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Karl Bloxham
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Ref: H201902640

Dear Mr Bloxham

Response to your request for official information

Thank you for your request for information under the Official Information Act 1982 (the Act) on 24 April 2019 for:

"I ask for the information that allows ACC not to use ICD-10 x60-x84 codes for statistical reporting and the reason the annual suicide statistics do not include a component of those person on weekly compensation who commit suicide or selfharm

The statistical data could be as low as 4% and high as 25%,

ACC have stated that a person in acute state are informed to get hold of DHB mental health unit, however the MH Units in most cases conclude the individual has a mental injury vs mental illness, therefore they refer them back to ACC.

The individual is left without assistance, whether they have a mental injury from a physical injury claim accepted or not.

So i ask for the information relating to how ACC and the DHB should administer a person at risk and which entity is ultimately responsible."

On 26 April 2019, the Ministry of Health (the Ministry) partially transferred your request to the Accident Compensation Corporation (ACC), specifically:

"I ask for the information relating to how ACC ... should administer a person at risk."

The Ministry has endeavoured to answer the remainder of your request below.

The information that allows ACC not to use ICD-10 x60-x84 codes for statistical reporting and the reason the annual suicide statistics do not include a component of those person on weekly compensation who commit suicide or selfharm.

Information regarding clinical coding conventions in New Zealand can be found at the link below: <https://www.health.govt.nz/nz-health-statistics/classification-and-terminology/icd-10-am-achi-acs/new-zealand-clinical-coding-conventions>.

In relation to the second half of this question, the Ministry (which produces the annual suicide statistics) does not hold information on who receives weekly compensation.

I ask for the information relating to how ACC and the DHB should administer a person at risk and which entity is ultimately responsible.

A client's eligibility for ACC-funded psychological services, including counselling services, is determined on a case by case basis. 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.

I trust that this information fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request.

Yours sincerely



Robyn Shearer
Deputy Director-General
Mental Health and Addiction