

White Paper

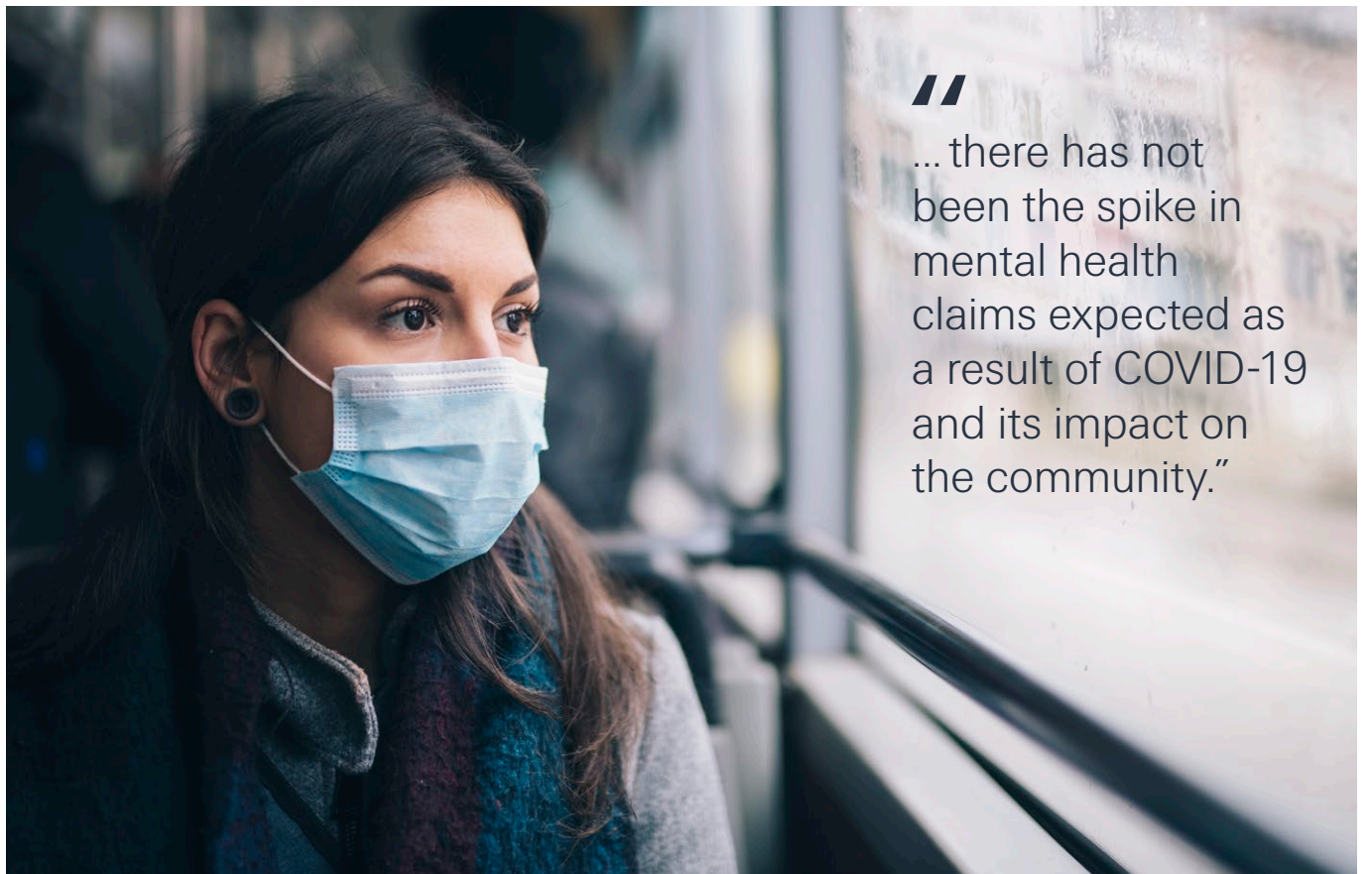
# The legacy of COVID-19

The ongoing mental health impact on Australia's community



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## Introduction

It has been two years since the outbreak of COVID-19, and the Australian community continues to navigate unforeseen challenges as each State balances the health of the community with the health of the economy.

The list of stressors grew as people increased health behaviours, adapted to lockdowns, became socially isolated, endured border closures, and responded to changed economic conditions. The prevalence of mental health conditions in Australia had been increasing pre-pandemic and the life industry has recorded a corresponding increase in claims over the past five years. However, there has not been the spike in mental health claims expected as a result of COVID-19 and its impact on the community. This paper examines mental health claims across Australian disability portfolios; explores mental health trends and resource uptake across the community; and considers emerging risks. Considering this complex interplay of factors, continued monitoring of mental health claims in an evolving post-COVID landscape is recommended.

## Insights summary

Mental health claims in Australia are increasing by number, proportion and cost:

- The prevalence of mental health conditions in Australia is increasing
- Since 2015, mental health Group Total and Permanent Disability (TPD) claims have increased in both count and proportion of claims notified
- Upward trend also observed in Retail Income Protection (IP) albeit a mild drop in claim notifications for 2021
- Swiss Re have seen an increase in claims impacted by secondary mental health conditions however data collection here is consistently poor
- Mental health claims are typically associated with significantly higher sums insured and longer duration

Community awareness and treatment demand is growing:

- Mental health workers compensation claims have increased, elevating poor mental health as a bigger threat to Australian workplace productivity than physical ailments
- The community is becoming mental health literate and proactively seeking help, reflected in greater uptake of mental health care accessed through private health insurance
- The Australian government has increased community support, crisis line funding and subsidised treatment against the backdrop of COVID-19 but demand is outstripping supply. Longer wait times can negatively impact severity and recovery while placing additional strain on frontline health workers

The impact of COVID-19 is ongoing:

- The number of mental health risk factors have grown as the pandemic evolves
- No evidence of increased suicide risk in any country – in fact, numbers have decreased compared to expected
- There has been an increase in alcohol-related deaths as people turn to substances as a coping mechanism
- There are protective factors in place buffering people's mental and financial health from the risk of COVID-19 – likely a lag before the true economic impact is realised
- An increase in claims incidence and duration is expected with a rise in unemployment, but surprisingly research suggests the impact is significantly stronger for accident claims and not mental health
- Important to note the disproportionate impact of lockdown and trading restrictions on particular industries/sectors and small businesses
- Emerging risks include the economic and social aftermath of COVID-19; a rise in workplace burnout leading to diagnosable mental health conditions; and declining youth mental health (our future policyholders)



# 01

Increasing mental  
health claims

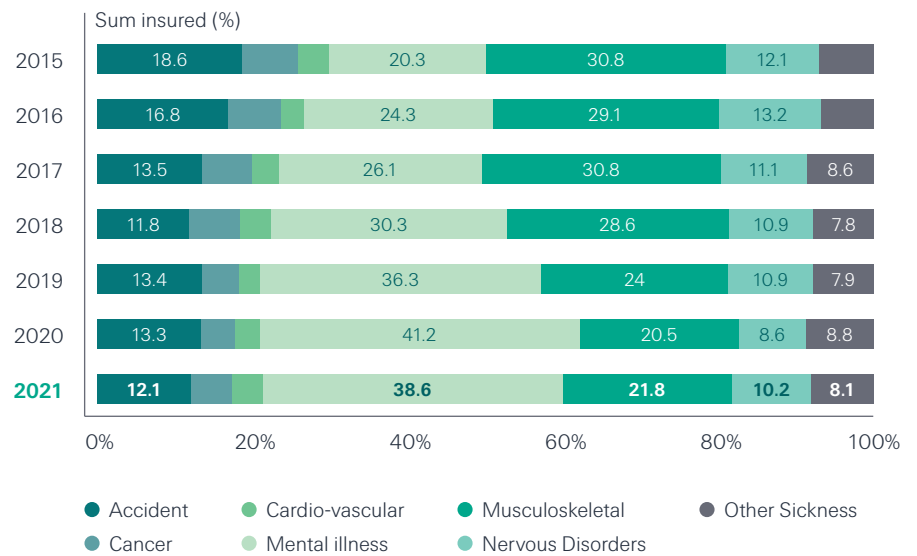
# Section 1: Increasing mental health claims

## Mental health claims are increasing in Group TPD

Swiss Re’s group insurance TPD portfolio has shown a proportionate increase in mental health claims from 14.3% in 2015 to 25.4% of all claims notified in 2020. By value (sum insured) these numbers were more material with mental health claims rising from 20.2% in 2015 to account for 39.8% of all claims notified in 2020, confirming that mental health claims have significantly higher sums insured than other claim causes. Unfortunately, poor quality claim cause data for recently notified claims has prevented accurate identification of proportionate numbers for 2021.

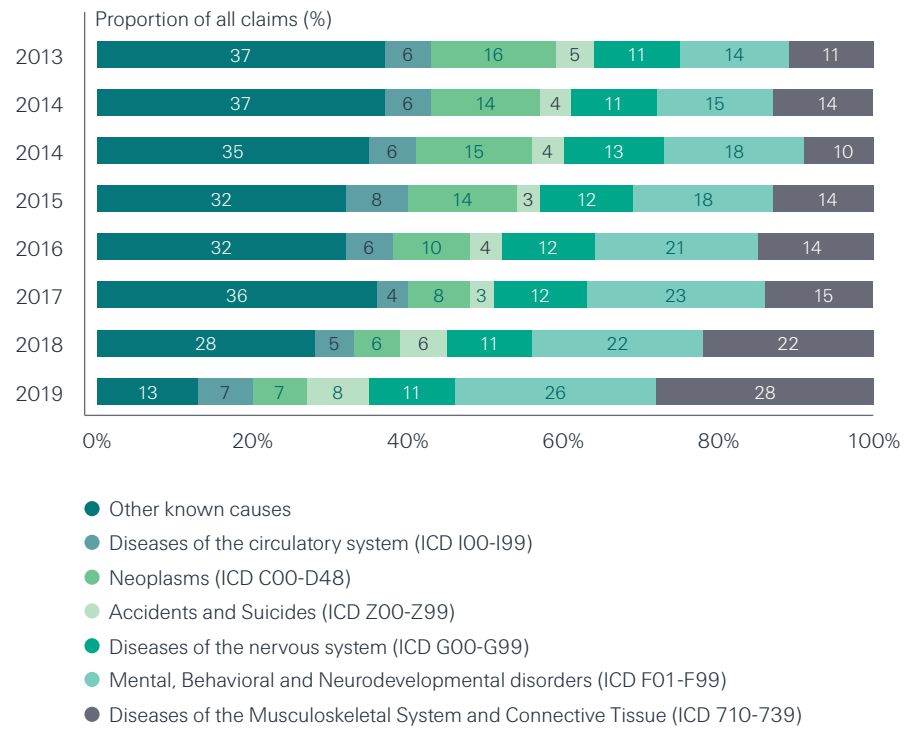
Swiss Re’s group portfolio has also shown an increase of mental health TPD claims as a proportion of all claims admitted (paid) year on year from 2015 to 2020 with some stabilisation in 2021. By count, mental health claims made up 15.2% of all claims admitted in 2015 increasing year on year to 28.2% in 2020. By value these numbers were more material increasing from 20.3% in 2015 to 41.2% in 2020 as seen below in Figure 1.

Figure 1: Swiss Re admitted Group TPD claims by sum insured, 2015 – 2021



A similar theme was observed in KPMG’s Group Life Experience Report where mental health claims only accounted for 14% of all claims in 2012, increasing to 26% in 2019, as shown in Figure 2.<sup>1</sup>

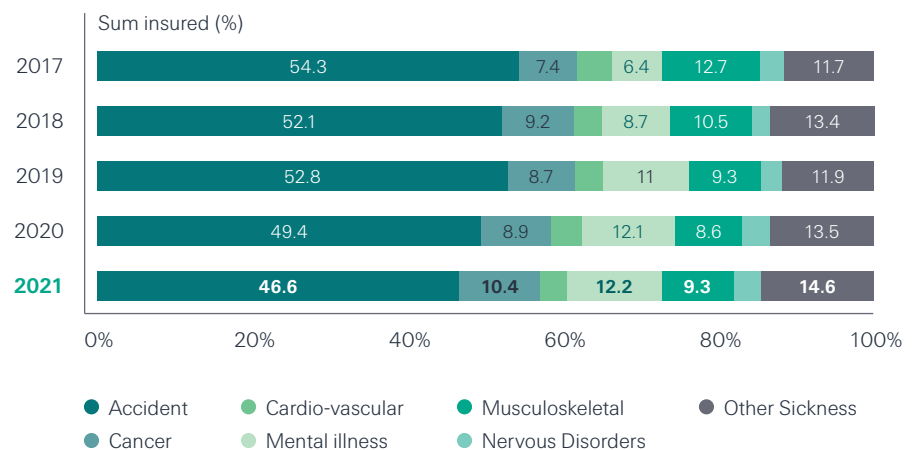
Figure 2: KPMG’s Group Life Experience study, 2012 – 2019



### An upward trend of mental health claims observed in Retail IP

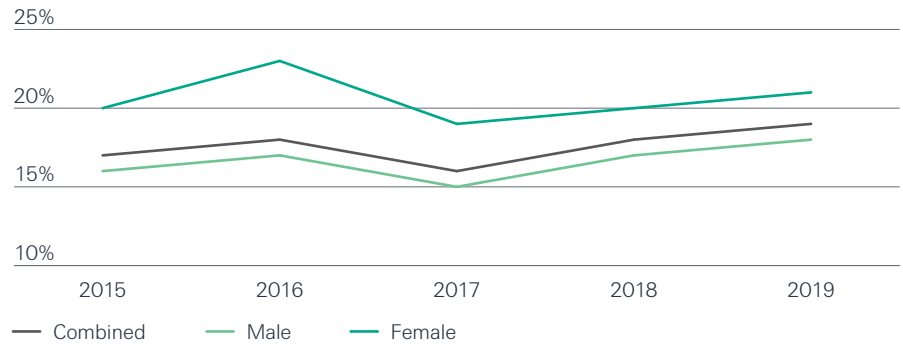
Swiss Re have observed an upward trend in mental health claims as a proportion of all retail IP claims notified. By count, mental health claims made up 6.4% of all claims in 2017 increasing to 12.2% in 2021 as seen below in Figure 3. By sum insured this was again more significant increasing from 6.9% in 2017 to 14.5% in 2020, with a mild reduction to 13.9% in 2021, suggesting mental health claims are on average higher value claims than other claim causes.

Figure 3: Swiss Re notified Retail IP claims by count, 2017 – 2021



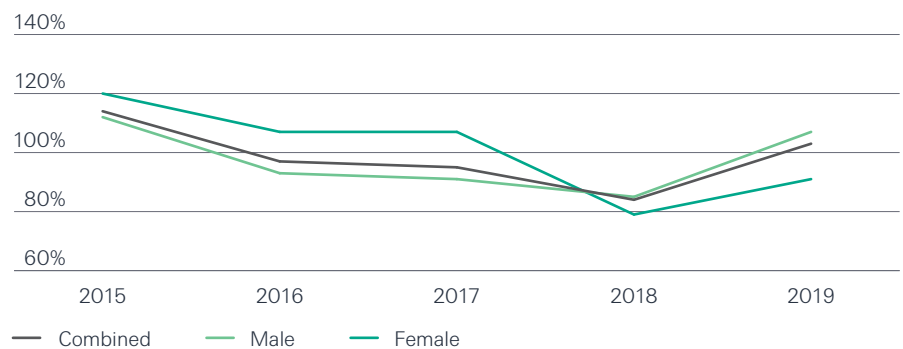
Similar findings were noted by KPMG in their Disability Income Experience Investigation 2015 – 2019. Mental health incidence experience has increased from 17% of the full sickness expected basis in 2015 to 19% in 2019 (Figure 4).

Figure 4: Mental health incidence experience by calendar year for Retail IP (FSC/KPMG, 2019)



Claims termination experience between 2015 and 2018 indicated a reduction in the number of customers recovering and returning to work following diagnosis of a mental health condition (Figure 5)<sup>2</sup>. This improved slightly in 2019. This experience led to a further increase in duration of mental health claims, where customers are typically on claim for longer than other claim causes.

Figure 5: Mental health termination experience by calendar year for Retail IP (FSC/KPMG, 2019)



**Mental health appears to be increasing as a secondary cause of claim**

Historically collection of secondary cause of claim data has been poor which makes it challenging to draw definitive conclusions on trends over time. Where the data is available Swiss Re has observed an increasing trend of mental health as a secondary cause of claim however cautious that this could at least partly be driven by improved discipline around capturing secondary cause of claim data. In reviews of accident and musculoskeletal claim portfolios in 2021, Swiss Re identified mental health as a secondary cause of claim in 18 to 26% of claims. With the above noted increasing trend of mental health claims as a primary cause of disability claims, combined with a potential increase in mental health as a secondary cause of claim, the impact of mental health on disability portfolios is significant and commands attention.



# 02

Societal insights

## Section 2: Societal insights

### The prevalence of mental health in Australia is likely increasing

Mental health conditions are common in the Australian community. The prevalence of common mental disorders remained stable or even declined slightly between 2001 and 2014. Interestingly, over the same period the proportion of working age people receiving Disability Support Pension for mental health problems increased by 50%. Although the costs and level of disability associated with mental health conditions are rising in Australia, the increases did not appear to be linked with an increase in the underlying prevalence of mental health problems.

The most recent National Survey of Mental Health and Wellbeing (2017–18) found an increase in prevalence, with one in five Australians managing a common mental health illness in any year<sup>3</sup> (up from 12.2% in 2014). The most prevalent are anxiety disorders (14.4% of Australians aged 16 – 85 years); followed by depressive and bipolar disorders (6.2%); and substance use disorders (5.1%)<sup>4</sup>. Many Australians experience mild mental health symptoms before they deteriorate into diagnosable conditions. Positively, if evidence-based support is sought early, people can recover, and many can continue to work. Unfortunately, many fail to seek help early on, causing acute symptoms to become chronic and long term. Although it is anticipated the prevalence of mental health will be negatively impacted by COVID-19 and its consequences, the true impact will be unconfirmed until a further national mental health survey is undertaken.

### Workers compensation mental health claims are rising

SuperFriend's 'Indicators of a Thriving Workplace National Report' (2021)<sup>5</sup> found that a significant proportion of Australian workers experience a mental health condition in their lifetime (61.8%) and that prevalence is on the rise. Nearly a quarter of workers believe they have a mental health condition that their workplace either caused or made worse (22.3%). Of the 53.5% of Australian workers who experienced a mental health condition in 2020, the proportion is much higher for workers who are female (62.3%); aged 18 – 24 years old (66.4%); have a casual role (58.2%); work in the accommodation and food services industry (61%); and those that are based in Victoria (56.6%).

Work-related mental health workers compensation claims have been steadily increasing over the last five years and rose by 5% in the 2020/21 financial year<sup>6</sup>. This is of interest to Life Insurers given a proportion of claimants have concurrent claims; or transition onto life insurance products once they have exited workers compensation schemes. Some claimants choose to claim directly on IP products rather than navigate the worker's compensation scheme, where getting a claim admitted due to mental ill health can be difficult due to the evidence required to link the diagnosis to the workplace.

### Increased mental healthcare under private health insurance

There is increasing demand for private mental health care services in Australia, with an average increase in mental health admissions of 5.6% over the last four years<sup>7</sup>. One in five hospital claims for private health members aged under 30 were for mental health care, and mental disorders are the top major diagnostic category for female private health members aged up to 55 years. It is important to note this increase is indicative of more severe mental health conditions requiring inpatient treatment.

### Increased uptake of community mental health resources

In 2020, Government-funded helpline volumes increased by 15 – 20%<sup>8</sup>. Young people (6 – 26 years) have particularly struggled during the pandemic, reflected in elevated Kids Helpline contact volumes (21% increase in 2020 compared to 2019) and 62% increase in visits to online resources<sup>9</sup>. Average daily calls in New South Wales to Lifeline for mental health support increased from 2400 (July 2019) to 2730 (July 2020) to 3000 (July 2021)<sup>10</sup>. And in 2020, more than 270,000 contacts were made with Beyond Blue's Support Service, a 42% increase from 2019. There were more than 600,000 visitors to the Coronavirus Mental Wellbeing Support Service, which was launched in April 2020<sup>11</sup>.

The spike in calls reflects both an increase in psychological distress across the community; but also (and positively) an increase in help-seeking behaviour and further progress in de-stigmatising mental ill health.

### Increased demand for psychological treatment

In March 2020 in response to the global pandemic, the Australian Government increased funding for crisis lines; digital and online services; and support for healthcare professionals. Use of primary and community mental health services increased in 2020 with significant growth in telehealth services. Mental health professionals pivoted to telehealth service delivery (consults held via telephone or video conferencing) to maintain much-needed support during lockdowns, and in April 2020 about half of Medicare-subsidised mental health services were delivered in this way. The volume of mental health -related prescriptions dispensed spiked in March 2020 when COVID-19 restrictions were first introduced. The volume of medication prescribed has tracked above the year prior since April 2020<sup>12</sup>. The Government also doubled the number of Medicare-subsidised psychological treatment sessions available under a Mental Health Care Plan (MHCP) from 10 to 20. In 2020, there was an 11% increase in GP-led MHCPs, with younger people and females more likely to access mental health services. Due to increased demand for services, one in five psychologists had to close their books to new patients and others had wait times of up to three months<sup>13</sup>. Delays in accessing mental health treatment can contribute to acute mental health conditions becoming chronic, and negatively impact claim durations.

It is interesting to look at the expected impact of COVID-19 on mental health in the United Kingdom (UK), keeping in mind the number of COVID-19 cases has been significantly greater than in Australia. The UK also have a Government-subsidised healthcare system (the National Health Service – NHS), and offer similar Life Insurance products such as disability insurance policies. Modelling in the UK has suggested over the next three to five years, 20% of the population in England will require new or additional mental health support services as a direct result of the pandemic. The NHS is unlikely to cope, leading to delays in treatment and chronicity of symptoms. Those most at risk are individuals who survived severe COVID-19 illness; healthcare workers; those who experienced bereavement; and those economically affected by the pandemic<sup>14</sup>. There has been a rise in mental health claims paid under IP policies – up from 10% (in 2019) to 12% (in 2020) in the UK market, although this figure could also be influenced by a drop in musculoskeletal/accident claims as a result of lockdown.

### Suicide-related deaths have decreased due to protective factors

A global study published in April 2021 investigated suicide trends in the early months of the COVID-19 pandemic across 21 countries and found no evidence of increased suicide risk since pandemic onset in any country<sup>15</sup>. In fact, the suicide rate in Australia and New Zealand decreased by 6.2% in 2020. Government support through wage subsidies and increased help-seeking behaviour may be mitigating the risk.

Studies on previous crises such as the Global Financial Crisis identified protective factors such as people connecting during crisis, being more alert to warning signs, and a greater sense of community<sup>16</sup>. There may be a latent effect, with an increase in suicide as society recovers, government support is scaled back, and the true economic impact is realised.

In Japan, suicide mortality changed during different stages of the pandemic. Monthly suicide rates declined by 14% during the first five months, possibly due to government subsidies, reduced working hours and school closures. By contrast, monthly suicide rates increased by 16% during the second wave, with a larger impact among females, children, and adolescents<sup>17</sup>.

Looking at other causes of mortality during the pandemic, alcohol-related deaths have increased as household spending on alcohol grew by 14.7% between 2019 and 2020 and people turned to alcohol as a coping mechanism. There has been an increase in alcohol-related hospital admissions and 1500 Australians died of an alcohol-induced death in 2020, up 8.3% from 2019<sup>18</sup>.

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# 03

Emerging risks

## Section 3: Emerging risks

### COVID-19 risk factors are ongoing

Swiss Re's global COVID-19 survey (2021)<sup>19</sup> found 45% of consumers reported heightened awareness of the importance of mental wellbeing due to the COVID-19 pandemic. The number of mental health risk factors have grown as the pandemic evolves. When the world initially went into lockdown in March 2020 initial stressors included health anxiety, a fear of contracting the virus and protecting loved ones. As more was learned about the virus and what behaviours would protect us (such as social distancing and mask wearing), risk factors relating to lockdowns emerged. The pressures of balancing work with home schooling; pressure on relationships; decreased social support; and increased substance use to cope with stress and boredom became common. As time went on, lockdowns were extended and second waves emerged, 'languishing' became the dominant emotion. Languishing is the void between flourishing and depression, the absence of wellbeing, with symptoms such as difficulty concentrating, reduced motivation and feeling joyless and aimless<sup>20</sup>. Stress, confusion, and anger are commonplace as a result of the pandemic and, while many people may not experience long-term concerns, COVID-19 has the potential to contribute to, or exacerbate long-term mental illness<sup>8</sup>.

COVID-19 risk factors remain uncertain and ongoing. The true impact will only be understood as international borders open, the community recovers and the true economic impact is realised.

### Economic downturn is linked to increased claims incidence

There is a statistical (rather than causal) relationship between claims incidence, duration, and economic changes such as workforce participation, bankruptcy, long term unemployment, consumer spending and GDP. With COVID-19 creating harsher economic conditions, there is a risk of many Australians developing mental health conditions due to financial hardship. Studies in New Zealand, UK, United States and Canada show a moderate correlation between disability incidence and unemployment rate ( $r$  0.4 – 0.8). A rise in unemployment is also associated with an increase in TPD claims<sup>21</sup>. As of April 2021, Australia's unemployment rate was 5.6%, which was 0.4% above pre-pandemic mass job loss and overall participation at a 'record high' of 66.3% due to a rise in people looking for work<sup>22</sup>. As of January 2022, the outlook remains promising with unemployment at 4.2% and participation still strong at 66.2%<sup>23</sup>. During economic upturn, workplace accidents tend to increase with a surge in building, construction and development<sup>24</sup>. During periods of economic pressure, workplace sickness claims tend to increase, reflecting greater stress and anxiety.

While there is currently no evidence that Australia is in economic downturn, there are many Australians underemployed. Employees have been forced to reduce their working hours, and there has been solvency pressure for small business owners<sup>25</sup>. For customers on claim, some employers have had reduced flexibility to support alternate duties or graded return to work (RTW) programs. Fledgling industries (such as hospitality and tourism; arts and recreation; trades; and healthcare) are struggling to re-attract candidates due to a reduced global labour pool. Industries that have been unable to accommodate hybrid working have suffered, for example arts and recreation; accommodation; food and wholesale trade. Wage subsidies offered by the Government have delayed the true impact on these industries.

### Burnout and work-related stress are on the rise

Burnout is an occupational syndrome resulting from 'chronic workplace stress that has not been successfully managed.'<sup>26</sup> It is not classed as a mental health diagnosis, however, if left untreated can lead to psychological and physical illnesses such as depression, anxiety, somatic diseases, and cardiovascular disease. Burnout has been estimated to cost Australia A\$14.81bn per year. A study analysing how white-collared workers coped working from home found 77% of Australians experienced burnout in 2020. Prevalence varies with occupation, social support, and country. Rates are higher in women than in men, and higher in younger age groups than in older employees. Some occupations such as healthcare providers and first responders are at greater risk. It is expected this will be exacerbated by the demands of COVID-19<sup>27</sup>.

The pandemic has amplified the situation. People are worried about job security, working longer hours, taking on greater responsibilities while caring for family members – all of which can lead to burnout, lower productivity, and higher turnover.

From a disability claims perspective, it is difficult to determine the prevalence of burnout as a primary cause of claim, as this is unlikely to be captured in claims data. Deep dive studies undertaken by Swiss Re in 2020 across inforce retail IP portfolios indicated 45 – 53% of mental health claims had work as a major contributing factor.

### Youth mental health is declining

The number of young Australians experiencing psychological distress is rising year on year. In 2020, 34% of young people (aged 15 – 24 years) met the criteria for psychological distress, up from 25% in 2018. Female and Aboriginal and Torres Strait Islander youth are at greater risk. Suicide is the leading cause of death among young people<sup>28</sup>. Although not yet purchasers of insurance, Swiss Re's SONAR Report (2020)<sup>29</sup> noted that 'left untreated, children showing early signs of mental health issues could grow into adults with more debilitating conditions later in life.' Unfortunately, access to evidence-based treatment is minimal, with young people more likely to seek help from friends, parents, or the internet rather than receive psychological intervention. Those young people experiencing psychological distress are five times more likely to have an issue they need help for, but do not seek help for<sup>27</sup>.

The impact of COVID-19 on the mental health of younger Australians has been significant<sup>30</sup>. 40% of applications to access superannuation early were made by under 30s; 15 – 19 year olds are most likely to lose their job due to lockdowns; and there was a 31% increase in young person visits to NSW emergency departments due to mental health (compared to 2020).

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# 04

Challenges come  
claim time

## Section 4:

# Challenges come claim time

In Australia, mental health claims represented 14% of total IP claims paid and in 2019, for the first time, mental health became the leading cause of TPD claims (25% of all TPD claims paid)<sup>31</sup>. Most mental health claims are for common conditions such as anxiety and depressive disorders, yet despite most conditions being treatable, the average duration of an IP claim is 4.5 years. There are known factors causing these acute conditions to become chronic and long term. The first problem is that people tend to experience anxiety or low mood for months or even years, prior to seeking professional help. Although great strides have been made in reducing mental health stigma in Australia, the average person remains reluctant to request help early. This results in late notified claims and insurers therefore miss the opportunity to intervene early and signpost customers to evidence-based support. In Australia, Life Insurers are unable to fund medical and psychological treatment, and treatment plans are mostly guided by General Practitioners, many of whom have limited mental and occupational health training. Although customers can access MHCPs, there is still a gap payment to access psychological support which means treatment cannot be afforded by all. There is also variability in the quality of psychological support across practitioners and often lengthy wait lists to access treatment.

Mental health claims are typically more complex and of longer duration. The impact of biopsychosocial factors on the customer's recovery need to be understood so that tailored rehabilitation support can be offered through the claims process (if covered under policy terms). This requires a skilled Claims Manager with a manageable caseload who can maintain regular verbal contact with the customer, to understand their individual circumstances, express empathy, and refer to available support to overcome barriers to recovery. A shortage of experienced Claims Assessors and high rates of turnover across claims teams can negatively impact mental health claims experience. Positively, most insurers employ in-house Rehabilitation Consultants who have specialist skills in supporting customers to access available resources to promote recovery and RTW.

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# 05

Implications  
for life insurers

## Section 5:

# Implications for life insurers

### Prevention is better than cure

There is an opportunity for the Life Insurance industry to help build a more resilient community. Global mental health consumer research undertaken by Swiss Re across seven markets (March 2020)<sup>19</sup> found that in Australia, a third of people had experienced 'extreme stress' in the prior year and nearly three quarters (73%) reported moderate or poor overall mental health. This would suggest a significant number of policyholders are managing symptoms of psychological distress whilst continuing to work and participate in daily life. The industry's challenge is firstly how mental health symptoms can be detected and managed at the earliest opportunity preventing a diagnosable condition; and secondly how to identify deteriorating symptoms so a claim can be lodged at the earliest opportunity and support offered.

To help overcome this challenge, the industry has responded by innovating ways to engage with policyholders. This has included enhancements to product design and offering preventative services that support recognising early warning signs and signposting to available support.

### Data and deep dives to identify claims trends

Insurers' understanding of mental health trends across inforce portfolios is limited by data captured in claim systems. This capture is unlikely to include granular detail such as background causes of mental health conditions, presence of secondary mental health, or challenges accessing treatment. To gain insights across a cohort of claims, selecting a sample and reviewing these in depth can be a useful tool to identify trends and areas of opportunity to maximise portfolio performance.

Deep dives can be guided by emerging research into cohorts at-risk of developing mental health conditions, (for example younger females); those working in industries impacted by economic downturn (such as hospitality and tourism); and those working in high-risk occupations during the pandemic (such as healthcare workers and first responders).

### Balance technical and customer-centric claims capability

Customers are on claim due to a medical diagnosis impacting their ability to work. There is not only an opportunity, but an expectation that Insurers support customers in their recovery and RTW once on claim. The capability of Claims Assessors came to light during the Hayne Royal Commission, and insurers are focused on ensuring their workforce meets minimum quality standards aligned with *Claims as a Financial Service*. Education and ongoing professional development opportunities are required, as well as resources, guidelines, and procedures to support claims management practices. The required skillset of a Claims Assessor is varied – technical skills are required to assess a customer's occupational, financial, and medical circumstances against policy terms and conditions. And soft skills such as effective communication and empathy are required to build rapport/trust, understand biopsychosocial factors and guide customers to evidence-based support. Investment in upskilling of claims professionals in both technical and soft skills will likely lead to accurate and timely decisions, and importantly, improved recovery and RTW outcomes. Industry bodies such as ALUCA and ANZIIF are leading the way in establishing core competencies required of Claims Assessors and offering formal training pathways.

### Product review to ensure sustainability

In 2021, the Life industry focused on the re-design of the Individual Disability Income Insurance (IDII) product in response to deteriorating profitability. APRA’s Sustainability Measures outlined several product features to be discontinued throughout 2021.<sup>32</sup> Given ongoing challenges with TPD experience, it is possible that 2022 will see attention placed on TPD product sustainability. When the TPD product was launched to market, mental health conditions made up a very small proportion of claim causation and therefore product terms were not geared towards the unique factors associated with mental health conditions. As noted earlier in the report, mental health is now the leading cause of TPD claims and the assessment and management of these claims remains a significant challenge due to product constraints. There is an opportunity for Life Insurers/Reinsurers to collaborate, under the guidance of regulators and industry bodies, to design sustainable products that also meet consumer expectations.

Swiss Re are committed to supporting mental health initiatives across the Australian community. If you have any comments or queries relating to how we can support your teams and customers, please reach out to your Claims Specialist.

### Engagement of industry bodies

There are many mental health organisations in Australia that undertake research, collect data and develop an evidence-based approach to preventing, managing and supporting mental health in the community. The challenges are well known. There is an opportunity for the Life industry to engage with mental health experts for advice across the insurance lifecycle to ensure we are contributing to a more resilient society; that our products are fit for purpose; and that we offer evidence-based support to those on claim. Australian-developed community or online mental health resources can also be leveraged to support customers while overcoming limitations the industry has, such as funding psychological treatment.



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