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Those working outside the protection industry often have a blinkered and negative view of the work it actually does to support clients before, during and after a claim. I have seen recent surveys still quoting clients as saying one of the reasons they do not buy insurance is the concern they have that it may not pay out. No doubt the PPI saga that we've all witnessed in recent years has had a part to play in developing these opinions plus the fact good news is less attractive than bad.

However, we all see statistics in our working lives, especially those who are involved in distribution of Life, Critical Illness and Income Protection products, relating to claims payment statistics that do give confidence that non-payment is getting rarer and is more likely to be the result of incorrect applications rather than anything more sinister.

There is further good news in the fact that medical science is moving forward at a pace and can better describe illnesses or definitions, especially when it comes to physical ailments. Yet, what about mental illness rather than physical? Many providers in the industry have long been working on the symptoms of mental illness, including stress and this is becoming a growing trend amongst insurers albeit often it can be a little more difficult to define instances and their severity.

There is little doubt that mental illness has become a more and more talked about phenomenon in modern society - perhaps this is because more high-profile celebrities and even members of our Royal Family have been open in talking about their own incidences and personal experiences of their mental state. There is also little doubt that mental illness and stress has existed for thousands of years but it has been somewhat disregarded as an illness like those that are commonly covered by insurers.

In looking into this subject a little deeper, I discovered that laws against suicide (and attempted suicide) prevailed in English common law until 1961. English law perceived suicide as an immoral, criminal offence against God and also against the Crown. It first became illegal in the 13th century. Many would be surprised to hear that it is still illegal in many parts of the world, the closest to home being Cyprus

The underwriting of mental illness-related cases, as mentioned earlier, is for all sorts of reasons not as straightforward as diagnosing physical illness and providers take differing views. There are those that are highly empathetic to clients who are looking for Life and/or CI cover. In a current round of events carried out by Paradigm Protect we are looking at those insurers who are supporting those with stress-related conditions whether it be pre-, during or post-event.

In order to ascertain the scope of the problem we have to use some sort of statistical base, and I recently consulted the very helpful 'Mind' website for an independent

view. It describes the results of a survey carried out in 2016 and the relative incidences therein which highlight the scale of the issue quite markedly:

<u>Generalised anxiety disorder</u>	5.9 in 100 people
<u>Depression</u>	3.3 in 100 people
<u>Phobias</u>	2.4 in 100 people
<u>OCD</u>	1.3 in 100 people
Panic disorder	0.6 in 100 people
<u>Post traumatic stress disorder (PTSD)</u>	4.4 in 100 people
Mixed anxiety and depression	7.8 in 100 people

At the workshops we have asked providers to look at pre- and post-care, in addition to support given during claims and we have heard some heart-warming stories from them of their treatment of clients with stress-related disorders and how they have gone the extra mile to look after them. Such stories are commonplace with the likes of Holloway and UNUM being particularly active in helping people back in to employment as well as paying claims where the letter of the policy allowed them not to. In addition many offer 'ex gratia' support where the well-being of the patient is the main concern.

With the recent advent of the new Impaired Lives proposition being rolled out by The Exeter it is evident that clients suffering any stress-related disorders will not be ignored by the life assurance industry but fully supported. All providers with such elements to their plans, who are demonstrating a real duty of care to their clients, are to be fully applauded for their approach to this area which will become a major part of our lives moving forwards.

Our underwriting helpline at Paradigm receives an increasing number of calls from brokers whose clients have suffered some sort of mild anxiety or depression to those who have had real suicidal tendencies and the fact they can be passed to various insurers for advice has to be a positive. Long may this type of progress continue.

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