

# Insurance Policies and Government Insurance Schemes on Mental Illnesses: Where do we stand?

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## I. INTRODUCTION

India has a population of over 1 billion by 2020 and more than 150 million people need mental health services. There is a huge difference between developed nations and developing nations when it comes to mental health insurance and insurance policies as there are discriminations experienced by Indians in receiving insurance benefits in Mental illnesses. According to Ghosh (2021) there are a number of factors that obstruct the growth of the mental health insurance industry in India (Ghosh, 2021). The Mental Health Care Act 2017 is a welcome step towards changing the face of health insurance and giving equal importance and opportunities to physical and mental ailments

For insurers, the definition of mental illness will be guided by its definition as stated in the Mental Healthcare Act, 2017, which says, "Mental illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs" (MHCA-2017)

According to World Health Organization (WHO) out-of-pocket expenditure on health in India is as high as 65.1% (percentage of the current health expenditure) as compared to the world average of 32%. (GHODR, WHO 2016) 3.5% of the Indian population becomes impoverished and 5% face catastrophic expenditure due to medical bills every year. Cataclysmic expenditure is defined as expenditures that account for >40% of nonfood spending or 10% of household expenses. (Xu, et. al., 2003). Nearly 13.68% of the Indian households are forced to borrow at exorbitant rates for health expenses, trapping them in debt and poverty, extending to subsequent generations. (Rao, 2017) In India, persons with disability (PwD) comprise 2.214% of the population. (RGCC, GoI, 2019) More than half (51%–53%) of PwD cannot afford health care. (WHO 2019). Various solutions offered to facilitate the utilization of health care by the needy include prepayment mechanisms such as social insurance, voluntary health insurance, and tax-based arrangements. (WHO, 2019) Health insurance is seen as a promising strategy to enable families in low- and middle-income countries to utilize health-care services without incurring catastrophic out-of-pocket health expenditure. (Spaan, et. al., 2012)

According to the Mental Healthcare Act, 2017, which has been in effect since May 29, 2018 the Section 21 (4) of the Act states "every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness (MHCA-1017). Various illnesses or Mental disorders, which are classified as mental illness or disorders as per International Classification of Diseases (ICD- 10/ICD 11), the classificatory system of World Health Organization (WHO) will be considered as being covered in the policy which is not yet implemented by the insurance companies. Norms for considerations in these cases will be as per ICD-10 and ICD-11. For example, WHO considers schizophrenia and bipolar disorder as major mental illnesses. (World Health Organization, 1993). In case of hospitalization during mental illness, the coverage will include analysis and diagnosis of a person's mental condition, treatment as well as care and rehabilitation of such person for his mental illness or suspected mental illness. The 24-hour mandatory hospitalization is to be a part of this healthcare process.

## **II. SOME IMPORTANT DEVELOPMENTS REGARDING INSURANCE COVERAGE IN INDIA**

The Insurance Act of 1938 is came in to force in India and the public can avail various types of insurance including health insurance.(Section 2(6C) of the Insurance Act,). The definition of 'health insurance business' under the Insurance Act 1938 (as amended) does not explicitly exclude or exclude any coverage for psychiatric or mental illness or disorders, but Indian insurance companies continue to design and put up for sale health insurance products in their own way excluding mental illness or Disorders. Usually Insurance covers hospitalization and focuses on medical expenses and primarily physical ailments. (Section 2(6C) of the Insurance Act,)

Health insurance policies in India traditionally include exclusions in the form of "any mental illness, psychosomatic dysfunction, or mental health problem" or comparative terms, and the coverage available is largely limited to a limited number of government schemes.(RD Pattanayak, Rajesh Sagar, 2016)

India signed and ratified the United Nations Convention on the Rights of the Child (UNCRC). Under Article 25 (e) of the UNCRC, signatory nations are required to prohibit discrimination in the provision of health insurance against persons with disabilities. In accordance with India's obligations under the UNCRC, the Mental Health Services Act was passed in 2017 (effective 29 May 2018). (Article 1 of the UNCRC)

The law recognizes "the right to access mental health services and treatment" for all persons without discrimination and does not criminalize attempted suicide under section 25 (e) of the UNCRC as well as section 21 (4) of the MHCA 2017 law, states that "Insurance companies are required to provide medical insurance for the treatment of mental illness on the basis of the medical insurance provided / available for the treatment of physical illness.(MHCA 2017)

## **III. MILESTONES IN THE INSURANCE SCHEMES/ POLICIES IN INDIA:**

India passed the Mental Health Services Act on April 7, 2017. The Mental Health Services Act came into force on May 29, 2018. As per the provisions mentioned in Section 21 (4) of the Mental Health Act 2017, "Every insurance company should provide medical insurance for the treatment of mental illness on the same basis. Available for the treatment of physical ailments.(MHCA- 2017)On 16 August 2018, IRDAI issued a circular to all insurance companies in accordance with the provisions of the Mental Health Services Act 2017 and directed all insurance companies to "comply" with this Act with immediate effect in accordance with the Mental Health Act and the IRDAI Circular.( WHR 2001 – Mental Health: New Understanding, New Hope.)Further, on 22 October 2018, IRDAI issued a letter to the insurance companies advising them to establish an underwriting policy relating to mental illness coverage and to inform this policy to their officers and sales persons in all branches. One year after the issuance of the IRDAI Circular, IRDAI issued the Guidelines on Standardization of Exclusions in the Health Insurance Agreement of 27 September 2019, which aims to standardize exclusion clauses under various health insurance policies in India.

Chapter II of the Exclusion Guidelines explicitly prohibits insurance companies from excluding treatment of mental illness, stress and related disorders from the scope of cover of all health insurance policies (excluding personal accident and travel policies).

## **IV. IMPLEMENTATION OF INSURANCE POLICY IN INDIA**

It was mentioned by IRDAI that Insurers must ensure compliance by making changes to their existing health insurance products within one year (i.e. by 1 October 2020). IRDAI had directed all insurance companies to publish their underwriting philosophy and approach to offer insurance cover to persons with disabilities and mental illness and HIV / AIDS on their websites as per the circular dated June 2020 and the deadline for compliance was October 1, 2020.

The Supreme Court recently issued notices to the Ministry of Health and Family Welfare (MoHFW) and the Insurance Regulatory and Development Authority of India (IRDAI) in response to a writ petition filed on March 17, 2020 for the report and updates on the provision on the implementation of the Mental Health Services Act 2017 and the measures taken to ensure insurance coverage in India for mental illness.(*Gaurav Kumar Bansal v UOI*, Writ Petition (Civil) 425/2020)

With the Mental Healthcare Act 2017 and subsequent IRDAI directives, there has been renewed interest in the scope and availability of mental health insurance in India.

Although most insurance companies have modified their insurance products to exclude traditional mental illness, ambiguity remains about some practical aspects of mental illness coverage. Coverage for the treatment of mental illness should also be increased on the basis of the current coverage of physical illnesses by insurance companies. Some obstacles are created.

## V. CONTRIBUTION OF PUBLIC AND PRIVATE INSURANCE COMPANIES IN INDIA

There was no exertion from private insurers to introduce coverage for mental illness till the end of 2019, astonishingly, the scenario of mental health field has been changed and there was more concern on the mental health related aspects after COVID-19 lockdown in India. Public insurance companies, National Insurance Company Limited. (Available from: <https://nationalinsurance.nic.co.in/en/healthinsurance>) and Oriental Insurance Company Limited (Available from: <https://nationalinsurance.nic.co.in/en/healthinsurance>) have included mental illness in their policy which will indemnify the hospital or the insurer only in case of hospitalization. It is clearly mentioned in their policy brochure that any kind of counseling, cognitive behavioral therapy, or psychotherapy which does not require hospitalization is excluded from their policy. Alzheimer's disease, dementia in Alzheimer's disease, and Parkinson's disease are permanently excluded if they exist at the time of taking policy in the case of National Insurance Company Limited. However, even on an extensive search on the insurer's website, specific mental illness plans were missing. As of October 2021, insurance plans for mental health treatment are being provided by HDFC ERGO.

(Available from: <https://orientalinsurance.org.in/>) and Aditya Birla Health Insurance (Available from: <https://www.adityabirlacapital.com/abcofmoney/doeshealthinsurancecovermental-illnesses/>) is offering counseling and consultation costs apart from hospital expenses. In the case of Manipal Cigna Health Insurance (Available from: <https://www.manipalcigna.com/>), mental illnesses are covered under comprehensive indemnity plan which offers insurance only in case of hospitalization. Max Bupa Health insurance company (Available from: <https://www.maxbupa.com/>) in their Health Recharge Insurance plan has coverage for mental disorder treatment up to the sum insured and sub-limit applicable in some cases.

## VI. BRIEF INTRODUCTION OF GOVERNMENT HEALTH INSURANCE SCHEME IN INDIA

### A. Ayushman Bharat Yojana:

Ayushman Bharat is a universal health insurance scheme of the Ministry of Health and Family Welfare, Government of India. PMJAY was launched to provide free healthcare services to more than 40% population of the country. The scheme offers a health cover of Rs 5 Lakh. In this scheme, it covers medicines, diagnostic expenses, medical treatment, and pre-hospitalization costs. The poorest families of India can benefit from this healthcare scheme. (Available from: [https://pmjay.gov.in/sites/default/files/202001/HBP\\_2.0\\_For\\_Website\\_V2.pdf](https://pmjay.gov.in/sites/default/files/202001/HBP_2.0_For_Website_V2.pdf). (Last accessed on 2022 May 22].)

### B. Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY):

Ayushman Bharat PM-JAY provides a health cover of Rs. 5 lakhs per family per policy year for secondary and tertiary care hospitalization in any of empaneled hospitals across the country. The benefit is available to each and every member of the family on floater basis. Ayushman Bharat, the flagship program of the Government of India, was designed to meet the Sustainable Development Goal 3 and achieve Universal Health Coverage. Ayushman Bharat adopts a two-fold approach namely Health and Wellness Centres and Pradhan Mantri Jan Arogya Yojana (PM-JAY). Ayushman Bharat PM-JAY is the world's largest health insurance scheme providing health coverage of INR 5 lakhs per family per year. It covers the bottom 40% of the Indian population for secondary and tertiary care hospitalization which is cashless coverage in the empaneled hospitals. Ayushman Bharat PM-JAY has coverage for mental disorders. Although it was launched with 17 packages initially, it was reduced to 10 in December 2019. A package includes all treatment costs including pre- and post-hospitalization costs. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

PM-JAY has fixed procedure price of INR 1500 for the Disorders / Mental Health Conditions like Mental retardation, mental disorders-organic, including symptomatic, Schizophrenia, schizotypal, and delusional disorders, neurotic, stress-related and somatoform disorders, mood (affective) disorders, behavioral syndromes

associated with physiological disturbances and physical factors, mental and behavioral disorders due to psychoactive substance use. The charges for Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS) are INR 3000 and INR 1000 per session, respectively. The required investigations before ECT and TMS (cognitive tests, complete hemogram, liver function test, renal function test, serum electrolytes, electrocardiogram, computed tomography/magnetic resonance imaging of the brain, electroencephalogram, thyroid function test, The venereal disease research laboratory, HIV Test, Vitamin B12 levels, folate levels, lipid profile, and homocysteine level) are covered under a package of INR 10000. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

### **C. Pradhan Mantri Jan Arogya Yojana**

Beneficiaries under Pradhan Mantri Jan Arogya Yojana: The households included are based on the automatic inclusion, deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. There are 83.72 lakh families in state. This data is frozen hence additional families cannot be added. However new members in existing families can be added

For Urban area, 11 occupational criteria are identified as Rag pickers, Beggars, Domestic workers, Street vendors, Cobbler, hawkers, Construction workers, Plumbers, Masons, Painters, Welders, Sweepers Sanitation worker, Mali, Home-based workers, Artisans, Handicrafts workers, Tailors, Transport workers, Drivers, Conductors, Helpers, Rickshaw pullers, Shop workers, Assistants, Peons, Attendants, Waiters, Electricians, Mechanics, Assemblers, Repair workers, Washer-men, Chowkidar.

Rural Criteria for rural area are from D1 to D7 which include families with only one room with kachha wall and kachha roof, No adult member between age 16 to 59, Female headed households with no adult members between age 16 to 59, Disabled member and no able bodied adult member, SC/ST households, Landless households deriving major part of income from manual casual labour. Automatically Included category includes Households without shelter, Destitute-living on alms, Manual Scavenger Families, Primitive Tribal Groups and Legally released Bonded Labour. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **Beneficiaries under Pradhan Mantri Jan Arogya Yojana:**

Under PMJAY members from families registered under Social, Economic and Caste Census, 2011 (SECC) are eligible for getting benefits in all empaneled hospitals by showing computerized e-cards and photo identity card. Beneficiary of PMJAY from any state having e-card and photo identity proof can avail treatment at any empaneled hospital of any other state. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

### **D. Pradhan Mantri Suraksha Bima Yojana:**

Pradhan Mantri Suraksha Bima Yojana aims to provide accident insurance cover to the people of India. People in the age group of 18 years to 70 years who have an account in a bank can avail benefit from this scheme. This policy provides an annual cover of Rs 2 lakh for total disability and death cover and Rs 1 lakh for partial disability. The policy premium gets automatically debited from the policyholder's bank account. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

### **E. Central Government Health Scheme (CGHS):**

Central Government Health Scheme was started in the year 1954 and provides comprehensive health care facilities for central government officials and pensioners residing in cities. Operations of this scheme take place in cities such as Kolkata, Mumbai, Lucknow, Delhi, Nagpur, and Pune. This is a National Health Company Online Renewal program that includes the privilege of health education to the beneficiaries. This scheme provides benefits like All dispensary related services including domiciliary care. In addition, the beneficiaries of this scheme have the privilege of being hospitalized each and every time they fall ill. Investigations like X-ray or laboratory examination requirements would be provided free under this particular scheme. The most important advantage of this National Health Insurance scheme is that it provides free specialists consultations both at hospital level and dispensaries. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **F. Aam Aadmi Bima Yojana (AABY):**

Aam Aadmi Bima Yojana has been started in the year 2007, October. It basically covers individuals from the age of 18 years-59 years. This insurance scheme is tailored for all those citizens living in the upcountry and in the rural areas. It also covers the landless citizens who are tenants living both in urban and rural areas. It also includes giving scholarships to underprivileged children. Basically, the head of the family or the earning member is the one protected by this scheme. The premium of 200 rupees per annum is shared equally by the state and the central government. Upon a natural death, the family is compensated at 30000 rupees. However, upon death caused by a permanent disability, the family is compensated at 75,000 rupees. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **G. Employment State Insurance Scheme:**

This provides Employment State Insurance Scheme provides social security as well as socio-economic protection to all workers in India. Dependents of the workers are protected under the scheme and they are provided with the same privileges those who depend on workers. This insurance scheme commences upon the first day of insurable employment to each and every worker. They are provided with full medical care insurance for themselves and their families as well. Those covered under this scheme are also entitled to a wide range of cash benefits. They include cash in times of physical distress such as sickness or even when one might become disabled may it be temporal or permanent. In addition, for any woman who would lose the capacity to earn or dependents of persons injured during occupational accidents, they are entitled to a monthly pension commonly referred to as dependents benefits. This scheme is not applicable to each and every person or company. It is only applicable to all permanent factories employing more than ten employees. Recently, the scheme has been extended to various businesses including shops, restaurants, road and motor transports and newspaper entities that employ more than 20 people. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **H. Janshree Bima Yojana:**

Janshree Bima Yojana is designed for individuals in the poor category who are within the age group of 18-59 years. The scheme includes special features like Women SHG Groups and Shiksha Sahyog Yojana. At present there are 45 occupational groups under this scheme. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **I. Chief Minister's Comprehensive Insurance Scheme:**

Chief Minister's Comprehensive Insurance Scheme is a Tamil Nadu state government scheme. It was launched in association with the United India Insurance Company Ltd. It is a family floater policy that was designed to provide quality health care services to people. This scheme covers more than a thousand medical procedures. In this policy, you can claim for hospitalization expenses up to Rs 5 lakh. The beneficiary can select from both private and government hospitals under this scheme. Tamil Nadu residents with an annual income of lesser than Rs 75000 per year are eligible to enroll under this scheme. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **J. Universal Health Insurance Scheme (UHS):**

Universal Health Insurance Scheme was implemented to help the families who live below the poverty line. It covers the medical expenses of each and every member of the family. In case of death due to an accident, there is a cover that is provided. The main drivers of the Universal Health Insurance Scheme are basically the four public sector general insurance companies who have been doing this with an aim of improving healthcare to the underprivileged and especially the economically disabled citizen in India. This scheme may facilitate the medical expenses of up to 30,000 rupees if the family member is hospitalized. However, when the earning head of the family is admitted to the hospital, the Universal health insurance scheme compensates a total of 50 rupees daily for a maximum of 15 days. ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **K. West Bengal Health Scheme:**

The Government of West Bengal launched this scheme for its employees in the year 2008. It is also available for the pensioners. This coverage is provided on both individual and family floater basis up to a

sum insured of Rs 1 lakh. The policy covers OPD treatment and medical surgeries as per the policy terms and conditions.([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **L. Yeshasvini Health Insurance Scheme:**

The Karnataka State Government promotes the Yeshasvini Health Insurance Scheme. This scheme is useful for peasants and farmers and who are associated with a co-operative society. This health insurance scheme covers more than 800 medical procedures such as Neurology, Orthopaedic, Angioplasty, etc.([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

Co-operative societies help the farmers to get enrolled in the Yeshasvini Health Insurance Scheme. The beneficiaries can avail of health care services through network hospitals, and coverage benefits are extendible to the beneficiary's family members.([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **M. Mukhyamantri Amrutam Yojana**

Mukhyamantri Amrutam Yojana was initiated by the Gujarat government in the year 2012 for the benefit of the poor people living in Gujarat. People who are in the lower middle-income group and below the poverty line are eligible to enroll under the scheme.

It is family floater health insurance policy that provides coverage up to Rs 3 lakh per family. The policyholder can avail of medical treatment from private and government hospitals, as well as trust-run hospitals.([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **N. Karunya Health Scheme:**

Kerala Government had launched Karunya Health Scheme in 2012, to provide health cover for listed chronic illnesses. It is a Critical Illness plan for the poor and covers major diseases such as Kidney, Cancer, cardiovascular illnesses, etc.for the Kerala state citizens. People who are below the poverty line can enroll themselves in this scheme. The beneficiary needs to provide a copy of the Income Certificate and Aadhaar Card for the same.([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare))

#### **O. Telangana State Government Employees and Journalists Health Scheme:**

Telangana Government launched this scheme for its journalists and employees. It is beneficial for the employed, retired, and pensioners as well. In this scheme, the beneficiary can avail of cashless treatment in the hospitals that are registered. The beneficiaries do not have to rush to arrange funds for emergency medical expenses under these schemes.([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare),<https://www.policybazaar.com/health-insurance/govt-scheme/>)

#### **P. Dr YSR Aarogyasri Health Care Trust:**

Andhra Pradesh Government along with the Dr YSR Aarogyasri Trust launched four health welfare schemes These schemes offer Health, medical cover to different people and help them at the time of a medical emergency. The names of the schemes are Dr YSR Aarogyasri scheme for the welfare of the poor, Arogya Raksha scheme is for Above the Poverty Line (APL), Working Journalist Health Scheme that provides cashless treatment cover for specified procedures and Employee Health Scheme provides health cover to the state government employees ([www.india.gov.in/topics/health-family-welfare](http://www.india.gov.in/topics/health-family-welfare), <https://www.policybazaar.com/health-insurance/govt-scheme/>)

#### **Q. Niramaya Health Insurance scheme: For Person with Disabilities:**

Niramaya Health Insurance scheme was conceived to provide affordable health insurance to people with disabilities, such as Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. This health insurance scheme is floated by The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, which comes under the Department of Empowerment of Persons with Disabilities of the Ministry of Social Justice and Empowerment. People diagnosed with such disabilities can enrol in Niramaya Health Card to get maximum coverage of Rs.1 lakh. There are several facilities under this health plan. Some of them include OPD treatment, a regular medical check-up for non-ailing disabled, dental

preventive dentistry, non-surgical hospitalisation, surgeries to avoid disability aggravation, treatment for congenital disability, ongoing therapies, alternative medicine, and more. Niramaya scheme also covers transportation costs. Individuals from any part of India can enrol under this scheme. It offers comprehensive coverage, which will have a single premium across age bands. Individuals can get similar coverage irrespective of the type of disability under the National Trust Act. Persons with Disabilities (PwDs) with a valid disability certificate under the National Trust Act are eligible for benefits under this scheme. This scheme covers pre as well as post hospitalisation expenses. But note that there are limits with regard to the extent of coverage. (Nirmaya health insurance under the National Trust Act (44/1999, <https://www.policybazaar.com/health-insurance/govt-scheme/>)

#### **R. Deen Dayal Swasthya Suraksha Parishad (DDSSP):**

Deen Dayal Swasthya Suraksha Parishad under the Madhya Pradesh Society Registration Act 1973 for implementation of "Niramayam" Ayushman Bharat Mission Yojana in the state in 2018. The council is acting as the state health agency, under which the scheme will be fully implemented. I.E.C. Bureau, work has been started at Jai Prakash Hospital Complex, Bhopal. In Deen Dayal Swasthya Suraksha Parishad, 3 councils have been constituted as under: - 1. Advisory Council 2. Governing Council Executive Council Executive Council to execute the scheme in the state of Madhya Pradesh, The Mental Disorders are covered under these schemes in Madhya Pradesh (Dept Public Health, Govt of Madhya Pradesh 22 May 22)

#### **S. Chiranjeevi Health Insurance Scheme: Rajasthan:**

Under the Chiranjeevi Health Insurance Scheme, the Rajasthan government offers cashless medical insurance of up to Rs 10 lakh. This Universal health scheme is available to all the families of Rajasthan from May 01, 2021.

With this scheme, Rajasthan becomes the first state in India to provide universal insurance cover to all the people. So far, more than 12 lakh people have availed free medical treatment under the scheme

According to the latest budget announcement, the annual medical coverage amount has been increased from Rs 5 lakh to Rs 10 lakh with an additional accident cover worth Rs 5 lakh. Expensive treatments like heart transplants, liver transplants, bone marrow transplants and cochlear implants have been added to the scheme. Every family in Rajasthan is now eligible for free cashless treatment of up to Rs 5 lakh. However, all families apart from the beneficiaries will have to pay an annual premium of Rs 850. Moreover, women heads of families covered under the Chiranjeevi Health Insurance scheme will now be given smartphones with free internet connectivity for 3 years.

#### **T. Mukhyamantri Chiranjeevi Yojana Rajasthan 2021:**

CM Ashok Gehlot Mukhyamantri Chiranjeevi Scheme benefits commenced on May 1, 2021. To register, citizens have to visit [sso.rajasthan.gov.in](http://sso.rajasthan.gov.in). Chiranjeevi Yojana covers 1576 medical tests and more. The cost of tests, medical expenses, and a related package of 15 days after getting discharged from the hospital is also covered under the scheme. Beneficiaries of Ayushman Bharat Mahatma Gandhi Rajasthan Swasthya Bima Yojana can also get covered under the scheme. Small/marginal farmers and Contractual workers can also get covered free of cost. Families not who do not fall under the eligible category can also get insured by paying a nominal premium of Rs 850 yearly. In addition to the major illnesses, the scheme also provides coverage for Covid-19 care and hemodialysis for the poor. Especially Mental illnesses are covered under this Chiranjeevi Health Insurance Scheme (Dept of Public Health, Govt of Rajasthan, 2022 May 22)

#### **U. Arogya Karnataka:**

ArogyaKarnataka is a health insurance scheme only for the residents of Karnataka which includes mental illness. It was initiated by the Government of Karnataka in March 2018, for below poverty line patients and as a copayment method for above poverty line patients. There are different packages available for mental illnesses which include mental and behavioral disorders due to psychoactive substance abuse, schizophrenia and delusional disorders, mood disorders, stress-related disorders, and mental retardation (Available from: <https://arogyakarnataka.gov.in/>)

## **20. Swavlamban Health Insurance Scheme:**

Swavlamban Health Insurance Scheme has been launched under the New India Assurance Company Limited under the guidance of the Ministry of Social Justice and Empowerment and the Department of Empowerment of Persons with Disabilities, the scheme was introduced on 2nd October 2016. Swavlamban Health Insurance Scheme is a special health insurance plan that has been crafted keeping in mind the needs of persons with disabilities. Catering solely to Persons with Disabilities (PwD) the mission of the scheme is to improve the general health of PwD and thus improve the quality of their life. With this scheme, the government aims to provide lost cost yet efficient health insurance plan that caters to people with special needs, that is for people who suffer from blindness, low vision, are leprosy-cured, loco-motor disability, hearing impairment, mental retardation and mental illness. The scheme offers comprehensive coverage to the beneficiary and his family - spouse of the PwD and 2 children. For any PwD living across the country, the premium to be paid is INR 355 (10% of actual premium plus service tax) The scheme can be availed by PwD between the ages group of 18 to 65 years who have a family income of less than INR 3 lakhs annually, case a minor is PwD, the parent/ legal guardian can be covered under the scheme, Pre as well as the post-hospitalisation cover, is subject to sub-Limits (James, J. W et al 2019, <https://paytminsurance.co.in/health-insurance/swavlamban-health-insurance-scheme/>)

## **V. Mahatma JyotibaPhule Jan ArogyaYojana (MJPJAY) in state of Mahatrashttra:**

Mahatma JyotiraoPhule Jan ArogyaYojana (MJPJAY) is a major health insurance scheme of the Government of Maharashtra. The scheme provides cashless services for diseases identified by a network of public and private sector service providers.

Mahatma JyotibaPhule Jan ArogyaYojana (MJPJAY) in state of MahatrashttraIs a State Government's Chief Health Assistance Scheme. A total of 1209 treatment services are covered under this scheme. There are some hurdles to receive the benefits from the scheme and health professionals have some genuine suggestions to modify the services, benefits and the easy availability of the facilities under the scheme. (Dept of Public Health, Govt of Maharashtra, 2022)

The scheme, formerly known as Rajiv Gandhi JeevandayiArogyaYojana, was launched in eight districts on July 2, 2012 and was later extended to 28 districts in Maharashtra from November 21, 2013. Ayushman Bharat-Pradhan Mantri Jan ArogyaYojana (AB-PMJAY): The Ayushman Bharat-Pradhan Mantri Jan ArogyaYojana (PMJAY) was launched by the Government of India on September 23, 2018. AB-PMJAY was launched in Maharashtra with the integration of Mahatma JyotiraoPhule Jan ArogyaYojana and was implemented on mixed insurance and assurance mode. ( Dept of Public Health, Govt of Maharashtra, 2022)

The scheme provides coverage for meeting all expenses relating to hospitalization of beneficiary up to 1,50,000/- per family per policy year. For Renal Transplant this limit has been enhanced up to 2,50,000 per family per policy year. The benefit is available to each and every member of the family on floater basis i.e. the total coverage of 1.5 lakh or 2.5 lakh as the case may be, can be availed by one individual or collectively by all members of the family in the policy year. ( Dept of Public Health, Govt of Maharashtra, 2022)

1209 packages include bed charges in General ward, Nursing and boarding charges, Surgeons and Anesthetists charges, Medical Practitioner and Consultants fees, Oxygen, O.T. & ICU Charges, Cost of Surgical Appliances, Cost of Drugs, disposables, consumables, implants, Cost of Prosthetic Devices, Cost of Blood Transfusion (Blood to be provided as per policy of State Government), X-Ray and Diagnostic Tests, food to inpatient, one time transport cost by State Transport or second class rail fare (from Hospital to residence of patient only). The package covers the entire cost of treatment of patient from date of reporting to his discharge from hospital including complications if any, making the transaction truly cashless to the patient. In instance of death, the carriage of dead body from network hospital to the village/ township would also be part of package. And these all the benefits are applicable to treat the mental illnesses but still person with mental illnesses are struggling to receive the packages mentioned under these schemes. Psychosocial assessment, History taking, Mental Status Examinations, and few neurological investigations are required in Mental illness assessment and these all needs to be included in the package of these all state and central govt schemes. ( Dept of Public Health, Govt of Maharashtra, 2022)

Maharashtra state Mahatma JyotibaPhule Jan ArogyaYojana (MJPJAY) scheme is covering only Schizophrenia, Schizotypal Disorder and Delusional Disorders and NMood& Affective Disorders and other all Mental Illnesses are not covered under this scheme. Transcranial Magnetic Stimulation (TMS), Electro



Convulsive Therapy (ECT), Pre ECT, Pre rTMS package are other three procedures covered under this scheme, Govt has not included all other mental illnesses, intellectual disabilities, Autism, and Childhood Disorders which need to be included under this scheme. (Dept of Public Health, Govt of Maharashtra, 2022)

State Govt is providing Rs 1.5 lakhs for the treatment of illness under Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) but this amount is not enough or sufficient for treatment of mental illness - analysis, diagnosis, treatment of mental condition of a person with mental illness including any kind of counseling, cognitive behavioral therapy, or psychotherapy which does not require hospitalization. (Dept of Public Health, Govt of Maharashtra, 2022)

Majority of the Central and State Govt schemes are focusing on the hospitalization in Mental Illness and insurance is provided only if the person is hospitalized for the treatment of Mental Illness. On the other hand mental health services like Mental Health analysis, diagnosis of mental Illness, treatment or Psychosocial Intervention of mental condition of a person with mental illness do not require hospitalization as these facilities can be provided on OPD basis or in sitting or session with the help of family support systems. Major services like counseling sessions, cognitive behavioral therapy, or any other psychotherapy does not require hospitalization and person need family, friend support during these sessions. Therefore, the condition of hospitalization or institutionalization in the treatment process is less recommended and preferred as patient or person with mental illness require strong emotional, psychological support from family members and that is the reason the concept of family wards has been recommended and accepted by few hospitals for better and smooth treatment processes. (Dept of Public Health, Govt of Maharashtra, 2022)

#### **W. Integrated Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY):**

Integrated Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) were launched in the state on 1 April 2020. United India Insurance Company Limited (a public sector undertaking company) provides healthcare. Under the insurance mode, the beneficiaries are covered by insurance and the State Health Guarantee Institute provides protection under the insurance mode. The State Health Assurance Society is paying an insurance premium of Rs 797 / - per family per annum to the insurance company on behalf of the eligible beneficiary families. Mahatma Jyotirao Phule Jan Arogya Yojana is fully funded by the Government of Maharashtra. Pradhan Mantri Jan Arogya Yojana is jointly funded by Government of India and Government of Maharashtra in the ratio of 60:40. Insurers - The scheme was run by the insurance company National Insurance Company, a public sector undertaking, from 2<sup>nd</sup> July 12 to 31<sup>st</sup> March 2020. Integrated Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is run and supported by United India Insurance Company as a public sector undertaking company from 1<sup>st</sup> April 2020 (Dept of Public Health, Govt of Maharashtra, 2022)

Above all schemes are made available for the people of the welfare state and these schemes are very much helpful in the treatment and coverage of the poor, needy and weaker sections of the society.

Finally it can be suggested that the concerned state government and Central government should insist their concerned authorities of Mental Hospitals and Rehabilitation centers to have group insurance schemes for the admitted patients for treatment of Mental illnesses/ Disorders. Also they can keep these mental illness insurance conditions for the private mental health facilities as well. On the other hand the insurance regulatory authority should also ensure that the minimum Mental Health insurance package has to be offered under this insurance policy under mental health component and made this facility available for all people suffering from Mental Illnesses or disorders.

#### **X. Recent Provisions for inclusion of Mental Illnesses in Insurance Policies: Challenges and Achievements**

Recently one of the articles of Pune based Prof Chetan Diwan has been published in Indian Express on 2<sup>nd</sup> November 2022 under the heading “‘Mental Healthcare Act makes it mandatory for insurers to make provisions for medical insurance for treatment of mental illness’

The Mental Healthcare Act, 2017, has been enacted since May 29, 2018, which gives us lots of insight on the coverage of Mental disorders in India. According to this article, it is mentioned that the Insurance Regulatory and Development Authority of India has good move to adopt Insurance coverage to bring major mental illnesses under insurance cover from 31<sup>st</sup> October 2022. All health insurance policies will mandatorily cover major mental illnesses and while the extent of the coverage varies with the insurer, some of the disorders whose treatment will be insured include Bipolar Affective Disorder, Acute Depression, Schizophrenia and others.

Prof Chetan Diwan mentioned in his article that the Mental Health Care Act, 2017, which lays the foundation for insurance for psychological disorders, defines “mental illness” as "means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs." Medical insurance will therefore cover treatment of mental diseases that fall under the ambit of this above mentioned definition.

While the extent of the coverage varies with the insurer, some of the disorders whose treatment will be insured are Bipolar Affective Disorder, Acute Depression, Schizophrenia, Panic Disorders, Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Personality Disorder (PD) Eating Disorders, and Dissociative Disorders.

#### **a. Which illnesses will not be covered?**

The Mental Health Care Act, 2017, does not include mental retardation in its definition, which it considers as "a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence." Issues related to Mental Retardation\* will therefore not be covered under insurance.

#### **b. Will Suicide or Attempted Suicide be covered in Insurance? What about Substance Abuse/Addiction related Disorders?**

No...Treatment related to intentional self-inflicted Injury or attempted suicide is also not insured. Complications relating to disorders of Intoxication, Dependence, Abuse, and Withdrawal caused by Alcohol and other Substances\* will also not be considered under the mental health insurance.

#### **c. What benefits will be provided under this Insurance?**

Many plans cover medical expenses only when the patient is hospitalized. The benefits are the same as insurance for physical health ailments, such as cashless treatment and pre and post hospitalization cover depending on the policy. Depending on the insurer, the coverage may include treatment costs, medications, diagnostics procedures, road ambulance charges, room rent and others.

#### **d. Are counseling and consultations covered under mental health insurance?**

The coverage differs from insurer to insurer. Not all insurers provide health insurance that covers mental illnesses under the out-patient department (OPD) benefit. While many insurers had already extended cover for mental illnesses as per the guidelines of the Mental Health Care Act 2017, more clarity on the changes is expected to emerge after insurers release their revised policy documents.

This article was one of the recent resources on the mental health insurance policies and tried to cover the things which are being covered and planned to cover under this new provisions of IRDAI in Indian context.

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