



Performance audit report

Mental health services for prisoners





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Photo provided by the Department of Corrections.

Mental health services for prisoners

This is the report of a performance
audit we carried out under section
16 of the Public Audit Act 2001

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Foreword

Mental illness is a significant health issue, with considerable direct and indirect costs. Prisoners have a high need for mental health services. Responding to mental health issues in prison can help prisoners and staff by improving health, creating a better environment in prison, and potentially reducing reoffending.

Responsibility for prisoners' mental health services is split between the Department of Corrections (primary mental health care), the Ministry of Health (strategic direction of mental health services), and district health boards (provision of specialist mental health services for those in the criminal justice system). District health boards deliver these services regionally through Regional Forensic Psychiatric Services.

The systems for providing mental health services are under significant pressure from increasing prison musters and a high demand for inpatient beds. The needs of prisoners with severe mental illness are generally well catered for but timely access to inpatient beds can be an issue. Service responsiveness is more limited for some groups. These include those with mild to moderate mental illness, women, those with personality disorders, and Māori.

I acknowledge that the agencies involved in providing mental health services to prisoners have committed resources to identify gaps in services, address these gaps, and improve services overall. I was pleased to see that work is being done to better identify prisoners with mental health issues. Service planning and obtaining adequate data for service planning is a difficult area for the agencies involved, and I encourage the Department of Corrections and the Ministry of Health to work closely to improve this.

There are challenges and constraints that come with providing health care in the prison environment, and the staff involved in managing prisoners with mental health needs often do so in difficult circumstances. I thank staff in the Department of Corrections, the Ministry of Health, and the district health boards for their assistance during my audit.



K B Brady
Controller and Auditor-General

11 March 2008

Contents

Summary	5
Our findings	5
Our recommendations	7
Part 1 – Introduction	9
Prisoners’ mental health service delivery	9
Why we did the audit	12
Our expectations	12
How we conducted the audit	13
Outside the scope of the audit	13
Part 2 – Service planning	15
Our expectations	15
Our findings	15
Part 3 – Service delivery	23
Our expectations	23
Our findings	23
Part 4 – Service monitoring and evaluation	33
Our expectations	33
Our findings	33
Figures	
1 Prison population statistics as at 18 November 2007	9
2 Primary mental health care in prison	11
3 Forensic mental health services	11

Summary

Prisoners have a high need for mental health services. The Ministry of Health (the Ministry) estimates that prisoners are three times more likely to require access to specialist mental health services than people in the general population. Providing treatment for mental illness in prisons can deliver significant benefits not just for prisoners but also for prison staff and people in the wider community.

Delivering mental health care to prisoners is a complex and challenging area. There are constraints that come with operating in a prison environment. Delivering services is complicated further by the high level of health need among prisoners and the transfer of prisoners within the justice system.

Responsibility for meeting prisoners' mental health needs is split between the Department of Corrections (the Department), the Ministry, and district health boards' Regional Forensic Psychiatric Services (RFPS). We refer to these organisations as "the agencies" throughout our report.

We conducted a performance audit that focused on the effectiveness of the agencies' systems for delivering mental health services to sentenced and remand prisoners (prisoners). The audit looked at three areas – service planning, service delivery, and service monitoring and evaluation.

The system is subject to a number of pressures, such as increasing prison musters, high demand for inpatient beds, and, for some groups, a lack of services to meet their needs. We found a number of areas where mental health services for prisoners could be improved. However, the agencies were aware of their service issues and they were at various stages of identifying and introducing improvements. Where this was the case, we have noted that this work was under way. We support and encourage the introduction of the improvements. We make eight recommendations to supplement the agencies' work.

Our findings

Service planning

We expected the agencies to have defined roles, responsibilities, and accountabilities for delivering mental health services to prisoners, as well as capability and capacity to respond to prisoners' mental health needs.

We found that the agencies have identified their roles and responsibilities for delivering most mental health services. It was not clear who was responsible for prisoners with personality disorders, but the Department and the Ministry had identified this service gap. At the time of our audit, they were working out how to provide for this group.

Planning services to meet the growth in prison musters is a challenging area for the agencies. The agencies' ability to plan services effectively is limited by the quality and currency of data, particularly on service use and the number of prisoners with mental health needs. In our view, the proposed screening tool would assist the agencies in gathering information on the range of prisoners' mental health needs and enable the agencies to target services to meet these needs. There is scope for the Department and the Ministry to work closely to ensure that they have current and accurate data to meet their joint planning needs.

The Ministry plans forensic mental health services in a five-yearly cycle. The Ministry's ability to respond to changes in demand during its forensic planning cycle is limited. This creates a risk that services may not keep pace with demand. In our view, it would be useful for the Ministry to set up a regular progress review within its planning cycle to ensure that planned services are meeting prisoners' mental health needs.

Service delivery

We expected that prisoners would have timely access to a range of treatment and support services, that the agencies would liaise closely when delivering care and promoting mental health, and that services would respond to the needs of Māori.

We saw some service gaps but agencies were aware of them. Areas where services were limited included timely access to inpatient services, services for those with mild to moderate illness, forensic inpatient services for women, services for those with personality disorders, and services that were responsive to Māori needs. For the Department, timely access to inpatient services was its biggest concern.

In a number of these areas, the agencies had identified and started implementing actions for improvement.

The agencies' mental health screening tool project represents an important step in improving the identification of prisoners' mental health needs for a range of severity. The new mental health screening tool could identify more prisoners with mild to moderate illness, so the Department should be considering how these needs can be met.

The Department did not have a system for periodic mental health screening of the prison population. Beyond initial screening procedures, identification of a mental health need relies on custodial staff recognising signs that mental illness may be present. In our view, there is a risk that prisoners with mental health needs that are not picked up through initial screening or those who develop mental

illness during imprisonment will not be identified and get access to treatment. The Department needs to ensure that custodial staff have enough awareness of behaviours associated with mental health issues to enable them to recognise situations where they should seek input from health staff. Following our audit, the Department advised that it was consulting staff about implementing two-yearly health assessments for longer-term prisoners.

Liaison and collaboration between the agencies in delivering care is important. There are formal and informal mechanisms for managing care between prisons and RFPS. However, use of these systems could be improved, particularly when transferring prisoners under forensic care between prisons.

Mental health promotion is limited because of restrictions in the prison environment and the limited time available for these activities. Mental health promotion and education is an integral part of care for prisoners receiving mental health treatment, but there is minimal promotion for the wider prison population.

Each agency recognises the importance of providing services responsive to Māori needs as a component of mental health services and provides some degree of service in this area. A barrier to providing these services is the availability of staff to deliver kaupapa Māori services.

Service monitoring and evaluation

We expected that the agencies would have mechanisms for monitoring and evaluating prisoners' mental health services.

The agencies have some systems in place to monitor and evaluate services. Both the Department and the Ministry were implementing systems or had work planned to improve service monitoring and evaluation. Given that improvements were in the early stages of implementation, we were unable to determine their effectiveness. However, they appeared to provide a good basis from which to progress.

Our recommendations

We recommend that the Department of Corrections and the Ministry of Health:

- outline the roles and responsibilities for managing prisoners with personality disorders in their Memorandum of Understanding for health services, once they have established those roles and responsibilities (recommendation 1); and
- share current data on prison musters and service demand to meet their joint needs in planning prisoners' mental health services (recommendation 3).

We recommend that the Ministry of Health:

- incorporate regular progress reviews within its forensic service planning cycle to ensure that planned services are meeting prisoners' mental health needs, and to enable planned services to be modified in response to changes in service demand (recommendation 4).

We recommend that the Department of Corrections:

- improve the information available for identifying trends in prisoners' mental health needs and for planning services by establishing a system to collect and record prisoners' mental health information as part of the implementation of the proposed mental health screening tool (recommendation 2);
- ensure that the training it provides to its custodial staff has enough coverage of behaviours associated with mental health issues to enable them to recognise situations where they should seek input from health staff (recommendation 5);
- examine how it can help prisoners with mild to moderate mental health needs to access services that meet their needs (recommendation 6); and
- ensure that relevant staff are aware of transfer constraints and the process to follow when a prisoner under forensic care is being considered for transfer. This should include seeking advice from the Department's health staff and the Regional Forensic Psychiatric Service (recommendation 7).

We recommend that the agencies:

- incorporate activities into their formal monitoring and evaluation processes to ensure that prisoners' mental health services are targeted and responsive to the needs of Māori (recommendation 8).

Part 1

Introduction

- 1.1 In this Part, we describe:
- prisoners' mental health service delivery;
 - why we did the audit;
 - our expectations;
 - how we conducted the audit; and
 - what was outside the scope of the audit.

Prisoners' mental health service delivery

- 1.2 Responsibility for meeting prisoners' mental health needs is split between the Department of Corrections (the Department), the Ministry of Health (the Ministry), and district health boards' Regional Forensic Psychiatric Services (RFPS).¹ We refer to these organisations as "the agencies" throughout this report.
- 1.3 The Ministry estimates that prisoners are three times more likely to require access to specialist mental health services than people in the general population. The Ministry's estimates indicate that 10% of the prison population could experience a mental illness requiring specialist care. Almost a third of the prison population could experience mild to moderate mental health problems.²
- 1.4 Figure 1 shows the general composition of the prison population.

Figure 1
Prison population statistics as at 18 November 2007

Prisoner population		7895
Gender	Female	5%
	Male	95%
Ethnicity	Asian	3%
	European	34%
	Māori	50%
	Pacific peoples	12%
	Unknown/Other	1%

Source: Department of Corrections Weekly Prisoner Statistics.

- 1.5 Delivering mental health services to prisoners is a complex and challenging area. As a population, prisoners often have high and complex health needs because

1 "Forensic psychiatric services" are mental health services delivered by a multidisciplinary team to mentally ill offenders or those who pose a high risk of re-offending.

2 Ministry of Health (2001), *Services for People with Mental Illness in the Justice System: Framework for Forensic Mental Health Services*, Wellington.

they tend not to access health services while in the community. Drug and alcohol dependency is a common problem in those with mental illness. This complicates identification of needs and treatment.

- 1.6 Delivering mental health services is also complicated by the constraints of operating in a prison environment. For example, it can be difficult to administer medication outside the usual prison routines or there can be delays in getting prisoners to clinics because there are not enough officers available for escort duties. There are also ethical constraints around using compulsory treatment in a prison setting. Prisoners under compulsory treatment orders³ must be transferred to a hospital setting, which compounds prisoner demand for forensic inpatient services.
- 1.7 Delivering health care is further complicated by the transfer of prisoners. Prisoners can be moved between prisons to manage prison musters and to attend court hearings. After a court hearing, a prisoner may not return to prison depending on the outcome of their case. Those with mental illness requiring inpatient care can move between prison and forensic mental health inpatient units. Prisoners also return to the community from prison and forensic mental health inpatient units.
- 1.8 Furthermore, prisons are under pressure from increasing growth in the prison population and forensic facilities are struggling to keep up with demand from prisons for inpatient beds. It takes a long time to build new forensic facilities, so it is not always easy to respond to significant increases in demand.

The Department's responsibilities

- 1.9 The Department must ensure that every prisoner is assessed promptly after arriving at prison to identify any immediate physical or mental health, safety, or security needs. It must address any needs identified by that assessment.⁴ A prisoner is entitled to receive any medical treatment that is reasonably necessary, and the standard of health care must be reasonably equivalent to the standard of health care available to the public.⁵
- 1.10 The Department is responsible for providing primary health care, including primary mental health services, to all prisoners. The Department funds and provides these services either directly or through contracts with external providers. Figure 2 outlines the Department's specifications for primary mental health services in the prison setting. Services are delivered through health units at each prison.

3 A compulsory treatment order is a court order requiring the patient to undergo treatment for their disorder. The Court can make either a community treatment order or an inpatient order. Prisoners do not have the option of community treatment as their "community" is prison, and it is not ethical to administer compulsory treatment in the prison environment as prisons are not designed to provide therapeutic treatment.

4 Corrections Act 2004, section 49.

5 Corrections Act 2004, section 75.

Figure 2 Primary mental health care in prison

The Department's specifications for primary mental health services include:

- screening and referral to specialist services;
- managing prisoners with mild to moderate mental disorders that would normally be dealt within the primary care setting;
- providing medication and other treatment in accordance with treatment plans;
- ongoing monitoring of symptoms and treatment;
- providing access to cultural components of service in accordance with assessed need; and
- attending to matters in relation to early intervention, maintenance of health, relapse prevention, problem prevention, and promotion of good mental health.

Source: *Schedule 3: Corrections Prison Health and Disability Support Service Specifications* (May 2002), Part Two, page 13.

- 1.11 The Department has a psychological services group that focuses on providing psychological services to address prisoners' offending. This includes programmes such as violence prevention. The Department's psychological services group is not involved in providing therapeutic services to prisoners with mental health needs.

The Ministry's responsibilities

- 1.12 The Ministry sets the strategic direction for health and disability services, and is responsible for planning and funding forensic mental health services.

District health board responsibilities

- 1.13 District health boards organise forensic mental health services regionally, which they deliver through five RFPs. These regional services use multidisciplinary teams to provide forensic mental health services to mentally ill offenders or those who pose a high risk of offending, as described in Figure 3.

Figure 3 Forensic mental health services

The aim of a forensic mental health service is to provide effective assessment, treatment, and rehabilitation for:

- people charged with criminal offences who have, or may have, a mental illness;
- offenders with a mental illness; and
- people whose potential danger to themselves and others is such that community mental health services cannot manage them.

Forensic services include:

- a court liaison service that provides advice, assessments, reports, and recommendations to the judiciary;
- a prison liaison service that provides outpatient mental health clinics within prison, assessments, transfer of mentally ill prisoners to secure hospital facilities, and consultation/support services for prison staff; and
- inpatient care and community follow-up.

Source: Ministry of Health (2001), *Services for People with Mental Illness in the Justice System: Framework for Forensic Mental Health Services*, Wellington.

Why we did the audit

- 1.14 We conducted a performance audit to assess the effectiveness of the agencies' systems for delivering mental health services to sentenced and remand prisoners (prisoners).
- 1.15 Our audit looked at three areas:
- service planning;
 - service delivery; and
 - service monitoring and evaluation.

Our expectations

- 1.16 To assess the systems for delivering mental health services to prisoners, we set audit expectations. In preparing our expectations we considered:
- *NZS8143:2001 National Mental Health Sector Standard*;
 - the Mental Health Commission's *Blueprint for Mental Health Services in New Zealand: How Things Need to Be*;
 - *Effective Prison Mental Health Services: Guidelines to Expand and Improve Treatment*, from the US Department of Justice, National Institute of Corrections; and
 - *Delivering Efficiently: Strengthening links in public service delivery chains*, from the National Audit Office and the Audit Commission in the United Kingdom.
- 1.17 We expected the agencies to:
- have sound governance and management arrangements with well-defined roles, responsibilities, and accountabilities in delivering mental health services for prisoners, as well as capability and capacity to respond to prisoners' mental health needs;
 - have a range of mental health treatment and support services that prisoners could access in a timely manner;
 - liaise closely and co-ordinate when delivering mental health services to prisoners, promoting mental health, and preventing illness;
 - provide mental health services that are responsive to the needs of Māori; and
 - monitor mental health service performance, evaluate these services, and make service improvements as a result of these activities.
- 1.18 We set out our expectations in more detail in Parts 2, 3, and 4.

How we conducted the audit

- 1.19 To assess the effectiveness of the agencies' systems for delivering mental health services to prisoners, we reviewed their policies, procedures, and protocols. We interviewed staff at the Department's national office, the Ministry, and three RFPS.
- 1.20 We also interviewed health and custodial staff in nine prisons throughout the country. We selected the prisons to give a sample that represented different regions throughout the country, men's and women's prisons, and different sizes and levels of security classification.

Outside the scope of the audit

- 1.21 Our audit did not seek to assess or evaluate:
- the effectiveness of any treatment provided to individual prisoners;
 - RFPS' liaison roles with the courts, police, or community;
 - mental health services for offenders managed by the Department's Community Probation and Psychological Services Group – such offenders are expected to access services available within the community;
 - mental health services for those within the youth justice system;
 - the Department's systems, policies, or procedures for managing prisoners at risk of self-harm, except where we would expect these to be integrated with mental health services; or
 - the Department's and the Ministry's provision of drug and alcohol programmes, except where we would expect these to be integrated with mental health services.

Part 2

Service planning

2.1 In this Part, we outline our expectations for planning prisoners' mental health services, and present our findings on how the agencies met our expectations.

Our expectations

2.2 We expected the agencies to plan prisoners' mental health services effectively. Specifically, we expected the agencies to:

- identify accountabilities for delivering services;
- assess the level of demand for services;
- have effective communication systems and working relationships to deliver co-ordinated services;
- document and implement policies and procedures to ensure that prisoners receive timely access to services;
- identify the training and development that staff need in order to be aware of prisoners' mental health needs; and
- account for how agencies use funding to provide mental health services to prisoners.

2.3 We also expected the Ministry and district health boards to provide for prisoners' mental health services in national and regional mental health strategies.

Our findings

Service accountabilities

2.4 The Department and the Ministry have set out their respective responsibilities for providing prisoners' health services, including mental health services, in a Memorandum of Understanding (MoU).

2.5 Overall, it was clear which agency is responsible for providing services in each particular area. However, there was one exception to this.

2.6 The MoU does not cover prisoners with personality disorders, and it is not clear who is responsible for providing services for them. However, at the time of our audit, the Department and the Ministry were establishing responsibilities for managing prisoners with personality disorders. We discuss services for prisoners with personality disorders further in paragraphs 3.30-3.33.

2.7 In our view, once responsibilities are established, they should be documented to ensure that the Department and the Ministry are clear on where these lie.

Recommendation 1

We recommend that the Department of Corrections and the Ministry of Health outline the roles and responsibilities for managing prisoners with personality disorders in their Memorandum of Understanding for health services, once they have established those roles and responsibilities.

- 2.8 At a local level, Prison Services¹ have service level agreements with the RFPS in their area. These agreements set out roles, responsibilities, and procedures to manage the interaction between Prison Services and RFPS.

Assessing demand for services

- 2.9 In our view, adequate forecasting is essential to effectively manage the delivery of services. However, we recognise that estimating demand for prisoners' mental health services is difficult. Variables, such as changes to sentencing legislation, can increase the need for services.
- 2.10 The agencies were aware that prison musters are increasing and that there would be a flow-on demand for mental health services. The Department had assessed the likely effects of implementing the proposed mental health screening tool (see paragraph 3.8) in terms of resources, but it was not clear whether the Department had assessed the effect that increasing prison musters would have on its primary mental health services.
- 2.11 At the time of our audit, the Ministry and RFPS were beginning a new planning cycle and were drafting plans to take account of increased demand for forensic services. Their draft planning documents also took account of anticipated demand increases arising from the new mental health screening tool.
- 2.12 In our view, to assist in assessing demand, quantifying the number of prisoners with mental health needs is important. We also consider that information on prison musters and forensic service access should be reasonably current. Having such data would assist the agencies to identify trends, estimate future demand more accurately, and target services towards prisoners' mental health needs.
- 2.13 We found that data collection is fragmented in both the Department and the Ministry. It is difficult for the Department to quantify the number of prisoners with mental health needs. For the Ministry, it is difficult to obtain accurate information on prison growth to inform its planning of forensic services.
- 2.14 The Department keeps records on the number of prisoners waiting for forensic inpatient services and has current data on prison musters and trends in prison muster growth. However, the Department could not quantify the number of

¹ Prison Services is the group within the Department responsible for providing safe, secure, and humane containment and for managing the sentences of prisoners.

prisoners with primary mental health needs because its information systems do not record this data.

- 2.15 The Department's health information system can report on prisoners with severe mental illness, but the usefulness of reports depends on accurate data entry in the database. An internal audit in 2006 identified data entry in the health database as an area for improvement. At the time of our audit, the Department was planning to provide training on data entry for its health staff. We recognise that difficulties in obtaining accurate health reporting are not specific to the Department's health service. It is also an issue in the wider health system.
- 2.16 Implementing the proposed mental health screening tool should help the Department and the Ministry to improve the available data on prisoners' mental health needs.
- 2.17 If the proposed tool is implemented, the Department should consider how it can collect and record information on prisoners' mental health needs as a means of obtaining data to meet the agencies' planning needs. It should discuss the Ministry's and RFPS' planning needs and how the data collection system can incorporate them.

Recommendation 2

We recommend that the Department of Corrections improve the information available for identifying trends in prisoners' mental health needs and for planning services by establishing a system to collect and record prisoners' mental health information as part of the implementation of the proposed mental health screening tool.

- 2.18 Because implementing new forensic services is costly in terms of time and budget, the Ministry plans forensic mental health services in a five-yearly cycle. Producing forensic framework documents and conducting censuses of forensic mental health service users are important parts of the Ministry's service planning.
- 2.19 At the time of our audit, the Ministry was drafting its second framework for forensic services, covering the period 2008/09 to 2013/14. The Ministry intends this document to highlight the main issues for forensic services over that period. As part of this process, the Ministry required RFPS to produce five-year plans to co-ordinate national and regional planning. The Ministry anticipated that these plans would enable it to get a better sense of future service needs and to evaluate the costs of these. We agree that these plans have the potential to provide a sound basis for delivering the required services. They may also provide a useful measure for assessing progress in service implementation.

- 2.20 The Ministry has conducted two censuses of forensic mental health service users, published in 2001 and 2007. The most recent census was based on data from 2005. As part of the census, the Ministry sought RFPS' views on future service direction and the major concerns facing them. Reported issues included:
- a lack of services to meet the needs of women;
 - demand for inpatient services;
 - difficulties in obtaining staff who can provide services responsive to Māori;
 - the need for appropriate screening tools; and
 - the level of primary mental health care available within prisons.
- 2.21 The Ministry's 2001 census identified similar issues, such as the inadequacy of forensic facilities for women, workforce issues with providing services responsive to Māori, and a need for more effective screening for mental illness in prisons.
- 2.22 The Ministry has done work to identify aspects of services requiring improvement. Drafting forensic framework documents and conducting censuses provide good opportunities for assessing services and demand. However, we have two concerns about the Ministry's use of the framework documents and censuses in planning forensic services.
- 2.23 First, we observed that there was some delay between obtaining census data and using this information in service planning. The Ministry's 2007 draft forensic framework document quoted 2005 census data. In our view, using two-year-old data limited the effectiveness of the Ministry's forensic service planning, particularly as it was well known that prison musters were increasing, with a likely increase in demand for forensic services. If the Ministry does not use up-to-date information in its service planning, there is a risk that services may not keep pace with demand. We consider that the Ministry should use more current data in its service planning to provide a more accurate picture from which to estimate future demand.
- 2.24 We understand that the Department has readily available statistical information on prison musters and forensic inpatient service demand that it can provide to the Ministry and RFPS for their service planning. We know of one occasion where this information has been shared, and we suggest that the Ministry and the Department collaborate to share current data on prison musters and service demand, and use it in service planning on an ongoing basis.

Recommendation 3

We recommend that the Department of Corrections and the Ministry of Health share current data on prison musters and service demand to meet their joint needs in planning prisoners' mental health services.

- 2.25 Our second concern relates to the Ministry's ability to respond to significant changes in demand during its planning cycle. The Ministry acknowledged that capacity is an issue for inpatient services because they require a lot of resources and it takes a long time to establish extra capacity. In our view, the Ministry should have some flexibility in its five-year planning cycle to respond to changes in demand and to ensure that services keep pace with demand.

Recommendation 4

We recommend that the Ministry of Health incorporate regular progress reviews within its forensic service planning cycle to ensure that planned services are meeting prisoners' mental health needs, and to enable planned services to be modified in response to changes in service demand.

Communication and relationships

- 2.26 The agencies have communication systems in place to co-ordinate services.
- 2.27 The Department and the Ministry have formal processes for communication outlined in the MoU and through a joint prisoner health working group, the Offender Related Health Action Group. This group has a broad health scope that includes resolving issues and barriers to the effective delivery of health services, identifying gaps, and identifying opportunities for improving the delivery of forensic mental health services. The group's membership consists of Department and Ministry management. It meets monthly to discuss issues and track projects of common interest.
- 2.28 Locally, relationships between Prison Services and RFPS appeared to function well. Frequently, Departmental staff told us that RFPS staff members are readily available and that information is shared appropriately. There was a significant amount of goodwill between both services to make the system work. In a number of places, there are staff who have worked in the prison system as well as in RFPS. They considered that this gave them valuable understanding of the different systems.

Policies for getting access to mental health services

- 2.29 The agencies have documented and implemented policies to ensure timely assessment, treatment support, and review of prisoners with mental health needs.
- 2.30 The Department's *Policy and Procedures Manual* outlines the procedures for health and risk assessments on arrival in prison.

- 2.31 Regional service level agreements between Prison Services and RFPS include referral and response processes.
- 2.32 At the time of our audit, the agencies were working to identify and address gaps in services and improve their responsiveness. For example, the Department and the Ministry were reviewing and revising a protocol for managing prisoners requiring acute inpatient treatment and discussing how to provide for prisoners with personality disorders.

Education and training

- 2.33 In our view, ensuring capability is an important aspect of service planning. We expected the Department to identify the training and development that staff need for them to be aware of prisoners' mental health needs. We also expected that Departmental staff involved in identifying prisoners' mental health needs would have enough training for this identification and that, more generally, custodial staff would receive mental health awareness training.
- 2.34 Staff we spoke with considered that the Department supports their training and professional development needs. At the time of our audit, the Department was reviewing its mental health awareness training for custodial staff and piloting a primary mental health care course for its nurses.
- 2.35 The Department does not require its nurses to have mental health experience because they provide primary health care (including primary mental health) services rather than specialist mental health services. Nurses have some mental health knowledge, as this is included in undergraduate nursing training. However, RFPS staff and nurses with mental health experience considered that training beyond this would be useful in the prison environment. We were pleased to see that the Department was considering how to provide further primary mental health training for its health staff.
- 2.36 All custodial staff attend an initial training course that includes training in administering the New Arrival Risk Assessment (see paragraph 3.9) and suicide awareness education. In keeping with their custodial function, the focus of suicide awareness training is on managing risk. It does not specifically focus on, but includes some information about, behaviours associated with mental illness.
- 2.37 Prisoners with mental illness are often managed by custodial staff in At Risk Units.² There is no specific training for staff working in these units, because the Department provides generic training for its custodial staff. A number of staff mentioned that they pick up a lot of mental health knowledge through their informal discussions with RFPS staff and interactions with longer-serving staff in

² At Risk Units are areas of the prison designated for housing prisoners who are at risk of harming themselves or others. Prisoners in At Risk Units are monitored frequently by custodial staff.

At Risk Units. Some RFPS staff commented that staff in At Risk Units are very good at managing mentally ill prisoners despite having little training in this area.

- 2.38 Some staff in At Risk Units had attended education days co-ordinated by the local RFPS, and local mental health awareness courses. They mentioned that these were useful. One RFPS staff member told us that these courses often led to useful discussion between staff in At Risk Units and RFPS staff on the behaviours of prisoners in the At Risk Units.
- 2.39 In our view, RFPS and Prison Services collaborating to deliver mental health awareness training is a valuable opportunity for improving understanding of mental health. It also contributes to strong working relationships between the services.
- 2.40 Given the prevalence of mental health issues in the prison population, it is likely that custodial staff will frequently interact with mentally ill prisoners. Custodial staff should therefore have a reasonable understanding of mental illness and associated behaviours, as well as an awareness of behaviours that may indicate risk of suicide. We consider that the Department should continue to monitor training needs in this area.

Recommendation 5

We recommend that the Department of Corrections ensure that the training it provides to its custodial staff has enough coverage of behaviours associated with mental health issues to enable them to recognise situations where they should seek input from health staff.

Funding

- 2.41 We intended to examine broadly how agencies accounted for funding used to provide mental health services to prisoners. After discussions with the agencies it became apparent that we would not be able to do that. The Ministry does not record funding information in a way that would allow us to identify the mental health service funding for prisoners (the target population of our audit) as distinct from forensic services for people in the community deemed at risk of offending. The Department does not identify primary mental health spending within its national health budget. In our view, the way that agencies accounted for mental health service funding did not impinge on the delivery of those services.

Providing for prisoners' mental health services in health strategies and plans

- 2.42 Prisoners' mental health services are part of the wider mental health system, so we expected that prisoners' mental health services would be included in health strategies and plans.
- 2.43 The Ministry's 10-year plan for improving mental health³ sets the strategic goals for the mental health sector. The plan acknowledges the need for agencies to work together to meet the special needs of those within the criminal justice system. It mentions women, in particular, as having specific cultural and gender needs when they access forensic mental health services.
- 2.44 *Te Kōkiri: The Mental Health and Addiction Plan 2006–2015*, published by the Ministry, identified three actions for forensic services:
- evaluating how the forensic framework has been implemented;
 - examining options for the role of the Ministry and district health boards in planning, funding, and delivering forensic services; and
 - continuing to develop and support inter-sectoral initiatives and frameworks to ensure that the needs of people in the criminal justice system are met.
- 2.45 Regionally, Auckland's RFPS has a strategic plan to develop services, while the Central Region's district health boards have produced a draft *Regional Mental Health and Addiction Strategic Plan* that includes some detail on progress made with forensic services. The plan does not include any actions for forensic services specifically, although broader actions such as workforce development and responsiveness of services will have some effect on forensic services.
- 2.46 We were pleased to see that the *South Island Regional Mental Health Strategic Plan 2005–2008* noted a need to report on the effect of the new prison at Milton and provide recommendations for new or additional services.

3 Minister of Health, (2005), *Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan*, Wellington.

Part 3

Service delivery

- 3.1 In this Part, we outline our expectations of the agencies in delivering prisoners' mental health services. We then discuss our findings on prisoners' access to mental health services, and how the agencies liaise and collaborate to provide care and promote mental health.
- 3.2 We also discuss how services respond to the needs of Māori, who represent a disproportionately large group within the prison population.

Our expectations

- 3.3 We expected that:
- prisoners could access a range of mental health services in a timely manner;
 - the agencies would liaise and collaborate to ensure continuity of care when prisoners are transferred between jurisdictions;
 - the agencies would collaborate in promoting mental health wellness and preventing illness; and
 - mental health services would be responsive to the needs of Māori.

Our findings

Access

- 3.4 We examined how the agencies identify prisoners' mental health needs and the range of services that are available to prisoners.
- 3.5 We were satisfied that prisoners receive adequate information on how they can access the available mental health services.

Identifying prisoners who need access to mental health services

- 3.6 Effective screening of the prison population is essential to identify prisoners with possible mental health needs.
- 3.7 The Department has procedures for determining prisoners' health needs when the prisoners arrive in prison. These include a health screen on arrival followed by a more comprehensive health assessment. Each assessment has a component to determine any mental health needs.
- 3.8 The agencies recognised that they needed a more effective mental health screening tool and set up a collaborative project to develop a mental health screening tool for use in prisons. They intend this tool to identify mild to moderate mental health needs as well as more severe needs. After a possible need is identified, further assessment and referral to the appropriate service is required.

At the time of our audit, the screening tool had been trialled and data from the trial was being evaluated. Early indications were that the tool had significantly increased the identification of mental health issues with varying degrees of severity. It had increased the number of referrals for forensic services.

- 3.9 Departmental policy requires new arrivals in prison to undergo a New Arrival Risk Assessment, which is administered by custodial staff. This assessment is a generic risk assessment that includes questions about mental health. If a prisoner is deemed “at risk”, the custodial staff initiate further assessment. Custodial staff also use the assessment for situations other than new arrivals, such as prisoner transfers between units or prisons or when a prisoner receives news of a family death. While the assessment’s scope is broader than mental health, it is another procedure that can identify prisoners’ mental health needs.
- 3.10 Custodial staff can use the New Arrival Risk Assessment at any time to initiate a mental health assessment if they have concerns about a prisoner’s mental health. However, some Departmental staff queried the assessment’s effectiveness as an ongoing assessment tool because it was designed to assess new arrivals’ risk status. The Department has drafted terms of reference to review this.
- 3.11 The Department does not have a system for periodically screening the prison population for mental health issues. To identify prisoners with mental illness who are not picked up through initial screening or those who develop mental illness during imprisonment, custodial staff or health unit staff need to recognise signs that mental illness may be present. Staff told us that they are alert for changes in behaviour and are mindful of mental health issues in their contact with the prisoners. The Department advised that periodic screening of the prison population would be difficult because of the turnover of the prison population. It was not aware of any jurisdictions internationally that conduct periodic screening for mental health issues in prisons.
- 3.12 We recognise that the proposed mental health screening tool has the potential to improve identification of prisoners’ mental health needs. However, in our view, there is a risk that prisoners with mental illness that is not recognised at the initial screening or those who develop mental illness during imprisonment will not be identified and will not get access to treatment. If the Department relies on its custodial staff to recognise signs of mental illness, it needs to ensure that they have enough awareness and understanding of behaviours associated with mental illness. We make a recommendation about this in Part 2 (see Recommendation 5).
- 3.13 Following our audit, the Department advised that it was consulting staff about implementing two-yearly health assessments for longer-term prisoners.

The range of services available

- 3.14 The range of mental health services available to prisoners is limited in some areas of primary and forensic services. The situation is similar in the community, where there is variability in mental health services.
- 3.15 The agencies are aware of service gaps and, in some cases, had identified and started implementing improvements. For example, the agencies are collaborating on the new screening tool to identify mental health needs.
- 3.16 Areas where services are limited include:
- timely access to inpatient services;
 - services for those with mild to moderate illness;
 - forensic inpatient services for women;
 - services for those with personality disorders; and
 - services responsive to Māori needs (discussed in paragraphs 3.50-3.63).

Inpatient services

- 3.17 Acute mental health needs are provided for but timely access to inpatient services does not occur in some instances. This is the Department's major concern about mental health services for prisoners.
- 3.18 Section 45 of the Mental Health (Compulsory Assessment and Treatment) Act 1992 outlines the process for transferring prisoners for inpatient care. Demand for inpatient beds means that prisoners are not always able to be transferred and must remain in prison until a bed is available. This is a particular problem for the Auckland region, but other RFPS indicated they also have high demand for inpatient beds.
- 3.19 RFPS manage demand for inpatient services through waiting lists and prioritise access based on clinical information. While a prisoner is waiting for inpatient treatment, RFPS staff continue to monitor the prisoner and provide advice to the Department's health and custodial staff.
- 3.20 The numbers waiting for inpatient treatment are not large. From July 2006 to June 2007, 59 prisoners were placed on the waiting list in the Auckland region, with the number fluctuating monthly between 9 and 24. Of the 59 prisoners, 34 (58%) were on the waiting list for 40 days or less. Ten prisoners (17%) were on the waiting list for between 41 and 80 days. The remaining 15 prisoners (25%) waited longer than 80 days, with 10 of these prisoners waiting more than 100 days. While the numbers are small, the length of time some prisoners spend on the waiting list is a concern. However, prisoners are prioritised on a clinical basis so those with the greatest needs are treated first. As we are not clinicians, we were not in a

position to assess the appropriateness of the priority given to individual prisoners, but we understand that the priority for inpatient treatment is regularly reviewed and we support this approach.

- 3.21 The Department's view is that, regardless of the length of time on the waiting list, prison is not the appropriate environment for acutely unwell prisoners. It also considers that it should not be responsible for their care, because its staff have a custodial role not a therapeutic one. The Department is concerned that this situation leaves its staff exposed to legal and health and safety risks. The Ministry recognises that prisoners with acute mental health needs remaining in prison is less than ideal, but is constrained by the number of inpatient beds available.
- 3.22 In June 2005, the Department and the Ministry agreed a protocol to manage acutely unwell prisoners when no bed is available. The Department intended this to be an interim measure while further inpatient beds were established, but demand for inpatient beds continues to be an issue.
- 3.23 The Department and the Ministry are continuing to seek an agreement on how to manage the assessment process for prisoners with acute mental health needs.
- 3.24 RFPS staff mentioned that the length of patients' stay, as well as the number of patients entering the service, contributed to the demand for beds. Stays with RFPS tend to be lengthy, and the lack of appropriate community facilities for discharge encourages longer stays. Two RFPS we visited were examining how to make improvements in this area:
- Auckland RFPS is conducting some research into waiting list trends to inform the development of new ways through its service; and
 - Wellington RFPS stated in its draft five-year plan that it intends to address the lack of community options for discharging forensic patients by creating community housing.

Services for mild to moderate illness

- 3.25 Providing therapeutic psychological services can help reduce the likelihood of reoffending. There are few mental health services for prisoners with less severe mental health needs. Frequently, Departmental staff told us that its primary health care services lacked treatment options such as counselling for prisoners with mild to moderate illness.
- 3.26 The Department advised us that it is not funded to provide counselling or therapeutic psychological treatment because these services are not available in a typical general practice in the community.
- 3.27 Given the combination of the Department's rehabilitative and custodial duties, the likelihood that the new mental health screening tool will identify more

prisoners with mild to moderate mental health needs (see paragraph 3.8), and constraints on prisoners' ability to obtain health care privately, the Department may need to think about how mild to moderate mental health needs of prisoners can be met. In our view, a lack of publicly funded services in the community does not absolve the Department's responsibility to ensure that prisoners' needs in this area are met.

Recommendation 6

We recommend that the Department of Corrections examine how it can help prisoners with mild to moderate mental health needs to access services that meet their needs.

Forensic mental health services for women

- 3.28 Women prisoners requiring forensic mental health services have different needs from men. The Department identified that the number of women prisoners was increasing, which would place more pressure on forensic providers to deliver services that meet the needs of women. In its 2007 draft forensic framework document, the Ministry acknowledges the special needs of women and seeks input on how RFPS intend to take account of the expected increase in demand from this group.
- 3.29 RFPS reported that there was a lack of services to meet the needs of women. The Canterbury RFPS in particular identified that it had limited options for inpatient treatment of women. It has included this as a developmental area in its draft forensic five-year plan.

Prisoners with personality disorders

- 3.30 The estimated prevalence of personality disorders in the prison population is high. A national study¹ commissioned by the Department identified that almost 60% of prisoners had at least one diagnosis of personality disorder. The severity of the personality disorders within that 60% would probably vary.
- 3.31 Prisoners with personality disorders are not well served. However, we acknowledge that the field of personality disorders is complex and that managing people with personality disorders is difficult. Those with personality disorders are not always deemed to be ill, and the condition is not always treatable. Interventions are mainly cognitive and behavioural based.
- 3.32 It is not entirely clear who is responsible for providing services to this group. In the Ministry's view, forensic mental health services are not responsible for prisoners with personality disorders unless they have a mental health need as well as a

1 *The National Study of Psychiatric Morbidity in New Zealand Prisons: An Investigation of the Prevalence of Psychiatric Disorders among New Zealand Inmates: An Epidemiology Study Commissioned by the Department of Corrections and Co-sponsored by the Ministries of Health and Justice, (1999), Wellington.*

personality disorder. The Ministry considered that primary health services should manage most prisoners with personality disorders. However, the Ministry accepts that personality issues are a priority for the health sector.

- 3.33 The Department considers that prisoners with severe personality disorders can represent a significant and ongoing risk to themselves and others. As noted previously (see paragraph 2.6), the Department and the Ministry are working on a policy to establish how to manage prisoners in this group. We strongly encourage the agencies to establish the policy.

Liaison and collaboration in care

- 3.34 The delivery of care is complicated by prisoner transfers between prisons or to RFPS. Systems are needed to ensure continuity of care when prisoners are transferred.
- 3.35 Overall, there are formal and informal ways for managing care when prisoners with mental illness are transferred between prisons and between prison and RFPS inpatient units.
- 3.36 The Department has national databases for recording prisoners' information. This means that staff across Prison Services can access information when prisoners are transferred between prisons. Health information is recorded in a health database accessible only to health unit staff. Paper-based health files also are transferred with prisoners. Custodial staff can access relevant information in the Integrated Offender Management System database. This includes new arrival risk assessment information as well as information from pre- and post-sentence reports, which can indicate that a prisoner has mental health needs. Health and custodial staff can use the Integrated Offender Management System to put a transfer constraint on a prisoner's file. If the Department is considering transferring that prisoner, the transfer constraint should trigger an alert to seek further information on the prisoner's situation.
- 3.37 Procedures for sharing information when prisoners move between Prison Services and RFPS are outlined in service level agreements between the two services. Departmental and RFPS staff commented that information exchange also occurs informally through their daily interactions and that this works well.
- 3.38 In our view, the use of transfer constraints could be improved. Departmental staff told us that the use of transfer constraints varied. Some staff mentioned that there are situations where a transfer constraint is in place and the prisoner is still moved. RFPS staff mentioned that prisoners they treat in prison are sometimes moved without consultation. We were told of one instance where a forensic

service contacted its RFPS counterpart for information on a prisoner coming into its care and discovered that the other forensic service was not aware that the prisoner had been transferred between prisons.

- 3.39 Therapeutic relationships in mental health require a significant amount of trust and can take a long time to establish. Transferring a prisoner can disrupt a therapeutic relationship, resulting in setbacks for a prisoner's recovery. We consider that the Department should ensure that it consults RFPS clinicians when it considers transferring a prisoner under forensic care. However, we realise that immediate prisoner transfers are necessary in some instances. In these situations, the Department should ensure that the RFPS receives notification of the transfer as soon as is practicable.

Recommendation 7

We recommend that the Department of Corrections ensure that relevant staff are aware of transfer constraints and the process to follow when a prisoner under forensic care is being considered for transfer. This should include seeking advice from the Department's health staff and the Regional Forensic Psychiatric Service.

Release planning

- 3.40 Planning for a prisoner's mental health care to continue on his or her return to the community is a difficult area for the Department's health services and RFPS. Once a prisoner has been released, it is difficult to compel that prisoner to maintain contact with community mental health services.
- 3.41 The Department's release planning processes require sentence planners to obtain relevant health information to help the prisoner back into the community. However, a number of health staff we spoke to indicated that their involvement in release planning varied and they considered this to be an area that could be improved.
- 3.42 The Department does not have a standardised discharge process from its health services but intends to introduce procedures to ensure national consistency for discharging prisoners into the community.
- 3.43 RFPS staff told us that release planning from their service can be complicated by a lack of community beds and reluctance on the part of general mental health services to accept former RFPS clients. The Ministry's 2001 forensic framework identified this issue. The Ministry's 2007 draft forensic framework noted improvements in the interface between RFPS and general mental health services and identified that further improvements could be made.

Mental health promotion

- 3.44 We expected the agencies to promote mental health awareness to the prison population, as well as assist prisoners to maintain good mental health.
- 3.45 The agencies acknowledged that mental health promotion for the prison population is important. However, they told us that promoting awareness and good mental health to the wider prison population is challenging because of restrictions in the prison environment and the limited time available for these activities.
- 3.46 We found that mental health promotion and education is an integral part of care for those receiving mental health treatment but that there is minimal promotion for the wider prison population.
- 3.47 The Department has a general health promotion policy that includes mental health promotion. While it is a national policy, the Department's individual health units are expected to get involved in local health promotion activities within the wider community. The policy also states that the Department's health staff are expected to focus on appropriate screening, opportunistic education, and interventions to aid early detection.
- 3.48 The Department's specifications for its primary mental health care service include attention to matters such as early intervention, maintenance of health, relapse prevention, problem prevention, and promoting good mental health. We saw Mental Health Commission and Ministry information pamphlets displayed in some health units, but beyond this there was little to suggest that promotion and prevention activities occurred for the wider prison population.
- 3.49 The Department's health staff provide education on diet and exercise as ways to keep well, but options for using these in the prison environment are limited. The *Ombudsmen's Investigation of the Department of Corrections in Relation to the Detention and Treatment of Prisoners* (2005) outlines these issues in more detail.

Services for Māori

- 3.50 Responding to the needs of Māori involves consulting with relevant groups when developing services, providing training on the mental health needs of Māori, providing services to promote Māori mental well-being, and monitoring and evaluating services to ensure that they are responsive to the needs of Māori.
- 3.51 Each agency recognised the importance of providing services responsive to Māori needs as a component of mental health services. Each had some degree of service provision in this area. Departmental and RFPS staff had mixed views on whether

mental health services were responsive to the needs of Māori. It was common for people to consider that services were adequate but that more resourcing would improve access and improve the services' ability to meet the needs of Māori. RFPS staff told us that a barrier to providing services responsive to the needs of Māori was the availability of staff to deliver kaupapa Māori services. The Ministry also acknowledged this in its draft forensic framework.

Consultation and provision of training

- 3.52 The Department advised that, when it drafts health policies and procedures, it consults internally with its cultural advisers and externally with the Ministry's Māori Health Directorate. The Department's health staff receive cultural awareness training as part of their induction, but there is no specific education on the mental health needs of Māori.
- 3.53 The Ministry seeks advice from its Māori Health Directorate in planning services for Māori. It also seeks input from iwi stakeholders.

Services provided for Māori well-being

- 3.54 The Department does not provide any specific primary mental health services for Māori. It identifies the provision of Rongoa Māori Traditional Healing Services as part of its primary health care responsibility. The Department intended that these services would be provided by local or regional Māori traditional healing services but had not been able to fund them.
- 3.55 The Department has a kaiwhakamana visitor policy. This allows kaumatua to be registered as kaiwhakamana and visit prisoners to offer support and assistance. We were told of instances where kaiwhakamana had been used to provide spiritual support and guidance.
- 3.56 Health and custodial staff told us that they can seek advice from the Department's cultural advisers or Māori custodial officers if they encounter a situation where cultural input is required.
- 3.57 Each RFPS we visited provides services for Māori through either a cultural adviser or Māori mental health workers.
- 3.58 Auckland's RFPS has several components of its service that are specific to Māori. Staff can make referrals for cultural input, and the RFPS cultural adviser makes assessments using a Māori cultural appraisal form. The RFPS operates a kaupapa Māori unit with practices complemented by Western medical practice. The RFPS offers its prison clients a wānanga programme focusing on te reo Māori, tikanga, and cultural identity. At the time of our audit, the RFPS cultural adviser was

proposing a new project to create a suicide screening tool for Māori that would include cultural phenomena that might indicate suicide risk.

- 3.59 Wellington's RFPS has kaumatua and kuia, as well as Māori mental health workers. It has a Māori mental health nurse to provide both clinical and cultural assessments.
- 3.60 Canterbury's RFPS employs a cultural adviser to work with Māori who come through the service. The RFPS provides cultural clinic sessions at Christchurch Men's Prison for prisoners under forensic care.
- 3.61 RFPS in two locations told us that the availability of services responsive to the needs of Māori women is limited.

Monitoring and evaluation of services

- 3.62 We found that all the agencies involved in delivering mental health services to prisoners did minimal monitoring and evaluation of services to ensure that they were responsive to, and effective at meeting, the needs of Māori.
- 3.63 We consider that this is an area that agencies need to incorporate into formal monitoring and evaluation of services. Given the disproportionate number of Māori in the prison population, agencies should be considering ways to ensure that services are responsive to the needs of Māori.

Recommendation 8

We recommend that the agencies incorporate activities into their formal monitoring and evaluation processes to ensure that prisoners' mental health services are targeted and responsive to the needs of Māori.

Part 4

Service monitoring and evaluation

4.1 In this Part, we discuss how the agencies monitor and evaluate prisoners' mental health services.

Our expectations

4.2 We expected the agencies to have systems for monitoring and evaluating prisoners' mental health services and ensuring that these systems contribute to improving services.

Our findings

4.3 Overall, there are some systems in place that allow the agencies to monitor and evaluate prisoners' mental health services. The Department and the Ministry have identified that these need improvement. Both the Department and the Ministry are implementing systems or have work planned that should contribute to improvements in monitoring and evaluation.

4.4 The Department has some systems for monitoring and evaluating its primary health care services. These include:

- a continuous quality improvement policy;
- an annual audit schedule; and
- Regional Clinical Quality Assurance Adviser positions.

4.5 These systems are relatively recent initiatives. They are still in the early stages of implementation, so we were unable to determine their effectiveness. However, the systems appear to provide a good basis from which to progress.

4.6 The Department's continuous quality improvement policy requires each health unit to implement a system with regular monitoring of standards, services, and health outcomes. It also intends to use feedback from these activities and clinical reviews to improve services. The Department told us that it used these processes to ensure that services are responsive to, and effective at meeting, the needs of Māori.

4.7 The Department was also introducing an annual audit schedule for its health units. Each month it would audit one area such as medication charts or health promotion. It intended to use the information from these audits to improve practice.

4.8 The Department has Regional Clinical Quality Assurance Advisers who assist with monitoring and evaluation activities. Their focus is on initiating quality improvement activities within the regions. The advisers meet with the

Department's National Clinical Leader every three months to share information and plan work programmes.

- 4.9 In 2006, the Department did an internal audit of its prisoner health services. The findings of this internal audit initiated a review of the Department's health service configuration. The Department was consulting on the revised structure at the time of our audit. We encourage any changes that will ensure consistent practice throughout health units, and formalise mechanisms for identifying and implementing best practice in the Department's health services.
- 4.10 In April 2007, the Department, the Police, and the Ministry of Justice collaborated on a gap analysis of mental health pathways through the justice sector. They examined their processes for identifying and referring mentally unwell people to the appropriate health provider and identified actions to address the gaps. Tasks for the Department's Prison Services to improve mental health service provision included:
- producing guidelines for getting information from community health providers;
 - working with courts and the Police to ensure that information from their processes accompanies a prisoner when they arrive in prison;
 - implementing a new mental health screening tool;
 - developing policy to guide management of prisoners with personality disorders and offenders with high and complex needs;
 - developing an agreement with the Ministry of Health on the management of acute forensic patients who are waiting for inpatient treatment;
 - developing primary mental health assessment and treatment training packages for clinical staff; and
 - increasing specialist input for those who do not meet the threshold for inpatient treatment.
- 4.11 In our view, the gap analysis of mental health pathways through the justice sector is an important piece of evaluative work. It has the potential to improve the delivery of mental health services to prisoners, and our report refers to several pieces of work arising from the gap analysis.
- 4.12 Given the Ministry's strategic role in providing prisoners' mental health services, it has a crucial part in service monitoring and evaluation. The Ministry's main planning documents, forensic mental health service user censuses and forensic frameworks, provide a good basis for monitoring and evaluating services.

- 4.13 While the Ministry's draft forensic framework document identified issues that the Ministry needed to consider in planning services, it did not provide detail on how the Ministry would address these issues. It may be that RFPS plans will provide this detail once they are finalised, but it would be useful for the Ministry to have its own mechanism for monitoring service implementation against its forensic framework.
- 4.14 In our view, the Ministry needs to translate information from its planning documents into a planned implementation process with actions to measure progress against. We make a recommendation about this in Part 2 (see recommendation 4).
- 4.15 In its draft forensic framework, the Ministry acknowledged there were few indicators of forensic service performance and recognised a need to establish service guidelines and a monitoring system. The Ministry sought input from RFPS on assessment and reporting criteria.
- 4.16 In our view, establishing agreed service performance guidelines has the potential to provide an effective mechanism for service monitoring and evaluation. We were pleased to see that the Ministry took a co-ordinated approach in producing its draft forensic framework, seeking views from both RFPS and the Department.
- 4.17 Each RFPS we visited has a documented quality assurance programme and collected information on referral timeframes and service throughput. Clinical audits, review of clinical pathways, and obtaining consumer feedback are common systems for monitoring and evaluating services.
- 4.18 As mentioned above, we consider that service performance guidelines will be a useful addition to these activities.

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