



Specialist Cover Assessment: Understanding Changes After TN

ACC Provider Meetings

11th & 12th September 2025



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

Karakia

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

Striving to do what is right

Undertaking to act justly

Being considerate of everyone

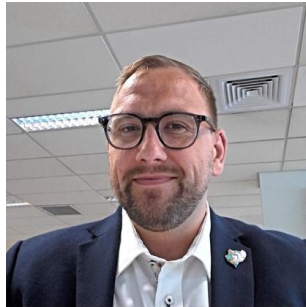
That it may improve the lives of all

Nau mai, Haere mai

Welcome to our drop-in session



Jamie Macniven
Clinical Advice Manager,
Clinical Services



Marthinus Bekker
Psychology Advisor,
Clinical Services



Ruby Meres
Portfolio Manager,
Mental Injury

Questions



Use the chat to
submit questions

Access the content



We'll share the slides on
our website

What we're covering today

TN Court of Appeal decision

- How ACC is moving forward with the TN decision

Specialist Cover Assessment changes

- New section on Date Mental Injury Suffered (DMIS)
- ACC's 'default' DMIS
- Update to Operational Guidelines

Exceptions to the 'default' DMIS

- Some potential scenarios
- Information to include in your reports
- Case examples

Questions

TN Court of Appeal Decision

TN Court of Appeal decision

- In December 2023, the Court of Appeal ruled that survivors of sexual abuse are eligible for financial support based on the *date of mental injury suffered* (DMIS).
- Previously, requests for financial support were based on the date the kiritaki first sought treatment (*deemed date of injury*; DDOI).
- For most people, the DMIS is considered to be the date the sexual abuse or assault occurred, or sometime close to that date.



How ACC is moving forward with the TN decision

- To meet our legislative obligations, ACC is now required to determine DMIS for all kiritaki seeking financial entitlement via a sensitive claim.
- From 29th September 2025, all sensitive claims kiritaki with new requests for financial entitlements will be assessed based on the date of mental injury suffered (DMIS).
- ACC has therefore updated the Specialist Cover Assessment report template, and the accompanying operational guidelines.



Specialist Cover Assessment Changes

New section in SCA Report Template

Date mental injury suffered

Please describe the date or time period when the proposed mental injuries are likely to have reached diagnostic threshold.

If further space is required, copy and paste the date mental injury suffered table below this section.

Proposed Mental Injury: [REDACTED]

Date: [REDACTED]

Proposed Mental Injury: [REDACTED]

Date: [REDACTED]

Proposed Mental Injury: [REDACTED]

Date: [REDACTED]

Proposed Mental Injury: [REDACTED]

Date: [REDACTED]

Please describe the clinical evidence and your rationale for the date(s) above.

[REDACTED]



ACC's default DMIS

- Most covered injuries are trauma-related with PTSD being the most common.
- Symptoms often appear soon after the trauma, often meeting criteria for acute stress disorder initially.
- When the mental injury occurs close to the time of the abuse, ACC uses the date of the first abuse event as the default date of mental injury suffered (DMIS).
- Not all cases fit the default DMIS. Providers should be aware that exceptions exist and may need to be considered.
- A key role of the specialist cover assessor is to help ACC determine the most likely date of mental injury when the default DMIS doesn't apply



Update to Operational Guidelines

- If your assessment indicates that the kiritaki likely developed their mental injury/injuries within the first few weeks after the first abuse event, please confirm this. Specify the likely date of the first abuse event (to the extent that this can be established in retrospect).
- Where your assessment indicates that the kiritaki developed their mental injury at a much later date than the date of the first abuse event, please provide detail of the likely date on which the mental injury reached the diagnostic threshold.
- It may often be difficult to establish an exact date; please be as precise as possible. A month/year, or date range is acceptable where a specific date is not known (e.g. 'January-March 1997').



Exceptions to the 'Default' DMIS

Some potential scenarios

- Delayed expression PTSD; some symptoms may be evident shortly after the abuse event(s) but full diagnostic criteria might not be met until a meaningfully later date (>6 months). Full criteria might be met following a trigger such as seeing the perpetrator again, or the client's child reaching the same age the client experienced the abuse etc.
- Non 'trauma-related' conditions such as major depressive disorder may develop at a meaningfully later date than the abuse event(s), often in the context of other contributing factors.
- Personality/identity disorders; these are unlikely to meet full diagnostic criteria until adulthood, and so DMIS may in many such cases necessarily be at a later date than the abuse event(s).
- No memory of the abuse event(s); a client may not meet full diagnostic criteria for a mental injury until many years after abuse event(s) that they do not recall, for example until they are informed of the event(s) in adulthood.



Information to include in your reports

- Establish, to the extent possible, the likely date or date range within which the mental injury/injuries developed.
- If the abuse event(s) were in childhood and you consider that the mental injury/injuries also developed in childhood, the default DMIS can apply without there being any disadvantage to the kiritaki.
- If the abuse event(s) were in childhood but you consider that the mental injury developed (i.e. only reached full diagnostic criteria) in adulthood, please provide a robust clinical rationale for this opinion.



Case example 1

- Jane was sexually abused in January 2018 when aged 13; this was a single event
- It is clear from the available clinical records that there were symptoms of PTSD evident in the weeks and months following the abuse event
- Your assessment of Jane, who is now 20, indicates that she meets diagnostic criteria for PTSD, and in the clinical interview it is clear that the full diagnostic criteria for PTSD were likely met in the months following the abuse event.
- In this case, the proposed mental injury is PTSD and the default DMIS applies (January 2018).



Case example 2

- John was sexually abused aged 14, in March 2001. This was a single abuse event.
- John is now 38. It is clear from the available clinical information and your clinical interview that John likely experienced some symptoms of PTSD in the months following the abuse events. However, he reports that the symptoms became much worse following a family gathering in June 2024, when he saw the perpetrator of the abuse for the first time since the abuse event. This precipitated a significant decline in his mental health, and you have diagnosed PTSD and a major depressive episode (MDE).
- The default DMIS of March 2001 would arguably not apply in this case. There are grounds for an ‘exception’ to the default DMIS. You provide a clear clinical rationale explaining that the full diagnostic criteria for PTSD and MDE were likely not met until June/July 2024.



Case example 3

- Sarah was sexually abused on multiple occasions between the ages of 11 and 14 (2011-2014). She was then abused aged 19, with a further abuse event aged 23.
- Sarah is now 25. You assess Sarah and diagnose complex PTSD, major depressive disorder, and alcohol use disorder.
- The clinical evidence indicates that Sarah's complex PTSD has its origin in the childhood sexual abuse events, with clear evidence of the diagnostic criteria likely being met from the age of 17. However, the major depressive disorder does not appear to have emerged until after the more recent abuse event in 2024. Alcohol was used in the perpetration of the childhood abuse events, and Sarah's problematic alcohol use emerged in her early teens.
- The default DMIS of 2011 (with a range of 2011-2014, ACC would likely use 01/01/11 as the DMIS) would arguably apply to complex PTSD and alcohol use disorder. However, there are grounds for an 'exception' to the default DMIS for major depressive disorder (potentially 01/01/24 unless a specific date range was proposed by you for the emergence of the MDD).



Information to include in your reports

- It is not your role to determine DMIS. This is a legislative construct, used solely by ACC to determine a client's financial entitlement under the ACC scheme.
- It *is* your role to provide sufficient clinical information with which ACC can make a fair and reasonable decision on DMIS.
- It's clearly challenging in most cases to derive a specific date a mental injury reached diagnostic threshold. Please just be as specific as possible – a date range (e.g. 'June-August 2023') is acceptable where specific dates are not possible.



For more information



Video on the Specialist Cover Assessment:
www.acc.co.nz/working-under-the-sc



For questions, email us at:
MentalHealth@acc.co.nz

Questions

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Ngā mihi nui

