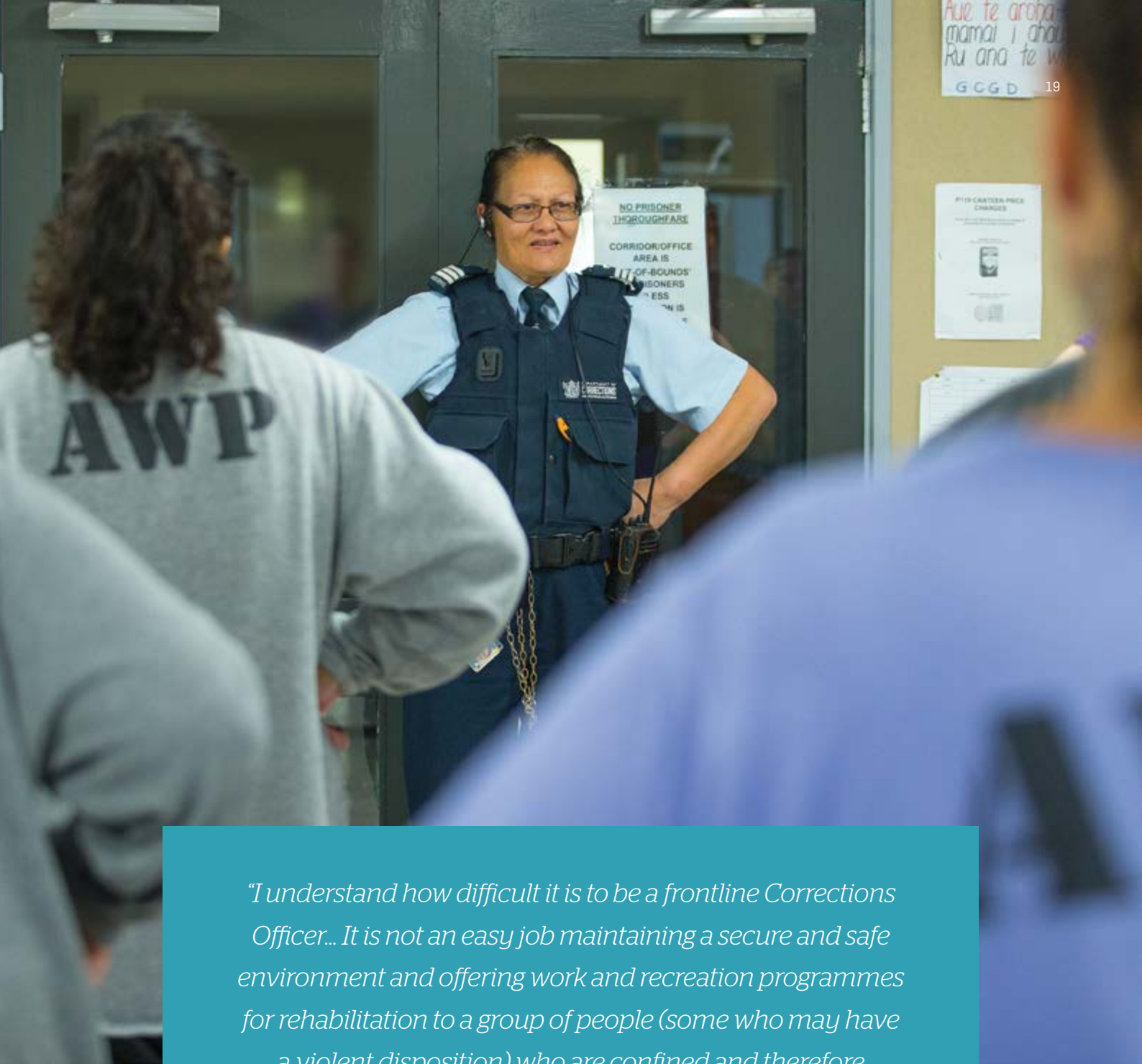
Many of our people have either previous experience in mental health care, or can receive training, to help them manage offenders with poor mental health:

- » Our health staff are trained to support prisoners' physical and mental healthcare and all Corrections' Health Centres have Cornerstone® accreditation. Corrections health staff are supported by doctors and specialist medical staff.
- » Training on suicide prevention is available for staff in frontline roles such as corrections officers, instructors and probation officers.
- » As well as providing direct interventions to prisoners, mental health clinicians are available to train staff who manage prisoners with mental health disorders.

- » We employ more psychologists than any other organisation in New Zealand. Psychologists work to address the behaviour that results in criminal offending. They are available for other staff to consult with, eg probation officers concerned about the mental wellbeing of an offender. Specially trained psychologists provide workshops to develop staff skills, eg understanding and managing offenders with personality disorders.

As well as making it easier for prisoners to access case managers, corrections officers and health staff, we will do more to upskill all our frontline staff in identifying and managing people's mental health needs, in particular our At Risk Unit staff who will receive specific training in how to manage the more challenging behaviours they encounter from at risk prisoners.

Working with vulnerable people, being that person who stops someone self-harming, or tries to save a life; these are high stress environments to work in. Staff will be supported to ensure they receive the counselling or assistance they need.



"I understand how difficult it is to be a frontline Corrections Officer... It is not an easy job maintaining a secure and safe environment and offering work and recreation programmes for rehabilitation to a group of people (some who may have a violent disposition) who are confined and therefore may be highly strung."

Ex-prisoner talking about her time in custody at Arohata Prison



Community Safety

Three-quarters of offenders live in the community and have access to the same levels of mental healthcare available to the rest of the public. However they can often be less likely to access that support.

If probation officers have concerns about an offender's mental wellbeing they take steps to ensure the offender accesses help and receives appropriate care. They will also escalate any safety concerns they have for the person or others.

We are putting a lot more focus on supporting people leaving prison, providing additional help to get a job, find accommodation, to access ongoing care in the community and continue with their treatment. For example Out of Gate services are available for people as they leave prison and reintegrate into the community. We work with employment services such as Workwise who are skilled at helping with personal or health challenges into work.

Looking ahead, we will seek to expand those interventions that have proven effective, such as intensive reintegration services.

Probation staff work with offenders to address their alcohol and other drug (AOD) misuse issues. Once probation staff have identified offenders with AOD issues they conduct motivational interviewing designed to strengthen personal motivation and/or refer offenders to appropriate programmes.

Corrections reaches out to those in the community who are keen to lend a hand. Good engagement with local mental health services, DHBs, service providers and support groups is essential to ensure offenders receive the ongoing support and treatment they need.

Our services complement those in the health sector and help connect people to community health services. Addressing mental health in the Corrections system requires partnership. We value the relationship we have with the Ministry of Health and will continue to work closely with our health sector colleagues to develop and provide new models of care that will improve the mental wellbeing of offenders both in prison and based in the community.



"I'm feeling really positive about my release. Last time I was in prison I just acted the goat. Then I came out, did the same thing again and went back to prison. This time I am doing everything to make it work. I'm going to reconnect with my family. I'm not coming back."

Prisoner on guided release

Existing mental health, alcohol and other drug (AOD) support

The following tables detail some of the screening and treatment options available to offenders with mental health disorders.

Screening and assessment tools

Intervention Type	Description	For	Provided By
Mental Health Screening Tool	A screening tool included in the Initial Health Assessment (IHA) or Update Health Assessment (UHA). The tool identifies whether a prisoner should be referred to Forensic Mental Health Services for further assessment.	All prisoners on arrival if they meet the test for IHA (see below)	Corrections' Health Services staff
Reception Health Triage Assessment (RHT)	This is the first opportunity Health Services staff have to obtain health information about prisoners who may need health services while they are in prison. The purpose of the RHT is to ensure that the prisoner's immediate health needs are clinically addressed in a timely manner.	All prisoners on the day of reception in prison (including transfer or after 96 hours offsite)	Corrections' Health Services staff
Initial Health Assessment (IHA) or Update Health Assessment (UHA)	<p>This follows the Reception Health Triage (RHT). It is required for all:</p> <ul style="list-style-type: none"> » new prisoners » returning prisoners if they have not been in prison within the last 24 months. <p>Prisoners who return to prison within 24 months and have had a previous IHA completed (within the last 24 months) will require an Update Health Assessment.</p>	Prisoners	Corrections' Health Services staff
Colombia Suicide Severity Rating Scale	A tool that indicates a person's risk of suicide, being piloted at select sites.	Offenders	Corrections' staff
Reception and review risk assessments	An assessment tool to identify the level of self-harm risk, including risk of suicide that each prisoner presents on reception and at any time while in prison where concerns are raised by custodial staff.	Prisoners	Corrections' custodial staff

Intervention Type	Description	For	Provided By
Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)	Screening tool to detect AOD issues, completed either at pre-sentence, on reception to prison or early in the offender planning process.	Prisoners and community based offenders	Corrections' Health Services staff, case managers and probation officers
Nicotine Replacement Therapy Assessment	NRT assessment questions in the Reception Health Triage advanced form.	Prisoners	Corrections' Health Services staff
Psychopathy Checklist Screening (PCL:SV)	A structured interview assessment that provides an estimate of risk of serious re-offending. It uses risk factors relating to antisocial personality and previous deviant/criminal behaviour that have been shown to be associated with serious recidivism. Used both in specialist assessment of risk but also of treatment need and to identify barriers to effective treatment.	Prisoners	Corrections' psychologists
Millon Clinical Multiaxial Inventory-Version III (MCMI-III)	<p>A comprehensive personality and clinical syndrome inventory for use with people who are being evaluated for emotional, behavioural, or interpersonal difficulties.</p> <p>One of the most widely used and validated measures used around the world to assess personality pathology and the interaction with major mental health issues such as depression, anxiety, and psychosis.</p>	Prisoners	Corrections' psychologists
DASA (Dynamic Appraisal of Situational Aggression)	A simple risk management measure for the assessment and prediction of violence risk over the short-term (24-hours) based on observation and rating of the individuals last 24 hours. DASA has been adapted in New Zealand for application with prisoners and is available for custodial staff to aid with prediction of short-term violence risk and management of emotionally volatile difficult or dangerous prisoners, especially those with personality disorder and possible mental health issues.	Prisoners	Corrections' psychologists and trained corrections officers

Treatment available

Intervention Type	Description	For	Provided By
Forensic services	Treatment for those with serious mental health needs (both in prisons and Secure DHB Forensic Units).	Prisoners	Regional Forensic Mental Health Services (DHB)
Primary health care	Treatment and support, including prescribed medication if required.	Prisoners	Medical officers (doctors) and registered nurses
High Dependency Unit (HDU)	The HDU at Rimutaka Prison was set up in 2012 for prisoners with complex needs who cannot function in the mainstream prison environment. It is the first of its kind in New Zealand and supports prisoners with mental health conditions such as dementia, physical disabilities or neurological disorders. The unit is set up as a health facility with 24 hour/7 day a week health staff and custodial staff on site.	Prisoners	Specialist health staff Corrections officers
Packages of care	Various brief primary mental health interventions offered to prisoners by a contracted provider. Packages of care can include self-guided tools (eg reading material), group sessions looking at improving mental wellbeing, up to six sessions of Cognitive Behavioural Therapy.	Prisoners in all prisons (except Mt Eden Corrections Facility and Auckland South Corrections Facility)	Contracted providers
Mental Health Clinicians	Contracted experienced primary mental health clinicians who support health and custodial staff to assess and manage offenders with mental health issues and provide treatment and support prisoners with mental health needs.	Prisoners in three pilot sites	Contracted clinicians
Supporting offenders with mental health issues pilot	A pilot programme to support offenders with mental health issues. See page 10 for detail.	Prisoners and community-based offenders	A range of Corrections staff and contracted providers

Intervention Type	Description	For	Provided By
High Risk Personality Programme (HRPP)	Specialist programme for people with severe personality pathology with significant ongoing violence issues.	Prisoners in maximum and high security settings at Auckland and Christchurch Men's prisons	Corrections' psychologists
Individual and group treatment	Psychologists provide individual and group treatment targeting acute and chronic issues within individual therapy for offence related needs.	Offenders	Corrections' psychologists
AOD Brief Support motivational programme	A group based motivational programme for offenders to help identify the pros and cons of alcohol and/or drug use, enhance motivation to change problem use, and discuss options to change if desired.	Offenders	Corrections' staff
AOD Intermediate Support Programme	A group-based alcohol and drug programme for prisoners who are willing to consider changes to how they use alcohol and/or drugs. The programme helps prisoners to identify how drugs impact on their life, which changes they want to make and introduces some skills and strategies to support those changes.	Prisoners	Programme facilitators
Drug Treatment Unit 3 and 6 month programmes	An intensive alcohol and drug treatment programme consisting of group-based and individual therapy for prisoners with problematic alcohol and drug use. Includes AOD aftercare services.	Prisoners There are 11 DTUs at nine prisons	Contracted service providers
Intensive Treatment Programme (ITP)	An eight week group-based therapeutic programme for prisoners with problematic alcohol and drug use. Includes AOD aftercare services.	Prisoners	Contracted service providers

Intervention Type	Description	For	Provided By
AOD aftercare worker service	The pilot AOD aftercare worker service supports graduates from ITP or DTU to maintain treatment gains while in prison and upon release. It also provides an intervention service for prisoners who exit early from these programmes.	Prisoners and ex-prisoners	Contracted service providers
Community Residential AOD Treatment Programme and Intensive Outpatient Programme	Specialist residential and outpatient alcohol and drug treatment programmes within the community.	Community-based offenders	Contracted service providers
Offender Digital Health Services	This service is still under development. It is likely to allow offenders to access 24-hour support through a range of digital services such as an AOD helpline and a telephone-based AOD treatment programme.	Offenders	Contracted service providers
Nicotine Replacement Therapy	Medically approved treatment used on its own or in conjunction with behavioural therapy.	Prisoners	Corrections' Health Services staff
Opioid Substitution Treatment	Medically approved treatment for opioid use (eg Methadone, Buprenorphine) used on its own or in conjunction with behavioural therapy.	Prisoners	Corrections' Health Services staff
Work and Living Skills drink-driving education programme	An educational programme to address the harm caused by drinking and driving, enables offenders to examine their behaviour, and assists them to develop strategies to avoid driving while impaired	Community-based offenders	Multi-agency through Community Corrections
Proceeds of Crime 'Meth screening and rehabilitation'	A pilot to provide improved screening and identification of methamphetamine users entering prison and a pilot treatment programme for prisoners identified with problem use.	Prisoners	Corrections' Health Services staff/ Contracted service providers



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