

Aviva Large Corporate Mental Health Pathway – Member FAQs

1. Why is my employer introducing this service?

Your employer works to continually improve your access to wellbeing related products and services, and is keen to offer a broader range of mental health facilities designed to match the clinical needs of each individual. Aviva has developed the mental health pathway which will improve employee access to services and provide greater support throughout a claim.

2. What is Aviva's mental health pathway?

The mental health pathway is a stepped care approach to mental health support, providing a broad range of evidence based treatment options including:

- online CBT (Cognitive Behavioural Therapy)
- remote talking therapies (telephone or video)
- face-to-face treatment
- psychiatrist/psychiatric specialist assessment and treatment, or
- in-patient care, where clinically indicated.

3. How do I access this service?

This service is specifically designed to ensure that you can access mental health support as soon as you need it. There's no need for a GP referral – you can refer yourself. There's no excess or out-patient benefit limit applied to the mental health pathway (if applicable).

All you need to do is call the **Aviva customer service helpline** on

Calls to and from Aviva may be monitored and/or recorded. All claims managed through the service will continue to be treated with the same level of confidentiality as all claims handled by Aviva.

We don't cover treatment, including diagnostic tests, to treat or assess learning difficulties or developmental or behavioural problems such as attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders.

4. Who can use this service?

The service is available to all employees and their named dependants, who are covered on the private medical insurance schemes and who are aged 12 years or older. The mental health pathway isn't available for children aged 11 and under, however there is still benefit for treatment. A GP referral should be obtained before contacting us.

5. Do I need a GP referral?

There's no need to see your GP, a therapist will carry out a thorough telephone clinical assessment to determine the right treatment for you and get you started on your clinical pathway.

6. What happens when I call Aviva?

When you contact Aviva you will be transferred to our independent clinical provider. You'll be introduced to your case manager and be given the option to receive your telephone clinical assessment on the same call, or to book this assessment at a time convenient to you.

7. What is a telephone clinical assessment (TCA)?

This is an assessment of your current difficulties, resulting symptoms and clinical history, by a qualified mental health professional, to determine the most appropriate treatment pathway for you. The assessment will include questions about the nature, severity and duration of your symptoms, the impact they are having on your ability to complete everyday activities and any risks which may require emergency treatment.

8. How long does the assessment and treatment last?

Telephone clinical assessment

Your initial appointment typically lasts between 30 – 45 minutes but may be up to 60 minutes depending on your individual circumstances. You'll need to be in a private space where you can discuss confidential details and where you are free from disturbance or distractions to proceed with the assessment.

Online therapy programme

You are able to access any of our online programmes for 12 months and if you have been recommended for guided support, four 30 minute sessions, via telephone or video link, are provided to help you to stay focussed and guide you in accomplishing your individual goals.

Network therapy treatment session

These include telephone, virtual and face-to-face therapy sessions. For telephone and virtual sessions, you'll need to be in a private space where you can discuss confidential details. Therapy sessions are typically 60 minutes in duration and are offered at a time and place convenient to you.

9. What information will I need to provide to Aviva's clinical provider?

To enable us to provide an assessment you'll be asked to confirm your name and contact details (including an e-mail address if you have one) as well as your home address, date of birth and GP details. You will also be asked to provide debit/credit card details in the event that you do not attend a scheduled appointment. Please see Q15 for more information on the cancellation process.

10. What support is available?

You'll receive support from a case manager throughout your treatment. They'll arrange your telephone clinical assessment and recommended treatment and will remain your individual point of contact throughout your treatment. If you need to see a therapist, Aviva's independent clinical provider has an extensive network of therapists to refer you to.

11. Why do I need to use a therapist approved by Aviva's independent clinical provider?

Aviva's independent clinical provider carries out robust due diligence and clinical governance processes for every clinician registered with them. Each clinician is required to provide proof of their qualification and competence,

along with evidence of ongoing training and supervision, and a quality audit is undertaken which focuses on clinical safety and standards of practice prior to them joining. By working with a quality assured clinical provider, we're confident that you'll receive first class care.

12. What if I am already receiving treatment outside of the mental health pathway?

You will need to discuss your individual circumstances with the Aviva claims team. It's important that you contact Aviva before starting treatment to ensure it's covered under your scheme terms and conditions.

13. What happens if, after following a recommended pathway, my symptoms aren't resolving?

At the beginning of your treatment pathway you and your case manager will agree how best to communicate with each other about your progress. If at any time your therapist feels you would benefit from a different treatment pathway or you feel you aren't progressing towards your agreed goals, your case manager will work with you to find an alternative treatment approach.

14. What happens if I am referred to a psychiatrist?

Whether you are referred to a psychiatrist following your telephone clinical assessment, or by your therapist, your case manager will support you with this referral. The psychiatrist will ask a number of questions to determine a diagnosis and will provide any necessary medical interventions such as the review of your medication or prescribe a medication to help you manage your symptoms.

15. What happens if I need to cancel my appointment?

We understand that sometimes you may need to alter your planned treatment and, as long as you provide 24 hours notice, you will not be charged for this. However, in the event that you don't cancel your appointment with sufficient time or you fail to

attend your appointment, the clinical provider will charge you for this. Charges will be explained to you on your first call with your case manager.

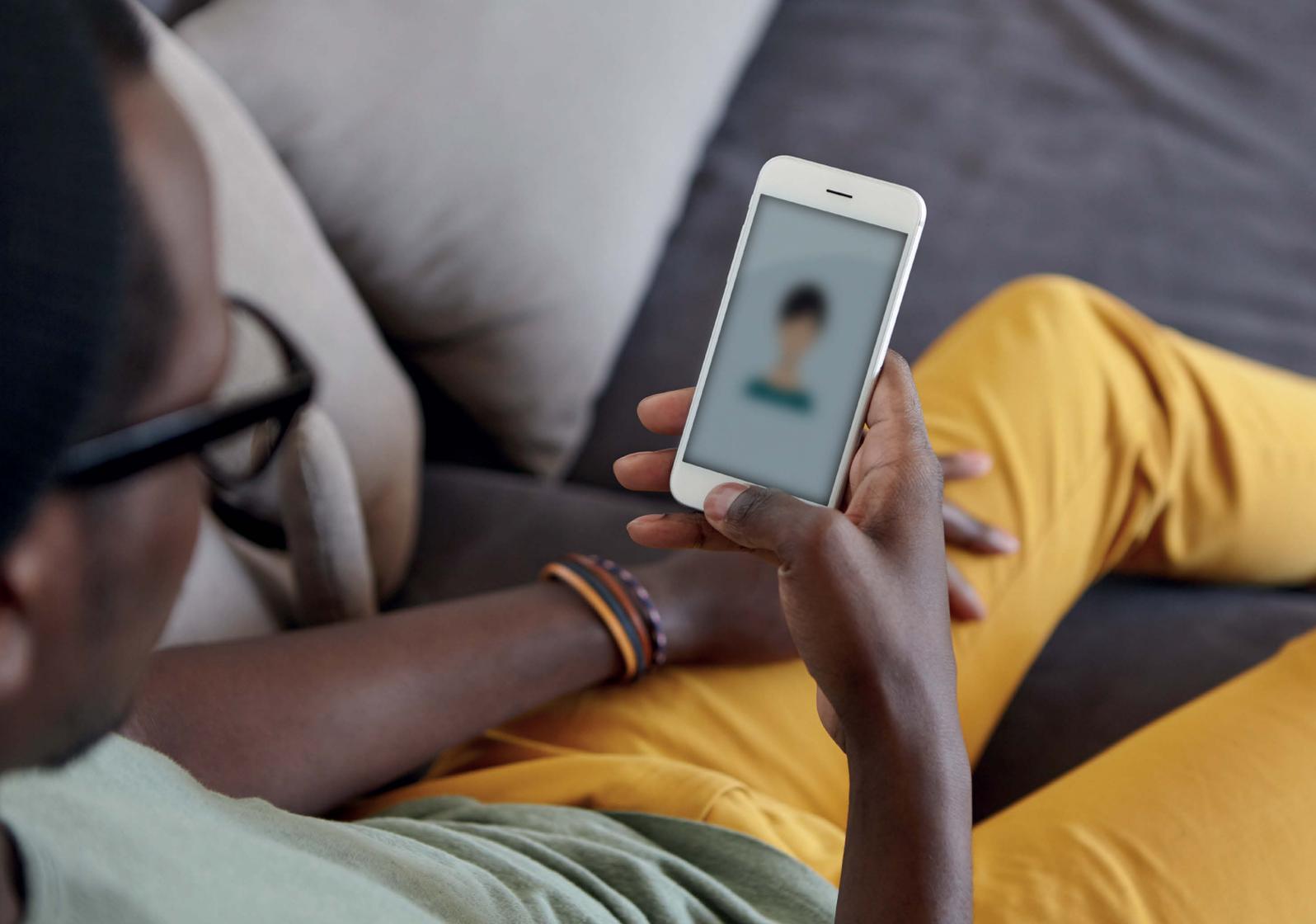
16. What is the difference between Aviva's mental health pathway and my company's Employee Assistance Programme (EAP) service?

Some companies have an EAP. An EAP is designed to support you in identifying and resolving personal concerns that may affect job performance. An EAP can assist with issues associated to all life events and these might include health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues. An EAP is an organisational tool to engage a workforce and provide short term support in regards to employees' health and wellbeing.

Aviva's mental health service provides a full evidence based care pathway including assessment and treatment options for individuals experiencing symptoms of mental health conditions. The service is delivered by qualified and registered mental health professionals such as nurses, psychologists, CBT therapists and psychiatrists, to ensure that the most clinically appropriate treatment recommendations are determined and implemented. The service moves beyond psychological support to active treatment options which are aligned to NICE Guidelines to promote optimum recovery – right person, right treatment, right time.

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