From QBE Australia hitting the headlines accused of discrimination against a travel insurance customer suffering from depression, to another health insurance provider adding comprehensive insurance to their offering to include psychological support, the issue of mental health coverage in the insurance industry is certainly hotting up. And for the assistance providers tasked with helping these travellers in need, expectations are rising. Mandy Langfield looks in more detail at what’s changing.

Travel insurance coverage for mental health conditions is patchy, with many high-street UK providers shying away from providing insurance for such conditions, although the wider UK market is actually relatively well-served by insurers that specialise in covering pre-existing medical conditions. And in the world of international health insurance, the mental wellbeing of globally mobile employees and students has never been higher on the agenda. The cost of an overseas assignment failing is normally far higher than the cost of fully supporting an employee who is being sent abroad, and it is fair to assume that while there are myriad reasons why such an assignment might fail, the mental wellbeing of the employee certainly plays a key role. Travel assistance firms, then, have a key role to play when it comes to offering support to clients who are globally mobile employees. Whether it is pre-deployment education about the destination, or offering support over the phone to employees who just need to hear a friendly voice every now and again, the assistance sector is being tasked with responding to an increasing number of calls for help concerning mental health.

In his study on the employees of the World Bank, Berhard Liese shows that, overall, rates of health insurance claims were 80 per cent higher for male and 18 per cent higher for female travellers as opposed to their non-travelling counterparts. The greatest excess related to travel was found to be for psychological disorders. Liese’s study also found claims for psychological disorders rose strongly with frequency of travel for both men and women. For men, psychological disorders among travellers completing one mission was twice that of non-travellers, and more than three times that of non-travellers for those completing two or more missions. According to Dr Simon Worrell, head of medical communications at Healix International, patients frequently suffer from mental health issues during hospital admissions. Many causes of mental health issues are fairly short-lived, however, and would be expected to resolve as the patient’s condition improves. He explained that patients may become agitated if septic or short on oxygen; they can become confused if suffering from delirium, the effects of certain drugs, or have a pre-existing dementia. “Psychiatric illnesses,” he added, “can of course occur whilst patients are abroad. The added stressors of travel, being in novel contexts, and patients not benefiting from their usual support networks, may all contribute to the psychiatric flare-ups that we see regularly at Healix. Around five to 10 cases a month may have psychological complications, whereas perhaps three or four will result from psychiatric conditions such as schizophrenia or depression.”

IPMI provision
For international private medical insurance providers, mental health is actually one of the most important coverage areas. For expatriates sent abroad, the stress they will almost inevitably experience can put a lot of pressure on themselves and their family, so it is well worth the investment on behalf of the employer to include comprehensive mental health cover in their international health insurance policy.

The Assistance & Repatriation Review spoke to Kayla Hall, business development executive of UK-based firm Regency for Expats, about the why insurance provision for mental health conditions is vital. She said: “Moving house, starting a new job and travelling abroad are recognised as some of the most stressful events in everyday life; and
for expats, these come all at once without the normal support structure of friends and family. The detachment from one’s circle of friends and family means that it is increasingly important that expats have some form of replacement support in place for helping them cope with mental health, without which, mental health conditions can deteriorate for the expat and consequentially not only affect their physical wellbeing but the health of those around them and the results they achieve for a company.”

According to Mark Rands of Intana Specialty Assistance in the UK, the insurance coverage for mental health conditions in IPMI policies is becoming more generous, as companies recognise the need for it. “But,” he added, “it’s also a commercial decision. We are finding that more corporations sending people abroad know that they have to take care of their employees being sent abroad on assignment.” It’s not just about duty of care legislation, then, it’s also about the fact that it’ll cost the firm a great deal more if the assignment fails than it does to provide decent mental healthcare coverage.

When it comes to where in the world people are being sent, and whose mental health is suffering, Laura Hilton, director of global health at HTH Worldwide in the US, which provides international health insurance policies, noted that the company has recently witnessed an increase in calls for assistance for mental health cases in typical expat destinations, including China, Singapore, the UK, Germany and Hong Kong.

Regency for Expats recently launched unrestricted access to psychologist-based counselling and coaching services for its members around the world. At the time of writing, the utilisation rates of these services stood at around five per cent, but is growing as members see the benefits of it. Hall said: “The queries are wide ranging, from dealing with stress, maintaining relationships with family, learning to communicate with those from other cultures, to sexual performance and overall positivity.” When asked why it introduced the counselling services, Hall said that although the infrastructure was already in place through global wellness plans on offer, rising concern for mental health meant that it seemed like ‘the logical step’ to include the service as standard across all its plans.

Rands has also seen a rise in additional services that a few years ago would have been considered well above and beyond the industry norm – 24-hour telephone counselling and support is now on offer, giving clients support that moves beyond just purely medical needs and into the social side of life.

“Over the past two years,” she said, “we have seen a 67-per-cent increase in mental health-related claims and a 33-per-cent increase in claims dollars outside the US with a related increase in calls. Anecdotally, we are seeing an increase in requests for mental health services with members who are travelling overseas with pre-existing mental health conditions covered by our plans.”

Students, agreed Mark Rands of Intana Specialty Assistance, are definitely a demographic that has a concerningly high need for assistance services related to mental health conditions. The combination of their age, being far from home, in a new culture and perhaps with a new language to learn, can be a daunting prospect that results in high levels of anxiety and stress, exacerbating an underlying condition or sparking a new one. In response to the increasing demand for mental health insurance for students on study abroad programmes. Many mental illnesses arise in people’s early 20s, and this, combined with the stress of being in a strange country without family and friends (often for the first time), means that the risk of students studying at an overseas university suffering from a mental health problem is higher than for the average traveller.

Hilton of HTH Worldwide told the Assistance & Repatriation Review that while overall claims for mental health issues still only constitute a small percentage of claims, times are changing. “Over the past two years,” she said, “we have seen a 67-per-cent increase in mental health-related claims and a 33-per-cent increase in claims dollars outside the US with a related increase in calls. Anecdotally, we are seeing an increase in requests for mental health services with members who are travelling overseas with pre-existing mental health conditions covered by our plans.”

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Certain limits placed on benefits related to mental health conditions may preclude completion of a treatment phase overseas.

clients are covered up to the policy maximum as they would be with any other medical service – and most of the company’s study abroad programmes offer the same.

Assistance complications
Medical assistance provision is provided day-in, day-out across the world for people with even complex physical injuries. At some point, they will be declared fit to fly, on either air ambulance or commercial carrier, and the insured’s job is completed. For mentally ill patients, though, rendering assistance can be a lot trickier.

Laura Hilton told the Assistance & Repatriation Review: “Ensuring a patient is stable to travel home is the biggest challenge and a person in a mental health crisis may require multiple combinations of medications and/or therapy to stabilise.” According to Hilton, treatment is most effective in a person’s home country and native language and in some countries, mental health still has a stigma attached to it. “For example,” she added, “in Shanghai, a city with a large expatriate population, there are few outpatient options for mental healthcare and inpatient services are even more limited. Given these factors, mental health patients are at high risk to be repatriated, and always require an escort, often a medical professional such as a psychiatric nurse or doctor.” From an underwriting perspective, certain limits placed on the insured.

Rands noted that students can be tricky to persuade of the need for repatriation, even though this can be a preferable way to ensure best treatment of a mental health condition. A reluctance to give up on their study abroad programme means that for this group, assistance companies have to sometimes work hard to explain why flying home is the best approach. “Repatriating mental health patients presents particular challenges,” agreed Dr Worrell. Hospitals are a safe environment where they can rely on a calm environment, he said, so medical escorts should make use of quiet lounges and priority boarding services. On the aircraft, patients should be protected from potentially difficult interactions with staff and other passengers. During a flight, a patient’s mental wellbeing may deteriorate if it is an overnight flight and the lights in the aircraft cabin are dimmed. According to Dr Worrell, previously stable patients might want to wander around the plane, or refuse to take their medications. “For these reasons,” he said, “we use two escorts when repatriating patients with mental health issues – usually a doctor and a nurse. As repatriations can often last 30 hours or more, it is important that at least one of the escorts is fully awake at all times.”

In some specialised situations, HTH Worldwide has had to find ways to bring mental health services to members through technology and alternative treatment capabilities. When the attacks in Paris happened on 13 November 2015, for instance, there was a significant number of students in the city who were GeoBlue members. Hilton explained: “We were acutely aware of how the unfolding chaos could amplify the culture shock already experienced by these students. To provide the students with the support they’d need through such a traumatic experience, we enlisted the care of one of our Regional Physician Advisors, who is a clinical psychologist and trauma specialist. With her assistance we implemented alternative treatment capabilities in the form of Skype sessions and on-campus group sessions with additional GeoBlue providers. This level of care, facilitation and support made it possible for these students to process the tragic events and recover quickly from them so they could complete their education programme.”

Elderly travellers, according to Mark Rands, are another group that seems to suffer from a particularly high incidence of mental health problems. Often, though, it is not necessarily the condition of the person suffering from such a problem that presents the most challenges for assistance providers – it’s when that person’s carer becomes ill or injured, leaving them to cope by themselves. In this situation, while a friend or family member can be flown out to help, actually the most straightforward way of solving the issue is to repatriate both parties.

Dr Worrell said that having a patient’s relative onboard a repatriation flight can often be helpful – although not all the time. “It can also be a hindrance, depending on the state of the relationship,” he pointed out. “It is important to assess whether the loved-one should be upgraded to business class with the patient or not to ensure a successful journey home.”

Challenging but worth it
Although they may present medical escorts with a more challenging mission, Dr Worrell of Healix International pointed out that successfully completing the repatriation of a psychiatric patient can be very rewarding, ‘as it is clear that without medical assistance, they would be stranded in countries often with limited healthcare provision, thousands of miles from home’.

References