

## **The complaint**

Mr F is unhappy with Unum Limited's decision not to pay his claim.

## **What happened**

The background to this complaint was set out in my provisional thoughts, so rather than repeat everything in detail here, I'll summarise the key events.

Mr F sadly lost his wife and mother of his children in May 2018 to cancer. He'd been her carer for 18 months prior to that and this understandably had taken a toll on Mr F's physical and mental wellbeing. So much so, that in January 2019, some nine months after his wife's passing, he visited his GP for support. His diet was addressed, alongside his grief reaction. Mr F began a course of anti-depressants, Sertraline, and was referred for counselling. He described feeling exhausted, low mood, but supported by his family. Mr F had to assume a sole parental role for his twin girls, who, at the time were aged three.

For the year that followed, Mr F continued to struggle with his symptoms, but this was simply recorded on his medical record as bereavement reaction, despite changing his anti-depressant medication and his continuing symptoms worsening. His treatment path with anti-depressants was as follows;

- January 2019 - Sertraline
- March 2019 - Citalopram
- March 2020 - after period of stability, surviving not thriving, medication stopped
- May 2020 - mood dropped again and so Citalopram restarted as had previously been of benefit.
- August 2020 - no improvement on mood and Mr F feeling exhausted, changed to Escitalopram.
- October 2020 - Mr F began Mirtazapine as he was having difficulty sleeping and mood wasn't elevating.
- January 2021 - GP referred to MH team but they were unable to offer appointment at that time. Mr F was on high dose of Mirtazapine and this still wasn't lifting his mood
- April 2021 - Mr F's mood continued to deteriorate and so increased to highest dose of Mirtazapine and referred to occupational health. Recommendation for specialist support made. Mr F was struggling to look after his children at this point because of the trauma he'd experienced compounded with his MH condition. Money worries were also a factor.
- May 2021 - mood suffered again and Mr F was very concerned about financial problems. Was having to rely on family.
- December 2021 - psychiatrist prescribed Venlafaxine to be taken alongside the

Mirtazapine to try and stabilise Mr F's mood.

- July 2022 - this was switched to Vortioxetine owing to blood pressure issues.

Unum declined Mr F's claim because it said he wasn't suffering with a medical condition, rather, that he was experiencing a bereavement reaction. It said this because Mr F's treating GP recorded this on his medical records.

Our investigator agreed with Unum for the same reasons. Whilst I understood why both our investigator and Unum reached those conclusions, I disagreed, explaining I thought there was enough medical evidence to support the presence of a significant mental health condition, because it was consistent with the medical history I'd carefully considered. And so, I asked Unum to reconsider Mr F's claim in line with the remaining terms as I was satisfied Mr F suffered with depression, anxiety and chronic fatigue syndrome (CFS) from January 2019.

Unum responded to my provisional findings and agreed with my recommendation. It said it'll reassess Mr F's claim from January 2019, however, the policy must remain in place and the policy holder supports Unum looking at the claim. And so, it's now for me to make a final decision.

### **What I've decided – and why**

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done reasons explained in my provisional findings.

Having carefully thought about the particular circumstances surrounding Mr F's claim, I'm more persuaded that Mr F has been suffering with a mental health condition since January 2019. I say that not only because of the extensive medical history which I think supports this, but also, having considered this alongside the testimonies of those responsible for his care.

I accept Mr F's medical record says he was suffering with bereavement reaction, but I'm less persuaded that the case given he'd managed to cope for some nine months after losing his wife before being prescribed medication. This is further supported by Mr F's GP who said it reasonable to suggest that Mr F had been experiencing bereavement reaction during those nine months and this was clearly a progression of that into a mental health condition. I find that persuasive because the symptoms of grief are notably similar to those of depression - which is a medical condition.

Mr F's GP explained that his depression was complex and difficult to diagnose and I think the medical history is consistent with that description. I think it's clear that Mr F's had a lot to deal with and has tried to combat his symptoms of exhaustion, low mood, worry and sadness with therapies and medication. Unfortunately for Mr F, I don't think he's always received the best level of care, particularly as he's not been able to access psychotherapy care.

But given this was all happening at a time where the COVID-19 pandemic was in full swing, I recognise access to support through therapy was severely compromised and so I don't think Unum should use that as an excuse to not look beyond the label of bereavement reaction. I think, given the description of Mr F's symptoms in his own testimony, as well as his GP's retrospective comments, the occupational health specialist and the psychiatrist, I'm persuaded there's a medical condition here which would qualify for further consideration by Unum. It's not in dispute that Mr F suffered complications processing his bereavement, but I'm satisfied this progressed into a medical condition because of his depression and overall poor mental health, fatigue and exhaustion from January 2019.

As Unum agreed with my outcome, Mr F must now decide whether to accept my final decision so that Unum can begin its reassessment of his claim.

### **My final decision**

My final decision is that Unum Limited must now reconsider Mr F's claim from January 2019 in line with the remaining policy terms.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr F to accept or reject my decision before 28 February 2023.

Scott Slade  
**Ombudsman**