

Mental Health: My Story

Pacific Life Re
Re:think



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Introduction

The topic of mental health continues to be very prominent, with more and more people having the courage to speak out about their personal experiences, in an attempt to break the stigma that surrounds it.

Those who attended our annual seminar in London last year, will remember the emotional story told by Jonny Benjamin about his personal struggles with mental health and how Neil Laybourn saved him from jumping off Waterloo Bridge in January 2008. This story really brought to life what we, in insurance, only see on paper; highlighting the need for us, as an industry, to play our part.

In this article, we will be looking at the current picture when it comes to mental health; the stigma that surrounds it but also the changes that are starting to be made. We will then consider the challenges that mental health brings to underwriting, and what we can do as an industry to make the process more inclusive, enabling more people access to the protection they need. I will also be sharing my own personal story on mental health.



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What is the Current Picture?

A key statistic that was published last year, is that one in four of us will experience a mental health problem at some point in our lives, and yet despite this, there is still a reluctance to speak out and ask for help when people find themselves in, or nearing this situation.¹ The vast majority (75%) of mental illnesses start in childhood, before the age of 18, and more than half (56%) of young people think that anyone their age diagnosed with a mental illness would be treated differently, with 55% believing they'd lose friends and 51% saying they'd be embarrassed.² There is no denying that there is a stigma around talking about feelings, and so emotions are left unexpressed and undealt with, leading to more serious mental health issues in the future.

However, we are starting to see huge progress and a shift in attitudes. Celebrities are speaking out more than ever before about their personal experiences, in an attempt to encourage others to do the same, and to prove that it should not be embarrassing or considered weak to ask for or accept help.

The Mental Health Foundation focussed on stress during their awareness week in 2018, as a major contributor to many peoples' deeper mental health issues. They found that in the past year, 74% of people have felt so stressed they have been overwhelmed or unable to cope.³ The charity 'Mind' has also started a new campaign: #asktwice, encouraging people to double check if their friends are okay, reassuring them that they genuinely care and want to listen.

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With so many campaigns out there, employers are starting to become more aware and take action of their own. Many are beginning to introduce mental health programmes and campaigns to the workplace, such as 'Tea and Talk' or #GetTheInsideOut.

¹ <https://www.mentalhealth.org.uk/a-to-z/s/stigma-and-discrimination>

² <https://www.theguardian.com/mental-health-research-matters/2017/jan/20/12-statistics-to-get-you-thinking-about-mental-health-in-young-people>

³ <https://www.mentalhealth.org.uk/news/stressed-nation-74-uk-overwhelmed-or-unable-cope-some-point-past-year>

Whilst it's fantastic to see how widely mental health awareness is being promoted, the life insurance industry needs to play its part to ensure that all consumers are being correctly assessed and given access to the protection and additional services they want and need.

What are the Challenges during Underwriting?

The assessment of mental health conditions is both challenging and subjective for underwriters. We recognise that conversations around these conditions are potentially very sensitive, given the circumstances that may well have been a contributory factor.

The continued improvement in automated underwriting has seen much higher levels of immediate decisions, providing brokers and consumers with faster decisions and greater levels of certainty. However, in certain cases this does restrict the applicant from 'telling the story' of their condition, and therefore doesn't enable the insurer to truly understand that individual's medical history. This is particularly relevant with mental health, as each person's story is unique. The assessment of the risk is therefore very different when compared to, for instance, how we assess heart disease or diabetes, where we have defined risk markers, such as ejection fraction or HbA1c, to quantify an aspect of the risk.

With increasing levels of awareness of mental health and the stigma around this reducing, we need to ask ourselves 'have we got it right?' and 'how can we improve this further?' to ensure that we can provide protection products to as many people as possible who have suffered from a mental health condition, and at the right price.

The question is, how can we improve this?



What's the Current Assessment Process?

Mental health is the only condition that insurers will ask about on more than one occasion in the main section of the application form; for conditions such as heart disease, stroke and cancer we won't ask specifically about the condition.

The first question a customer will be asked in relation to mental health will be about 'psychiatric referrals' or 'suicide tendencies or attempts'. Whilst to an insurer the reasoning behind this may be clear, it is likely that the applicant may be left considering why?

Having answered that first question relating to mental health, the customer will then be asked in the next section about anxiety, stress and depression. Dependent upon the answers given, the customer would then be asked several follow-up questions to try to better understand their history. This would then lead to one of the following decisions being applied to life cover:

- Accept at standard rates
- Accept with a rating
- Postpone
- Decline
- Request medical evidence from a doctor
- Refer to an underwriter

So, the customer potentially has six different outcomes to their application. How many are aware of this at the start of the process and given an explanation as to why?

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My Story




Earlier on we mentioned 'telling the story'. Well, my own story is that five years ago, I was diagnosed with depression which led to nearly four months off work; 16 sessions of cognitive behavioural therapy and taking anti-depressants for two years. When looking at our current risk assessment criteria, I'm sure that an automated rule or underwriter would categorise this as 'moderate' depression and so apply a moderate rating. When thinking about the language used by my GP to understand my history, compared to a life insurer, it is very different. He didn't ask me if I had 'tried to commit suicide'. These words were replaced with 'had I tried to hurt myself' or 'thought about if life was not worth living'. The most pertinent points though, were understanding what had happened prior to my consultation, including:

- Avoiding social situations with friends or family
- Being unable to get out of bed at the weekend and 'hibernating'
- Being irritable and tired
- Family bereavement
- Work pressure

The first thing my GP said to me was that I needed to exercise and start to socially engage with my family. The support from Pacific Life Re was invaluable, which included regular calls with my manager to see how I was, as well as occupational therapist support to ensure that I returned to work at the right time and the right level.

When reflecting on the current questions asked on an application form or within an expert rule set, I wouldn't have been given the opportunity to 'tell my story' for a rules engine or underwriter to consider. In our market, there is great pressure to provide acceptance terms and certainty at the earliest opportunity, in the most cost-effective way, but has this come at the expense of customers being unable to provide the most accurate level of information regarding their mental health?



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Final Thoughts

It's great to see the changes happening in society as people are becoming more open in respect of mental health. Mental health should be treated no differently to that of a visible physical health condition.

Our industry needs to reflect on what we do and why we do it. We need to continue to provide acceptance rates at the earliest opportunity for the maximum number of customers. But we also need to ensure, when assessing applicants with a history of a mental health condition, that it's not 'one size fits all'. People need to be able to 'tell their story'.

Insurers' application form questions have historically been developed with input by marketing teams, underwriters and claims assessors. To ensure that we are using language that applicants are familiar and comfortable with, we also need to engage with mental health support groups and have an open dialogue to improve the customer journey. As part of this, the customer needs to have clearer guidance on what the application form process will entail, and clear 'sign posting' as to which questions will be next and why they are being asked them. Should we really be asking about mental health in the same section as heart disease, cancer and stroke? And then ask again about anxiety and depression later in the application form?

We also need to think about the way we communicate our decisions to applicants who have been rated or declined to ensure they are clear on the reason for that decision.

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At Pacific Life Re, we are working on improving the risk assessment of mental health. We have reviewed the guidance and outcomes in our underwriting manual Ocean, with input from a consultant psychiatrist. This will make the categorisation of risk more succinct for the underwriter and lead to a reduction in ratings in many cases for mild anxiety, stress and depression.

We are also reviewing the current application form questions in relation to mental health, and working with UnderwriteMe to create an improved risk assessment and customer journey when applying for cover through the Protection Platform.

There is a long way to go, with a lot of hard work ahead but this journey has started to help our industry improve the assessment process and the overall customer experience around mental health.



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