

countries. The proceedings of the last symposium 'The General Practitioner and his Depressed Patient' will be published in 1980 by Huber in English and German.

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Research in Decline

DEAR SIR,

We were most interested in Dr Cranmer's article (*Bulletin*, November 1979, p. 174) and the lively comments on the matter (February 1980, pp. 28–30). We agree with Dr Cranmer's views and would like to share our own way of overcoming such difficulties at a local level.

Recently the Clinical Psychology Department initiated the setting up of a Multidisciplinary Research Group. Membership includes psychiatrists at all levels, psychologists, nurses,

and other interested health workers in the Area. The following objectives were agreed in our first meeting:

- i To hear about research and evaluation now being planned or carried out in the Area.
- ii To assist each other with advice about designing, planning carrying out, analysing and writing up projects anyone might wish to undertake.
- iii To build up references in specialist areas and keep each other informed about matters relevant to research.
- iv To co-ordinate (possibly through nominating someone for the task) a link-up between members who might have the time and interest to participate in research or evaluation and members who need assistance with such a project.

Though newly formed we hope to be a lively and useful group. We would be most interested to liaise with similar local groups and with the Royal College Research Committee.

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The College

Life Insurance: Applicants with a History of Psychiatric Illness

Report from a working party of the Public Policy Committee.

Following a complaint from a former psychiatric patient who was unable to secure a life policy after a mental breakdown, the Public Policy Committee suggested that the problems associated with life insurance for people with a history of psychiatric illness should be investigated. After preliminary enquiries, the Committee was put in touch with Mr E. K. Goldwin (then Life Manager of Crusader Insurance). Mr Goldwin gave useful information about methods of assessment and rating for life insurance; the Committee then invited members of the College known to have a particular interest in psychiatric morbidity to meet with Mr Goldwin. Dr John Reed served as Convener and at Mr Goldwin's suggestion invited Mr Colin Trew (Manager, and an author of the M&G Reinsurance Company's rating Manual) to join the meeting which was held on 27 November 1978. Dr S. I. Cohen and Professor Andrew Sims also participated in the discussion. (A number of references in the literature were circulated before the meeting and are listed below.)

From a study of the rating schedules used by life managers, it is obvious that insurance companies seriously set out to establish the type of mental illness suffered by applicants and base their decision on the individual history and prognosis.

Only a small number of proposals are turned down or are required to pay a weighted premium. There is no evidence to suggest that companies are more discriminating against psychiatric illness than physical illness. Figures quoted by Mr Trew and Mr Goldwin show that for all life insurance companies approximately 4.5 per cent of applications are rated because of a medical impairment and less than half of 1 per cent are declined.

The companies' medical advisers and underwriters base their assessments on knowledge of the causes of mental illness, its treatment and prognosis, but inevitably because of the lack of reliable statistics and the need to substantiate the success of different treatments and new developments, they

tend to be conservative and to lag behind current opinion in medical practice. This applies equally to physical and mental disease and at times results in a higher weighting being applied than would appear to be justified in view of the lowered failure/relapse rate resulting from new treatments. However, the guidelines for life offices invariably advise a reassessment after 1-2 years (depending on the seriousness of the illness), and in the majority of cases requires an initial rating with the aim of reducing or removing such rating if the applicant shows no signs of relapse.

The companies are often hampered by lack of information or by misinterpretation—for example, by reports of the prescription of antidepressant drugs without the necessary background to place the use of drugs in context. Few companies enquire about a family history of suicide or incorporate a suicide clause, except at the request of the proposer. This can cause problems with third-party policies where the financial interest of the third party makes it impossible to use a suicide clause.

A main concern of the insurer is the regular payment of the premium so that questions about time off work through illness are pertinent.

The Medical Viewpoint

From the correspondence in the *BMJ* and *Lancet* in recent months, it would appear that the main concern of the medical profession is the preservation of confidentiality.

Psychiatrists are often reluctant to send more than a brief report to the general practitioner because of potential mishandling of information. For example, full clinical letters to general practitioners have at times been sent on to insurance companies when they contained information that was not pertinent to insurance problems and omitted information that was. Such short reports might easily give a misleading picture to a third party—in this case the insurer.

The insurance companies have a strict code of practice for their employees and in discussion it was agreed that disclosure of information from this source was unlikely. It would therefore seem better to encourage insurance companies to apply directly to the consultant psychiatrist for a report on a would-be proposer seeking life insurance.

The companies usually have the facility to consult advisers representing the major specialties but on the whole they have to take decisions based on reports from general practitioners. Their course of action is necessarily determined by the information already to hand and the advice of the chief medical officers.

Much of the blame for the misinterpretation of reports adversely affecting applicants can be attributed to a debasing of the language—for example, 'depression'; is almost impossible to define without qualification. Consequently greater significance is placed on the prescription of 'antidepressants', and the current tendency to prescribe these drugs for naturally occurring periods of depression (for example, following the death of a close relative or friend) adds to the distortion. Even the term 'suicidal' is now used widely and with little precision.

It is difficult to interpret, for example, the significance of a

course of ECT. This is due to varying practice and professional attitude. One major drawback is the comparative paucity of reliable statistics and here the Committee were agreed that more research in this area is required. In this respect the College's forthcoming ECT Survey might yield valuable information.

It was agreed that if doctors had a better understanding of the difficulties which insurers experience in trying to make a fair assessment, patients would stand a better chance of being accepted. In general, it is true that the more information that is supplied to the company, the greater the chances are of a former patient being accepted. The specialist should be prepared to offer comment about the prognosis; the officers would value such advice highly.

Advice for the would-be applicant

From the comparison of the number of life insurance policies and the incidence of severe mental illness in this country, it would seem that a high proportion of the population have been deterred, possibly by fear of being rejected, from seeking life insurance. (The incidence of mental illness should be related to social class, however; this would possibly lower the proportion of applicants who wish to take out life insurance).

Prospective applicants should be advised not to withhold any relevant information and when necessary to consent to medical references being taken up. They should also be advised to apply to another company if rejected by an insurer as there are a number of reputable companies who make a thorough appraisal and offer reasonable terms. Except in the most severe cases of mental illness it is now possible to obtain terms for life insurance from most life offices in this country.

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