DEPARTMENT OF CORRECTIONS
ARA POUTAMA AOTEAROA

05 December 2023 C174754

[redacted]

Tēnā koe [redacted]

Thank you for your email of 24 October 2023 to the Department of Corrections – Ara Poutama Aotearoa, requesting information about deaths at Invercargill Prison over the last 10 years. Your request has been considered under the Official Information Act 1982 (OIA).

Corrections has a duty of care to all people in prison, which we take very seriously. While our prison population has decreased in recent years, the complexity of people coming into our management has changed. Our staff are managing a growing number of people, including defendants remanded in custody, with mental health and disability needs.

Our research shows that people in prison have higher rates of complex personality traits, and mental health and substance use disorders than the general population. It is estimated that 62 percent of those in prison have met the diagnostic criteria for either a mental health or substance use disorder within the last 12 months, and 91 percent will meet these diagnostic criteria at some time over the course of their lives. Our research also suggests that these psychological disorders can go undetected and untreated prior to prison.

For a variety of reasons, both individual and systemic, people in prison may not have had their health needs detected or addressed in the community. When a person enters prison, they undergo an induction process by custodial and health services. This includes a reception health assessment undertaken by health staff, which assesses each person's physical and mental health needs, including whether they may be at risk of self-harm or suicide and whether they require a referral to a prison doctor or other services to address immediate general and/or mental and addictions health care needs. Staff also assess people for a risk of self-harm and suicide whenever they become aware that a person's circumstances have changed, or their behaviour is a cause for concern.

Our Health Services staff work hard to ensure all people in prison receive a standard of healthcare that is reasonably equivalent to that available to the public. Every New Zealand prison has a health centre, and primary healthcare services are delivered by our Health Services team. This includes general practitioner (GP) services, nursing, basic dentistry, physiotherapy, disability and mental health and addictions services. Where secondary or tertiary healthcare services are required, referrals are made on the same basis as any person in the community.

Corrections is committed to preventing unnatural deaths and incidents of self-harm in prisons. The causes of suicide are complex and people in prison are a known high-risk group.

As we have become more aware of the level of significant mental health issues for people in prison, our role has expanded to strengthen our response to support the needs of this group. We make every effort to ensure people's mental wellbeing and physical safety during their time in custody. This can be very challenging for our frontline staff who work hard to support people with complex needs. Please refer to page 56 to 58 of our 2022/23 Annual Report for more information about Corrections' work to reduce suicide and self-harm in prisons, which is available on our website: https://www.corrections.govt.nz/__data/assets/pdf_file/0007/50578/Annual_Report_2022-2023.pdf

Corrections has undertaken two thematic reviews of suspected suicides - "Suicide in New Zealand Prisons – 1 July 2010 to 30 June 2016" and a review of unnatural deaths in custody during the 2019/2020 financial year. As a result of these thematic reviews, Corrections established the Suicide Prevention Advisory Board and developed their Suicide Prevention and Postvention Action Plan 2022-2025.

Corrections' Chief Executive has also commissioned the Chief Inspector to undertake a thematic review of apparent suicides and incidents of self-harm threat to life in prisons from 1 July 2016 to 30 June 2021. This review will support our ongoing efforts to strengthen health services for people in prison.

Corrections reports on deaths in custody in the below two categories:

- Apparent Unnatural Deaths – this can include death as an apparent result of suspected suicide, an accident, suspected homicide or a death where the cause is unable to be initially confirmed; or
- Apparent Natural Deaths – the death while in custody of any person in prison, as an apparent result of natural causes.

All deaths in custody are investigated by the independent Office of the Inspectorate (the Inspectorate), with recommendations arising from the Inspectorate's review being initially considered and where accepted, actioned appropriately. All deaths in custody are also referred to the Coroner.

The Coroner, not Corrections, ultimately determines the cause of death of a person who passes away in prison.

Deaths in custody may also be referred to New Zealand Police. Where a death in custody is an apparent suicide or is otherwise suspicious, New Zealand Police make the decision on whether to investigate.

We are committed to learning from all suicides in prison to do everything we can to prevent further deaths of this nature.

You can find more information about deaths in custody on our website: www.corrections.govt.nz/working_with_offenders/prison_sentences/managing_offenders/deaths_in_custody

You requested:

> *Can I please get the details of the amount of deaths that have occurred at the Invercargill Prison each year for the past 10 years.*
>
> *Also - what were the causes of death if known.*

Invercargill Prison takes its duties to ensure the safety of people in prison seriously. The prison facilitates regular meetings between Regional Forensic Mental Health services and prisoners with severe and enduring mental health needs. A Clinical Nurse Specialist Mental Health works on site as part of an outreach component of the Intervention and Support Practice team which is based out of Otago Correctional Facility, to work with people in prison with moderate to severe mental Health needs. A specialist clinician with a focus on improving mental health for mild to moderate mental health needs also works on site, and the men in this prison can self-refer to them, or be referred by staff. Invercargill Prison also offers short-term mental health interventions to all people they manage, which aims to support participants with their mental health, while providing strategies to cope with change and prepare for release or sentencing.

Please see the below table which shows the number of deaths in custody at Invercargill Prison for the last ten financial years, and their cause of death broken down by whether it was natural or unnatural.

Year	Number of Deaths	Apparent Cause of Death
2014/2015	1	Suicide*
2015/2016	1	Suicide*
2016/2017	0	-
2017/2018	0	-
2018/2019	1	Natural Causes*
2019/2020	0	-
2020/2021	1	Suspected Suicide
2021/2022	0	-
2022/2023	1	Suspected Suicide
2023/2024*	1	Suspected Suicide

*As at 24 October 2023 – The first three causes of death have been certified by the Coroner.

> *I see we did a story about a death on August 4 last year: https://www.stuff.co.nz/national/129535246/investigation-launched-into-invercargill-prison-death*

Is it possible to get the outcome of the independent Corrections Inspectorate investigation?

The investigation into the death you reference is ongoing and has not yet been completed. This part of your request is therefore refused under section 18(e) of the OIA, as the information requested does not yet exist.

Please note that this response may be published on Corrections' website. Typically, responses are published quarterly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

I trust the information provided is of assistance. I encourage you to raise any concerns about this response with Corrections. Alternatively, you are advised of your right to also raise any concerns with the Office of the Ombudsman. Contact details are: Office of the Ombudsman, PO Box 10152, Wellington 6143.

Ngā mihi

Dr Juanita Ryan
Deputy Chief Executive Health