

2023

GLOBAL MENTAL HEALTH SURVEY

RGA



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SURVEY INTRODUCTION AND BACKGROUND

RG&A



SURVEY INTRODUCTION AND METHODOLOGY

MENTAL HEALTH CONDITIONS ARE AMONG THE MOST COMMON HEALTH CONDITIONS GLOBALLY

While it's estimated that these conditions account for nearly one-third of the Years Lived with Disability,¹ the World Health Organization estimates that governments worldwide spend just over 2% of their health budgets on mental health.² This care gap presents both opportunities and challenges for insurers globally.

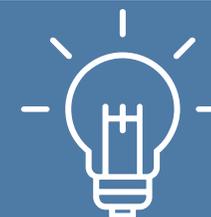


From January to April 2023, RGA conducted **17 qualitative interviews with companies in several countries**, followed by an online quantitative survey with **137 respondents globally** to identify trends, advances, challenges and possible innovation opportunities around the world.

“ Respondent insights have been included throughout the survey report as indicated with quotes.



The survey findings **highlight insurers' activities** regarding mental health initiatives and provide an **overview of new developments** globally and by region. This report offers a **global perspective** on how leading life and health insurers are currently positioning mental health within their strategic priorities, including within claims, underwriting, and product and proposition development.



Insurers may historically be viewed as taking a cautious approach to the assessment of mental health. Due to the impact of the pandemic on our lives, including our mental health, we wanted to understand the views of global life and health insurers on mental health trends, and how they are responding.

1. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00405-9/fulltext#seccesecitle0021](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00405-9/fulltext#seccesecitle0021) 2. <https://www.who.int/news/item/08-10-2021-who-report-highlights-global-shortfall-in-investment-in-mental-health>

SURVEY BACKGROUND: PARTICIPATION AND DISTRIBUTION

RGA’s 2023 Global Mental Health Survey collected online responses from 137 respondents globally. The online survey was conducted in eight languages and was open from March 15 to April 22, 2023.



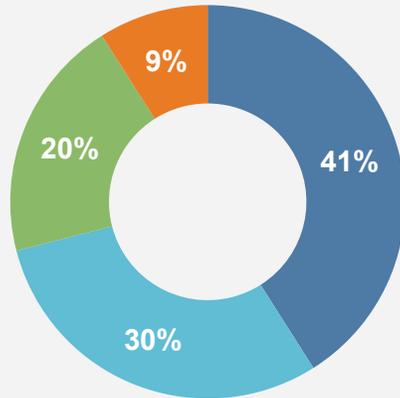
Please note: Some markets did not respond to all questions.

RESPONDENT PROFILES

Distributions of the 137 Respondents

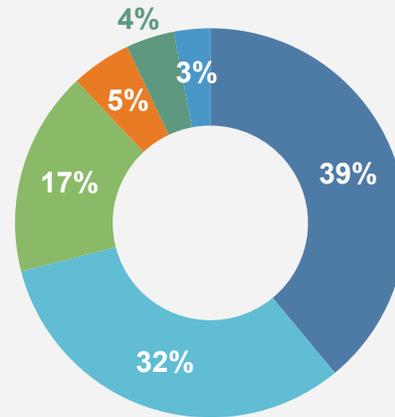
BY REGION

- Americas
- APAC
- EMEA
- Aus/NZ



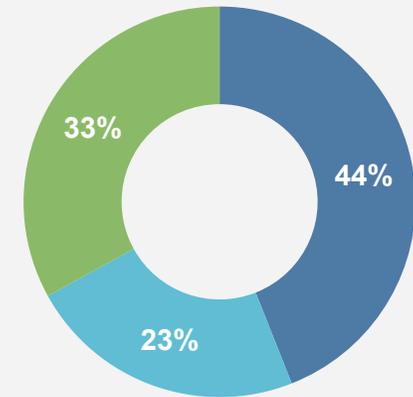
BY FUNCTION*

- Underwriting
- Claims
- Product Development
- Strategy
- Health and Wellness Program Management
- Medical Director



BY LINE OF BUSINESS

- Individual
- Group
- Both



*Some respondents indicated multiple functions/roles

CURRENT PROTECTION PRODUCTS COVERING MENTAL HEALTH CONDITIONS

RGA posed the question: “What protection products does your company currently offer that cover mental health conditions or losses as a result of mental illness?”

Survey respondents predominantly offer life insurance (Individual and Group), as well as disability/income protection (both lines), followed by critical illness and supplemental health. All regions offer all products listed in the table, with the exception of Australia where medical reimbursement products are currently not offered. Responses to this question indicate that a company offers that product, and the product covers mental health conditions.

137 Respondents

GLOBAL

	Individual	Group
Life Insurance	55%	42%
Disability/Income Protection	52%	44%
Critical illness (CI)	28%	20%
Supplemental Health (e.g., hospital cash/ indemnity)	25%	22%
Medical Reimbursement (in-patient)	15%	18%
Medical Reimbursement (outpatient)	14%	18%

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SURVEY HIGHLIGHTS



KEY FINDINGS

MANY RESPONDENTS SEE MORE OPPORTUNITY FOR THE LIFE AND HEALTH INSURANCE INDUSTRY TO SUPPORT MENTAL HEALTH INITIATIVES

This includes providing access to services, enhancing protection coverage for mental health conditions, advocacy, education and research, as well as adapting underwriting practices to expand eligibility for mental illness or issues

85% of respondents ranked mental health as a **top or moderate priority** globally and this was higher for Group respondents, at **97%**.

57% of respondents reported **additional demand** for mental health related products and services in the last two years.

51% of respondents believe that customers are **able to purchase adequate insurance coverage** for mental health conditions in their market.

23% of respondents are planning future product development to **enhance, add coverages or remove exclusions** for mental health conditions. However, **55%** reported **challenges with underwriting and claims management**.

82% reported that they agree or strongly agree that existing underwriting guidelines **contributed to a conservative approach** to the risk assessment of mental health.

49% have **updated underwriting philosophies or practices** in the last two years in response to mental health trends, with an emphasis on expanding access to cover.

50% of respondents reported the use of mental health **specialist staff** to support product development, underwriting, claims, and wellness support programs.

27% Despite increasing demand, only 27% reported **launching new mental health products or services** in the last two years. This included enhanced product coverages, EAP programs, apps, virtual care and mental health specialist supports, internet Cognitive Behavioral Therapy (iCBT) and access to counselling networks, and precision medicine solutions including pharmacogenetics.

TOP PRIORITIES FOR MENTAL HEALTH INITIATIVES

-  Evolving claims management approaches
-  Providing value-added services to policyholders and/or claimants
-  Evolving underwriting approaches and guidelines
-  Improving support or programming for employees
-  Improving advocacy/ reducing stigma related to mental health
-  Expertise to appropriately manage mental health

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INSURER PRIORITIZATION AND CLIENT DEMAND

RGA



HIGHLIGHTS

INSURER PRIORITIZATION AND CLIENT DEMAND



While mental health is a high priority globally, results varied by region. In **Australia and New Zealand**, all respondents (100%) rated it as a **top or moderate priority**. Conversely, one quarter (26%) of **APAC** respondents reported mental health was a **low priority, or not a priority**.



Mental health ranked as a top or moderate priority for **97% of group respondents globally**. Individual respondents reported 79% top or moderate, and respondents responsible for both lines of business reported 82% top or moderate.



Despite mental health being ranked as a top or moderate priority by a majority of respondents (85%), the survey findings indicate that **when segmented by functional area of the respondents, only 40% of product development respondents** indicated mental health was the same level of priority at their company. This contrasts with 100% of health and wellness program management and strategy respondents, and 94% of claims respondents.



57% of global respondents reported additional demand for mental health related products or services in the last two years. The highest demand for mental health related protection was indicated by the **EMEA (74%)** and **Americas (66%)** regions. Conversely, 25% of APAC respondents reported additional demand, and 7% reported less demand.



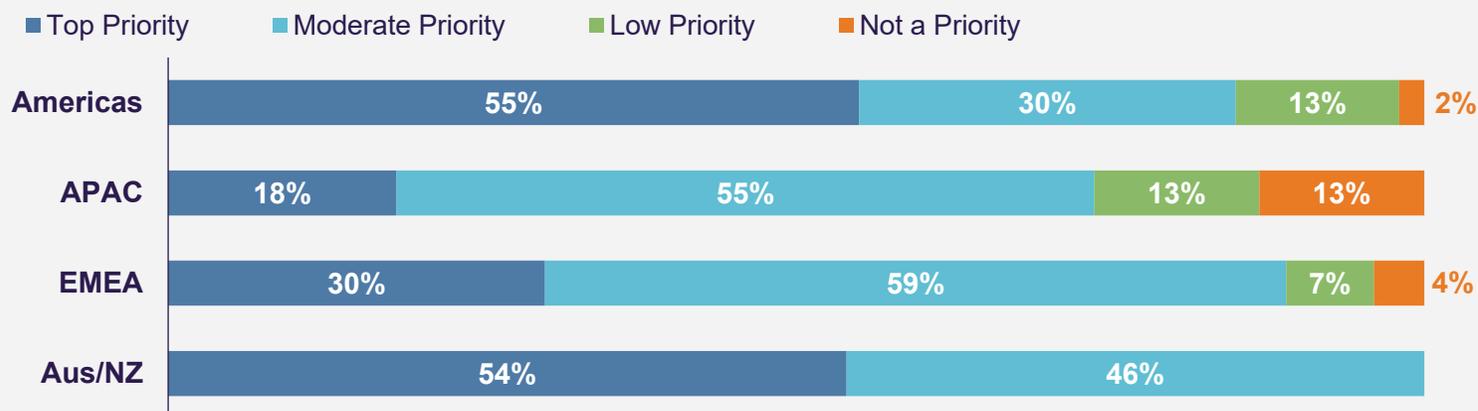
Group respondents reported a higher increase in demand for mental health coverage compared to individual respondents.



Insurers' priorities for mental health initiatives included **evolving claims and underwriting** approaches and practices. While providing new/additional protection coverage for mental illness was not reported as a top priority, providing **value-added services** to policyholders and/or claimants was.

Globally, mental health is a high priority, with 85% of survey respondents reporting it as a top or moderate priority at their company.

GLOBALLY, MENTAL HEALTH IS A HIGH PRIORITY



Respondents with a focus on Group business had higher prioritization for mental health initiatives (97%) as countries like Canada, United Kingdom, Australia, and New Zealand are investing in more product enhancements and/or value-added services for prevention and support.

Of respondents with both Group and Individual lines of business, 82% reported a top or moderate level of importance for mental health. Of respondents focused on Individual business only, 79% reported top or moderate prioritization of mental health.

137 Respondents



Although results vary by region, Mental Health is a top or moderate priority for **85% of global survey respondents.**

*10% Low priority
5% Not a priority*

FUNCTIONAL AREAS OR ROLES PRIORITIZE MENTAL HEALTH DIFFERENTLY

What is your company's current level of priority regarding mental health trends, issues and initiatives generally?

The majority of respondents in health and wellness program management, strategy, claims, and underwriting roles reported mental health as a high company priority. However, only 40% of product development roles, globally, rated mental health as a top or moderate company priority.

This contrasts with other survey findings which indicate product development or product enhancements for protection products are in high demand globally.

40% of product development roles, globally, rated mental health as a top or moderate company priority.

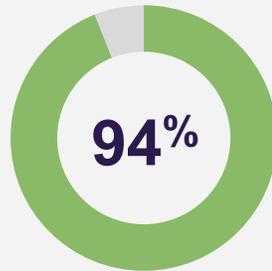
Top or Moderate Priority



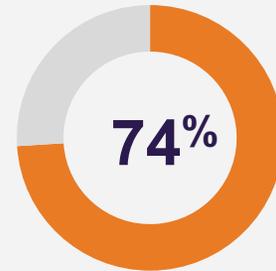
Health and Wellness Program Management



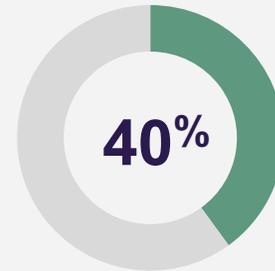
Strategy



Claims



Underwriting



Product Development

CLAIMS MANAGEMENT AND PROVIDING VALUE-ADDED SERVICES TO POLICYHOLDERS ARE TOP PRIORITIES FOR MENTAL HEALTH INITIATIVES



Weighted rankings (not displayed): managing the profitability and sustainability for coverages which include mental health (7%); data and/or research to support initiatives (6%); incorporating mental health into our corporate and social responsibility or ESG initiatives (5%); responding to regulatory/legislative changes related to mental health (4%); and challenges from advocacy groups relating to treatment of policyholders (1%)

*Weighted rankings – A weighted average based on multiplying each score with a weight (top ranking = 5 2nd ranking =4, etc.) And adding the number together, then divided by the sum of the weights.



Evolving claims management and underwriting approaches or guidelines, along with providing value-added services to claimants or policyholders, are the top (weighted) objectives for global insurers.

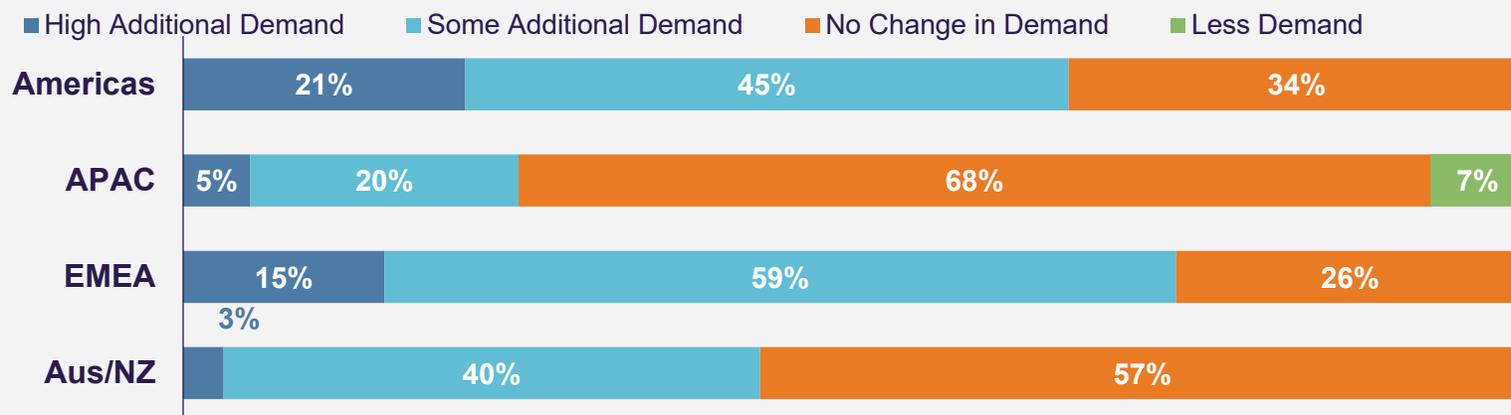
TOP PRIORITIES FOR MENTAL HEALTH INITIATIVES VARY BY REGION*

	Americas	APAC	EMEA	Aus/NZ
Evolving our claims management practices and approach	15%	10%	15%	25%
Providing value-added services to policyholders and/or claimants to support mental health	14%	10%	17%	15%
Evolving our underwriting approach and guidelines	7%	18%	18%	16%
Improving support or programing for our own employees	15%	16%	8%	2%
Managing the profitability and sustainability for coverages which include mental health	4%	10%	8%	13%
Expertise to appropriately manage mental health	9%	6%	6%	13%

- The variation in mental health priorities by region signals different levels of maturity and experience with mental health related products and services. Some regions' responses will be dominated by disability coverages, while others dominated by mortality. This variation is present across all initiative types, but especially notable for 'evolving claims management practices and approach'.
- Claims management will be a top priority for insurers, particularly for Australia, the Americas and EMEA which have a greater emphasis on disability and income protection coverage, while APAC has less emphasis. Australia's emphasis on claims management indicates that more respondents are broadly aware of the importance of good claims management, particularly following a longer period of challenging experience.

*Weighted rankings

DEMAND FOR MENTAL HEALTH PRODUCTS AND SERVICES IS INCREASING



- The APAC region had the lowest ranking for additional demand for mental health services, followed by Australia/New Zealand, but perhaps for different reasons given they have had a long and sustained period with already elevated demand.
- Group players rated the demand for mental health related products or services even higher (84%). By functional area or role, 72% of people in strategy, health or wellness program management roles indicated additional demand. Survey respondents in claims roles, however, did not note a large amount of additional demand.

57% of global respondents reported high or some additional demand for mental health related products/services in the last two years.

Top Drivers for Additional Demand

85% Direct or indirect consequences of the pandemic

71% Increased acceptance/ reduced stigma of mental health

53% Economic instability

44% Increased wait times within public health/medical programs

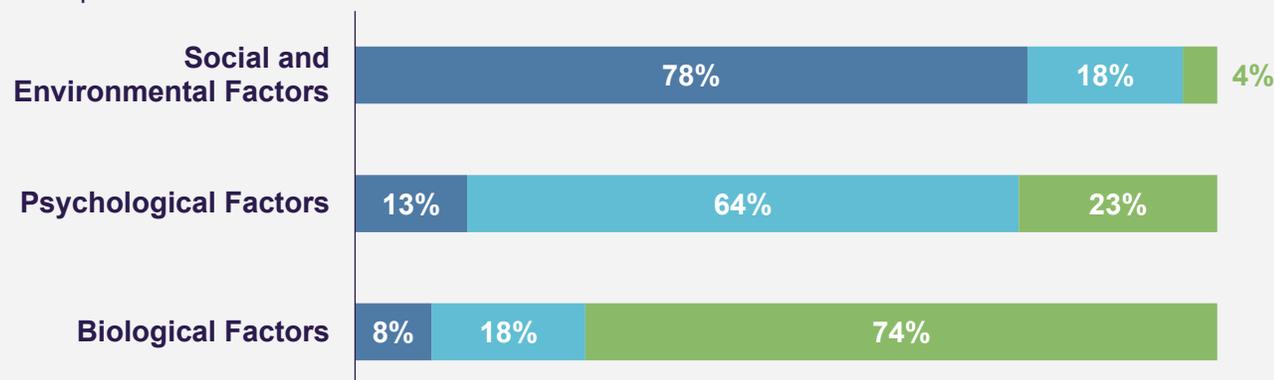
40% Availability of new mental health apps or technology

12% Political and civil unrest

UNDERLYING DRIVERS OF MENTAL HEALTH ISSUES

The pandemic has been linked to increased demand for mental health support, and global insurers ranked social and environmental factors as the top underlying driver, followed by psychological, then biological factors

■ Top Ranked ■ Second Ranked ■ Third Ranked



Social and Environmental Factors

Family circumstances, family relationships, peers, cultural traditions, increased awareness and acceptance of mental health, cost of living crisis, employment and financial issues.

Psychological Factors

Self-esteem, beliefs, resiliency and coping skills.

Biological Factors

Genetics, physical health and disabilities.

RGAI INSIGHTS

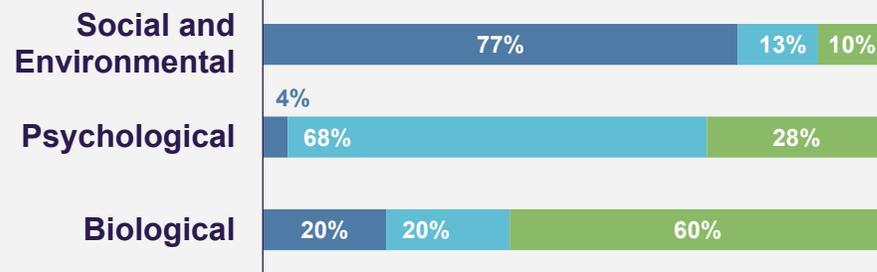
While traditional biomedical models of mental health focus on pathophysiology and other biological approaches to disease, the biopsychosocial model suggests that to fully understand mental health and illness, we must consider biological, psychological, and social factors and their complex interactions. Mental health is influenced by a broad range of risk factors such as genetics, brain chemistry, early life experiences, rapid social change, stressful work, social exclusion, and poor physical health.

UNDERLYING DRIVERS OF MENTAL HEALTH ISSUES BY REGION

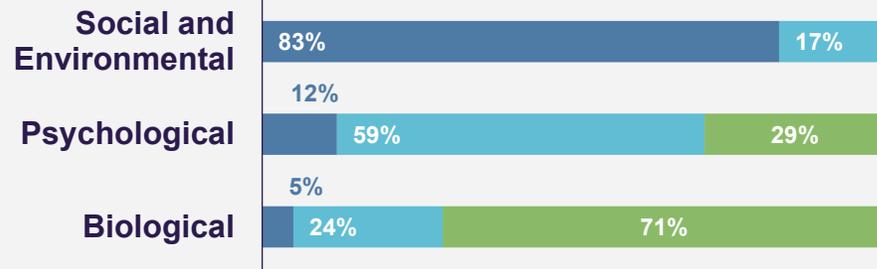
Although proportions varied slightly by region, all regions were aligned on the underlying drivers of mental health issues

■ Top Ranked ■ Second Ranked ■ Third Ranked

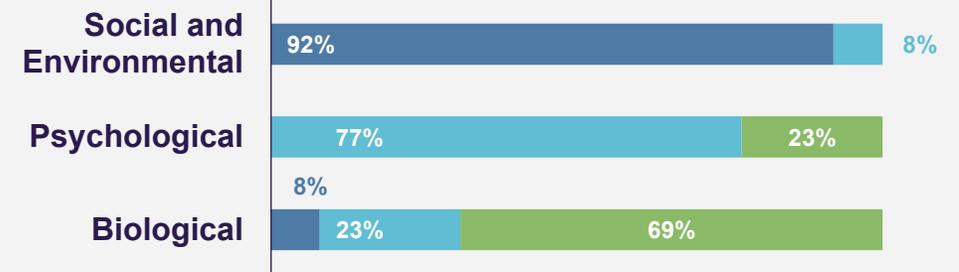
AMERICAS



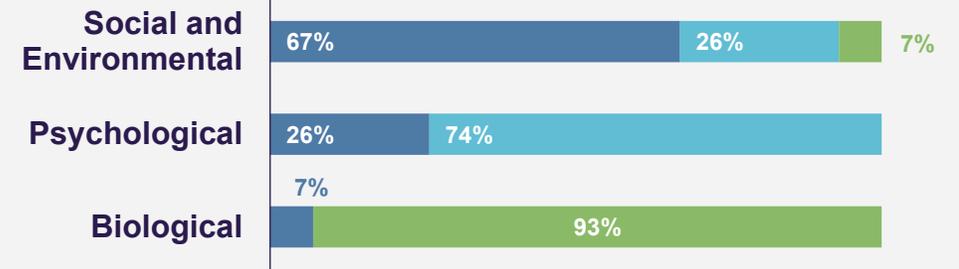
APAC



AUS/NZ



EMEA



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THE INSURANCE PROPOSITION

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HIGHLIGHTS

Insurers are making strong progress with the provision of value-added services to provide preventive mental health services to policyholders, while opportunities remain to enhance or develop new protection products or coverage for mental health conditions.

THE INSURANCE PROPOSITION: CURRENT AND FUTURE



Despite the prevalence of mental health conditions, **only 50% of respondents reported using a mental health specialist to support the business or initiatives**. Primarily, these are medical specialist staff to support product development, underwriting, and claims (e.g., psychologists, psychiatrists, mental health nurses or nurse practitioners, etc.). Given the priority of this topic and the increasing demand, there is clear opportunity here for insurers to include more mental health specialists in a **variety of functional areas**, as the historical approach of excluding coverage is unlikely to be sustainable.



Despite increasing demand for mental health products and services, just **27% of respondents reported launching new** products and services related to mental health in the last two years, and **23% plan to enhance existing or develop** new products or services in the next two years.



Although the responses vary by region, globally most respondents cite **multiple challenges to enhancing or developing products** for mental health. Low risk appetite is overtaken by challenges relating to the **ability to manage the risk**, such as underwriting and claims management.

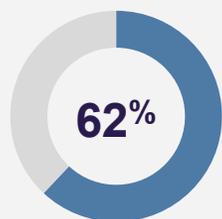


The **highest penetration** of value-added services was reported within **Group disability/income protection, followed by Individual critical illness**. This is a strong indication of progress as insurers are offering a wide variety of value-added services to provide preventive mental health services to all policyholders.



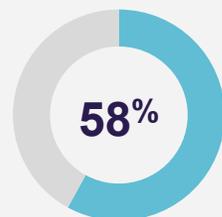
Globally, approximately **half (51%) of respondents agree or strongly agree that customers are able to purchase adequate insurance coverage** for mental health conditions in their market. In contrast, **a third (33%) of respondents reported that the demand for mental health products or services are underserved** by existing products.

50% OF INSURERS ARE USING MENTAL HEALTH SPECIALISTS TO SUPPORT INITIATIVES

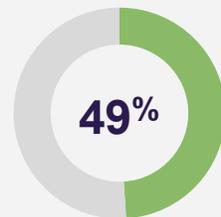


Medical specialist staff to support product development, underwriting, and claims

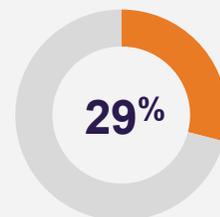
(e.g., psychologists, psychiatrists, mental health nurses or nurse practitioners, etc.)



Claims-related support roles



Roles to support programs for customer health and wellness



Third-party administrators (TPAs) including specialized staff for mental health claims

Usage of Mental Health Specialists to Support the Business and Initiatives



AMERICAS

61%



APAC

32%



EMEA

37%



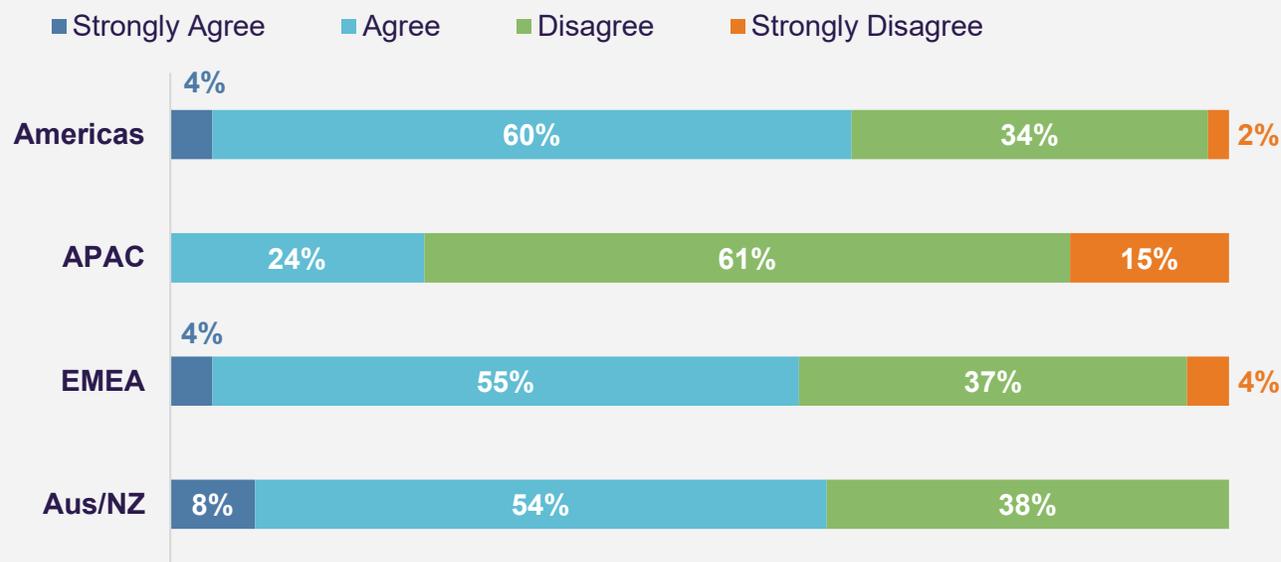
AUS/NZ

92%

- Again, Group respondents prioritize these types of resources with 81% of survey respondents reporting the use of mental health specialists, versus 33% of respondents with responsibility for Individual or 52% for both lines of business.
- Results vary widely by region with Australia/New Zealand appearing to use mental health specialists as common practice, particularly within claims management (92%) followed by the Americas region (61%). EMEA and APAC region reported lower percentages.
- Opportunity for insurers to expand the use of mental health specialists in a variety of areas given the increasing demand.
- Other roles included: underwriting related roles (17%) and product development related support (16%).

67 Respondents

ABILITY TO PURCHASE ADEQUATE INSURANCE COVERAGE FOR MENTAL HEALTH CONDITIONS



51% of respondents globally strongly agree or agree that customers are able to purchase adequate insurance coverage for mental health conditions in their market.

137 Respondents

- The APAC region recognizes that customers are not able to purchase adequate insurance coverage for mental health conditions (24% agreed), likely attributable to the lower availability of disability products, the developing healthcare infrastructure and remaining stigma.
- A majority of respondents in other regions agreed that customers in their market could purchase adequate coverage, although with some room for improvement, with no response higher than 65% (agree and strongly agree combined).
- 47% of Individual respondents agreed their market offers adequate coverage; while 65% of Group respondents reported the same. For respondents responsible for both lines of business, 48% agreed.

27% LAUNCHED MENTAL HEALTH PRODUCTS AND SERVICES IN THE LAST TWO YEARS

MENTAL HEALTH APPS/ PLATFORMS AND SERVICES

- Behavioral health platforms and support
- Virtual health care
- Mental health navigation services – digital or via chat to connect to additional services
- Virtual mental health care – counselling via virtual calls or chat with clinician Internet delivered cognitive behavioral therapy (iCBT)
- Behavioral health platform for claimants diagnosed with cancer
- Adding or enhancing Employee Assistance Programs (EAP)
- Bereavement counseling for Life policyholders/ beneficiaries
- Accelerated access to counseling support and additional resources for disability claimants
- Pharmacogenetic testing
- Mental health risk assessments

INSURANCE/ PROTECTION PRODUCTS

- Optional mental illness module on expanded critical illness coverage
- Mental health benefits for group/ employee benefits
- Individual permanent disability products
- Rider that pays a lump sum when receiving medical treatment for mental illness
- Medical reimbursement insurance with mental health coverages
- Disability insurance
- Integration with medical insurance
- Adding eligible practitioner types under medical reimbursement counseling benefit
- Reimbursement for iCBT programs under medical insurance

Mental Health Products or Services Launched in the Last Two Years



AMERICAS

39%



APAC

17%



EMEA

19%

The majority of customer propositions launched in the last two years were value-added services to expand access to mental health treatment or programs. Access to mental health services is a gap we repeatedly heard that insurers are well positioned to fill.



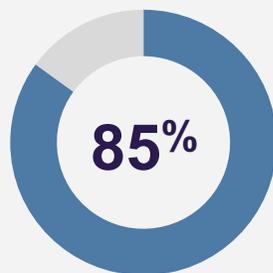
"Providing coverage for mental health care is going to save money for all in the long run. Come together to offer products and services that help fund employee mental health medical costs and make sure additional visits are covered."

"Providing members support when they are in their highest need of mental wellbeing resources."

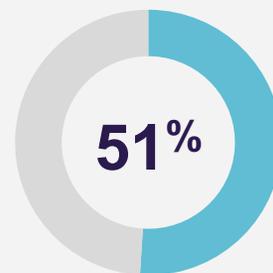
"I think that the provision of ancillary services could be more significant than insurance coverage."

Please note: Some markets did not respond to all questions.

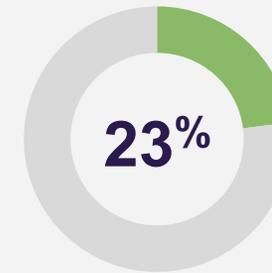
DESPITE HIGH PRIORITY AND INCREASING DEMAND FOR MENTAL HEALTH RELATED PRODUCTS AND SERVICES, 23% OF RESPONDENTS PLAN TO DEVELOP NEW PRODUCTS OR SERVICES IN THE NEXT TWO YEARS



of respondents rated mental health as a **top/moderate priority**



of respondents **believe customers are able to purchase adequate insurance coverage** for mental health conditions



of respondents reported plans in the next two years to **add coverage or remove exclusions** for mental health conditions

- Product **exclusions** such as **suicide or self-harm** are still prevalent globally and being used across all product lines (Group and Individual).
- Other exclusions noted: pre-existing conditions, substance abuse, or a maximum number of days in hospital treatment.
- **Group respondents generally reported less exclusions** for mental health, with the exception of the United States which broadly applies a two-year benefit period limitation for mental health conditions on Group disability/income protection products.

INSURER PLANS FOR FUTURE PRODUCT OR SERVICE DEVELOPMENT

MENTAL HEALTH APPS/PLATFORMS AND SERVICES

- Enhanced offering options under Employee Assistance Programs
- Wellness programs
- Substance use management programs and services
- Mindfulness tools and resources
- Psychological counselling services

INSURANCE/ PROTECTION PRODUCTS

- Flexibility to include or omit the suicide exclusion on Life insurance
- Critical Illness coverage for mental illness hospitalizations
- Options to extend disability coverage beyond the end of the standard limited duration for mental illness
- Adding inpatient coverage under medical reimbursement for mental illness and substance use disorders
- Enhance existing counselling coverages, including expanding eligible practitioners, maximums, etc.
- Reviews of policy exclusions on disability coverage
- Expand eligibility for disability coverage without applying mental health exclusions

RG A INSIGHTS

In our qualitative interviews, the topic of substance use disorders kept resurfacing as an area of concern, in terms of increased usage of substances since the pandemic, low level of available support, frequent co-occurrence with mental health claims, increased complexity of claim, and the unknown long term health impacts of certain substances, particularly for youth. We see here, and we heard in our interviews, multiple citations of insurers planning to add substance use management programs as a value-added service or adding protection coverage for substance use management programs over the next two years.

“

“We're trying to get disability managers to ask more questions about how people are coping with their stress - how much are you drinking daily, weekly? Are you using anything to get to sleep? It's very important, particularly for people in safety vulnerable occupations.”

ONE-THIRD STATED THAT DEMAND FOR MENTAL HEALTH PRODUCTS OR SERVICES ARE CURRENTLY UNDERSERVED BY EXISTING PRODUCTS GLOBALLY WHILE REGIONAL DIFFERENCES EMERGED

- Globally, roughly a third of respondents reported that the **demand for mental health products or services are underserved** by existing products, with variation by region and within region.
- **50%** of global Group respondents reported that **demand is currently underserved** while **25%** of Individual respondents and **39%** of respondents with responsibility for both lines **reported the same**.
- Some responses varied materially within regions:
 - In EMEA, 67% of respondents from Spain and Portugal reported that the demand for mental health products or services are underserved by existing products, versus 13% in France.
 - In the APAC region, 40% of respondents in India reported underserved demand, versus 17% in Japan.

DESCRIPTIONS OF DEMAND

- Coverage levels/Product enhancements or more accessible coverages
- Long wait times/access to timely mental health services/health care navigation
- Lack of providers/professionals/virtual care
- Lack of existing product offerings
- Substance abuse support
- Requests to offer Employee Assistance Program (EAP) services
- Need for more outpatient urgent care centers

Consumer Demand for Mental Health Products or Services Currently Underserved (% Agree)



AMERICAS
38%



APAC
24%



EMEA
37%

Please note: Some markets did not respond to all questions.

MULTIPLE CHALLENGES TO ENHANCING OR DEVELOPING PRODUCTS FOR MENTAL HEALTH

What are your company's biggest challenges with enhancing or developing new protection products or coverage for mental health conditions?



- Although the responses vary by region, most respondents globally cite multiple challenges to enhancing or developing products for mental health. Low risk appetite is overtaken by challenges relating to the ability to manage the risk.
- Other responses included: Not a priority; Rapidly changing market conditions; Understanding consumer needs; Competitive pricing; Availability of health professionals; Anti-selection

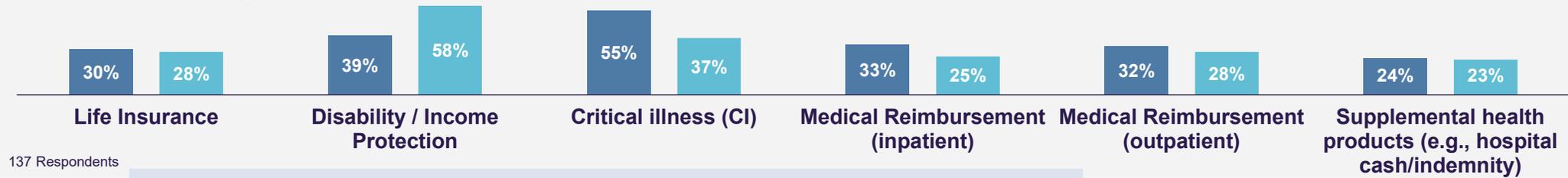
124 Respondents
Please note: Some markets did not respond to all questions.

VALUE-ADDED SERVICES CLOSELY TIED TO DISABILITY / INCOME PROTECTION AND CRITICAL ILLNESS PRODUCTS

Does your company currently offer any value-added services (VAS) as part of any protection product that aims to provide preventive mental health services to all policyholders?

RESPONDENTS OFFERING VALUE-ADDED SERVICES

■ Individual ■ Group



137 Respondents

Most frequent responses

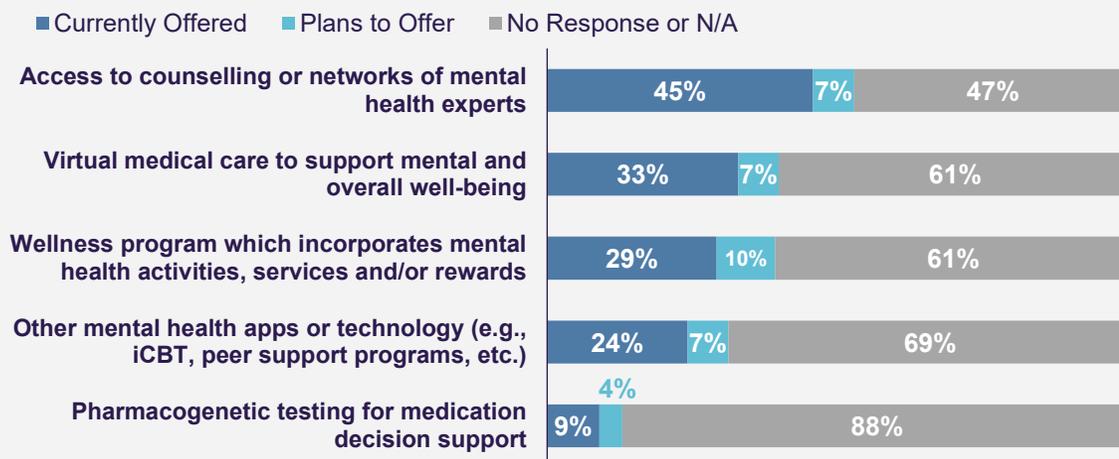
- Counselling Services** (Psychologists, grief, etc.)
- Employee Assistance Programs (EAPs)**
- Holistic Mental Health Programs**
- Behavioral Health/ Rehabilitation**
- Mental Health Navigation**
- iCBT**
- Tele-health**
- Coordination of Care**
- Second Medical Opinion Services**
- Apps**
- Pharmacogenetics**

Strong indication of progress as insurers are offering a variety of value-added services to provide preventive mental health services to all policyholders.

GLOBALLY, COUNSELLING SERVICES FOR MENTAL HEALTH ARE OFFERED BY 45%

Services offered or planned for policyholders to support mental health

GLOBAL



REGIONAL - SERVICES CURRENTLY OFFERED

	Americas	APAC	EMEA	Aus/NZ
Access to counselling or networks of mental health experts	50%	24%	56%	69%
Virtual medical care to support mental and overall well-being	41%	10%	41%	54%
Wellness program which incorporates mental health activities, services and/or rewards	36%	5%	30%	77%
Other mental health apps or technology	36%	7%	7%	62%
Pharmacogenetic testing for medication decision support	20%	5%	0%	8%

- Interesting regional differences in focus areas for mental health-related services: Australia reported greater adoption of services overall – wellness, counselling, and virtual medical care; EMEA reported over half using counselling services and virtual care and a third with wellness initiatives; Americas reported 50% with counselling networks, followed by virtual care and 20% that reported using pharmacogenetic testing for policyholders; APAC region had the least services with less than a quarter reporting access to counselling networks and 10% with virtual care capabilities.
- Again, we see Group players heavily invested in mental health service offerings with 74% of respondents currently offering access to counselling or networks of mental health experts and over half (52%) offering wellness programs with mental health activities, services or rewards and other apps or technology supporting mental health; respondents with Individual products only reported 27% with counselling services and 20% for virtual medical care offerings.

137 Respondents



5

UNDERWRITING



HIGHLIGHTS

The life and health insurance industry is making progress with respect to adapting underwriting practices or philosophies to widen the scope of acceptable risks.

UNDERWRITING



49% of survey respondents reported that underwriting philosophies or practices have been updated in the last two years in response to mental health risk with regional variation; **48% also plan to make changes** in the next two years. The most common change reported was to adapt underwriting guidelines for mental health to widen the scope of acceptable risks.

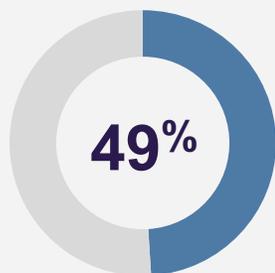


Globally, 82% agree or strongly agree that existing underwriting guidelines have contributed to a conservative approach to the risk assessment of mental health.

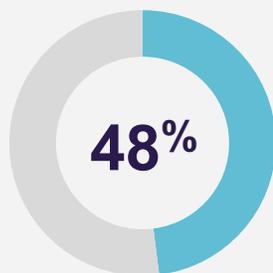


The top challenges for underwriters relating to risk assessment for mental health are related to **obtaining sufficient information to paint the full picture**: obtaining appropriate disclosures from the customer, and inadequate medical evidence to make an accurate risk assessment. However, improving customer disclosures and reviewing medical evidence were not broadly identified as top priorities for adapting underwriting practices by respondents.

UPDATES TO UNDERWRITING PRACTICES FOR MENTAL HEALTH ARE UNDERWAY GLOBALLY



updated **underwriting philosophies/practices** in response to mental health risk in the last two years



intend to update their underwriting philosophies/practices in response to mental health risk in the next two years

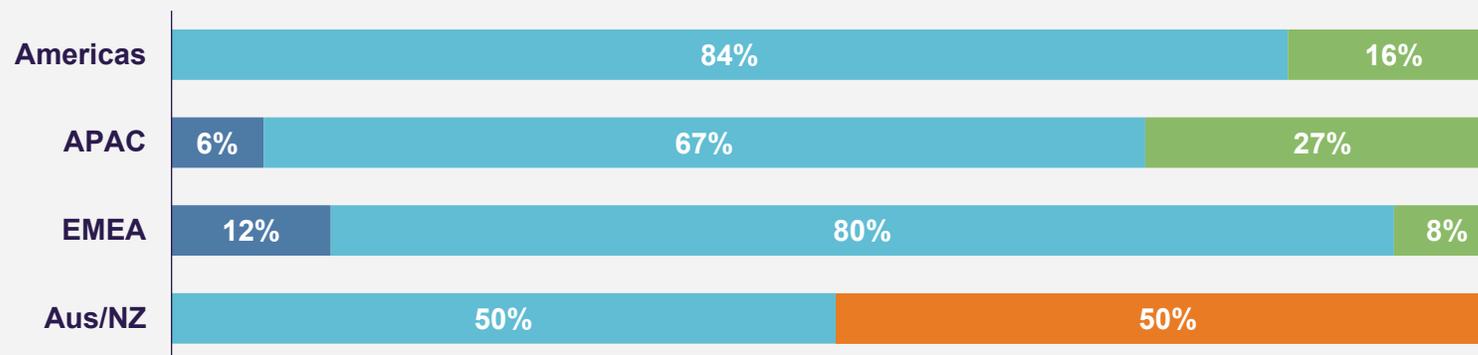
CHANGES TO PRACTICES FOR THOSE UPDATING

	Changes (last two years)	Future (next two years)
Adapting underwriting guidelines to widen the scope of acceptable risks	87%	83%
Reviewing the value of customer disclosure	45%	30%
Reviewing mandatory evidence requirements	35%	27%

- Nearly half of respondents reported updates to their underwriting philosophies or practices in the last two years; nearly half plan to make further changes in the next two years.
- The key focus for respondents is on expanding access to coverage, but not always combined with pursuit of enhanced disclosures or evidence requirements, which are likely to support the objective of expanding access to coverage.

MOST AGREE THAT EXISTING UNDERWRITING GUIDELINES HAVE CONTRIBUTED TO A CAUTIOUS APPROACH TO THE RISK ASSESSMENT OF MENTAL HEALTH

Strongly Agree Agree Disagree Strongly Disagree



RGa INSIGHTS

A range of factors influence underwriting practices including product mix (mortality/morbidity), customer mix (Group/Individual), operational priorities, consumer expectations, and regulatory environments. These drive underwriting philosophy both in terms of risk appetite, but also the level of underwriting performed. Responses from Australia and New Zealand are influenced by its mix of Group and disability products, versus responses from APAC which have a heavier focus on mortality and simplified issue retail products.

63 Respondents



TOP RANKED UNDERWRITING CHALLENGES FOR CASES WITH A HISTORY OF MENTAL HEALTH ISSUES

GLOBAL*



“Customers prefer to “tell their story” rather than complete a traditional underwriting question set, which creates challenges with underwriting resources.”

*Weighted rankings

RGAI INSIGHTS

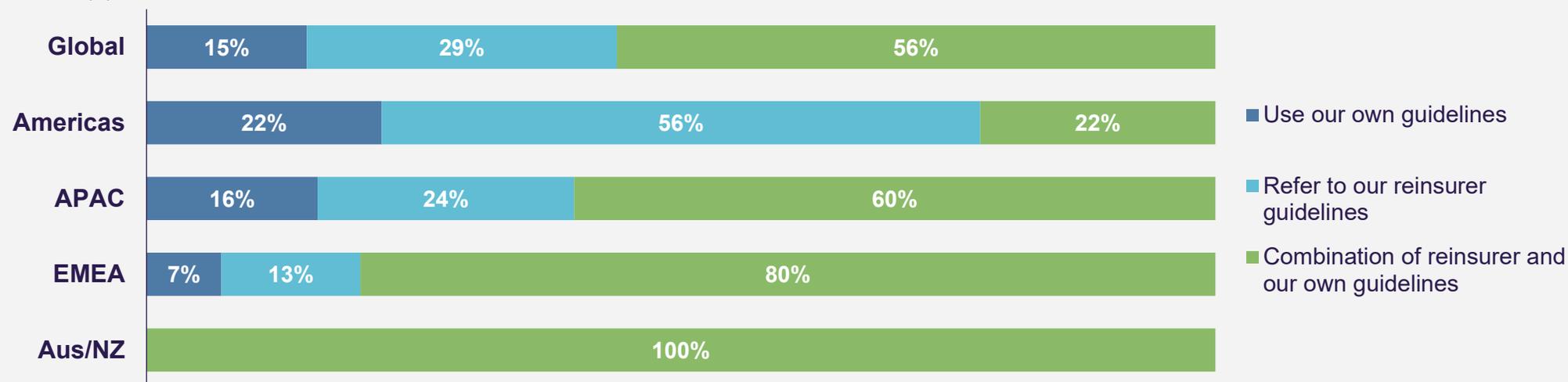
Previously, we saw that there was low appetite globally to review disclosure issues or evidence requirements, but here we see both reported as top challenges.

Notably, lack of underwriting experience or expertise is not considered a significant challenge, perhaps given the lack of exposure to such risks in many markets or a simplistic underwriting approach (i.e., exclude or decline).

Our behavioral science research shows there are two focus areas for improving customer mental health disclosures. First, reduce the stigma associated with disclosing. For example, don't group conditions such as anxiety and depression into a single question alongside more serious conditions such as schizophrenia or suicide attempts. Second, make it as simple as possible to provide accurate disclosures. For example, include more colloquial terms for mental health conditions and medications.

EMEA AND AUSTRALIA ARE MORE ENGAGED IN MAINTAINING THEIR OWN UNDERWRITING GUIDELINES FOR MENTAL HEALTH

Do you currently use your own company underwriting guidelines to support mental health related cases in underwriting, or do you refer to your reinsurer(s)?



• Insurers in Australia/New Zealand and EMEA are significantly more engaged in developing and maintaining their own guidelines, where the regulatory requirements have been more stringent.

Americas: 18 Respondents, APAC: 25 Respondents, EMEA: 15 Respondents, Aus/NZ: 4 Respondents

6

CLAIMS



HIGHLIGHTS

The area of claims management yielded a variety of responses regarding evolution in processes to support claimant mental health through specialist resources and value-added services, particularly for disability products.

CLAIMS MANAGEMENT



43% of global respondents reported having **dedicated claims management specialist resources** for mental health cases. These were reported primarily in the **Americas (63%)** and **Australia and New Zealand (56%)**, indicating this is an area of opportunity globally.



Claims managers require a combination of **technical and interpersonal skills** to effectively manage claims; **communication skills are the highest priority** area for future skills development.



Mental health related services are currently offered to disability/income protection claimants by **64%** of respondents (who offer disability products). **50% of respondents offer counselling networks** (with mental health experts), **41% offer interventions** designed to support or enable a claimant to return-to-work, and **39% offer virtual medical care** to support overall wellbeing.



The majority of respondents (**85%**) manage claims for **subjective conditions as a mix of physical and mental**.



Half of respondents (**52%**) reported that the utilization of **value-added services** or programs being offered are “**meeting expectations**,” but **82% rate the effectiveness** of the services as “**meeting expectations**” or “**above expectations**.” These results suggest that **adoption continues to be a challenge for these services**; however, when utilized, customers and insurers are satisfied with the results.



The highest reported challenge regarding the assessment and management of disability claims was **difficulty receiving support from the attending physician with respect to return to work**.

THE USE OF DEDICATED SPECIALIST RESOURCES FOR MENTAL HEALTH CLAIMS MANAGEMENT VARIES BY REGION

- Less than half of respondents reported using dedicated specialist resources within claims management, and this appears to be an area of opportunity globally.
- Americas and Australia/New Zealand reported a higher proportion of dedicated resources for mental health, while APAC reported none, likely tied to the lower availability of disability products and the developing healthcare infrastructure.
- Group respondents reported high levels of dedicated specialist resources for mental health claims (80%) while respondents responsible for individual or both lines of business reported much lower usage (29% and 28%, respectively).

Usage of Dedicated Specialist Resources for Mental Health Claims Management



AMERICAS

63%



APAC

0%



EMEA

30%



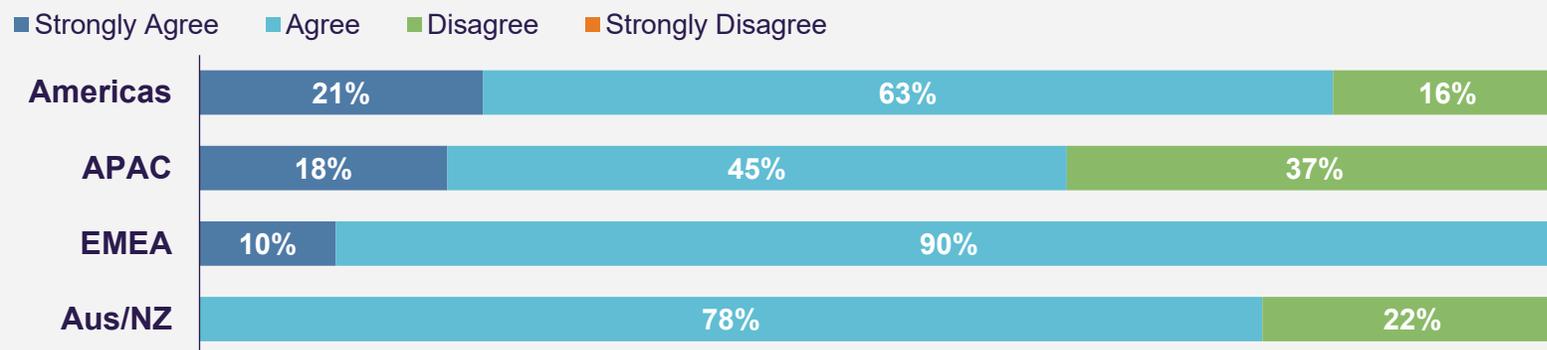
AUS/NZ

56%

43% of global survey respondents reported having dedicated claims management specialist resources for mental health cases.

54 Respondents

MAJORITY AGREE THEY HAVE THE RIGHT SKILL SETS TO MANAGE MENTAL HEALTH CLAIMS



RGAs INSIGHTS

The survey results shown here conflict with what we heard from claims professionals in our qualitative survey interviews where claims people from all regions indicated it has become very difficult to find and retain people with the breadth of necessary expertise to handle these complex types of claims. The high proportion of “agree” responses are contrary to the prior report of less than half of respondents using dedicated mental health specialist resources within claims management.

54 Respondents



“Someone who can manage well under pressure, can ask good questions, analyze things, ability to talk to people and have a natural rapport, be empathetic but objective, good telephone skills, be fair and make good decisions, and have deep medical and financial knowledge.”

“It’s the hardest role in claims, especially in the last few years with all the pressure.”

82%

Strongly Agree
15%

Agree
67%

82% reported that they agree/strongly agree that their company has the required skill sets to adequately manage claims with a mental health diagnosis or issue (including claims combined with other chronic conditions).

CLAIMS MANAGERS REQUIRE A RANGE OF SKILL SETS, INCLUDING KNOWLEDGE OF MENTAL HEALTH CONDITIONS AND STRONG COMMUNICATION SKILLS

Based on your experience, what skill sets are most needed for claims managers to effectively manage claims with a mental health diagnosis or issue? Please rank the top three required skills.

	Americas	APAC	EMEA	Aus/NZ	Global
Sufficient medical knowledge of mental health conditions	28%	47%	38%	13%	31%
Verbal and non-verbal communication skills to communicate with the claimant, treating health professionals and other stakeholders (e.g., employer, extended family, etc.)	30%	17%	22%	37%	27%
Analytical skills to understand the demands of an occupation and the potential impact a mental health condition may have on a person's ability to perform everyday life activities	20%	27%	18%	17%	20%
Awareness and understanding of resources available that can be included as part of the claimant's care plan	12%	5%	15%	7%	10%
Planning skills to create a claims management strategy to assist appropriate return to work and function	10%	3%	7%	20%	10%

*Weighted rankings

COMMUNICATION AND ANALYTIC SKILLS ARE KEY FOR FUTURE DEVELOPMENT FOR CLAIMS MANAGERS

What claims management skill sets (to manage mental health related claims) require further development or are currently absent from your claims team?

	Americas	APAC	EMEA	Aus/NZ	Global
Sufficient medical knowledge of mental health conditions	15%	43%	3%	8%	18%
Verbal and non-verbal communication skills to communicate with the claimant, treating health professionals and other stakeholders (e.g., employer, extended family, etc.)	33%	22%	14%	29%	26%
Analytical skills to understand the demands of an occupation and the potential impact a mental health condition may have on a person’s ability to perform everyday life activities	21%	19%	25%	25%	21%
Awareness and understanding of resources available that can be included as part of the claimant’s care plan	8%	4%	34%	13%	13%
Planning skills to create a claims management strategy to assist appropriate return to work and function	22%	13%	22%	19%	20%

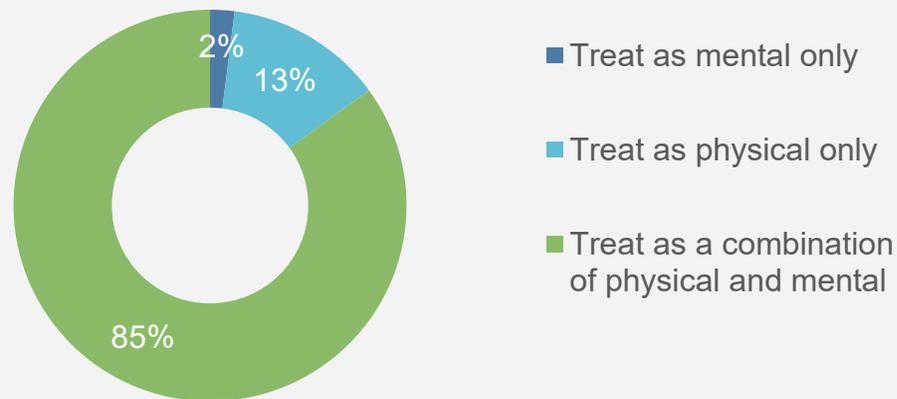
*Weighted rankings



CLAIMS MANAGEMENT APPROACH FOR SUBJECTIVE CONDITIONS IS A HYBRID OF PHYSICAL AND MENTAL TREATMENT

For certain subjective conditions or functional disorders that present with physical symptoms, where the diagnosis is made on exclusion of other conditions, such as chronic fatigue syndrome, irritable bowel syndrome, fibromyalgia, etc., what is the general approach for claims management?

CLAIMS APPROACH FOR SUBJECTIVE CONDITIONS THAT PRESENT WITH PHYSICAL SYMPTOMS



48 Respondents

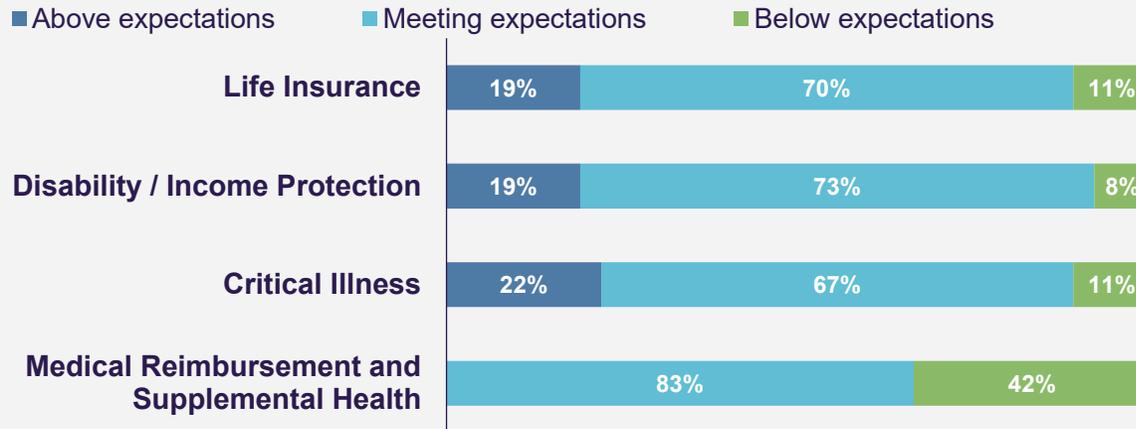
- Survey respondents predominantly reported **treating these types of conditions holistically**.
- Regional differences emerged. In the Americas, 24% of respondents reported treating subjective conditions as physical only, versus 13% in APAC and 0% in EMEA and Australia/NZ.
- These responses contrast with the prior report of less than half of respondents using dedicated mental health specialist resources within claims management – the **right resources are critical as the number of claims that require specialist management increases** when this category of claims is included.

CLAIMS EXPERIENCE OF GROUP PRODUCTS

For the Group protection products currently offered, what is your claims experience (over the last 12 months) relating to mental health conditions? How have claims experience for mental health conditions changed compared to prior years?

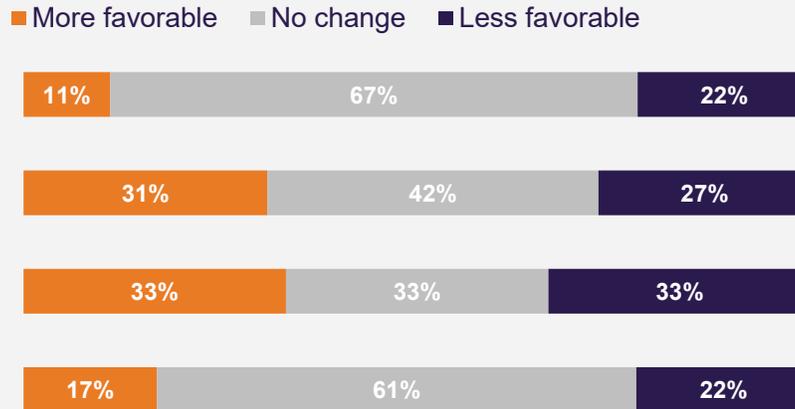
CLAIMS EXPERIENCE RELATING TO MENTAL HEALTH

(over the last 12 months)



CHANGES IN CLAIMS EXPERIENCE

(compared to prior years)



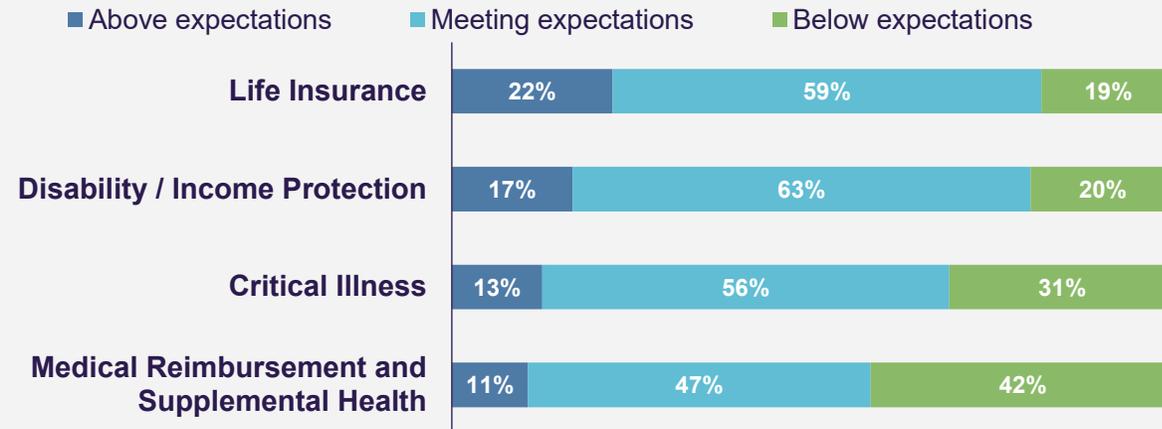
- Survey findings indicate that claims levels are predominantly “meeting” or “below expectations” over the last year for all group product lines.
- Similar to Individual products, we see variation in terms of how claims experience related to mental health has changed in the most recent year versus prior years. The majority of respondents report no change in experience versus prior years. However, we see more variation in the responses for critical illness and disability/income protection, with larger groups of respondents reporting more or less favorable experience.

CLAIMS EXPERIENCE OF INDIVIDUAL PRODUCTS

For the Individual protection products currently offered, what is your claims experience (over the last 12 months) relating to mental health conditions? How have claims experience for mental health conditions changed compared to prior years?

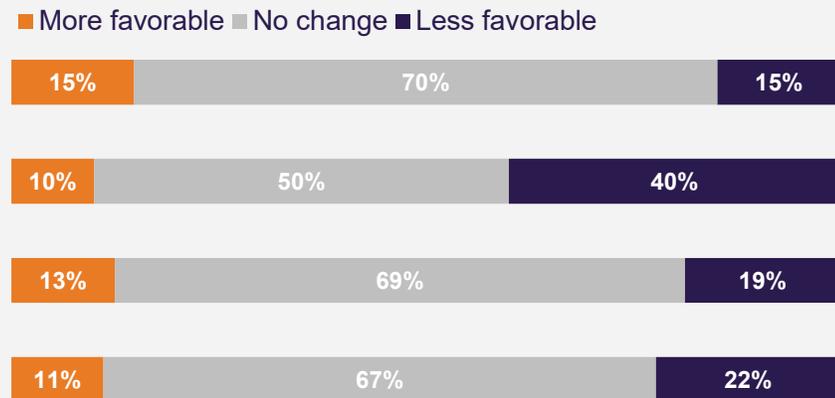
CLAIMS EXPERIENCE RELATING TO MENTAL HEALTH

(over the last 12 months)



CHANGES IN CLAIMS EXPERIENCE

(compared to prior years)



- Survey findings indicate that claims levels are predominantly “meeting” or “below expectations” over the last year for all Individual product lines.
- Further, survey findings show a bit of a mix in terms of how claims experience related to mental health has changed in the most recent year compared to prior years. The majority of respondents report no change in experience compared to prior years. However, we see some insurers reporting less favorable experience, most notably within disability/income protection (40%) and medical reimbursement/supplemental health (22%).

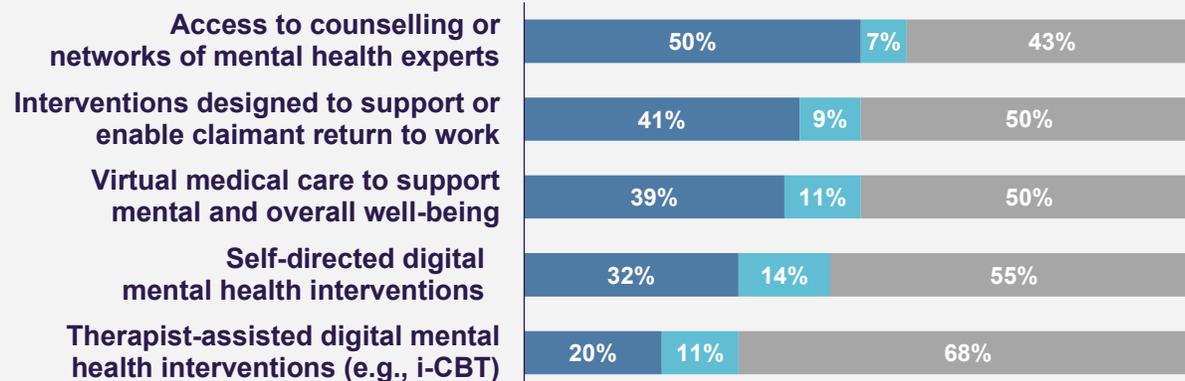
DISABILITY PRODUCTS DOMINATE FOR MENTAL HEALTH SERVICES PROVIDED TO CLAIMANTS

Does your company currently provide, or is it planning to provide, any of the following mental health tools or services to claimants?

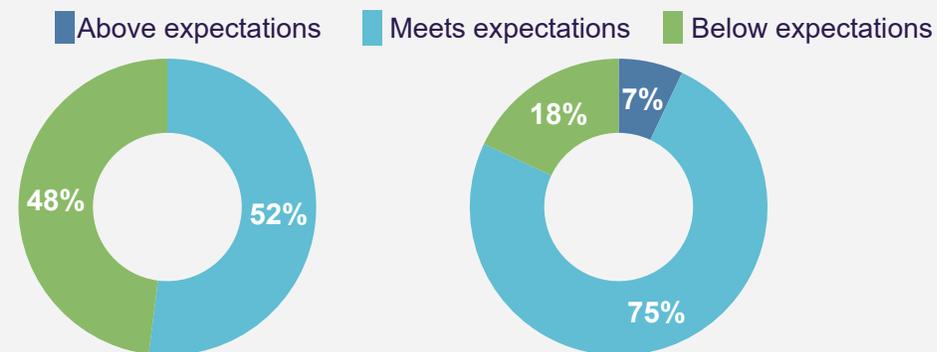
DISABILITY/INCOME PROTECTION

(over the last 12 months)

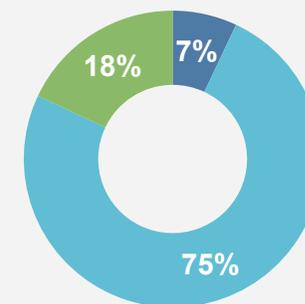
■ Currently provide ■ Planning to provide ■ No response or N/A



TAKE-UP RATES OR UTILIZATION OF SERVICES/PROGRAMS



EFFECTIVENESS OF THE SERVICES/PROGRAMS VS STATED GOALS



- Results highlight that value-added services are very much in the domain of disability products offered globally. Low levels of value-added services were reported for other product lines.
- 52% of respondents reported that the utilization of services or programs being offered are “meeting expectations”, with the balance reporting they are “below expectations”. However, the effectiveness of the services are well rated with 82% reporting they are “meeting expectations” or “above expectations”. Adoption of these services continues to be a challenge, however when they are used, respondents are generally satisfied with the results.

44 Respondents

INSURER CHALLENGES ENGAGING CLAIMANTS WITH VALUE-ADDED MENTAL HEALTH SERVICES

RGAI INSIGHTS

Generating uptake for a value-added service is often much harder than insurers anticipate. As well as having the right proposition, insurers need to ensure they have the right:

Message: *Uptake and engagement messages that reflect what truly motivates customers, not just what we think should motivate them.*

Moments: *Communicating to customers at those moments in time when health risks have become more front-of-mind. These might be moments in a customer's own life or media stories that make the risks more prominent.*

Messenger: *Selecting the right person to communicate a message can often be as important as the message itself. Good messengers should be authoritative but also likeable and received as similar to the recipient. Insurers should consider when they should be the messenger and when an employer, medical profession or a third-party could be more impactful.*

“

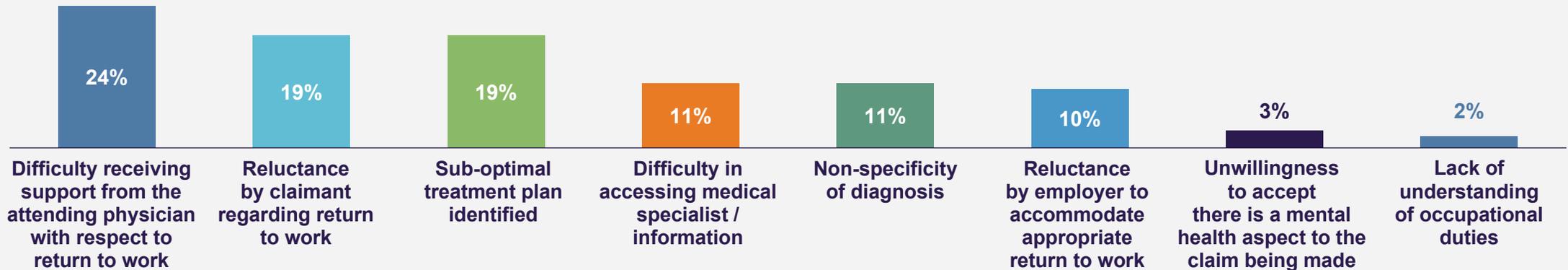
“We launched a value-added service that was provided to all existing and new customers, but we had many employers decline or hesitate to allow invitations to go out to their employees to sign up for this resource. It was surprising as many employers were looking and asking for mental health resources to provide to their employees and when presented with a great option, they had and still have a very low adoption rate on this service.”

“We have lower than expected utilization of our behavioral health programs but do see a positive impact on return-to-work outcomes.”

“Claimants are not always willing to engage in innovative, virtual/web-based programs because of privacy and security issues or because their physician did not refer them.”

“Adoption continues to be a challenge for these new services, however, when they break through, respondents are generally satisfied with the results.”

DIFFICULTY RECEIVING SUPPORT FROM PHYSICIANS AND CLAIMANTS REGARDING RETURN TO WORK AND SUBOPTIMAL TREATMENT PLANS ARE THE TOP CHALLENGES FOR DISABILITY CLAIMS MANAGEMENT



- The reported challenges for disability claims highlight the importance of support from physicians and strong communication and strategy setting. Collaborative engagement with the physician to support return to work will help to reduce reluctance from the claimant. However, this takes careful planning and extensive communication through roundtable discussions, and insurers require the right resources to have these conversations. The Americas region had a largest proportion of responses for this challenge (26%), followed by Australia/New Zealand (19%) and EMEA (13%) of weighted rankings.
- There was a higher percentage of APAC respondents (42%) indicating a reluctance by claimant regarding return to work. However, this may be indicative of the lower prevalence of disability products in that market. EMEA reported a higher proportion of respondents (17%) with the challenge of non-specificity of diagnosis.

38 Respondents
Weighted rankings

COLLABORATIVE ENGAGEMENT WITH THE PHYSICIAN CRITICAL TO SUPPORT RETURN TO WORK

RG A INSIGHTS

The primary care physician will often be the first healthcare practitioner that people with mental health symptoms consult. It is therefore crucial for insurers to accept the role as facilitator to ensure that physicians are engaged as early as possible in the claim journey to support return to work goals.

The insurer, through appropriate and direct communication, will need to reinforce the health benefits of work, acknowledging that most physicians will have limited time to fully understand their patients' work circumstances and engage in a plan to support return to or stay at work strategies. By insurers coordinating specialist care to support return to work, pressure is alleviated from the physician and can assist in creating trust between the insurer, claimant and physician. Only once there is trust and an agreement that work is good, can the goal to return to or remain at work be achieved.

“

“Further education is needed that mental health should not be a condition that doctors book patients off for a long period of time”

“We often see the general physician hanging onto the patient for very long before referring out to a psych specialist - by the time we get them to treatment, we've lost the opportunity for return to work”

“Once they are referred to psych – we would expect more prudent follow ups, which doesn't happen. No referral to support systems, no multi-disciplinary team, booking them off 3-6 months at a time without established goals during that time. If we don't facilitate those processes, it won't happen.”

7

REGULATORY AND INDUSTRY INITIATIVES

RGAI



HIGHLIGHTS

REGULATORY AND INDUSTRY INITIATIVES



Generally, regulators are advocating for **higher levels of inclusivity** across various insurance functions: product coverage, underwriting, and claims management practices.



Insurers reported a variety of concerns regarding the **long-term impact of mental health on insurance**, including the sustainability of mental health coverages, the availability of mental health resources, and access to information across stakeholders.

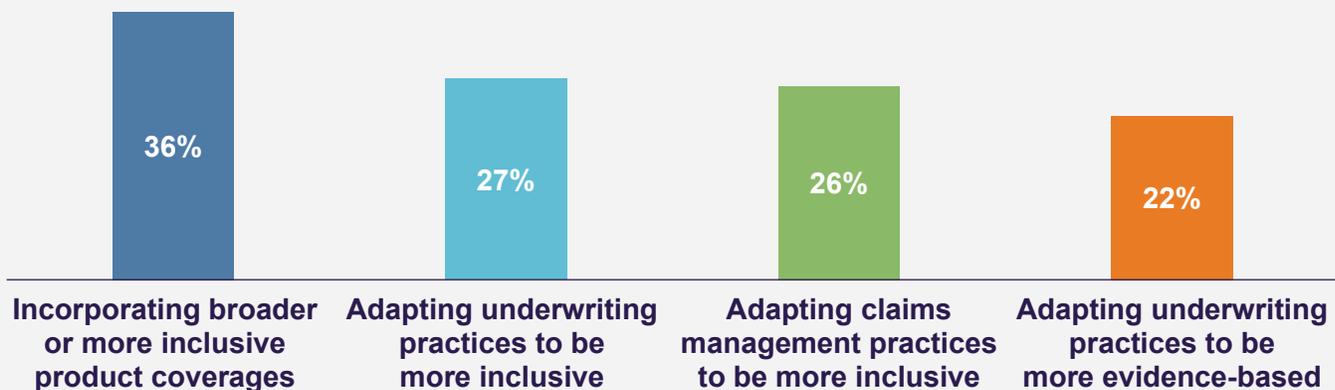


Respondents see more that the life and health insurance industry could be doing to support mental health, including **providing access to mental health services, enhancing products, advocacy, and education and research.**

REGULATORS ARE FOCUSED ON INCLUSIVITY, IN PRODUCT COVERAGES, UNDERWRITING AND CLAIMS PRACTICES

In your market, what aspects are regulators prioritizing regarding insurance-related mental health issues?

GLOBAL*



- In many markets, globally we are seeing a greater trend of regulators prioritizing insurance-related mental health issues starting with broadening or incorporating more inclusive product coverages, adapting underwriting practices to be more inclusive and more evidence-based, as well as adapting claims management to be more inclusive.

*94 Respondents

RGA INSIGHTS

Some regions have specific insurance legislation or regulation on the topic of mental health. Other regions have broader anti-discriminatory legislation/regulation which applies to many businesses and services, including insurance and employee benefits. Insurance industry bodies in several regions have also established working groups or published research or industry standards on the topic of mental health.

In general, there is a global trend toward equity in treatment between physical and mental health conditions within insurance. It would advantage insurers to be proactive on this front rather than responding to potentially quick and broad sweeping regulation.

To create truly inclusive products, all aspects of the insurance experience must work in harmony. To enable more inclusive product coverage, underwriting and claims practices must also be made more inclusive, adaptive and evidence-based.

WHAT ASPECTS OF MENTAL HEALTH AND ITS IMPACT ON INSURANCE ARE YOU MOST CONCERNED ABOUT?

We received an expansive range of thoughtful responses to this question, indicating respondents have broad ranging concerns about the long-term impacts of mental health on insurance. However, we noted a handful of common themes throughout the responses:

1

The sustainability of mental health coverages driven by increasing prevalence of mental health, the duration and complexity of claims, the cost of treatment, and the potential misalignment between clinical goals and product offerings. Several of these concerns were specifically noted regarding youth, both in terms of prevalence but also the impact to future risk assessment.

“

“I think we will see more and more applicants with issues as we move away from the COVID pandemic era. I am also concerned with the children and how COVID, missing school, quarantine, etc. has impacted them.”

“The rising numbers and poorly understood connection between mental health and physical health.”

2

Ensuring access to and availability of mental health resources, services, and expertise, as early as possible. Many saw a role for insurers to play here – in evaluating and providing more preventive mental health services.

“There is a lack of access to evidence based mental health treatment that is outcome focused. For the few clinicians available, the price is high.”

“Early intervention and having appropriate skillset specifically for mental health to identify, engage, monitor, and select suitable interventions with proven efficacy for return to work.”

3

Access to information across all stakeholders, both for appropriate risk assessment, but also to ensure the circle of care is sharing all relevant information to adequately support claimants.

“I’m concerned about the need for documentation to support impairment paired with physicians that don’t have the time to spend on quality documentation.”

“Doctors don’t know what underwriters are looking for – they’re not being evasive; they just don’t understand what the assessment needs are.”

MORE FOR THE INDUSTRY TO DO

Is there more that you think the life and health insurance industry could be doing to support mental health?

	Access to services Provide and promote the use of a variety of mental health services to address the spectrum of mental health and illness	Product enhancements Adding or developing protection options, or removing policy language which excludes or limits mental illness	Advocacy Reduce stigma and encourage development, use, and funding of services to support mental health	Education and training Educate and train various stakeholders (governments, employers, physicians, etc.) on prevalence of mental illness, the role of insurance, and methods for intervention	Research Research on the global causes and prevalence of mental illness, and its impact on mortality and morbidity	Adapt underwriting Adapt underwriting practices to expand eligibility for mental illness	Early detection Tools to detect or predict mental illness	Regulatory Changing regulations to allow more insurer activity to support customer mental health
Americas	●●●●●●●●	●●●●●	●●●●●●●●	●●●●●●	●	●	●	●
APAC	●●●●●●	●●●●●●	●	●●●	●●	●●●		
EMEA	●●●●●●	●●●	●●●	●●●	●	●	●●	
Aus/NZ	●●●	●●●●●●	●●●●	●	●●●		●	
Total Number of Mentions	36	25	22	15	8	5	4	1

● = respondent



MORE FOR THE INDUSTRY TO DO

Is there more that you think the life and health insurance industry could be doing to support mental health?

“

“We’ve run into some restrictions on offering our value-added services with our Group insurance. Anything the industry can do to support these kinds of preventive services and exempt them from the increasingly common rebate laws and restrictions would be a positive.”

“Treating psychiatrists need a better understanding of the purpose and management of life products.”

“Creating parity with mental and physical illness coverages and eligibility.”

“Most managers don’t know how to deal with this stuff. We need to offer true support and help employers create truly healthy work environments.”

“Prevention through educating workplaces/leaders in workplaces, specifically about mental health accommodations. Speaking up about mental health to promote awareness to help reduce suicide rates and opioid use. Advocating for all clinicians to have a standard of practice promoting evidence-based assessment and treatment protocols. Advocating for improved government funding of mental health services, as mental health is health.”

“Seeing a lot more use of marijuana and marijuana use disorders, particularly among young people – we need to better understand the long-term mortality impacts of marijuana, and also why we’re seeing higher levels of various substance use disorders. Why are we hearing so much about it now? Has it always been lurking behind the scenes? Opportunity to do so much more research.”

“Remove built-in exclusions related to mental health.”

“We need to be closer to our clients and try to get more of their feedback on how to help them - get involved in their story, a holistic view. That would be very helpful in providing them with tools.”

“Create a policy agenda — similar to the approach taken with the ‘Health Benefits of Good Work.’ [in Australia] The policies should be directed at: government, employers, medical profession, and insurers.”

“Insurers need to come together – work together around the past experience of different mental health conditions – as a basis for companies to assess mental health going forward. Lots of physical health data points but not a lot of mental health data points – opportunity for carriers to pool data and research.”

CONCLUSION

MORE CHANGES FOR THE INDUSTRY TO COME

RGA's Global Mental Health Survey highlights how mental health has become a strategic priority for insurers globally, and customers are increasingly demanding mental health products and services. This is a result of the lingering effects of the pandemic, economic instability globally, and increased wait times within public health systems or medical programs. We have also seen a greater acceptance and reduced stigmatization of mental health in many markets. On a positive note, the pandemic fuelled innovation and acceleration of adoption of digital health care, including online counselling or apps to support mental health.

Insurers globally have begun to make updates, but our survey findings indicate that further product development and enhancements to widen coverage for mental health conditions – as well as removing exclusions or restrictions – are still an area of opportunity for insurers. Half of respondents reported adapting their underwriting practices to widen the scope of acceptable risks. Many insurers reported enhancements to claims management processes to provide access to services to support claimants.

The life and health insurance industry has an opportunity and a responsibility to increase and improve support for mental health initiatives. This includes supporting advocacy, education, and research; continuing to update underwriting practices; enhancing coverage for mental health conditions; and providing greater access to services. None of these steps can be implemented in isolation – all are dependent on one another as part of a comprehensive solution. The noble purpose of insurance is to protect people in times of need, and the industry can and must continue to play a vital role in addressing evolving global mental health needs.

Contact us to learn more about survey insights and how RGA is helping insurers meet the growing demand for mental health coverage.

RGA WOULD LIKE TO THANK THE FOLLOWING COMPANIES FOR THEIR VALUABLE INSIGHTS ON THE TOPIC OF MENTAL HEALTH

COMPANY	COUNTRY	REGION	COMPANY	COUNTRY	REGION
Aflac, American-Amicable Life Ins Co, Columbus Life, CUNA Mutual Group, Dearborn Group, Equitable Life, Farm Bureau Insurance – Tennessee, Guardian Life, Horace Mann, Madison National Life Insurance Company, MetLife, Mutual of Omaha, Principal Financial Group, Principal Life Insurance Company, Prudential, Renaissance Life and Health Insurance Co, RiverSource, Sammons Financial Group, Standard Insurance Company, Sun Life, Symetra Life Insurance Company, The Standard, United Healthcare, Unum, Wysh Life and Health Insurance	United States	AMERICAS	April, AXA Partners CLP, CBP, Covea, Multi-Impact, Secruimut, Utwin	France	EMEA
Assumption Life, Beneva (SSQ Insurance), Desjardins, Empire Life Insurance Company, Humania Assurance Inc, Ivari, Manulife Financial, Primerica, RBC Insurance, Serenia Life, Sun Life, TD Insurance, The Cooperators Life Insurance Company, Wawanesa Life	Canada		Irish Life	Ireland	
Sun Life International	Bermuda		Squarelife	Liechtenstein	
Prevem Seguros S.A., Plan Seguro S.A. de C.V. Compañía de Seguros, Seguros Atlas S.A.	México		Aegon Santander Portugal	Portugal	
		Bidvest Life, Discovery Life, Hollard Group Risk, Liberty, Sanlam	South Africa		
		Aegon España, Agrupació AMCI Seguros y Reaseguros, BBVA Seguros, Caser, GACM AGRUPACIO	Spain		
		AIG Life, HSBC Insurance, Legal and General, LV=, Royal London	United Kingdom		

RGA WOULD LIKE TO THANK THE FOLLOWING COMPANIES FOR THEIR VALUABLE INSIGHTS ON THE TOPIC OF MENTAL HEALTH

COMPANY	COUNTRY	REGION	COMPANY	COUNTRY	REGION
Aegon, Allianz China, Aviva, Cigna China, Manulife China, Metlife China, Taiping Life Insurance Co., Ltd.	China	APAC	ABL Life Korea, MetLife Korea	South Korea	APAC
Prudential Plc.	Hong Kong SAR		Chubb Taiwan, Firstlife Taiwan, Taiwan Life	Taiwan	
Star Union Dai-ichi LIC, Ageas Federal Life Insurance, Bharti Axa Life Insurance Company, Canara HSBC, Future Generali India Life Insurance Co Ltd	India		FWD Thailand	Thailand	
Manulife Indonesia, Prudential Life Assruance Indonesia	Indonesia		AIA Vietnam	Vietnam	
AXA Life Insurance, Cardif Assurance Vie Japan, Daido Life Insurance Company, FWD Life Insurance Company Limited, Japan Co-Op Insurance, Manulife Life Insurance Company, Metlife Insurance KK, Mitsui Sumitomo Aioi Life Ins Co. Ltd, Nippon Life Insurance Company, ORIX Life Insurance Corporation, Sompo Himawari Life Ins Inc, The Prudential Gibraltar Financial Life Ins., The Prudential Life Insurance Company, Tokio Marine and Nichido Life Insurance Co Ltd, Zurich Life Insurance Japan Company Ltd	Japan		AIA Australia, ClearView, Integrity Life, MLC Life Insurance, TAL Australia, Zurich	Australia	AUS/NZ
		Asteron Life, Chubb Life NZ	New Zealand		



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