

Prejudice against mental illness

Name and address withheld

TO THE EDITOR: The letter "Prejudice against mental illness" in the 20 August issue of the Journal¹ resonates with my own experiences when attempting to obtain income protection insurance. Many colleagues have a similar story.


In 1994, I suffered an episode of major depression requiring hospitalisation. I was a first-year resident medical officer, had relocated to a different city, and had just moved out of home for the first time, at the age of 25. Subsequently, I have progressed well in my career, and will soon complete specialist training. I have dealt successfully with a number of substantial personal and career hurdles, including postgraduate examinations and training, difficult property transactions, engagement and subsequent break-up of the engagement, the death of a flatmate, and illness and personal difficulties within my family and close friends. I have invested considerable time and effort in cognitive-behavioural therapy, and changed many attitudes and behaviours contributing to the initial breakdown. Wary of the implications for insurance, I have been reluctant to have any contact with my psychiatrist. My last appointment was a courtesy visit two years ago, with another visit 12 months before that. I have continued to self-prescribe an antidepressant tablet in the belief that it is probably doing more good than harm.

Without any reference to medical reports, an examination, or an appraisal of my achievements and performance, several experienced brokers have confirmed that my history prevents me from being able to obtain income protection insurance, *even with an exclusion clause for mental health problems*. The one insurer that will consider covering people with a history of depression, with such an exclusion clause, requires me to be off any treatment for 12 months.

It is understandable that an income protection insurer would refuse cover for depression-related claims. However, I fail to see why I am denied the opportunity to purchase insurance against the myriad other accidents and illnesses that can befall anyone, irrespective of their history. It appears the underwriters' methods are based on actuarial data that are overly generalised, and undoubtedly many years out of date in terms of diagnosis and prognosis of mental illness. Ironically, private health insurers cannot refuse to cover any patient, regardless of pre-existing conditions.

Such discrimination reflects endemic ignorance and prejudice about mental health and illness. It is time for a review of the criteria by which insurers may reject applications.

1. Prejudice against mental illness [letter]. *Med J Aust* 2001; 175: 231-232. □



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