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# **Working towards positive life insurance outcomes for mental health consumers**

A report on the partnership between Mental Health Sector Stakeholders and the Life Insurance Industry

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**A report by:**

Investment and Financial Services Association (IFSA)

Mental Health Council of Australia (MHCA)

*beyondblue*: the national depression initiative

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## TABLE OF CONTENTS

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<b>1.0</b>	<b>INTRODUCTION</b> .....	<b>3</b>
<b>2.0</b>	<b>THE CONTEXT</b> .....	<b>4</b>
<b>2.1</b>	<b>The principles of Insurance</b> .....	<b>4</b>
<b>2.2</b>	<b>Types of insurance</b> .....	<b>5</b>
	2.2.1 <i>Term Life Insurance</i> .....	5
	2.2.2 <i>Total and Permanent Disability Insurance</i> .....	5
	2.2.3 <i>Income Protection Insurance</i> .....	6
	2.2.4 <i>Trauma Insurance</i> .....	6
<b>2.3</b>	<b>Mental Illness</b> .....	<b>7</b>
<b>2.4</b>	<b>Mental Health and Life Insurance</b> .....	<b>8</b>
<b>3.0</b>	<b>THE MEMORANDUM OF UNDERSTANDING</b> .....	<b>9</b>
<b>3.1</b>	<b>The stakeholders and signatories</b> .....	<b>9</b>
<b>3.2</b>	<b>MoU Achievements to date</b> .....	<b>10</b>
<b>4.0</b>	<b>FACTS AND FIGURES</b> .....	<b>11</b>
<b>4.1</b>	<b>Industry data</b> .....	<b>11</b>
	4.1.1 <i>Underwriting</i> .....	11
	4.1.2 <i>Claims</i> .....	13
<b>4.2</b>	<b>Mental Health Council of Australia/beyondblue qualitative study</b> .	<b>14</b>
<b>5.0</b>	<b>FUTURE WORK PRIORITIES</b> .....	<b>17</b>
<b>5.1</b>	<b>Risk Assessment</b> .....	<b>17</b>
<b>5.2</b>	<b>Working with Superannuation</b> .....	<b>18</b>
<b>5.3</b>	<b>Training – Claims, Underwriting and Financial Planning</b> .....	<b>20</b>
<b>6.0</b>	<b>CONCLUSION</b> .....	<b>21</b>

## 1.0 INTRODUCTION

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The Life Insurance Industry and Mental Health Stakeholders have been working together since July 2001 to improve the life insurance outcomes for those with a history of mental health conditions. Underpinning this unique collaboration is a Memorandum of Understanding (MoU), which has been in place since March 2003.

This report details the achievements made so far, the issues that are still outstanding and the work that will be undertaken over the next two years under the fourth iteration of the MoU.

In producing this report, the Investment and Financial Services Association (IFSA), the Mental Health Council of Australia (MHCA) and *beyondblue*: the national depression initiative commend the achievements to date. It is hoped that the benefits of adopting a collaborative approach based on shared goals has provided more people experiencing mental illness with the opportunity to access the insurance products that they need.

## 2.0 THE CONTEXT

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### 2.1 The principles of Insurance

Insurance involves the transfer of risk from an individual to an insurance company. The risk is normally event related (fire, theft, accident, illness, death) and insurance covers the cost of a financial loss resulting from that event.

The risk of the event occurring is assessed by the insurance company and a premium is set to reflect that risk. Under the insurance contract, the policyholder agrees to pay the premium to the insurer, who then undertakes to pay the claim to the policyholder if the insured events occur. A range of factors are taken into account in determining this risk, including:

- motor insurance: age of driver, type of car or size of engine, address of the policy holder, where the car will be kept and previous claims history.
- home and contents insurance: the total sum insured items to be covered over and above the norm, location of the property and previous claims history.
- life insurance: previous medical history, level of income, occupation, lifestyle and previous claims history.

A person who presents a higher risk will be charged a higher premium, have particular risks excluded from the policy or be declined cover.

To allow insurers to accurately assess the risk, people applying for insurance are legally required to comply with their 'Duty of Disclosure'. This means that they must supply all information requested by the insurer that will enable them to assess the risk that a person may present. Failing to disclose all the relevant information can have serious consequences, including the cancellation of the insurance policy.

If an insured event occurs, the insurance company will pay the insured amount, provided that all policy terms and conditions are met. The person making the claim will be required to provide details of the incident or conditions leading to the claim. This may include recent medical or clinical reports.

Insurance companies aim to spread the risk among a pool of policyholders, ensure they have adequate funds to pay out potential claims, and at the same time provide for the needs of shareholders.

## 2.0 THE CONTEXT

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### 2.2 Types of insurance

This report is focused on life insurance. Broadly speaking, life insurance is designed to provide financial benefits when the policyholder dies or experiences an unexpected illness or serious injury that prevents them from working. The most common forms of life insurance in Australia are outlined below.

#### **2.2.1 Term Life Insurance**

Term life insurance pays a lump sum upon death of the person insured. This is particularly important for people with dependants. Upon the death of the insured person, whether from illness or accident, a lump sum is available, and the money can be used to service or pay out any outstanding debts and pay for day-to-day living expenses.

The premium for term life insurance will depend on the personal circumstances and risk factors of the person applying for cover. The key risk factors include current health, smoking and life style.

Term life insurance can be purchased through superannuation funds or directly from financial advisers, brokers or a life insurance company.

#### **2.2.2 Total and Permanent Disability Insurance**

Total and Permanent Disability Insurance (TPD) provides a lump sum payment if the insured person becomes totally and permanently disabled. Depending on the policy, people can obtain cover if they cannot work again in 'any occupation', or cannot work in their 'own occupation' (usual occupation or chosen field of employment).

TPD insurance can be used to help cover rehabilitation costs, repayment of debts and the cost of living. Claim payments are not usually made until the disability has been evident for six months, and the insurer deems that the person insured is unlikely to work again based on the definition in the policy.

TPD can be purchased as an add-on to term life insurance, or as a standalone product. TPD is also available as an additional benefit from some superannuation funds or as part of a trauma insurance product.

## 2.0 THE CONTEXT

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### **2.2.3 Income Protection Insurance**

Income protection insurance replaces the income that may be lost if a person becomes unable to work due to injury or sickness.

The purpose of income protection insurance is to ensure people can continue paying essential expenses and maintain their existing lifestyle. The person insured is provided with a monthly income for the period they are unable to work in line with the criteria specified by the policy.

There are many different income protection policies available in the Australian market, each with their own definitions of disability, and range of benefits. Income protection offers cover for up to 75% of the gross salary at the time of claim. Cover is available up to the age of 65 (and in some instances up to the age of 70) and people can select a waiting period of between 30 days and two years before a claim is paid – the shorter the waiting time, the higher the premium.

Income protection insurance can be purchased through superannuation and is often called group salary continuance insurance. It can also be bought directly from financial advisers, brokers or a life company.

### **2.2.4 Trauma Insurance**

Trauma (or critical illness) insurance provides a lump sum benefit if people are diagnosed with a specified illness or injury. These types of products cover the major illnesses or injuries that will impact a person's life and lifestyle, such as cancer or a stroke.

The number of conditions covered can vary, and it is important to consider the definition of each illness and injury when selecting which product to purchase.

Trauma insurance is not a replacement for income protection insurance or private health insurance. It is designed to help pay off debts and the costs of rehabilitation. Trauma cover is relatively more expensive compared to other forms of life insurance, and care should be taken in choosing the product that includes the illness and injury cover that meets individual needs and circumstances.

Trauma insurance is not readily available through superannuation but can be bought directly from financial advisers, brokers or life insurance companies.

## 2.0 THE CONTEXT

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### 2.3 Mental Illness

Mental illness is a general term for illnesses affecting the mind or brain and influencing the way a person thinks, feels or acts. These illnesses include bipolar disorder, depression, schizophrenia, anxiety, borderline personality disorder and eating disorders. Mental illness does not arise from a character fault or weakness; it is an illness like any other. Factors believed to contribute to mental illness include:

- Changes in brain structure or chemistry;
- Environmental factors;
- Biological and genetic factors;
- Substance or drug abuse; and
- Negative thought patterns.

Mental illness is not unusual. One in every five Australians experiences some form of mental illness each year, and three out of ten will be seriously affected.<sup>1</sup> For some demographic groups, such as young people aged between 18 and 25, the prevalence is even higher; research suggests that between 20 and 25 percent of people aged between 12 and 17, and 25 to 40 percent of people aged between 18 and 24, have mental health disorders.<sup>2</sup>

The 2004-05 National Health Survey estimated that 2.1 million Australians, equivalent to one in ten people, had a long-term mental illness or behavioural problem lasting more than six months.<sup>3</sup> Mental illness and suicide account for 13.3 percent of Australia's total health burden.<sup>4</sup>

There are many different mental illnesses, and their symptoms vary widely. People may experience the same mental illness differently, and symptoms, treatment requirements and prognoses will vary from person to person. As is noted on the Mindframe website, 'Simply knowing a person has a mental illness will not tell you how well or ill they are, what symptoms they are experiencing, or whether they may recover or manage the illness

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<sup>1</sup> Australian Bureau of Statistics, *Mental Health and Wellbeing: Profile of Adults, Australia 1997* [ABS Catalogue No. 4326.0], Canberra, 1998.

<sup>2</sup> P.D. McGorry, R. Purcell, I.B. Hickie and A.F. Jorm, 'Editorial: Investing in youth mental health is a best buy', *Medical Journal of Australia* 187(7 Suppl), 2007, ppS5-S7.

<sup>3</sup> Australian Bureau of Statistics, *2004-05 National Health Survey: Summary of Results* [ABS Catalogue No. 4364.0], Canberra, 2006.

<sup>4</sup> S. Begg, T. Vos, B. Barker, C. Stevenson., L. Stanley. and A.D. Lopez. *The burden of disease and injury in Australia 2003* (AIHW Cat no. PHE 82), Australian Institute of Health and Welfare, Canberra, 2007

## 2.0 THE CONTEXT

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effectively'.<sup>5</sup> Many people with a mental illness are able to retain full employment and participate fully in the community with appropriate treatment, while others will require higher level care and support. For this reason, it is essential that any risk assessment relating to life insurance looks beyond a diagnosis of mental illness.

It is important to recognise that recovery from mental illness is possible for some people, especially if appropriate help and treatment are received. Other people may continue to experience symptoms, which are often severe, but find that these can be controlled with ongoing treatment and that they are able to live full and productive lives. Some people might experience a single episode of a mental illness and then recover fully, while others experience recurrent episodes but are mentally healthy for months or years in between. Others will have an ongoing psychiatric disability, but with appropriate support will be able to live productive lives. Unfortunately, up to two thirds of people with a mental illness do not receive any treatment in any 12 month period.<sup>6</sup>

### 2.4 Mental Health and Life Insurance

When applying for life insurance, people with a past or current history of mental illness may find that they are assessed as presenting a higher risk than someone without this history. This may result in the imposition of higher premiums, policy exclusions or a decision to decline cover.

Insurance companies are entitled to make such decisions on the basis of a person's mental illness due to an exemption in the *Disability Discrimination Act 1992*, which states that it is legal for insurers to discriminate in this way provided that their decisions are based on actuarial or statistical data or other information on which it is reasonable to rely.<sup>7</sup>

Through the Memorandum of Understanding outlined below, new policies and initiatives have resulted in significant improvements in access to insurance for people with mental illness.

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<sup>5</sup> Mindframe National Media Initiative 2006 *Facts and Statistics*, online at <http://www.mindframe-media.info/site/index.cfm?display=85541>.

<sup>6</sup> Australian Bureau of Statistics, *Mental Health and Wellbeing: Profile of Adults, Australia 1997* [ABS Catalogue No. 4326.0], Canberra, 1998.

<sup>7</sup> Commonwealth of Australia, *Disability Discrimination Act 1992*, Section 46.

### 3.0 THE MEMORANDUM OF UNDERSTANDING

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On 13<sup>th</sup> March 2003, the IFSA and the Mental Health Sector Stakeholders (MHSS) signed the first MoU between the life insurance industry and a major interest group.

In recognition of the issues faced by people with a mental health condition and the difficulties they faced in obtaining life insurance, the Life Insurance Industry and Mental Health sector had been working together since July 2001.

The aim of this dialogue was to improve the industry's understanding of mental health conditions, their risk management practices and ultimately the life insurance outcomes for Australians with mental health conditions.

The MoU was a 'world first', signalling an ongoing commitment to working together and cementing an already strong relationship. The MoU was resigned in February 2004 and June 2006, and will be resigned in October 2008.

#### 3.1 The stakeholders and signatories

Management of the MoU has been the responsibility of the MoU Steering Committee which, in 2008, comprises a range of significant stakeholders.

The current Signatories of the MoU are detailed below.

Mental Health Signatories	Life insurance signatories
<ul style="list-style-type: none"><li>• Mental Health Council of Australia (MHCA)</li><li>• <i>beyondblue: the national depression initiative</i></li><li>• Australian Psychological Society (APS)</li><li>• Australian Medical Association (AMA)</li><li>• Royal Australian College of General Practitioners (RACGP)</li><li>• Royal Australian and New Zealand College of Psychiatrists (RANZCP)</li><li>• Australian General Practice Network (AGPN)</li><li>• Australian Medical Association (AMA)</li></ul>	<ul style="list-style-type: none"><li>• Investment and Financial Services Association (IFSA)</li><li>• Financial Planning Association (FPA)</li></ul>

### 3.0 THE MEMORANDUM OF UNDERSTANDING

Additional mental health stakeholders	Additional life insurance stakeholders
<ul style="list-style-type: none"> <li>• Carer representative</li> <li>• Consumer representative</li> </ul>	<ul style="list-style-type: none"> <li>• Australian Life Underwriters and Claims Association (ALUCA)</li> <li>• ING Life</li> <li>• Swiss Re Life and Health</li> <li>• AMP</li> <li>• AXA Australia</li> </ul>

#### 3.2 MoU Achievements to date

Since 2003, the MoU has had a number of significant achievements.

1. In September 2003, IFSA published developed new industry-wide guidelines on underwriting and claims treatment in respect of mental health conditions.
2. In June 2006, IFSA published a report by Professor Gavin Andrews which analysed the recurrence, severity and duration of disability resulting from mental health conditions with a view to determining the appropriateness of current rating and underwriting practices.
3. New processes have been developed and implemented providing the means for more people with a mental illness to receive an appropriately-modified insurance policy, rather than being declined access to cover. The majority of IFSA members surveyed report that they now able to offer cover to more people with a history of common mental health problems.
4. Annual data collection and reporting from IFSA members on current practices in insurance applications and determinations in Australia has taken place.
5. A mechanism has been introduced to address complaints about underwriting in respect of mental health conditions, and industry complaints guideline and consumer fact sheets on the process have been developed.
6. The MoU stakeholders have prepared information sheets to assist the community in understanding the implications of applying for insurance products and the importance of making accurate statements about their health.
7. Formal communication with the General Practice community has started on life insurance/mental health
8. Stakeholder relationships have been broadened in order to develop education and training programs for underwriters and claims assessors about mental health and the experiences of persons with a mental health problem.

## 4.0 FACTS AND FIGURES

### 4.1 Industry data

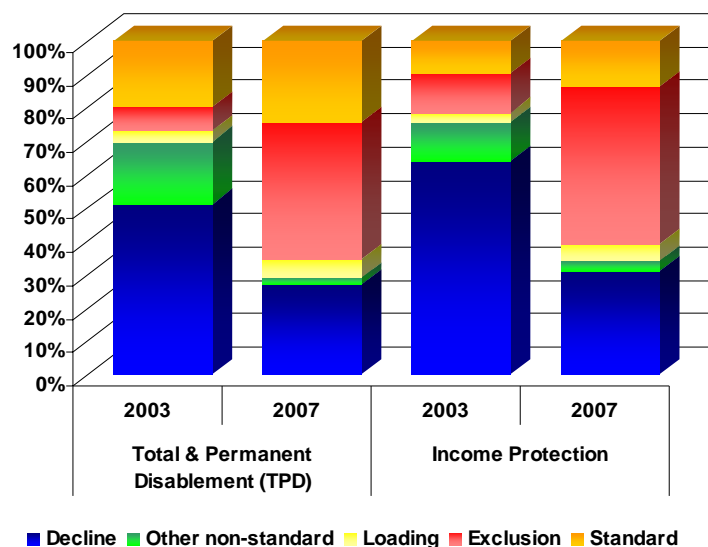
IFSA has been collecting claims and underwriting data since 2003. The surveys ask life insurers to provide IFSA with the details of all applications that require underwriting and all claims experience for a specific period in alternate years.<sup>8</sup>

#### 4.1.1 Underwriting

The Underwriting survey provides an indication of how applicants with mental health conditions are being treated over time and compares their treatment with that of people with physical conditions. Through this data, the industry is able to track the success of its various activities under the MoU.

Over the past five years, there have been major changes to the underwriting decisions for applicants who have disclosed a past history of mental illness. The number of applicants declined due to the existence of a mental health condition has halved since 2003. This means that a majority of applicants have been able to obtain life insurance cover at standard rates, or with an exclusion applying to the mental health condition.

Change in underwriting outcomes for people with a mental health condition



<sup>8</sup> Limitations of this data: It should be noted that IFSA's underwriting survey requires members to provide IFSA with the details of all applications that require underwriting in a given period. Not all applications require underwriting so it is important not to illustrate the results as a percentage of all applicants for life insurance.

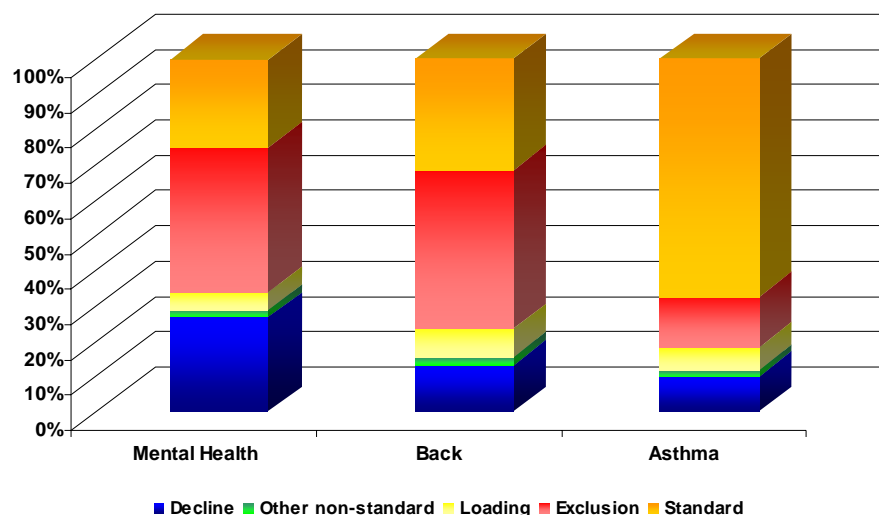
## 4.0 FACTS AND FIGURES

The survey also shows that, for a significant proportion of those who were declined cover or had an exclusion or loading applied, other conditions that may have contributed to the underwriting outcome were also present.

	Total & Permanent Disablement	Income Protection
% declined applicants with more than one condition	51%	33%
% excluded/loaded applicants who had more than one condition	37%	30%

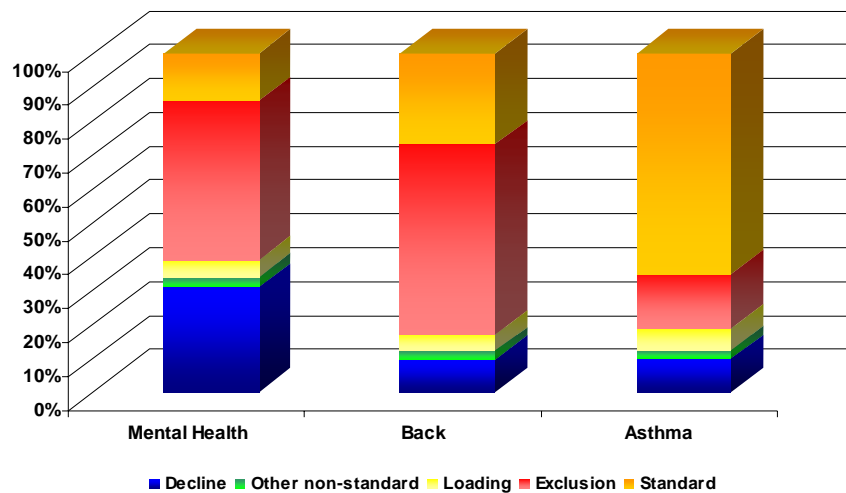
The aim of the MoU has been to ensure mental health conditions are fully understood by the industry and are treated no differently from comparable physical conditions. The 2007 survey shows both TPD and Income Protection underwriters are now treating mental health conditions in a similar way to other chronic conditions.

**TPD - 2007 distribution of underwriting decisions by condition type**



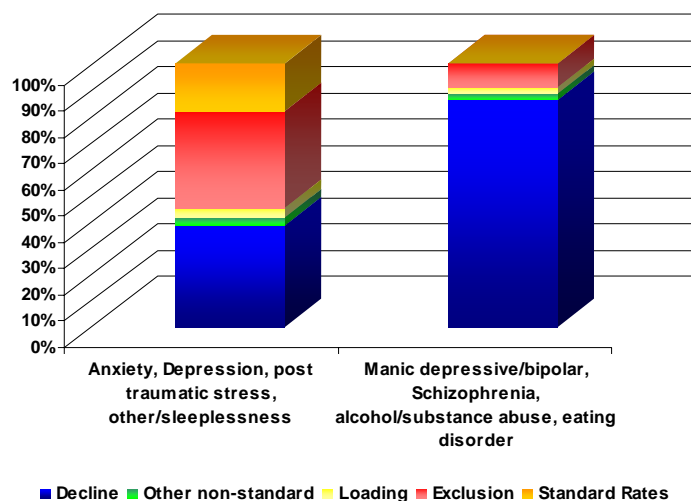
## 4.0 FACTS AND FIGURES

Income Protection - 2007 distribution of underwriting decisions by condition type



There are a range of mental health conditions, with varying severity. In 2007, the underwriting survey sought to assess what impact the severity of conditions had on the underwriting outcome. The results showed that applicants are most likely to obtain cover when the condition is situational or experienced for short durations.

Underwriting outcomes based on type of mental health condition



### 4.1.2 Claims

IFSA is in the process of conducting its third claims survey, however, claims experience appears to have been very stable through the years and the following figures indicate the percentage and value of claims that relate to mental health conditions.

## 4.0 FACTS AND FIGURES

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The Institute of Actuaries Australia report into Disability Experience for the period 1992-1995 showed that mental health represented 21% of all claims by number and the 2006 claims survey showed that the number and value of mental health claims has been stable. In 2006 the industry paid a total of \$569.6 million in Income Protection claims, a quarter of which was paid to claims for mental health conditions. In the same year, a total of \$214.6 million was paid in TPD claims, 20% of which was paid to claims for mental health conditions

### 4.2 Mental Health Council of Australia/*beyondblue* qualitative study

The MHCA and *beyondblue* developed a survey in an attempt to ascertain the experience and perceptions of mental health patients and their carers in respect to a range of insurance products.<sup>9</sup>

The survey was available from the MHCA and *beyondblue* websites and was also distributed to various mental health organisations and through a number of email networks. Between September 2007 and August 2008, a total of 82 people provided feedback on life insurance.

Changes within the life insurance industry have resulted in positive outcomes for many people with mental illness, and improvements are ongoing. However, the survey highlighted consumer and carer concerns in the following areas:

Respondents reported difficulty accessing life insurance, particularly income protection cover. Some consumers reported that they were unable to obtain any cover, even at a higher premium or with a mental illness exclusion. As one consumer commented, 'I didn't expect to be covered for mental illness ... However, being covered for glandular fever or a broken pelvis would have been handy'. Some consumers were offered cover only with a premium loading and/or a blanket exclusion for all mental illnesses, and were not happy with this offer because they felt that it was not proportionate to the level of risk that they presented to the company.

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<sup>9</sup> Limitations of this data: This study was qualitative and aimed to identify commonalities in insurance experiences of people with a mental illness. These findings can not be projected to any larger population and are indicative only. However, the issues identified through the survey responses offer a useful basis from which to assess the areas for ongoing focus under the MoU.

## 4.0 FACTS AND FIGURES

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A number of respondents reported that they were informed that they were ineligible for insurance cover while they were receiving treatment for their mental illness, but might become eligible if they ceased treatment for a certain period of time.

An additional issue, which was raised by both consumers and clinicians, is the potential impact of the Better Access to Mental Health Care initiative<sup>10</sup> on access to insurance. To access Medicare rebates for consultations with a psychologist or other mental health professional, consumers need to have a mental health care plan put in place by their GP, with a diagnosis of mental illness in their medical file. In some of these cases the mental illness reported in the file might not be of clinical significance or might not be the presenting problem, but because of the record of a mental illness, there is a perception that future insurance applications could be affected.

Survey responses indicate that some people with a mental illness (as well as the broader population) are not aware of their rights and responsibilities in relation to insurance, including their Duty of Disclosure or their right to appeal an insurance decision. Mental health practitioners, including general practitioners, psychiatrists and psychologists could also benefit from a greater understanding of insurance processes, the potential impact of a mental illness diagnosis on future insurance applications, and the value of the information that they provide to insurers for underwriting and claims.

Responses indicated that many people with a mental illness have considered purchasing life insurance, but after having an insurance application rejected, or being faced with a higher premium or a mental illness exclusion, many respondents stopped seeking insurance cover. This exacerbates the problem of underinsurance. In some cases consumers tried to obtain cover from several insurance companies, while in other cases the initial rejection was sufficient to discourage them from further applications.

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<sup>10</sup> This Federal Government initiative, which commenced in November 2006, provided benefits for new Medicare item numbers for mental health services from GPs, psychiatrists, clinical psychologists and allied mental health professionals including psychologists, occupational therapists and social workers. More information is available at [www.health.gov.au](http://www.health.gov.au).

## 4.0 FACTS AND FIGURES

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In some cases, respondents indicated that the communication of an insurance decision created greater distress for them. The communication of underwriting decisions increased negative perceptions of the experience and the insurance industry in general for some survey respondents. In addition, several respondents reported difficulties when they made a claim on their life insurance policies, and in some cases commented that their experiences exacerbated their mental illness.

## 5.0 FUTURE WORK PRIORITIES

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The forthcoming re-signing of the MoU will see the Life Insurance Industry and Mental Health Stakeholders continue their partnership approach between 2008 and 2010. The commitment is to undertake streams of work in the following areas:

1. Simplification.
2. Information, Education and Awareness.
3. Complaints Processing and Monitoring.
4. Data and Measures for Success.

### 5.1 Simplification

Insurers require access to timely and accurate information from applicants and the medical profession in order to make appropriate underwriting and claims decisions and as such medical forms are crucial to this process. The forms can be lengthy, complex and inconsistent. This causes a number of issues – they can be overwhelming and time consuming to complete, can be completed differently by different professionals and may fail to provide the information required if not completed correctly.

Efforts have already been made to enhance the capture and flow of this information through the forms, however, further simplification of these forms and processes would allow insurance companies to obtain the information that they require while minimising the difficulties faced by the applicant and ensuring maximum usability for medical practitioners.

#### ***Future work:***

- A working group will review the insurance application and claims process insofar as it relates to mental health consumers, identifying information needs of insurers, any information gaps that need to be filled and how this information can be gathered most effectively.
- The group will consider whether the current forms are the most efficient means by which medical practitioners and consumers can provide information.
- The group will also consider issues of communication around the instructions provided to people completing the forms, information provided about the processes involved in assessing the forms and feedback on the completion of the forms once assessment is finalised.

## 5.0 FUTURE WORK PRIORITIES

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### ***Measures of success:***

- More efficient flow of information, thereby reducing the burden on insurers, medical practitioners and mental health consumers.
- Tangible decrease in consumer complaints.

### **5.2 Information, Education and Awareness**

The MoU Steering Group has identified further work needed to inform key stakeholders and consumers about the achievements of the MoU and the accessibility of insurance cover for mental health consumers. The Steering Group has also agreed that further work is required to improve the knowledge and understanding of mental health among the industry's underwriting, claims and financial planning professionals.

*Training for underwriting and claims professionals:* While significant gains have been made in the management of underwriting and claims decisions, many people with a mental illness still report negative experiences as a result of their interactions with insurance companies.

A number of large insurance companies have implemented significant and broad-reaching training programs for their underwriting and claims teams as well as their financial advisers. These programs are to be welcomed and wider industry application of these initiatives would have significant positive benefits in improving patient experiences.

*Raising community awareness of insurance issues and the MoU:* The survey responses indicated that more needs to be done to improve the general public, mental health consumers' and clinical practitioners' understanding of insurance processes, the potential impact of a mental illness diagnosis on future insurance applications and the value of the information provided to insurers for assessing applications and claims.

A further issue is a lack of awareness of the existence of the MoU among key stakeholder groups.

## 5.0 FUTURE WORK PRIORITIES

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*Information for financial planners:* As financial planners play a key role in the insurance application process, it is important they are aware of how a mental illness affects an application, as well as the initiatives being undertaken under the MoU to improve insurance outcomes.

### **Future work:**

- A working group will undertake an audit of the information and education programs currently available from all stakeholders.
- The audit will provide the basis of a gap analysis and will inform the development of a coherent information and education program, designed to support improved understanding by all stakeholders.
- Specific focus will be:
  - **Underwriting and claims professionals:** improving understanding of mental health conditions, the benefits of treatment and the knowledge gained through long term treatment relationships.
  - **Consumer and medical professionals:** developing strategies to educate and inform mental health consumers, carers and medical professionals about their rights and responsibilities in relation to insurance and the achievements of the MoU
  - **Information for financial planners:** developing strategies to assist planners in understanding the potential impact of mental health issues on insurance applications and changes in insurance practices that have occurred as a result of the MoU.

### **Measures of success:**

Training for underwriting and claims staff:

- A full understanding and record of the information and education programs available and the development of new material to complement existing programs and fill any gaps.
- Training programs and practices will be actively shared among insurers, in support of claims and underwriting professionals as well as financial planners.
- Educational materials and tools regarding insurance will be more accessible to consumers via various stakeholder channels and usage will be monitored.
- Awareness of the MoU and its achievements will increase among the membership and stakeholders of all signatory organisations and members will be readily able to access information on the MoU and the work undertaken.

## 5.0 FUTURE WORK PRIORITIES

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### 5.3 Complaints Processing and Monitoring

The collection of enquiries and complaints received by stakeholder organisations in relation to issues surrounding insurance and mental illness is essential for the effective monitoring of the success of initiatives undertaken as part of the MoU, and for an increased understanding of systemic issues and concerns.

Enquiry or complaint collection and monitoring is ongoing under the MoU, but currently is only collected from consumers and carers, with no formal mechanism in place. Collecting information from other stakeholder groups, including medical practitioners, other mental health service providers and financial planners, and formalising collection mechanisms, would add to the depth of knowledge about issues surrounding mental health and insurance.

***Future work:***

- The current enquiry/complaints monitoring procedures will be enhanced and expanded to include a broader range of stakeholders. Signatory organisations will inform their memberships of the availability of these procedures.
- Enhanced procedures for managing and reporting enquiries/complaints will be developed.

***Measures of success:***

- All stakeholders will capture and collect relevant enquiries/complaints in a way that allows systemic issues to be identified and address at the regular quarterly Steering Group meetings.
- The future direction of the MoU work is informed by the issues identified through the enquiry/complaint collection process.

## 6.0 CONCLUSION

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The MoU between the mental health sector and the insurance industry has significantly enhanced the insurance outcomes for people with a past or current history of mental illness. The success of the MoU to date demonstrates the value of a collaborative approach and the challenge is to continue to build on this success.

The MoU signatories and the Steering Group participants are committed to working together on this challenge and firmly believe the work plan for the 2008 – 2010 MoU, will further improve the life insurance outcomes for those with mental illnesses and their carers.

Through effective monitoring and setting clear measures, the success of the fourth MoU will be assessed in 2010, when it is hoped that the commitment by all parties will see the fifth signing of the MoU.

### **Acknowledgement:**

The achievements detailed in this report would not have been possible without the work of two people, under whose leadership the original Memorandum of Understanding was developed:

*The Late Dr Grace Groom, CEO 2002-2005, MHCA*

*The Late David Micó, Senior Policy Manager, IFSA*