

countries. The proceedings of the last symposium 'The General Practitioner and his Depressed Patient' will be published in 1980 by Huber in English and German.

DESMOND KELLY,
Chairman,
UK National PTD Committee

Priory Hospital,
Priory Lane,
London SW15 5JJ.

Research in Decline

DEAR SIR,

We were most interested in Dr Cranmer's article (*Bulletin*, November 1979, p. 174) and the lively comments on the matter (February 1980, pp. 28–30). We agree with Dr Cranmer's views and would like to share our own way of overcoming such difficulties at a local level.

Recently the Clinical Psychology Department initiated the setting up of a Multidisciplinary Research Group. Membership includes psychiatrists at all levels, psychologists, nurses,

and other interested health workers in the Area. The following objectives were agreed in our first meeting:

- i To hear about research and evaluation now being planned or carried out in the Area.
- ii To assist each other with advice about designing, planning carrying out, analysing and writing up projects anyone might wish to undertake.
- iii To build up references in specialist areas and keep each other informed about matters relevant to research.
- iv To co-ordinate (possibly through nominating someone for the task) a link-up between members who might have the time and interest to participate in research or evaluation and members who need assistance with such a project.

Though newly formed we hope to be a lively and useful group. We would be most interested to liaise with similar local groups and with the Royal College Research Committee.

MOHAMED EL-BAKLEY,
Senior Registrar
PATRICIA E. KINGERLEE,
Principal Clinical Psychologist

St Crispin Hospital,
Duston,
Northampton NN5 6UN.

The College

Life Insurance: Applicants with a History of Psychiatric Illness

Report from a working party of the Public Policy Committee.

Following a complaint from a former psychiatric patient who was unable to secure a life policy after a mental breakdown, the Public Policy Committee suggested that the problems associated with life insurance for people with a history of psychiatric illness should be investigated. After preliminary enquiries, the Committee was put in touch with Mr E. K. Goldwin (then Life Manager of Crusader Insurance). Mr Goldwin gave useful information about methods of assessment and rating for life insurance; the Committee then invited members of the College known to have a particular interest in psychiatric morbidity to meet with Mr Goldwin. Dr John Reed served as Convener and at Mr Goldwin's suggestion invited Mr Colin Trew (Manager, and an author of the M&G Reinsurance Company's rating Manual) to join the meeting which was held on 27 November 1978. Dr S. I. Cohen and Professor Andrew Sims also participated in the discussion. (A number of references in the literature were circulated before the meeting and are listed below.)

From a study of the rating schedules used by life managers, it is obvious that insurance companies seriously set out to establish the type of mental illness suffered by applicants and base their decision on the individual history and prognosis.

Only a small number of proposals are turned down or are required to pay a weighted premium. There is no evidence to suggest that companies are more discriminating against psychiatric illness than physical illness. Figures quoted by Mr Trew and Mr Goldwin show that for all life insurance companies approximately 4.5 per cent of applications are rated because of a medical impairment and less than half of 1 per cent are declined.

The companies' medical advisers and underwriters base their assessments on knowledge of the causes of mental illness, its treatment and prognosis, but inevitably because of the lack of reliable statistics and the need to substantiate the success of different treatments and new developments, they