



MONEY AND  
MENTAL HEALTH  
POLICY INSTITUTE



MENTAL HEALTH  
ACCESSIBLE

A Money and Mental Health Policy Institute initiative



A best practice  
guide for insurers

Supporting customers with  
mental health problems

# Introduction

**Our [research](#) has found that people with mental health problems can often face difficulties when trying to buy and use insurance. Those of us with mental health problems can face higher premiums, exclusions and declines after disclosing a condition to an insurer. It can also be hard to find the right policy, understand what you are covered for, make a claim and interact with your provider when you're struggling with your mental health.**

Insurers are key in making sure that people with mental health problems can access insurance and supporting them when they're struggling with their money and mental health. While our [report](#) outlined what insurers need to do to make sure decisions are fair, this best practice guide outlines steps that insurers can take to support customers with mental health problems through the customer journey, from applying to making a claim.

This guide is based on examples of good practice across the insurance and wider financial services sector, and on the views of members of Money and Mental Health's Research Community, a group of nearly 5,000 people with lived experience of mental health problems. While some elements are specific to insurance products where mental health is asked about when applying - such as travel, life and income protection - this document applies more broadly to insurers providing a range of different products, including home and motor insurance. This guide complements work by other organisations such as the Association of British Insurers' [Mental Health Standards](#) and the Protection Distributors Group's [Claims Charter](#). It also closely relates to the FCA's [guidance on the fair treatment of vulnerable customers](#) and the [Consumer Duty](#), especially the consumer understanding and customer support outcomes.



# Supporting customers with mental health problems when buying insurance

Insurance is complicated with a range of products and levels of cover, and for some products people are asked about their mental health problems when applying. Answering such questions can be difficult and cause distress, and people can be wary of disclosing mental health histories in case it leads to higher premiums or a decline. Additionally, experiencing poor mental health can make it harder to understand information, compare policies and make the right decision for your circumstances.

## Insurers can make answering mental health questions a better experience and encourage disclosure by:

- Providing training on mental health problems, including how they practically affect us and how people can manage symptoms, to underwriting staff and those involved with designing products and services.
- Training frontline advisors to support customers during conversations about mental health.
- Setting out on public-facing material, like the website, the steps that have been taken to provide cover to more customers with mental health problems.
- Explaining to prospective customers at the beginning of the application process why mental health is being asked about in the journey and making the risks of not disclosing clear. Insurers should also provide clarity about how such data will be stored.
- Ensuring questions about mental health problems are relevant for calculating risk and are well-worded and ordered to help customers answer and minimise distress.
- Allowing third parties, such as friends and family, to support customers to apply for insurance.  
Making the process of collecting medical records as smooth and quick as possible for customers with mental health problems, including keeping them updated as to the progress.
- Signposting to mental health support after questions about mental health problems, whether during an automatic online journey, through an advisor or during a medical interview.



## Insurers should help customers understand their options and make a decision by:

- Detailing the different levels of cover, excess and any optional add-ons in an accessible way to allow customers to understand their benefits and drawbacks.
- Explaining how a decision was made when a mental health disclosure has affected it, for instance through an increased premium or a decline, including any data used.
- Clearly setting out in the customer journey exactly what is and isn't included in the policy, especially exclusions related to mental health conditions, and explaining what that means for a customer as simply as possible.
- Outlining what a customer's potential next steps are following a decline, exclusion or increased premium e.g. signposting to directories of specialist providers.
- Being clear on how a customer could challenge the decision and making this a simple process, including through more than one channel. Insurers should respond to challenges from customers by providing high-quality and understandable information and allowing the customer to make a complaint if they are still unhappy.
- Making sure key documents such as terms and conditions are straightforward to find, and the content is as simple and as easy to read as possible by:
  - Removing technical language, or explaining it in non-technical terms
  - Minimising the quantity of non-essential content as much as possible and leave plenty of space between content
  - Highlighting key messages or action points
  - Using bullet points to break down complex tasks or processes
  - Minimising the use of numbers and carefully explaining any figures that are used.
- Testing key communications and messages with customers with lived experience of mental health problems.



# Supporting people with mental health problems once they are customers

As with other financial services, people with mental health problems can find it difficult to interact with their insurance provider. For example, [our previous research](#) found that three-quarters of people with mental health problems struggle to use a communication channel, with over half finding the phone particularly difficult to use. This can make it hard to ask for support, make a claim or get the best deal when a policy is up for renewal. Past experiences of high premiums and declines can lead to people with mental health problems not disclosing to their insurer, even if it would allow them to better access key services. Additionally, struggling with your mental health can make it harder to pay for products like insurance and the barriers to disclosure can mean people miss out on the support they need.

## Insurers need to ensure customers who have taken out annual cover can get the best deal by:

- Making it clearer that the policy is about to renew, rewarding loyalty and facilitating switching providers.

## Insurers can help customers with mental health problems communicate with them by:

- Having more than one channel to get in touch and allowing customers to do most journeys through that channel.
- Sending out communications by more than one channel and allowing customers to select their preferred channel. Firms should then communicate wherever possible through that channel.

## Insurers can help customers struggling with their mental health by:

- Embedding our [three disclosure guides](#), that explain how to encourage, respond to and process disclosures, across the business.
- Creating a clear, accessible and multi-channel process for disclosing outside of the application process.
- Providing information on the website and in communications about how customers can disclose and how insurers can provide support.
- Being clear about the implications of disclosing and, where possible depending on the condition and product, to treat such disclosures separately from calculating risk.
- Providing training to contact centre staff and ensuring the right policies for recording and managing disclosures are in place.
- Supporting customers to manage their mental health through information on support services and providing benefits such as access to therapy as part of the policy.
- Allowing customers to delegate varying and flexible degrees of authority to a trusted third party, from receiving duplicate correspondence to speaking and acting on behalf of the customer.

## Insurers can better support customers to make a claim by:

- Providing clear and accessible information on how to claim and the implications of making a claim.
- Ensuring the process to make a claim - such as the forms to fill in - is as easy and simple as possible, providing assistance where necessary.
- Keeping customers updated as to the progress of the claim.
- Having specially-trained staff to support those who are struggling with the process or with the psychological and financial impact of the issue leading to the claim.
- Limiting the need for evidence where possible and asking for it in a considerate way
- Making the outcome of a claim decision clear and providing information on how to challenge their decision.

## Insurers can support customers with mental health problems who are struggling to make monthly payments by:

- Proactively telling customers about the support that is available if they are struggling to pay through communications and on the website. Firms should also reach out to customers who have been identified as being at risk of financial difficulty and make it easy for customers to get in touch with the right teams.
- Ensuring any communications related to missed payments are supportive, clear and easy to understand, and contain contact details for related teams and external organisations.
- Providing a range of options for customers such as flexible payments and reassessing someone's risk profile.
- Only cancelling a customer's policy as a last resort.







## Working together

Beyond this best practice guide, Money and Mental Health works directly with financial services firms to help them identify and implement changes needed to better support their customers with mental health problems, and at the same time, help adhere to regulatory requirements like the Consumer Duty.

Our Mental Health Accessible team can provide tailored advice, expertise and implementable suggestions to help insurers support customers with mental health problems through the full customer journey and improve their access to insurance products.

Our work incorporates feedback from a community of ~5,000 people with lived experience of mental health problems, and their carers. Their involvement provides an invaluable first hand understanding of the experience those with mental health problems have when interacting with your products, services and staff. This unique insight can help inform future approaches that improve customer outcomes.

Additionally, we run the Mental Health Accessible programme - this holistic review of your communications, products, MI and governance highlights areas of success and provides detailed recommendations for change. By acting on recommendations firms can achieve Mental Health Accessible accreditation, which allows to publicly promote that you have reached a standard of excellence in making your services accessible to customers with mental health problems.

If you would like to explore how we could work together, please get in touch with Rosie Normanton, Head of Strategic Partnerships at Money and Mental Health.

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