

Summary

Objective

The aim of psychological services is to help the client achieve independence by:

- identifying and addressing barriers to rehabilitation
- providing evidence-based psychological interventions
- promoting behavioural change and maintenance through education towards self-management
- providing appropriate short-term psychotherapeutic interventions to resolve specific issues
- providing early education to the whānau of the client about the effects of psychological problems/mental injury to foster strong recovery/coping strategies and client managed recovery and rehabilitation;
- providing early psychological intervention before cover is established for clients who lodge work related mental injury claims. The purpose is to reduce the psychological impact of the traumatic event on clients and to assist in the prevention of mental injury.

Owner

[Name Withheld]

Expert

Procedure


1.0 Eligibility

- a** This service is for client's who have sustained or are suspected of having a mental injury or have psychological barriers to rehabilitation. A client is eligible for psychological services if they have:

- covered personal injury and mental health issues which impact negatively on their ability to recover, but not necessarily a covered mental injury
- covered physical injury and need an assessment to determine cover for a mental injury
- covered treatment injury and need an assessment to determine cover for a mental injury
- experienced a work-related trauma and require early psychological intervention before cover is established and/or need an assessment to determine cover for a work-related mental injury
- cover for a work-related mental injury and need intervention

NOTE What if your Client has a Sensitive Claim?

A Client with a Sensitive Claim will need to be referred to the Integrated Service for Sensitive Claims

 **PROCESS** [Integrated Services for Sensitive Claims \(ISSC\) Service Page](#)

2.0 Key Features

- a** Psychological services provide:

- evidence-based psychological therapies
- Information and training in: Trauma, Pain Management, relaxation, assertiveness, stress management, problem solving, social skills, behaviour management (including anger management), coping strategies to enable independence and goal setting.
- information about mental injury and its effects
- information and interventions to address the effects of Traumatic Brain Injury (TBI)
- Monitoring goals, progress and clinical outcomes of services provider including reporting to the client's General Practitioner (GP) and Recovery Team Member, and other treatment providers
- Ensuring the Client has sufficient support following the service
- early education to the Client's family or whānau, as part of the Client's session, about the effects of psychological problems or mental injury to foster strong recovery, coping strategies and client managed recovery and rehabilitation

- b** A service provider:

- cannot carry out more than one psychological service session per week for the same client without prior approval from ACC.
- can recommend the client's withdrawal from the service due to poor progress or non-compliance.
- must notify ACC when a client's withdrawal from support is due to non-compliance and provide a report indicating the attempts to contact and connect with the client, measures taken to address non-compliance including any options explored and the client's response to withdrawal.
- may request further psychological service sessions or further assessment if they think the Client needs them to achieve the recovery outcome.
- services and reporting requirements must be completed within expected time frames

- c** provide education to family or whānau through Psychological Services where a client's covered injury has resulted in a significant impairment or disability. Common scenarios where education for family and whānau is appropriate includes:
 - addressing areas such as grief surrounding the accident or event
 - adjusting to changes in roles and relationships
 - adjusting to life with a disability and preparing for the future (such as leaving home and accessing respite care)
 - and to specifically promote the wellbeing and resilience of the family support network around the injured client

Family and whānau must consent to the referral and support and as part of Psychological Services. Family and whānau will need to be made aware of reporting received from the Psychologist and how their information will be stored on the client's claim.

If consent is not given for the referral or collection and storage of information, a referral through a General Practitioner or Health Care Provider to a non-ACC funded service is required.

If you're unsure about approving family and whānau support, seek internal guidance.

3.0 Referral

- a** ACC refer clients for psychological services following a clear clinical rationale/recommendation from an assessing or treating provider for psychology input for an injury-related treatment need or a recommendation from a Psychology Advisor (PA). These recommendations may come from, but are not limited to a:
 - Neuropsychological assessment or recommendation
 - Psychiatric assessment or recommendation
 - Psychological assessment or recommendation
 - Other specialised assessment or recommendation
 - A Recovery Team Member identifying the need for psychological input

All referrals must be in writing. We will not pay the service provider if ACC has not made a referral.

Where Mental Injury Cover has not been determined, it is typical to offer up to 10 sessions of psychological support to address the immediate psychological concerns and barriers to recovery.

4.0 Mental Injury Assessment

- a** As defined in the Accident Compensation Act 2001 (AC Act) a mental injury is a clinically significant behavioural, cognitive or psychological dysfunction.

Assessments for Mental Injury Cover that can be referred for through Psychological Services contract are:

- Mental Injury Caused By Physical Injury (MICPI)
- Work Related Mental Injury (WRMI)

A work-related mental injury involves establishing that a client has directly experienced, seen or heard a 'single, sudden traumatic event' that occurred in a client's employment. Note that a person does not experience, see, or hear an event directly if that person experiences, sees, or hears it through a secondary source, for example, by—

- seeing it on television (including closed circuit television):
- seeing pictures of, or reading about, it in news media:
- hearing about it from radio, telephone, or another person.


The client does not need to have sustained a physical injury to have a WRMI.

- b** The service item codes for purchasing an assessment that is required to determine mental injury cover can be approved up to a maximum of 16 hours is:
 - PSY51 Assessment for MICPI (Mental Injury Caused By Physical Injury) cover
 - PSY52 Assessment for WRMI (Work Related Mental Injury) cover

When assessing MICPI or WRMI cover only (PSY51 or PSY52), you can approve a purchase order referral in Eos up to a maximum of 16 hours. Please seek PA advice on this if required.

The service provider can use the hours as follows:

- up to five hours of face to face assessment time
- up to four hours for preparation and reading time, and
- up to six hours to write the assessment Report.
- up to one hour to review the Assessment Report with the client either in-person or via Telehealth. The assessment review appointment includes the client unless there are concerns around client or Service Provider safety, or if this is deemed clinically inappropriate.

 Guidelines Psychological services purchase order details

- c** A referral for a Mental Injury Assessment can be made without seeking Clinical (Psychology Advisor) guidance if it is obvious that there are significant psychosocial factors that are presenting a barrier to recovery, and early intervention has been unsuccessful in resolving these issues.

5.0 Work Related Mental Injury Pre-Cover Support

- a Clients who lodge a WRMI claim can be referred for Early Intervention Services. The Pre-cover WRMI Early Intervention Service is available to all WRMI clients showing evidence they've suffered a significant event. Pre-cover WRMI Early Intervention has two purposes:
 - to provide early psychological intervention, to reduce the psychological impact of the traumatic event on clients, and to assist in the prevention of mental injury; and
 - to gather information which can be used in an Assessment Report should the client wish to progress to a cover decision for WRMI.
- b Following the Pre-cover WRMI Intervention Services, an Assessment to determine WRM cover is required. A service Provider can utilise up to a maximum of 16 hours to complete the Mental Injury Assessment.

Pre-cover WRMI Post Assessment Therapeutic Sessions, are only for clients who progress to cover. The service is designed to allow time for ACC to decide on WRMI cover and allows a client continuity of support while ACC determines cover for a Work-Related Mental Injury.

The service provider can provide WRMI Pre-cover support through a maximum of up to:

- four hours for the Pre-cover WRMI Early Intervention service
 - 16 hours for Mental Injury Assessment
 - two hours for the Pre cover WRMI post assessment therapeutic sessions service
-

6.0 Request for further Services

- a If the provider considers the client needs more psychological services to achieve the rehabilitation outcome, they can request further sessions using the ACC267 Psychological services progress report form.

The request for further sessions must include:

- functional objectives and outcomes of the proposed further services, and link these to the overall outcome in the client's Recovery Plan (previously referred to as an Individual Rehabilitation Plan (IRP))
- outcomes achieved to date
- reason further psychological services are needed
- recommended number of further sessions (not exceeding 16 sessions)
- expected timeframe for services (not exceeding 16 weeks).

They cannot provide any further sessions without the Recovery Team Members written approval.

- b If Mental Injury Cover has not been determined but further assistance is required, support can be extended if:
 - 1) The client is making good progress in their recovery and it is likely that additional support will be sufficient to allow them to recover fully without the need for a mental injury assessment
 - 2) The client has a serious physical injury and it is obvious that psychological support is required as part of their rehabilitation; and/or a mental injury assessment is not indicated at this time (for various reasons, including the nature of the client's injury, or that a MICPI would be distressing or otherwise undesirable)
 - 3) The psychological barriers to recovery are significant and the client will likely need a MICPI assessment to consider mental injury cover – in this case, sessions should continue until an assessment can be arranged and a cover decision made.

NOTE Is clinical guidance from a Psychology Advisor required when considering a further mental injury assessment to determine ongoing Psychological Services?

In some cases, the Recovery Team Member can seek a further mental injury assessment to determine the need for more Psychological Services, e.g. when the Psychological Services are taking longer than expected to achieve the desired outcome.

Consultation regarding appropriateness of a further assessment or other investigation should be directed in the first instance to a Psychology Advisor via Recovery Support Hotline.

If seeking a further assessment, the Recovery Team Member must tell the service provider they're seeking a second assessment and let them know the expected timeframe for a decision.

 **PROCESS** Seek Internal Guidance

NOTE Is clinical guidance from a Psychology Advisor required when considering a request for approving additional psychological treatment?

As a Recovery Team Member you can approve additional psychological sessions without seeking guidance, in alignment with your case & claims management delegations.





Where there are concerns about lack of progress made, or you're unsure if services continue to remain necessary and appropriate seek clinical guidance from a Psychology Advisor to discuss the request for additional support. It is important to consider:

- The S.M.A.R.T Goals (Specific, Measurable, Achievable, Realistic, Timely) and plan for treatment are on track
- services provided continue to show benefit to their recovery or making the intended progress to support the client's recovery from their injury?
- whether another service is more appropriate to meet the needs of the client

7.0 Reports, forms and timeframes

a The Supplier/Provider will:

- Contact the client within 3 Working Days of receiving the Referral to arrange an initial appointment
- Contact ACC within 1 working day of receiving notice that the client has declined to attend the initial appointment
- Ensure that the initial consultation is provided within 10 Working days of contacting the client.
- Contact ACC within 1 working day of a missed appointment
- Ensure Further Psychological Services commence within 10 Working days after the date of receipt of ACC funding approval
- Ensure the Assessment Report is submitted to ACC no later than 10 working days following the Assessment.
- Ensure Progress Reports are supplied to ACC on completion of 50% of the total Psychological Services greater than 16 hours
- Ensure a Completion Report is supplied to ACC within 2 weeks of the final Psychological Services session.
- Ensure each session should be no shorter than a therapeutic hour which comprises at least 45 minutes of client contact, with the remainder of the allocated time used for writing up clinical notes on the session.

-  ACC265 Referral for psychological services
-  ACC266 Psychological services action plan
-  ACC267 Psychological services progress report
-  ACC268 Psychological Completion Report


8.0 Withdrawal from service

- a** The service provider can recommend the client's withdrawal from the service due to poor progress or non-compliance. The recommendation must be made in consultation with the Recovery Team Member or Team.

NOTE What if you receive notification of a Client being non-compliant?

If the service provider recommends withdrawal because of non-compliance, they must provide a report including:

- details of attempts to contact the client
- letters written to the client
- measures taken to address non-compliance, including any options explored
- the client's response to withdrawal



 **PROCESS** Manage Non-Compliance

9.0 Non-Attendance Fee

- a** PSYDNA - payable for the missed face to face assessment or treatment if a Client fails to attend a scheduled appointment without giving 2 Business Days prior notification, and the supplier has taken all reasonable steps to ensure they attend, including reminding the Client of the appointment 3-4 days before the scheduled time.
- b** Max 2 per claim (payable once per DNA)
- Onsite DNA's are paid at 40% of the hourly rate
 - Offsite DNA's are paid at 60% of the hourly rate

10.0 Telehealth

- a** Services can be delivered by Telehealth, where clinically appropriate and with client consent. Services delivered through Telehealth must be delivered in line with the ACC Telehealth Guide and Psychological Services Contract.

-  Psychological Services - Service Schedule
-  ACC8331 Telehealth Guide

 **PROCESS** **Assess and Fund Psychological Services**
