

20 August 2013

Ms Gladys Webster
fyi-request-1027-8alac05e@requests.fyi.org.nz

Dear Ms Webster

Official Information Act request

Thank you for your request of 25 July 2013, asking for the following information under the Official Information Act 1982 (the Act):

- a) (*Sic*) Whether the Sensitive Claims Unit (SCU) knew that this senior psychiatrist did not need to link sexual abuse with mental injuries as it was already aware - prior to assessment even - that this was the case.
- b) Secondly, if the SCU knew this was the case, why would ACC's SCU have declined my friend's cover for a mental injury and entitlements, subjecting her to significant stress and humiliation?
- c) Thirdly does the SCU know what its senior psychiatrists are going to write? This assessor assumes she was writing for the SCU and that they would be aware of her thoughts on the matter. If this a serious statement of SCU's operations then why would SCU need to send claimants to this senior psychiatrist - paying her large sums of taxpayer monies when they know her opinion, and then use the Report provided to deny entitlements.
- d) Fourthly, who is correct here? The senior psychiatrist, not needing to provide separate statements as SCU already knew her position - or the SCU who based on this Report (and knowing the senior psychiatrist believes even though they are not in writing) declined entitlements and sent false information to DRSL as they already knew - and the senior psychiatrist checked - that sexual abuse was linked to my friend's mental injury. In this matter it appears that SCU - knowing that sexual abuse caused my friend her injuries - then declined her full cover plus entitlements and went on to provide false information to DRSL?? Is this normal SCU practice? Or perhaps a senior ACC psychiatrist is 'making up' a position to cover themselves from negligence and the significant harm she has caused my friend? Can ACC's SCU respond please regarding their policy on these matters?

ACC is unable to provide you with the information you have requested as, without your friend's consent, to do so would be a breach of your friend's privacy. This decision is in accordance with section 9(2)(a) of the Act.

ACC would like to assure you that it does have mechanisms and procedures in place to ensure the situation you have described does not occur. If your friend believes that an assessor has left important information out of a report, which ACC has relied on, then you should encourage your friend to contact ACC directly to discuss this matter.

General Information

ACC can provide you with some general information about its policies and processes.

A client with a covered mental injury may be entitled to receive psychological treatment. ACC will refer a client for a clinical psychiatric assessment to provide a diagnosis and suitable treatment and rehabilitation options. Assessments may include the following:

- clarification of clinical issues to help ACC determine cover eligibility,
- a diagnostic evaluation,
- an evaluation of the level of functional impairments on the client's daily activities and ability to work,
- identification and recommendation of treatment options for mental health disorders which clients have covered injuries for,
- formulation of treatment plans, goals and likely outcomes, including timeframes if treatment is recommended, and
- an evaluation of the safety of the client and others.

To be eligible for a clinical psychiatric assessment, the client must meet **one** of the following criteria:

- Need an assessment for a cover decision to be made for a mental injury from physical injury, work related, or a crime event under schedule 3 of the AC Act 2001.
- Have a mental health or psychiatric issue that may be preventing their rehabilitation.
- Ascertaining if the rehabilitation need is causally linked to the injury (both physical and mental) for which ACC has granted cover.
- Have chronic pain issues.
- Determine if care should be funded by ACC, or another agency.
- Have contradictory diagnoses by more than one medical provider.
- Prior to a referral for rehabilitation or pain management service, e.g. Residential Rehabilitation Services.
- Require a medication review.
- Require a review of the appropriateness of ongoing mental health treatment for a client.

Once a client has been referred for a psychiatrist assessment, ACC understands that when contacting an assessor it is important to present the case in an impartial manner. This is to avoid influencing the assessor or the outcome of the assessment. Any contact with an assessor, the reasons for the contact and the outcome of it, must be recorded as a 'Contact' in the client's file.

ACC may contact an assessor prior to an assessment to discuss:

- whether the client has any physical disabilities or other special needs,
- whether the client has intellectual difficulties,
- whether it is a very large or complex case,
- when an advocate or support person wishes to attend with the client,
- whether an interpreter is required,
- when the client asks for the assessment to be recorded,
- when the client is flagged by ACC as a potential risk,
- when the client has expressed any concerns about having a male/female assessor, or
- when a chaperone is required.

Following the assessment ACC expects the assessor will provide a comprehensive and complete report to enable it to make an informed decision.

Please contact me at Stephanie.Lewis@acc.co.nz if you have any queries about this letter.

If you're unhappy with ACC's response, you may make a complaint to the Office of the Ombudsman. You can call them on 0800 802 602 between 9am and 5pm on weekdays, or write to:

The Office of the Ombudsman
PO Box 10 152
WELLINGTON 6143

Yours sincerely



Stephanie Lewis
Advisor