

08 April 2019

Anthony Jordan
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Dear Anthony

Your Official Information Act request, reference: 0053780

Thank you for your email of 25 February 2019, asking for the following information under the Official Information Act 1982 (the Act):

- 1. Upto date memorandums/education resources that ACC staff are disclosed in order to identify those at risk of self harm and Suicide whilst in contact with ACC*
- 2. Upto date memorandums/education resources that ACC staff are disclosed in order to intervene those at risk of self harm and Suicide whilst in contact with ACC*
- 3. Information that would assist in reassuring Current Claimants and Potential Claimants, that ACC is proactive in educating it's staff and medical professionals that Suicide Awareness and Self Harm is real and a problem that requires ongoing vigilance*
- 4. Available ACC funded counseling assistance for those vulnerable to Self Harm and Suicide behaviours whilst awaiting reviews and/Or treatment*

On 25 March 2019, we contacted you to advise you that we required an additional 10 working-days to respond to your request, and we were extending the due date to 8 April 2019.

ACC responds to clients who are vulnerable or threaten self harm

ACC pays careful attention to the well-being of people we are in contact with who are vulnerable because of a potential threat to their safety, health or wellbeing. These people may have poor mental or physical health, medical conditions, addictions, anti-social behaviours, or be living in situations that put them at risk. We recognise that clients who have attempted suicide, or threatened to do so, are likely to be particularly vulnerable.

Staff take very seriously all mentions of self-harm or suicide anyone makes to them and we have clear instructions on how to respond to such conversations to ensure the person making the threat gets the appropriate help as soon as possible. This applies whatever stage of the claim process the person is in.

ACC has a compulsory training module for staff which covers responding to, and reporting, incidents of threatened self-harm. This covers both the threat of suicide or general self harm.

ACC identifies clients in vulnerable situations

When a client is considered vulnerable, we will place an indicator on their claim file so staff are aware of their additional vulnerability when they make contact. It also enables us to put in place emergency contact protocols for clients who may need additional help during potential emergency situations. For example, during the recent fires outside Nelson we contacted vulnerable clients in the region to check that they were safe, and whether they needed any assistance.

If someone makes any mention of self-harm during a conversation, staff take appropriate action. This includes recording it as an incident in our Health and Safety system. Below are the guidelines available for staff to refer to when clients disclose suicidal thoughts. These guidelines are on ACC's intranet, and are available to all ACC staff.

Guidelines for case owners when a client shows significant suicidal risk

When a client has suicidal thoughts, it is a serious situation that cannot be ignored. If you think a client sounds suicidal or you think they may harm themselves, you need to handle the situation carefully while you try to find out more about their level of intent and decide what to do.

When to use

Use these guidelines when you become aware that a client may have suicidal thoughts or plans. The guidelines will help you respond appropriately and determine what action to take.

What to consider

There are a number of ways in which information about a client's suicidal thoughts or plans may be revealed to ACC. It may be conveyed in a report from a provider and/or the client may let you know you in a face-to-face meeting or during a telephone call.

The manner in which the information is conveyed to ACC affects the types of action the case owner should take.

Information conveyed via a provider report

If you receive a provider report, e.g. assessment or progress report under treatment regulations or contract, and it indicates the client may have suicidal thoughts or plans:

- check the report to see if it contains a risk assessment
 - if not, contact the provider and ask whether they've done a comprehensive risk assessment and if so, what safety plan is in place
 - if they haven't completed a risk assessment or safety plan, ask the provider to complete a comprehensive risk assessment and safety plan and send copies to ACC
- make sure the provider has:
 - let the client's General Practitioner (GP) know about the suicidal risk and the safety plan
 - alerted the relevant agencies about the client's suicidal risk.

Information conveyed during a meeting or phone call with the client

It can be particularly distressing for case owners if you receive information about a client's suicidal thoughts or plans in a face-to-face meeting or during a phone call with the client. If you can, try to attract the attention of a team leader or another staff member to make them aware of the situation.

Remember that the client's safety is your primary focus. If you're in a meeting, stay with the client. If they're on the phone, keep them on the line.

How to behave toward the client

- Be yourself. Let the client detect your concern through your voice and manner
- Listen. Let the person talk about their distress. It's a positive sign that the client has contacted you
- Be sympathetic, non-judgmental, patient, calm and accepting.

What to say to the client

Case owners are generally not trained mental health professionals. You should let the client know this and tell them you can facilitate but not provide assistance for them.

If the client is on the phone, try to get their name and details if you don't know them. Find out where the client is located and who is around them.

Avoid arguments, problem solving, giving advice and asking clients why they feel suicidal. The important issue is how badly the client is affected by their problem(s), not how bad their problem(s) are.

Don't ask leading questions. Ask open questions that encourage the client to give you more information, e.g.:

- if the client alludes to feeling so low that they cannot go on, ask them what they mean
- if they say they're feeling suicidal, try to get an idea of their level of urgency and what they're intending to do. This will help you determine who you need to notify

Recommended actions

Maintaining client confidentiality in situations where the client is expressing suicidal thoughts can have tragic consequences. When clients are at serious and imminent risk of harming themselves, we can break client confidentiality to ensure that the client receives appropriate assistance. See Health information privacy code, Rule 10.

- If you think the client is at immediate risk of suicide, contact the police by dialling 111 and provide the relevant information
- If the client is not at immediate risk but has clearly expressed ideas of suicide:
 - explain to the client that you will need to inform their GP and/or counsellor and/or some other appropriate person or agency so that they can get appropriate support.
 - check with your team manager and if approved, contact that person to let them know.

What happens next

Contact a Psychology Advisor. They can provide advice on how you can support a client who is feeling suicidal. ACC's team of internal Psychological Advisors can provide advice and assist with referrals for assessments. When appropriate, ACC will engage with providers to arrange support to meet a client's mental health needs.

Psychological services available to clients

A client's eligibility for ACC funded psychological services, including counselling services, is determined on a case by case basis. As noted above, clients at acute risk of self-harm or suicide will be referred to acute mental health services.

ACC funded mental health services are generally part of rehabilitation for clients who are not in crisis and able to engage in therapy. Some people may be offered psychological or psychiatric assistance to assist them manage their symptoms before these escalate.

ACC also works with the Ministry of Health, District Health Boards and other agencies to ensure clients have access to non-ACC funded mental health services, when ACC is not able to fund services. For example, a client with pre-existing mental health needs suffers a physical injury. To facilitate rehabilitation, ACC may provide some psychological sessions to assist the client in coping with their physical injury. Once their physical injury has resolved, ACC will facilitate handover to the client's GP. The GP will then refer the client on to community health services, as appropriate.

ACC is happy to answer your questions

If you have any questions about this response, you can email me at GovernmentServices@acc.co.nz.

Yours sincerely



Emma Coats

Manager Official Information Act Services

Government Engagement & Support