21 October 2020

[redacted]

Tēnā koe [redacted]

Your Official Information Act request, reference: GOV-007007
Thank you for your email of 24 September 2020, asking for the following information under the Official Information Act 1982 (the Act):

> *I request the policy and processes (including the financial cost) of educating health and medical practitioners regarding the Oct 1, 2008 change of law, when Section 21B Work-Related Mental Injury cover was added to the ACC Act.*

Policy document
We are not providing the requested policy or processes for educating practitioners regarding section 21B of the AC Act 2001, as despite reasonable efforts we have been unable to find any such documents. This part of your request is refused under section 18(e) of the Act, as the document does not exist. However, the section below describes the actions taken at the time and current practice.

Work-related mental injury assessments
Following the amendment to ACC's legislation in 2008, ACC developed guidelines to help providers assess ACC clients who had lodged a claim for mental injury. ACC undertook workshop events with the mental health sector to develop the clinical guidelines for the diagnosis and cover process for work-related mental injury.

For your information, we are providing the attached form, (ACC4247 – Mental injury assessment), which ACC sends to providers when we make a referral to assess a client for a mental injury. Both clinical psychologists and psychiatrists undertake work-related mental injury assessments. Section A of the form includes guidance on work-related mental injury. The same assessment process applies to mental injury caused by physical injury, with the main differences being consideration of causation (i.e. whether due to physical injury or a workplace event). Section B includes guidance for completing the mental injury assessment.

All current providers are required to adhere to the contracts and operational guidelines that explain the criteria against which they are assessing ACC clients re: work-related mental injury.

Who to contact
If you have any questions, you can email me at GovernmentServices@acc.co.nz. If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

Nāku iti noa, nā

Sasha Wood
Manager Official Information Act Services
Government Engagement & Support

Mental injury assessment

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

A psychiatrist or psychologist completes this assessment when they receive a referral from ACC to assess an ACC client for a mental injury arising from physical injuries or from experiencing a work-related traumatic event. Please refer to the guidelines at the back of this document.

Please forward the completed assessment to the ACC staff member making the referral.

PART A: PROVIDER DETAILS

ACC provider number:			Date of report:
Treatment provider name:			
Treatment provider address:			
Treatment provider type:	☐ Psychiatrist	☐ Psychologist	Other (please specify):
Date(s) of consultation:			Duration(s) of consultation:

PART B: CLIENT DETAILS

Client's full name: - - -	Date of birth: -
Client's address: - , - , - , - , - , -	ACC45 number: -

PART C: ACC STAFF DETAILS

ACC Client Service staff member:	ACC office:

PART D: INTRODUCTION

1. Sources of information:

2. Confidentiality and competence:

PART E: BACKGROUND INFORMATION

3. Client details:

4. Summary of relevant background history:

5. Presenting problems:

6. Past psychiatric/psychological history including treatment history for presenting problem:

If the client has received any treatment from another health provider for this condition, please provide a contact name and address of the provider(s).

Contact name:

Contact address:

7. Relevant past medical history:

8. Current medications and dosages:

9. Alcohol and drug history:

10. Family history:

11. Employment-related issues:

12. Personal history:

13. Summary of previous tests or assessments:

PART F: DIAGNOSIS

14. Personality assessment:

15. Mental State Examination (MSE):

16. Formulation/summary:

17. Diagnos s:

18. Risk assessment:

PART G: OPINION

19. Relationship between the physical injury and/or event and the mental condition:

20. Relationship between other life events and the mental condition:

21. Post-Traumatic Stress Disorder (PTSD.

PART H: PROGNOSIS

22. What is the prognosis for this client's mental condition?

PART I: FURTHER INFORMATION

23. Other relevant information:

The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Ac 1993 and the Health Information Privacy Code 1994.

Guidelines for completing mental injury assessments

These guidelines are to help you assess ACC clients who have lodged a claim for a mental injury caused by a physical injury or work-related mental injury. Section A discusses key terms and Section B is the guidelines for completing the ACC4247 mental injury assessment.

SECTION A – General key terms for assessment of work-related mental injury

Guidelines

These guidelines have been informed by clinicians in the mental health field, who were brought together by ACC to provide clinical advice on the cover process and these guidelines.

Cover

Deciding cover for mental injury involves establishing that the physical injury or traumatic event has caused the client to develop a clinically significant behavioural, cognitive or psychological dysfunction, ie a 'mental injury' as defined in the Accident Compensation Act 2001.

Deciding cover for work-related mental injury requires establishing that the event meets the criteria for a 'traumatic event' that is directly experienced, seen or heard by the client. For these claims, the client does not need to have a physical injury.

Traumatic event

To be considered a traumatic event, the event must meet all of the criteria.

The event:

- was a single, sudden event or the direct outcome of a sudden event
- could reasonably be expected to cause mental injury in people generally because it:
    - is outside the range of normal experience
    - is capable of provoking extreme distress in most people
    - involves a real threat of significant harm to self or others
    - would induce feelings of horror, alarm and shock in most people
- occurred in the course of the client's work
- occurred when the person was in close proximity to the event itself and experienced it directly (ie not seeing it on TV or hearing about it on the radio or from others).

Clinically significant mental injury

To be considered a clinically significant mental injury, ACC requires a diagnosis based on a diagnostic framework that supports the concept of clinical significance, ie DSM IV or DSM-5, Psychodynamic Diagnostic Manual (PDM) or other classification system. The mental injury assessment must differentiate between a normal distress response and a persisting response, which is associated with dysfunction or disability. We recommend that you use the World Health Organisation Disability Assessment Schedule (WHODAS 2.0) to assess disability as DSM-5 is no longer multidimensional and it no longer includes the Global Assessment of Functioning.

The following items should be included in the assessment:

- Collateral information about the signs and symptoms and resulting impairment.

Collateral information can be in the form of past medical records or accounts from family, friends, educational providers or employers pre-and post-injury. This information might help to provide a more accurate and full picture of pre-and post-injury presentation. It might also help to determine the clinical significance of any impairment resulting from injury in the client's social, occupational and other relevant environment.

- **Consideration of symptom exaggeration and how it effects the diagnosis**

  Symptom exaggeration is occasionally an important feature of a clinical presentation. In the cover process, an exaggeration of a client's symptoms may undermine the ability of the clinician to draw conclusions about the mental health condition or the event. For this reason, and to avoid singling out any particular individual, evaluation for symptom exaggeration should be conducted as a routine part of the assessment process. ACC may seek further opinion if required.

- **Use of standardised instruments to provide supportive information for the clinical formulation**

  The use of psychometric instruments can help determine the symptoms the client is experiencing and can assist in focusing the interview. Consider both qualitative and quantitative data without exclusive reliance on one or the other. Using psychometric instruments that help determine the consistency of the reported symptoms can inform an objective evaluation. Where any significant inconsistency arises, consider the options for investigating this further.

- **Diagnosis of mental injury and its relationship to the physical injury or event**

  The mental injury assessment should demonstrate a causal link between the physical injury or event and the onset of symptoms. Provide a careful inquiry of pre-injury symptoms.

  The physical injury or event must be a substantial cause of the condition diagnosed as clinically significant.

  It's important to distinguish whether the physical injury or event caused the mental injury, rather than it being a trigger or the 'final straw' in a succession of stressful events.

  Examining GP notes, occupational health notes or other notes from relevant health professionals, will help provide supporting discussion and documentation. These will be particularly important in assessing claims where the physical injury or event occurred some time ago.

Key terms

Below are the relevant legislative terms and phrases used by ACC to determine cover for this type of claim.

Term	Definition and explanation
Mental injury	A clinically significant behavioural, cognitive, or psychological dysfunction (defined in section 27 of the Accident Compensation Act 2001). ACC considers that a psychological dysfunction is considered clinically significant if it meets the diagnostic criteria specified in currently available diagnostic tools. All diagnostic formulations must be made with reference to the diagnostic tool used.

Event	An event means:
	• an event that is sudden; or
	• a direct outcome of a sudden event; and
	• includes a series of events that:
	  ◦ arise from the same cause or circumstance; and
	  ◦ together comprise a single incident or occasion; but
	  ◦ does not include a gradual process.

Experience directly (including involved)	To be directly involved in an event, that happens to a person directly.
See or hear directly (including witnesses)	Experiencing, seeing or hearing an event first hand, and not through a secondary source. Secondary sources include television, closed circuit television, telephone,

Term	Definition and explanation
	seeing pictures, or reading or hearing about it in news media, or from another person.
Close physical proximity to the event at the time the event occurs	To be physically present at the place where the event takes place, or close enough to be able to experience, see or hear, and be affected by, the event.
A direct outcome of a sudden event	The event can be the direct outcome (aftermath) of the sudden work-related event, eg what happens at the scene of the event or immediately after being moved away from the scene. For example, emergency workers who attend the scene after the event or hospital staff treating injured people.

SECTION B – Guidelines for completing the ACC4247 *Mental Injury Assessment*

Parts A, B, and C

Please complete all sections.

Part D: Introduction

1. Sources of information

Please list and number all sources of information used in undertaking the assessment. These should identify the nature of the information, eg document, interview etc, the origin or author of the information and the date of the information. If undated, please note.
Information that is known to be available, yet was not available to the assessor, should also be acknowledged here.

2. Confidentiality and competence

Please acknowledge whether explicit consent has been given having viewed a copy of the written consent presented by the case manager and record any concerns about competence to participate in such an assessment, if appropriate.

Part E: Background information

3. Client details

Please identify the client's demographic and general social circumstances at the time of assessment. If other people accompanied the client, note their name and relationship to the client. Some authors may include this information in some other section of their report.

4. Summary of relevant background history

Fully describe the accident or event resulting in this claim as presented to you by the client. This section may include a summary of historical issues, which serves to set the platform for the assessment. This **must** include an account of the physical injury, work-related incident or event that resulted in the claim so as to set a context for the current assessment.

5. Presenting problems

It's important to identify complaints made by the client and to give a comprehensive account of any clinical signs or symptoms described. It's also important to record any resulting impairment or

disability and the extent to which each impedes full rehabilitation for the client. The World Health Organisation Disability Assessment Schedule (WHODAS 2.0) would be an appropriate measure of disability which has been recommended to accompany DSM-5 diagnoses.

It can sometimes be helpful to comment on any other assessments that have been previously completed and identify where, if at all the client's account of physical injury or events differs. Please reference information outlined in this section clearly and accurately.

6. Past psychiatric/psychological history including treatment history for presenting problems

Please summarise any past psychological and/or psychiatric history. Give a clear account of the times treatment was received, what the treatment was, what were its effects and what, if any, were the identified problems.

7. Past relevant medical history

Include any past medical history if it is relevant to this referral.

8. Current medications and dosages

List all current medications and dosages and any relevant past medication.

9. Alcohol and drug history

Please record a full alcohol and drug history. Include the nature, frequency, pattern of use over time, and amounts of any alcohol and substances that might be used. Record whether the client describes any symptoms or signs of abuse or dependence, what problems their alcohol or drug use may have caused them, whether they have accessed previous treatment or rehabilitation programmes and whether these were successful. It's particularly important to record the current pattern of use and what difficulties this might be causing the client in areas that might be important for occupational rehabilitation. If a diagnosis of any alcohol or drug related problem is made, please include the raw data supporting such a diagnosis.

10. Family history

Where appropriate, a summary of family relationships and functioning is useful. Record any family history of mental health, alcohol or drug problems.

11. Employment-related issues

Record any relevant issues the client has in their workplace that could influence their presentation.

12. Personal history including other significant life events or incidents separate from the incident behind this claim

A general summary of the client's personal history is important. If any mental health disorders are identified, then a more comprehensive account of the personal history is appropriate. **Please take care to only record personal information that is clinically relevant.** Possible information includes childhood and early development, schooling, friendships, intimate relationships, occupational history, adult relationships, children, pastimes and activities.

Include details of any occupational functioning over time.

13. Summary of previous tests or assessments

You may find it helpful to identify other tests or assessments that may have been undertaken previously, particularly if there were findings relevant to the current assessment. This is also an

opportunity to identify other tests or assessments that may be helpful in further clarifying aspects of the client's presentation.

Part F: Diagnosis

14. Personality assessment

Clinical and/or standardised testing may be undertaken to identify relevant aspects of personality function. Please resist making premature comments about personality function before you have obtained sufficient supporting evidence.

15. Mental state examination

A full mental state examination (MSE) should be undertaken and relevant findings recorded in each report. This should include all areas of an MSE, using an accepted format with a comprehensive account of any relevant abnormal phenomena. It should also include a comment on suicide risk, any thoughts of harm towards others, cognitive function and assessment of insight and judgement.

16. Formulation/summary

Please try to summarise all positive, and significant negative, findings that are relevant to aspects of the client's psychosocial and occupational rehabilitation. You should particularly address any issues that might create barriers for rehabilitation. This need not be long but should encompass aspects of the individuality of this person. The formulation needs to include a discussion of predisposing, precipitating, maintaining and protective factors.

17. Diagnosis

Please outline any formal psychiatric or psychological diagnoses that you think are appropriate and reference them clearly to the classification system used. Consider the following questions:

- In your opinion, does the client have a clinically significant mental condition? If so, what factors indicate this?
- What is the diagnosis? Please define precisely and outline the classification system used.
- If, in your opinion, your diagnosis differs from the mental condition being applied for, please give reasons for the difference

18. Risk assessment

Where appropriate, please undertake a risk assessment and reference this to an accepted method of conducting such assessment, ie HRC 20, static and dynamic risk. This assessment should formulate risk and identify any particular situations in which the client may present issues of risk, including ways in which these risks can best be monitored and mitigated.

Part G: Opinion

19. Relationship between the physical injury or event and the mental condition

Is the physical injury or event a substantial cause of the diagnosed mental condition(s)? If there is more than one diagnosis, each diagnosis needs to considered separately.

Please provide a rationale for your conclusion? Take into account the guidelines provided.

For definitions of 'event' and 'mental condition' see Section A.

20. Relationship between other life events and the mental condition

Please outline what other issues, life events, or incidents, separate from the claimed injury or events of this incident, if any, may have contributed to the client's current mental condition.

Please indicate what effect these are having on the client's mental state.

21. Post-Traumatic Stress Disorder (PTSD)

If the diagnosis is Post-Traumatic Stress Disorder, describe:

- how the client meets the different criteria associated with this disorder
- the traumatic features of the incident behind this claim, including whether the critical features were directly experienced by the client and the client's response to these features
- the ways in which the client persistently re-experiences the traumatic events
- which indicators are present that the client persistently avoids stimuli associated with the trauma and has numbed general responsiveness not present before the trauma
- which persistent symptoms of increased arousal not present before the trauma the client suffers
- the duration of the disturbance
- the manner in which the disturbance has caused clinically significant distress or impairment in functioning.

In terms of the DSM-IV diagnostic criteria for PTSD, an event is considered traumatic if it involved, amongst other things, death or serious injury or threat of serious injury. ACC generally expects a physical injury to be serious or accompanied by threat of serious injury if it is a material cause of PTSD.

If the claim is for PTSD arising from a physical injury, please answer the following:

- in your opinion, are the physical injuries the client suffered as a result of the events serious? Please specify which injuries you consider serious and why
- in your opinion, did the client face a threat of serious injury during those events?
- if you consider the physical injuries from the events a material cause of the PTSD but consider these injuries were not serious and the events did not involve a threat of serious injury, please fully explain why you consider the physical injuries a material cause of the PTSD

Part H: Prognosis

22. What is the prognosis for this client's mental condition?

If applicable, please indicate your prognosis for this client's mental injury and the severity of the client's condition.

Part I: Further Information

23. Other relevant information

Please provide any other relevant information that may help ACC to determine whether the client has suffered a mental injury as a result of a physical injury or experiencing, seeing, or hearing a traumatic event at work.