This report should be completed for a Specialist Cover Assessment or Function Assessment by the Named Assessment Provider.

Please refer to the Sensitive Claims Service operational guidelines and report guidelines available on our website: [www.acc.co.nz/resources](https://www.acc.co.nz/resources#/subcategory/372). Return the completed report to [sensitiveclaimsreports@acc.co.nz](mailto:sensitiveclaimsreports@acc.co.nz).

Part A: Kiritaki information

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| 1. Kiritaki details | |
| Kiritaki name: | |
| Date of birth: | Claim number: |
| Contact details/safe contact where appropriate: | |

Part B: Specialist Cover Assessment

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| 2. Sources of information |
| 1. Dates and duration of consultations: |
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| 1. Sources of information collected, received, and considered (include dates and authors): |
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| Only complete the rest of Part B if you are providing information for cover determination. |
| 3. About the Schedule 3 events |
| For each event, clearly and succinctly describe:   * the Schedule 3 events. Avoid using broad terms that are open to interpretation such as ‘sexual abuse’ and ‘inappropriate touch’ * the date or date range of the events * the frequency of the events   the perpetrators relationship to the kiritaki, if known. For privacy reasons, refer to third parties by their relationship to the client, rather than their names.  If enough detail has been provided in available Sensitive Claims Service reports and no further information is required, the same information can be used here. |
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| 4. Background kiritaki information | |
| 1. Please provide a summary of relevant background information. Include:  * relevant medical history (illnesses, operations, hospitalisations) * cultural and spiritual background * family/whānau and personal history * developmental history * education or employment history * alcohol and drug history (if relevant)   forensic history (if relevant). | |
|  | |
| 1. Summary of the current circumstances and presenting difficulties of the kiritaki. | |
| Current circumstances: | |
| Presenting difficulties: | |
| 1. Summary of the mental health history of the kiritaki and any treatment delivered for historical and current presenting difficulties. | |
| Mental health history: | |
| Treatment delivered: | |
| 1. If the kiritaki has received treatment from another health provider for this condition, provide a contact name and either email address or phone number for each provider. | |
| Contact name: | Contact email or phone: |
| Contact name: | Contact email or phone: |
| 1. Current medications and dosages, including the names of prescribers. | |
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| 5. Strengths and vulnerabilities | | |
| 1. Personality assessment. Consider patterns of behaviour that may be relevant to the strength and vulnerability presentation of the kiritaki. These personality traits do not need to reach the clinical threshold for a diagnosis but may be useful for formulation purposes along with engagement and treatment planning.   A comprehensive personality assessment including use of psychometrics may be appropriate when considering and applying diagnostic conclusions and proposing a mental injury. | | |
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| 1. Kiritaki strengths and protective factors. Please describe factors that could include, but not be limited to, cultural or spiritual identity, significant relationships, family/whānau connectedness, employment. | | |
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| 1. Areas of vulnerability. Consider aspects of vulnerability that affect the kiritaki ability or capacity to engage in or participate effectively in treatment. Vulnerabilities may include disability, socio-economic factors, age, housing arrangements, social supports, etc. | | |
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| 1. Are there any areas of risk? Please complete a risk assessment, considering the following risks:  * Is there a risk to self? * Does the kiritaki pose a risk to others?   Is the kiritaki at risk of harm from others? | | |
| Are there any risks identified? | Yes | No |
| If yes, please describe the risk and any duty of care actions that have been taken as relevant to the assessment so far. | | |
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| 1. Are any other agencies currently involved in supporting the kiritaki? | Yes | No |
| If yes, please list the agencies involved, eg Community Mental Health and Addiction Services. | | |
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| 6. Psychometrics | | | |
| 1. Results of psychometric testing, if relevant, and symptom validity measures. | | | |
| Name of measure: | Date administered: | Respondents: | Rating: |
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| Comment on results: | | | |

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| 7. Clinical symptoms or diagnosis |
| There are two options for this section listed below. Please complete one or both:   1. Diagnosis: For each diagnosis, please explain how diagnostic criteria are met and the diagnostic system used.   All diagnoses should be identified, including those not being proposed as mental injuries caused by sexual abuse or assault. |
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| 1. Significant difficulties: Please describe any emotional, cognitive, behavioural, or social difficulties of clinical significance that may not meet the threshold for a specific diagnosis. |
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| Formulation and summary. Please provide a clear formulation explaining how the kiritaki has developed any presenting difficulties. This should address difficulties proposed as mental injury and any other relevant issues. |
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| 8. Opinion on mental injury |
| 1. Please describe the clinical evidence supporting a causal relationship between the Schedule 3 events and proposed mental injuries. |
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| 1. Please describe the clinical evidence supporting a causal relationship between other life factors and proposed mental injuries. |
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| 9. Treatment |
| Please outline recommendations for treatment for kiritaki/whānau and service providers to consider.   * For any proposed mental injury, this may include suggestion of modalities, additional supports and services under the Sensitive Claims Service.   For other non-injury difficulties, this may include recommendations for assessment and non-ACC services. |
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| 10. Prognosis |
| What is your prognosis for the proposed mental injury for the kiritaki? Please describe any potential barriers to treatment of proposed mental injuries. |
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Part C: Function Assessment

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| Only complete Part C if ACC approval has been given to complete a Function Assessment |
| Please ensure that you have clearly addressed the following questions in either the body of your report, or separately provide answers below. |
| **11. Current and ongoing functional effects** |
| 1. What are the symptoms of the proposed or covered mental injuries? |
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| 1. What are the effects of these symptoms and their treatment on the current functioning of the kiritaki? Please provide specific examples of impact on activities of daily living. |
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| 1. Please provide specific examples of effects that may impact on work activity of the kiritaki not already outlined in your response to question 11(b). |
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| 1. Can you identify any potential safety concerns for the kiritaki or others because of these effects that may cause a barrier to work? Please provide specific examples and explain your rationale. |
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| 1. Are there any comorbid conditions that affect current functioning which may impact on activities of daily living or work activity? Please explain your rationale. |
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| 1. If the impact on functioning is multifactorial, are symptoms of the proposed or covered mental injuries materially contributing to this impact? Please explain your rationale. |
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| 1. Do you have any comments about the impact of the proposed or covered mental injuries and their treatment, and the specific work types provided in the referral? |
|  |
| 1. Can you provide any recommendations to reduce the adverse effects of the proposed or covered injuries or other psychiatric conditions that may be useful to support the kiritaki to return to work? Eg workplace support, work hours/patterns, avoidance of workplace exposures to potential triggers. |
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| 1. When would you recommend a further review of the kiritaki to help guide their return to work and other activity? |
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| 12. Effects on past functioning |
| Based on records provided, can you identify evidence of functional effects of the covered mental injuries, or treatment, that were likely a barrier to work? Please include details of why functional effects would impact on work activity and dates when these occurred. |
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Part D: Other information and declarations

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| 13. Other information | |
| Please provide the date of the last face-to-face meeting with the kiritaki that informed this report | Date: |
| Date of disengagement by the kiritaki (if applicable) | Date: |
| Please provide any other information that you consider relevant to assist in determining cover or to assist in the recovery of the kiritaki: | |
| I have attached other documents, eg clinical reports, psychometric results. List these: | |
| List other providers who contributed to the assessment. | |
| Contact name: | Contact email: |

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| 14. Provider declaration | | | |
|  | I have explained to the kiritaki that ACC will send a copy of this report to their Lead Service Provider (if relevant). | | |
|  | The kiritaki would like ACC to send them a copy of this report. | | |
|  | I have explained to the kiritaki that they can participate in a feedback session before this report is submitted to ACC. | | |
|  | I have informed the kiritaki that the information collected for this report will be sent to ACC to support cover decisions and treatment and rehabilitation needs. I have kiritaki authority for this. | | |
|  | I confirm that the information contained in this report is accurate and that I have followed the standards set out in the Sensitive Claims Service operational guidelines. | | |
| The kiritaki: | | | |
|  | Participated in the feedback session. | | |
|  | Did not participate in the feedback session. Provide reasons why: | | |
| Assessment Provider name: | | | Provider ID: |
| Supplier name: | | Supplier ID: | Date: |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.