



Insurance coverage for Mental Illness – Part II

Analysis of Health Insurance
Policies on their compliance with
the MHCA, 2017

AUTHORS

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Introduction

In 2016, the National Mental Health Survey (NMHS) estimated 10.6% of India's population lives with a mental illness¹. As described in the first of the two-part series on insurance for mental illness, access to health services and care for mental illnesses is difficult and expensive and health insurance can act as protection against large out-of-pocket expenses.

Until the enactment of the Mental Healthcare Act, 2017 (MHCA), mental illness was excluded in health insurance policies through standardised exclusion clauses, a discriminatory feature against mental illness². The MHCA aims to safeguard the rights of the people with mental illness while ensuring the right to access to mental healthcare and treatment without discrimination. The MHCA was enacted to comply with its obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD). There are over a billion people with disabilities in the world, who are often discriminated against in various walks of life³. CRPD is a legally binding international instrument that ensures the people with disability have access to the same rights and opportunities as everyone else and under Article 25, the Convention explicitly discusses medical insurance⁴.

The MHCA too recognises the right to medical insurance for treatment of mental illness. Section 21(4) of the MHCA 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." This is based on the principle of parity which means that mere inclusion of mental illness is not enough, treatment for mental illness should be in the same manner as ensured for physical illness. This requires not only the removal of exclusion clauses but extends further to ensure there is no discrimination in the

types of policies, coverage and terms of insurance coverage provided for physical and mental illnesses. However, insurance companies continue to reject claims of persons with mental illness or include discriminatory terms and conditions in their health insurance policies⁵.

Seeking legal recourse, as described in the first brief in this series, is the final step in the grievance redressal mechanism for rightful claims to insurance coverage for mental illness. Recently, the Delhi High Court, in a landmark judgment, ordered all insurance companies to comply with Section 21 (4) of the MHCA and cover mental illness in health insurance policies without any discrimination^{6,7}. The Court held there cannot be discrimination between physical and mental illness and it was the duty of the Insurance Regulatory and Development Authority of India (IRDAI) to fully supervise and ensure the provision of the MHCA is implemented by all the insurance companies for the benefit of the persons who obtain health insurance policies⁶. This judgment was used by the Bombay High Court as precedent, where the court stayed the insurer's rejection of a policy proposal put forward by a person with bipolar disorder⁸.

With this background, we reviewed health insurance policies to assess the number of and extent to which insurance policies have complied with Section 21 (4) of the MHCA. We began our analysis by mapping the various insurance policies available, under the two broad categories of public insurance, usually a free service for beneficiaries through government schemes and programmes, and private insurance which includes privately owned insurance policies to be purchased for a premium by individuals. We share an overview of our mapping of both below.



Mapping of Government Programmes

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) was launched by the Government of India in 2018 as the largest health insurance scheme in the world. AB PM-JAY, in its intent, aims to provide a cover of Rs 5 lakh per family per year for secondary and tertiary care hospitalisation to over 10.74 crores poor and vulnerable families.

This is approximately 50 crore beneficiaries, comprising 40% of India's population⁹. The eligible AB PM-JAY beneficiary families will be provided coverage for secondary, tertiary and day care procedures for treatment of diseases and medical conditions through a network of Empanelled Health Care Providers (EHCP). The PM-JAY scheme covers all pre-existing conditions from the first day of the policy, with no waiting period.

The scheme includes 10 mental healthcare packages and 10 procedures. However, mental healthcare packages and procedures are among the few that require prior approval of an appointed panel doctor. These services are also reserved for public hospitals whereas most other health services can be claimed at public as well as private hospitals. The coverage for mental illness has been now expanded to primary mental healthcare received at Community Health Centres and at Health and Wellness Centres. Services include mental health screening, detection and where needed referral to health centres and follow up.

Another scheme by the Government of India for those with congenital and mental disabilities is the Nirmaya Health Insurance Scheme. The Niramaya scheme is provided by The National Trust for the

Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, Government of India¹⁰. Most other national or state health insurance programmes do not include mental illness in their coverage¹¹. According to the response to a question asked in the Lok Sabha in February 2021, the AB PM-JAY scheme has issued a total of 14.6 Crore e-cards to beneficiaries and authorized 1.58 Crore hospital admissions¹².

However, disaggregated data for mental healthcare packages of the AB PM-JAY scheme is presently unavailable and in the absence of such data, it is impossible to determine the extent of services availed for mental illnesses.

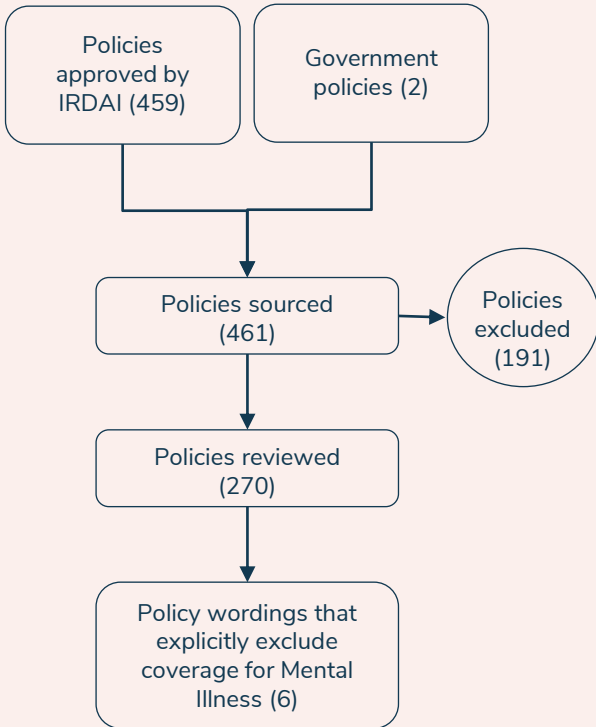
Mapping of Private Insurers

Private insurance providers, on the other hand, offer a range of medical insurance policies at a price called a premium. The IRDAI publishes details of health insurance policies introduced or revised on their website every year. Using this list of new and revised policies approved by the IRDAI in the year 2020-21, we sourced details of 459 policies published on the IRDAI portal*. We reviewed the policy wordings to assess the extent of coverage for mental illness. After a brief review, we excluded a total of 191 policies not relevant to mental illness (specific to the coronavirus, critical illness policies, accident policies and travel policies as well as excluded policies for which the policy wordings were not available on the website or had a broken link (see Figure 1).

*We also reviewed policies listed on IRDAI as introduced or revised between 2018-2020 to determine if mental illness may have been listed as an exclusionary criterion in previous years. Our review only found one such policy and thus, we chose not to analyse the policies of 2018-2020 in depth.



Figure 1. Summary of policies reviewed



The remaining 268 policies were reviewed in depth for their compliance with Section 21 (4) of the MHCA through studying features of the policy including the waiting period, sub-limits, exclusions and special features. Based on this review, we present our findings on parameters presented in **Table 1** and discuss them in depth in the following text. We also published our data as an interactive tool in the form of a dashboard that may be a useful resource for those seeking insurance for a mental illness. The dashboard may be [accessed here](#).

Table 1. Summary of policies from private insurers analysed in depth

	Number of providers (n=30)	Number of policies (n=268)
Policies that exclude mental illness in violation of section 21(4) of MHCA 2017	2	6
Policies that have restrictions on sum insured for mental illness	7	35
Waiting period with time span of 12-48 months before which mental illness is not covered under the intended health policy	8	35
Policies that explicitly exclude coverage for suicide or self-injury	29	224
Policies that explicitly exclude coverage for substance use disorders and addiction	30	267
Policies that explicitly exclude coverage for domiciliary hospitalisation for mental illness	15	32
Policies that offer coverage for mental illness beyond hospitalisation (ie. outpatient services and consultations with mental health experts)	12	23



Coverage for mental illness

Overall, from the 268 private insurance policies reviewed, we found that barring 6 policies from 2 providers (see **Table 2**), all policies were in accordance with the IRDAI circulars on MHCA 21 (4) and the Master Circular on Standardization of Health Insurance Products (2020) and did not specifically mention mental illness as an exclusion from their policy^{13,14}.

Definition of mental illness

Most policies included a definition of mental illness in their policy wordings. These included a combined definition of mental and physical illness, a specific definition of mental illness or reiterated mental illness was to be treated equally as physical illness. For example, certain policies explicitly mentioned, "In a holistic health policy, mental health is as important as physical health" ¹⁵. A few definitions alluded to the MHCA, 2017, "...liability arising due to any treatment relating to Mental Illness shall be assessed in accordance with the relevant provisions of The Mental Healthcare Act, 2017¹⁶." And finally, some policy wordings specified the definitions of mental health professionals and establishments, citing treatment for mental illness is approved only if the attending mental health professional meets

certain qualifications or the facilities the person seeks treatment from is a registered mental health establishment.

Services for mental illness

Among the policies reviewed, coverage was typically centred around hospitalisation for mental illnesses. Most policy wordings included coverage for pre- and post-hospitalisation expenses and other costs associated with hospitalisation such as ambulatory care, pharmaceutical coverage and coverage for a second opinion. Certain policies (n=23) explicitly mentioned provisions for mental healthcare including out-patient consultations with a mental health professional and mental illness coverage as part of a wellness program or as a part of a behavioural assistance program, as well as offering counselling services in the case of a traumatic accident.

Waiting Period

Under Exclusion 02 (Excl02), IRDAI allows companies to exclude certain listed conditions or treatments for up to 48 months. Waiting period is a time span before a select list of ailments are covered under the intended health policy. In our analysis, we found some policies require a waiting period for mental illness for up to 48 months and

Table 2. Providers and policies which explicitly exclude coverage for mental illness

Name of Provider	Name of Policy	Mention of Mental Illness
Universal Sompo General Insurance	Super Healthcare Insurance Senior Citizen Healthcare Insurance K Bank Healthcare Insurance IOB Healthcare Plus Policy Complete Healthcare Insurance	Psychiatric and Psychosomatic Disorders are excluded under this policy.
Navi General Insurance Co Ltd	COCO Protect	Coverage for psychiatric or mental disorders is an exclusion in this policy that cannot be waived.



some for lesser time before they offer coverage. Many policies do not mention any waiting period for mental illness, implying coverage would be available immediately. Although this might not seem discriminatory vis-a vis physical health, it is a matter of importance worth mentioning.

Discriminatory practices

We found certain practices appeared to be discriminatory in their details and coverage for mental illness, particularly in the form of sub-limits on coverage for mental illness treatment described in detail in the following paragraphs.

Sub-limits

All policies have an upper limit or maximum amount for coverage of specific aspects of health insurance known as sub-limits. However, our analysis found a few policies restrict the insurance coverage available for specifically for mental health conditions, more than for other physical conditions. We found 32 policies (from 7 providers) applied sub-limits for claims related to mental illness. The limits ranged from 5%-25% of total sum assured in terms of percentages and from Rs. 50,000 – Rs. 300,000 in terms of absolute amount available for mental illness claims.

This violates the principle of parity in Section 21(4) of the MHCA as it does not offer parity with physical health conditions, however page no 106 of the IRDAI Master Circular (2020) makes clear *“Insurers are allowed to impose sub limits or annual policy limits for specific diseases/ conditions; be it in terms of amount, percentage of sums insured or number of days of hospitalisation/ treatment in the policy. However, Insurers shall adopt an objective criterion while incorporating any of these limitations and shall be based on sound actuarial principles”*¹⁴. This matter is currently sub-judice in the Bombay High Court and further details are awaited¹⁷.

Coverage for specific conditions

Under Section 3 of the MHCA, any determination of mental illness is made only in accordance with internationally or nationally accepted medical standards notified by the Central Government, such as the WHO’s International Classification of Diseases (ICD)¹⁸. Thus, regardless of specified mental illnesses, all providers are to cover mental conditions recognized by the ICD.

However, we found a range of conditions or treatment specific exclusions for mental illness, including approved exclusions by IRDAI¹⁹. Certain conditions not covered included physical conditions arising from psychological or psychiatric causes. For example, treatment for speech disorders were covered under insurance policies but not covered if the speech impairments were “due to psychiatric causes”²⁰. Similarly, while accidental death or disability were covered in certain policies, they were excluded if they arose from mental disorders. These specific exclusions go against the principle of parity.

Attempted suicide or intentional self-injury

Attempted suicide is a growing concern in India, where the country has an estimated death by suicide rate of 17.9 per 100,000 population, a likely underestimation, and the number of attempts to suicide is estimated to be 20 times higher²¹. Section 115 of the MHCA presumes every person who attempts suicide was under severe stress and therefore, Section 309 of the IPC would not apply to such persons, effectively decriminalising suicide. Our analysis found one policy exclude suicide from coverage citing suicide as a “Breach of law: Code - Exclusion 10” not in accordance with IRDAI Master Circular 2020 despite being approved in 2020*.

Section 115 of the MHCA further states “the appropriate Government shall have a duty to provide care, treatment (including hospitalisation) and rehabilitation to a person, having severe stress



and who attempted to commit suicide, to reduce the risk of recurrence of attempt to commit suicide.” In instances of intentional self-injury and attempts of suicide, a person may require hospitalisation and treatment for both physical injuries and psychological distress, making the need for insurance coverage crucial.

Our analysis found most policies (n=224) excluded treatment for intentional self-injury or attempted suicide from coverage, despite there being no standardised exclusions for attempted suicide or self-injury approved by the Master Circular by the IRDAI (2020). Thus, in view of this and given the high prevalence of such disorders, both physical and psychological treatment for attempted suicide/self-injury should be included in health insurance policies and any exclusion is discriminatory.

Addiction & substance use

Another important set of conditions not covered by insurance policies were treatment for alcohol addiction and substance abuse. Unlike the exclusion by suicide, this is an approved exclusion by IRDAI under Code- Excl12, the exclusion of “Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.”¹⁹. Thus, treatment for this condition was excluded by all policies (n=267) barring one policy, which provided coverage, an overseas Health Insurance Plan for students*. However, the definition of mental illness in the MHCA includes “mental conditions associated with the abuse of alcohol and drugs” and Section 3 of the MHCA recognizes the ICD as the authority on mental illness, which also classifies disorders due to substance use as mental illness, under Section 06 of ICD-11 (6C40- 6C4Z)^{2,18}. Thus, by this reasoning, addiction and substance use disorders are in fact recognized mental illness and should be included for insurance coverage.

The NMHS (2016) found the prevalence of mental and behavioural disorders due to substance use was 5%, with alcohol use disorder being the highest among them at 4.6%¹. Addiction disorders require sustained treatment and according to the NMHS (2016), this is where largest treatment gap lies, with a treatment gap of 86.3%¹ for alcohol use disorders. Denying coverage for addiction disorders by insurance providers is only adding to the treatment gap and it is imperative this gap be bridged. Recognizing mental illness to be treated on par with physical illness, we strongly recommend the IRDAI, and subsequently insurance providers, remove addiction disorders as an exclusion criterion.

Other exclusions

Domiciliary hospitalisation, the treatment of individuals at home for their illness when hospitalisation is not feasible, is another feature not covered by insurance providers for mental illness (n=32).

And finally, certain providers also mentioned the exclusion of conditions which are “not clinically significant or is related to anxiety, bereavement, relationship or academic problems, acculturation difficulties or work pressure.” While insurance providers have chosen to exclude such non-clinically significant conditions from insurance coverage, given that stressors can be triggers for more serious mental health illnesses, they should be recognized as worthy of coverage.

Coverage beyond hospitalisation

Coverage for out-patient services

Usually for patients with mental health issues, out-patient services such as counselling and therapy sessions with psychologists or psychiatrists are a core part of the treatment process with most cases

*Tata AIG Insurance, Student Guard - Overseas Health Insurance Plan. Retrieved from <https://www.irdai.gov.in/ADMINCMS/cms/Uploadedfiles/HealthProducts/2020-21/TATTIOP21206V022021.pdf>



not requiring hospitalisation. However, most health insurance policies in India primarily provide coverage for in-patient services, leaving a major cost of mental health services uncovered. Recognizing this, some insurers have begun including benefits for out-patient services for mental illness though limited at present.

Overall, we found 23 policies offered coverage for treatment beyond inpatient hospitalisation. Of these, 16 policies explicitly offered out-patient services including consultations with experts, counselling sessions and psychological rehabilitation included either as part of the policy or optional through an add-on package or an extra premium. A few other policies specifically offered trauma counselling sessions post a severe accident of the person insured and educational workshops and training sessions to promote mental wellness. Finally, we found one policy by Star Health Insurance offering coverage specifically for children with autism aged between 3 - 25 years*.

Recognizing the need for mental health services beyond hospitalisation is a welcome step and more insurance companies are beginning to prioritise this. For example, a provider claimed more than 1,000 applications for health insurance cover for people suffering with mental illness were approved for the financial year 2020 and their team has created a panel of psychiatrists to study the issue in depth to make coverage for mental illness more comprehensive²². Other providers are working toward bettering their policies, though they cite the lack of data on mental illness as a hinderance in constructing comprehensive coverage for mental illness^{23,24}. This is a constantly evolving landscape and more insurance providers are moving toward coverage for mental illness.

Discussion & recommendations

Patients with existing mental health conditions have to face many denials and difficulties to secure health insurance coverage^{5,25}. In its annual report, the IRDAI publishes data on how many insurance policies have been issued during the year, though there is no information on how many applications were received and how many of these were rejected²⁶. Thus, in the absence of such official data, to evaluate whether the implementation of Section 21 (4) actually translates into practice, a crucial next step will be to compare health insurance policy entitlements with experiences of persons with mental illness who have sought claims for treatment of mental illness from insurance companies.

In this brief, we have highlighted some of the themes around insurance coverage for mental illness observed among the health insurance policies approved during the year 2020-21, centred around discriminatory conditions within policy wordings for those seeking insurance coverage for, or with, mental illness.

We hope our present work can shed light on the issues around mental illness and insurance coverage and encourages insurers to provide more sensitive and inclusive health policies, especially toward mental illness. At present, we recommend:

- i) Insurance companies should comply with principle of parity and remove all differential or discriminatory terms for mental illness in compliance with Section 21(4) of the MHCA;
- ii) The IRDAI be more proactive to uphold its supervisory duty and identify discriminatory terms for mental illness and have them removed from insurance policies in accordance with the principle of parity for mental illness (including the removal of discriminatory sub-limits);



iii) The IRDAI remove addiction as exclusionary criteria in its guidelines (i.e., the Master Circular (2020)) as a priority; Subsequently, the insurance providers should follow suite and remove exclusion clauses for alcohol addiction and substance abuse from their policies;

iv) Insurance providers should remove treatment for intentional self-injury and suicide attempts as an exclusionary criterion for health insurance coverage and include coverage for this on priority;

v) More insurance providers should recognize the need for coverage of mental health services beyond hospitalisation and consider adding, or increasing, coverage for OPD services for mental illness, given that many experiences and manifestations of mental illness do not require hospitalisation.

vi) Finally, we recommend the IRDAI makes their records of number of applications made and number accepted every year publicly accessible to monitor practices around rejection or other forms of discrimination toward mental illness.

Conclusion

Our aim with this two-part series on insurance was to demystify the process of insurance coverage for mental illness and analyse the extent to which insurance companies have complied with Section 21 (4) of the Mental Healthcare Act, 2017, ensuring coverage for treatment of mental illness is on par with coverage for physical illnesses. While policies continue to have discriminatory terms and conditions for mental illness thus violating the principle of parity in Section 21 (4) of the MHCA, the recent legal judgements may lead to significant changes. Treatment and care for mental illness is a right, and it is important this be accessible and affordable to all persons.

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