

FSC Standard No. 21

Mental Health Education
Program and Training

10 December 2021



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FSC Membership this Standard is most relevant to: This Standard is relevant to FSC Members broadly. However, it is of particular relevance and binding upon FSC Members who are APRA registered life insurance companies or have a subsidiary that is a registered life insurance company.

Date of this version: This Standard was issued on 10 December 2021 and commences from 1 July 2022.

History (prior versions) of this Standard: This Standard was first issued on 22 August 2013, and commenced on 1 September 2013.

Main Purposes of this Standard: The purpose of this Standard is to ensure Member representatives, whether their own staff or authorised by the Member, have an appropriate level of mental health literacy and understanding to support them in their interactions with consumers who may have had and/or may be currently experiencing a Mental Health condition(s). This Standard also requires the Member to review the ongoing effectiveness of the Member's Mental Health Education Program.

This Standard is to be read in conjunction with the Life Insurance Code of Practice, Standard 11, Standard 16, Standard 24, Standard 25, Standard 26, Guidance Note 11, Guidance Note 32, Guidance Note 33.

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1. Title

- 1.1. This Standard (the Standard) may be cited as FSC Standard No. 21 Mental Health Education Program and Training.

2. Definitions

In this Standard:

- **APRA** means the Australian Prudential Regulation Authority.
- **Insurer** means a Member which is a registered life insurance company or any subsidiary of a Member that is a registered life insurance company.
- **Member** means a member of the Financial Services Council Limited (**FSC**).
- **Mental Health condition** is a term used to describe both a mental illness and mental ill-health.
 - A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardised criteria.
 - Mental ill-health also affects mood, thinking and behaviour however does not necessarily constitute a diagnosed mental illness. If not effectively managed, mental ill-health may develop into a mental illness.
- **Mental Health Education Program** means the Member's Program designed to ensure Representatives have an appropriate level of awareness and understanding of Mental Health conditions as set out in Section 8 of this Standard.
- **Representative** means any person or entity authorised by the Member who may be required, in the course of performing their/its role to interact with consumers in relation to the products and services of an Insurer.
 - Category 1 Representatives covers all people that interact directly with consumers even if they are a contractor or an external supplier to the Member. This includes, but is not limited to claims and underwriting staff, call centre operators, customer service officers, dispute resolution staff and financial advisers/planners directly employed by a Member.
 - Category 2 Representatives include people employed by the Member that are involved in designing and approving products and processes that consumers use but do not interact directly with consumers. This includes, but is not limited to, people working in mid-senior management, people leaders, product design, customer experience, legal and compliance functions.

3. Date of issue

- 3.1. This standard was first issued on 22 August 2013. This updated version was issued on 10 December 2021.

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4. Effective Date

- 4.1. This Standard should be applied in relation to a Member's operations on or after 1 July 2022. Earlier application of the updated standard is permitted and encouraged.

5. Application of this Standard

- 5.1. This Standard applies to all Members that are a registered life insurance company or have a subsidiary that is a registered life insurance company.
- 5.2. All life insurance companies registered by APRA who are not FSC Members are encouraged to follow this Standard.
- 5.3. This Standard should be read in conjunction with FSC Standard No. 1 Code of Ethics & Code of Conduct.
- 5.4. This Standard operates alongside and is subject to existing laws and regulations and in no way limits the rights or obligations of Members or Insurers under such laws and regulations. This Standard is not intended to create legal or other rights between Members or Insurers and any person or entity other than the FSC.

6. Statement of Purpose

- 6.1. Mental health conditions are the third leading cause of disability in Australia. Approximately 3 in 5 (60%) workers have self-reported experiencing a mental health condition.¹ This Standard has been developed in light of the significance and prevalence of Mental Health conditions within the community.
- 6.2. The purpose of this Standard is to ensure all Representatives of the life insurance industry have an appropriate level of mental health literacy and understanding to support them in their interactions with consumers who may have had and/or may be currently experiencing a Mental Health condition(s).
- 6.3. This Standard is not intended to prescribe a particular training program, provider or training schedule. The particular training required to meet the standard must take into account the specific nature of the Member's business, employees and customers.

7. Mental Health Education Training of Representatives

- 7.1. The Member must implement a *Mental Health Education Program* in accordance with the requirements outlined in Sections 7.2 – 7.6.
- 7.2. Mental health education and training modules completed by Representatives must demonstrate learning objectives that:
- (a) develop knowledge and understanding of the causes, signs and symptoms of common Mental Health conditions in the community (for all Representatives);
 - (b) provide general education and mental health literacy concerning the spectrum of and interaction between mental health conditions (for all Representatives);

¹SuperFriend, Indicators of a Thriving Workplace Survey, Melbourne : SuperFriend 2020

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- (c) develop empathy and demonstrated understanding of the impact of Mental Health condition(s) (for all Representatives); and
 - (d) develop communication skills for interacting with consumers who may have a Mental Health condition(s), including those consumers who may present with signs of suicidal thoughts or self-harm (for Category 1 Representatives).
- 7.3. The Member must ensure it has an effective Mental Health Education Program designed to ensure that all Representatives receive annual training with refresher/ upskilling as necessary that meets the training objectives outlined in Section 7.2. It may be appropriate for differentiation in the depth of detail of the training provided with reference to the role that the Representative and the nature of their interactions with consumers.
- (a) In the case of Category 1 and Category 2 Representatives who are employees of the Member, the Member has direct responsibility for ensuring these Representatives meet the requirements of the Member's Mental Health Education Program; and
 - (b) In the case of Category 1 Representatives who are not employees of the Member (but who are authorised by the Member to interact directly with consumers), the Member has responsibility to take reasonable steps so that they are reasonably satisfied that these Representatives are provided mental health training that is consistent with the requirements of this Standard. (Members are expected to have existing processes in place for ensuring people and/or entities they authorise to interact directly with consumers are appropriately trained.)
- 7.4. The Member should ensure that those Category 1 Representatives who are dealing with consumers on a regular or ongoing basis or who require additional knowledge for their role have supplementary job-specific education. This should include module(s) of structured and specific training in relation to:
- (a) communicating the process and outcome of insurance applications that involve the disclosure of a Mental Health condition(s); and
 - (b) managing a customer's claim with a Mental Health condition(s).
- 7.5. The Program should include self-care education, such as signposting to Employee Assistance Programs, as well as access to debriefing and de-escalation support for Category 1 Representatives that interact with consumers.
- 7.6. The Program must contain procedures in respect of monitoring of mental health literacy and understanding of Representatives. This should include standard quality assurance checks and monitoring of complaints to identify any behaviours of Representatives inconsistent with the training objectives of the Program. Where the Member identifies deficiencies in the effectiveness of the Program, the Member must take prompt action to rectify the deficiency so as to ensure the Program is effective to achieve the training objectives of the Program.

8. Review and Compliance of the Mental Health Education Program

- 8.1. (***Annual review of effectiveness of the Mental Health Education Program***): The Mental Health Education Program must be reviewed annually by the Member to ensure it:
- (a) is compliant with the training objectives outlined in Section 7.2;
 - (b) appropriately tailors the level of minimum training requirements to the role of the Representative;

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- (c) assesses whether any classes of Category 1 Representatives may require additional knowledge for their role and should have supplementary job-specific education;
 - (d) promotes wellbeing and self-care practices among Category 1 Representatives; and
 - (e) considers emerging and relevant developments in the understanding of Mental Health conditions that could influence the Member's current Mental Health Education Program.
- 8.2. **(Certifying compliance with this Standard)**: The Member's compliance with the Standard must be certified annually in accordance with FSC Standard No 1 Code of Conduct & Code of Ethics. Such annual certification must include:
- (a) sign-off that the Member has undertaken a review of its Mental Health Education Program and that the Member is satisfied that the Program is designed and effective to ensure that Representatives are provided with training, in respect of Mental Health conditions and the causes, signs and symptoms of common Mental Health conditions; and
 - (b) also identify the percentages of Category 1 and Category 2 Representatives who have undertaken and successfully completed the Mental Health Education Program outlined in this Standard. (This information may be used by FSC on an aggregate basis for public relations purposes and/or for engagement with bodies supporting community initiatives of Mental Health and the support of those experiencing a Mental Health condition).