

# SELAH - PAUSE AND REFLECT

## Insurance or a Superficial Reassurance?

The Mental Healthcare Act, 2017 drastically changed the course of the Mental Health field. The bill that was put forth in 2014 to ensure equal and impactful care and inclusivity to all, took 3 years to be enacted. It is the 6th year, and the major breakthroughs in the field that were enforced by the Act are still not in practice. We are still discovering the clauses in it.

One such revelation that social media has been recently propagating is the Insurance coverage from the Act. Section 21 of the Act covers the “Right to equality and non-discrimination”. It mandates that regardless of age, gender caste, etc., mental illness must be treated the same as physical illness in terms of emergency, use of ambulance, and living conditions. Specifically, Sec 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 the treatment of physical illness”.

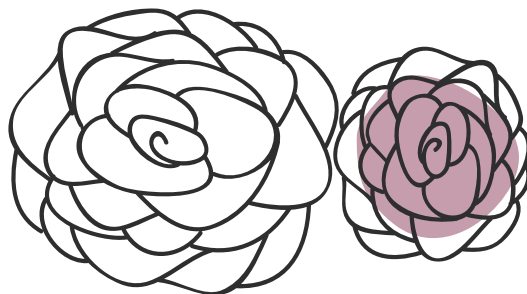
Although this Act came in 2017, the insurance companies did not implement these changes into their existing policies. Later in 2018, the IRDAI- Insurance Regulatory and Development Authority of India released a mandate:

“1. Reference is drawn to the Mental Healthcare Act, 2017 which has come into force

w.e.f 29.5.2018. As per Sec 21(4) of the said Act.

2. All insurance companies are hereby directed to comply with the aforesaid provisions of the Mental Healthcare Act, 2017 with immediate effect.”





Even though it has been 4 years, most insurance companies have been reluctant in including this category within their schemes. It is important to note that the insurance companies will follow the Mental Health Act 2017, which only identifies Mental Illness and its definition subject to dispute and interpretation. It is pertinent to check with your insurance providers about their clauses and conditions.

Here are some definitions provided by the MHA 2017, that will help us understand what we can expect from our insurance providers:

*2(1)(o) "Mental healthcare includes analysis and diagnosis of a person's mental condition and treatment as well as care and rehabilitation of such person for his mental illness or suspected mental illness".*

*2(1)(p) "Mental health establishment means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental illness...."*

A common disagreement in the field of mental health in the absence of a regulatory body is the question of who is equipped to cater to mental illness. In sections 33 and 45 of MHA 2017, central and state mental health authorities are mandated to be formed, respectively, to regulate in registration and maintenance of qualified Mental Health Practitioners. However, the regulation and qualifications to be considered are still not clear- even after 5 years. As of the MHA 2017, Sec 2(1)(r), a mental health practitioner was defined in vague terms. It can be an individual with a Master's degree in psychology and related fields, an individual with a diploma in Counseling/Psychology, a Clinician with an MPhil, or an individual with other degrees/skills like Ayurveda, Yoga, or enhancement coach. And that forever unanswered question makes it difficult to accept these clauses at face value.





Ref: IRDA/HLT/MISC/CIR/128/08/2018

16<sup>th</sup> August, 2018

To

All Insurers

**Re: The Mental Healthcare Act, 2017**

1. Reference is drawn to the Mental Healthcare Act, 2017 which has come into force w.e.f 29.5.2018. As per Sec 21(4) of the said Act, *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.*

2. All insurance companies are hereby directed to comply with the aforesaid provisions of the Mental Healthcare Act, 2017 with immediate effect.

(D V S Ramesh)  
General Manager (Health)

This seems to cover a large spectrum of issues. However, insurance providers are known to have excluded physical conditions that were ‘pre-existing’. Similarly, there are possibilities of exclusion of ‘pre-existing’ conditions like Autism Spectrum Disorder, Down Syndrome, Learning Disability, and Attention Deficit Hyperactivity Disorder. This brings to the table, the familiar debate of nature vs nurture. Unlike diseases in the medical field, disorders in mental health, cannot be narrowed to one cause. The common understanding is that a combination of nature i.e., genetic predisposition or abnormalities, and the combination of nurture i.e., the environmental stress and coping styles of people. This approach in mental health treatment puts the possibility of a condition ‘pre-existing’ at all. Furthermore, taking the view of the disability model, the issue lies not with the individual with Autism, Learning disability, or ADHD, but with the Neurotypical approach to education and occupation that society takes. One could argue that in this line, there is no possibility of it existing before in an individual.

The Act already excludes Intellectual Disability or Mental retardation. Some of these are considered a disability according to the Rights for Persons with Disabilities (RPWD) Act 2014. The benefits from those Acts can be utilized instead too. The outlook for Substance abuse or addiction and its treatment also does not look positive concerning Insurance Providers as it can be argued as ‘Self-induced’.





The MHA 2017 also sets out the term for identification of MI:

3 (1) “Mental illness shall be determined in accordance with such nationally or internationally accepted medical standards (including the latest edition of the International Classification of Disease of the World Health Organisation) as may be notified by the Central Government”

The Act considers anything diagnosable in the ICD as a disorder. Many disorders aren't well researched or included properly in the ICD such as burnout, internet addiction, or shopping addiction. Apart from this, what about those who aren't having issues severe enough to warrant a diagnosis? The bottom line beneath all this is that 'Psychotherapy' may not always be covered under insurance - unless it is severe enough to be diagnosable by a Clinician using the International Classification of Disease (ICD) given by WHO.

In good news, if a person does believe their right to mental healthcare has been disrupted or not met in any way, the Act allows complaints to be submitted to the 'Mental Health Review Board' under clause 77 (1) of the Act. As with all government procedures, it is long and endearing, but can be used to seek or claim insurance that may have been unfairly denied. The mental health field has begun to gain support from the law. Hopefully, India will reach a place soon where 'prevention' of Mental Illness through therapy will also be considered essential enough to include in Insurance schemes.

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***Monthly Takeaway***

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“There is no right or wrong way to handle the holidays. You are in complete control of your plans as to what you will do during this time of the year.”

— Richard Kauffman

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## Things happening at Room:

- ***The Elephant in the Room*** (in-person event) - Room is aiming to start a monthly dialogue and create a mental health-friendly community in Ahmedabad. Now that we have a space to hold the talk, come join us in the future iterations of Elephant in the Room. It will be conducted on the 4th Saturday of every month.  
Keep an eye out on our socials for registrations.
- ***Offline space for therapy*** - Being with someone in-person is a much more grounding experience than online. With the new digs, we are starting in-person sessions in Ahmedabad.
- ***Mindfulness Training Programme*** - The program dwells on what mindfulness is, stress and mindfulness, and how to apply it in different aspects of your life. This workshop will take a deep dive to help you slow down and cherish your life. It will be practical with multiple activities for an experiential learning process. It is a 6-week workshop spanning across 6 Sundays in the month of January and February. For more information and registration, visit our website or Instagram page.

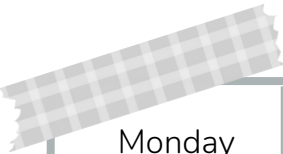
### For Psychologists and/or students of Psychology

- ***Supervision*** - Supervision in therapy is an essential aspect of ethical practice. Room is starting peer supervision in Humanistic and Existential approaches with trained and experienced psychotherapists. The program is open for freshers as well as experienced professionals.
- ***Training and Internship*** - Room offers internship and training programs for freshers and professionals looking to brush up on their counseling skills and gain skills in the humanistic and existential approaches. Details about the internship and training program and registration link are up on our website.




# Self Care: Affirmations

As the year comes to an end, let's bring it to a close on a positive note. With the ongoing festive season, some positive affirmations we can be mindful of are:



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I am grateful for the joy and love that this day has to offer	I am not my thoughts	I can make space for being alone and practise being kind to myself	My happiness is more important than to-do lists or schedules.	I honour my body by trusting the signals that it sends me.	I treat my body, mind, and spirit with love and compassion.	I am prioritising my mental, emotional, and physical health.



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I give myself permission to accept and honour where I am in my financial state right now.	I accept myself for who I am.	Today is going to be an amazing day. I choose to be happy.	My feelings matter.	Today, I will be present in every moment.	I do not control and am not responsible for the actions of others.	I give myself permission to set boundaries that bring me peace.

