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The challenges of international travel insurance for leisure travellers with pre-existing mental health conditions

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ABSTRACT

International leisure travel is deemed therapeutic for reducing stress and improving mental health and wellbeing, although unfamiliar environments can exacerbate pre-existing mental health conditions. Travel insurance plays a crucial role in mitigating risks for travellers. There is a lack of critical evaluation regarding how insurers assess risk, determine coverage eligibility and communicate exclusions. International travel insurance policies may contain restrictive clauses, ambiguous wording and outright exclusions that may disproportionately disadvantage travellers with pre-existing conditions, including mental health conditions. This paper evaluates whether New Zealand's international travel insurance policies adequately accommodate travellers with pre-existing mental health conditions. Analysis of 23 international travel insurance policies revealed common challenges relating to *exclusion*, *disclosure* and *potential stigma and discrimination*. New Zealand's policies were found to vary significantly in how they addressed pre-existing mental health conditions, with many lacking clear definitions and offering limited or conditional coverage. Policies required medical disclosure, stability periods, additional assessments or higher premiums before granting coverage, which may generate anxiety and present significant challenges for travellers living with mental health conditions. These patterns suggest uneven treatment and may contribute to the persistence of stigma, making it difficult for travellers living with mental health conditions to obtain inclusive and comprehensive coverage.

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Introduction

Participation in leisure is generally seen to be beneficial for one's mental health. Leisure is claimed to play an important role in the recovery, health and wellbeing of individuals living with mental health conditions at all stages of life, enabling those living with depression, bipolar disorder, anxiety disorders, post-traumatic stress disorder or

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schizophrenia, for example, to experience active living, a sense of meaning, reduced anxiety and stress and fewer psychiatric symptoms (Boelens et al., 2022; Buckley, 2023; Henning et al., 2021; Iwasaki et al., 2014; Timonen et al., 2021). International leisure travel that involves a period spent in an environment different from one's own primarily for the purpose of enjoyment has been associated with recovery from stress, increased happiness, meaning, personal growth and wellbeing (Levi et al., 2019; Rofaiel et al., 2021; Wen et al., 2022; Zins & Ponocny, 2022). Whilst international leisure travel may potentially serve as an adjunct non-pharmacological therapy to alleviate depressive symptoms (Cui et al., 2025; Hua et al., 2026), it may also be stress-inducing and pose challenges for those living with mental health conditions (Choudhury, 2025; Xiong et al., 2026). It is estimated that approximately 11% of travellers experience a psychiatric incident abroad; 2.5% experience an acute psychotic episode abroad (Darrat & Flaherty, 2020) and about 2–4% of inflight emergencies or flight diversions are attributable to psychiatric emergencies (Potin et al., 2024). Psychiatric incidents abroad are often aggravated by increased alcohol and drug consumption, in addition to jet lag, motion sickness, and dehydration that can be common conditions experienced during international travel that may exacerbate a pre-existing mental health condition (Peterson et al., 2024).

Mental health is often defined in relation to a wide range of mental disorders listed in the Diagnostic and Statistical Manual of Mental Disorders, of which there are more than 70 noted (American Psychiatric Association, 2025). According to the World Health Organization (2025), more than one billion people worldwide live with mental health conditions, with depression and anxiety the most common. The most recent national diagnostic data available in New Zealand indicate that about one in five adults experienced a clinically diagnosed mental health condition in the previous 12 months (Oakley Browne et al., 2006). Diagnosing mental health conditions involves the clinical assessment of an individual's psychological state. Mental health conditions, and the stigma associated with a mental health diagnosis, are reported to negatively impact education, employment, social connections and self-identity (World Health Organization, 2025). Mental health conditions can involve cognitive and physiological symptoms, for example, low mood, panic attacks, suicidal ideation, agoraphobia, fatigue, changes in body weight or appetite and gastrointestinal symptoms. Individuals with mental health conditions can also face stigma, discrimination and social exclusion, including during leisure travel (McIntosh, 2020).

A focus on ensuring leisure travel is accessible, inclusive and beneficial for people living with mental health conditions can be inherently linked to broader discussions about human rights and social justice (Veal, 2025). These discussions are pertinent given the notable existing structural and attitudinal barriers to leisure travel that currently exist and serve to exclude or marginalize participation (Mackett, 2021; McKercher & Darcy, 2018; Park et al., 2025). Notably, Mental Health Australia has highlighted that insurance products can be overly exclusionary, complex and lacking in transparency for applicants living with mental health conditions (Morris, 2015). Similarly, Tse (2019) has argued that New Zealanders living with mental health conditions may experience discrimination from insurers because of an unjustified reliance on blanket exclusion clauses and the legal framework surrounding pre-contractual non-disclosure. As such, there is an important need to evaluate how the leisure travel industry can facilitate

inclusion and better cater to all travellers, including those with mental health conditions. This paper focuses on international travel insurance as one important means to facilitate accessibility and inclusion and presents an exploratory examination of 23 New Zealand international travel insurance policies. Travel insurance represents the most important safety measure to provide financial coverage for travellers for medical and other unfortunate incidents while abroad (Darrat & Flaherty, 2019). There is a need to critically evaluate international travel insurance policies to ensure they are inclusive and do not pose a further barrier to accessibility for those people living with mental health conditions who may be motivated to travel as a coping mechanism or as a means to support their recovery and well-being (Hua et al., 2026).

A focus on travel insurance policies relating to international leisure travel is justified as leisure travel is purchased primarily with enjoyment in mind rather than other motivations such as business travel or visiting friends and relatives (Buckley, 2023). International travel also involves greater pre-planning, environmental and psychological stressors, health risks and unexpected events in unfamiliar environments compared to domestic leisure trips (Hu, Wen, and Wang, 2025; Xiong et al., 2026). Ambiguity and stress experienced during the pre-travel preparation phase relating to, for example, service-related issues and failures are also noted as significant triggers of travel anxiety, which may exacerbate pre-existing mental health conditions (Choudhury, 2025; Xiong et al., 2026; Yin & Hwang, 2025). Indeed, a study by Darrat and Flaherty (2019) highlighted the need to examine carefully the types of medical coverage policies provided by travel insurance companies, including the impact on travellers with pre-existing medical conditions, although their study did not specifically focus on mental health. Beyond this exception, no previous studies have critically considered the role of international travel insurance policies in supporting the accessibility and inclusion of people living with mental health conditions. As such, our exploratory study offers important new insights. Indeed, a systematic review of published research on mental health and tourism revealed no mention of the role of travel insurance (Hu, Wen, and Kozak, 2025).

Literature review

International leisure travel and mental health

Ensuring people living with mental health conditions can benefit from participating in leisure travel is important for their personal wellbeing and citizenship rights (United Nations, 2006). A review of the literature shows that international leisure travel is generally found to be therapeutic, improving mental health, reducing stress and positively contributing to overall quality of life (Flaherty et al., 2025). It can be a way for individuals living with mental health conditions to retain social activities, resist stigma and misperceptions of incapacity because of their mental health condition and instead focus on self-care and search for a purposeful identity (Fullagar, 2010; Genoe, 2010). However, mental health incidents are more likely to occur when travelling abroad because an individual is away from their normal routine and surroundings, is separated from their support networks, is in a different time zone, and may be experiencing jet lag (Smart Traveller, 2025). Acute mental health incidents occurring abroad pose significant complications for the individual, their travel companion and the destination's medical services, and can

involve stigma and violations of human rights (Choudhury, 2025). International leisure travel, and the return home, have also been found to trigger anxiety, and may result in increased stress as the positive effects diminish (Choudhury, 2025; de Bloom et al., 2010; Xiong et al., 2026).

The unfamiliar, differing cultural and social environments encountered during international travel may cause stress, evoke risk-taking behaviours, worsen existing depressive symptoms, or trigger psychotic episodes requiring urgent medical or mental health services en route or while abroad (Choudhury, 2025; de Bloom et al., 2010; Hu et al., 2024; M. Li et al., 2025). International travel can be an extreme psychological stressor, as a result of which suicide by travellers is a notable consequence (Potin et al., 2024). Preparing for international travel can also exacerbate mental health issues. Levi et al. (2019) highlighted the pessimism, lack of desire and heightened mental stress levels associated with pre-planning before international travel among people living with depression. The leisure travel industry is seen to be lagging in its consideration of, and support for, travellers living with mental health conditions (Choudhury, 2025).

Travel-related health information is needed to support pre-travel planning and may involve a holistic assessment of risk that considers a range of factors, including pre-existing health conditions, required medications, information about vaccination requirements and availability of medical care and medical supplies at the destination. Risk in this context is not limited to health status alone and may also include contextual factors such as gender or identity where these are supported by reliable actuarial or statistical data (Human Rights Commission, 2007). Careful pre-travel advice is therefore relevant to all travellers, particularly for those with pre-existing conditions or other characteristics that may influence their level of risk (Hasan & Abdullah, 2015). For example, international travel has been found to exacerbate psychological conditions for individuals who have experienced trauma (Hua et al., 2026), and people living with bipolar disorder (Choudhury, 2025). Additionally, contextual information is important, for example, caution about driving abroad where there is a legal restriction for driving whilst taking sedating medications for mental health conditions (Rofaiel et al., 2021). Darrat and Flaherty (2020) warned that some countries may deny entry to travellers with a history of psychosis. A country's laws around carrying and using antipsychotic medication may also need consideration for any planned travel (Choudhury, 2025). However, travel health information for those with mental health conditions is found to be inadequate (Choudhury, 2025; Rofaiel et al., 2021). It is argued that this may be because travel health information providers tend to specialize in infectious diseases rather than mental health, and it has been suggested that travellers with mental health conditions are less likely to seek out pre-travel advice (Darrat & Flaherty, 2020; Felkai & Kurimay, 2017).

There has thus been a call for travel health information providers to work more closely with travel insurance companies and contribute preventative strategies (Lerdal et al., 2007) to help mitigate the mental health risks associated with international travel. Travel insurance generally covers unforeseen events such as medical emergencies, trip cancellation or interruption and loss or theft of belongings, although the scope of coverage and exclusions vary between policies and providers. Ensuring that a traveller with a pre-existing mental health condition has adequate coverage for any possible psychiatric event occurring abroad is important, especially if repatriation is required. Yet international travel insurance providers may not provide coverage for treatment and

repatriation costs for acute psychiatric incidents, and more generally, access to insurance remains a barrier to some social groups, especially those who live with a pre-existing health condition (Darrat & Flaherty, 2019, 2020; H. Li, 2016; Timmermans et al., 2020). Access to travel insurance is therefore inherent in ensuring equal rights and freedoms for everyone.

Travel insurance and pre-existing mental health conditions

Rather than addressing issues of equity, accessibility and inclusion, previous research on travel insurance has predominantly focused on purchasing intention and behaviour. Purchasing travel insurance is important to mitigate risk and uncertainty, provide coverage for unexpected costs and guard against the burden of falling ill or experiencing health incidents whilst travelling internationally. It is usually a decision made independently by the traveller without third-party assistance (Luna-Cortés & Brady, 2025). Previous research has mainly found travel insurance purchasing behaviour to correlate with the perceived risks of the travel and trust in the provider (Kerr & Kelly, 2019; Luna-Cortés & Brady, 2025). Building travellers' confidence and knowledge about travel insurance policies (including the terms, exclusions and process for claims) and the mitigation of risks is important, especially since the impact of health crises, such as the COVID-19 pandemic (Al Mamun et al., 2022). That said, evidence finds most travellers do not purchase travel insurance, and a lack of knowledge or problems in understanding the conditions and exclusions of policies exist, even though the COVID-19 pandemic gave rise to greater scrutiny of the appropriateness of exclusion clauses and other conditions (Darrat & Flaherty, 2019; Tan & Caponecchia, 2021). Indeed, researchers affirm that significant issues remain regarding the lack of consumer understanding of the intricacies of travel insurance products (Caponecchia & Tan, 2019; Luna-Cortés & Brady, 2025). This poses an important accessibility barrier.

Purchasing travel insurance involves a contractual agreement stipulating the provision of a level of (basic or more comprehensive) insurance coverage for the period of travel and while staying abroad, typically to cover the financial costs of unexpected or urgent medical assistance required for sudden illness, injury or infectious disease, theft or damage to property and any rescheduled or required transportation or repatriation (Glušac, 2021). Health incidents abroad that relate to pre-existing health conditions known prior to international travel are not typically covered within travel insurance policies, although it has been suggested that some exclusionary clauses may be legally unenforceable (Campbell, 2018). Moreover, whilst previous research has examined the propensity to purchase travel insurance by age, gender, personality type, travel party, education level, employment status and household income (e.g. Buttigieg, 2022; Draper & DeFranco, 2023; Leggat & Leggat, 2002; Sarman et al., 2020), there remains a dearth of understanding about how travel insurance purchasing may be distinct for leisure travellers with pre-existing health conditions. Travellers with pre-existing health conditions have a greater need to assess and mitigate against the risks of international travel and consider the availability of in-flight medical assistance and healthcare provision at the destination if required. The acquirement of appropriate travel insurance is important in this regard. Yet, it is common practice for travel insurance companies to exclude certain medical conditions unless declared, and to charge additional premiums

(Darrat & Flaherty, 2019), although inconsistencies are noted in patterns of claims between insurers (Glušac, 2021). It has also been suggested that travel insurance providers may not always follow the small print of their policy, instead making a judgment on each case (Ryan, 1996).

A review of relevant literature shows a connection between international travel and insurance claims for pre-existing health conditions, including psychological conditions and stress (Liese et al., 1997), heart and respiratory diseases (Darrat & Flaherty, 2020) and skin cancer (De La Cruz Monroy et al., 2021). Pickup et al.'s (2016) study of travellers with congenital heart disease found that most were active travellers, had purchased travel insurance prior to their trip and had not required emergency medical assistance during their trip. It is notable that a significant number of them had not disclosed their heart condition to the insurer despite having a formal diagnosis. Those travellers who had disclosed their condition had incurred a higher premium, had required evidence from a cardiologist, or had previously been declined travel insurance as a result. Similar findings have been reported for travellers with dementia where the intricacies of policy coverage, inclusion and disclosure needed to be navigated (Oliver, 2019; Turner, 2022). There is growing evidence that some groups of travellers may have difficulty acquiring travel insurance due to pre-existing conditions, such as those who have deteriorating physical health or cognitive decline, or are terminally ill (McKercher, 2025). The availability, cost and shortcomings of travel insurance coverage for travellers with pre-existing conditions, which will continue to increase with population ageing and growing prevalence of health conditions, have implications for global tourism, particularly in shaping equitable access to and protection during international travel (Henderson, 2007). We proffer that there is a greater need to evaluate the potential discrimination by way of exclusions, premiums and requirements of travel insurance policies for travellers with pre-existing health conditions. While these are more commonly reported for pre-existing physical health conditions (Darrat & Flaherty, 2020), less is known about the challenges of travel insurance policy for travellers with pre-existing mental health conditions, or the consequences of this group of travellers being uninsured or travelling with inadequate insurance coverage.

To address this gap, this exploratory study critically examines international travel insurance policies in New Zealand to assess the potential challenges they may pose for leisure travellers with pre-existing mental health conditions. The consideration of these challenges may assist New Zealand's leisure travel industry in better supporting the participation, inclusion, safety and wellbeing of the significant portion of New Zealanders living with pre-existing mental health conditions.

Method

The study employed a qualitative methodology to evaluate the inclusivity of New Zealand international travel insurance policies in terms of how well they accommodate people living with pre-existing mental health conditions. This evaluation was intended to uncover if international travel insurance policies pose barriers to participation and inclusion for people with pre-existing mental health conditions, and if so, how they may be better designed to support the specific needs of this group of travellers. We did not seek to evaluate policies from a legal perspective (as in Campbell, 2018). Rather, we qualitatively considered policy language, coverage provisions and

exclusionary criteria, focusing on the potential impact on people living with pre-existing mental health conditions who wish to engage in international leisure travel. Importantly, we note that policy language complexity and terminology can impact social inclusion (Gillovic et al., 2018). We also sought to explore the communication of policy exclusions and claims processes for pre-existing mental health conditions for eligibility and ease of understanding, and the required responsibilities of travellers purchasing the policy, notably with respect to disclosure or assessment of their pre-existing condition. These issues are noted as significant in the extant literature discussed in the previous section.

The selection of international travel insurance providers for analysis was based on the 2023 Canstar Travel Insurance Star Ratings and Awards in New Zealand that rated leading travel insurance providers, many of whom operate under one of six parent insurer providers. Canstar is an independent financial services research firm that evaluates various financial products, including insurance, banking and investment services (Canstar, 2024). Canstar applies a structured methodology to assess policies based on their comprehensiveness, value for money and customer satisfaction, ensuring credibility and reliability in its rankings and providing the benefit of independently vetted reviews of the policies. Since each provider typically offers multiple coverage levels (e.g. essential, comprehensive), the dataset included 23 specific insurance policies providing coverage for international travel from New Zealand; these are listed in Table 1. The 23 policy documents were downloaded from the providers' websites for analysis in October 2025.

Table 1 notes which of the 23 travel insurance policies included an explicit definition of mental health conditions within their policy content; whether they automatically covered pre-existing conditions; whether coverage was subject to a formal health assessment; and which policies excluded pre-existing conditions. Within this broader context, we then thematically analysed the policy documents to identify recurring themes in policy design and application. Following Braun and Clarke (2014), the analysis employed an iterative thematic process, ensuring a systematic and structured approach to examining the international travel insurance policies for their inclusivity and accessibility. Data extraction and initial coding were conducted by one member of the research team. This process was not undertaken through independent parallel coding. The wider research team met regularly to discuss interpretations, critically reflect on emerging themes and refine the analysis collaboratively. Thematic analysis is advocated for examining health policies because it offers scholars a robust and sophisticated approach to analysis (Braun & Clarke, 2014).

The next section presents the findings of the commonalities across the 23 international travel insurance policies with respect to how mental health conditions were defined, provision of automatic coverage, requirement for formal health assessments and exclusion of pre-existing conditions (see Table 1). We then move on to discuss the most significant themes that emerged from our thematic analysis and their relevance for ensuring accessibility and inclusion for people living with pre-existing mental health conditions who wish to derive a sense of meaning and wellbeing from leisure travel.

Results and discussion

Mental health conditions were not well defined in our sample of international travel insurance policies, resulting in the potential for ambiguity and uncertainty over coverage

Table 1. List of 23 travel insurance policy providers and coverage types.

Main insurer	Policy provider	Policy type	Policy includes definition of mental health conditions	Automatically covered with conditions	Subject to health assessment	Pre-existing conditions covered
Cover-More Insurance	1Cover NZ	Plan A Comprehensive	No	Yes	Yes	Yes
Cover-More Insurance	Air New Zealand (underwritten by Zurich Australian Insurance Limited, managed by Cover-More)	International Comprehensive Plan	No	Yes	Yes	Yes
Cover-More Insurance	AMI Insurance (underwritten by Zurich Australian Insurance Limited, managed by Cover-More)	International Plan 1	No	Yes	Yes	Yes
Cover-More Insurance	Cover-More Travel Insurance (underwritten by Zurich Australian Insurance Limited)	Comprehensive Plus Travel Insurance Plan	No	Yes	Yes	Yes
Cover-More Insurance	Cover-More Travel Insurance (underwritten by Zurich Australian Insurance Limited)	Cover-More Basic	No	Yes	Yes	Yes
Cover-More Insurance	State Travel Insurance, underwritten by Zurich Australian Insurance Limited	International Plan 1	No	Yes	Yes	Yes
Allianz Partners	AA Insurance (underwritten by The Hollard Insurance Company Pty Ltd, managed by Allianz Partners)	International Leisure Cover – Comprehensive Plan	Yes	No	Yes	Yes
Allianz Partners	AMP Travel Insurance (administered by Allianz Partners and underwritten by Hollard Insurance)	Comprehensive Plan	Yes	No	Yes	Yes
Allianz Partners	House of Travel Insurance (underwritten by Allianz Partners and The Hollard Insurance Company Pty Ltd)	Comprehensive Insurance Plan (Various sub-plans like Essentials Plus, Premier, etc.)	Yes	No	Yes	Yes
Allianz Partners	Tower Limited, underwritten by AWP Services New Zealand Limited trading as Allianz Partners	Comprehensive	Yes	No	Yes	Yes
Allianz Partners	World Care Travel Insurance, underwritten by The Hollard Insurance Company Pty Ltd, administered by Allianz Partners	Comprehensive	Yes	No	Yes	Yes
Chubb	American Express (underwritten by Chubb Insurance New Zealand Limited)	International Comprehensive Plan	No	No	No	No
Chubb	American Express (underwritten by Chubb Insurance New Zealand Limited)	International Essential Plan	No	No	No	No

Chubb	American Express (underwritten by Chubb Insurance New Zealand Limited)	International Ultimate Plan	No	No	No	No
Chubb	Aon Insurance (underwritten by Chubb Insurance New Zealand Limited)	Comprehensive Plan	No	No	No	No
Chubb	Aon Insurance (underwritten by Chubb Insurance New Zealand Limited)	Essential Plan	No	No	No	No
Chubb	Aon Insurance (underwritten by Chubb Insurance New Zealand Limited)	Prestige Plan	No	No	No	No
Chubb	Chubb Insurance New Zealand Limited	Comprehensive Travel Insurance Plan	No	No	No	No
Chubb	Chubb Insurance New Zealand Limited	Essential Travel Insurance Plan	No	No	No	No
Chubb	Chubb Insurance New Zealand Limited	Prestige Travel Insurance Plan	No	No	No	No
Pacific International Insurance	NIB Travel Insurance (underwritten by Pacific International Insurance Pty Ltd)	Comprehensive Travel Insurance Plan	No	No	Yes	Yes
Pacific International Insurance	NIB Travel Insurance (underwritten by Pacific International Insurance Pty Ltd)	Essentials Travel Insurance Plan	No	No	No	No
SCTI	Southern Cross Travel Insurance (SCTI)	International Comprehensive Single Trip	No	No	Yes	Yes

protection for New Zealanders living with pre-existing mental health conditions. Surprisingly, only five out of the 23 policies provided a clear definition of what their policy considers a mental health condition (Table 1). Each of these five policies was underwritten by Allianz Partners and they defined mental health as “any illness, condition or disorder listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders” (e.g. House of Travel Insurance, p. 4). The Manual contains more than 70 disorders and is developed from contributions by over 200 subject matter experts (American Psychiatric Association, 2025). Under this definition, a mental health condition must be formally diagnosed by a clinician or psychiatrist. Beyond this definition, there was very little discussion of any mental health condition in any of the policies. Furthermore, there were only two specific mental health conditions explicitly stated in any of the policies – anxiety and depression – and the six policies that stated these conditions varied widely in whether, or to what extent, they would cover anxiety and depression, as discussed below. For other mental health conditions, there were notable and significant silences in the policies. As an example, Chubb’s suite of policies only included the term “mental health” (or similar) once, with no mention of common mental health conditions, such as anxiety or depression. The sole mention of “mental health” was in reference to a “pre-existing brain illness”, not related to a common mental health condition.

Findings presented in Table 1 show that only a small number of the international travel insurance policies, six out of the 23 policies, offered limited automatic coverage for pre-existing anxiety or depression and required strict criteria to be met. Within these six policies, all other mental health conditions were either not covered automatically or required a personal health assessment. The six policies that offered automatic coverage for anxiety and depression typically required that the condition had been stable for a defined period, with no changes to medication or hospitalizations due to the condition in the past 12–24 months. Applicants must also not have been diagnosed with anxiety or depression within the last three years. In addition, applicants seeking automatic coverage for *any* pre-existing health condition listed (including anxiety and depression) must not be under investigation for any aspect of their health condition, nor awaiting surgery, treatment or procedures at the time the policy was taken out and up until and including, the period of travel. For example, the policies covered by Cover-More (which oversees six of the policies in our sample) stated the following requirements for automatic coverage relating to depression and anxiety:

You must not have been hospitalised for this condition in the last two years. Your prescription medication cannot have changed in the last 12 months. You cannot be currently waiting to see a mental health clinician; you must not have previously been required to cancel or curtail your travel plans due to depression ...

Providing that your medicines have not changed within the last year. You also cannot have been diagnosed with depression within the last three years. You cannot be currently waiting to see a mental health clinician; you must not have previously been required to cancel or curtail your travel plans due to anxiety. (p. 17)

Whilst our analysis of the 23 international travel insurance policies showed some automatic coverage provisions for New Zealanders living with pre-existing depression and anxiety, there remains the potential for ambiguity and uncertainty around policy coverage for the large number of other mental health conditions defined by the American

Psychiatric Association (2025). Furthermore, despite automatic coverage for pre-existing depression and anxiety, rigid criteria applied. Prior hospitalization, prior impact on travel, change in prescription medication and ongoing treatment for depression and anxiety, may all significantly limit access to travel insurance coverage or impact a final claim. The criteria also contain some ambiguity. For example, it is unclear if a slight change in dose to prescription medication prior to travel would breach the requirements for automatic coverage and consequently lead to a travel insurance claim being declined.

Some of the international travel insurance policies were found to note that assessment of health coverage was done on a case-by-case basis. Except for depression and anxiety, all other pre-existing mental health conditions were determined to either not be eligible for coverage or subject to a health assessment. Thirteen of the international travel insurance providers required a health assessment, as listed in Table 1. Health assessments related to pre-existing health conditions are in general, rather than being specific to pre-existing mental health conditions. The requirement of a health assessment for a pre-existing health condition was found to result in higher premiums, additional documentation requirements or outright denial of coverage. For example, policies covered by Cover-More stated that an “additional premium may apply if a medical assessment is completed and cover is accepted by Us” (p. 23). Details about the required health assessment were vague. The policies covered by Cover-More, for example, stated that, “So we can assess the risk, We may also require You to answer some questions about Your general health as well as completing an online health assessment at the time of applying for this travel insurance” (p. 16). While it may not be surprising to require a premium for insurance coverage for a pre-existing health condition, the required scrutiny of an individual’s pre-existing health condition may be stress-inducing, perceived as stigmatizing, and marginalizing. For instance, there may be concerns over the privacy and disclosure of sensitive, personal mental health information in an online health assessment. Indeed, the policies in our sample contained very lengthy privacy notices stating that the applicant’s personal information may be passed on to a wide range of stakeholders. For example, House of Travel Insurance Comprehensive Plus required the following authorization:

You authorise us to disclose your personal information to recipients including third parties (some of whom are data processors) in New Zealand and overseas involved in the above processes, such as travel consultants, travel insurance providers and intermediaries, agents, distributors, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage (including ‘cloud storage’) and data handling providers, transportation providers, legal and other professional advisers, your agents, broker and travelling companions, your travel group leaders if you travel in a group, your employer if you have a corporate travel policy, your bank if you have bank credit card insurance, the Insurance Claims Register and our related and group companies and Mitsui Sumitomo Insurance Company. (p. 9)

Ultimately, our analysis of the policies showed that people living with pre-existing mental health conditions must disclose their condition when applying for coverage, as required for all pre-existing health conditions. Failure to disclose a pre-existing health condition can result in automatic denial of coverage, even if the applicant’s health has been stable for an extended period. For example, House of Travel’s Comprehensive Insurance Plus stated that,

you have a duty at law to disclose to us all material facts. A material fact is one that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium. (p. 7)

Claims will also be denied under the requirements for disclosure if an individual was previously aware of any “signs or symptoms you were aware of when your policy was issued”, and “for which at that time: you had not sought a medical opinion regarding the cause; or you were currently under investigation to define a diagnosis; or you were awaiting specialist opinion” (p. 13). Cover-More’s policies noted that applicants, “must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the question” (p. 22). This includes,

anything that increases the risk of an insurance claim, any criminal conviction ... if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim; or any insurance claim or loss made or suffered in the past. (p. 22)

These statements potentially provide blanket exclusions and sufficient ambiguity that may enable a travel insurance provider to deny related claims. Equally, they may create stress for people living with mental health conditions from fear of discrimination, distress from the intrusive nature of detailed information required, confusion for the applicant about what must be disclosed or whether their condition is covered, and may evoke sufficient fear to avoid them applying for travel insurance. Noting a pre-existing condition may lead to the applicant’s fear that the policy may not cover related claims, rendering it less valuable to the traveller.

Our analysis showed that 10 out of the 23 policies in our sample stated the provider would not consider coverage for any pre-existing health condition. For example, all policies provided by Chubb Insurance stated, “This Policy **does not cover** any Pre-Existing Medical Conditions. If You have Pre-Existing Medical Conditions, this cover may not be right for You” (p. 14). While Chubb’s definition of a pre-existing condition did not explicitly include reference to “mental health” (indeed, the term “mental health” was only mentioned twice across the suite of policies provided by Chubb), it is likely that all or most mental health conditions were implicitly excluded from coverage based on Chubb’s definition of a pre-existing medical condition; that is, “any physical defect, medical or dental condition, illness, injury or disease” (p. 21). Blanket exclusions such as these, and the absence of explicit reference to mental health conditions, contribute to uncertainty regarding how these conditions are assessed and covered, and make it difficult for people living with mental health conditions to find a suitable policy.

Moreover, thematic analysis of the content of the 23 international travel insurance policies highlighted three significant challenges for people living with mental health conditions regarding “exclusion”, “disclosure” and “potential stigma and discrimination”.

Exclusion

Our findings revealed that most of the international travel insurance policies we analyzed either did not mention mental health conditions at all, or only specifically related to depression and anxiety. For the most part, explicit consideration of the wide-ranging types of mental health conditions was not evident in our analysis. Given the rising global prevalence of mental health issues, we found this exclusion surprising. Only five

of the 23 international travel insurance policies provided a comprehensive medical definition of a mental health condition. We found this to be in stark contrast to the thorough definitions given to the variety of physical health conditions (including peptic ulcers, cancers and skin diseases) stated in the international travel insurance policies. It is recognized that mental health is a complex phenomenon; Buckley (2023) has explained that it has many different components, including, “brain, nervous system, and sensory organs; senses, sensations, moods and emotions; and functions such as attention, cognition, memory, judgment, decision, and motor control” (p. 4). However, the apparent exclusion across most of the policies, and the potential ambiguity and uncertainty that accompanies the lack of a clear definition, may render people living with pre-existing mental health conditions feeling that purchasing international travel insurance is too difficult, lacks clarity or lacks benefits and may deter them from applying for it.

Our findings regarding the exclusionary nature of international travel insurance policies have been confirmed elsewhere. There have been high-profile legal cases taken against insurers by mental health advocates. Mental Health Australia, for example, estimated that tens of thousands of people are affected by mental health exclusions across multiple forms of insurance, including travel insurance (Morris, 2015). In addition, Choice, a not-for-profit Australian organization researching and campaigning for consumers (Consumers International, 2025), found that, out of the 35 travel insurance policies they reviewed, only two covered mental illness claims, and both policies had numerous restrictions (Morris, 2015). Even in cases where applicants are found to meet the requirements for insurance coverage, mental health conditions can be episodic and unpredictable, even when well managed, making the issue of coverage challenging to navigate (Gignac et al., 2021; Prince, 2017). Evidence shows that most travellers are underinsured (Caponecchia & Tan, 2019) and we posit that the exclusionary or restrictive nature of international travel insurance policies towards pre-existing health conditions presents additional challenges for people living with pre-existing mental health conditions to obtain fair and comprehensive coverage for their international leisure travel. Even though our study found policy exclusions were typically framed broadly in relation to pre-existing health conditions, rather than being specific to mental health conditions, our analysis indicated that mental health conditions were less clearly defined, less explicitly included, and more often subject to ambiguity within these general definitions. This relative lack of clarity, alongside the limited scope of automatic coverage (primarily restricted to anxiety and depression), potentially means that mental health conditions may be more likely to be captured by exclusions or to require case-by-case assessment in practice. We therefore argue that, while exclusions do not always explicitly refer to mental health in their wording, their application may potentially result in disproportionately exclusionary effects for people living with mental health conditions.

Disclosure

Our findings showed a common theme around the need for disclosure within the international travel insurance application process. Previous literature confirms the findings of our study; that is, applying for insurance requires the applicant to inform the insurer of all material facts that may affect whether they should be provided with insurance (Hewitt, 1999). The decision to disclose a mental health condition is complex (Reavley et al., 2018)

and can add to the stress of pre-travel planning (Choudhury, 2025; Xiong et al., 2026; Yin & Hwang, 2025). People with a hidden disability or illness (such as certain mental health conditions) often feel uncomfortable knowing when, how, and to whom to disclose their condition (Alexandrin et al., 2008). There is concern in terms of what others will think, whether they will be judged, and whether they will be treated differently (Alexandrin et al., 2008). People fear rejection and stigma (Jones & King, 2014), and perceived stigmatization has been found to have a negative impact on self-esteem, especially for individuals who are open about their mental health condition (Bos et al., 2009). In this context, stigma refers to a set of social stereotypes that devalue individuals with a stigmatized identity, which may contribute to exclusion, discrimination and anticipated rejection. As such, individuals with mental health conditions are generally selective about who they disclose their condition to – usually, it would be to someone with whom they have developed trust (Pahwa et al., 2017).

Despite this, with respect to the House of Travel Comprehensive Plus privacy policy, we found that applicants were required to authorize the insurer to pass on their disclosure to more than 20 third-party people or groups. These included “medical and health service providers”, “travelling companions” and “your employer if you have a corporate travel policy” (p. 9). This requirement for wider disclosure potentially only serves to increase the stress and perceived risk associated with applying for an international travel insurance policy and the potential for wider stigma and discrimination. As such, Alexandrin et al. (2008) have proffered the need for a world shaped by Universal Design, whereby people living with pre-existing health conditions do not need to disclose. Moreover, they have argued for the importance of creating an environment that makes disclosure comfortable. These suggestions affirm the wider agenda for marginalized people, such as those living with mental health conditions seeking international travel insurance, to have their voices heard and be included in co-designing leisure and tourism to ensure it is accessible and inclusive for everyone (Scheyvens & Biddulph, 2018).

Potential stigma and discrimination

Our findings suggest there is potential for stigma and discrimination through international travel insurance policies arising from their exclusionary, restrictive nature and requirements for disclosure. While this study does not directly measure discrimination, our analysis identified patterns consistent with disproportionate disadvantage for travellers with pre-existing mental health conditions. This is reflected in the potentially exclusionary effects stemming from the relative absence of explicit definitions, limited coverage provisions and greater ambiguity surrounding mental health conditions. Although the policy definitions of pre-existing conditions were typically framed broadly and not limited to mental health, the lack of explicit inclusion may contribute to uncertainty and uneven interpretation in practice. This ambiguity is further compounded by the narrow scope of coverage typically limited to conditions such as anxiety and depression, alongside the frequent use of exclusions or case-by-case assessments and the additional disclosure requirements placed on applicants. Also, whilst the analysis does not allow conclusions about insurer intent, the patterns observed, particularly exclusion, ambiguity and disclosure requirements, are consistent with wider

evidence of stigma and bias associated with mental health conditions in insurance and service provision.

Tse (2019) has asserted that people living with mental health conditions experience two types of discrimination when accessing travel insurance. Firstly, insurance may be inaccessible or unaffordable, and thus, an individual may be deprived of travelling with the freedom they would have with access to travel insurance. Secondly, it is argued that institutions themselves have a bias (Tse, 2019). Brown (2015) noted that insurance industries lack transparency when considering applications from people living with pre-existing mental health conditions, and remarked upon the lack of logic regarding why certain insurance applications are declined. Indeed, previous research has confirmed that implicit bias is prevalent amongst service providers, wherein certain providers hold negative or stigmatizing attitudes at a subconscious level towards groups that can impact decision making (Merino et al., 2018). Furthermore, in many low- and middle-income countries, persistent stigma and limited availability of specialist in-patient psychiatric care may constrain access to appropriate treatment, increasing the likelihood that emergency medical repatriation is required. This underscores the importance of travel insurance policies including comprehensive coverage for psychiatric care and repatriation. As such, our findings suggest the need for increased awareness around mental health and the exercise of caution among travel insurance providers to ensure their policies and processes are accessible and inclusive, and that they do not contribute further to the mental distress, marginalization and discrimination of people living with mental health conditions seeking the benefits of international leisure travel. The requirement for travel insurance providers to retain discretion to allocate different premiums and deny coverage to those applicants they deem most risky must be compassionately balanced with the very real social stigma and fear of being rejected, ostracized and overlooked faced by people living with mental health conditions; challenges that often lead to individuals concealing their mental health condition (Zweifel, 2021).

The findings of our study are subject to several limitations. First, the analysis is confined to international travel insurance policies available in New Zealand, which may limit the transferability of findings to other national contexts where regulatory frameworks, market structures and insurance practices differ. Second, the selection of policies was based on the Canstar Travel Insurance Star Ratings and Awards, which, while offering an independent and structured basis for identifying leading international travel insurance providers, may not capture the full range of policies available, including niche or lower tier products. Furthermore, consistent with qualitative research, the interpretive nature of the analysis means that findings are shaped by the researchers' perspectives and their engagement with the data, and thus alternative interpretations are possible.

Conclusion

This paper contributes new insights into the accessibility and inclusion of international travel insurance policies in the context of New Zealand. Whilst further research is needed to validate the conclusions drawn here and assess whether the same policy issues are evident in other countries, the conclusions of our study affirm the need for greater

knowledge, awareness and compassion towards mental health conditions in the leisure travel industry (Choudhury, 2025). Travel insurance providers need to offer inclusive, unambiguous policy information to build trust with people living with pre-existing mental health conditions (Luna-Cortés & Brady, 2025) to ensure that they have equitable access to international leisure travel. Future research could examine how willing travel insurers are to actually increase the inclusiveness of their policies to ensure risk protection for a range of pre-existing mental health conditions. Future research should also prioritize the perspectives of travellers living with different mental health conditions and their experiences of choosing and applying for an international travel insurance policy or otherwise deciding to avoid it. An evaluation of the outcomes of international travel insurance claims centred on mental health incidents abroad is also a valuable avenue for further research in support of efforts to remove barriers and minimize the risk and challenges of international leisure travel for those who seek to experience it as a coping mechanism or means to support their recovery and wellbeing.

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