

Suicide Prevention Initiatives and Claims Challenges

In our first article published in March 2019, “Suicide Trends and Risk Factors,” we reported that suicide as a cause of death continues to rise, particularly among certain age categories within the insured populations of many insurance markets. We also highlighted some of the risk factors associated with an increased risk of suicide.

In this follow-up article Jen Oakey, U.K. Claims Manager, highlights two prevention initiatives from Samaritans, a U.K. suicide prevention organization, as well as her own involvement with an industry working group that aims to identify suicide prevention opportunities within the insurance industry.

As claims professionals, we are frequently reminded of the stark reality of suicide. This article also explores some of the suicide-related challenges that we face in our daily work.



Suicide Prevention Initiatives

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The U.K. experienced an overall decrease in male suicide between 2016 and 2017; however, a longer-term trend of increasing rates of suicide among young people has emerged.

Learning this, I felt that the insurance industry should think about how we might help prevent suicides. The work Network Rail, the company in charge of Britain's railway infrastructure, had done with Samaritans got me thinking. To me, Network Rail had a connection with suicides similar to that of the insurance industry: Rail workers are in a position to potentially spot someone who is suicidal and intervene, and the rail industry can also put proactive measures in place to aid in prevention.

Network Rail initiatives

"Brew Monday" was one such proactive measure. The campaign looked to turn Blue Monday, the third Monday in January (known to be the most depressing day of the year in the Northern Hemisphere), into Brew Monday. Tea bags handed out at railway stations encouraged people to "take time for a cuppa and a chat." Many of Samaritans' campaigns involve simple social interventions and checking on people.

Another Network Rail initiative placed Samaritans posters featuring a helpline number at the end of railway platforms. The company also trained staff to recognise the signs of someone who may be at a crisis point and how to intervene. To date, 19,000 frontline railway staff and personnel have been trained on how to intervene in suicide attempts, and in 2018-2019 the British Transport Police reported more than 2,000 life-saving interventions. Since these two initiatives have had such a big impact on saving lives on the railways, I wondered if the insurance industry could do something similar.

Insurance industry initiative

This led to a three-day design sprint in October 2018 with participants from across the industry, working together to consider the question: "How can insurers contribute to suicide prevention?"

Over the three days, we sought to understand as much as we could about suicide: who is affected, what they might be going through, what the insurance customer journey looks like, and what suicide prevention initiatives are working in other industries. The goal was to generate some practical ideas we could implement.

It quickly became apparent that the group had too many ideas to settle on one single solution in just three days. We therefore decided to keep the working group active for the next year at least and to work on approaches for implementing some of our ideas within the industry.



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The newly formed industry group, Action for Suicide Prevention in Insurance (ASPiIN), is made up of representatives from both insurers and reinsurers and meets monthly. Potential measures the group has proposed so far include:

Sympathy card

Bereavement that results from a loved one's suicide can be incredibly difficult, and evidence suggests that this can even increase the risk of suicide among those affected. At the moment, when someone reports a death, a formal, computer-generated letter generally goes out to the claimant, advising them on next steps. The group thought a better practice would be to send a handwritten sympathy card, offering condolences and including information about how to seek help and self-care in addition to details on the claims process. This small but personal touch conveys the insurer's genuine concern beyond simply executing a financial transaction.

After-claim care

Insurers can also do even more at claim stage to support the friends and family left behind by suicide. At the moment, insurers pay the claim and then play no further part in the support. The group suggested a phone call from the claims assessor to the claimant around three months after payment just to check whether they are getting all the emotional support they need. When the claim is being made, the claimant is likely to be in shock and functioning in autopilot mode, and it may not be until sometime later that the emotions hit them. That is why the timing of this follow-up from the claims assessor is important, as it gives the assessor the opportunity to recommend organizations the claimant could contact depending on the type of help they need, whether that's advice on managing the estate, dealing with financial worries, or additional emotional support.

Google search recognition

If you type "suicide" in the Google search engine, the first thing that comes up is the Samaritans link and phone number. However, if you google a phrase such as "life insurance policy suicide definition," no links to mental health-related sites appear. The results take you straight to the policy wording, which is likely to inform you there is only a first-year exclusion. If a customer is using these search terms, it likely means he or she needs help – and not in the form of a policy pay-out. The group is therefore working with Samaritans to make sure that Samaritans' information comes up when someone is searching for their insurer's suicide terms and conditions.

We are also looking at how a similar search and signposting process could be integrated into insurers' own websites.



Claims staff to train as Samaritans volunteers

Since the purpose of the industry group is to contribute to suicide prevention, we wanted to encourage claims assessors and underwriters at each insurer to be trained as Samaritans (or any other suicide-related organization) volunteers. The skills they would learn for dealing with difficult calls could also benefit their work with customers completing claims or insurance applications.

All of these measures would be optional for the insurer and created with advice from experts.

Summary

Suicide is a serious challenge for society, and insurers have a unique opportunity to help develop solutions. Only six months after the design sprint and after only three meetings with the newly formed industry group, we have already started implementing some ideas we hope will contribute to suicide prevention.

Claims Challenges

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Limited exclusion wording

The onus of proving an exclusion rests with the insurer, the claimant having proved that the insured event, i.e., death of an insured life, has occurred. Insurers create the contract language in policy terms and conditions, and this includes the actual wording of exclusions. Herein lies our first challenge – the wording of many suicide exclusions tends to be one-dimensional in that it focuses on “suicide” only. The following examples will look familiar to most of us: *“Death as a result of suicide will not be covered,”* or *“A claim will not be admitted if the life insured commits suicide within X years of the policy commencing.”* Many variations of such wording exist in insurance contracts, and while they may have been fit for purpose and created with the right intent when initially designed, over the years we have all experienced the challenges of failing to receive a clear cause of death that refers to suicide explicitly.

In the absence of policy wording that is broader and inclusive of scenarios of self-inflicted cause of death, the claims professional will face a great challenge to prove the exclusion wording contained in a contract. Wording such as this: *“The policy will be cancelled if within X years of the policy, the life insured dies as a result of suicide, intentional and serious self-injury or an event, wherein the Insurer’s reasonable opinion, the life insured took their own life,”* may be more appropriate to our current environment. Other examples include *“death by own act, whether insane or not,”* or *“death is self-inflicted or is due to suicide or assistance suicide.”*

As with most policy terms and conditions, such exclusion wording should be reviewed on a regular basis to ensure continued relevance, providing intended protection to the insurer while being fair, clear, and transparent to customers.

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Regulations and medico-legal procedures – determining cause of death

Claims professionals must have a sound understanding of the various jurisdictions in which they review and adjudicate claims, bearing in mind that these may vary between states and regions within a particular country. Each country will have a well-defined medico-legal and forensic deaths process that stipulates the procedures involved in certifying a death, including the cause of death. A good understanding of the categories of cause of death, how cause of death is determined and recorded, and what evidence is made available for insurers to receive as claims proofs should be considered when designing exclusion wordings and claims processes.

A few examples where country regulation and customs may have a material impact on how a cause of death is determined and recorded include:

- **USA:** Cause of death (COD) and manner of death (MOD) are sections in all state death certificates that must be completed by the certifier (medical examiner, attending physician, or coroner). In most states there are only five acceptable options for MOD classification: natural, accident, suicide, homicide, and undetermined. MOD classification is an American invention and is not addressed in the International Classification of Diseases as promulgated by the World Health Organization. The guideline from the National Association of Medical Examiners also explains that deaths directly due to toxic effects of a drug or poison have traditionally been classified as an accident, assuming no intent for self-harm as that would then be considered suicide. The rapidly growing burden of deaths from drug intoxication likely obscures drug intoxication suicides. And while these deaths may not have been intentional, the use of the substances and subsequent fatal drug overdoses are not entirely unforeseen or unexpected. *(Source <https://www.rgare.com/knowledge-center/media/articles/the-impact-of-the-opioid-crisis-on-claims>)*
- **Singapore, Taiwan, and Middle East:** In these three countries/regions and others, suicide may be considered a sin and therefore completely taboo for surviving family members to deal with. This results in very few suicide verdicts recorded or indicated as a cause of death, and a coroner's investigation is almost unheard of.
- **Netherlands:** While many countries still consider euthanasia against the law, insurance contracts cover this event while suicide in general is excluded, usually for the first three years of the policy life.

Claims evidence

The main challenge that RGA claims professionals share in validating claims related to suicide is timely receipt of multiple and complex claims proofs. The evaluation of evidence includes various sources, such as official cause of death documentation, post-mortem/autopsy reports, pathology results, inquest findings, witness statements, accident reports, and police evidence. Very rarely is this evidence made available at the same point in time, as many different avenues have to be explored to obtain evidence. Although this holistic and careful review of evidence may be entirely justified and necessary in the event of a claim occurring within the suicide exclusion period, it can become a long and drawn out process, bringing further anxiety to a family that is already experiencing extreme trauma. A so-called process of elimination may be required to determine that an accident is indeed exactly that, rather than a suicide.

Claims experts

Given these challenges, claims for which suicide is confirmed or suspected as a cause of death and an exclusion is potentially applicable require expertise in many areas of claims adjudication. Claims professionals that handle these claims should be experienced adjudicators/analysts with a sound understanding of policy terms and conditions and specific exclusion wording, a deep knowledge of legal processes around determining cause of death, and an ability to communicate over the telephone with claimants – explaining processes, claim requirements, and, when necessary, any adverse decisions due to exclusion wording. These complex claims should be handled expertly, outside of day-to-day operational activities.

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Suicide exclusion period

A review of exclusion periods globally does not indicate a set prescribed period. In group products a suicide exclusion may not appear at all, or if it is included, may apply for one year to new members only. Individual/retail products vary among one year, 13 months, two years, and up to a maximum of three years, with periods applying either from policy commencement or reinstatement date. Most of the challenges around a specific period occur when the date of death is close to the expiry of the exclusion period, but still within the defined time frame. Challenges related to the lapsation and reinstatement of policies also occur from time to time.

Conclusion

Suicide claims will remain a challenge for the insurance industry as long as suicide remains part of modern life. This requires us to reach a delicate equilibrium among many complex factors – from having a greater awareness of the scale of suicide and related causes of death to ensuring sound risk management for the overall sustainability of an insurance portfolio. Investment in many areas is required – from prevention and awareness campaigns to practices that ensure exclusion wording is appropriate and fair.

Within the insurance industry this complex scenario requires close collaboration among many different functions, including pricing, product development, legal, and claims teams. The harsh reality for families of insured lives plays out at the claim stage, and as an industry we must continue to equip ourselves to handle bereaved people with dignity and care, while ensuring that all contractual obligations are fulfilled.

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