

Toward an end-to-end process for handling mental health insurance claims



Insurance claims for mental health-related illnesses are more complicated than those for physical injuries. Many of the problems relate to social attitudes toward those with psychiatric disorders. In this gathering of Industry Fund Forum members, legal and mental health experts, and group insurer CommInsure, an attempt is made to identify the extent of mental health-related claims – no easy feat – while steps being taken to improve the process between funds, administrators and insurers are outlined.

Participants at the roundtable were:

- **Amalia Faba**, manager business development and strategy, Superpartners
- **Nick Galanakis**, senior consultant, IFS Insurance Broking
- **Peter Gebert**, operations manager, Cbus
- **Heather Gray**, partner – funds management and superannuation, DLA Phillips Fox
- **Helen Hewett**, executive officer, Industry Funds Forum
- **Damian Hill**, CEO, REST Super
- **John Mendoza**, chair of Super-friend Mental Health Reference Group and chair of National Advisory Council on Mental Health
- **John Mok**, national BDM, Com-

mInsure

- **Lisa Munsie**, executive manager wholesale risk business relationships, CommInsure
- **John Paul**, CEO, ASSET Super
- **Sean Scallan**, BDM, Conexus Financial
- **Greg Staunton**, senior insurance manager, AustralianSuper
- **Colin Tate**, director, Conexus Financial

Helen Hewett: From the outset, there were two objectives for the Industry Fund Forum's insurance reference group, and one of those was to look at the IFSA code of practice because most, if not all, of our insurers have signed up to that. We wanted to look at whether there were any changes we thought should be made to that, to better reflect the industry fund position, and to then build a process for handling claims which begins when the member first makes contact with either the fund or the funds administrator, and covers the whole engagement with the member rather than just the way the insurer might behave in relation to mental health. The other big project we asked them to look at was in relation to how records are maintained for mental health claims, so that we have a better understanding of what contributions

mental health issues have in TPD, death and income protection insurance claims... A number of the insurers talked about how very often, mental health was a contributing factor but the death, disability or lost time was often classified as back injury, a chronic back injury and there was no record of mental health's contribution. So we want to have a better understanding. We think that would be very valuable for funds, for insurers and for mental health practitioners, so that's the other project that we're working on. So this first one, we've asked for the insurers to go and do some work on that, and representatives from Hanover Re and CommInsure have been coordinating those efforts.

Sean Scallan: I think that leads very nicely into our first guest speaker of the day, Nick Galanakis who is senior consultant at IFS Insurance Broking. Nick is going to talk about the current process for handling mental health-related claims.

Nick Galanakis: I've put together a brief flyer that will give an overview of our CURE initiative, which stands for Claims and Underwriting Re-Engineering [Note: the CURE flyer can be obtained by contacting Galanakis at ngalanakis@mail.ifs.net.au] It's looking at current procedures for claims process-

ing, and effectively strengthening those. There will definitely be some synergies with respect to a number of initiatives that IFF are running with at the moment regarding mental health, because we will be looking at all causes of TPD claims, and all claims that result due to mental health type conditions. CURE is a broad-based, industry-wide initiative. It's effectively targeted, identifying the current best practice for claims processing both in Australia and internationally... The project will consider alternative processing methods, because there's quite a bit of empirical evidence to suggest that the member experience of lodging claims is not that great. Now, of late we have seen some significant market growth, particularly in industry funds. We've seen premiums increase by 20 percent in the years 2007 to 2008, we've seen a lot of product development aimed at making the product more accessible to members. We've seen a lot of funds being very proactive in terms of increasing default levels of the cover, to automatically provide additionally high cover for members and the like... So these are all positives, but I guess the Achilles Heel of it all is the member's experience with respect to the underwriting process, in addition to when they lodge their claims. In the flyer you'll see that the average industry pe-



riod in terms of getting a resolution on TPD claims is approximately 170 days. We appreciate there'll be some claims that are a much shorter period and there are some that take many years to assess and find the final determination. But the importance of this statistic here, is when you actually add the fact that there is a six month qualifying period on a typical TPD product, on average members are waiting at least six months. Actually that statistic doesn't also take into account the time that the trustee will review the claim to make sure it meets the conditions of release as dictated by the funds trustees. So the time would actually be longer than that. But this is to provide an indication generally of what we're seeing in the industry.

Peter Gebert: Those TPD claims, are they claims that have been admitted or are they claims that have been admitted and declined?

Nick Galanakis: It's a combination of both. We sampled about four thousand claims for that number. In terms of underwriting, where members are obviously making active decisions to access funds prior to increasing their amount of insurance relative to what's provided automatically, we're seeing a range of factors that are effecting members accessibility to that cover. Some of the funds that we serve, we've seen quite significant dropout rates of up to 26 per cent. That in itself is a statistic that's of concern, given that the dropout rates range across the funds from around 11 per cent to 26 per cent. In many respects it highlights member disengagement with the process, because they've actively gone out there and said 'yes, we want more insurance cover'. But then as they've actually gone through the process, they've come to the conclusion it's either too hard, too complicated, too many requirements, they just don't want to go ahead with it so they effectively cancel the application... Now I know there have been some initiatives to try to address that with respect to increasing the amounts of cover available through short forms, long forms, personal statements and the like. But they effectively will address the cleanskin underwriting. The issue is those members that have to

go through the health process - blood tests, medical examinations and the like.

John Paul: You make the comment that you're worried about the fact that there's 26 per cent that don't proceed. I just wonder whether you've got, underneath that statistic, some indication of whether these people have sought to get underwriting because they've developed cancer or they've got some other reason for seeking that cover. They've then got the form and they've realized that, okay, I'm not going to be able to go through that process because I'm going to identify this problem, and therefore they don't proceed. So have you done anything on that?



Peter Gebert

Nick Galanakis: That's a very good question. The analysis hasn't gone into that sort of depth as of yet. I guess the CURE initiative will be looking at a high level, an outline of why we're actually undertaking it and from there we'll start focusing on exactly what it is the funds are trying to get out of the information, and what we're seeing out there. So the short answer to your question is no. That will be something we'll want to look at.

Damian Hill: There's quite a diversity among funds in your percentage of cases declined there. Can you attribute that to any different underwriting standards, like 100 per cent 'accept the client' versus perhaps being accepted with exclusions or loadings?

Nick Galanakis: Definitely. That's actually spot on. The reality is there's some funds with some arrangements where they don't actually cater for load-

ings or exclusions, where there are other funds that do. So for those ones that don't, there's a higher decline rate. In addition to that, it's important to highlight that we do see the high decline and drop out rates where a fund has a higher blue collar demographic. So that translates to looking at member communication.

Damian Hill: One of the outworkings of this could well be, if there is a mental illness aspect to the claim, this sort of delay is loading up extra financial stress to it, so it can have flow on effects.

Nick Galanakis: On that, we are also going to be taking steps to clumping particular claims into broad groups and analysing the sort of experience we get in respect of those claims. We've looked at claims that have been experienced over a period of about 20 years, a sample of just under 6000 claims of which about 560 relate to mental health conditions. The accept/decline ratio for mental health claims of about 80/20 aligns with what we're seeing with respect to other sort of conditions as well, but what length of delays are there for individuals with these sort of conditions. For example, we might see on average 170 days to assess and get a conclusion on a TPD claim overall in terms of the industry, but what are we seeing specifically for mental health patients. Is it substantially longer? What sort of requirements are being put on these individuals that possibly they're finding it extremely difficult to facilitate and provide the information the insurer needs. It's probably interesting to note as well although this covers some samples of claims going back 20 years, up until about 10 years ago, underwriters weren't really properly categorising



Damian Hill

cause of claims, so a lot of mental health claims going back 10 years were actually just lumped into an 'unknown' basket. So moving forward, we need to make sure that we do get to the right sort of information and being able to benchmark and track that.

Greg Staunton: Nick, would this be claims with mental illness as the primary cause and therefore recorded. There'd be a lot more.



Nick Galanakis

Nick Galanakis: Correct, there are a lot more. There's some notes down the bottom, what we basically said was there was a number of claims that might be, for example, depression from a back injury. That claim might have been lumped in with back injury not depression - there are a lot more on those lines.

Peter Gebert: Another point I just want to clarify, until about five or six years ago many of our funds did not have all their members covered for insurance. So I also believe there's another large sector that are not even probably in here because these are only the insured claims. Is that right?

Nick Galanakis: Correct.

Peter Gebert: We have a lot of other claims that are still processed that have no insurance but still have to be processed either as a death claim or a disability claim. And we haven't got that data.

Nick Galanakis: That's a very good point, Peter. Moving forward we'd like to capture much more accurate data to



be able to benchmark and track that sort of information.

Helen Hewett: Can I just ask in relation to those claims Peter's talking about, the uninsured claims. I don't know what you have to do now but you used to just have two doctors certificates, without really any reason much. So are funds moving towards collecting more information so in the future we will be able to look at factors such as mental health?

Nick Galanakis: That's definitely what we would like to see. Whether its insured or uninsured, we can actually track it back to a specific condition at the time that it related to.

Sean Scallan: Nick, can you just talk us through the timeframes on CURE.

Nick Galanakis: In the next two to three weeks we will actually start that project. We believe the project will take somewhere around twelve months from beginning to end. The outcome of the actual project will actually be several reports. The first will be a generic report providing an overview of what we see across the whole industry. The gaps, deficiencies, duplications and the like. The second will be a customised report on that for each participant, the funds and insurers.



Sean Scallan

Sean Scallan: Moving on to the second guest speaker, we will go on to Lisa Munsie, executive manager of wholesale risk business relationships at Comminsure. And the topic is, why should the claims process around mental health conditions be improved.



Helen Hewett

Lisa Munsie: I've been involved in the Superfriend project for the last year or so now. It's been a collective input from a number of insurers, funds and administrators, all keen to work at improving the end to end process for the treatment of mental illness claims. I think overall the main problem is it isn't an end to end process. So we've worked very closely with Superpartners on a case management process, that Amalia Faba will talk about shortly, where they've got the actual case manager sitting within the administrator. The thing we need to focus be honest about is it doesn't matter where the qualified people sit, but it needs to be somewhere where claimants of mental illness can actually speak to somebody that has the expertise and ability to listen to their concerns and enable the action of their claim. Most insurers will not have a different claim form for someone that has a back injury to someone that has a mental illness. So these are basic type things. Similarly, the experts they get to deal with cases may not have the technical expertise to actually deal with patients with mental illness and to assess the claims. We see quite a few generic issues that continue to arise - the percentage of 'stress' claims we still see coming, which isn't actually a diagnosis, so it's very hard for us to look at proactive case management strategies when we see these generic labels coming in. Another issue is how can we train our case managers to effectively and safely question the treatment strategies of our treating doctor practitioners. Because return to work really is a part of the recovery process, and it's a win win for everybody.

John Mok: I've been working with a lot of our funds to address the underinsurance issue in the industry in Australia. Obviously income protection is part of this, it's a great area that we have severely uninsured. We've been marketing to funds that income protection is really very different to TPD, the payment's a lot quicker than what a TPD benefit would provide. There's no six month waiting period, your income protection waiting period is often a lot shorter. But we need to make sure the process is efficient, especially on mental illness claims. We know that mental illness claims account for 17 per cent of all IP claims, but more significantly they also accounts for 30-40 per cent of all IP claims cost. The average duration for a mental health-related IP claim is over four years. Workers comp doesn't cover a lot of these mental illness claims, unlike physical injuries at work, so I think that proves that members are relying a lot on their life insurers to provide this sort of cover for their members.

Sean Scallan: Our next guest speaker, is Amalia Faba from Superpartners, who'll elaborate on call centre possibilities.



Amalia Faba

Amalia Faba: I should just clarify the roles that we take in terms of administering the claims and insurance within Superpartners. From a claims perspective we have the case management teleclaims interviewing process that we launched in December, and have seen some really positive results. We also have the other claims service model which is your standard, acting as an administrator I guess or the liaison point between the insurer and the member. And whichever scenario,

whichever model you're looking at, our experience is the less touch points, the better. The ability for the member to contact somebody who can help them from start to finish or be their central point of contact has proven to be quite successful. We've seen a reduction of close to 59 per cent in the TPD turnaround times. The other thing we've done is provide our people with some tools and coaching around how to deal with people that do have some sort of mental illness. We work very closely with Lifeline, and have our people go through a Lifeline training program. It has now become part of our standard so that people know how to deal with those sorts of situations. In terms of the call centre, the teleclaims interview does predominantly go through professional or experienced claims assessors - we would not want these sorts of claims going through a call centre that doesn't understand the process, because we need to reduce the number of touch points. And we need to be able to have the information on hand for these people.

Colin Tate: I noticed John Mendoza shaking his head at the notion of more than one touch point. Why do you feel so strongly that the one point is critical?

John Mendoza: It's all about the quality of the relationship. And trust. Trust is paramount when dealing with people with mental illness. Partly due to the stigma issues, but also you've got to understand they often interpret things in very negative ways. So it's no exaggeration that many people with mental illnesses like anxiety disorders and depression will put a negative prism on anything that's coming to them. Feelings of paranoia, of being stigmatised, self stigma, that all plays into that so there's no question that the quality of the relationship, if its managed well and it's a single point of contact or as few as possible will be in everybody's interest.

Amalia Faba: That's absolutely our experience so far regardless of what role you're playing, whether you are just the administrator or acting as the liaison point. The other part of that is from time to time, if mental illness was a primary cause of illness, we have needed



to work with the case manager. And that has been quite successful as well, being able to get access there makes life a lot easier.

Sean Scallan: I think that leads pretty well into John Mendoza's discussion. He's chair of Superfriend's Mental Health Reference Group, chair of the National Advisory Council on Mental Health, and he'll discuss the differences between mental health claims and physical injury claims.



John Mendoza

John Mendoza: I'm not a claims expert in any way, shape or form. But I guess I drew on thinking about today the evidence that I'm familiar with in terms of attracting and retaining people with mental illness in the workplace has some relevance here. The Howard government's 'welfare to work' reforms didn't work very well for people with psychiatric disability, who make up about a third of those that are on the Commonwealth Government's disability support program (DSP). If you look at welfare stats for Australia over the last two decades, we've been consistently bringing down our unemployment rate, but what we haven't been good at is keeping a lid on the growth in disability support payments... The lesson that's very clear, in the international evidence in trying to place people with a psychiatric disability into work, is the sooner that service can be provided in the workplace, in situ, in the workplace the better the outcome. With most employment support programs run by governments around the world, what they concentrate on is pre-employment preparation. So preparing someone for placement into work. That works against the way psychiatric disability

works - you're continuing to put more pressure and expectation on the person. They become more and more stressed and agitated by that, rather than placing them into the workplace quickly in an appropriate workplace environment, providing the support directly to them, their employer and their colleagues, to enable them to continue operating as effectively as possible in the workplace. Holland has a tremendous rate of success in relation to the employment of people with psychiatric disability, their participation rate is double what we achieve in Australia, where only 27 per cent of people with a psychiatric disability have employment. So what are they doing differently? Well, they do their employment support fundamentally the reverse of what we do. We tend to put all our eggs into the pre-employment process. So what are the lessons out of this for claim management? I think Amalia has touched on a number of them. It's around the quality of the engagement and the relationship. It's about being quick to respond. So that any anxiety developing in the mind of the person concerned is minimised. It's about capturing their story once, not having it repeated over and over and over. Not subjecting them to more and more assessments. Putting probably putting greater reliance on the evidence provided by treating physicians. If someone's been hospitalised with a mental health condition, then that's very, very strong evidence they've got a strong claim. If they've spent some weeks in a psychiatric unit in Australia, getting in there is harder than getting into the Australian cricket team. Beds are in short supply, so you have to be pretty unwell to be admitted in any state.

Colin Tate: John, did our industry statistics surprise you?

John Mendoza: It didn't surprise me that stress, as Lisa [Munsie] says - it's not a mental health disorder. But historically it's been the catch all, it's the euphemism. For the First World War it was 'shell shock'. You know there were lots of soldiers returning to this nation with shell shock, what they had of course was post-traumatic stress disorder. Many of those poor fellows went on and suicided as we know through the

'20s and '30s, because there wasn't any effective treatment. I would certainly encourage the industry to get rid of the concept of 'stress' as a legitimate claim. Eliminate that from the nomenclature, and start to train people that really that's not going to be accepted, what people have to have is one of the M5 Project categories of illness, which are coming out shortly.

Damian Hill: John you've [spoken before] about the episodic nature of some mental illnesses, how they can be incredibly valuable to the workforce for the vast majority of the year but at times not so. But when you look at how we have designed our insurance products, it's TPD - so it's got to be total and permanent, and episodic doesn't seem to fit those definitions all that well. So maybe income protection is a bigger part of it. But also the rehabilitation is going to be a key part of it. What's your views on whether Australia is set up to rehabilitate people sufficiently?

John Mendoza: What the DSP has done for people who have been granted that pension for psychiatric disabilities is put them in a holding pattern, it doesn't actually try and move them back into participation in the workplace, it just simply gives them a slightly below the poverty line pension and allows them to exist. Damian's point about the industry's product arrangements and recognising the episodic nature of mental illness do need to be thought about. TPD, I think, for psychiatric disability is a bad product. It's not necessary for the vast bulk of mental health conditions. There will be a few people who are so seriously impaired they cannot participate in the workplace, 40-50,000 in Australia. But there are hundreds of thousands that experience mental health problems each year that need a short time out of work, need effective treatment and can get back into work. The industry has to have a really good hard look at how its product offerings are responding to the evidence now around work participation for people with mental illness.

Lisa Munsie: John, do you think there is a danger in labeling somebody totally and permanently disabled?

John Mendoza: Oh yes.



John Mok

John Mok: Just on a return to work perspective, I think the insurers find it a lot easier to encourage members to go back to work when they're claiming income protection, rather than TPD. With TPD, the interests are not aligned. After waiting for six months for their waiting period, there's always a long delayed claim assessment process as we see here. Most members are only concerned about getting the payment as soon as they can, whereas for income protection they really just genuinely say, well I'm temporarily disabled, I need an income protection benefit to support my current needs, but we find a lot of the time they are quite keen to participate in a rehab program that we propose to them. So we do find income protection a lot easier to work with in encouraging them to go back to work.



Lisa Munsie

Lisa Munsie: That's right, the products certainly complement each other I think. If somebody's putting in a claim for TPD and they don't have income



protection as an option. they're hardly about to say, hey yep, sign me up for the next rehab program, because it defeats the purpose of claiming TPD in the first place.

John Mendoza: The industry needs to think about, say, someone who gets a diagnosis of bipolar – the prognosis is they might have short cycle bipolar so they might every three months go through a full cycle. But that's uncommon, more likely a couple of times a year they'll have a depressive episode which will make work impossible for a period of up to six weeks. What they need is a product that actually can respond to that, so that twelve weeks of the year they have another option than digging into long service or rec leave or whatever because they will use up all their sick leave. They need a product that can cover that sort of occurrence. So I think there's opportunities for great innovation. Based on a much more thorough assessment of the way these different illnesses manifest, and what the prognosis for return to work is for most conditions now.



Heather Gray

Helen Hewett: As well as having the insurance arrangements, we also need to have a good education program to educate employers about issues and to look at how much more flexible work arrangements can be when people are having these episodes. Because one of the employers who speak to us said that they've been very supportive and they've made it know to all of their employees. But still there were a number of employees who were very reluctant to come forward and put their hand up and say I need some time out or to change my

working arrangements, because they felt it might mean the end of their advancement in the company.

Sean Scallan: Now Heather Gray, a partner specialising in funds management and superannuation at DLA Phillips Fox, will talk us through the risks to funds if the claims process is not improved.

Heather Gray: As a lawyer I tend to see the hard cases, the situations where the normal fund processes haven't worked that well. The one that's dragged on forever, the one that seems to be intractable, the one that's heading to the Super Complaints Tribunal, the one where the administrators or people within the fund are at the end of their tether because they don't quite know what to do. So the impression I have about these sorts of claims is that they're a complete nightmare. But of course I do only see a small number that get to that point, and I appreciate that for most of these claims, even if they take a bit longer than is ideal or they're a bit harder than one would like to see, they do get resolved and everything's fine. So I'll just preface my remarks with that, because as lawyer you do tend to think the worst when you see these things because you see the hard cases.

The sort of problems that I see with mental illness claims often stem from a lack of awareness on the part of the people who are handling them - and its terrific hearing around the table about some of the advances that are being made in dealing with these sorts of claims, having a single point of contact and handling them in a way that's very sympathetic to the needs of the claimant. But nonetheless there's still a lot that needs to be worked on. The sort of problems that I see can be quite simple things, where a claim has perhaps gone off the rail right at the very beginning because somebody had filled in a form in an odd way. And I have seen people put in forms where they were confused about when they were employed, they were confused about what they did, they were confused about why they left employment. They've included extraneous material, they just put options into their claim. Now unless that's picked up on day one, the whole thing will proceed



John Paul and Greg Staunton

and proceed and proceed, until it will finally get to a point and somebody at the insurer with an appropriate level of expertise will get that set of documents and look at it and will say, hang on we've headed off down this track, it's maybe six months later. And the whole thing is misconceived or the information that they've predicated is gone. And that can cause problems such as you've got the wrong insurer dealing with the claim. Perhaps there's been a change of insurer. If those things can be recognised on day one, or close to day one, it makes things a lot easier. Another problem that I see is the claimant who because of their mental illness, is incredibly difficult to deal with. And the staff at the fund or at the administrator who are dealing with that client are getting very stressed themselves, dealing with it. And I've had situations where people are running for cover when they hear that so-and-so is on the line wanting to know about their claim. Unless people are trained to deal with it, it's very difficult. And I've certainly seen cases where claims have run on and on, simply because that person is so hard to deal with that it kept getting put to one side, or people were reluctant to return calls and the whole thing sort of snowballed and the claim ends up in that too hard basket. I've seen situations where people have made claims around depressive or anxiety disorder, and yet somehow those processing the claims have not put two and two together and said to themselves, 'this person is anxious, I will have to deal with them in a way which is consistent with dealing with an anxious person – if I don't return their call promptly they might have issues with that.' But clearly

its terrific that so much work is being done on improving these things.

So from a legal viewpoint, what are the risks to funds if they don't get better. I actually don't think it's any different to not doing any particular thing well in the course of running a fund. Clearly, the obvious one is if mental illness claims aren't handled well they'll end up in the superannuation complaints tribunal. I think that's the obvious thing that will happen. Sometimes they will end up in court depending on the time frames and whether or not people fit within the criteria to take those claims to the SCT. And you certainly see plenty of those. Once something is in the SCT it's managed according to the SCT's processes, the insurer gets brought in, you will have additional costs in dealing with that compared to in-house. That adds to the administration cost at the same time it's adding to the anxiety issues for the claimant at the other end of the line. And sometimes you get a decision where the insurer's made to pay extra because they've delayed payment beyond a reasonable time. And you can also have situations potentially where the fund ends up paying extra, because of the situation and the view that the SCT takes about where its all ended up. The same sorts of things happen in court, although the costs in court are very significantly greater. And often it ends up in a settlement situation where payments are made and the claim really never was satisfactorily resolved. Somebody ending up getting a payment at the very last minute, but they go away from the process ultimately feeling that they received something but less than



what they wanted. The fund's not happy because its had to make a payment a lot of legal expense, great for lawyers, less good for the fund and I guess for the other members who are bearing the cost of that. And the member really doesn't have a sense of having been heard or having their claim resolved in an orderly course.

When funds are caught doing these sorts of things there's of course a reputational risk. I haven't actually ever heard anybody say, well I heard such-and-such a fund is very slow at paying claims, in the same way that you do hear that about car insurance, for example. But I suspect its only a matter of time as people get more sophisticated about their super and more sophisticated about these entitlements that we will hear more discussion about funds and how good they are about dealing with claims. Particularly as people have their insurance needs more and more met within superannuation., because it's very difficult to get salary continuance at decent levels or TPD cover outside of the funds.

Helen Hewett: Heather you made a comment about trustees being obliged to act in the best interest. Are there any best interest issues you can think of in relation to mental health where trustees should either morally or legally go one step further. If, for example, they're aware that their claims process was unfriendly, or just not useable for people who've got substantial mental illness.

Heather Gray: I think so. That doesn't mean you look at each individual member and say what's best for him or her, as we know you look at it globally and say what's the best thing to do. But if it becomes clear that an aspect of the operation of the fund is unhelpful to people, then yes I do think there's an obligation to improve. Clearly funds are going about doing that. One of the

things that comes to my mind, from seeing examples where people with mental illnesses are running their own claims, is that maybe the trustees who go through their administrators and so on need to be a little bit more in touch. That might be proactively suggesting to a claimant that maybe they'd like to appoint a friend or family member to be a point of contact about the claim, for

example. Unless that's offered I suspect that people wouldn't think to ask for it themselves. Particularly if they're labouring under issues with mental illness. So there are probably many things like that, which as a lawyer comes to light very evidently when you get yet another 30 page letter written in crayon on sheets of A3 paper that somebody's laboured over. It obviously

means a lot to them, but it's very difficult really to make any sense of. If you persevere with that as a trustee, clearly you're not going to achieve anything for your claimant member. But they won't necessarily say, 'I'm really struggling with this,' they might not even know they're struggling with it. If you have a brother or a partner or friend or somebody who you could appoint and authorise and will

deal with that person, that's a big step forward. ■

The roundtable concluded with an update from Superfriend on its efforts to co-ordinate funds' improvement of mental health-related claims processing. A summary can be found in this month's editorial, on page 14.

FEAL Fund Executive of the Year Award 2009

Fund Executive Association Ltd (FEAL) and AMP Capital Investors are pleased to announce that the 2009 FEAL Fund Executive of the Year Award has been presented to Michael Seton, CEO, AGEST.

Now in its eighth consecutive year, the award is presented in recognition of outstanding achievement, innovation and leadership. Demonstrating FEAL and AMP Capital Investors' commitment to supporting the ongoing professional development of superannuation fund executives, Michael will receive a \$20,000 grant to undertake an executive education program offered by an Australian or international business school.

Michael Seton, AGEST



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