Dr Kris Fernando

Clinical Psychologist and Neuropsychologist

National Manager, Psychology and Mental Health, Clinical Services Directorate, ACC

Selena Dominguez

Category Manager

Specialised Treatment Services, ACC

Friday, August 12, 2016

(Plenary)

7:00 - 8:00 ACC Breakfast Session - Demystifying Mental Injury

Demystifying Mental Injury

Dr Kris Fernando - National Manager
Psychology and Mental Health

Selena Dominguez – Category Manager,
Specialised Treatment Services

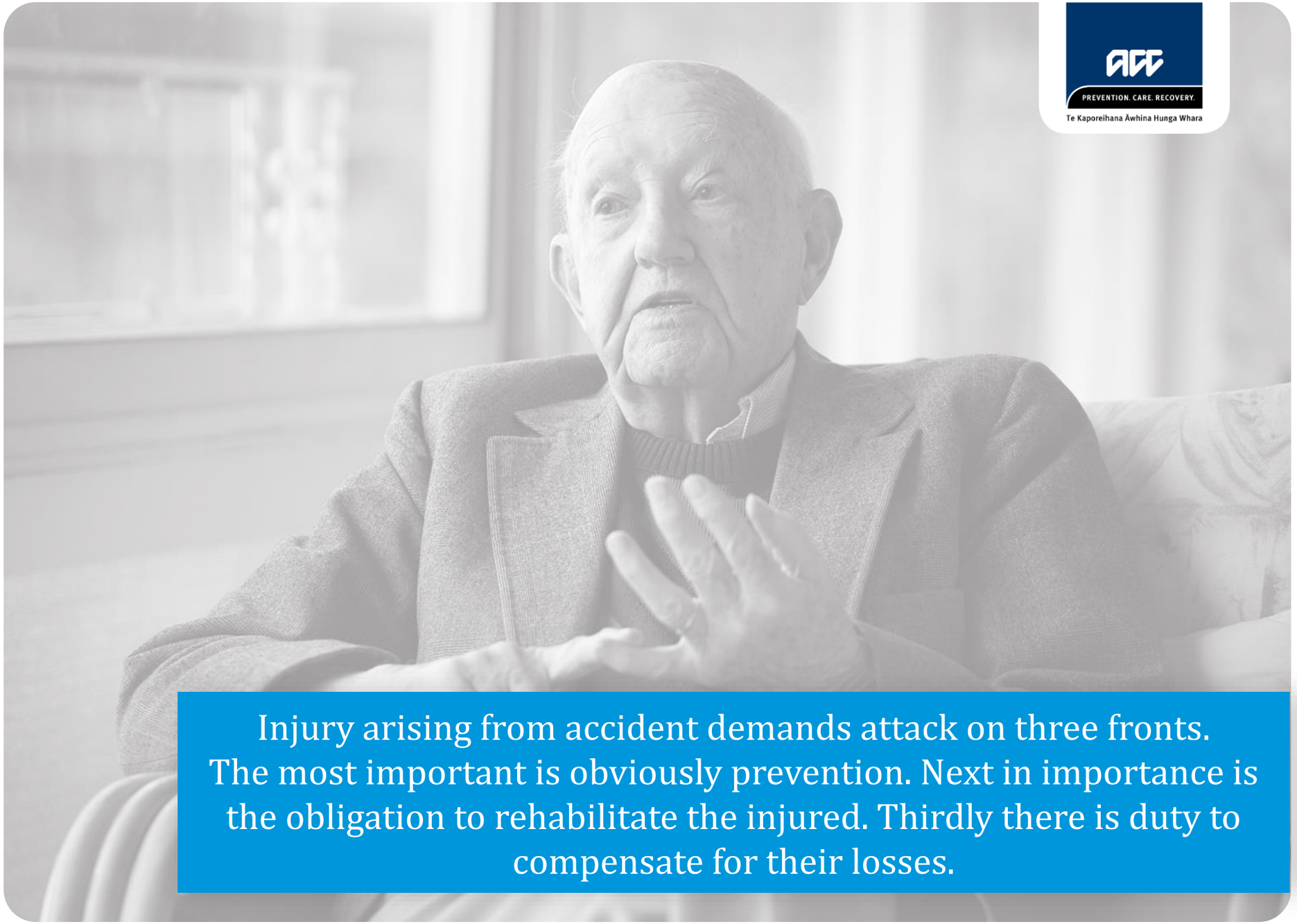
August 2016

What we will be Discussing Today

- An Introduction to Mental Injury and ACC
- Work Related Mental Injury (WRMI)
- Mental Injury Caused by Physical Injury (MICPI)
- Willfully Self Inflicted Injuries
- The Integrated Services for Sensitive Claims (ISSC)
- ACC45 and AC Act 2001 Schedule 3 Events
- Pain Re-Design

A Bit About The Scheme

Why we're here and what we do



The services we provide

Provides comprehensive 24-hour no-fault cover for all New Zealand citizens, residents and temporary visitors who sustain certain types of personal injury in NZ

Rehabilitation

- Treatment services
- Social rehabilitation
- Vocational rehabilitation

Compensation

- Weekly compensation
- Lump sums for permanent impairment
- Assistance for family after fatal injury

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

Mental Injury

Mental Injury

A clinically significant behavioural, cognitive or psychological dysfunction

Determined using diagnostic classification system

Caused by:

- Physical Injury
- Criminal Act [sexual]
- Traumatic event at Work (Work Related Mental Injury)
- Treatment Injury

Mental Injury - Notification

- ACC45 Injury claim form
- ACC18 Medical certificate
- ACC5774 Mental injury report
- Letter from a general practitioner or provider indicating client has a coverable mental injury
- ACC32 Request for additional treatment
- ACC54 Application form for lump sum/independence allowance.

Work Related Mental Injury

Work Related Mental Injury (WRMI)

Criteria for cover

- Date of event -1 October 2008
- The event occurred within the course of the person's employment
- The traumatic event or its direct aftermath was witnessed or experienced directly – seen or heard
- The event caused, or contributed to, the mental injury
- The mental injury was caused by a single, sudden event, rather than repeated events at work over time – no cover outside of work, or MI caused by stress
- The mental injury caused by the event is one that most people might develop in the same circumstances

WRMI – Early Intervention

- Up to 4 sessions once ACC receives notification of mental injury application
- Subsequently, client decides whether they would like a mental injury assessment
- Mental injury assessment – ACC4247
- Further two sessions while ACC makes cover decision
- If cover granted, eligibility for further counselling

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

Mental Injury Caused by Physical Injury

Mental Injury Caused By Physical Injury (MICPI)

Covered:

Mental injury that is caused by a physical injury.

Not Covered:

Pre-existing mental injury exacerbated or rendered symptomatic
Mental injury caused by the circumstances of the accident (and/or consequences) rather than the physical injury.

May be Covered

Mental injury caused by a combination of the accident (or other factors) and physical injury accepted by ACC (sometimes called the ‘matrix of facts’)

Psychological intervention can be provided without MICPI cover

Mental Injury Caused by Physical Injury (MICPI)

Questions

Is the physical injury a significant cause of the current mental condition? If yes, on what basis have you reached your conclusion?

What are the circumstances of the accident which have caused or contributed to the current mental condition?

To what extent can the client's mental condition be attributed to the events that occurred on date of injury as opposed to the physical injury suffered on that date?

What other life events, issues or incidents separate from the claimed injury or events on date of injury that have contributed to the client's mental condition?

Wilfully Self Inflicted Injuries (WSI)

Wilfully Self Inflicted Injuries

ACC is unable to provide entitlements other than treatment and ancillary services related to treatment for:

- a personal injury that a claimant wilfully inflicts on himself or herself with the intent to injure
- the death of a claimant due to an injury inflicted in the circumstances described above

Exception – the personal injury or death was a result of:

- A mental injury suffered because of physical injuries/workplace trauma/Schedule 3 event for which the client has ACC cover for

Wilfulness test

The necessary requirements:-

- The client must have committed a ***deliberate act*** (i.e. intended to undertake the act leading to the injury);

- The client must have ***intended*** to cause themselves an injury; and

- The client must have ***cognitive capacity***, i.e. fully understand the consequences of the act.

ACC has to determine whether self harm was intended and wilfully self inflicted (rule out accident) and what capacity the client did or did not have.

What has to be considered in determining Cognitive Capacity?

- Nature and extent of mental health problems
- Were they receiving Compulsory treatment under the Mental Health Act?
- Was there temporary cognitive incapacity via significant drug and/or alcohol ingestion – inability to form a clear intention to harm themselves?
- Client age

Summary of Legislation - WSI

- Cover accepted for physical injuries caused by WSI. If no physical injuries then cover declined.
- Entitlements such as weekly compensation usually not payable
- Entitlements apply if the person likely did not have the cognitive capacity to form intention to harm self.
- Entitlements may also be payable if the WSI or suicide arose from a mental injury which ACC has covered or would have covered in the case of sensitive claims.

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

Mental injury Caused by Sexual Abuse

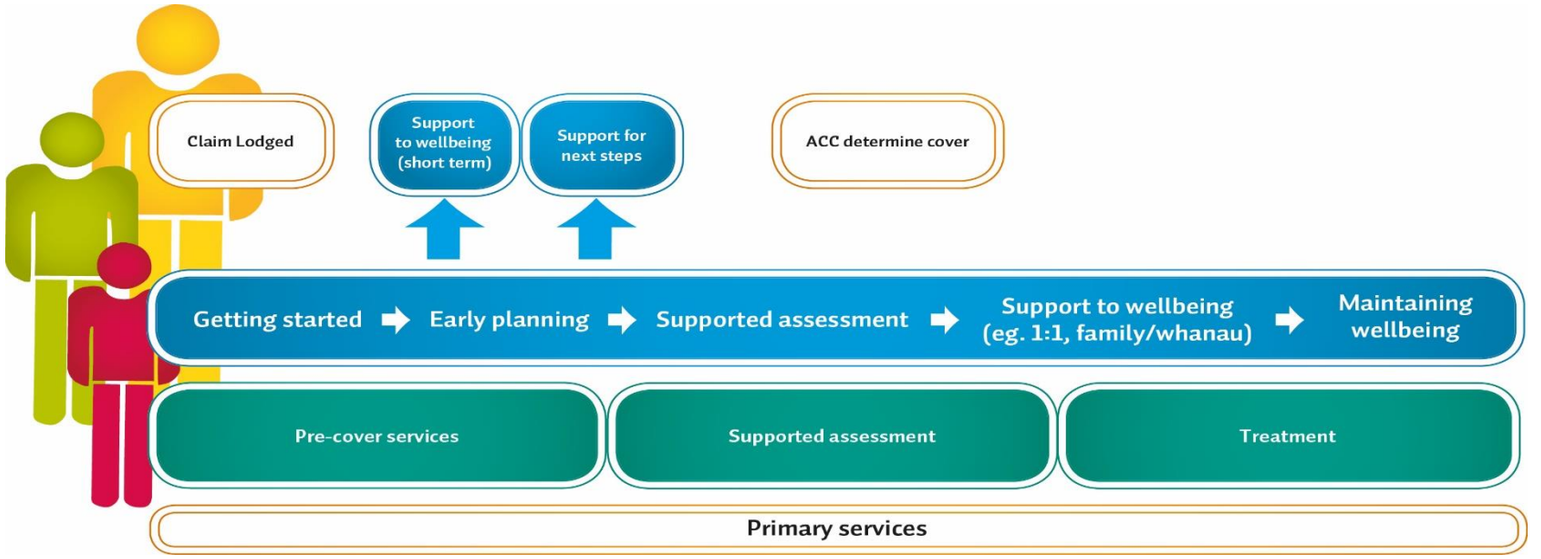
Integrated Services for Sensitive Claims

- Anyone who has experienced sexual abuse or assault in New Zealand can seek assistance from ACC, including visitors

- Fully funded support, treatment and assessment is available even if the abuse is historical
- Flexible and adaptable – can always come back for more support

- Introduction of support services available alongside therapy;
  - Up to 10 hours of Social Work
  - Up to 20 hours of family/whanau support
  - Up to 10 hours of cultural advice for the provider

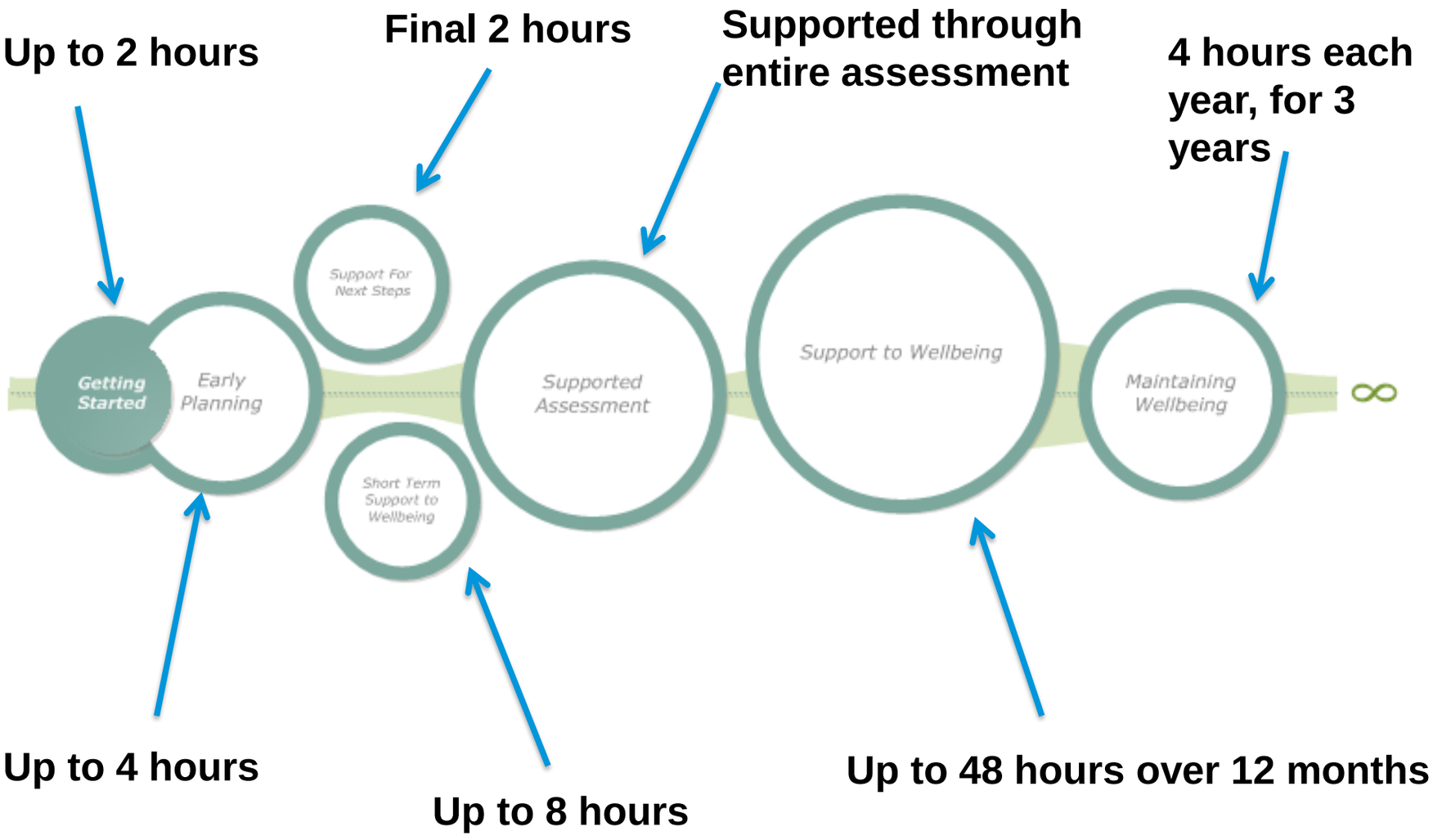
The new integrated service delivery model



CLIENTS BENEFIT SIGNIFICANTLY THROUGH...

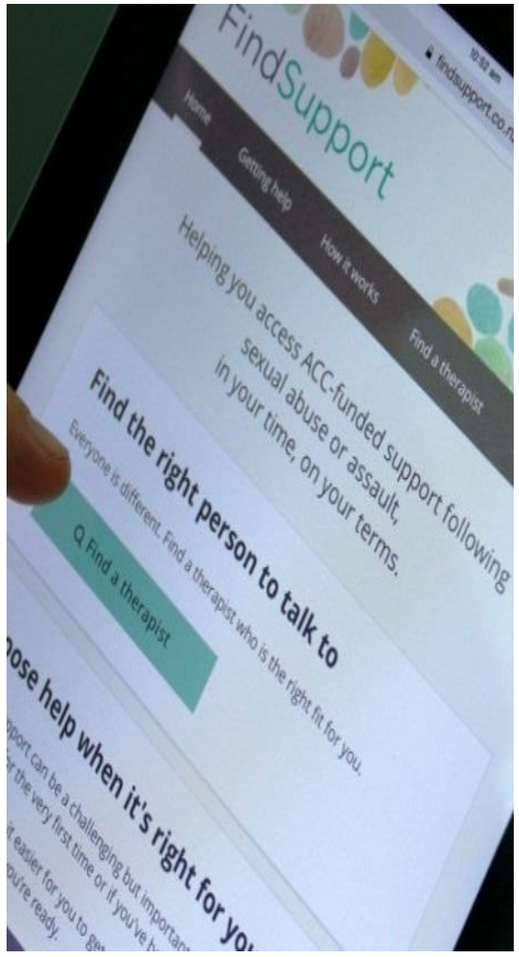
- Client focused approach.
- Supported assessment.
- Early intervention and support.
- Family/whanau approach.
- Enhanced cultural responsiveness.
- Integrated delivery of services.
- Multi-disciplinary approach.
- Holistic focus on wellbeing.
- Measurable outcomes.

Integrated Service for Sensitive Claims



www.FindSupport.co.nz

A website that can be accessed by clients, family and support people.



Assisting clients to access ACC-funded support in their time, on their terms.

The website allows the client to find a therapist in their area.

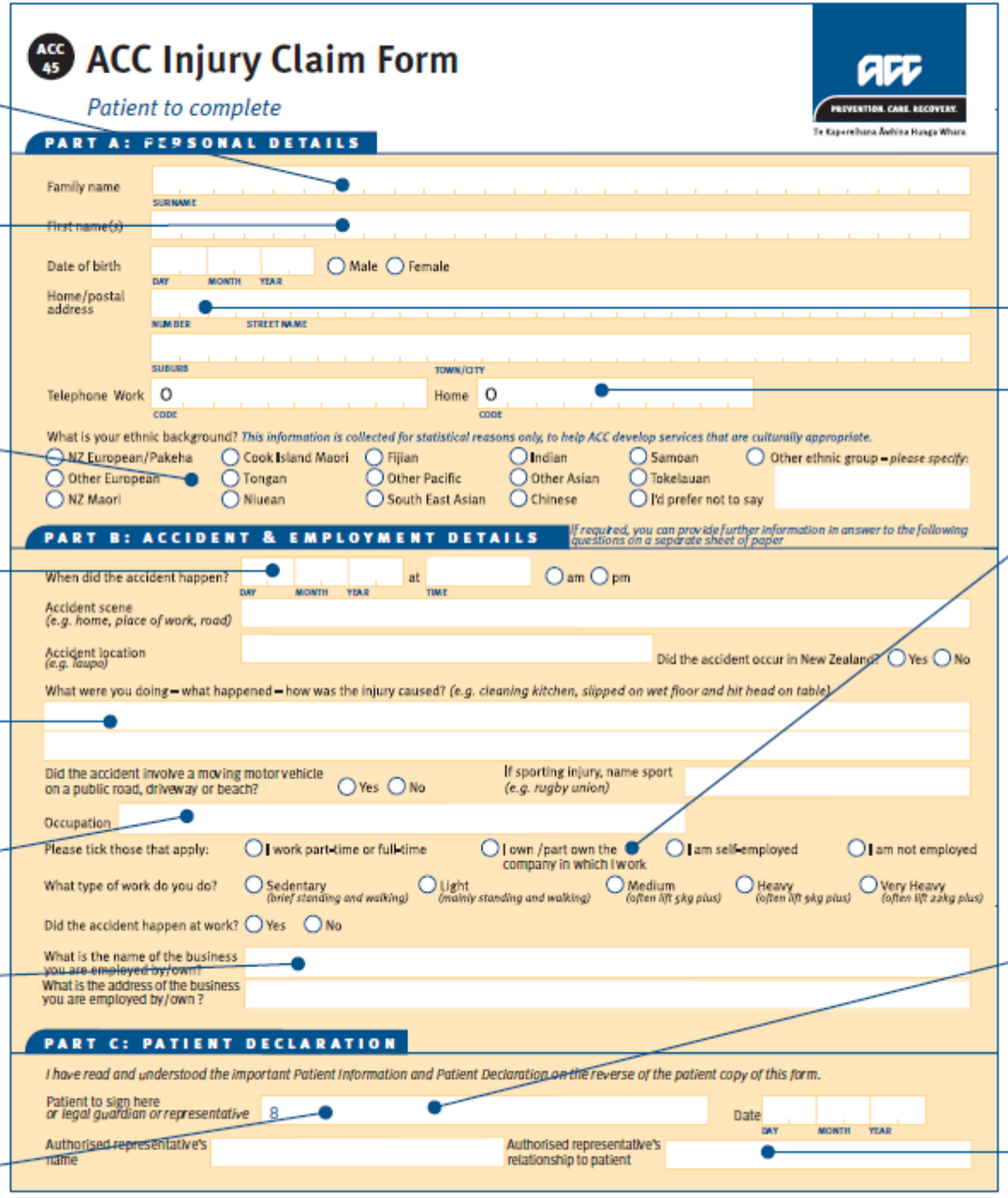
Allowing the client to ensure they choose the help that suits them.

The website is easy to follow and explains:

- How to get help
- Why get help
- How it works
- Finding a therapist
- What ACC can help with
- Help for family and whanau

ACC45 and AC Act Schedule 3 Events

Parts A,B & C:
Patient Information



ACC 45 ACC Injury Claim Form

Patient to complete

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

PART A: PERSONAL DETAILS

Family name
SURNAME
First name(s)
Date of birth
DAY MONTH YEAR
Male Female
Home/postal address
NUMBER STREET NAME
SUBURB TOWN/CITY
Telephone Work 0
CODE
Home 0
CODE

What is your ethnic background? *This information is collected for statistical reasons only, to help ACC develop services that are culturally appropriate.*

NZ European/Pakeha; Other European; NZ Maori; Cook Island Maori; Tongan; Niuean; Fijian; Other Pacific; South East Asian; Indian; Other Asian; Chinese; Samoan; Tokelauan; I'd prefer not to say; Other ethnic group – *please specify:*

PART B: ACCIDENT & EMPLOYMENT DETAILS

If required, you can provide further information in answer to the following questions on a separate sheet of paper

When did the accident happen?
DAY MONTH YEAR
at
TIME
am pm

Accident scene
(e.g. home, place of work, road)

Accident location
(e.g. Taupo)

Did the accident occur in New Zealand? Yes No

What were you doing – what happened – how was the injury caused? *(e.g. cleaning kitchen, slipped on wet floor and hit head on table)*

Did the accident involve a moving motor vehicle on a public road, driveway or beach? Yes No

If sporting injury, name sport
(e.g. rugby union)

Occupation

Please tick those that apply: I work part-time or full-time; I own /part own the company in which I work; I am self-employed; I am not employed

What type of work do you do? Sedentary *(brief standing and walking)*; Light *(mainly standing and walking)*; Medium *(often lift 5kg plus)*; Heavy *(often lift 9kg plus)*; Very Heavy *(often lift 22kg plus)*

Did the accident happen at work? Yes No

What is the name of the business you are employed by/own?

What is the address of the business you are employed by/own ?

PART C: PATIENT DECLARATION

I have read and understood the important Patient Information and Patient Declaration on the reverse of the patient copy of this form.

Patient to sign here
or legal guardian or representative
Date
DAY MONTH YEAR

Authorised representative's name

Authorised representative's relationship to patient

Please also give previous surname if changed in the past few years.

Accurate name, address and date of birth information enables ACC to link new claims to previous claimant records.

ACC collects ethnicity data to ensure that it can provide services that are culturally appropriate.

When did the accident happen – if exact date not known, the year will be acceptable.

Please provide either Schedule 3 (see over) event number or a description of the incident/s.

ACC needs this information even if this is not a work injury.

Occupation information helps ACC to estimate the impact of injuries on individuals in particular occupations.

The employer name & address is required if the claimant needs time off work.

The form must be signed and dated before it can be accepted by ACC.

Check if this is a safe address for ACC to write to.

ACC calls many claimants. Accurat information assists in making conta quickly.

Please tick one box

Employers pay for work claims (including claims for shareholder employees).

Self-employed people pay for wor claims to the self-employed.

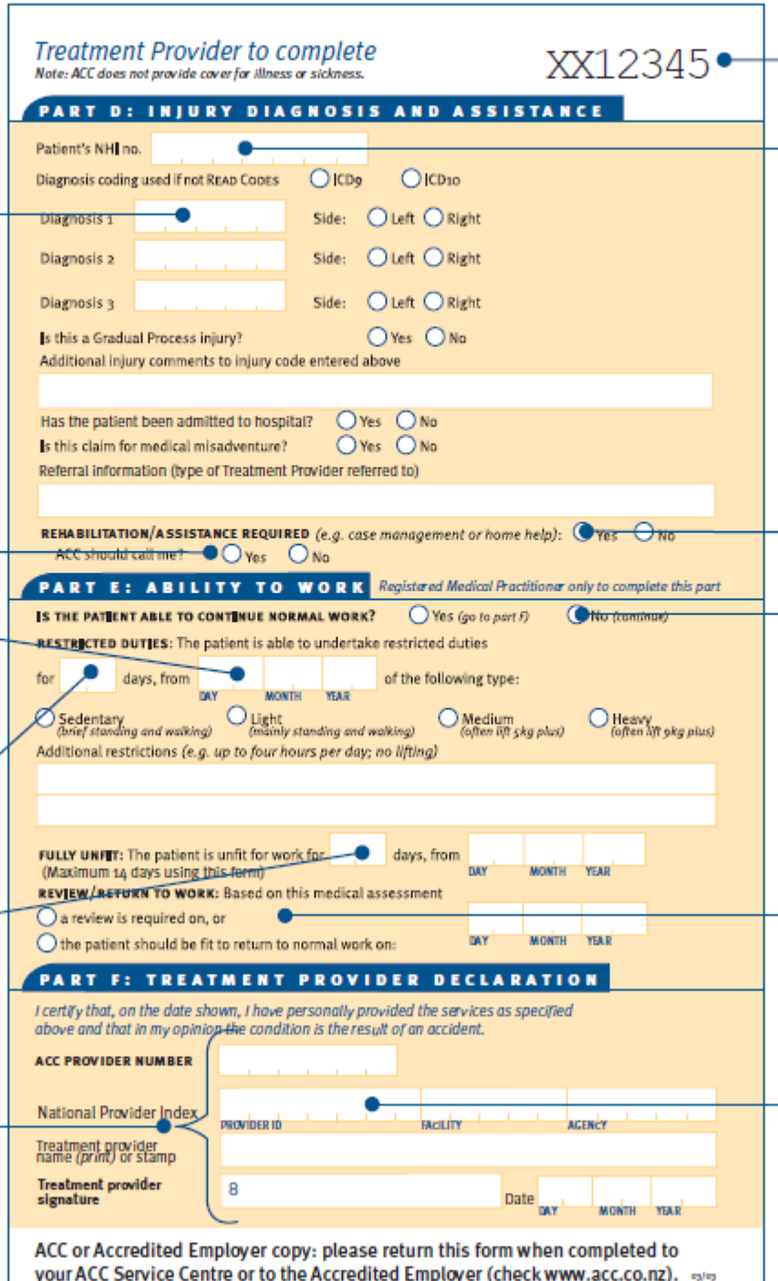
The government pays for claims fro people who are not in employmen

Earners pay for non-work claims (e. home, sport) from employees, self-employed & shareholder employees.

The patient signature, in conjunctio with the patient declaration on the reverse of the form, authorises the provider to lodge the claim with AC and to release information to ACC and its agents.

Representative details must be give if signing for/on behalf of claimant

Parts D,E & F completed by GPs



Treatment Provider to complete
Note: ACC does not provide cover for illness or sickness.

XX12345

PART D: INJURY DIAGNOSIS AND ASSISTANCE

Patient's NHI no.

Diagnosis coding used if not READ CODES ○ ICD9 ○ ICD10

Diagnosis 1 Side: ○ Left ○ Right

Diagnosis 2 Side: ○ Left ○ Right

Diagnosis 3 Side: ○ Left ○ Right

Is this a Gradual Process injury? ○ Yes ○ No

Additional injury comments to injury code entered above

Has the patient been admitted to hospital? ○ Yes ○ No

Is this claim for medical misadventure? ○ Yes ○ No

Referral information (type of Treatment Provider referred to)

REHABILITATION/ASSISTANCE REQUIRED *(e.g. case management or home help)*: ○ Yes ○ No

ACC should call me? ○ Yes ○ No

PART E: ABILITY TO WORK *Registered Medical Practitioner only to complete this part*

IS THE PATIENT ABLE TO CONTINUE NORMAL WORK? ○ Yes *(go to part F)* ○ No *(continue)*

RESTRICTED DUTIES: The patient is able to undertake restricted duties

for ____ days, from ____ DAY ____ MONTH ____ YEAR of the following type:

○ Sedentary *(brief standing and walking)* ○ Light *(mainly standing and walking)* ○ Medium *(often lift 5kg plus)* ○ Heavy *(often lift 9kg plus)*

Additional restrictions *(e.g. up to four hours per day; no lifting)*

FULLY UNFIT: The patient is unfit for work for ____ days, from ____ DAY ____ MONTH ____ YEAR
(Maximum 14 days using this form)

REVIEW/RETURN TO WORK: Based on this medical assessment

○ a review is required on, or ____ DAY ____ MONTH ____ YEAR

○ the patient should be fit to return to normal work on:

PART F: TREATMENT PROVIDER DECLARATION

I certify that, on the date shown, I have personally provided the services as specified above and that in my opinion the condition is the result of an accident.

ACC PROVIDER NUMBER

National Provider Index ____ PROVIDER ID ____ FACILITY ____ AGENCY

Treatment provider name *(print)* or stamp

Treatment provider signature 8 Date ____ DAY ____ MONTH ____ YEAR

ACC or Accredited Employer copy: please return this form when completed to your ACC Service Centre or to the Accredited Employer (check www.acc.co.nz). 03/13

Please provide a diagnosis of the mental injury that has arisen from the Schedule 3 event. ACC requires one or more diagnosis codes using Read, ICD9 or ICD10 (please indicate which one is used) or you may write the diagnosis eg "depression".

See the address on the back of this form for Sensitive Claims.

Tick "Yes" if the patient will need further assistance from ACC such as home help or case management. Tick "No" if the patient just needs simple medical or referred treatment without other assistance from ACC.

Please consider if the patient is able to return to work on restricted duties. If so, please indicate the number of days and the nature of the restriction.

If the patient does not want the employer to see this form due to the nature of the information on it, you may certify incapacity on a separate ACC 18 medical certificate.

ACC Provider number, name, signature & date must be completed before the form can be accepted by ACC.

Quote this ACC45 Claim Form number if you call ACC about this claim.

NHI Number, if known.

Tick "Yes" if you want an ACC case manager to call you about the claim.

You only use the rest of this panel if the patient is unable to continue normal work (i.e. can perform restricted duties or is fully unfit for work).

Indicate whether the next event is a return to work or a follow-up visit to review the injury.

Then give the date of that follow-up or expected return to work.

National Provider Index not yet required.

ACC-45 Information

Sensitive Claims

ACC1149 which can also be accessed off the external website - www.acc.co.nz – and this provides details as to the information required.
The READ Code SN571 – Sexual Abuse should be included – along with any diagnoses that appear to be appropriate.

Work Related Mental Injury

Applicable READ Codes

Eu431	PTSD
Eu430	Acute Stress reaction

READ codes for depression/anxiety might also be applicable

Additional Injury Comments

Comments such as ‘psychological distress following work related traumatic event’ can be entered here.

AC Act 2001: Schedule 3 Events

- Indecent communication with young person under 16 years
- Sexual violation
- Attempted sexual violation
- Assault with intent to commit sexual violation
- Inducing sexual connection by threat
- Inducing indecent act by threat
- Incest
- Sexual connection with dependent family member
- Attempted sexual connection with dependent family member
- Indecent act with dependent family member
- Meeting young person following sexual grooming, etc
- Sexual connection with child under 12
- Attempted sexual connection with child under 12
- Indecent act on child under 12

AC Act 2001: Schedule 3 Events Cont ….

- Sexual connection with young person under 16
- Attempted sexual connection with young person under 16
- Further offences relating to female genital mutilation
- Indecent act on young person under 16
- Indecent assault
- Exploitative sexual connection with person with significant impairment
- Attempted exploitative sexual connection with person with significant impairment
- Exploitative indecent act with person with significant impairment
- Compelling indecent act with animal
- Assault on a child, or by a male on a female.
- Infecting with disease
- Female genital mutilation
- Further offences relating to female genital mutilation

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

Pain Re-Design

Pain Re-Design

- ACC will implement a new pain management service from 01 December 2016
- This replaces the eight existing services
- The new service delivers multidisciplinary input tailored to each patient’s needs
- Primary Care can refer directly to this service on completion of a simple screening questionnaire (Short-form OREBRO)
- More information will be circulated to GP's and Primary Care teams in late 2016.

Take-Away Messages

Take Away Messages

GP awareness of mental injury criteria important

Mental Injury pre-cover assistance is available

Contact BAP or Specialised Services Team re queries

How to contact us

- www.findsupport.co.nz

- Sensitive Claims Unit – 0800 735 566
  - sensitiveclaims@acc.co.nz
  - isscclaims@acc.co.nz

- Kris Fernando – National Manager Mental Health and Psychology
  - Kris.fernando@acc.co.nz – 09 354 8544

- Selena Dominguez – Category Manager, Specialised Treatment Services
  - Selena.dominguez@acc.co.nz – 04 816 7684

Provider contact Centre 0800 222 070 providerhelp@acc.co.nz

Resources

Links to the Publications sections of the ACC website:

Making a Claim>Injury from Sexual abuse or assault (http://www.acc.co.nz/publications/index.htm?ssBrowseSubCategory=Injury from sexual abuse or assault)

Making a Claims>Maori access (http://www.acc.co.nz/publications/index.htm?ssBrowseSubCategory=Maori access)

The most efficient method of locating the products is entering into the search function the number of the publication. The relevant numbers are:

ACC7264 (wallet card) – Find Support contacts for finding support after sexual abuse or assault

ACC7115 (brochure in English) – Client centred support – accessing support following sexual abuse or sexual violence

ACC7376 (brochure in Te Reo Maori) - Client centred support – accessing support following sexual abuse or sexual violence

The Te Reo Maori brochure is the only product currently listed in the Maori access category. Note that only the brochure is listed here, not the wallet card (which is in English).

In regards to mental injury fact sheet info for clients, the following publication 'Mental Injury Assessments' can be located from the link: http://www.acc.co.nz/search-results/index.htm?ssUserText=PSYIS01