He Kaupare. He Manaaki. He Whakaora.
prevention. care. recovery.

22 February 2024

[redacted]

Kia ora [redacted]

Your Official Information Act request, reference: GOV-030452
Thank you for your email of 10 February 2024, asking for the following information under the Official Information Act 1982 (the Act):

1. *How many claims have been made to ACC for self injury incidents in the past 5 years?*
2. *How many of these claims were accepted for treatment?*
3. *Please break this information regarding claims for self injury into the following categories*
   - *DHB location*
   - *Age groups (under 18, 18 - 25, 25+ years)*
   - *Year (2019, 2020, 2021, 2022, 2023).*
   - *Types of self harm (Cutting, ingestion, burning, overdose of medication, misuse of alcohol and drugs, starvation, other etc)*
4. *How many of these claims were accepted for psychological support through ACC?*
5. *How much has self harm cost ACC over the past 5 years (broken into years)?*
6. *Will ACC cover treatment for self harm, if the consumer has a diagnosed mental illness?*
7. *Will ACC cover treatment for self harm if the self harm occurred whilst the consumer was a patient in a hospital?*
8. *Will ACC cover treatment for self harm if the self harm occurred whilst the patient was under the mental health act?*
9. *Please also supply all policies and information regarding decision making around self harm.*

The requested data is attached
Please refer to the *'Notes'* tab when reviewing the data.

We are unable to identify the type of self-inflicted injury
Information about the type of self-inflicted injury a client has sustained is not held in our structured dataset. That information may be identifiable in reports or clinical notes on individual claim files. However, it is only by manually reviewing the claim files that this specific injury information could be identified. Therefore, we are refusing to provide this information as it would require substantial collation and research to provide. This decision is made under section 18(f) of the Act.

We considered extending the timeframe or applying a charge (as allowed under the Act). However, neither of these options were offered as providing the information would still unreasonably interfere with the everyday functions of the teams involved.

ACC covers treatment for self-inflicted injuries
ACC provides treatment for all covered self-inflicted injuries, and cover for a client's claim is not impacted by the factors noted in your request (whether mental illness, an inpatient or under the mental health act).

That said, the client must still meet the personal injury caused by accident criteria, such as there being a physical injury. Whilst covered self-inflicted injuries are eligible for treatment, we can only provide other entitlements in certain circumstances.

We have attached the following guidance about self-inflicted injuries:

- Assess Claim for Cover Wilfully self-inflicted injury claim
- Confirming wilfully self-inflicted injury
- Guidelines for evaluating cognitive capacity of clients who may have wilfully self-inflicted their injuries
- Ineligibility if Suicide or Wilfully Self-inflicted Injury
- Quick Reference Guide Wilfully Self-Inflicted Injuries

As staff names were not requested, they have been deemed outside the scope of you request and removed.

As this information may be of interest to other members of the public
ACC may decide to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12.

If you are not happy with this response
You can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602. Information about how to make a complaint is available at www.ombudsman.parliament.nz.

Ngā mihi

Christopher Johnston
Manager Official Information Act Services
Government Engagement

- 'New claims' are counted where the claim was lodged with ACC between 1 January 2019 and 31 December 2023. A claim may be lodged immediately following an incident or at any later stage.
- Data are displayed in calendar years, i.e. 1 January to 31 December.
- 'Active claims' are counted where ACC made at least one payment on the claim between 1 January 2019 and 31 December 2023. A claim was not necessarily lodged or had the incident occur within that same time period.
- A claim may be active in more than one calendar year and will be counted once in each relevant year in which at least one payment was made
- Costs are exclusive of GST and are based on the year of payment which may differ from the year the service was provided.
- Costs do not include Public Health Acute Services (PHAS) payments. These costs are for treatment in a public hospital during the acute phase of an injury and are covered by bulk. As such, these payments cannot be attributed to individual claims.

- Claims with psychological support counts new claims with payments made under the Mental Health portfolio. Please note that this will include claims with a mental health assessment and no further assessments. New claims lodged in more recent years have had less time to access psychological support so may be more likely to increase if re-run at a later date.
- Claims where WSI is as a result of mental injury following a covered physical injury may have psychological support covered under a claim other than the WSI claim
- The data was extracted on 19 February 2024 and may differ if extracted again at a later date.

Table 1: New WSI claims lodged between 1 January 2019 and 31 December 2023 broken down by cover decision and calendar year

	Lodgement Calendar Year				
Cover Decision	**2019**	**2020**	**2021**	**2022**	**2023**
Accept	4,430	3,934	4,174	3,661	3,586
Decline	2,185	2,065	2,683	2,359	2,123

Table 1 does not include duplicate claims or claims where a cover decision is still pending.

The fact that a claim is wilfully self-inflicted does not in itself result in a claim being declined. Instead these claims are usually accepted but disentitled. 95% of declined claims in Table 1 are declined due to no physical injury.

Table 2: Active claims and costs for WSI claims paid between 1 January 2019 and 31 December 2023 broken down by calendar year

Payment Calendar Year	Active Claims	Active Costs
2019	1,684	$5,204,362
2020	1,578	$5,323,362
2021	1,633	$4,147,261
2022	1,585	$4,468,242
2023	1,753	$6,483,425

Table 3: New WSI claims lodged between 1 January 2019 and 31 December 2023 with payments under the mental health portfolio broken down by calendar year

Lodgement Calendar Year	New Claims
2019	8
2020	12
2021	9
2022	9
2023	9

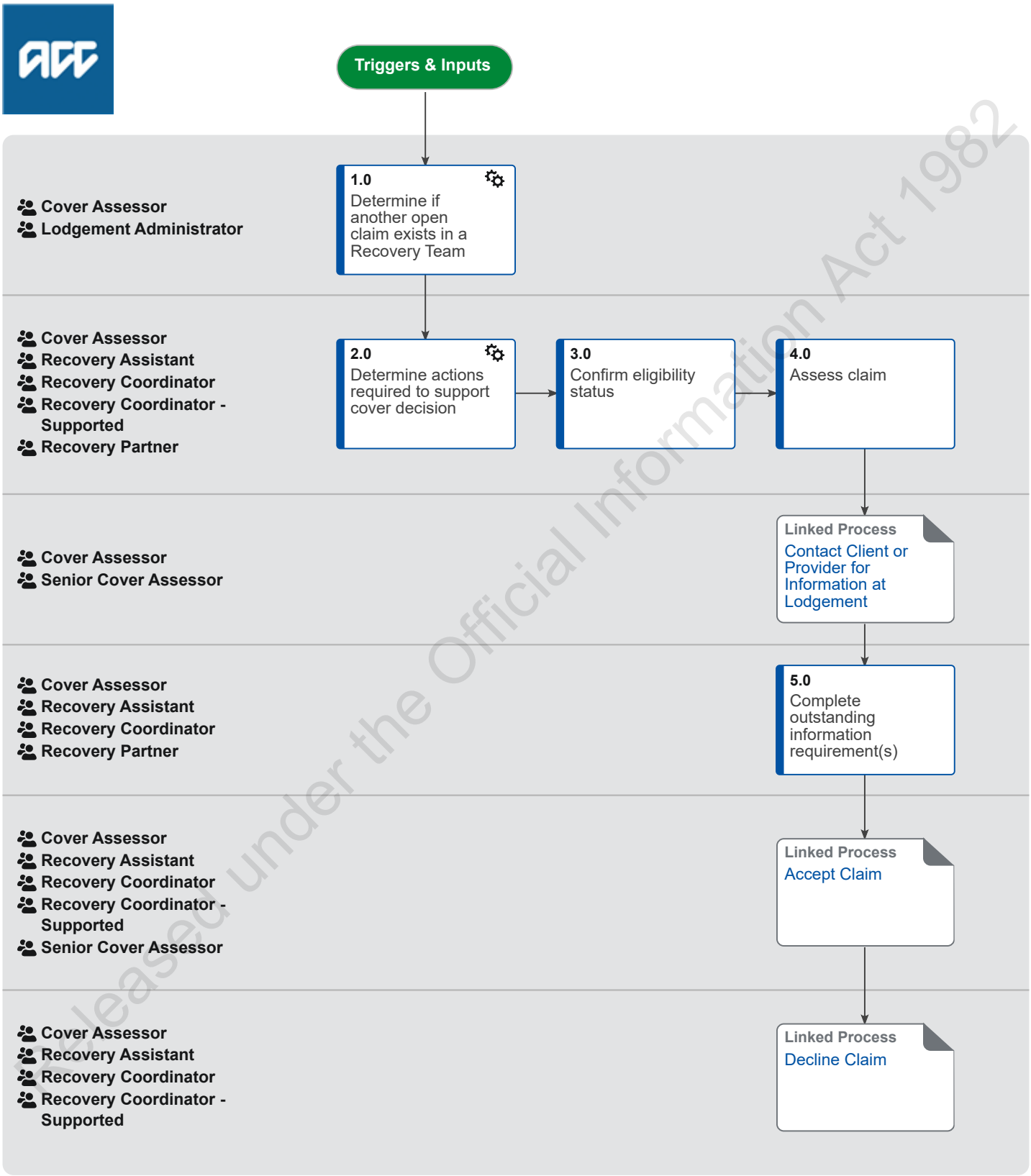
Table 4: New accepted WSI claims lodged between 1 January 2019 and 31 December 2023 broken down by client age and calendar year

	Lodgement Calendar Year				
Client Age Group	**2019**	**2020**	**2021**	**2022**	**2023**
Under 18 Years	932	820	1,104	936	908
18 to 24 Years	1,535	1,372	1,322	1,172	988
25 Years and Older	1,963	1,742	1,748	1,553	1,690

Table 5: New accepted WSI claims lodged between 1 January 2019 and 31 December 2023 broken down by region and calendar year

	Lodgement Calendar Year				
Region	**2019**	**2020**	**2021**	**2022**	**2023**
Northland	156	160	145	100	132
Auckland	1,108	1,111	1,166	1,024	941
Wa kato	744	583	584	451	429
Bay of Plenty	255	271	278	252	275
Gisborne	39	32	51	26	32
Hawkes Bay	209	137	180	199	154
Taranaki	166	127	132	173	171
Manawatū-Whanganui	245	221	274	226	232
Wellington	319	324	375	289	304
Tasman	44	30	21	24	53
Nelson	119	80	78	87	88
Marlborough	30	28	29	25	30
Canterbury	643	466	498	509	495
West Coast	26	26	28	21	17
Otago	200	240	234	167	150
Southland	88	83	82	74	61
Other / Unknown	39	15	19	14	22

Assess Claim for Cover :: Wilfully self-inflicted injury claim v25.0



Assess Claim for Cover :: Wilfully self-inflicted injury claim v25.0

Summary

Objective
To review claim information for a potentially wilfully self-inflicted injury and determine what the cover decision should be, where the Cover Decision Service has not been able to accept the claim.

This process addresses cover decisions for PICBA claims only (excluding those that are made by the Remote Claims Unit or the Wellington Central Branch), it does not address cover decisions for specialist claims.

Background
The Cover Decision Service has identified that the claim may be for a wilfully-self inflicted injury. Eos has added the wilful self-inflict indicator to the claim and sent a Confirm Cover Decision task for someone to make a manual cover decision. This task type will include Wilfully Self-Inflicted-Referred for Assessment and Cover Decision Required information requirements. It may also include one or more of the following cover decision information requirements:

- Cover Assessment Required
- Check Eligibility - Overseas
- Check Eligibility - Dates
- Case Alias Check Required

The task may also include information requirements for information only, such as Address Invalid, Client Address Matches Previous Home Address.

Wilfully self-inflicted injuries can be accepted for cover provided that a physical injury occurred. However, if the client or provider requests further support beyond the initial medical treatment then the claim must be assessed further.

Global Process Owner

Global Process Expert

Variation Expert

Outside of scope

Procedure

1.0 Determine if another open claim exists in a Recovery Team

Cover Assessor, Lodgement Administrator

a In Eos, check for any open claims.

NOTE **How do you check there is an active managed claim?**
The yellow indicator on the General Screen shows the client has an active managed claim.

NOTE **What if there is an existing open managed claim?**
Go to (NCGM) Match Claim to Recovery Team.

End of Process.

PROCESS Match Claim to Recovery Team

2.0 Determine actions required to support cover decision

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Coordinator - Supported, Recovery Partner

a Open the Confirm Cover Decision task.

Do a task with information requirements

b Review the outstanding information requirement(s) to identify what aspects of the claim need to be resolved. If you need to contact the client or provider at any stage in this process, then ensure you resolve as many outstanding requirements in a single contact as possible.

NOTE **Has the client been sent an automatic electronic notification advising them that we've received their claim?**
In general, when a claim is held and sent for a manual cover decision to be made, the client is automatically sent an electronic notification advising them that we've received their claim and are considering it. You can check the contact tab to see whether this notification has been sent.

NOTE **What are the scenarios when this automatic electronic notification isn't sent?**
Automatic notification isn't sent:
- If the client is managed by the Remote Claims Unit or Te Ara Tika branch
- If the claim type is Sensitive or Fatal
- If the client is deceased
- If the client is under 16 years old
- If the client has a Safe Contact on their party record
- If the Stop Notification attribute on the client party record is set to Yes
- If the claim is for a serious injury (determined by the injury diagnosis code)
- If there is an outstanding Case Alias Check Required information requirement
- If the client has an invalid mobile number

If the client's mobile number is invalid, a Notification task will be created but cancelled automatically. For all other scenarios above no Notification task will be created.

NOTE **What if you're related to or know the client or any of the other parties associated with the claim?**
Then you must not make a cover decision for the claim. Transfer the task back to the department it came from and include the reason for the transfer.

c Check if the claim has the default provider ID: J99966.

NOTE **What if the claim has the default provider ID?**

• Check if there's a contact on the claim that states the diagnosis is outside provider competency.
• If there is, then resolve the provider competency issue before you continue with this process. Go to the
Resolve Provider Competency process below to do this (start at step 3.0 of this process).

Workaround - Resolve Provider Competency WORKAROUND process is required because Eos raises the Provider Competency Issue information requirement before the cover decision service has run. As registration is incomplete at this stage, a Lodgement Administrator cannot add a purchase order to the claim, which is needed to complete the process. They must add a default provider to the claim to get it through the cover decision service where registration becomes complete. A standard Resolve Provider Competency Issue process needs to be created if changes are made in Eos to only raise this IR after the cover decision service has run (or if admin staff are given permission to enter the default provider ID and suppress this IR before the cover decision service has run).

PROCESS Resolve Provider Competency Issue

3.0 Confirm eligibility status

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Coordinator - Supported, Recovery Partner

a Check if one or both of the following information requirements are outstanding:
• Check eligibility - dates
• Check eligibility - overseas

NOTE **What if one or both of these informat on requirements are outstanding?**

They must be completed before you continue with this process. Go to the Verify Claim Information process below to do this.

PROCESS Verify Claim Information

NOTE **How do you identify a client who chose assisted dying as a result of their ACC covered condition?**

The death certificate or interim coroners report will note whether the client chose assisted dying and would not be disentitled under the willfully self-inflicted provisions.

NOTE **Is it okay to contact clients with wilfully self-inflicted injuries?**

t's best to contact the provider if you need medical information about the claim to make a cover decision. If you need personal information about the client to make a cover decision (such as information on whether they're ordinarily resident in NZ) then you should contact the client directly, unless you have reason to believe this will be distressing for them.

NOTE **What if you've completed the information requirement(s) and determined that the client is not eligible for cover?**

If the client is not eligible for cover then you must decline the claim. Go to step 4.0 to complete the information requirement(s) and then decline the claim.

4.0 Assess claim

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Coordinator - Supported, Recovery Partner

a Review all available information on the claim and determine if there's enough information to make a cover decision. Use the guide for wilfully self-inflicted injuries and the policies below to help determine this.

- Wilfully Self-Inflicted Injuries
- Cover criteria for personal injury Policy
- Cover for visitors to New Zealand Policy
- Cover for injuries suffered outside New Zealand Policy
- Criteria for injury occurring outside New Zealand Policy
- Eligibility of late claims Policy
- Mental Injuries Policy

b If there isn't enough information to make a cover decision then:
• If you need to ask the provider for additional information, go to the Contact Client or Provider for Information process below to do this.
• If you need to request medical or clinical records for a non-DHB provider, go to the Request Medical or Clinical Records (Policy) and Clinical Notes and Medical Records web links below to do this.
• If you need to request medical or clinical records from a DHB, go to the Request Medical or Clinical Records (Policy), Requesting Clinical Records from District Health Boards and Contacts for DHB web links below to do this.
• Consider requesting guidance from an internal advisor.

- Requesting clinical records from District Health Boards
- Contacts for requesting District Health Board clinical records

NOTE **What if I am unsure how to seek guidance from an internal advisor?**

Go to (NGCM) Seek Internal Guidance.

PROCESS Seek Internal Guidance

- Request medical or clinical records Policy
- Requesting clinical records from District Health Boards
- Contacts for requesting District Health Board clinical records
- Request Clinical Records

NOTE **What if the provider can't provide the requested information?**

The claim should be declined due to a lack of information. Go to step 4.0 to complete the information requirement(s) and then decline the claim.

NOTE **What if the information I've requested can't be provided before the cover decision due date?**

Identify whether you can extend the cover decision timeframe. Go to the Timeframes to determine cover policy and Extend cover decision timeframes process below to do this.

PROCESS Extend Cover Decision Timeframe

- Timeframes to determine cover (Policy)
- Timeframes to determine cover Policy

c Review all information and determine whether the claim is wilfully self-inflicted and there is a physical injury.

NOTE **What if the injury isn't wilfully self-inflicted?**
Then the claim should be treated as a standard PICBA claim.
• Remove the Wilful-Self Inflict indicator using the Edit claim details - general system steps.
• Go to the Assess Claim for Cover : Standard process below to assess the claim.

PROCESS Assess Claim for Cover :: Simple PICBA claim

Edit claim details - general

NOTE **What if there's no clear evidence that the client suffered a physical injury?**
If the client didn't suffer physical injury then decline the claim. Go to step 4.0 to do this.

NOTE **Do you contact the client to advise of Decline decision?**
For claims where it could be a sensitive issue for the client then it may be advisable to not make phone contact.

PROCESS **Contact Client or Provider for Information at Lodgement**
Cover Assessor, Senior Cover Assessor

5.0 Complete outstanding information requirement(s)

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Update the Wilfully Self-Inflicted - Referred for Assessment and Cover Decision Required information requirements to Complete. Also update the Cover Assessment Required information requirement to Complete if this is present on the task.

Complete information requirement

b Check if there are any outstanding information requirements for missing information.

NOTE **What if there's one or more outstanding address-related information requirements (Address is Invalid, Client Address Matches Previous Home Address, Client Already Has an Address Starting Today, Client Already has a Post Address Starting Today)?**
These should be completed before continuing with this process. Go to the Update Clilent Address process below to do this.

PROCESS Update Client Address

NOTE **What if there's an outstanding Phone Number Verification information requirement?**
This should be completed before continuing with this process. Go to the Update Client Phone Number process below to do this.

PROCESS Update Client Phone Number

NOTE **What if there's an outstanding Vendor Status Removed or Facility Status Removed information requirement?**
This should be completed before continuing with this process. Go to the Resolve Provider, Vendor or Facility Status Issue below to do this.

PROCESS Resolve Provider, Vendor or Facility Status Issue

c Check if there's an outstanding Case Alias Check Required information requirement.

NOTE **What if there's an outstanding Case Alias Check Required information requirement?**
This must be completed before continuing with this process. Go to the Identify and Link Duplicate Claims process below to do this.

Note: A claim can only be investigated as a potential duplicate once the cover decision has been determined, as the cover decision must match the original claim for it to be considered a duplicate.

PROCESS Identify and Link Duplicate Claims :: Triggered by information requirement

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PROCESS **Accept Claim**
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Coordinator - Supported, Senior Cover Assessor

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PROCESS **Decline Claim**
Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Coordinator - Supported

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PROCESS

Confirming wilfully self-inflicted injury

Published 2/1/2024

Introduction

Use this process to confirm whether a client has wilfully self-inflicted (WSI) their injury.

All cover decisions are made by the lodgement or assessment team. Decisions on disentitlement for WSI are made by claims management staff when they receive an application for entitlements. However, all applications for entitlement must be investigated and decided in the usual way until the disentitlement decision is made. Other than fatal claims, no entitlement request can be put on hold while the investigation takes place.

Note also that disentitlement does not affect treatment and all requests for treatment must continue to be processed in the usual way.

Claims management staff must investigate all available information and decide if the covered claim for injury was wilfully self-inflicted.

Note that ACC doesn't disentitle any claims for suicide when the client is aged 16 years or less.

Identify possible wilfully self-inflicted injury at claim lodgement

Responsibility

Claims lodgement staff

When to use

Use this instruction when an ACC45 form suggests that an injury may be wilfully self-inflicted (WSI), or a claim that we have already accepted for cover is identified as a possible wilfully self-inflicted injury.

Instruction

Step 1

Check whether the read code on the ACC45 is one commonly used for injuries that may be self-inflicted.

Step 2

Check the claim, including the injury details and the description, to see if there is any indication that the injury may be self-inflicted, eg a descriptor such as 'self harm'.

Step 3

If the claim is an accidental death claim see Determining cover for accidental death claim.

Step 4

If the claim is...	**then...**
a possible WSI, based on information from the ACC45	go to Identify possible wilfully self inflicted injury at claim assessment
not a WSI	This process stops
From an existing client who has chosen assisted dying under the End of Life Choice Act 2019	This process does not apply and you can consider whether the client's estate and/or dependants meet the eligibility for fatal entitlements

Identify possible wilfully self-inflicted injury at claim assessment

Responsibility

Claims assessment staff

When to use

Use this instruction when a claim has been identified as a possible wilfully self-inflicted (WSI) injury.

Instruction

Step 1

If there is...	then...
no physical injury	• decline cover and Update the cover decision in Eos • send CVR999 Cover decline decision client letter • this process ends
a physical injury	go to **Step 2**

Step 2

If the claim is...	then...
a probable WSI	• accept cover and Update the cover decision in Eos • send WSI02 Accept cover – client letter • make sure the 'send auto accept letters' radio button is set to 'no' • set the Wilful Self inflict Indicator' in Eos to 'investigating' Manage disentitlement indicator • go to **Step 3**

If the claim is...	then...
not a WSI	This process ends

Escalate for other entitlements

Responsibility

Claims Management staff

When to use

Use this instruction when an injury has been self-inflicted and entitlements other than treatment are needed.

Instruction

Step 1

Use the correct legislation and policy:

If the date of WSI injury is...	then...
between 1 April 2002 and 31 July 2008	see Disentitlement if suicide or wilfully self-inflicted injury occurred between 1 April 2002 and 1 August 2008
between 1 August 2008 and 30 June 2010	see Disentitlement if suicide or wilfully self-inflicted injury occurred between 1 August 2008 and 30 June 2010

If the date of WSI injury is...	then...
on or after 1 July 2010	see Disentitlement if suicide or wilfully self-inflicted injury

Step 2

If entitlements have already started and if ACC has information to believe that a client's covered personal injury was wilfully self-inflicted then entitlements being provided to the client **must** continue until ACC has evidence that the personal injury was wilfully self-inflicted and a decision has been issued suspending or cancelling the entitlement.

If entitlements have not started, they must be considered under normal guidelines until a disentitlement decision is issued. These requests must not be put on hold but where possible these entitlements should be approved on a short-term basis to cover the period until a disentitlement decision can be investigated.

Once correct legislation is determined, go to Gather information about wilfully self-inflicted injury claim.

Gather information about wilfully self-inflicted injury claim

Responsibility

Claims Management staff

When to use

Use this instruction when you receive a potential wilfully self-inflicted (WSI) injury claim where cover is accepted and entitlements other than treatment are being claimed or if entitlements are already in place.

Before you begin

See:

- Guidelines for evaluating the cognitive capacity of clients who may have wilfully self-inflicted their injuries.

Instruction

Step 1

Phone the client, or representatives of the client, to advise that we are investigating the claim however assure them that new entitlements will be considered or existing entitlements can be continued. Record the contact in Eos.

Step 2

Check for any other relevant ACC claims, including a current or previous claim for mental injury.

Step 3

Gather information relating to the claim including:

- the circumstances of the accident and injury
- medical notes.

Step 4

Decide if you need any further information, such as:

- specialists' reports
- employment information
- police reports
- information from family or witnesses
- coroner's findings.

If you…	then…
need more information	go to **Step 5**
don't need any more information	go to Decide whether injury is wilfully self-inflicted

Step 5

Send the relevant letter to ask for the information you need, eg:

- DSN02 Wilfully self inflicted request for medical records provider, or
- DSN03 Wilfully self-inflicted request to NZ police - other.

.

Step 6

When you receive all the necessary information, think about whether there is an indication that the injury was either:

- wilfully self-inflicted, or
- caused by a work-related mental injury, or
- caused by a sensitive claim.

What happens next

Go to Decide whether injury is wilfully self-inflicted.

Decide whether injury is wilfully self-inflicted

Responsibility

Claims Management staff

When to use

Use this instruction to decide whether an injury is wilfully self-inflicted (WSI) and is linked to a covered mental injury, or a mental injury that we would have covered, if a claim been lodged.

Note that you must obtain a comment from a Psychology Advisor (PA) if the client is aged 24 or under.

Instruction

Step 1

Work out if the injury is WSI.

If the injured person...	then the self-inflicted injury or death is...
could appreciate the consequences of their action and inflicted an injury on themselves	• considered wilful • go to **Step 2**
didn't have the capacity to realise that their actions would cause harm, eg the client suffered an acute psychotic episode that caused them to harm themself	• not considered wilful • go to Make entitlement decision

Step 2

Check if we have a previous or current claim for a mental injury.

If the previous or current claim...	then...
wasn't registered at the time of the self-inflicted injury	• determine whether, had it been lodged with ACC, that cover would likely have been accepted
is on hold and being investigated for cover	• investigate and decide cover for the previous mental injury claim • once the decision made, go to **Step 3**
has been declined due to lack of information	go to **Step 3**
has been declined for any other reason	• disentitle the claim • go to **Step 3**
has been accepted	go to **Step 3**

Step 3

If the information indicates that the injury may have been caused by a...	then...
mental injury arising from sexual abuse/sexual assault that is not covered	go to Refer to complex panel
work-related mental injury	go to Assessing a claim for mental injury

Refer to complex panel

Responsibility

Claims Management staff

When to use

Use this instruction to refer the claim to the complex panel when **either**:

- there's no mental injury linked to the WSI and 'intent' needs to be considered
- there's a mental injury but the link between the mental injury and WSI isn't clear
- the claim is a complex transitional claim, ie a claim made when a previous version of the disentitlement provisions applied
- the client has lodged a sensitive claim in the past
- there's evidence that they may have suffered a sexual assault or sexual abuse at some time
- the client has been in receipt of entitlements, other than treatment.

Instruction

Step 1

Gather information about complex WSI Injury claim.

Step 2

Once the information is received complete the ACC6178 Wilfully self inflicted (WSI) injury complex panel referral form and refer to a Psychology Advisor. See **Seek Internal Guidance**

The PA will then arrange a Complex Mental Injury Panel (CMIP) comment via Technical Services.

What happens next

The complex panel will consider the client's intent and capacity to understand their actions and determine whether the injury was wilfully self-inflicted, and the link to any mental injury. Their response will be added to the ACC6178 and a task returned to the case

owner.

Go to Issue decision and advise client

Make entitlement decision

Responsibility

Claims Management staff

When to use

Use this instruction to record a decision about entitlements for a wilfully self-inflicted (WSI) injury and refer your decision for confirmation.

Instruction

Step 1

Add the 'Investigate Self Inflicted Injury' task in Eos and complete the 'Investigate Self Inflicted Injury' eForm with details of how you reached the decision to disentitle or not.

Step 2

If required, obtain input from a Psychology Advisor, Technical Specialist or Team Manager or the Complex Mental Injury Panel.

What happens next

The Psychology Advisor, Technical Specialist or Team Manager confirms the decision.

Step 3

If the client is in receipt of entitlements, other than treatment, and the decision is to disentitle consider utilising the Training for Independence Service to assist with the transition to community supports. There is a relevant clause that exists in the Training for Independence Contracts (Clause 2.1.6 in the Service Schedule) and Section 8 of the TI Operational Guidelines has a Special circumstances clause "Where a client has been disentitled, ACC may use TI services to facilitate transitioning of supports." The detail

of the specific supports that are to be transitioned will be outlined in the referral form, noting that even where disentitlement exists ACC remains responsible for funding of all treatment related to the covered injury.

See Training for Independence

Confirm decision

Responsibility

Psychology Advisor, Team Leader, Team Manager and Technical Specialist

When to use

Use this instruction to confirm a wilfully self inflicted (WSI) injury disentitlement decision.

Instruction

Step 1

Open the 'Investigate Self Inflicted Injury' task and confirm the decision by completing the 'Investigate Self Inflicted Injury' eForm.

Step 2

Send the completed task and eForm back to the claims manager.

What happens next

Go to Issue decision and advise client.

Issue decision and advise client

Responsibility

Claims Management staff

When to use

Use this instruction when a disentitlement decision has been confirmed.

Instruction

Step 1

Ring the client or a representative for the client and tell them the outcome of the investigation.

Step 2

Update the wilfully self-inflicted Indicator

If the injury is confirmed as...	then set the indicator to...
WSI and the client is disentitled	'confirmed'
not a WSI, ie the client isn't disentitled	'inactive'
incorrectly recorded as a WSI, ie 'not self inflicted'	'added in error'

Step 3

Create and send the relevant entitlement letter.

If cover...	and the claim is...	then...
is accepted	disentitled	• send SPD999 Decline entitlement decision client • this process ends
is accepted	not disentitled	• send WSI03 Not Disentitled - client • consider continuation or commencement of the relevant entitlement

Page Details

Content Owner

Outside of scope

Content Experts

Outside of scope

Topic

ACC: Rehabilitation and Treatment

Information Type

Guidance

Relates To

Internal

REFERENCE

Guidelines for evaluating cognitive capacity of clients who may have wilfully self-inflicted their injuries

Published 2/1/2024

Introduction

We provide treatment for all covered injuries, including those that are self-inflicted. Where the injuries have been wilfully self-inflicted we are unable to provide entitlements other than treatment and ancillary services (the disentitlement rule).

Cognitive capacity is part of a three part 'wilful test' that we use to assess whether a person wilfully self-inflicted their injuries. See Confirming wilfully self-inflicted injury.

There are two exceptions to the disentitlement rule, ie where the personal injury or death is the result of:

- mental injury, subsequent to physical injuries for which the client has cover
- mental injury caused by a sensitive claim or by a work-related mental injury.

Note that a mental injury doesn't need to be lodged for these exceptions to apply.

When to use

Use these guidelines to assist when evaluating cognitive capacity of clients who may have wilfully self-inflicted their injuries.

See also:

- Additional factors to consider when dealing with children and adolescents
- Examples of Court decisions around wilfully self-inflicted injuries

Cognitive capacity and the 'wilful test'

When considering whether a person has 'wilfully' self-inflicted an injury, we will consider the following elements:

- deliberate – the client must have committed a deliberate act ie intended to undertake the act leading to the injury
- intentional the client must have injury as his or her **intention** when carrying out the act
- cognitive capacity – the client must have cognitive capacity ie fully understand the consequences of the act.

When assessing the cognitive capacity of a client who may have wilfully self-inflicted their injuries, consideration should be given to a range of factors.

Temporary incapacity

While it may be that a person who temporarily puts themselves out of their right mind on drugs or alcohol cannot escape criminal liability, they may suffer from a temporary mental state that renders them unable to form the intention to harm themselves.

Drugs and alcohol

In ABM v ACC a client shot himself while under the influence of P. The drug impaired his cognitive capacity to such an extent that he was unable to form the requisite intent to harm himself.

Note: it's not the simple fact that a person is drunk or high on drugs that renders them incapable of forming the requisite intent. For

example:

In ABM the Judge found that the impact of the appellant's drug taking was such that he suffered cognitive incapacity, so that any psychosis he was suffering was acute and temporary.

Cognitive capacity or incapacity

A person with a mental disorder may well be capable of acting wilfully or deliberately, but without rationality. The real question is whether an act of volition is the result of cognitive capacity or cognitive incapacity.

Factual determination

It must always be a question of fact whether the degree of mental illness, disorder, or personality disorder (whether depression, anxiety, or disablement) is such that it removes the element of 'wilfulness' from the client's actions.
There will be some cases that are more obvious than others, eg where the person was under an acute psychotic state. The ultimate question is whether the disability removed the element of wilfulness.

It's not possible to make generalisations about motive or wilfulness by reference to 'normal' behaviour. For example:

In DMTH v ACC, the High Court rejected the general proposition that a teenager who attempts suicide is not acting normally to the extent that he or she is necessarily deprived of his or her ability to act deliberately. Particularly, as with this case, there was no history of mental injury. We cannot infe mental injury to the extent that a person was not capable of knowing what they were doing.

Onus of proof

The onus of proof is with ACC to establish that an act was wilful. If we determine the injury was wilfully self-inflicted, then disentitlement will not apply only if:

- the client has a mental injury attributable to covered physical injuries
- the client suffers from a mental injury that is covered, or would have been covered had a claim been made, in the circumstances described in section 21 or 21B of the AC Act 2001.

ACC has obligations under The Code of ACC Claimants' Rights where clients must be kept informed about their claim, and this includes actively advising clients that support won't necessarily be excluded just because their injury was wilfully self-inflicted.

Additional factors to consider when dealing with children or adolescents

When assessing cognitive capacity of children and adolescents, additional consideration must be given to age-specific risk factors. Disentitlement decisions involving children and adolescents who may have wilfully self-inflicted an injury requires us to evaluate their cognitive capacity based on, but not limited to, the following factors:

- family dysfunction
- social isolation and poor peer relationships
- mental health disorders including mood disorders
- substance abuse
- death of family member or peer
- learning disabilities
- personality factors.

For the purposes of evaluation, children and adolescents are clients 24 years of age and under. Advice from a branch advisory psychologist (BAP) on the client's cognitive capacity at the time of injury or suicide must be obtained. Cases involving older children and teenagers are more difficult to determine. Note that:

- Courts have steered away from making generalisations about when age will negate wilfulness
- each case will be fact driven, and evidence of an individual's abilities and understanding will be crucial.

Cognitive risk factors

A primary cognitive risk factor in adolescents and children is a rigid style of thinking, along with poor coping skills. Adolescents who have an inability to generate solutions to problems may find themselves more likely to fixate on suicide as the only possible option. Other cognitive risk factors include:

- cognitive distortions eg over-generalisations, preoccupation with a single thought or idea, all-or-nothing thinking are often present.
- restricted life experiences where a person cannot draw on past experience to assist in finding solutions to problems.
- adolescents with learning disabilities have higher rates of emotional and behavioural problems and generally perceive themselves as less socially competent than their peers.
- the brains of children and adolescents are still developing – relative to adults, children and adolescents are less able to regulate their behaviours and emotions

Emotional risks

Adolescents who commit suicide or attempt suicide have a higher overall rate of psychological distress than their non-suicidal peers. Approximately 90% of adolescents who commit suicide have a least one major psychiatric disorder.

The most prevalent mental health disorders among adolescents who commit suicide are affective disorders (mood disorders). Depression is the most common disorder followed by bipolar disorder and anxiety. Presence of depression is strongly associated with hopelessness, which can pave the way to suicide.

The depressive factor of hopelessness appears to be a prominent feature in moving from general depression to a high risk for suicide. Adolescents who have no hope for the future, or can't envisage a future appear to be a very high risk.

Personality based factors associated with suicide attempts

Personality attributes that have been associated with suicide attempts include the following:

- hopelessness, impulsivity, hostility, aggression and an inflexible coping style
- perfectionism, holding heightened self expectations that may be difficult to achieve
- inflexibility in coping styles and difficulty drawing on memories of successful problem solving in the past, resulting in a limited repertoire of coping strategies to draw on

- aggression and impulsivity leading adolescents to engage in self-directed aggression, with little reflection on possible alternatives for solving their difficulties
- antisocial or borderline personality disorders which are more common among impulsive individuals.

Factors associated with suicide and/or attempts

Factors that have been associated with suicide attempts including the following:

- severe and/or chronic physical and/or sexual abuse
- conflict over disciplinary matters and rule-breaking
- loss of parents or romantic partner through death
- imitation of peers who have engaged in suicidal attempts or have committed suicide
- suicide in adolescence is much higher for males than females. Males commit suicide 4-5 times more often than females. Suicidal thought and attempts are more common in females.
- children and adolescents usually do not have a choice over the types of environment they are exposed to. As a result, in the majority of cases they're unable to escape intolerable and dysfunctional family environments.
- Family and peer relationships
- Among suicidal adolescents, there is a higher incidence of family dysfunction of all types compared with their non suicidal peers. Common familial risk factors for adolescent suicide include:
- coming from highly conflicted families that are unresponsive to adolescents' needs
- parental alcoholism or substance abuse
- physical or sexual abuse
- higher levels of medical and psychiatric problems
- adolescents from families where another family member has committed suicide.

Social isolation and poor peer relationships are two additional risk factors.

Examples of Court decisions around wilfully self-inflicted injuries

AP v ACC (357/2004) Client attempted to hang himself in police cell. He survived but suffered a brain injury and now requires constant care and supervision. The Judge in this case found that the client did intend to cause an injury, but on the balance of probabilities, it could not be shown that he deliberately intended acute strangulation.

Big Glory Seafoods v ARCIC (90/98) In this case a client punched a freezer in his workplace to demonstrate his kickboxing prowess and broke his hand. The District Court said that his injury was not wilfully self-inflicted. While his act was deliberate, he didn't intend to injure himself, but instead he intended to demonstrate "machismo". The Judge held that an act had to be one where a person deliberately set out to injure himself.

DMTH v ACC [2004] NZAR 385.In this case a 15 year old attempted to commit suicide by shooting himself but survived with substantial disability due to brain damage. The High Court found that his injury was wilfully self-inflicted, because while he intended to commit suicide, rather than suffer a brain injury, it was beyond doubt an intentional infliction of injury.

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Topic

ACC: Rehabilitation and Treatment

Information Type

Guidance

Relates To

Rehabilitation and Treatment

Ineligibility if Suicide or Wilfully Self-inflicted Injury v12.0

Summary

Objective
Refer to this guidance to determine whether to make a client ineligible for supports when their injury is wilfully self-inflicted.

Background
Claims where the injury was self-inflicted or from a suicide need special consideration. This guidance outlines when a client should be disentitled when the injury is wilfully self-inflicted. This guidance applies to claims where the date of injury or death was on or after 1 July 2010.

Different rules may apply to claims for suicide or self-inflicted injury between:

- 1 August 2008 and 30 June 2010
- 1 April 2002 and 31 July 2008.

Owner Outside of scope

Expert

Procedure

1.0 Confirming wilfully self-inflicted injury

a Go to the Confirming Wilfully Self-Inflicted Injury process to confirm whether a client has wilfully self-inflicted (WSI) their injury.

Confirming wilfully self-inflicted injury

b Refer to Guidelines for evaluating the cognitive capacity of clients who may have wilfully self-inflicted their injuries when evaluating the cognitive capacity of clients who may have wilfully self-inflicted their injuries.

Guidelines for evaluating the cognitive capacity of clients who may have wilfully self-inflicted their injuries

c Refer to the Accident Compensation Act 2001, section 119 for further information.

Disentitlement for wilfully self-inflicted personal injuries and suicide
http://www.legislation.govt.nz/act/public/2001/0049/lat

2.0 Remove eligibility for a client due to a WSI

a The client remains eligible for both existing entitlements and consideration for new entitlements, until a decision to disentitle is issued, even where there is an active investigation for WSI.

NOTE **Fatal claims**
For fatal claims only, delay the processing of all entitlements until eligibility is assessed. If the client has exceptional circumstances, contact Technical Services.

b Always remember ACC's obligations under the Code of ACC Claimants' Rights (the ACC Code). Refer to Working with the Code of ACC Claimants' Rights.

To be ineligible, a client must only have intended to cause some injury to themselves, but not necessarily the actual injury that occurred.

We deny supports, other than those that are treatment-related, to ineligible clients due to suicide or a wilfully self-inflicted injury (WSI). The client remains eligible or treatment for the covered injury even when ineligible due to WSI.

A claim is still accepted for cover when it is made ineligible.

c If the client is in receipt of entitlements, other than treatment, consider using the Training for Independence Service to assist with the transition to community supports.

There is a relevant clause that already exists in the Training for Independence Contracts (Clause 2.1.6 in the Service Schedule) and Section 8 of the TI Operational Guidelines has a Special circumstances clause "Where a client has been disentitled, ACC may use TI services to facilitate transitioning of supports." The detail of the specific supports that are to be transitioned will can be outlined in the referral form, noting that even where disentitlement exists ACC remains responsible for funding of all treatment related to the covered injury.

PROCESS **Set Up Training for Independence & Advisory Service (PI)**

3.0 Covered mental injuries

a Clients who commit suicide or wilfully self-inflict an injury because of a covered mental injury are not ineligible when we accepted the claim for the mental injury, or the mental injury as a consequence of a covered personal injury, before the self-inflicted injury occurred and the covered mental injury contributed to the client wilfully self-inflicting the new injury

4.0 Non-covered mental injuries

a If the client meets the following criteria, the claim should be considered by the Recovery Team Member and the Complex Mental Injury Panel prior to any decision being made on wilfully self-inflicted injury:

- the client is thought to have potentially experienced a mental injury caused by sexual abuse, physical injury, or work-related event, but a claim for this prior mental injury had not been lodged, or a cover decision had not been made, and,
- the mental injury may have contributed to the client wilfully inflicting the new injury

5.0 Referring complex claims

a Claims for wilfully self-inflicted injuries and suicide must be referred to the Complex Mental Injury (CMI) Panel for a decision when either:

• there is doubt about whether the injury was wilfully self inflicted
• there is no mental injury linked to the WSI and 'intent' needs to be considered
• there is a mental injury but the link between the mental injury and WSI is not clear
• the claim is a complex transitional claim, ie a claim made when a previous version of the ineligibility provisions applied.

If you are in any doubt about whether a client is ineligible because of suicide or a WSI injury, refer it to the Complex MI Panel.

NOTE **Ineligibility examples:**

Was the injury/death wilful? Was the client able to appreciate the consequences of their actions?
• A three year old taking a handful of pills is not aware of the consequences, so this is not wilful. The client would not be ineligible.

Is the injury claimed for the injury that was intended?
• A person takes an overdose of pills intending to kill themselves. They don't succeed but suffer brain damage. Ineligibility may apply.

Was there an intention to harm?
• A person who slips with a knife while chopping vegetables and cuts their hand does not intend to harm. The client would not be ineligible.

Confirming wilfully self-inflicted injury - Refer to Complex Mental Injury Panel

6.0 Transitional provisions

a The current provisions of AC Act 2001, Section 119 only apply to suicides or wilfully self-inflicted injuries that occur on or after 1 July 2010.

Accident Compensation Act 2001, section 119, Disentitlement for wilfully self-inflicted personal injuries and suicide
http://www.legislation govt.nz/act/public/2001/0049/lat

Accident Compensation Amendment Act 2010, section 53, Transitional provision for disentitlement for wilfully self-inflicted personal injuries and suicide
http://www.legislation.govt.nz/act/public/2010/0001/lat

Quick Reference Guide

Wilfully Self–Inflicted Injuries

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

What is a wilfully self-inflicted injury?

An injury where the injured person was able to appreciate the consequences of their action or inflicted an injury on themselves, or arranged for another person (or an object) to cause a personal injury.

In other words, the person must have *intended* to injure themselves.

How to determine if an injury is WSI

Check whether the read code on the claim is one commonly used for injuries that are self-inflicted. Common read codes used are:

- Open wound/Abrasion codes for self-harm claims
- Codes referencing suicide or self-inflicted
- Codes referencing poisoning

Alternatively, check the claim, including the injury details and the description, to see if there is any indication that the injury may be self inflicted e.g. a descriptor such as ‘self-harm’ or ‘overdose’.

See the scenarios below:

WSI Scenarios

Scenario	Is this a WSI injury?
Person cuts themselves by accident while chopping vegetables	No
Elderly person with dementia takes their daily medication three times in one day by accident	No
Person punches wall out of frustration and hurts hand unintentionally	No
Person cuts themselves intentionally	Yes
Accident indicates a person intentionally overdosed	Yes

How to determine if a physical injury has occurred

In most cases for WSI claims there is an obvious physical injury. However, for poisoning or overdose claims this is not always the case. Clear indicators of a physical injury for overdose or poisoning are:

- Ingestion of a corrosive substance (such as hydrochloric acid).
- Active treatment such as insertion of an oral airway (insertion of a precautionary IV catheter or being treated for dehydration are not indicative of a physical injury).
- A Glasgow Coma Scale (GCS) rating of below 8, indicating a severe brain injury.

Related policy and legislation

AC Act - Section 119

Disentitlement if suicide or wilfully self-inflicted injury

Related process information

Confirming wilfully self-inflicted injury