



Insurance cover and mental health

Explains how mental health problems can affect insurance cover, what your rights are, and how to choose the right cover for you. Includes a list of specialist insurance providers.

If you want to contact us with any feedback, email contact@mind.org.uk.

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How could my mental health problem affect my insurance?

Unfortunately, if you have a [mental health problem](#) you may sometimes find it hard to get the right insurance policy.

What challenges might I face when applying for insurance?

- **It might be difficult to get the cover that you want.** For example, many insurance providers (known as insurers) do not cover [pre-existing medical conditions](#), including mental health problems. They may also have restrictions about what they won't cover in terms of mental health.
- **You could be assessed as a 'high risk' customer.** This means the insurer believes they are more likely to have to pay out money on a [claim](#). So you could be refused cover or charged a higher premium (the amount you pay to take out an insurance contract). This can happen even if you had a mental health problem in the past but are now recovered.
- **You may be charged more if you are unable to work because of your mental health.** Insurers may only give you the option of selecting 'in work' or 'unemployed' in your application, and you may find your premium is higher if you answer that you are unemployed.
- **The questions the insurer asks might be too broad.** For example, the insurer may ask you only one question about your mental health, such as 'have you ever had a mental health problem?'. If you say yes, they may then refuse you cover or charge you a higher premium.
- **The process of applying can be difficult.** For example, if your mental health problem makes it hard for you to concentrate on small print or fill out forms.
- **The application process may feel upsetting or intrusive.** Sometimes you might be asked difficult or personal questions about your mental health, by staff who don't have mental health training.
- **Some insurers may raise prices if you tell them that you are taking medication or receiving other treatments.** This can be frustrating if you feel that you're being punished for managing your mental health problem or that the insurer has a poor understanding of mental health. See our information on [your legal rights when dealing with insurers](#) and [types of disability discrimination](#) for more on this.

- **The insurer might not clearly explain their decision-making processes.** You may find that when you are refused insurance cover or charged a high premium the insurer does not properly explain why.

This can be extremely frustrating, but there are some steps you can take to make it easier. See our information on [getting the right insurance cover](#), [your insurance rights](#) and [how you can challenge discrimination by insurers](#).

“I've had problems finding affordable car insurance as my condition means I can be off work for long periods of time. Having 'unemployed' as my occupation drives the premium right up.”

Do I really need insurance cover?

There are lots of different types of insurance to cover a wide range of situations. You can find information about different types of insurance cover from [Citizens Advice](#) or [MoneyHelper](#).

The coronavirus (Covid-19) pandemic may have impacted insurance policies in some cases. And it may have affected the way you feel about getting insurance. For information on coronavirus and insurance see [MoneyHelper](#).

What's a pre-existing medical condition?

A pre-existing medical condition is any condition you have at the time you apply for insurance.

Many insurance policies do not cover pre-existing conditions. This means that they will not pay out on a claim related to a pre-existing condition, including mental health problems.

For example, if you have a diagnosis of [depression](#) when you apply for insurance, this would be considered a pre-existing condition. If your policy does not cover pre-existing conditions, but you try to make a claim related to your depression, your insurer will dismiss your claim as invalid and will refuse to pay out any money.

Example

David has a diagnosis of [schizophrenia](#) and buys a standard travel insurance policy. The policy says it covers medical treatment, including for mental health problems. But in the small print it says that this doesn't cover pre-existing medical conditions.

While he's travelling, David becomes unwell with problems related to his diagnosis and needs hospital treatment. In this case, this treatment would not be covered by his policy, and David would have to pay for it all himself.

How can I find the right insurance cover?

Having a mental health problem can mean that you face certain [challenges to getting insurance](#). But there are things you can do to make sure you get the right cover at a good price. You might find it helpful to try some of the following:

Remember: Under [disability discrimination law](#), it is unlawful for insurers to discriminate against someone with a mental health problem if it is a [disability under the Equality Act 2010](#).

But there are exemptions in the Equality Act 2010 that allow an insurer to make decisions based on your disability, as long as these decisions are made on the basis of relevant and reliable information, and the insurer acts reasonably. [Citizens Advice](#) have more information about when an insurer is allowed to discriminate against you.

If you feel you have been treated unfairly by an insurer because you've told them about your mental health problem, see our section on [your rights](#) when taking out insurance for more information on what you can do.

Shop around different insurers

- **Identify your specific insurance needs** and look at what different providers offer, to compare which ones best meet these. You can search online to find insurers and contact them directly. Or have a look at the [Association of British Insurers \(ABI\)](#), [British Insurance Brokers' Association \(BIBA\)](#) and [MoneyHelper](#) websites, which all provide lists of insurance providers.
- **Use brokers or comparison sites** to help you compare different options. MoneyHelper has more information on how to get the best out of [brokers](#) and [comparison websites](#).
- **Get quotes from different insurers**, so you can compare prices and decide which works best for you. Some websites have online quote tools. So you might want to check how much your insurance would have cost without declaring a mental health problem, to get a more accurate understanding of any price differences.
- **Look at insurers who cover people with pre-existing conditions**, including mental health problems. See our section on [specialist insurers](#) for details on these.
- **Choose an insurer that has a thorough approach to assessment.** An insurer that asks you relevant and appropriate questions about your mental health before making their decision is more likely to provide suitable cover at a reasonable price.

“Usually a quick Google to find a travel insurance policy that covers my condition will easily find something suitable. And although it’s more expensive, it’s definitely better for peace of mind.”

Check exactly what different policies cover

- **Check if you’re already covered for basic insurance.** Your work or bank may have a policy that provides some cover.
- **Read the small print.** Read your policy carefully, including the small print, and make sure you understand exactly what it covers.
- **Check whether pre-existing medical conditions are covered,** including mental health problems. Keep in mind that many policies don't include pre-existing medical conditions as standard.

If there is anything you don't understand or you need to find out more, contact the insurer.

“I make sure to read the small print to see what’s covered and what isn’t. The most useful thing I’ve found is to contact the insurer directly, sometimes anonymously, to find the right information before I commit to a policy.”

Prepare before you apply

- **Have a doctor’s report ready before you apply.** You could ask your GP or psychiatrist to provide a report that explains your condition in more detail. This might help your case when you apply for insurance or if you need to challenge an insurer’s decision. Reports can sometimes take a while to come through, so try to have this ready beforehand.
- **Consider asking someone to support you.** Looking for insurance can be difficult and confusing, especially if you are feeling unwell. If you can, ask someone you trust, such as a friend, family member, carer or [advocate](#), to support you. And if you’re feeling overwhelmed or exhausted, take a break and come back to it later.

Tell the insurer what you need

Staff at insurance companies may not have a good understanding of mental health, or experience in assessing mental health. This can feel challenging or frustrating. But remember that you deserve to be treated with respect.

Insurers should offer at least 2 ways of communicating. For example, you could ask to:

- **Communicate by email** if you find it hard to talk on the phone
- **Talk to a different member of staff** if you feel someone doesn't understand your situation

If your mental health problem meets the definition of a disability under the [Equality Act 2010](#) and it makes applying for insurance more challenging, you may also be able to ask for [reasonable adjustments](#). For example, you could ask to:

- **Extend deadlines** to give you more time to fill out forms
- **Have someone else communicate** with the insurer on your behalf, such as a partner, close friend or advocate

See our resources on [disability discrimination](#) and [reasonable adjustments](#) for more information on your rights when asking for what you need.

Contact an advocate

If you're finding it difficult to get insurance because of your mental health problem, you may be able to get an advocate to help you. This could be a friend, family member or a professional advocate. An advocate can:

- Help you through the process of applying
- Make sure your views and worries are taken into account
- Help you if you want to [make a complaint or take legal action](#)

See our information on [advocacy](#) to find out more.

Get help with any money problems

Insurance can be expensive. And if you're already struggling with money, trying to find affordable insurance can add to these worries. If your financial situation is making your mental health worse, see our resource on [money and mental health](#) for some ideas that could help.

The [Mental Health & Money Advice](#) website also has tips, advice and videos on coping with money problems, including information about finding the right insurance cover.

What about if I need to make a claim on my insurance?

Once you've taken out an insurance policy, you may find yourself in a position where you have to 'make a claim'.

An insurance claim is when you ask your insurer to pay the cost of a loss or event that is covered in the policy that you took out with them.

Sometimes, insurers may reject insurance claims, or refuse to pay the full amount. There can be various reasons for this. It can be really worrying and frustrating to have a claim refused, especially if you feel that the decision is unfair.

For more information on why your claim might be refused and what you can do next see the [MoneyHelper](#) and [Citizens Advice](#) websites, and our tips on what you can do [if an insurer rejects your application or claim](#).

For help understanding your legal rights when making a claim, see our information on [your rights when dealing with insurers](#).

Keep evidence

It's a good idea to keep evidence about your dealings with insurance companies, in case you want to make a complaint or take legal action in future. This could include:

- **Copies of letters and emails** that you send the insurer, and that they send you
- **A record of any phone conversations** you have with the insurer (such as the date, time, name of the person you speak to, and a short summary of what you each said)
- **Any other information** that supports your claim (such as reports, receipts, invoices)

Are there specialist providers for pre-existing conditions?

The insurance providers listed here claim to provide specialist cover for people with [pre-existing mental health conditions](#).

Please note:

- Mind does not endorse any particular insurance provider, including the providers listed here.
- Mind cannot offer advice on individual insurers, including the providers listed here. We do not have any knowledge of their past performance or how much they might charge you.
- No insurance provider can guarantee you cover before you apply. Policies are assessed on a case-by-case basis once you have applied.
- This list is not exhaustive. Many other insurance providers may be able to provide specialist cover for different health conditions. You will need to judge which provider can offer you the most appropriate cover for your situation.

Useful contacts

AllClear Travel

[0800 077 777](tel:0800077777)

allcleartravel.co.uk

Provides specialist travel insurance for people with pre-existing medical conditions, including mental health problems.

Aston Lark

[020 7543 2800](tel:02075432800)

astonlark.com

Provides travel, life and home insurance for people with mental health problems and their families.

Avanti Travel Insurance

[0800 888 6195](tel:08008886195)

avantitravelinsurance.co.uk

Provides travel insurance for people with pre-existing medical conditions, including mental health problems.

Caspian Insurance

[0800 015 1342](tel:08000151342)

caspianinsurance.co.uk

Finds life insurance for people with pre-existing medical conditions, including mental health problems.

Cura

[0800 567 7450](tel:08005677450)

curainsurance.co.uk

Offers a variety of insurance services including life, critical illness and income protection, for people with pre-existing medical conditions including mental health problems.

Direct Travel Insurance

[0330 880 3600](tel:03308803600)

direct-travel.co.uk

Provides travel insurance for people with pre-existing medical conditions, including mental health problems.

Free Spirit

[02392 419 080](tel:02392419080)

freespirittravelinsurance.com

Specialist travel insurance for people with pre-existing medical conditions, including mental health problems.

Good to go insurance

[0330 024 9949](tel:03300249949)

goodtogoinsurance.com

Travel insurance for any age group, with or without pre-existing medical conditions, including mental health problems.

I'm Insured

[0800 334 5980](tel:08003345980)

im-insured.co.uk

Finds life insurance for people with pre-existing medical conditions, including mental health problems.

The Insurance Surgery

[0800 083 2829](tel:08000832829)

the-insurance-surgery.co.uk

Finds life, travel and other types of insurance for people with pre-existing medical conditions, including mental health problems.

It's So Easy Travel Insurance

[0330 606 1434](tel:03306061434)

itssoeasytravelinsurance.com

Provides travel insurance for people with pre-existing medical conditions, including mental health problems.

Just Travel Cover

[0800 294 2969](tel:08002942969)

justtravelcover.com

Provides travel insurance for people with pre-existing medical conditions, including mental health problems.

MIA

[0800 999 3333](tel:08009993333)

miatravelinsurance.co.uk

Provides travel insurance for people with pre-existing medical conditions, including mental health problems.

Saga Insurance

[0800 015 8055](tel:08000158055)

saga.co.uk/insurance

Provides travel insurance for people over 50 with pre-existing medical conditions, including mental health problems.

Staysure

[0800 033 4902](tel:08000334902)

staysure.co.uk

Provides travel insurance for people with pre-existing medical conditions, including mental health problems.

Worldwide Insure

[01892 833 338](tel:01892833338)

worldwideinsure.com

Provides travel insurance for people with pre-existing medical conditions, including mental health problems.

What are my legal rights when dealing with insurers?

When applying for insurance cover, there are a number of things to be aware of regarding your legal rights.

Here are some common questions you may have.

Do I have to tell my insurer about my mental health problem?

It's understandable to wonder if you should tell an insurer about your mental health problem or not. But if you don't answer questions about your mental health completely truthfully, and your insurer finds out, this could have some serious consequences.

For example:

- **Your policy could be cancelled or become void**, resulting in any claim you make being dismissed, even if it's not related to your mental health problem.
- **You could be charged a lump sum fee** to make up the difference between the rate you were paying and the rate you would have paid if the insurer had known about your mental health problem.
- **They may take legal action against you** to recover the amount they paid out, if they find out after a claim has been settled.
- **You may find it harder to get insurance** the next time you apply.

So it's not a good idea to hold back information about your mental health if an insurer asks you about this.

If I tell them, could they treat me differently?

Yes, but only within the law.

When an insurer chooses whether to insure you or not, and how much to charge you, they are basing this on an assessment of risk. They are weighing up how likely it is that

you'll make a claim, and they'll charge you more if they think you're more likely to make a claim.

Because of this, it is lawful for an insurer to reject your insurance application **if they can show there's a greater risk of having to pay out a claim because of your disability.**

But for this to be lawful, they need to show that they have used information that is both [relevant](#) and [reliable](#), and that their decision has been [reasonable](#).

The law that protects you from [disability discrimination](#) in England and Wales is the [Equality Act 2010](#). This law determines when insurers can and can't discriminate against you. Examples of discrimination could include refusing to cover you or charging you more because of your disability.

The Equality Act may protect you from discrimination if an insurer is basing decisions on, for example:

- A disability that you used to have but don't have any more, or
- A disability that they incorrectly believe you have

See our resource on [disability discrimination](#) for more detailed information.

What does 'relevant' mean?

Insurers make decisions about whether to provide cover, and how much to charge for it, based on their assessment of the risk involved. They need to ask you for information that is **relevant in helping them assess specific risks.**

For information to be relevant, there must be a connection between your mental health problem and whatever you are buying insurance for.

For example, if you apply for income protection insurance, the insurer will assess the risk of you losing your job (and them having to pay out on your claim). Your mental health might be relevant information, because it might affect the likelihood of you becoming unable to work.

If the information that the insurer relies on when assessing your application is not relevant though, then a decision to deny you cover or to charge you more would be unlawful discrimination.

What does 'reliable' mean?

Insurers must base their decisions on information **from reliable sources.** This could include:

- Statistical data about risk or life expectancy
- Medical research information
- Medical reports

If the information the insurer uses is not reliable though (for example, if it's out-of-date or from an unreliable source) the decision to refuse you cover or charge you more would be unlawful. Unfortunately, insurers won't always be clear with you about the information they've relied on to make their decisions.

If you've been denied insurance cover, or if the insurance premiums you've been charged seem too high, see our information on [what you can do if an insurer rejects your application or claim](#).

What does 'reasonable' mean?

As well as basing their decisions on relevant and reliable information, insurers must also make **decisions that are reasonable**.

These are some examples of unreasonable decisions that could be considered unlawful discrimination:

- If they charge you a premium that is **out of all proportion to the risks** your mental health condition presents, this is very likely to be considered unlawful.
- If they justify their decisions based on **generalisations** about mental health conditions rather than information about your specific diagnosis, this is quite likely to be considered unlawful.
- If they deny you cover or charge you higher premiums and **don't adequately explain their reasons** when you ask them, this might be considered unlawful.

Examples of unlawful discrimination by insurers

Steffi

Steffi applies for a mortgage protection policy when she is buying a flat. She is 33.

In her teens and early 20s Steffi experienced bulimia (an [eating disorder](#)) and severe [depression](#). Her mental health problems amounted to a disability under the [Equality Act 2010](#). She received treatment and has now lived for several years in recovery from her eating disorder, and without any severe depressive episodes.

The insurer rejects her application for a policy on the basis of her diagnoses in the past. The insurer has unlawfully discriminated against Steffi **because of her past disability**.

Geoff

Geoff has a diagnosis of [schizoaffective disorder](#), which amounts to a disability under the [Equality Act 2010](#). He is looking to take out home contents insurance.

The insurer asks him whether he has any health problems, and when he discloses his diagnosis it refuses to provide cover.

The insurer has unlawfully discriminated against Geoff **because information about his mental health has no connection with the risk** of making a claim under home contents insurance.

Can an insurer access my medical records against my wishes?

Insurers cannot access your medical records without your consent.

But if you tell them about a mental health problem, the insurer will often ask for further information from your doctor. They may also ask you to see an independent doctor that they choose. In this situation, you have the following rights:

- **The insurer needs your written consent to contact your doctor.** Without this they are acting unlawfully.
- **You have the right to see a doctor's report about you before it is sent.** This is the same whether it is your GP, another medical practitioner who has treated you previously, or an independent doctor that the insurer has chosen.
- **You can sometimes stop a report being sent if you are unhappy with it.** This is the case with reports from your GP or another medical practitioner who has treated you previously. Unfortunately, this isn't the case if the report comes from an independent doctor chosen by the insurer. In that instance you don't have a right to stop the report being sent, even if you disagree with it.
- **You can ask your GP or other medical practitioner to change any part of their report if you feel it's inaccurate or misleading.** If they're not prepared to make the changes you've suggested then you can write a written statement about what you feel is inaccurate or misleading, and you have a right for this to be attached to the medical report.

If you refuse to give written consent, ask your doctor not to send their report or say no to seeing an independent doctor, an insurer may refuse to insure you. Unfortunately, this is their legal right so there is nothing you can do about this.

What if the insurer asks me to make a 'subject access request'?

Some insurers have been known to ask people to make a 'subject access request'. This is where they access all of your medical records **as a condition of providing insurance**.

Forcing someone to make a subject access request in these circumstances is against the law. If an insurer asks you to do this:

- You have the right to refuse.
- You can make a complaint to the [Information Commissioner's Office](#).

See our legal resource on [your personal information](#) for more information about your other rights regarding access to your medical records.

What can I do if an insurer rejects my application or claim?

If you feel you have been treated unfairly by an insurer because of your mental health problem, there are a few things you can do:

Ask the insurer about their decision

If you feel that the insurer has given you inadequate information about why they've turned you down for an insurance policy, or why they've quoted a high premium, you could:

- **Contact the insurer** to ask them what information they've relied on in coming to their decision.
- **Ask them to be specific** about any medical report, statistical data or research material they have relied on.
- **Ask them to show you exactly how they came to their decision.** They should be able to explain how the information they've relied on is connected to your mental health problem, and why they think their quote is reasonable. For example, if you have been quoted a 25% higher premium because of your mental health problem you can ask the insurer to show you exactly what information and specific calculations it has used to come up with that figure.

Get support

Complaints and legal processes can take a long time and may be stressful. If you think you might find the process difficult, you could:

- Ask a friend, family member or [advocate](#) to help support you.
- Contact an organisation like [Citizens Advice](#) or the [Equality Advisory & Support Service \(EASS\)](#) as they may also be able to help.

Complain

If you're not happy with the insurer's explanation about their decision, you can make a formal complaint directly to the insurer. [MoneyHelper](#) has advice about how to make a complaint to a financial service. And their [downloadable templates for complaint letters](#) can be useful.

Insurers have eight weeks to respond to formal complaints. If they don't respond, or you are not happy with how they deal with your complaint, you can make a complaint to

the [Financial Ombudsman Service \(FOS\)](#). The FOS also have a support line if you need any help during the complaints process.

The process can take time, so bear this in mind. If the FOS decide your complaint is valid, the insurer may have to give you an apology or compensation.

Take legal action

Depending on your situation, you may be able to take legal action against the insurer. As a first step, make sure you get legal advice from one of the following:

- [Citizens Advice](#)
- [A local Law Centre](#)
- A private solicitor – [The Law Society](#) has a list of qualified solicitors in your area

How much time do I have to take legal action?

If you want to make a legal claim, you must do this within 6 months (minus 1 day) of the incident occurring. If you have been refused insurance cover then this would be 6 months after the refusal.

If your complaint is about the level of premium you are being charged then you can argue that each payment of the premium is a 'continuing act of discrimination' but it is better to make a legal claim within 6 months (minus 1 day) of being quoted the premium.

If your legal claim succeeds, the insurer may have to provide you with compensation or agree to sell you insurance at a fair rate.

For more information on your legal rights, see our resource on [disability discrimination](#).