

Learning Series - #29



Understanding Mental Health

Millions of people are affected by mental illness each year. Nearly one billion people worldwide suffer from some form of mental disorder, with anxiety and depressive disorders the most common. Depression affects the life insurance industry as it is the leading cause of disability worldwide. Suicide is the second-leading cause of death among people aged 10-34 and the 9th leading cause of death in North America.

Stigma, challenges of underreporting and therefore underdiagnosis, and access to care for those most in need in a timely fashion continue to impact the quality and comprehensiveness of care for patients. Additionally, insight into disease severity, the need to access care, and cultural norms about disclosure serve as barriers. These challenges make underwriting mental health difficult. Often times, progress notes from mental health professionals are sparse, particularly when psychotherapy is employed. Medication changes, life events, and disability can pose challenges in assessing disease severity.

Mental illness is a condition that affects a person's thinking, feelings, behaviour, or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others. Mental illnesses are caused by a complex interplay of genetic, biological, personality, and environmental factors.



The following is a list of the various types of mental illness:

Reactive depression/adjustment disorder	A temporary situational depression caused by a specific event expected to resolve as the situation improves.
Major Mood Disorder (MDD): Also referred to as major depression, depression, dysthymic disorder, dysthymia or affective disorder.	A chronic condition contributed by genetics or environmental factors and can cycle through active periods and times of remission. A stressful event could trigger depressive symptoms that were previously in remission, possibly even when these symptoms were gone for several years.
Seasonal affective disorder (SAD)	Recurrent episodes of major depression, mania, or hypomania with seasonal onset and remission.
Cyclothymia or cyclothymic disorder	A rare mood disorder. It causes emotional ups and downs, with similar characteristics of bipolar disorder, just in a milder and more chronic form.
Bipolar affective disorder/manic depression	The presence of depressive moods or episodes, alternating with elevated, euphoric, or irritable moods classified as hypomania or mania.
Schizophrenia	Characterized by significant impairments in perception and changes in behaviour.
Schizoaffective disorder	A mental health condition with symptoms of schizophrenia and mood disorder.
Psychosis	A condition of the mind broadly defined as a loss of contact with reality.
Post Traumatic Stress Disorder (PTSD)	Exposure to an extremely threatening or horrific event or series of events.
Anxiety Disorder: There are several different kinds of anxiety disorders, such as: <ul style="list-style-type: none"> • Generalized anxiety disorder (GAD) • Panic disorder • Social anxiety disorder • Separation anxiety disorder 	Characterised by excessive fear and worry and related behavioural disturbances.





Learning Series - #29



Understanding Mental Health (cont'd)

Patients with MDD are diagnosed by the presence of 5 of more of the following symptoms for at least two consecutive weeks (see the mnemonic SIG E CAPS table below).

S Sleep (insomnia or hypersomnia)
I Interest (diminished interest or pleasure from activities)
G Guilt (excessive or inappropriate guilt; feeling of worthlessness)
E Energy (loss of energy or fatigue)
C Concentration (diminished concentration or indecisiveness)
A Appetite (decrease or increase in appetite, weight loss or gain)
P Psychomotor activity (retardation/agitation)
S Suicidal ideation (recurrent thoughts of death, suicidal ideation, or suicide attempt)

Drug classes & Examples	Psychotherapy	Electroconvulsive therapy (ECT)
1) Selective serotonin Reuptake inhibitors (SSRIs): • citalopram • sertraline • paroxetine • escitalopram • fluoxetine 2) Serotonin-norepinephrine reuptake inhibitors (SNRIs): • venlafaxine • duloxetine 3) Monoamine oxidase inhibitors (MAOIs): • phenelzine • tranylcypromine 4) Serotonin modulators • trazodone 5) Dopamine-norepinephrine reuptake inhibitors: • bupropion 6) Noradrenergic and specific antidepressant: • mirtazapine 7) Tricyclic antidepressants (TCAs): • amitriptyline • imipramine • nortriptyline • desipramine	1) Interpersonal therapy (IPT): focuses on relieving symptoms by improving interpersonal functioning (ability to deal with life stressors and the consequences of depressive episode) 2) Cognitive-behavioral therapy (CBT): guide the patient to developed positive and constructive tools to assess his capabilities and circumstances	Effective in severe depression resistant to medication.



Complications of mental illness

Untreated depression is associated with a lower quality of life, an increased risk of suicide, and poor physiological outcomes. This is exacerbated when depression is combined with chronic medical conditions (diabetes, heart disease, arthritis, etc.). Poor mental health is well known to correlate with poor physical health, and vice versa. Depression increases the risk of morbidity and mortality due to suicide or failed suicide attempts, and the abuse of medication, drugs or alcohol. This situation also generates economic costs to society due to lost work productivity and increased health service use.

Underwriting considerations

Given the prevalence of mental health impairment in society, developing a comprehensive picture of the condition is critical for sound underwriting decision making.

- Exact psychiatric diagnosis. Is it considered mild, moderate, severe, recurrent, or in remission?
- A past diagnosis of situational depression may be of less concern to the underwriter.
- How long has the applicant been suffering from the condition?
- Details on the type of treatment regimen.
- Is there a recent change in the dosage or medication?
- Evidence of treatment compliance and years of effective management of their illness.
- Symptoms and dates of last symptoms.
- Details of any previous hospitalizations.
- Details of any suicide attempts and suicidal tendencies.
- Family history of mental illness.
- Specifics of time taken off work as a result of the condition.
- Any history of drug or alcohol misuse.
- A stable social situation including marital status and occupation.
- Any co-existing physical illnesses, especially chronic pain.
- Any other co-existing mental illness or personality disorder.

Since 1973, Optimum Reassurance has been offering its clients in the Canadian market with professional reinsurance services and capacity. Optimum Reassurance is a subsidiary of the Montreal-based holding company, Optimum Group. Optimum Group is a privately owned international financial group active in life reinsurance, property and casualty insurance, life insurance, actuarial consulting and asset management.



© Trademark of Optimum Group Inc. used under license.