

Provider & Psychology Advisor Forum

Pathway Selection

Cover and Wellbeing
(Package A)

vs

Specialist Cover Assessment
(Package B)

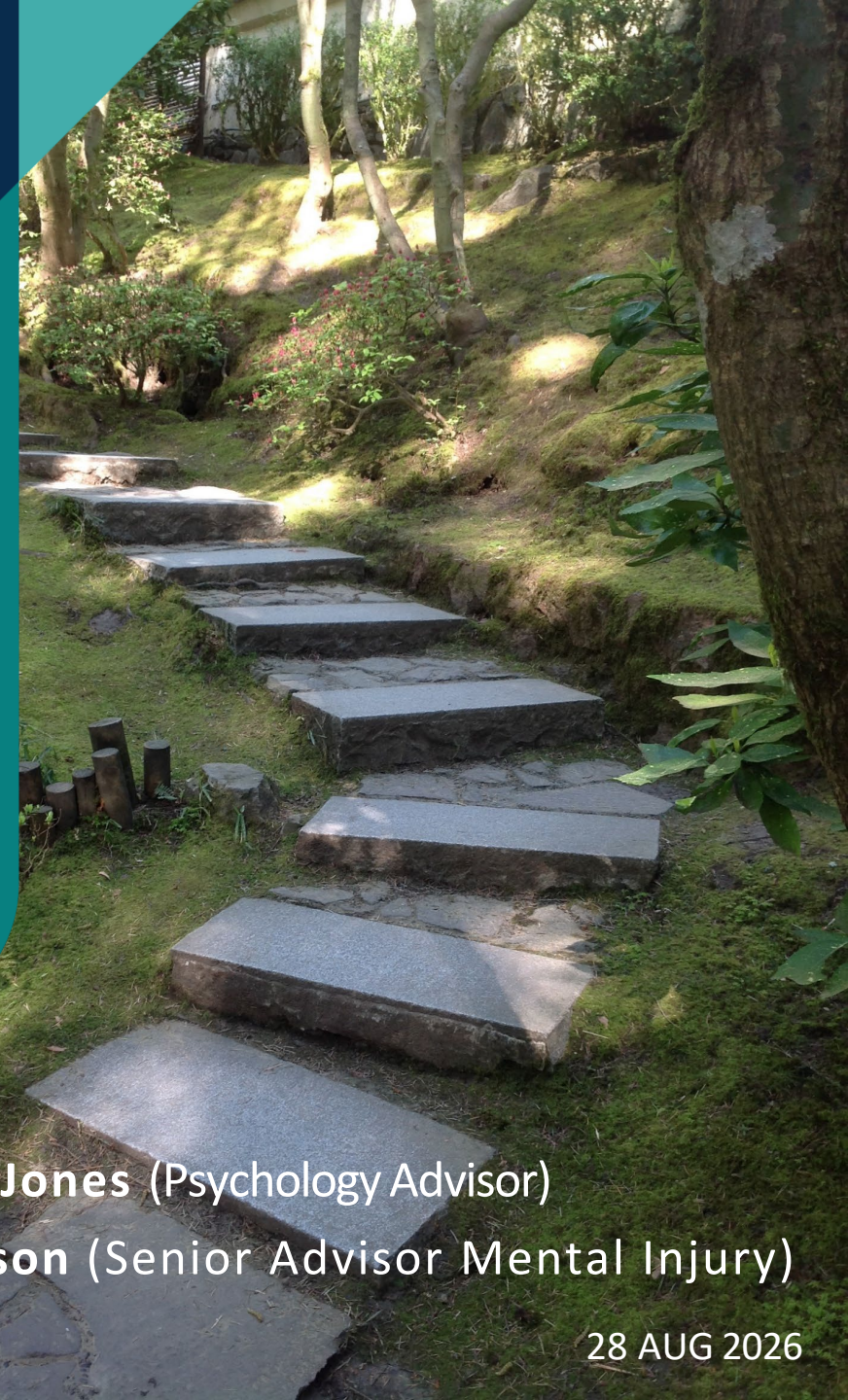


He Kaupare. He Manaaki. He Whakaora.
Prevention. Care. Recovery.

Jennifer Jones (Psychology Advisor)

Sam Nelson (Senior Advisor Mental Injury)

28 AUG 2026



Whāia, whāia
Whāia, te tika
Whāia, te pono
Whāia, te aroha
Mō te oranga tāngata
Kia puta ki te whai ao,
Ki te ao mārama
Haumi e, hui e, tāiki e

ACC's Purpose Karakia

Striving to do what is right

Undertaking to act justly

Being considerate of everyone

That it may improve the lives of all



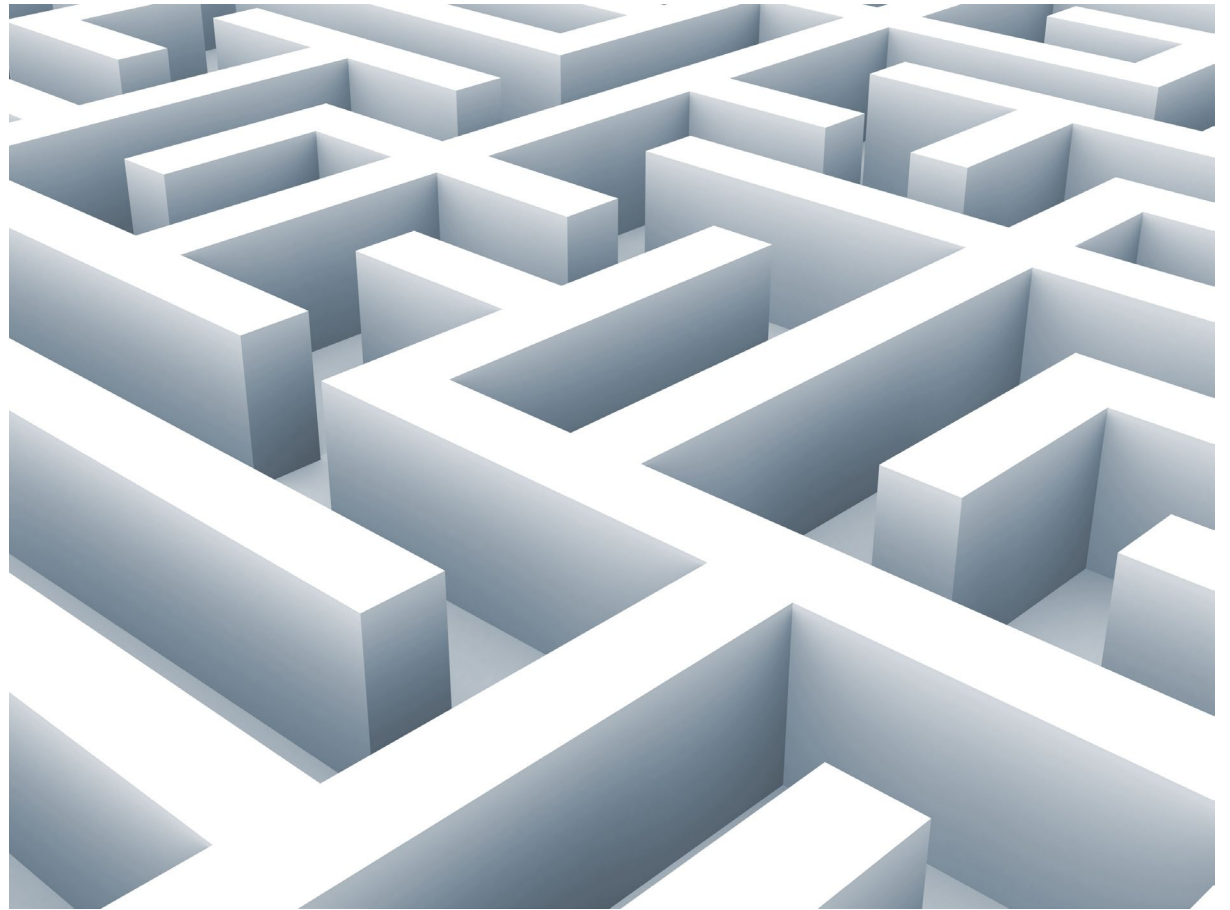
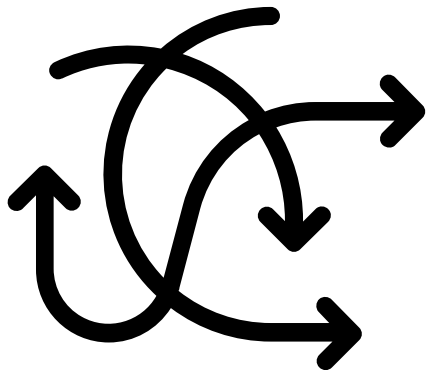
Thank you

-  Mute your mics when not talking
-  Feel free to use raise hand function to ask questions or provide comment
-  Ask questions or comment about a topic using the chat function
-  Slides are to stimulate conversation rather than present
-  Forum content are not recorded due to consensus of consent
-  Be mindful of using AI tools that might infringe on others' privacy
-  Take notes as needed
-  Slides cannot be directly shared, although will be hosted under provider resources

Recovery Pathways

Discussion Points

Purpose & Design
Pitfalls & Challenges
Benefits & Limitations
Complexities
Others?



The Recovery Pathways:

Pathway A

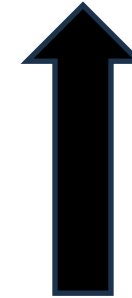


Early Supports Plan

Cover & Wellbeing Plan - Tailored
Support to Wellbeing (A)

Unspecified trauma or stressor
related disorder MICSA

Pathway B



Early Supports Plan

Specialist Cover Assessment

Confirmed MICSA(s)

Tailored Support to Wellbeing (B)

Operational Guidelines

Package A	Package B
Available following acceptance of cover from a Cover and Wellbeing Plan For children and young people – Available following acceptance of cover from Early Supports plan and approval of Wellbeing Plan.	Available following acceptance of cover from a Specialist Cover Assessment and approval of subsequent Wellbeing Plan.
Up to 80 hours of support.	Up to 100 hours of support.
Delivered over a maximum of 24 months.	Delivered over a maximum of 24 months.
Can only be accessed once.	Can be repeated once before a Treatment Review is required.
A named service provider (excluding a psychiatrist) can be the lead service provider.	A named service provider (including a psychiatrist) can be the lead service provider.
Access to group-based therapy (excluding Dialectical Behavioural Therapy (DBT) Group-based Therapy).	Access to Dialectical Behavioural Therapy (DBT) Group-based Therapy.

Kiritaki Recovery Pathways

Pathway A 

Pathway B 

Kiritaki needs and preferences

Medicolegal twists & turns

Weighing clinical information



Cover & Wellbeing Plan - Kiritaki

Clear unambiguous S.3 event(s)

Clear trauma, low mood, anxiety symptoms

“Trauma symptoms” only - not a diagnostic assessment

Brief or well managed mental health history

Substance abuse is historical or in sustained remission

Clear causal connection & limited other causal possibilities

Kiritaki has good supports

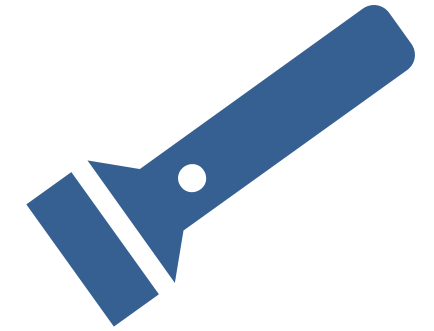
Kiritaki has several protective factors

Absence of significant risk(s)

No other agencies involved

Limited treatment barriers

Stable employment

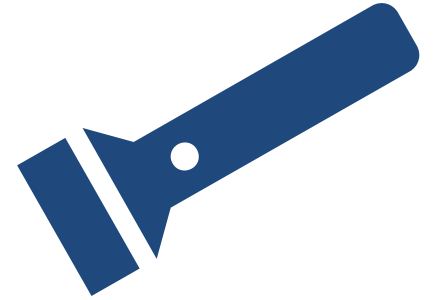


Lead Service Provider is confident that kiritaki can achieve recovery in 18-24mo



Unspecified trauma or stressor related disorder

Specialist Cover Assessment - Kiritaki



Complex mental health history

Unstable/unsafe living

Complex personal and trauma history

Significant medical conditions including chronic pain

IES-R score <24

Monitoring of ongoing risk(s)

Multiple S.3 event(s) and claims (S, MICPI, WRMI, TIMI)

Other agencies involved, including mental health agencies

Specific ACC treatments or financial entitlements sought

Identifiable treatment barriers

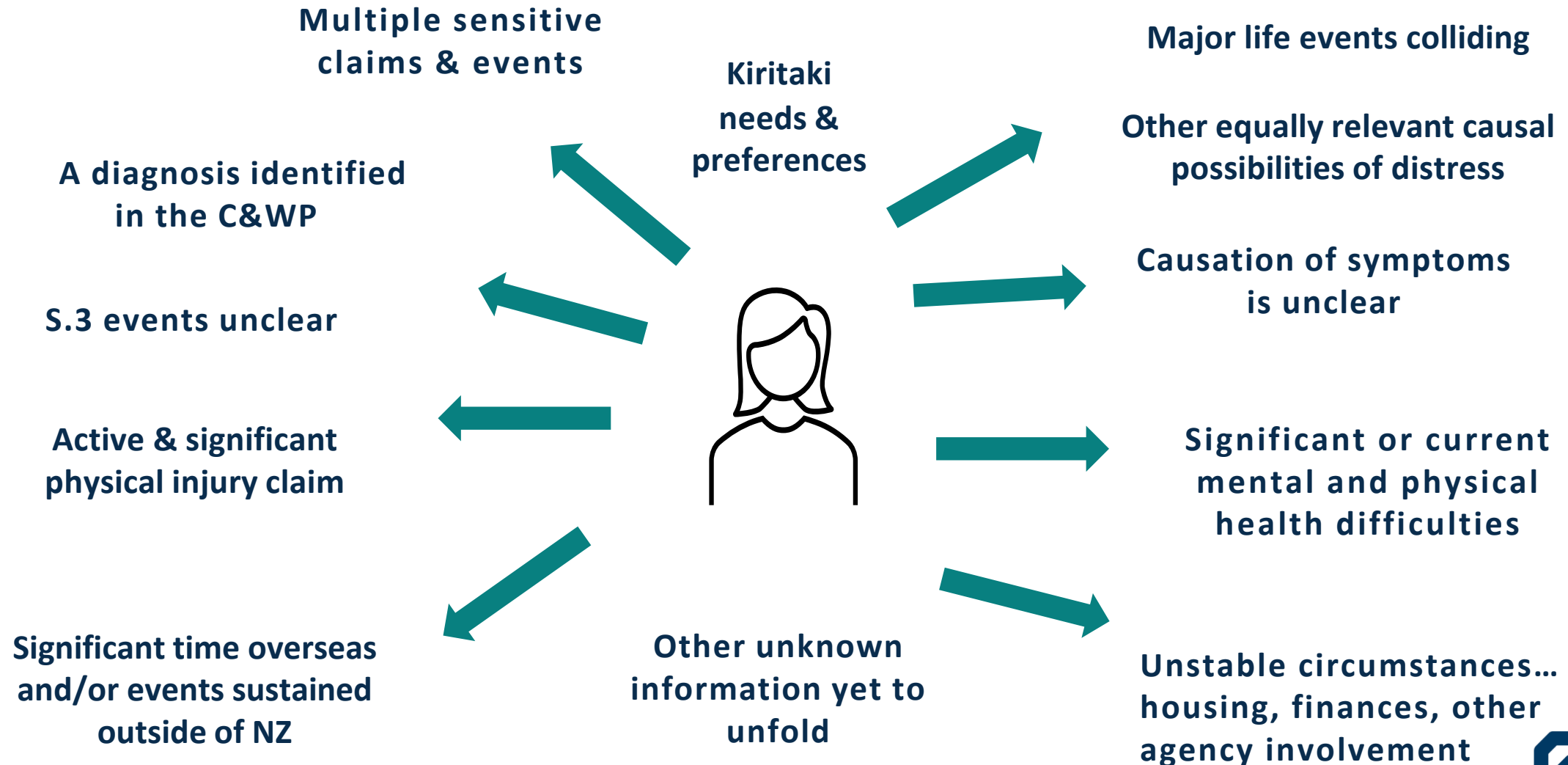
Other equally relevant and possible causes for distress

Substance misuse, abuse, dependency

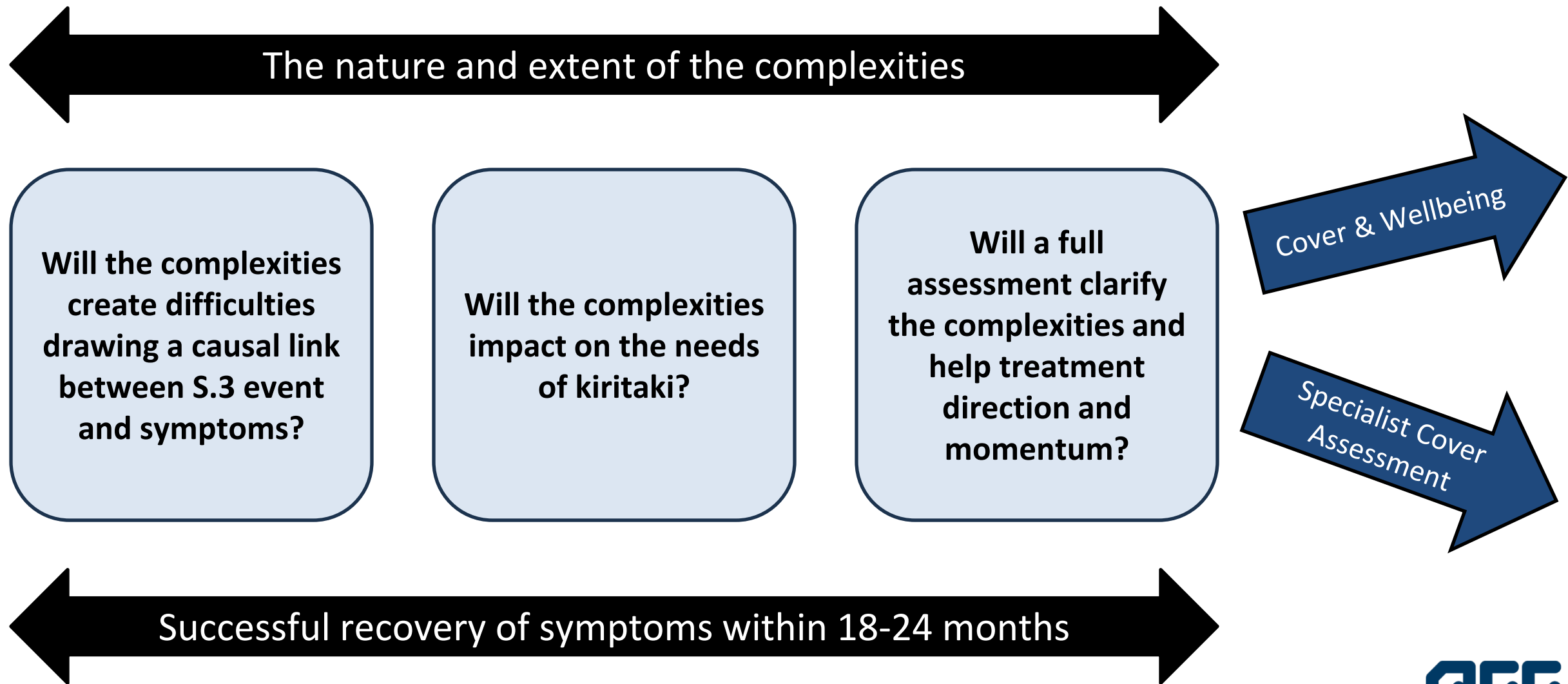
Lead Service Provider is confident that kiritaki will need additional resources/entitlements and >18-24mo to achieve recovery

MICSA(s) clarified

Medicolegal Complexities: Technical & Clinical



Complexities & Treatment Implications



Sources of information

ACC Recovery Partner

Kiritaki

Collateral notes

Supplier

Supplier/Clinical advisor

Clinical supervisor

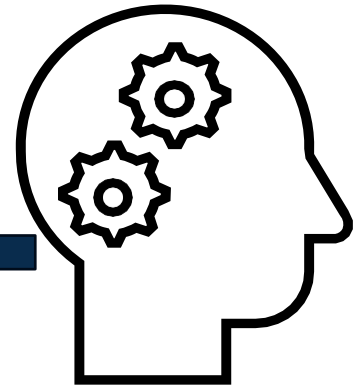
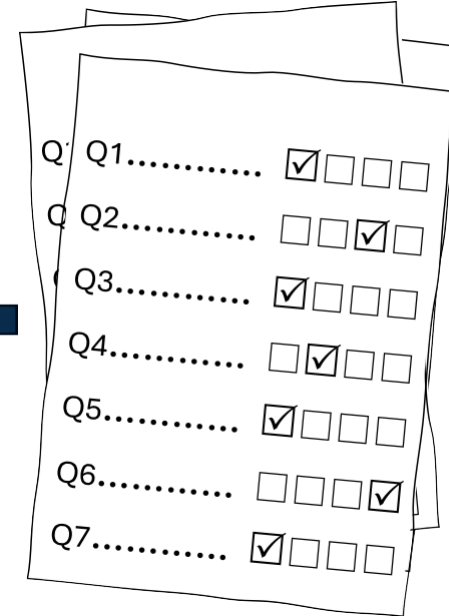
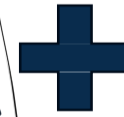
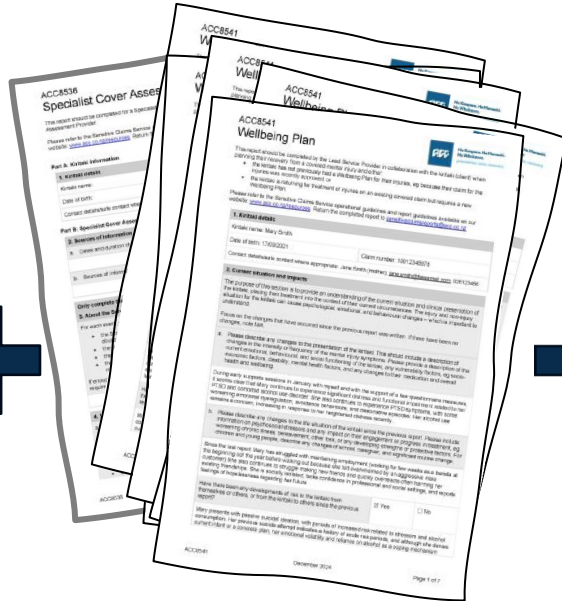
Peer supervision

Operational Guidelines

Report Writing Guidelines

Others?

Consideration of information



**Kiritaki
history,
vulnerabilities,
protective factors**

**Claim information
from ACC**

**Specific records if
available (e.g. GP
notes)**

**Measures
(e.g. IES-R)**

**Review
complexities
and their
impact**

Discussion

- General, broader issues, thoughts, processes and stuck points rather than individual cases – thank you.

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