



Review of the financial system external dispute resolution and complaints framework: Interim report

Australian Government Treasury

***beyondblue* Submission**

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Summary

1. For the past 15 years, *beyondblue* has been working to reduce discrimination by the insurance industry for people with mental health conditions when accessing insurance products.
2. The current complainant-driven dispute resolution system can inadvertently disadvantage people, especially people with a mental health condition, as it is often costly, complicated and time-consuming.
3. Depending on the nature of the complaint, relevant law and jurisdiction, a person who feels they have been unfairly treated as a result of their mental health condition, is expected to engage with an adversarial internal dispute resolution system of the financial service in question.
4. Very rarely does the internal dispute resolution process change the original decision and the person must then navigate a complex external dispute resolution system comprising of multiple organisations.
5. Disputed claims and/or lengthy delays can be extremely stressful and in some cases may exacerbate a person's mental health condition.
6. Disputed claims and/or lengthy delays can also contribute to significant financial stress, further exacerbating the high or sometimes severe financial stress people with a mental health condition already experience.
7. *beyondblue* welcomes reform to the external dispute resolution processes and recommends that particular attention be given to the needs of people with a mental health condition by adopting the principles of: low-cost; ease of access; procedural informality; flexibility and simplicity; and timeliness.

Background

beyondblue welcomes the opportunity to make a submission to the Australian Government Treasury in response to the recently released *Interim Report – Review of the financial system external disputes resolution and complaints framework*. This submission provides recommendations for improvement of the current external dispute resolution and complaints system in Australia.

beyondblue is committed to supporting all people in Australia to achieve their best possible mental health. As a national population mental health organisation, we have a range of integrated initiatives to prevent depression, anxiety and suicide and to assist people who experience these conditions by raising awareness, increasing knowledge, decreasing stigma and discrimination, encouraging people to seek help early and improving their ability to get the right services and supports at the right time. *beyondblue's* work is supported by the Commonwealth and every State and Territory government in Australia, corporate Australia, philanthropy and public donations.

Depression and anxiety

Depression and anxiety are common – around one in seven Australians will experience depression in their lifetime and one quarter of Australians will experience an anxiety condition. In 2007, the National Survey of Mental Health and Wellbeing found that in the year prior, around 1 in 5 Australians aged 16-85 years have experienced a mental health condition at some point¹. The survey also found that over their lifetime, around 45 per cent of Australians reported that they had experienced some sort of mental health condition.

Like physical health conditions, mental health conditions have a range of characteristics unique to each individual which can be recognised and treated. Most people with a mental health condition will recover

¹ Slade, T., Johnston, A., Teesson, M., Whiteford, H., Burgess, P., Pirkis, J., & Saw, S. (2009). The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing. Canberra: Department of Health and Ageing.

and stay well. Some may experience intermittent relapses while others may experience more persistent difficulties. Individual differences must be expected and understood.

The experiences of people with depression and anxiety with the insurance industry

All Australians, including those with a mental health condition, are entitled to fair and equitable access to insurance products, to enable them to protect themselves and their families against financial stress and uncertainty. Despite this, since its inception *beyondblue* has consistently received reports from people with a mental health condition who have experienced significant difficulties in obtaining and claiming on different types of insurance products, compared to the rest of the population. These difficulties occur across the general and life insurance industries for products such as travel insurance, income protection, total and permanent disability (TPD) and life insurance.

In recognition of the importance of this issue, *beyondblue* and Mental Health Australia undertook a study into insurance discrimination in 2011 – the *Survey of Consumer Experiences*². The results confirmed the anecdotal data and highlighted the difficulties people with a mental health condition have in obtaining travel, life, TPD and income-protection insurance or in making a claim. Worryingly several respondents mentioned the embarrassment, humiliation and insensitivity surrounding interactions with an insurance provider. Several also mentioned how their interactions with insurance providers have impacted negatively on their mental health.

Since 2013 *beyondblue* has moved to proactively call for people to share their stories of unfair treatment or discrimination by insurers for mental health reasons and we are aware of hundreds of cases about seemingly arbitrary decisions around access and obfuscation and lack of transparency in the management of claims. The experiences that continue to be reported to *beyondblue* suggest that dismissive and/or obstructive conduct within the insurance industry is still common, and is particularly concerning given the negative impact that this can have on vulnerable people.

Mental health disputes and complaints

There are a number of avenues in which complaints and appeals of insurers' decisions can be made. However, the current complainant-driven process can inadvertently disadvantage complainants as the process is often considered complicated, costly and time-consuming.

For a consumer who is not satisfied with the outcome of their interaction with a financial service provider, their first option for redress is through the financial service providers IDR process. When internal dispute resolution fails, consumers have access to external dispute resolution (EDR) or to legal redress. While a proportion of complaints are resolved through financial service provider IDR services, many people have described dealing with the insurance industry's IDR processes as a battle and that it is rare that an insurer will overturn a decision already made. Of particular concern, some people described experiencing a prolonged claims process that sometimes spanned a number of years.

"The claim was accepted after about five years – they lost the original claim, then lost the next one, then delayed whilst sending me to a lot of specialists at my cost. Whenever the specialist reported in my favour they would send me to another at my cost. I never recovered the cost of specialists." – Respondent to Survey of Consumer Experiences

If a customer is not satisfied with the outcome of the IDR process, they can then lodge a dispute with an EDR scheme. EDR schemes use a range of different approaches to deal with a complaint including negotiation between parties, conciliation or mediation. An EDR scheme operates by acting independently and working with both with the consumer and the financial institution to help deal with a complaint. If the EDR scheme cannot negotiate a compromise between a financial service sector provider and the consumer,

² Mental Health Council of Australia and *beyondblue* (2011). Mental health, discrimination and insurance: a survey of consumer experiences 2011. Accessed online 29 September: <https://www.beyondblue.org.au/docs/defaultsource/default-document-library/bw0129-report-mental-health-discrimination-and-insurance.pdf?sfvrsn=2>

they will make a final decision. In other cases, after considering the facts and information, the scheme can make a decision about the issues in the dispute and how to resolve it.

While EDR conciliation processes provide an opportunity for resolution of individual claims, most cases settle on a confidential basis without an admission of liability on the part of the insurer. As a result, there is little transparency and the opportunity these cumulative experiences to influence longer-term practice change or to set firm legal precedents has been considerably constrained.

In October 2016, the **Australian Securities Investment Commission released REPORT 498: Life Insurance claims: An industry review**³. This investigation found that policy holders with a mental health condition face a challenging burden to establish their condition which entitles them to make a valid claim. Within the same report they also state that:

“For consumers, the intrinsic value of an insurance product is in the ability to make a successful claim when an insured event occurs. Not being able to successfully claim on life insurance in these circumstances can be financially devastating for the consumer and/or their family”.

For mental health claim disputes, the report identified several areas for concern including the evidence required to substantiate a claim, issues of non-disclosure and issues such as delays in assessing claims, pre-existing condition definitions, general declined claims and the application of exclusions for suicide.

For disputes relating to what constitutes evidence for validating a mental health claim, dispute rates were much higher than dispute rates relating to evidence for all claims (51 per cent compared to 25 per cent). The evidence required by insurers to substantiate mental health claims included requiring policy holders to attend psychiatric assessment, complete activity diaries, submit regular progress claims forms, provide medical reports and attend interviews with private investigators, as well being subject to surveillance in some cases.

For disputes relating to alleged non-disclosure of pre-existing mental health conditions, dispute rates were much higher than disputes rates for all claims (15 per cent compared to 5 per cent) with three concerning areas emerging:

- An insurer may investigate a lengthy period of the policy holder’s life as part of assessing whether there was a pre-existing condition. Some complaints received were about insurers examining policy holder’s medical history as far back at 20 years. Examples were found where an insurer considered a ‘pre-existing condition’ to include a matter as simple as a comment to a GP or a visit to a counsellor both in the absence of any diagnosis, resulting in an unrelated mental health claim being declined many years later. Seemingly, this demonstrates unfair insurance practices that aim to find any excuse to not pay out a claim.
- Insurers appear to have avoided paying on policies due to non-disclosure of mental health conditions even though the mental health condition did not cause or contribute to the claim.
- Due to a combination of both points above, policy holders showed reluctance in seeking help for mental health conditions, even in the absence of a diagnosis, or to support recovery or prevent relapse because they were aware of the impact it

There has also been media and community concern for unfair denial of coverage for people coverage or rejecting and/or delaying claims, often based on weak diagnoses and outdated attitudes about mental illness⁴.

Currently in Australia, the external disputes resolution system is complex comprising of multiple bodies who can hear complaints regarding insurance, depending on the nature of the complaint, relevant law and jurisdiction (e.g. complaint on the basis of discrimination). This makes the system difficult to navigate and deters consumers from taking action, particularly if they are currently unwell as a result of their mental health condition and/or do not have an advocate, or feeling vulnerable and stigmatised as a consequence of their interaction with insurers.

³ Australian Securities and Investments Commission (2016). Report 498. Life insurance claims: an industry review. Accessed online 31 October 2016 <http://download.asic.gov.au/media/4042220/rep498-published-12-october-2016a.pdf>

⁴ Ferguson, A. (2016). Mental Health. Accessed online 29 September: <http://www.smh.com.au/interactive/2016/commsure-exposed/mental-health/?prev=3>

Ultimately the burden falls on individuals to invest considerable time, money and effort in pursuing a complaint. Disputed claims and/or lengthy delays can be extremely stressful and in some cases may exacerbate a person's mental health condition. Individuals have told *beyondblue* of the increased stress that the claims process inflicted, particularly the impact of prolonged processes with extensive evidence required, and examinations undertaken by unfamiliar medical professionals working for insurers. Most people give up, although some like Ella Ingram show the time, energy and stress involved in working through the whole process.

Case Study: Ingram v QBE Insurance (Australia) Ltd (Human Rights) [2015] VCAT 1936⁵

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Ella Ingram, now 21 years old, was issued with a travel insurance policy by QBE for a school study trip to New York when she was 17. After commencing Year 12, prior to the departure of the school trip, Ella became unwell and was diagnosed by a psychiatrist with depression, and was subsequently voluntarily admitted to an adolescent psychiatric inpatient unit. This was the first time in her life that Ella had experienced depression. On doctors' advice, Ella decided she would be unable to go on the trip to New York, and then claimed under the policy for the cancellation costs of \$4292.

Ella's claim was refused by QBE internal dispute resolution process, who relied on a general mental illness exclusion clause, which excluded coverage of any claims relating to mental illness. Ella subsequently took her complaint to the Victorian Equal Opportunity and Human Rights Commission and challenged QBE's denial of the claim in the Victorian Civil and Administrative Tribunal (VCAT); in December 2015 VCAT found in Ella's favour. VCAT found that QBE discriminated against Ella twice, firstly by issuing a policy which contained the mental illness exclusion clause, and secondly by refusing her claim based on that exclusion.

The Tribunal found that QBE did not produce sufficient evidence to prove that the discrimination was based on actuarial or statistical data. QBE accepted that it had no actuarial data on which to rely in respect of the mental illness exclusion in the policy. QBE presented a range of prevalence data, however they also acknowledged that there was a 'paucity of evidence' to show that there was a link between the statistical data and the decision to include a general exclusion for mental illness in the travel insurance policy.

QBE was found by the Tribunal as not being able to produce sufficient evidence that it would have suffered an unjustifiable hardship by removing the mental illness exclusion clause. The Tribunal member noted that "There is an absence of sufficient material for me to determine that it would be an unjustifiable hardship for QBE to be unable to rely on the mental illness exclusion. The scales weigh in favour of people like Ms Ingram being able to be properly assessed on their policy claims in the same way people with physical disabilities are assessed."

Although the finding is limited to the circumstances of Ella's case, which concerns travel insurance, being the first test-case concerning insurance discrimination on the basis of mental illness in Australia, the case highlights critical issues in relation to broad, blanket mental health exclusions, and the importance of policy terms being informed by robust actuarial and statistical data and analysis.

Ella's case was the first test case heard by a court or tribunal in relation to insurance discrimination and mental illness in Australia. Ella Ingram's case was unique, in that she chose to pursue her dispute with QBE to a hearing for the broader public benefit despite the toll of protracted litigation. It **took almost four years** for Ella to find out whether QBE's discrimination against her was unlawful. In the time that it takes to pursue a complaint, an individual may be uninsured and unprotected, or suffer financially.

⁵ Ingram v QBE Insurance (Australia) Ltd (Human Rights) [2015] Victorian Civil and Administrative Tribunal. Accessed online 29 September: <https://www.vcat.vic.gov.au/resources/document/ingram-v-qbe-insurance-australia-ltd>

beyondblue's recommendations for improving the consumers experience when engaging with the financial sector dispute resolution system

The financial service sector engages almost every Australian nearly every day. This opportunity to redesign Australia's financial service sector external dispute resolution (EDR) system gives the Australian Government Treasury the chance to provide a world class system that has consumers' needs at its centre, including those with a mental health condition.

Financial institutions have high levels of financial literacy, in-depth product knowledge and substantial resources comparative to consumers. A fair and effective EDR system should serve as a mechanism to minimise the power imbalance between large financial institutions and consumers as well as holding both parties accountable.

To be successful, an EDR system needs to embrace the principles of: low-cost; ease of access; a financial scope that keeps pace with the realities of disputed sums; procedural informality; flexibility; simplicity; and timeliness. It must provide consumers with clear information and expectations, include defined timeframes for resolution, and have enforceable powers to ensure breaches are remedied by financial institutions.

Improving the consumer experience

To improve a person's experience in engaging in the EDR process within the financial services sector:

- *beyondblue* supports the focus on improving the EDR system, however we feel that the need for this system would be lessened if financial institutions improved their internal dispute resolution (IDR) processes. *beyondblue* therefore supports the recommendations that: financial firms should be required to publish information and report to Australian Securities and Investment Commission (ASIC) on their IDR activity and the outcomes consumers receive in relation to IDR complaints; ASIC should have the power to determine the content and format of IDR reporting; and Schemes should register and track the progress of complaints referred back to IDR.
- *beyondblue* strongly agrees with continuing to provide EDR services that are of **no** cost to the consumer. A no cost service is crucial to ensuring fair and equitable access.
- *beyondblue* strongly agrees with concept of reducing complexity and consumer confusion within the EDR system to ensure all members of the community including those who are vulnerable (i.e. those with a mental health condition or culturally and linguistically diverse) are aware of their rights to access EDR services and how to do so. To support, we recommend equitable access to services, the proposed combined Financial Ombudsman Service and Credit and Investment Ombudsman (Combined Ombudsman) needs to invest in additional resources, such as advertising services in different channels and populations, translation services, culturally-appropriate services, extended office hours and ensuring staff have mental health awareness training.
- *beyondblue* recommends clear information and expectations are communicated upfront when a consumer lodges a dispute with the proposed Combined Ombudsman. This will reduce consumer confusion and increase efficiency, transparency and accountability. This information should include:
 - Service provision
 - Cost to consumer
 - Additional services if needed e.g. translation, culturally appropriate services, mental health
 - Timeframes for resolution
 - Expected communication frequency and channels

- Expectation of consumer during the process
 - Outcome from the resolution process and next steps for conciliation
 - Alternative methods for dispute resolution
- *beyondblue* recommends consideration be given to the development and implementation of a number of programs to support consumers in having a positive and non-adversarial engagement with the proposed Combined Ombudsman and a Superannuation Complaints Ombudsman. The following should be considered:
 - a mental health training standard as part of the ombudsman occupational health, safety and wellbeing plan; *beyondblue* can provide information and advice on this.
 - the [HeadsUp Program](#) to create a mentally healthy workplace for the ombudsman workforce.
 - *beyondblue* recommends the proposed Combined Ombudsman promotes and delivers regular and ongoing financial literacy courses at no cost to the Australian general public, especially offering it to people who engage in dispute resolution services.
 - *beyondblue* recommends the proposed Combined Ombudsman fund regular public awareness and education campaigns nationally to inform Australian's about consumer and financial service provider rights and responsibilities.

Proposed Combined Ombudsman jurisdiction (Financial Services Ombudsman and Credit and Investment Ombudsman)

- *beyondblue* supports the interim report *draft recommendation one* to combine the Financial Service Ombudsman with the Credit and Investment Ombudsmen (Combined Ombudsman) to simplify the EDR process for consumers.
- *beyondblue* strongly supports the recommendation to establish a Superannuation Complaints Ombudsman (SCO) and eventually integrate the SCO into the proposed combined ombudsman that will cover financial and credit and investment disputes. In Australia, over 14.8 million people have a superannuation accounts which includes an opt-out system for group life insurance policies. For people wanting to resolve a dispute regarding a superannuation group life insurance policy, there are still multiple bodies that can manage the dispute including the proposed combined ombudsman (FOS and CIO) as well as the proposed SCO or national, state or territory anti-discrimination bodies. In the interim a clear referral pathway for these customers' needs to be developed and managed.
- *beyondblue* recommends that the proposed Combined Ombudsman considers including discrimination disputes within its jurisdiction. Currently, a person with a mental health condition or other disability who believe they have unfairly been refused life insurance or have been issued a non-standard life insurance policy, must lodge a complaint through the Australian Human Rights Commission under the Disability Discrimination Act 1992 (Cth). While this may result in a positive outcome for the consumer if the matter is resolved, it does little to raise awareness and build understanding of mental health conditions in the broader insurance industry.
- If the Combined Ombudsman decides to include discrimination cases within its jurisdiction, *beyondblue* recommends working with the Australian Human Rights Commission and State or Territory-based human rights, anti-discrimination or equal opportunities bodies to help develop a protocol with respect to these disputes.
- If the proposed Combined Ombudsman's jurisdiction does not include discrimination claims, then a clear and direct referral pathway between the proposed combined ombudsman to either the Australian Human Rights Commission and State or Territory-based human rights, anti-discrimination or equal

opportunities bodies needs to be enacted and streamlined processes developed to avoid repetition and lengthy delays that may occur in seeking redress through successive or multiple agencies.

- *beyondblue* supports *draft recommendation eight* to introduce a panel for the resolution of complex disputes as well as providing consumers with enhanced information regarding under what circumstances the scheme will use a panel to resolve a dispute. For complex mental health disputes, a panel must include a mental health professional, and depending on the nature of the dispute, potentially discrimination lawyers or organisations such as the Australian Human Rights Commission or state and territory anti-discrimination bodies.
- *beyondblue* supports *draft recommendation two* that the new Combined Ombudsman should provide consumers with monetary limits and compensation caps that are higher than the current arrangements, and that are subject to regular indexation. For consumers that are engaging in this Combined Ombudsmen in a dispute about life insurance, the current compensation limit of \$309,000 may not be high enough to support a fair and just resolution.

Increased Australian Securities and Investment Commission oversight of industry ombudsman schemes

- *beyondblue* agrees with *draft recommendation seven* to enhance ASIC's oversight powers in relation to the proposed ombudsman schemes by providing ASIC with more specific powers to allow it to compel performance where the schemes do not comply with EDR benchmarks.
- *beyondblue* supports the *recommendation within the* interim report stating that both proposed (SCO and combined) ombudsman's should be required to meet the standards developed and set by ASIC. The standards developed by ASIC need to be more than guidance, ASIC need the power to enforce these standards. The standards developed by ASIC should consider including:
 - guidelines for the management of mental health disputes within the financial service sector. This could include having a separate specialised area within the ombudsman's workforce that focuses on mental health related disputes especially complex claims.
 - strict timeframes for the resolution of a complaints within the IDR and EDR processes. *beyondblue* recommends that a standard 60 day limit is imposed for each internal and external dispute resolution process as a maximum limit for complaints resolution instead of the current generally used benchmark of 90 days. If it is possible that a complaint can be resolved earlier, incentives for fast dispute resolution for simple cases should be implemented.
 - mandating public reporting of complaints data for both IDR and EDR schemes (*supporting draft recommendations nine and ten*). ASIC should have the power to determine the content and format of the reporting.
 - The public reporting of IDR and EDR processes and outcomes should include:
 - providing a full description of how the complaint was addressed or conversely why it was not accepted and where the person was referred if needed;
 - providing a description of the outcome of the complaint including adherence to timeframes; and
 - a section specifically focused on mental health related claims. This section needs to include the evidence and data an insurance company used and relied on to resolve or not solve a complaint for a dispute.
 - Complaints data needs to include the organisation and product identification information and it should be public through a quarterly report available on ASIC website.

- If schemes are going to be required to have independent reviews, a clear definition of what qualifies as an independent review is required as well as a mechanism to support peer review of the independent review's recommendations. *beyondblue* agrees that the financial service provider should have the opportunity to provide detailed response in relation to recommendations and how they will be implemented. However, *beyondblue* recommends the independent report and responses to the recommendations need to be publically available to provide an appropriate level of financial transparency to remain accountable to users and the wider public.

A superannuation code of practice

- *beyondblue* supports *draft recommendation five* that the superannuation industry should develop a superannuation Code of Practice. This recommendation is already underway with the superannuation working group already been convened. *beyondblue* strongly recommends that the Australian Government insist that the new superannuation Code of Practice considers the management of mental health related claims within the group life insurance section.
- In October 2016, the Financial Services Council launched the life insurance industry's first-ever industry-led consumer Code of Practice for the Life Insurance sector. *beyondblue* and other consumer health organisations provided feedback to the Financial Services Council before the Code's release stating the importance of better addressing mental health and improving access to insurance products for customers with mental health conditions as well as updating the 2003 Mental Health Underwriting Guidelines to which the code was referring. This request was met with a press release stating this issue of a mental-health specific standard will be addressed in the next iteration of the Code in 18 months' time. We encourage the Australian Treasury to ensure that superannuation companies are ahead of the curve in setting the bar and addressing mental health within their sector.

beyondblue's recent insurance, discrimination and mental health submissions

beyondblue has developed three submissions for the Australian Government in relation to insurance, mental health and discrimination. These submissions are:

- Department of Foreign Affairs and Trade - Development of the Consular Strategy 2017-19: Mental Health.
- Parliamentary Joint Committee on Corporations and Financial Services – Life Insurance Inquiry. In response, *beyondblue* has been invited to give evidence at a public hearing on 22 February 2016.
- Australian Government Treasury – Issues Paper - Review of the Financial System External Dispute Resolution Framework.

The above submissions can be found on *beyondblue's* website under the policy submission tab:

<https://www.beyondblue.org.au/about-us/about-our-work/discrimination-in-insurance>

Conclusion

beyondblue acknowledges and supports the efforts of the Australian Treasury to enhance outcomes for consumers who experience difficulties with financial services institutions. The Australian public needs to be confident that they have easy-to-understand and easy-to-use mechanisms for resolving disputes that may arise with such institutions, including internal and external dispute resolution systems as well as access to redress through the Australian courts. Importantly, such systems need to be able to meet the needs of all Australians including those who may be vulnerable because of race, ethnicity, socioeconomic status, illness or disability.

beyondblue believes that the current system does not sufficiently protect people with a prior or current experience of a mental health condition from unfair or unlawful treatment by financial institutions. Over

the last 15 years, *beyondblue*, working in collaboration with Mental Health Australia, has accumulated a wealth of anecdotal and empirical evidence that many people with a mental health condition experience insurance discrimination when it comes to accessing insurance or making a claim against their insurance product. As a result, many need to take action and lodge a complaint about their treatment and in doing so experience a slow and complex system that can exacerbate their distress and financial difficulties. The complexity of the current complaints resolution system is preventing people from resolving a legitimate complaint and putting undue responsibility and stress on the complainant to get a fair and enforceable resolution.

The Australian Treasury's *Interim Report on the Review of the financial system external dispute resolution and complaints framework* contains a range of excellent recommendations that are likely to enhance the quality of IDR and EDR processes and create a fairer balance between the interests of insurers and the rights of insurance policy holders and applicants. As part of our commitment to championing the needs and rights of people with a mental health condition *beyondblue* has suggested a number of enhancements to the interim report recommendations that to ensure equitable outcomes for people affected by a mental health condition.

Specifically these include:

- Enhanced information for consumers tailored to clients with additional needs;
- Mental health awareness training for people involved in handling complaints through IDR or EDR systems;
- Implementation of the HeadsUp program to create a mentally healthy workplace.
- Streamlined pathways for consumers who may have access to more than one EDR system (e.g. ombudsman or HREOC);
- Consideration of discrimination based disputes within the new combined ombudsman jurisdiction.
- Inclusion of a specialised area within the ombudsman that manages mental health related disputes especially complex claims;
- Strict timeframes monitored by ASIC for both IDR and EDR processes;
- Mandatory public reporting of complaints data for both IDR and EDR schemes with a specific section for mental health related disputes; and
- Insistence that the new Superannuation Code of Practice includes the management of mental health related claims within the group life insurance section.

beyondblue is keen to work in collaboration with the Australian Government to support the introduction of these initiatives so that all people using IDR and EDR systems, especially those with a mental health condition get a fair and timely resolution to their insurance complaint.