



FINANCIAL
SERVICES
COUNCIL

The Social and Economic Benefits of Improving Mental Health

Submission to the Productivity Commission

14/6/19



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1. About the Financial Services Council

The FSC is a leading peak body which sets mandatory Standards and develops policy for more than 100 member companies in Australia's largest industry sector, financial services.

Our Full Members represent Australia's retail and wholesale funds management businesses, superannuation funds, life insurers, financial advisory networks and licensed trustee companies. Our Supporting Members represent the professional services firms such as ICT, consulting, accounting, legal, recruitment, actuarial and research houses.

The financial services industry is responsible for investing almost \$3 trillion on behalf of more than 14.8 million Australians. The pool of funds under management is larger than Australia's GDP and the capitalisation of the Australian Securities Exchange, and is the fourth largest pool of managed funds in the world.

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2. Importance of Mental Health Issues

2.1. Background

In January 2019, the Productivity Commission (**Commission**) released its Issues Paper on *The Social and Economic Benefits of Improving Mental Health*. It sought submissions and comments on that paper to assist it with its inquiry. The PC's final report to Government is due on 23 May 2020.

The Commission's scope on which to report is ambitious. The Issues Paper states:

"Without limiting related matters, on which the Commission may report, the Commission should:

- *examine the effect of supporting mental health on economic and social participation, productivity and the Australian economy;*
- *examine how sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health and economic participation and productivity;*
- *examine the effectiveness of current programs and initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups;*
- *assess whether the current investment in mental health is delivering value for money and the best outcomes for individuals, their families, society and the economy;*
- *draw on domestic and international policies and experience, where appropriate; and develop a framework to measure and report the outcomes of mental health policies and investment on participation, productivity and economic growth over the long term."*¹

The FSC and its members were surprised to find the Issues Paper does not specifically refer to the life insurance industry, given that it paid \$809 million in the 12 months ending June 2018 to approximately 8,500 people experiencing mental ill-health.² This is a substantial figure, when compared with the fact that the Australian Government spent 3.1 billion in the 2015 – 2016 year on mental health-related services.³

As detailed later in this submission, the industry has committed to an extensive data collection project which will provide up to date data on the causes of life insurance claims.

¹ Productivity Commission, 2019, *The Social and Economic Benefits of Improving Mental Health*, Australian Government, pages iii and iv

² FSC's Life Insurance Industry Data Collection, 2018 – 2021, managed by KPMG, which is discussed in more detail below.

³ Australian Institute of Health and Welfare, *Mental health services: In brief 2018*, Australian Government, 2018, viewed 23 May 2019, <https://www.aihw.gov.au/getmedia/0e102c2f-694b-4949-84fb-e5db1c941a58/aihw-hse-211.pdf.aspx?inline=true>

We have received significant interest from other stakeholders. It may also be of interest to the Government.

2.2. Importance of mental health issues to the life insurance industry

As at 2015 there were approximately 22 million life insurance policies held in Australia across various product lines⁴, signifying the important role of life insurance in the community and the far-reaching responsibility that insurers hold to their extensive customer base⁵.

The instances of mental health problems in the community, their initial presentation and their treatment are issues which are of the utmost importance to the life insurance industry. The industry plays an important role in supporting people with mental illness in a variety of ways including:

- a) providing financial support to insured people that are unable to work due to mental illness. Mental health conditions rank third in the top 10 causes of claims across all life insurance categories. Data collected recently indicates that the amount that Australian life insurers pay out on mental health claims in proportion to all types of claims is at almost the same rate as cases occurring in the community. The amount paid out for mental health claims accounts for almost 20% of all disability income insurance claims – second only to accidents⁶. Population studies show 21.5% of all disabilities in the community relate to mental and behavioural disorders;⁷
- b) providing financial support to the families of people who have taken their own lives by paying out death claims (where appropriate);
- c) supporting and encouraging people to returning to good work. The benefits of working are well documented, especially for those living with mental illness⁸. Life insurers see the benefits of an individual returning to good work. These benefits include contributing in a valuable way to their workplace, staying connected with colleagues and friends, having a purpose to daily life, and contributing to society in a meaningful way; and
- d) supporting insured people with rehabilitation (for example, retraining and job seeker programs to help support their transition to wellness while living with a mental illness), and attempting to prevent the development of secondary mental health conditions.

The FSC's life insurance members consider they play a key role in supporting a person living with mental illness to return to wellness. In addition, the industry devotes significant resources to highlighting the benefits of positive mental health to the community. Each insurer offers a variety of programs and initiatives to support insured people's journey to

⁴ Australian Securities and Investments Commission, 2016, *REP: 498 Life insurance claims: An industry review*, October 2016, p. 35.

⁵ For details about the type of products life insurers provide to consumers, please refer to Appendix B.

⁶ This 20% relates to mental health as a primary claim. It does not include secondary causes of claim or comorbidity.

⁷ Australian Bureau of Statistics, *2015 Survey of Disability, Ageing and Carers*, viewed 05 June 2019, <https://www.abs.gov.au/ausstats/abs@.nsf/0/C258C88A7AA5A87ECA2568A9001393E8?Opendocument>

⁸ See Appendix A - The Health Benefits of Good Work

wellness. The FSC is surveying its life insurance members to seek information on the initiatives they are currently undertaking in respect of mental health. The results of that survey will be presented to the Commission in a supplementary submission shortly. The FSC undertook a similar survey in 2017, and some of the initiatives its members were undertaking are as follows:

- appointment of employees whose roles are dedicated to mental health issues;
- clearer mental health questions during the underwriting process, and updates to underwriting guidelines;
- updates to product design (such as reconsidering blanket exclusions and mental health definitions);
- educational resources for customers and employees including content on mental and physical wellness;
- refinement of case management of claims to assist those suffering from mental health problems; and
- partnerships with mental health advocacy groups.

Mental health in life insurance has been a major pillar of the FSC's work in the past few years. The following are some of the initiatives undertaken by the FSC on behalf of its members:

- Mental Health & Life Insurance Roundtable – this is a bi-annual roundtable with FSC members and mental health industry stakeholders to build the relationship between the two groups and progress common goals with respect to mental health in life insurance. The FSC has hosted this Roundtable since March 2017. The next roundtable will be held later this month.
- Biopsychosocial research – the FSC has commissioned KPMG to produce three research papers on mental health, the first of which is in relation to psychosocial factors and mental health (**KPMG Research Paper**). It will confirm that psychosocial factors are increasingly important in managing mental health by the medical profession and insurance providers. To assist the life insurance industry in the journey towards better management of mental health issues, the paper will make a number of suggestions for both the underwriting and claims management processes. It will be launched shortly.
- A four-year industry funded project to collect data held by life insurers which will significantly improve our knowledge of mental health claims. The extensive program of work is managed by KPMG on behalf of the FSC, and involves the collection of data from 19 FSC life insurance members, with a further three members providing financial support. Data is being collected in relation to life, trauma, total and permanent disability (**TPD**), income protection, consumer credit insurance (**CCI**), and funeral and accident insurance.⁹ The FSC is currently planning to broaden its data

⁹ For details about the type of products life insurers provide to consumers and the different channels through which a consumer can purchase life insurance, please refer to Appendix B – Details of Legislative Restrictions and Required Changes.

collection, one area of this broadening will be to give life insurers more granularity on claims payout trends.

- *Standard 21 Mental Health Education Program & Training* – this standard seeks to ensure customer facing employees of life insurers receive appropriate training in relation to mental health awareness. In addition, a number of our members have adopted this standard for all their staff. This standard is binding on the FSC’s life insurance members. The FSC is currently in the process of rolling this standard out to its superannuation funds and financial advisory network members. This standard is currently being updated by the FSC’s Mental Health Working Group.
- FSC’s Life Insurance Code of Practice (**Code**) – this Code commenced on 30 June 2018 and has already had a very beneficial effect on people who have lodged a claim due to mental ill-health. The Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry (**Royal Commission**) commented that the number of instances of life insurers undertaking surveillance on claimants with mental health problems had dramatically reduced due to the Code’s introduction.¹⁰ Currently, the Code prescribes maximum timeframes for assessing claims, which we consider advantageous to all as we know timeliness has a beneficial impact on the mental health of claimants. The Code is presently under review. We expect further improvements in relation to the underwriting and claims processes as they impact people suffering from mental ill-health. One such improvement would be that, as part of the underwriting process, when considering people with mental ill-health, insurers need to consider history and severity, rather than adopting a blanket approach; and
- The Mental Health Working Group – this is a group of highly-engaged representatives from the FSC’s life insurance members who meet regularly to discuss mental health issues as they affect life insurers. This Working Group ensures that mental health issues remain a priority for the companies they represent.

¹⁰ Auscript, *In the Matter of A Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry, Transcript of Proceedings*, Friday 14 September 2018, page 5787

3. Response to the Issues Paper

In response to matters raised in the Issues Paper, there are two areas to which we would like to draw the PC's attention.

3.1. Funding arrangements – improving consumer access to health services

In the Issues Paper, the Commission posed questions about funding arrangements and whether current policy settings lead to sub-optimal outcomes, and, if so, how they could be reformed.

In 2006, the Government's Better Access initiative was introduced. Under this scheme, people with mental health conditions can obtain financial support for up to 10 counselling sessions a year from a psychologist or psychiatrist. We consider that some people would benefit from having access to more counselling sessions but may be unable to afford them (as they either cannot afford the gap between the amount charged by the treating professionals and the amount subsidised by the Better Access initiative, or they do not have private health insurance).

Life insurers are currently prohibited by existing regulatory frameworks from providing funding for psychological or psychiatric counselling.¹¹ The FSC has argued that these legislative constraints should be removed so that life insurers can fund the provision of health services to consumers,¹² in order to help facilitate consumers returning to wellness. In 2018, the FSC engaged Cadence Economics to undertake research in relation to the economic benefits of allowing life insurers to fund access to health services, including services for people with mental health conditions. Cadence Economics found that:

- the current restrictions would apply to approximately 10,000 claimants each year in the case of musculoskeletal and mental health claims. Of those claimants, on conservative estimates, early intervention would be beneficial and cost effective for approximately 1,400 of them; and
- early intervention would result in return to work times improving by an estimated five weeks; and
- the reforms could prevent 8% of people with injuries of any kind from transitioning to total and permanent disability.¹³

Combined with initiatives already underway (as detailed in section 2.2 of this submission), these changes would enable life insurers to make a material difference to what is often inequitable or sub-standard access to treatment for already vulnerable sectors of the community.

¹¹ See Appendix B - Details of Legislative Restrictions and Required Changes.

¹² Financial Services Council, Submission to the Parliamentary Joint Committee on Corporations and Financial Services, 20 April 2018, and Supplementary Submission dated 22 May 2018.

¹³ Cadence Economics, *Falling Through the Cracks: Report for the Financial Services Council by Cadence Economics*, May 2018, pages 6 and 9. The full report can be accessed here: <https://www.fsc.org.au/resources?search=cadenc>

The longer an individual spends away from work, the greater likelihood of him or her never returning to work. For individuals, higher return to work rates lead to better long-term mental health outcomes. For Government, higher return to work rates reduce the load on the Disability Support Pension and the National Disability Insurance Scheme. This would also support the Government's key objective of higher workforce participation.¹⁴ The benefits to insurers are obvious – higher return to work rates reduce the cost of claims. This enables insurers to keep premiums affordable, which benefits all customers, not just those who make claims. Therefore, there is a compelling case for changing the law to allow life insurers to assist claimants in this manner.

Recent claims data shows that in the first month of a claim, only half as many people return to work than expected.¹⁵

Under the FSC's proposed policy framework:

1. customers and/or their treating physician would be required to provide consent for any early intervention treatments, which would be arranged through the customer and their treating physician;
2. life insurers would not pressure customers to seek treatment or return to work;
3. life insurers would not stop income protection or TPD insurance payments because a customer refused any treatment that was offered; and
4. decisions relating to the offer of early intervention payments would be subject to the usual internal and external dispute resolution processes.

A report by the Parliamentary Joint Committee on Corporations and Financial Services (**PJC**) in relation to its inquiry *Options for greater involvement by private sector life insurers in worker rehabilitation*¹⁶, did not support the FSC's recommendations for regulatory reforms in this area. The PJC was of the view that the recommendations it made in its earlier report following its inquiry into the life insurance industry¹⁷ should be implemented first.

While the Government has not yet responded to the PJC's Report on the Inquiry into the Life Insurance Industry, many of the PJC's recommendations from this inquiry were echoed in the Royal Commission's Final Report or have been addressed by the Government or industry.

¹⁴ Productivity Commission, 2019, *The Social and Economic Benefits of Improving Mental Health*, Australian Government, page iii

¹⁵ FSC – KPMG *Disability Income Experience Investigation, 2011 – 2015* (released as part of the FSC's Life Insurance Industry Data Collection, 2018 – 2021, managed by KPMG), indicated that terminations of life insurance claims for early duration sickness were 52% lower than expected after the first month a person is on claim. Claims terminations include claims that terminate because the client recovers, the client dies or the client withdraws his/her claim. The Report compares data from the period 2011 to 2015 against the Australian Disability Income Claims Tables for the period 2007 to 2011. This data includes people who have made a claim on their life insurance policy due to a mental health issue.

¹⁶ Parliamentary Joint Committee on Corporations and Financial Services, *Options for greater involvement by private sector life insurers in worker rehabilitation*, October 2018

¹⁷ Parliamentary Joint Committee on Corporations and Financial Services, *Report on Inquiry into the Life Insurance Industry*, March 2018

The Government has committed to act on all the Royal Commission's recommendations¹⁸. It has already moved to implement several of them through legislation that has already been passed, or through consultation with industry.

As these regulatory constraints are currently producing suboptimal outcomes for consumers¹⁹, the FSC submits that these reforms should be considered independently of the PJC's recommendations for life insurance. Given these reforms support two of the matters within the scope of the Commission's inquiry, namely:

- *examine the effect of supporting mental health on economic and social participation, productivity and the Australian economy;*
- *examine how sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health and economic participation and productivity;*²⁰

we believe they should be considered by the Commission.

3.2. Measurement and reporting of outcomes

In the Commission's Issues Paper, it poses questions on monitoring and reporting outcomes. The FSC submits that reporting on mental health, its treatment and outcomes should be improved.

The Australian Bureau of Statistics' (**ABS**) 2007 National Survey of Mental Health and Wellbeing remains one of the leading sources of data in Australia on the prevalence of mental health conditions and other data points. It is still often referred to in commentary and research papers. While the ABS and the Australian Institute of Health and Welfare (**AIHW**) have conducted and continue to undertake much useful research, there has not been an equivalent, comprehensive survey since 2007. We recommend that the ABS, or AIHW undertake a further survey of mental health and wellbeing in Australia. We would welcome ways of collaborating with the ABS and AIHW on the collection of data regarding mental health.

One of the aims of the Better Access initiative was to provide consumers with mental ill-health more affordable access to counselling. Changes were made to the Medical Benefits Schedule (**MBS**) to provide rebates for consumers for up to 10 counselling sessions per year. The MBS was also amended to provide general practitioners with fee support for completing mental health plans and providing referrals to psychiatrists, psychologists and allied health professionals.

¹⁸ Australian Government, *Restoring trust in Australia's financial system, The Government response to the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry*, February 2019, viewed 4 February 2019, <http://www.treasury.gov.au/sites/default/files/2019-03/FSRC-Government-Response-1.pdf>

¹⁹ We include in Appendix B an example of how the regulatory constraints produce sub-optimal outcomes for consumers.

²⁰ Productivity Commission, 2019, *The Social and Economic Benefits of Improving Mental Health*, Australian Government, pages iii and iv

The performance of the Better Access initiative was last reviewed by the Department of Health and Aging in 2010 via a survey of health practitioners and certain consumers who had been referred to health practitioners. While the scheme is monitored from an expenditure perspective, there is currently no overarching framework in place to monitor the outcomes of the Better Access scheme or assess whether it is delivering evidence-based treatment to those who need it. Given the importance of mental health as an issue in the Australian population and the fiscal demands of the scheme, the FSC supports improved monitoring and reporting of the Better Access scheme. We recommend that the Commission consider ways in which the Better Access scheme and its outcomes can be subject to better monitoring and reporting.

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APPENDIX A – THE HEALTH BENEFITS OF GOOD WORK

The Health Benefits of Good Work is an initiative from the Australasian Faculty of Occupational and Environmental Medicine (**AFOEM**) of The Royal Australasian College of Physicians (**RACP**). This initiative is evidence-based research which proves that good work is beneficial to people's health and wellbeing; and that long term work absence, work disability and unemployment generally have a negative impact on health and wellbeing.²¹

Life insurers can play an important role in helping people with mental illness get back to good health and enjoy the health benefits of good work. As noted above, the very nature of some life insurance policies are linked to supporting individuals financially whilst they are unwell and providing them with the support, services and care they require to recover while living with a mental illness.

²¹ RACGP, *Health Benefits of Good Work*, RACGP, viewed 16/4/19, <https://www.racgp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work>

APPENDIX B – DETAILS OF LEGISLATIVE RESTRICTIONS AND REQUIRED CHANGES

Introduction

Life insurers are precluded, by legislation, from funding certain medical treatment and services which would support early return to work. We consider this to be an optimal outcome. These limitations are as follows.

The *Life Insurance Act 1995* (**Life Act**), *Private Health Insurance Act 2007* (**PHI Act**), *Private Health Insurance (Health Insurance Business) Rules 2013* (**PHI Business Rules**), *Health Insurance Act 1973* (**Health Insurance Act**) and *Superannuation Industry (Supervision) Regulations 1994* (Cth) (**SIS Regulations**) interact in such a way that life insurers are not permitted to provide a benefit to a claimant under a continuous disability policy for treatment costs where either:

- a corresponding Medicare benefit is payable; or
- the treatment is a “hospital treatment” or “general treatment” (and is not otherwise excluded from the concept of a health insurance business).

These restrictions apply regardless of whether the Medicare or private health insurance benefits are exhausted, meaning that any gap in costs after reimbursement under a private health insurance policy or receipt of a Medicare benefit will not be able to be paid by the life insurer. They will therefore need to be funded directly by the individual.

This is a perverse outcome. Providing flexibility around the circumstances in which life insurers may pay for medical and other treatments in disability insurance claims would enable insurers to better facilitate early claims intervention. This would allow payment of medical treatment which support an early return to work.

If legislative restrictions were removed, life insurers would be able to more effectively use early claim intervention practices to offer targeted rehabilitation benefits to consumers, including by paying some medical costs not otherwise covered by Medicare or private health insurance.

Life Insurance

Life insurers are regulated by APRA under the Life Act. Section 234 of the Life Act provides that a life insurer must not intentionally carry on any insurance business other than life insurance business. “Life insurance business” is defined in section 11 of the Life Act as, among other things, the issuing of life policies. Life insurers provide the following products to consumers:

- Life cover - also known as 'term life insurance' or 'death cover'. This type of cover pays a set amount of money upon the death of the insured person. The money will go to the people nominated as beneficiaries in the policy.

- TPD cover – this cover pays a lump sum to help with rehabilitation and living costs if the life insured is totally and permanently disabled.
- Trauma cover – also known as 'critical illness cover' or 'recovery insurance'. This type of insurance provides cover where an insured person is diagnosed with a certain illness that has a significant impact on his/her life, such as cancer or a stroke.
- Income protection – also known as 'disability income insurance'. This cover replaces some of the insured person's income if she/he is unable to work due to injury or sickness.
- Accidental death cover – this insurance pays a set benefit where an insured person dies as the direct result of an accident (not from an illness or disease).²²

Types of TPD, income protection and trauma cover all fall under the definition of 'continuous disability policies' in section 9A of the Life Act.

Section 9A provides that a contract of insurance entered into in the course of carrying on health insurance business (as defined in in Division 121 of the Private Health Insurance (Prudential Supervision) Act 2015 (Cth) (**PHI Act**)) is not a continuous disability policy.

APRA has the power under section 12A of the Life Act to declare that other types of insurance business carried on by a life insurer are to be treated as life insurance business. However, APRA may not make such a declaration in respect of health insurance business.

APRA is supportive of lifting the legislative constraints preventing life insurers from funding rehabilitation.

Health Insurance

Section 126 of the Health Insurance Act prohibits the provision of insurance that covers liability to pay a medical expense for which a Medicare benefit is payable. This restriction applies regardless of whether the claimant has exhausted their Medicare entitlements or private health insurance benefits. An exception exists for compliant health insurance policies entered into by a private health insurer that cover hospital treatment or hospital-substitute treatment. No exception exists for life insurers.

Section 10 of the PHI Act prohibits a person from carrying on a health insurance business if the person is not a private health insurer. "Health insurance business" is defined in the PHI Act to include undertaking liability by way of insurance that relates in specified ways to "hospital treatment" or "general treatment" as defined in the PHI Act. Again, there is no exception for benefits provided by life insurers.

"Hospital treatment" is defined as treatment (including goods and services) that is intended to manage a disease, injury or condition, and is provided either at a hospital, or with the

²² Australian Securities and Investments Commission, *Life insurance: Be prepared for life's emergencies*, ASIC, viewed 15/4/19, <https://www.moneySMART.gov.au/insurance/life-insurance>

direct involvement of a hospital. “General treatment” is defined as treatment (including goods and services) that is intended to manage or prevent a disease, injury or condition and is not a hospital treatment. This encompasses many of the services that are likely to be necessary for the management and rehabilitation of illnesses and injuries that result in disability.

A number of insurances and benefits are excluded from the definition of health insurance business by the PHI Business Rules, such as death and certain disability benefits. Many of the excluded benefits satisfy the criteria for 'continuous disability policies' under the Life Act.

We consider that there would be merit in expanding the exclusions from the definition of “health insurance business” so that life insurers are permitted to provide benefits for other types of rehabilitation expenses. This could be done by amending the PHI Business Rules so that the exclusions exempt benefits provided by a life insurer to cover medical treatment costs where the insurer considers, with the approval of the consumer’s physician, that the medical treatment will assist in the rehabilitation of the consumer under his/her insurance policy.

Superannuation

Life insurance is commonly held through superannuation funds. The insured people under such a policy are members of the superannuation fund. If an insured member dies, or is “disabled” within the meaning of the policy, the life insurer will pay the benefit under the policy to the superannuation trustee, who in turn will pay it to the member or the member's dependents.

There are restrictions in the SIS Regulations which could prevent rehabilitation benefits from being provided under policies issued to superannuation trustees for the benefit of members. These Regulations provide that superannuation trustees must not provide an insured benefit in relation to a member of the fund unless the insured event is consistent with a condition of release specified in the SIS Regulations. One of the specified conditions of release is temporary incapacity. A benefit can be cashed under this condition of release only as a non-commutable income stream for:

- a) the purpose of continuing the gain which the member was receiving before the temporary incapacity; and
- b) a period which does not exceed the period of incapacity from employment of the kind engaged in before the temporary incapacity.

This would prevent the provision of rehabilitation benefits unless the purpose of the benefit was to continue the member's pre-disablement income. It would not permit the receipt of benefits for medical treatment or other rehabilitation.

In order to allow superannuation trustees to pay for the rehabilitation of members, this condition of release requires amendment.

Further, a trustee is subject to a covenant under the Superannuation Industry (Supervision) Act 1993 which requires it to “only offer or acquire insurance of a particular kind, or at a particular level, if the cost of the insurance does not inappropriately erode the retirement

income of beneficiaries”²³. In order to allow a complying superannuation fund to deduct premiums it pays for insurance policies that provide rehabilitation benefits, the *Income Tax Assessment Act 1997 (Cth)* would need to be amended to include such benefits in the income streams payable in the event of a member's temporary disablement.

Example

We provide the following example to further illustrate why this problem is a significant issue for mental health claims.

Jane Doe suffered from a mental health problem, and as a result, exited the workforce. Jane qualified for an income payment under her disability income insurance. She does not have private health insurance.

At the onset of her mental health problem, she attended therapy sessions with a psychologist who is an allied health professional. She received Medicare rebates for these sessions. However, the maximum number of therapy sessions for which she could receive a Medicare rebate is 10 per year. Unfortunately, Jane cannot afford to continue the therapy without a rebate.

Jane and her psychologist both believe that the therapy was yielding positive results and would likely assist her to return to work. Jane's life insurer agrees that continued therapy is probably necessary to assist her to return to work. However, her insurer is unable to fund any further therapy sessions due to the current legislative restrictions.

If you require any further information regarding this issue, please do not hesitate to contact us.

²³ Section 52(7)(C) of the Superannuation Industry (Supervision) Act 1993