



Mental Illness Underwriting Management Guidelines

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Introduction

These guidelines have been developed by the participating Insurers of SuperFriend - Industry Funds Forum Mental Health Foundation ("SuperFriend") with the support of participating mental health organisations.

Recent public education campaigns have encouraged people who have experienced a mental health condition to seek help, treatment and take control of their condition.

Because of the insurance industry's experience with mental illness claims over many years, life underwriters have adopted a cautious and prudent approach when assessing applicants with mental health issues or history. In recent times, more detailed questioning of applicants and the use of exclusions has led to a more individual assessment. Some insurers have established specialist units to assess applications, better manage claims and work with clients to achieve better outcomes for all stakeholders concerned.

At the same time, advances in treatment and recovery for mental illness has clearly demonstrated that the vast majority of people who develop a mental illness will be able to resume work within a relatively short period of time (less than 3 months) and participate fully in community life.

While other life insurance industry bodies have worked with the mental health interest groups, none has focused their attention on the members of industry superannuation funds, and it is on these members that SuperFriend is concentrating its efforts.

These guidelines aim to extend the excellent work done in other areas of the life insurance industry to the members of industry funds, who are one of the largest groups in the financial services arena.

Acknowledgements

SuperFriend would like to thank the organisations and individuals who have contributed significantly to the development of these Underwriting Management guidelines.

This commitment demonstrates a drive to deliver improvements to the management of underwriting for mental illnesses, as well as broader process improvements to enhance the member experience.

“SuperFriend and the sector deserve to be patted on the back for having the courage to bring the complex issue of mental illness and its consequences into the open.

This work recognises the importance education and awareness plays as a preventative and constructive approach to a still often misunderstood subject.

New understanding of mental health vulnerabilities will go a long way to help improve the sector’s working processes and practices and is a huge step forward in destigmatisation and discrimination.”

- Ingrid Ozols, Managing Director mh@work®, Workplace Mental Health educator and advocate.

SuperFriend wishes to thank the following organisations for their contribution:

- AIA Australia
- Asteron
- *beyondblue*: the national depression initiative
- *beyondblue* blueVoices Consumer Group
- CommInsure
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- IFSA
- IFS Insurance Broking
- Industry Funds Forum
- Mental Health @ Work
- Mental Illness Fellowship Australia (MIFA)
- MLC
- REST
- SANE Australia
- Suncorp
- Superannuation Complaints Tribunal
- Superpartners
- Tower Australia

Purpose

The following underwriting guidelines have been designed to provide a framework within which insurers may conduct their underwriting processes for mental health conditions.

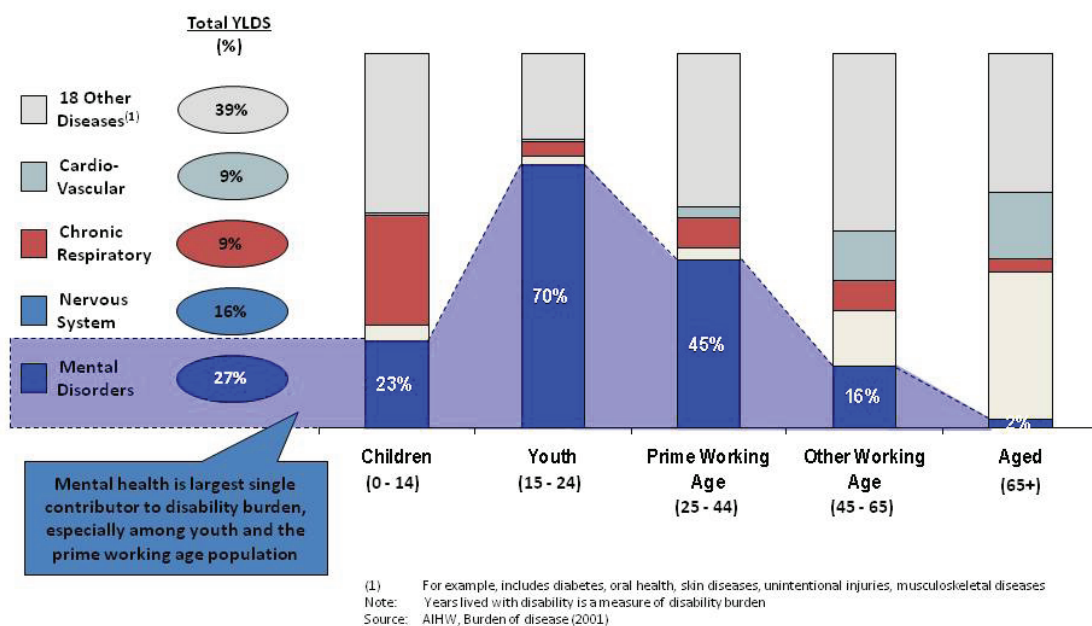
1. Mental health conditions have traditionally been recognised as difficult to underwrite for a number of reasons including:
 - Each case is different in some way and needs to be assessed on its own merits
 - Complex process issues exist between the medical profession and the insurance industry as a result of variability in medical diagnoses and varying treatment options for mental health conditions
 - A lack of understanding of insurance principles and products among consumers
 - Negative attitudes towards people who experience mental health problems and a lack of knowledge about mental health are also factors. Stigma toward people with mental illness is a widespread problem across the Australian community that impacts on understanding the problems and the willingness of people to seek support services, and therefore reduce the adverse effects of a mental health problem. Furthermore, several studies have highlighted the low level of mental health literacy across the community - that is, what people know about mental health is significantly less than what is generally known regarding heart health as a comparison.
2. It is acknowledged that Industry Members are bound to comply with all applicable law including the Trade Practices Act 1974 (Cth). These guidelines are not intended to contravene any such law or to create any obligation that they be followed. Each Insurer is free to decide for itself if it is appropriate to follow all or any of these guidelines in any particular case.

Mental Health - an introduction

Mental health conditions are among the most common health conditions. The most recent Australian survey (ABS, 2007) shows that nearly half of all people aged over 16 will develop a mental health condition at some point in their lives.

In any one year, one in five Australians experience a mental health problem, and one in four of these people (or 5% of the adult population), will experience more than one mental disorder. These are high rates of prevalence for any health condition. As a consequence mental health conditions contribute more than any other health condition to the level of disability in the Australian community (see Figure 1.)

Figure 1 – Mental Health and Disability



Results from the 2007 ABS survey show that in a 12 month period:

- One in seven or 14.4% of adult Australians had an anxiety disorder
- More than one in twenty or 6.2% had an affective disorder (e.g. depression)
- One in twenty or 5.1% had a substance use disorder
- There are important differences between males and females and these are shown in Table 1
- The incidence of mental illness decreases with age - with the highest percentage of mental illness reported for those aged 16-24 years (26.4%) and 25-34 years (24.8%) as compared with 5.9% for those 75-85 years
- Women are more likely than men to have experienced anxiety disorders (17.9% compared with 10.8%) while men are more likely than women to experience substance use disorders (7.0% compared to 3.3%)
- Suicide remains relatively uncommon, but the ABS survey found 3.3% of the adult population had attempted suicide at some point in their lives.

The ABS Survey also showed that a number of social factors were highly associated with having a mental disorder in the past 12 months - unemployment, prior homelessness and previous time in prison.

Table 1 - Prevalence of mental health disorders by sex in the previous 12 months

Mental Disorder	Males		Females		Females	
	% Pop'n estimate	Pop'n estimate	% Pop'n estimate	Pop'n estimate	% Pop'n estimate	Pop'n estimate
Any affective disorder	5.3	420,100	7.1	573,800	6.2	995,900
Any anxiety disorder	10.8	860,700	17.9	1,442,300	14.4	2,303,000
Any substance use disorder	7.0	556,400	3.3	263,500	5.1	819,800
Any mental disorder	17.6	1,400,100	22.3	1,797,700	20.0	3,197,800

Source: ABS, National Survey of Mental health and Wellbeing: Summary of Results, 2007

In addition to the three most common mental health disorders shown in the ABS Survey (known as high prevalence disorders), about 3-4 in every 100 people in the Australian population experience low prevalence disorders such as bi-polar affective disorder, schizophrenia, drug psychosis, other psychoses and personality disorders at some time during their lifespan.

It is important to understand that the severity of disability from mental illness varies from mild to severe, as shown in Figure 2. Schizophrenia for example, whilst relatively uncommon with a prevalence of less than 1 in 100, usually results in severe disability for those who develop the condition.

On the other hand, people who experience anxiety disorders and most affective disorders respond quickly to treatment and experience only mild disability. In practical terms, they are able to resume work, education and other forms of participation in the community.

Research over the past 20 years has helped to better understand the causes of a number of mental illnesses and most importantly develop more effective treatments. Combinations of talk therapy, cognitive behavior therapy (or CBT) and new medications have improved recovery from a mental illness.

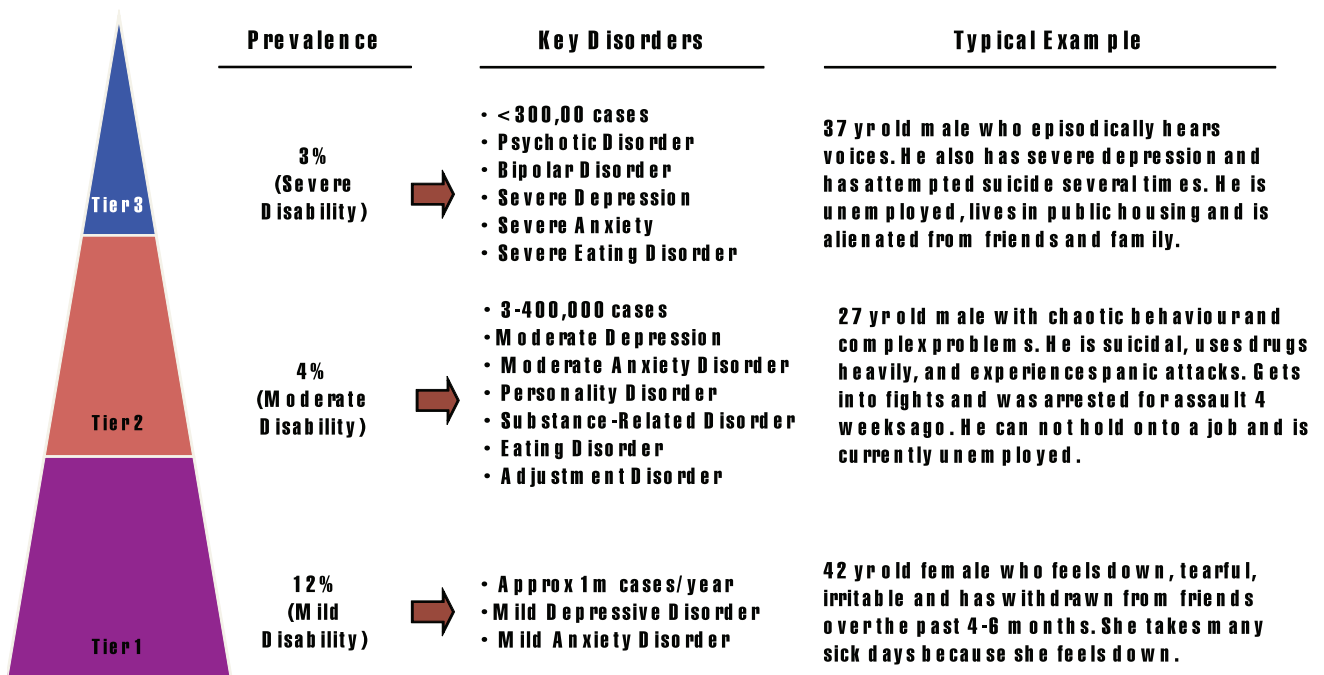
Exercise has also been shown to be highly effective in the treatment of depression, anxiety disorders and bi-polar affective disorder. A significant number of studies (almost 30) have shown jogging, weightlifting, walking, stationary bicycling and resistance training have all been found to be effective. In older people, exercise has been found to be as helpful as antidepressant medication or social contact.

Employment and social engagement have also been shown to be highly effective in minimising the impact of mental illness, and as a therapeutic intervention.

Research has also shown that web-based therapies or virtual therapies are just as effective in treating many mental illnesses as therapies provided face-to-face by a professional in a consulting room.

The evidence is clear that with early treatment, most people recover from a mental illness and are able to fully participate in the social and economic life of the community. However, the stigma associated with mental illness inhibits help-seeking action by too many Australians. This is supported by the ABS Survey which showed that just over a third of those with a mental illness in the previous 12 months sought support services.

Figure 2 – The Three Tiers of Mental Illness



Adapted from: *Improving Mental Health Outcomes for Victorians*, Boston Consulting Group, 2006

In comparison with other developed or OECD nations, Australia has poor levels of employment participation for people with mental illness. Overall, only 29% of all those with a mental illness participate in open employment, compared to over 60% in the Netherlands and 53% within the OECD.

In Australia, only 9% of those experiencing schizophrenia participate in the workforce - in the Netherlands, it is over 30%. The reasons for this are essentially structural and attitudinal. That is, community and workplace attitudes, structural barriers within the welfare systems, and to a lesser extent, insurance industry practices and product design, are the key factors contributing to our comparatively low rate of workforce participation for people with a mental illness.

Initiatives by all Australian governments in recent years, including action by the Council of Australian Governments (COAG), are resulting in improvements in the access to services, the quality of care, workforce participation and community attitudes.

It is here that participating insurers and funds of SuperFriend and the broader insurance and superannuation industry can make a valuable contribution to improving the social and health outcomes for people who experience a mental illness.

Insurance Basics

There are a number of recommendations for the underwriting of these disorders

- Underwriters should have a wide range of knowledge and skills ranging from technical awareness to empathy and communication
- Insurers should recognise the need for and facilitate an environment conducive to effective underwriting, i.e. workloads should allow sufficient time to adequately perform the underwriting process
- There needs to be a commitment to selective recruiting and ongoing specialised education and training of underwriters which if not available internally can be arranged with reinsurers, Chief Medical Officers (CMO) and a variety of providers
- A CMO or Consultant should be available for reference and, where appropriate, to act as a liaison with the various advisers/specialists involved. Such CMO or Consultant should preferably be held in high esteem in their profession and be qualified in psychiatry, particularly where there is complexities with an insurance application; and
- Privacy principles must be observed at all times.

Underwriting philosophy

Most insurers will already have a philosophy which encompasses their approach to underwriting, generally this conveys intent to do the utmost to offer cover where commercially viable.

The guide does not impose any requirement as to the way members may choose to underwrite mental health conditions. This will be determined by each company's own underwriting policy and having regard to general underwriting principles.

Communication

It is especially important that communication is clear, precise and ongoing throughout the underwriting process. Usually this will involve keeping the client and their adviser up to date with the progress of requests for information required. Effective communication has the ability to ensure a more positive and transparent experience for those living with a mental illness.

The Underwriting Process

The sooner an application can be underwritten, the better for all parties. Completeness of the application for insurance, with full disclosure, is a vital component in this respect.

In completing an application for insurance, the applicant will be asked whether or not they have or have had any prior mental health condition. To try to obtain as much information as possible it is recommended that the following question or elements of the following question be included in the application:

“Have you ever had any investigation, assessment or treatment for, or received a diagnosis of a mental health condition(s) including but not limited to depression, anxiety, substance use, psychosis or other mental health condition by a professional?”

Where a prior experience of a mental health condition is disclosed in the applicant’s medical history, they should be directed to complete a Mental Health questionnaire based on IFSA approved underwriting forms. It is recommended that funds give consideration to including the mental health questionnaire within the application documents and fund PDS. Where this is not possible, the Mental Health questionnaire should be built in at an alternate, but early stage of the underwriting process.

On some occasions, it will be necessary to obtain a medical report from the attending physician. To help obtain the key information with which to underwrite the risk, it is recommended that the Attending Physician’s Mental Health questionnaire based on IFSA approved underwriting forms is used. This questionnaire should accompany the Private Medical Attendant’s Report request.

Usage of ‘stress’ as a mental health condition

Please note that industry practice has been to list ‘stress’ as a mental health condition. Stress is not a mental health diagnosis. Prolonged exposure to stress may ‘trigger’ the development of a mental health condition, however the word ‘stress’ often has been used as a euphemism for depression, anxiety and a range of other mental health conditions.

The participating insurers of SuperFriend acknowledge this distinction, though to address the varying levels of community mental health literacy, insurers may list stress as a symptom - not a condition - to encourage additional disclosure by the applicant to assist the underwriting application.

Underwriting Guidelines

IFSA Guidance Note No. 15, Page 3

In underwriting the risk, insurers will generally refer to their own internal guidelines and to reinsurance manuals.

The IFSA approved matrix has been designed to assist underwriters to appropriately categorise mental health conditions by providing a breakdown of the various mental health conditions along with diagnostic criteria. The underwriter will assess and review the risk having regard to their company philosophy and guidelines and with reference to the categories in the matrix. There will be some instances where the underwriter will be unable to offer unrestricted cover and alternatives such as exclusion (in the case of salary continuance cover) or a premium extra may be considered. There may be circumstances where the application may be declined and a review offered after a period of time or cover may not be offered at all.

Salary continuance insurance can be modified in a number of ways to reduce the risk exposure to the company, e.g. by varying the waiting and/or benefit period and the underwriter should explore these avenues in arriving at the final decision.

The matrix serves as a reference by highlighting the conditions generally associated with the particular mental disorders. In offering exclusion for a salary continuance product, it is recommended that the underwriter have regard to limiting the scope of the exclusion to the particular disorder and its associated conditions.

Conveying the Underwriting Decision

Where insurance has been assessed as non-standard and arranged through the fund, it is recommended that the fund deals directly with the member. The only exception to this is where privacy principles might be contravened, e.g. in the case of non-disclosed information.

This is dealt with in greater detail below. Communicating the decision in this way not only keeps the fund informed of what is happening with the members' application but importantly it enables the fund to restate the overall need for cover and in the process maintain the member relationship.

The following protocols are recommended for dealing with disclosed and undisclosed mental health condition(s) during underwriting:

1. Where a mental health condition is disclosed to the underwriter and this leads to a non-standard decision:
 - 1.1 Send a letter to the member (via the fund) which provides the reason for the decision (loadings and defers/declines and benefit restrictions or policy modifications only) as "due to your medical history of - insert the condition as described by the member, e.g. depression."
 - 1.2 Where an offer has been made, diarise the case and follow up with the fund weekly.
 - 1.3 If after a reasonable period of time, e.g. 4 weeks, no response has been received from the fund, the offer should be cancelled, and a letter issued to the member, via the fund, confirming this. Any premium(s) paid in connection with the insurance should be refunded at this point.
 - 1.4 Defers/Declines only. The underwriter contacts the member's general practitioner (where the decision was based on information from the member's GP) and explains the assessment decision including that they were unable to offer insurance to the member under any circumstances. Where possible, it is recommended that this communication is also copied to the member.
 - 1.5 The application is cancelled, and any premium(s) paid in connection with the insurance should be refunded at this point.
2. Where an undisclosed mental health condition(s) comes to the underwriter's attention, e.g. through the private attendant's medical report and this leads to a non-standard decision:
 - 2.1 Send a letter to the member (via the fund) which provides the reason for the decision (loadings and defers/declines and benefit restrictions or policy modifications only) as "due to your medical history - please refer to your

general practitioner.” Where it is established that the member has not acted in good faith the underwriter may choose to reject the application outright in accordance with section 13, part 2 of the Insurance Contracts Act 1984.

- 2.2 Inform the fund that undisclosed medical information has come to light and for reasons of privacy the information cannot be released to any third party without authorisation from the member.
- 2.3 The underwriter contacts the member’s private medical attendant and explains the situation including that they have recommended the member contact them to discuss. Where exclusion has been offered it is appropriate to inform the doctor of the exclusion details.

IFSA Guidance Note No. 15, Page 4

- 2.4 Diarise the case and follow up via the fund in the usual way if an offer has been made otherwise for declines or defers, cancel the application and refund all monies paid to the member.
- 2.5 Where an offer is made, if after a reasonable period of time, e.g. 4 weeks, no response has been received from the member, the offer should be cancelled and a letter issued to the member confirming this. Any premium(s) paid in connection with the insurance should be refunded at this point.

Underwriting Questionnaires, Flowchart and Matrix

The following documents have been included as a guide:

Appendix 1: Mental Health Questionnaire (IFSA approved underwriting form)

Appendix 2: Attending Doctor's Questionnaire (IFSA approved underwriting form)

Appendix 3: Generalised Anxiety and Depression Flowchart

Appendix 4: Mental Health Conditions Underwriting Matrix (IFSA approved underwriting form).

The Flowchart and Underwriting Matrix are intended to assist the underwriters to be better positioned to assess applicants who have or have had a mental health condition.

The Underwriting Matrix sets out a framework, within which the individual underwriter can reflect on insurability of applicants with or without a history of a mental health condition. The matrix is not meant to be used as a "cook book approach" to underwriting mental health but rather an amalgamation of factors that should be considered in the assessment process.

The purpose of the matrix is to marry the underwriting principles with what is regarded as current medical knowledge in the area of mental health. To achieve this, a rather specific categorisation of mental health conditions is suggested.

Furthermore, clinical symptoms, treatment details and other factors that may have an impact on the future morbidity are featured. The matrix also contains unspecific information on the overall prognosis of populations suffering from a specific mental condition and on associated conditions that should be taken into consideration where a company may offer an exclusion clause.

Appendix I: IFSA Mental Health Questionnaire

On the life of: _____

Application No. _____

1. Please indicate (by ticking the appropriate boxes) the mental health condition(s) you have had or received treatment for

- Anxiety including generalised anxiety, panic or phobic disorder
- Eating disorder including anorexia nervosa, bulimia
- Depression including major depression, dysthymia
- Manic depressive illness, bi-polar disorder
- Alcohol or other substance abuse or addiction
- Post traumatic stress
- Schizophrenia or any other psychotic disorder
- Stress, sleeplessness, chronic tiredness
- Other (please describe)

2. Please describe your symptoms including the date they started and how long they lasted.

Symptoms	Date from	Date to

3. Has any reason for your condition been identified?

- No Go to next question
Yes Please advise details _____

4. When was your condition(s) first diagnosed? _____

5. Have you had any recurrences of this condition(s)?

- No Go to next question
Yes How many times _____ When? _____

6. Please advise all treatments you have received, including counselling, name(s) of medications, hospitalisation etc.

Type of Treatment	Date Commenced	Date Ceased

7. Are you currently receiving treatment?

No When did you cease treatment? Date ceased _____
 Yes Details _____

8. Please advise the names and addresses of doctors or health care professionals consulted and the date first and last consulted.

Name	Address	Date First Consulted	Date Last Consulted

9. Has your condition ever caused you to lose time from work?

No Go to next question
 Yes Please advise details, including dates _____

10. Are you limited in your ability to work or to perform your activities of daily living as a result of this condition?

No Go to next question
 Yes Please advise details _____

Declaration

I hereby agree that the above statements are true and complete and agree that this supplementary questionnaire shall form part of the proposed contract of insurance.

 Signature of the Life to be Insured

Date ___/___/___

Appendix 2: IFSA Attending Doctor's Mental Health Questionnaire

Applicant's Surname: _____

Given name/s _____

Date of Birth _____

Application Number/s: _____

Please answer each question fully. If insufficient space, please attach a separate page.

<p>1. (a) What was the diagnosis of the condition?</p> <p>(b) Has the person been advised of their diagnosis?</p>	<p>Diagnosis _____</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Date Advised: ___/___/___</p>
<p>2. Was the diagnosis made using ICD-10 primary care or standard DSM IV classification? If "no" on what basis was the diagnosis made?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>3. What were the presenting symptoms and when did they commence?</p>	<p>Symptoms _____</p> <p>Date Commenced: ___/___/___</p>
<p>4. Has the person presented with this condition or any mental health condition previously?</p> <p>If 'yes' give dates and details including treatment.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Date(s) presented: ___/___/___</p> <p>Details _____</p>
<p>5. Was the person hospitalised due to this condition?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Date(s): ___/___/___</p> <p>Details _____</p>
<p>6. What was the date of onset and the date(s) of any subsequent episodes?</p>	<p>Date of onset: ___/___/___</p> <p>Date of subsequent episodes: _____</p>

<p>7. Is the person currently suffering from this condition? If "yes" what are the current symptoms? If "no" what was the date that symptoms last presented?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Current Symptoms _____</p> <p>Date of last symptoms _____</p>
<p>8. Has treatment ceased? If "yes" why; type of treatment and on what date?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Type of treatment ceased _____</p> <p>Date ceased: ___/___/___</p> <p>Reason treatment ceased _____</p>
<p>9. (a) Is a mental health management plan in place? If "Yes" what is it comprised of, including treatment eg medication, counselling, CBT, ECT, etc.</p> <p>(b) Is treatment undertaken outside of a formal mental health management plan? If "yes" give details.</p> <p>If you answered "yes" to 9 (a) complete 9 (c) below otherwise go to 10</p> <p>(c) To what extent has the person been able to participate with the recommended treatment plan?</p>	<p>(a)</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Details _____</p> <p>(b)</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Details _____</p> <p>(c)</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Details _____</p>
<p>10. Would you describe the condition as reactive? If "yes", give details.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Details _____</p>

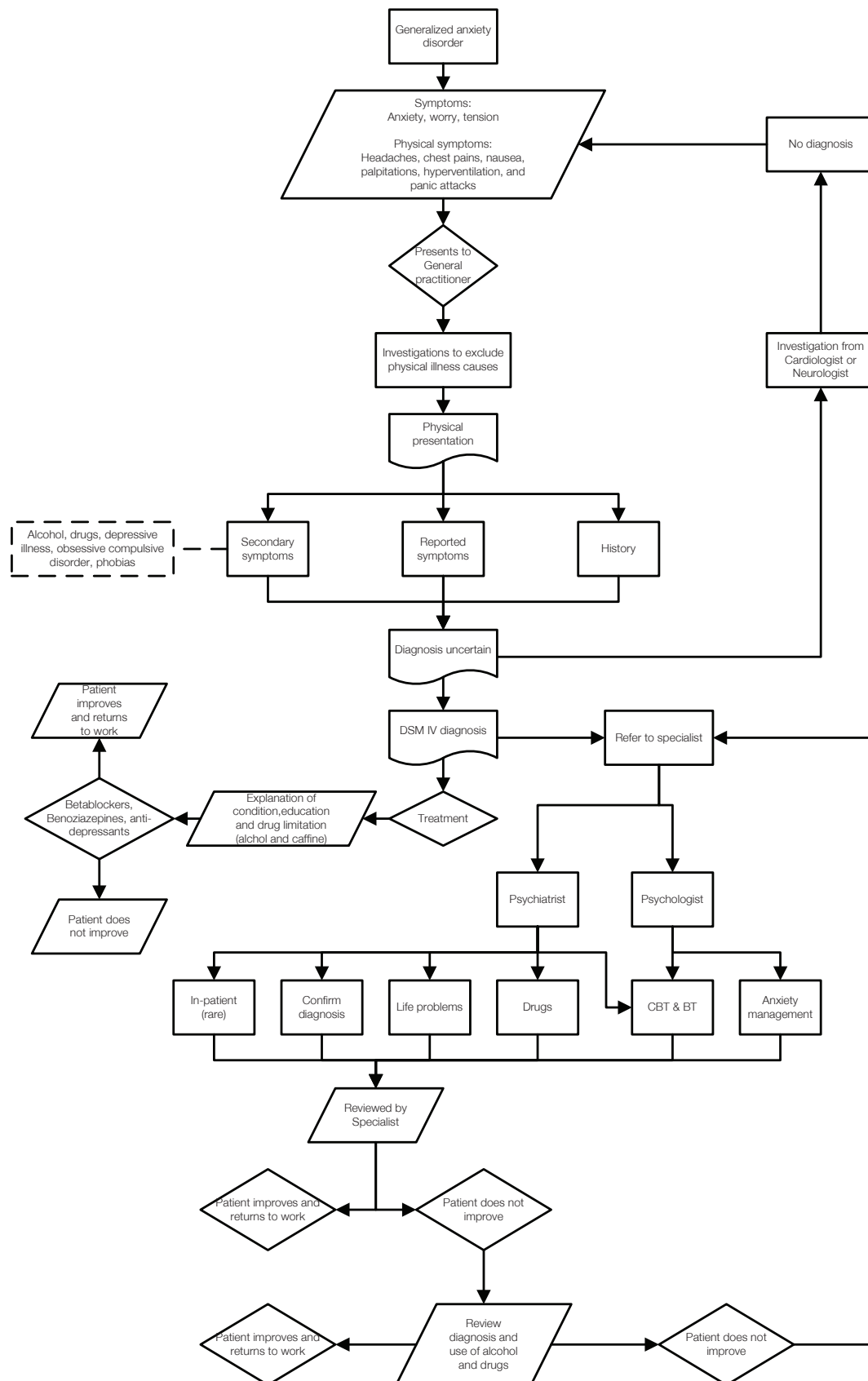
11. What is the current impact of this condition on the person's ability to perform his/her job function?	Impact details _____ _____
12. Is a change of employment recommended or envisaged as a means of improving the person's outlook?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date ceased: ___/___/___
13. Did the person require any absence from work due to this condition? If "yes" give dates.	Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: ___/___/___
14. Has the person shown any suicidal tendencies, or attempted suicide? If "yes", give details and dates.	Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: ___/___/___ Details _____
15. Has the person ever consulted a psychiatrist or psychologist? If "yes", give full details including name and address?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____
16. What is your considered prognosis including the ability of the person to continue to function in their present job?	Details _____
17. Has this condition had any adverse impact on the person's ability to function socially?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____
18. Do you suspect or is there evidence of alcohol or drug abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____
19. Are there any other relevant features or aspects of the person's condition not already covered above? If yes, give details.	Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____

Doctor's Signature _____ Date _____

Name _____ Qualifications _____

Address _____ Phone _____ Fax _____

Appendix 3: Generalised Anxiety and Depression Flowchart



Appendix 4: IFSA Underwriting Matrix

UNDERWRITING GUIDELINES FOR MENTAL HEALTH CONDITIONS

MENTAL HEALTH CONDITIONS: UNDERWRITING MATRIX DISABILITY INCOME INSURANCE

Diagnosis	Diagnostic Criteria	Prognostic Criteria	Prognosis	Favourable factors	Less favourable factors	Associated conditions to consider if exclusion is to be offered
Mild depression	One episode Good initial response to non-drug therapy	Current symptoms?	good	short episode good initial response to Rx > 2 years ago no current medication		Dependence (Alcohol/drugs) Anxiety Stress Fatigue
Moderate depression	2-3 episodes Good response to Rx Single medication Not more than 6 weeks off work	Current symptoms?	good- medium	2 episodes only short episode > 2 years ago stable on medication	Co-morbidity? No Expert Treatment	Dependence (Alcohol/drugs) Anxiety Stress Fatigue
Severe depression	More than 3 episodes Prolonged time off work Hospitalisation Expert treatment	No of episodes? Current symptoms? Suicidal thoughts? Social functioning?	medium-poor	3 episodes only > 3 years ago stable on medication	Co-morbidity? No Expert treatment Suicide attempt in the past	Dependence (Alcohol/drugs) Anxiety Stress Psychosis Fatigue
Mixed depression/anxiety (Adjustment disorder)		No of episodes? Hospitalisation? Time off work?	good-medium	1 short episode only stable without Rx > 2 years ago		Dependence (Alcohol/drugs) Stress
Bipolar I disorder	1 or more manic or mixed episodes	Current symptoms? Hospitalisation? Suicidal thoughts? Social functioning?	poor	> 5 years ago stable on medication	Suicide attempt in the past	Psychosis
Bipolar II disorder	1 or more major depression. episodes with at least 1 hypomanic episode	Current symptoms? Hospitalisation? Suicidal thoughts? Social functioning?	medium-poor	> 3 years ago < 4 episodes in 12 months stable on medication	Suicide attempt in the past	Psychosis Dependence (Alcohol/drugs)
Dysthymic disorder	Chronic (less severe) depressive symptoms	Current symptoms?	good-medium	> 2 years ago no time off work stable without Rx	No Expert treatment	Dependence (Alcohol/drugs) Anxiety Fatigue
Gen Anxiety disorder	Excessive worries	Duration? Social functioning?	good-medium	no time off work > 1 year ago		Depression
Panic disorder	Unexpected attacks of anxiety and fear of having more attacks	Frequency? Social functioning?	good-medium	no time off work > 1 year ago		Depression Anxiety
PTSD	Anxiety tied to past traumatic experience	Current symptoms? Social functioning?	medium	Good initial response to treatment > 2 years ago	Co-morbidity?	Dependence (Alcohol/drugs) Depression Anxiety
Obs-compuls disorder	Ritualised behaviour or obsessions driven by anxious thought	Current symptoms? Social functioning?	good-medium	no time off work > 1 year ago		Depression Anxiety Psychosis

Appendix 4: IFSA Underwriting Matrix

UNDERWRITING GUIDELINES FOR MENTAL HEALTH CONDITIONS

MENTAL HEALTH CONDITIONS: UNDERWRITING MATRIX DISABILITY INCOME INSURANCE (CONTINUED)

Diagnosis	Diagnostic Criteria	Prognostic Criteria	Prognosis	Favourable factors	Less favourable factors	Associated conditions to consider if exclusion is to be offered
Eating disorder	Anorectic, bulimic or binge-eating episodes	Current symptoms?	medium-poor	> 3 years ago	Physical disorders?	Depression PTSD OCD Dependence (Alcohol/drugs) Stress
Somatisation disorder	Multiple physical complaints without physical base	Current symptoms? Social functioning?	medium	no time off work	Co-morbidity?	Depression Stress Fatigue
Schizophrenia	Range of cognitive and emotional dysfunctions incl. perception, thinking, communication and behaviour	Current symptoms? Social functioning? Suicidal thoughts?	poor	no hospitalisation Paranoid type > 10 years ago	Co-morbidity? Side effects of medication? Suicide attempt in the past	Dependence (Alcohol/drugs) Depression Anxiety, OCD

This chart does not include: Dependence, Personality Disorders, Dementia, other Psychotic Conditions and Childhood/Adolescence Mental conditions

Criteria for consideration of applicants with mental health conditions, who are on current treatment

- i Diagnosis confirmed by specialist (usually psychiatrist)
- i Treatment prescribed and monitored by specialist or management plan in place with good compliance
- i Stable on treatment for more than one year
- i No time off work (due to mental illness) during the past two years
- i Disorder not work related
- i No hospitalisation (due to mental illness) in the past five years
- i No suicide attempt in history
- i Stable employment/work history in the past three years
- i Average hours worked per week over 30, but under 50
- i No current high stress occupation
- i No extensive travel required
- i No signs of destabilised social environment