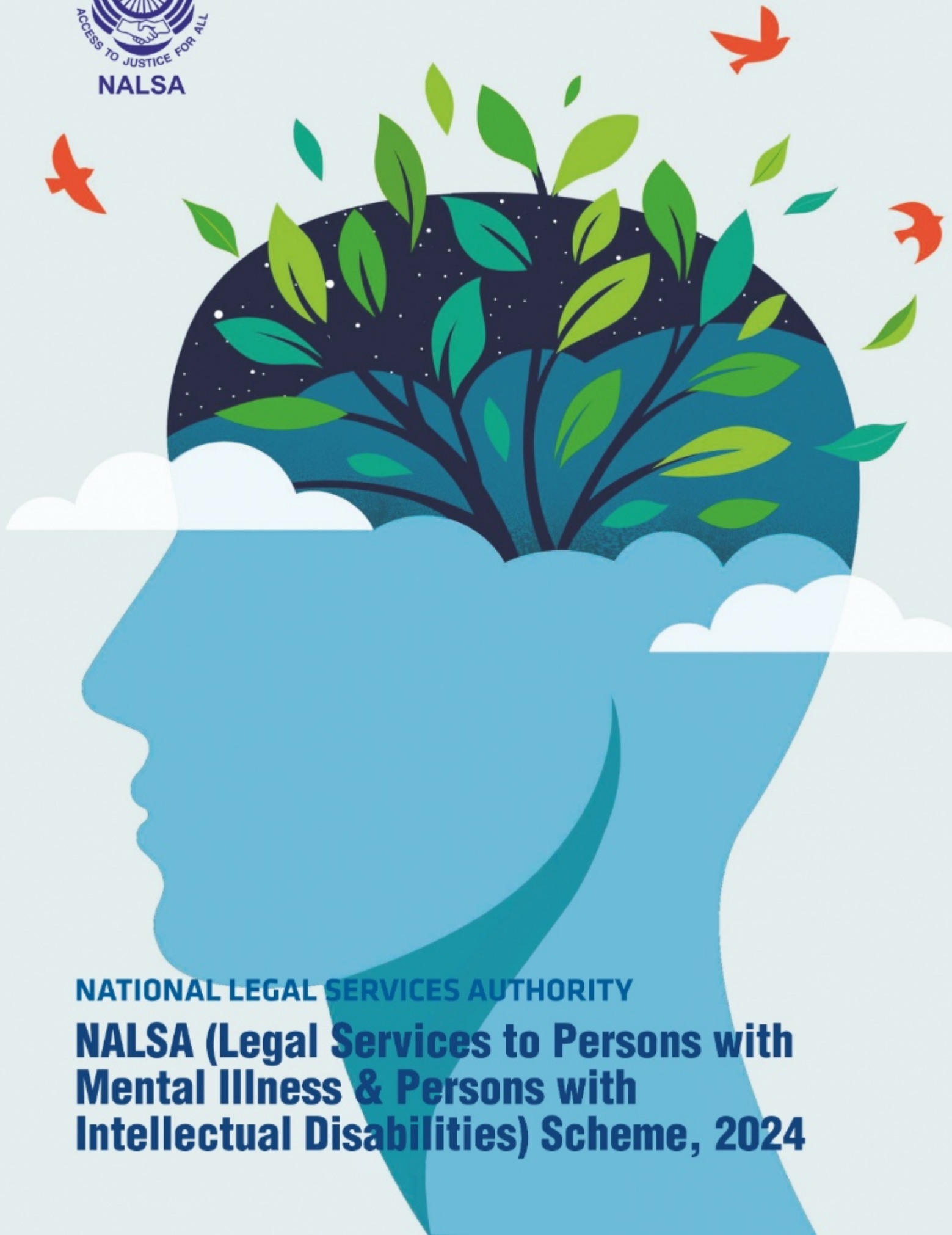




NATIONAL LEGAL SERVICES AUTHORITY

**NALSA (Legal Services to Persons with
Mental Illness & Persons with
Intellectual Disabilities) Scheme, 2024**



**NALSA (Legal Services to Persons with Mental Illness and
Persons with Intellectual Disabilities) Scheme, 2024**

NATIONAL LEGAL SERVICES AUTHORITY
JAISALMER HOUSE, NEW DELHI

**NALSA (Legal Services to Persons with Mental Illness and
Persons with Intellectual Disabilities) Scheme, 2024**

SEPTEMBER 2024



Dr Justice D Y Chandrachud
Chief Justice of India

Message

Persons with mental illness and persons with intellectual disabilities face significant and systemic challenges within the legal system. These individuals often encounter complex barriers to justice, including a lack of accessible information, limited understanding of their rights, and insufficient accommodations to support their unique needs. This creates a cycle of exclusion, leaving them vulnerable to discrimination and depriving them of the ability to exercise their rights fully.

The NALSA (*Legal Services to Persons with Mental Illness and Persons with Intellectual Disabilities*) Scheme, 2024 aims to change this by aligning legal service delivery with the legislative provisions of the Rights of Persons with Disabilities Act and the Mental Healthcare Act. The Scheme's three-pronged approach prioritizes *responsiveness, accessibility, and infrastructure*.

Firstly, the scheme **emphasizes responsiveness**, ensuring legal services cater to the unique needs of persons with mental illness and intellectual disabilities. This includes training legal professionals on mental health and disability issues, fostering empathy, effective communication, and understanding of social stigmas to create a safe, supportive environment.

Secondly, it **focuses on access** through Mano-Nyay Clinics, which offer legal rights information in an accessible format. These clinics help individuals understand their rights, such as making an advance directive, appointing a representative, and accessing healthcare, ensuring informed participation in legal matters.



Dr Justice D Y Chandrachud
Chief Justice of India

Thirdly, the scheme **strengthens infrastructure** by establishing specialised Legal Services Units (Mano-Nyay-LSUMS) in each district, staffed with trained lawyers and paralegals. These units provide sensitive case handling and conduct outreach to raise rights awareness, bridging gaps in legal support. The scheme establishes a collaborative framework with government institutions, enhancing the ecosystem for implementing key schemes, and policies.

I am confident that this scheme will help create a fair and supportive legal environment where the rights of persons with mental illness and intellectual disabilities are upheld in line with our Constitution and International Conventions. This will not only empower these individuals to lead fulfilling lives and participate fully in their communities but also promote a more inclusive society that values their contributions. Congratulations to NALSA on this commendable initiative.

Dhananjaya Y Chandrachud

Dr Dhananjaya Y Chandrachud

Patron in Chief, NALSA

Sanjiv Khanna
Judge, Supreme Court of India
&
Executive Chairman,
National Legal Services Authority



B-Block, Ground Floor
Additional Building Complex
Supreme Court of India, New Delhi-110001

October 19, 2024

MESSAGE

I commend the National Legal Services Authority (NALSA) on the launch of the NALSA (Legal Services to Persons with Mental Illness and Persons with Intellectual Disabilities) Scheme, 2024.

With the release of this Scheme, we mark a significant milestone in our journey towards a more inclusive, equitable and compassionate society. The launch of the NALSA (Legal Services to Persons with Mental Illness and Persons with Intellectual Disabilities) Scheme, 2024, is a testament to our unwavering commitment to ensuring equal justice for all. This Scheme is more than just an initiative – it's a beacon of hope for those who have been marginalized and excluded from the justice system for far too long. It's a reminder that we see them, we hear them, and we dedicate ourselves to empowering them.

We must ensure that this Scheme reaches every corner of our country, that every individual who needs it has access to its benefits. Let us continue to strive for a world where justice knows no bounds, where equality is not just a word but a lived reality.

I extend my heartfelt congratulations to the entire NALSA family and all stakeholders involved in making this significant initiative a reality. Let us continue to work with determination, a sense of purpose and compassion to fulfil our shared mission of providing justice for all, especially the most vulnerable among us.

(Sanjiv Khanna)



राष्ट्रीय विधिक सेवा प्राधिकरण
NATIONAL LEGAL SERVICES AUTHORITY
(Constituted under the Legal Services Authorities Act, 1987)

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October 24, 2024

MESSAGE

As Member Secretary, NALSA, it gives me immense pleasure to inform you that NALSA has recently finalized the NALSA (Legal Services to Persons with Mental Illness and Persons with Intellectual Disabilities) Scheme, 2024.

Persons with disabilities, especially those suffering from mental illness or intellectual disabilities, face a unique set of challenges within the legal system. Mental illness may impact a person's ability to understand legal proceedings and make informed decisions. Effective legal representation can help such persons navigate legal complexities and ensure that they are treated in a fair and equitable manner.

The NALSA (Legal Services to Persons with Mental Illness and Persons with Intellectual Disabilities) Scheme, 2024 updates and revises NALSA's previous scheme, NALSA (Legal Services to the Mentally Ill and Mentally Disabled Persons) Scheme, 2015. It seeks to align the mandate of the Legal Services Institutions (LSIs) with the legislative provisions under the Rights of Persons with Disabilities Act and Mental Healthcare Act, with an aim to ensure access to legal services for persons with mental illness and persons with intellectual disabilities. This Scheme will ensure that legal services are responsive to the specific legal and social needs of persons with mental illness and persons with intellectual disabilities. We expect our legal aid providers to facilitate and foster a sensitive environment within the justice system, so that such persons feel comfortable while navigating the judicial system. We also hope to collaborate with communities, schools, colleges, universities, government institutions and departments, non-governmental organisations including organisations working in the field of disability rights etc., to strengthen the ecosystem for the implementation of legislations, schemes and policies that safeguard the rights of Persons with Mental Illness and Persons with Intellectual Disabilities, in their letter and spirit.

I also take this opportunity to thank NIMHANS for having partnered with us in bringing out this Scheme. We seek the active support and cooperation of all stakeholders in making this Scheme a success.

(Bharat Parashar)

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LIST OF ABBREVIATIONS

CHC	Community Health Centre
DLSA	District Legal Services Authority
DMHP	District Mental Health Programme
HCLSC	High Court Legal Services Committee
LADC	Legal Aid Defense Counsel
LSA Act	The Legal Services Authorities Act, 1987
LSI	Legal Services Institutions
MHCA	The Mental Healthcare Act, 2017
NALSA	National Legal Services Authority
NGO	Non-Governmental Organisation
NHM	National Health Mission
NMHP	National Mental Health Programme
PHC	Primary Health Centre
POCSO Act	The Protection of Children from Sexual Offences Act, 2012
RPwD Act	The Rights of Persons with Disabilities Act, 2016
SCLSC	Supreme Court Legal Services Committee
SLSA	State Legal Services Authority
TLSC	<i>Taluka</i> Legal Services Committee
UNCRPD	The United Nations Convention on the Rights of Persons with Disabilities, 2008

1. INTRODUCTION

Persons with disabilities, especially those suffering from mental illness or intellectual disabilities, face a unique set of challenges within the legal system. Mental illness may impact a person's ability to understand legal proceedings and make informed decisions. Effective legal representation can help such persons navigate legal complexities and ensure that they are treated in a fair and equitable manner.

The National Legal Services Authority (NALSA) has been constituted under the Legal Services Authorities Act, 1987 (LSA Act) to provide free legal services to the weaker sections of the society. A key mandate for NALSA is to lay down policies and principles for making legal services available under the Act. Under Section 12 (d) of the LSA Act, persons with mental illness or other disabilities, are entitled to free legal services, for filing or defending a case. Section 12 (g) of the LSA Act further extends the entitlement to all persons who are in custody in a psychiatric hospital or psychiatric nursing home. Additionally, Section 27 (1) of the Mental Healthcare Act, 2017 (MHCA) states that a person with mental illness shall be entitled to receive free legal services, to exercise any of his rights given under the MHCA.

India, as a signatory to the United Nations Convention on the Rights of Persons with Disabilities, 2008 (UNCRPD), enacted the Rights of Persons with Disabilities Act, 2016 (RPwD) and the MHCA to implement the provisions of the UNCRPD. Article 13 of the UNCRPD emphasizes on the duty of States to ensure effective access to justice for persons with disabilities on an equal basis with others. This is to facilitate their effective role as direct and indirect participants in all legal proceedings. The RPwD

Act lays down a number of provisions that promote access to justice for persons with disabilities and casts a duty on NALSA and the State Legal Services Authorities (SLSAs) to make provisions, including reasonable accommodation to ensure that persons with disabilities have equal access to any scheme, programme, facility or service offered by them.

The NALSA (Legal Services to Persons with Mental Illness and Persons with Intellectual Disabilities) Scheme, 2024 updates and revises NALSA's previous scheme, NALSA (Legal Services to the Mentally Ill and Mentally Disabled Persons) Scheme, 2015. It seeks to align the mandate of the Legal Services Institutions (LSIs) with the legislative provisions under the RPwD and MHCA, with an aim to ensure access to legal services for persons with mental illness and persons with intellectual disabilities.

2. OBJECTIVES OF THE SCHEME

- 2.1 To ensure that legal services are responsive to the specific legal and social needs of persons with mental illness and persons with intellectual disabilities.
 - 2.2 To ensure that legal services are accessible for persons with mental illness and persons with intellectual disabilities in all civil, administrative, criminal or related matters.
 - 2.3 To create a specialised unit of panel lawyers and para legal volunteers in every District, who possess requisite knowledge about the special needs of persons with mental illness and persons with intellectual disabilities.
 - 2.4 To ensure that persons with mental illness and persons with intellectual disabilities have equal access to schemes, programmes, facilities or services.
-

- 2.5 To ensure that persons with mental illness and persons with intellectual disabilities receive information about their legal rights in a manner tailored to their unique needs, considering both their mental health and intellectual capabilities.
- 2.6 To collaborate with government institutions and departments, non-governmental organisations, universities etc. to strengthen the ecosystem for the implementation of legislations, schemes and policies that safeguard the rights of persons with mental illness and persons with intellectual disabilities, in their letter and spirit.

3. DEFINITIONS

- 3.1 “Care-giver” means any person including parents and other family members, who with or without payment, provides care, support or assistance to a person with mental illness or a person with intellectual disabilities;
 - 3.2 “Case” includes a suit or any proceeding before a court, tribunal, authority, commission or any other body having judicial or quasi-judiciary or investigative powers etc.;
 - 3.3 “Court” means a civil, criminal or revenue court and includes any tribunal or any other authority constituted under any law for the time being in force to exercise judicial or quasi-judicial functions;
 - 3.4 “Discrimination” in relation to disability, means any distinction, exclusion, or restriction, which has the effect of impairing or nullifying the recognition, enjoyment or exercise of all human rights by persons with mental illness or persons with intellectual disabilities, and includes all forms of discrimination and denial of reasonable accommodation;
 - 3.5 “Inclusive education” means a system of education wherein students with and without disability learn together and the system of teaching and
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learning is suitably adapted to meet the learning needs of different types of students with disabilities;

- 3.6 “Informed consent” means consent given for a specific intervention, without any force, undue influence, fraud, threat, mistake or misrepresentation, and obtained after disclosing to a person adequate information including risks and benefits of, and alternatives to, the specific intervention in a language and manner understood by the person;
- 3.7 “Intellectual disability” means a condition characterised by significant limitation, both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour, which covers a range of every day, social and practical skills, including—
- (a) “Specific learning disabilities” which includes a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;
 - (b) “Autism spectrum disorder” which means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours;
- 3.8 “Legal services” includes the rendering of any service in the conduct any case or other legal proceeding before any court or other Authority or tribunal and the giving of advice on any legal matter;
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- 3.9 “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;
- 3.10 “Mental Health Establishment” means any health establishment which falls within Section 2 (1) (p) of the MHCA;
- 3.11 “Mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation, which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;
- 3.12 “Person with disability” means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others;
- 3.13 “Prisoner with mental illness” means a person with mental illness who is an under-trial or convicted of an offence and detained in a jail or prison;
- 3.14 “Reasonable accommodation” means necessary and appropriate modification and adjustments, without imposing a disproportionate or undue burden in a particular case, to ensure to persons with disabilities the enjoyment or exercise of rights equally with others.

All words and expressions used but not defined in this Scheme and defined in other Acts, Rules and Regulations, shall have the meanings respectively assigned to them in those Acts, Rules and Regulations, as the case may be.

4. LEGAL AND POLICY FRAMEWORK

The legal and policy framework within which legal services for persons with mental illness and persons with intellectual disabilities are to be provided is premised within the various national constitutional, statutory and policy frameworks as well as international instruments. These are outlined below:

4.1 Constitutional Provisions: Article 14 of the Constitution of India, 1950 provides that the State shall not deny to any person equality before the law or the equal protection of laws within the territory of India. Article 22 guarantees the right of every citizen to be defended by a legal practitioner of one's choice. Article 39A provides that the State shall secure that the operation of the legal system promotes justice on the basis of equal opportunity, and shall, in particular, provide free legal aid, by suitable legislation or schemes or in any other way, to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities. Through judicial interpretation, the scope of Article 21 has also been widened to include within its ambit the right to free legal aid and representation to entitled persons.

4.2 Statutory Provisions:

4.2.1 The Legal Services Authorities Act, 1987: The Act constitutes legal services institutions at the National, State, District and *Taluka* levels to provide free and competent legal services to the weaker sections of the society, to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities. As per Section 12 (d) of the LSA Act, all persons with mental illness or otherwise disabled persons are entitled to legal services. This entitlement is further extended under Section 12 (g) of LSA Act to

persons who are in custody in a psychiatric hospital or psychiatric nursing home.

Legal Services Institutions (LSIs) working under the aegis of NALSA, viz. the State Legal Services Authorities (SLSA), Supreme Court Legal Services Committees (SCLSC), High Court Legal Services Committees (HCLSC), District Legal Service Authorities (DLSA), *Taluka* Legal Services Committees (TLSC), thus, have a statutory obligation to provide free and competent legal services to persons with mental illness and persons with intellectual disabilities, whenever a need arises or legal assistance is specifically sought by or on behalf of such persons.

4.2.2 The Rights of Persons with Disabilities Act, 2016: The RPwD Act was enacted to give effect to the UNCRPD and it outlines a number of rights for persons with disabilities including the right to equality, dignity, and respect for integrity; the right to live in a community; protection from cruelty and inhuman treatment; and protection from abuse, violence, and exploitation. Section 12 of the RPwD Act sets upon a mandate on the appropriate government to ensure that persons with disabilities are able to exercise the right to access any court, tribunal, authority, commission or any other body having judicial or quasi-judiciary or investigative powers without discrimination based on the disability. The government shall also take steps to put in place suitable support measures for persons with disabilities especially those living outside family and those requiring high support for exercising legal rights. The Government shall also take steps to ensure that public documents are in accessible formats; filing departments and other offices have necessary equipment to enable filing, storing etc. in

accessible formats; and make available necessary facilities and equipment for recording testimonies, arguments or opinion given by persons with disabilities in their preferred language and means of communication. It further mandates NALSA and SLSAs to make provisions, including reasonable accommodation, to ensure that persons with disabilities have equal access to any scheme, programme, facility or services. Further Section 7 (4)(c) of the RPwD Act states that any police officer who receives a complaint or otherwise comes to know of abuse, violence or exploitation towards any person with disability, shall inform the aggrieved person of the right to free legal aid.

Section 13 of the RPwD Act states that the appropriate government shall ensure that the persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life and have the right to equal recognition everywhere as any other person before the law. Section 14 of the RPwD Act mandates that if persons with mental illness or intellectual disability are unable to make legal decisions, the State or a designated authority may appoint a limited guardian or establish total guardianship. This guardian will assist in making legally binding decisions, always in consultation with the individual concerned. Section 15 of the RPwD Act states that the appropriate government shall designate one or more authorities, to mobilize the community and create social awareness, to support persons with disabilities in exercising their legal capacity. This Section further states that the authorities so designated, shall take measures for setting up suitable support arrangements, to enable persons with disabilities living in institutions and those with high support needs, to exercise their legal

capacity. The RPwD Act also outlines several principles for empowerment of persons with disabilities.

4.2.3 The Mental Healthcare Act, 2017: The MHCA was enacted to provide for mental healthcare and services for persons with mental illness and to protect and promote the rights of such persons during delivery of mental healthcare and services. The MHCA enumerates a number of rights of persons with mental illness. Section 27 of the MHCA states that all persons with mental illness are entitled to receive free legal services to exercise any of their rights given under the Act. It imposes a duty on magistrates, police officers, persons in charge of custodial institutions, medical officers, or mental health professionals in charge of the Mental Health Establishment (MHE), to inform the person with mental illness of their entitlement to free legal assistance under the LSA Act or other applicable laws or court orders.

The MHCA ensures the right to access mental healthcare from government-run or funded services, upholds the dignity of individuals with mental illness, and provides them with rights such as the right to confidentiality, right to community living, right to protection from cruel, inhuman and degrading treatment, right to equality and non-discrimination, and access to medical records. It introduces an advance directive that allows individuals to outline their preferred treatment methods and appoint representatives for times when they might be unable to make decisions. The Act decriminalizes suicide, acknowledging it as a result of severe stress. It casts an obligation on the appropriate government to provide care, treatment and rehabilitation to such persons to reduce the risk of such persons re-attempting suicide.

Mental Health Review Boards are also to be established to oversee and protect the rights of persons with mental illness. Persons with mental illness have the right to seek legal remedy for any violation of their rights outlined in this legislation, including in cases of involuntary admission and treatment at MHEs.

4.2.4 The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999: The Act provides for the constitution of a national body for the welfare of persons with autism, cerebral palsy, mental retardation and multiple disabilities. The Trust has the following objectives:

- i. to enable and empower persons with disabilities to live as independently and as fully as possible, within and as close to, the community to which they belong;
 - ii. to strengthen facilities to provide support to persons with disabilities to live with their own families;
 - iii. to extend support to registered organisations to provide need-based services during the period of crisis to families of persons with disabilities;
 - iv. to deal with problems of persons with disabilities who do not have family support;
 - v. to promote measures for the care and protection of persons with disabilities in the event of death of their parents or guardian;
 - vi. to evolve procedure for the appointment of guardians and trustees for persons with disabilities requiring such protection;
 - vii. to facilitate the realization of equal opportunities, protection of rights and full participation of persons with disabilities; and
 - viii. to do any other act which is incidental to the aforesaid objects.
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4.3 Policy Frameworks:

4.3.1 The National Mental Health Policy, 2014: The Policy seeks to promote mental health, prevent mental illness, enable recovery from mental illness, promote de-stigmatization and de-segregation, and ensure socio-economic inclusion of persons with mental illness by providing accessible, affordable and quality health and social care to all persons through their life-span, within a rights-based framework. While acknowledging that violation of rights is a common reality for persons with mental health problems, the policy envisages that there should be more discussions in public space on rights of persons with mental health problems. The policy further states that vulnerable populations bear disproportionate and higher burden of mental health problems, while also recognizing that certain conditions, such as poverty, homelessness, persons in custodial institutions, orphaned persons with mental illness, children of persons with mental health problems, elderly care-givers, internally displaced persons, persons affected by disaster and emergencies, and other marginalized populations, further exacerbate the pre-existing vulnerabilities. The policy provides for remedial measures to address the same.

4.3.2 The National Mental Health Programme (NMHP): The NMHP is being implemented by the Government of India, for providing affordable and accessible mental healthcare facilities in the country. The District Mental Health Programme (DMHP) is a component of the NMHP and has been sanctioned for implementation in 716 districts, for which support is provided to States/UTs through the National Health Mission. The objectives of the DMHP are:

- i. To provide mental health services including prevention, promotion and long-term continuing care at different levels of district healthcare delivery system;
- ii. To augment institutional capacity in terms of infrastructure, equipment and human resource for mental healthcare;
- iii. To promote community awareness and participation in the delivery of mental health services;
- iv. To integrate mental health with other related programmes.

The components of DMHP are service provision, capacity building and awareness generation. A DMHP team comprises one psychiatrist, one clinical psychologist, one psychiatric nurse, one psychiatric social worker, one community nurse, one monitoring and evaluation officer, one case registry assistant and one ward assistant. Facilities made available under DMHP at the Community Health Centre (CHC) and Primary Health Centre (PHC) levels include out-patient services, assessment, counselling, psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc.

4.3.3 National Suicide Prevention Strategy (NSPS), 2022: The NSPS prioritizes suicide prevention as a public health issue. The primary goal of the NSPS is to reduce suicide mortality by 10% till the year 2030. It is a holistic initiative designed to lower suicide rates. This strategy integrates mental health services within the broader healthcare framework, boosts community awareness, and enhances the capacity to identify and support at-risk individuals. It prioritizes the development of media reporting guidelines to curb the incidence of ‘copycat

suicides’ and aims to limit access to common means of suicide while promoting an accurate and sensitive portrayal of mental health issues.

The NSPS involves a wide array of stakeholders, including healthcare professionals, educators, policymakers, and NGOs, to ensure effective implementation of its goals. Key elements of the strategy include educational initiatives targeting young people, specialized training for frontline workers, and robust community-based interventions. It also focuses on continuous monitoring and evaluation of suicide prevention strategies. The overarching goal of the NSPS is to foster a society that prioritizes mental health and provides comprehensive support systems, promoting a proactive stance towards suicide prevention.

4.3.4 National Tele-Mental Health Programme: The National Tele Mental Health Programme of India, Tele Mental Health Assistance and Networking across States (Tele-MANAS) envisions to work as a comprehensive, integrated and inclusive 24x7 tele-mental health facility in each State and Union Territory. It seeks to provide 24x7 tele-mental health counselling services to ensure universal access to equitable, accessible, affordable and quality mental healthcare. The toll-free number for Tele-MANAS is 14416 or 1800-89-14416. The objectives of the programme are:

- i. To exponentially scale-up the reach of mental health services to anybody who reaches out, across India, any time, by setting up a 24x7 tele-mental health facility.
 - ii. To implement a full-fledged mental health service network which in addition to counselling, provides integrated medical and psychosocial interventions, including video consultations with mental health
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- specialists, e-prescriptions, follow-up services and linkages to in-person services.
- iii. To extend services to vulnerable groups of the population including those in remote areas.

4.4 International Instruments: The right to health is recognized, either explicitly or implicitly, in several international human rights instruments, including the International Covenant on Economic, Social and Cultural Rights (Article 12), the United Nations Convention on the Rights of the Child (Article 24), the United Nations Convention on the Rights of Persons with Disabilities (Article 25) and the United Nations Convention on the Elimination of All Forms of Discrimination against Women [Articles 10 (h), 11 (1)(f), 11 (2), 12 and 14 (2)(b)]. This is complemented by the commitments made in the United Nations 2030 Agenda for Sustainable Development, especially Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages. In particular, Target 3.4 addresses the reduction of premature mortality from non-communicable diseases and the promotion of mental health and well-being. The prevention and treatment of substance abuse, including narcotic drug abuse and the harmful use of alcohol, fall under Target 3.5, while other targets bear reference to universal health coverage and tobacco control etc.

Figure 1: Overview of the District Mental Health Programme framework

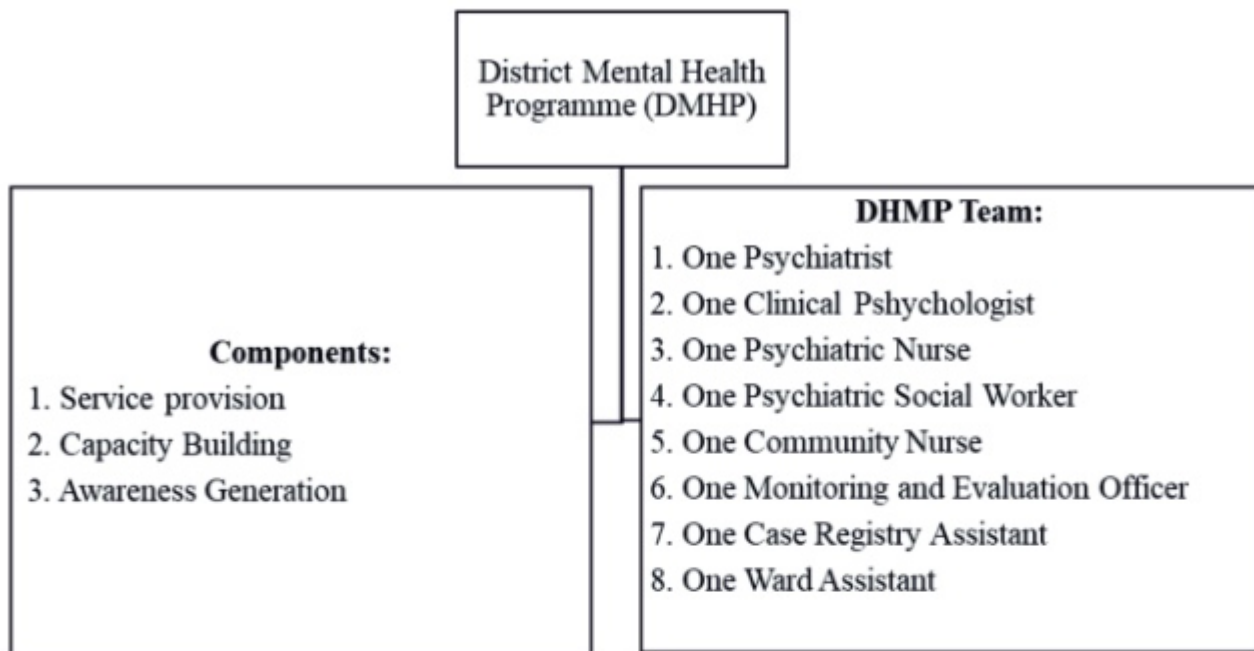
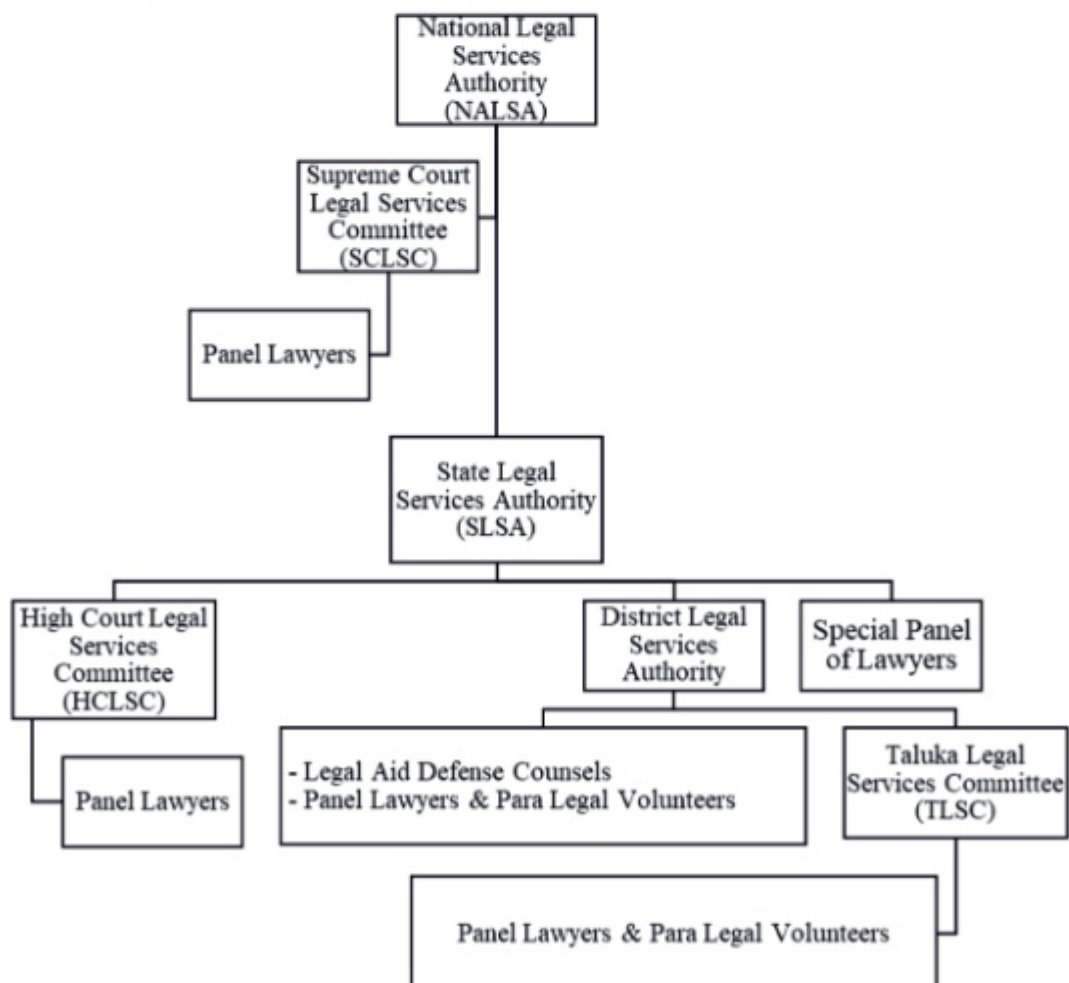


Figure 2: Overview of Legal Services Institutions framework



5. ACTIONS & INTERVENTIONS UNDER THE SCHEME

5.1 Specialised Legal Services Unit for Persons with Mental Illness and Persons with Intellectual Disabilities in every District

5.1.1 Legal Services Unit: *Manonyay*

5.1.1.1 The SLSA will setup a **Legal Services Unit for Persons with Mental Illness & Persons with Intellectual Disabilities** called '*Manonyay*' (LSUM) in each District, to be headed by the Secretary, DLSA.

5.1.1.2 The Secretary, DLSA with the approval of the Chairman, DLSA shall depute at least six panel lawyers and ten para legal volunteers to be part of the LSUM.

5.1.1.3 The Chairman, DLSA shall also nominate one retired judicial officer to be a part of LSUM.

5.1.1.4 The Deputy Legal Aid Defence Counsel in the District shall be a member of the LSUM.

5.1.1.5 The Secretary, DLSA with the approval of the Chairman, DLSA shall depute one lawyer and two para legal volunteers, from the existing panels at the TLSC, who will be a part of the LSUM.

5.1.2 Criteria for Deputation: Previous experience of working, with persons with mental illness or persons with intellectual disabilities; or in the field of mental healthcare, shall be given preference for selection in the LSUM.

5.1.3 Training & Capacity Building:

5.1.3.1 An Orientation training for the LSUM shall be organised by the Secretary, DLSA within a week of the constitution of the LSUM.

- 5.1.3.2 An Orientation training shall be organised by the Secretary, DLSA for every subsequent induction of a legal service provider into the LSUM, within a week of their induction.
- 5.1.3.3 The Secretary, DLSA shall organise one refresher training for the LSUM every quarter. These may be organised in coordination with relevant government departments, agencies, universities or non-governmental organisations, having expertise in the field of mental health.
- 5.1.3.4 The Secretary, DLSA shall follow the Training Module and Curriculum developed by NALSA/SLSA.

5.1.4 List of experts, specialised institutions for counselling, mental health and disability support to be available with the LSUM in every district: The DLSA, shall liaise with the relevant functionaries of the DMHP, to obtain a list of experts for counselling, mental health and disability support and make the same available to the LSUM.¹ A copy of the Directory of Mental Health Services and Welfare and Disability Benefits, if available, shall also be procured by the DLSA and a copy thereof be given to the LSUM.

5.1.5 Outreach and Awareness: The LSUM under guidance of the DLSA shall prepare a yearly calendar of outreach and awareness activities for their respective District. These activities may be conducted in collaboration with government departments, educational institutions, civil society organisations etc. These may include:

¹ The Central Health Authority shall maintain a list of mental health care professionals for each district [Sec 43(1)(d) of MHCA].

5.1.5.1 Dissemination of Information, Education and Communication material (IEC material): The LSUM shall disseminate IEC material, as prepared by the SLISA, at MHEs, educational institutions, protective homes and other relevant institutions, as well as among government officials, DMHP team, general public, and other relevant stakeholders. This IEC material should be used in all outreach and awareness programmes conducted by the LSUM and be made available in the front offices, legal services clinics, legal literacy clubs etc. in the District. All such IEC material should be in such formats that are accessible and comprehensible for persons with mental illness and persons with intellectual disabilities.

5.1.5.2 Community Awareness & Outreach Programmes: The LSUM shall organise legal awareness programmes, on topics pertaining to the legal rights, entitlements and remedies for persons with mental illness and persons with intellectual disabilities. The LSUM may coordinate with the DMHP to be involved in the community awareness programmes conducted by them in the District. Efforts should be made to involve psychiatrists and social workers in such programmes, to address any doubts or misconceptions of participants about mental illness and intellectual disabilities.

5.2 Rights and Entitlements of Persons with Mental Illness and Persons with Intellectual Disabilities requiring Legal Interventions by Legal Services Institutions and Providers

5.2.1 Section 27 of the MHCA states that a person with mental illness shall be entitled to receive free legal services to exercise any of his rights under the MHCA. Legal service providers shall make all necessary

legal interventions on behalf of such a person, to protect his or her rights. These rights include:

5.2.1.1 Right to make an advance directive

- a) As per Section 5 of the MHCA, every person, who is not a minor, shall have the right to make an advance directive in writing, specifying the way the person wishes to be cared for and treated for a mental illness; and/or the way the person wishes not to be cared for and treated; and/or the individual or individuals he wants to appoint as his nominated representative under Section 14 of the MHCA.

5.2.1.2 Right to appoint a nominated representative

- a) As per Section 14 of the MHCA, every person who is not a minor shall have a right to appoint a nominated representative, to discharge the duties or perform the functions, as assigned under the MHCA. The nomination can be made in writing on plain paper with the person's signature or thumb impression. In the context of children with mental illness, the legal guardian shall be their nominated representative, unless the concerned Mental Health Review Board orders otherwise as per Section 15 of the MHCA.

5.2.1.3 Right to access mental healthcare

- a) As per Section 18 of the MHCA, every person shall have the right to access mental healthcare and treatment from mental health services run or funded by the appropriate Government.
 - b) This right includes access to mental health services at affordable price, of good quality, available in sufficient quantity, accessible geographically, without discrimination on the basis of gender, sex,
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sexual orientation, religion, culture, caste, social or political beliefs, class, disability or any other basis and provided in a manner that is acceptable to persons with mental illness and their families and care-givers.

- c) It further states that where minimum mental health services for children and the elderly are not available in the District where they reside, then such a person is entitled to access any other mental health service in the District. Such a person can seek reimbursement of the expenses incurred from the appropriate government.

5.2.1.4 **Right to community living:**

- a) As per Section 19 of the MHCA, every person with mental illness shall have a right to live in, be a part of and not be segregated from the society. Such a person shall not continue to be institutionalised in a MHE merely because she/he does not have a family or is not accepted by her/his family or is homeless or on account of lack of community-based facilities. In this context, legal services can be provided to such a person for exercising her/his right to live in their family home.

5.2.1.5 **Right to protection from cruel, inhuman and degrading treatment**

- a) As per Section 20 of the MHCA, every person with mental illness has the right to live with dignity.
 - b) Such persons shall be protected from cruel, inhuman or degrading treatment in any MHE and shall have the right to:
 - i. live in a safe and hygienic environment;
 - ii. have adequate sanitary conditions;
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- iii. have reasonable facilities for leisure, recreation, education and religious practices;
- iv. privacy;
- v. proper clothing to protect and maintain his dignity;
- vi. not be forced to undertake work in MHE and to receive remuneration for work when undertaken;
- vii. have adequate provisioning to live in the community;
- viii. have adequate provisioning for wholesome food, sanitation, space and articles of personal hygiene;
- ix. not be subjected to compulsory tonsuring;
- x. wear clothes of personal choice and not be forced to wear uniforms provided by the MHE; and
- xi. be protected from all forms of physical, verbal, emotional and sexual abuse.

5.2.1.6 **Right to equality and non-discrimination**

- a) As per Section 21 of the MHCA, every person with mental illness shall be treated at par with persons having physical illness, in the provision of all healthcare services.
 - b) Further, a child of a woman receiving care, treatment or rehabilitation at a MHE, who is below three years of age, shall ordinarily not be separated from his/her mother during the latter's stay at the MHE, unless there is a risk of harm to the child. The decision to separate the woman from her child shall be reviewed every fifteen days during the woman's stay at the MHE.
 - c) It further mandates that every health insurer shall make a provision for medical insurance for treatment of mental illnesses as is available for treatment of physical illnesses.
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5.2.1.7 **Right to information**

- a) As per Section 22 of the MHCA, a person with mental illness and his/her nominated representative shall have the right to information about the provision of law under which he/she has been admitted, the criteria for admission, his/her right to make an application to the concerned Mental Health Care Board for a review of the admission; nature of the person's mental illness and proposed treatment plan, including information about the known side effects of such treatment. Such information should be given in a language and form that is easily comprehensible to the recipient.

5.2.1.8 **Right to confidentiality and restrictions on release of information in respect of mental illness:**

- a) As per Section 23 of the MHCA, a person with mental illness shall have the right to confidentiality in respect of his mental health, treatment, mental and physical healthcare, subject to the exceptions enlisted.
- b) As per Section 24 of the MHCA, no photograph or any other information relating to a person with mental illness undergoing treatment at a MHE, shall be released in the media without the consent of such person. It further extends the right to confidentiality to all information stored in electronic or digital format in real or virtual space.

5.2.1.9 **Right to access medical records**

- a) As per Section 25 of the MHCA, all persons with mental illness have the right to access their basic medical records. The mental health professional in charge of such records may withhold specific information, if such disclosure would result in serious mental harm
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to the person with mental illness, or if there is a likelihood of harm to other persons. In such an instance, the person with mental illness will have a right to apply to the concerned Mental Health Review Board for an order to release such information.

5.2.1.10 Right to personal contacts and communication

- a) As per Section 26 of the MHCA, a person with mental illness admitted to a MHE, shall have the right to refuse or receive visitors and to refuse or receive and make telephone calls at reasonable times. He may send or receive mail through electronic mode, including through email. However, this right may be subject to some exceptions as given in the MHCA.

5.2.1.11 Right to make complaints about deficiencies in provision of services

- a) As per Section 27 of the MHCA, any person with mental illness or his nominated representative, shall have the right to complain about deficiencies in provision of care, treatment and services in a MHE to the medical officer or medical health professional in charge of the MHE, the concerned Mental Health Review Board or the State Authority. This right to complain is without prejudice to the rights of a person to seek any judicial remedy for violation of his rights in a MHE or by a medical health professional.

5.2.2 The RPwD Act enumerates rights for persons with disabilities, including for persons with intellectual disabilities. Legal service providers shall make all necessary interventions to protect the rights of persons with intellectual disabilities. These rights include:

5.2.2.1 **Right to equality and non-discrimination**

- a) As per Section 3 of the RPwD Act, persons with disabilities enjoy the right to equality, to live with dignity and respect for his or her integrity equally with others. Thus, no person shall be discriminated on the ground of disability nor will be deprived of his or her liberty only on the ground of disability. Further, the government has been mandated to take steps to ensure reasonable accommodation for persons with disabilities.
- b) Section 4 of the RPwD Act emphasises on equal enjoyment of rights for women and children with disabilities, and on the right of children with disabilities to freely express their views on all matters affecting them.

5.2.2.2 **Right to live in the community**

- a) Section 5 of the RPwD Act states that persons with disabilities shall have the right to live in the community, and not be obliged to live in any particular living arrangement and also be given access to a range of in-house, residential and other community support services including personal assistance necessary to support living.

5.2.2.3 **Right to protection from cruelty and inhuman treatment**

- a) Section 6 of the RPwD Act states that no person with disability should be subjected to torture, cruel, inhuman or degrading treatment. They shall also not be a subject of any research without their free and informed consent and prior permission of a Committee for Research on Disability.
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5.2.2.4 **Right to protection from abuse, violence and exploitation**

- a) Section 7 of the RPwD Act protects persons with disabilities from all forms of abuse, violence and exploitation. It empowers any person or registered organisation to give information of such an act to the Executive Magistrate within the local limits of whose jurisdiction such an incident has occurred. It also casts a duty on the police officer, who receives a complaint or otherwise comes to know of such an act, to inform the aggrieved person about his or her rights to apply for protection, particulars of the nearest institution working for the rehabilitation of persons with disabilities, right to legal aid and the right to file a complaint.

5.2.2.5 **Right to protection and safety**

- a) Section 8 of the RPwD Act extends equal protection and safety to persons with disabilities in situations of risk, armed conflict, humanitarian emergencies and natural disasters. It further states that authorities engaged in reconstruction activities, subsequent to any situation of risk, armed conflict or natural disaster, shall undertake such activities in accordance with accessibility requirements of persons with disabilities.

5.2.2.6 **Right to live at home and with family**

- a) Section 9 of the RPwD Act protects any child with disability from being separated from his parents on the ground of disability, except by an order of the competent court. Where the parents are unable to take care of a child with disability, the competent court can place such a child with his or her near relations. In cases where the same cannot be done, the court may order placement of the child within
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the community in a family setting or in exceptional cases, in shelter homes.

5.2.2.7 **Right to reproduction and family planning**

- a) Section 10 of the RPwD Act ensures that persons with disabilities have access to appropriate information regarding reproductive rights and family planning. It further states that no person shall be subject to any medical procedure that leads to infertility without his or her free and informed consent.

5.2.2.8 **Right to accessibility in voting**

- a) Section 11 of the RPwD Act seeks to ensure that all polling stations are accessible to persons with disabilities and all materials related to the electoral process are easily understandable by and accessible to them.

5.2.2.9 **Right to access justice**

- a) Section 12 of the RPwD Act seeks to ensure that persons with disabilities are able to exercise their right to access any court, tribunal, authority, commission or any other body having judicial or quasi-judicial or investigative powers, without discrimination on the basis of disability.
- b) It further mandates the appropriate government to take steps to ensure that:
 - i. all public documents are in accessible formats;
 - ii. the filing department, registry or any other office of records are supplied with necessary equipment to enable filing and storing in accessible formats; and

- iii. all necessary facilities and equipment to facilitate recording of testimonies, arguments or opinion given by persons with disabilities in their preferred language and means of communication, are made available.

5.2.2.10 **Right to protection of legal capacity**

- a) Section 13 of the RPwD Act ensures that persons with disabilities have a right, equally with others, to own or inherit movable or immovable property. They also have the right to control their financial affairs and to apply for bank loans, mortgages and other forms of financial credit. It further ensures that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life and have the right to equal recognition everywhere as any other person before the law. It is further stated that any person providing support to the person with disability shall not exercise undue influence and shall respect his or her autonomy, dignity and privacy. It also outlines the circumstances where the support person shall abstain from providing support.

5.2.2.11 **Right to support of a guardian**

- a) Section 14 of the RPwD Act empowers the designated authority to provide support of a limited guardian to take legally binding decisions on behalf of a person with disabilities, who is unable to take decisions. Limited guardianship in this context means a system of joint decision which operates on mutual understanding and trust between the guardian and the person with disabilities. However, the court may grant total support to the person with disabilities requiring such support. Where the limited guardianship is to be granted repeatedly, the decision regarding the support to
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be provided, shall be reviewed by the Court or the designated authority, to determine the nature and manner of support to be provided.

5.2.2.12 Right to inclusive education

- a) Section 16 and 17 of the RPwD Act outlines the endeavours to be made by the government in educational institutions funded by them, to provide inclusive education to children with disabilities.
- b) Section 18 of the RPwD Act states that the government shall take measures to promote, protect and ensure equal participation of all persons with disabilities in adult education and continuing education programmes.

5.3 Provision of Legal Services to Persons with Mental Illness and Persons with Intellectual Disabilities

5.3.1 Legal Services at Mental Health Establishments

5.3.1.1 The Secretary, DLSA, on the directions of the Chairman, DLSA, may establish a legal services clinic, to be termed as the ***Mano Nyay* Legal Services Clinic**, in MHEs, where deemed appropriate.

5.3.1.2 The *Mano-Nyay* clinics shall:

- a) Provide legal services to persons at the MHE in the form of advice, assistance or legal representation for:
 - i. protecting their rights as outlined under Point 5.2 of this Scheme;
 - ii. matters pertaining to domestic violence, property disputes, matrimonial and family discord, grant of maintenance, issuance of certificates, pension and employment related issues etc.

- b) Ensure that any person brought to the MHE under Section 100 (1) MHCA, is subjected to an assessment and that his/her needs are addressed as per Section 100 (5) MHCA.
- c) Ensure that where a person is not found to have a mental illness of nature or degree, which requires admission to the MHE [based on the assessment under Section 100(5) MHCA], such a person is taken to his/her residence. In case of a homeless person, such person be taken to a Government establishment for homeless persons, as per Section 100 (6) MHCA.
- d) Ensure that with respect to a prisoner who has been referred to the MHE under Section 103 (1) MHCA, a special report regarding the mental and physical condition of such a person is made, once in every six months by the medical officer in-charge of the MHE. Where no such report is being prepared, the legal service provider shall immediately inform the Secretary, DLSA, for taking appropriate steps.

5.3.1.3 The Secretary, DLSA shall ensure that posters and brochures on NALSA's Helpline Services are made available at all MHEs.

5.3.2 Legal Services at the Police Stations

5.3.2.1 The Secretary, DLSA shall share details of the LSUM with all the police stations within their district. The police officer may directly communicate with any member of the LSUM to provide urgent legal assistance and advice to any person with mental illness or person with intellectual disabilities brought to the police station.

5.3.2.2 The Secretary, DLSA shall provide relevant IEC material on rights of persons with mental illness and persons with intellectual disabilities to all police stations and police outposts, within their District.

5.3.2.3 The Secretary, DLSA shall have periodic meetings with the District Superintendent of Police to ensure that persons with mental illness and persons with intellectual disabilities are informed about their right to avail free legal services, by the police officer dealing with their case.² The Secretary, DLSA may also:

- a) encourage the police officers to immediately send a request for legal services to the DLSA in cases where the person is unrepresented;
- b) impress upon the police officers that, a person with mental illness, who is taken under protection as per Section 100 (1) MHCA, is taken to the nearest public health establishment as soon as possible, for assessment of the person's healthcare needs;³
- c) stress that under no circumstance shall such a person be detained in the police lock-up or sent to the prison.⁴

5.3.3 Legal Services at Courts including Special Courts

5.3.3.1 The Secretary, DLSA shall ensure that the details of the LSUM are made available to all courts, including courts of Executive Magistrates in the district.

5.3.3.2 The Chairman, DLSA in his capacity as the District and Sessions Judge shall have periodic meetings with all judicial officers posted within the district to ensure that persons with mental illness and

² Section 27 (2) MHCA and Section 12 of LSA.

³ Section 100 (3) MHCA,

⁴ Section 100 (4) MHCA.

persons with intellectual disabilities are informed about their right to avail free legal services, by the judicial officer adjudicating their case.⁵

5.3.3.3 The Secretary, DLSA shall on receipt of an order from a court for provisioning of legal services, immediately assign a lawyer from the LSUM,

- a) to represent any person with mental illness, including any such person who is being ill-treated or neglected and who is produced before the court under Section 101(3) MHCA;
- b) to represent any person with intellectual disabilities.

5.3.3.4 Whenever a person with mental illness or a person with intellectual disabilities is produced for remand purpose, the remand lawyer shall take steps in accordance with the relevant provisions under the applicable criminal procedural law. Other rights of such persons, such as right to access mental healthcare, right to protection from cruel, inhuman and degrading treatment etc. should also be secured.⁶

5.3.4 Legal Services at Railway Stations, Bus Stands, Metro Stations etc.

5.3.4.1 The Secretary, DLSA shall ensure that the details of the LSUM are made available with the Government Railway Police and with the Railway Protection Force, to ensure that in the event of any person with mental illness or person with intellectual disabilities is found wandering at a railway station, they may contact any member of the LSUM to provide urgent legal assistance or advice.

⁵ Section 27 (2) MHCA and Section 12 of LSA.

⁶ Para 4.3.2 of NALSA, Early Access to Justice at Pre-Arrest, Arrest and Remand Stage Framework, 2019.

5.3.4.2 In the event that any person with mental illness or person with intellectual disabilities is found wandering at the bus depots, metro stations etc., the person in-charge of the said place should inform the nearest police station and may also seek assistance by calling on 14416 (Tele-MANAS) or on 15100 (NALSA Helpline).

5.3.5 Legal Services at Beggars' Home, Women's Protection Homes, Child Care Institutions and other institutions

5.3.5.1 The Secretary, DLSA shall prepare a roster for the LSUM to conduct legal services camps at beggars' homes, women's protection homes and child care institutions, shelter homes and other institutions, to provide services to persons with mental illness and persons with intellectual disabilities.

5.3.6 Legal Services at the Prison

5.3.6.1 The Secretary, DLSA shall ensure that the details of the LSUM are made available to the Prison Superintendent as well as the legal services providers deputed to the Prison Legal Aid Clinic (PLAC) in all prisons in the District.

5.3.6.2 Whenever the legal services provider at the PLAC interacts or receives information about a prisoner with mental illness or a prisoner with intellectual disabilities, the PLAC shall send a communication to the LSUM about the same. The LSUM may then take appropriate steps to provide legal services to such a prisoner, if not represented, and move appropriate applications before the court.

5.3.6.3 The legal services provider at the PLAC shall inform the Secretary, DLSA regarding the detention of any person with mental illness in prison under Section 100 MHCA, so that necessary steps may be undertaken as per the MHCA for the release of such a person.

5.3.6.4 In prisons where there is no psychiatric ward established, and the legal services provider at the PLAC comes across any prisoner with mental illness lodged there, he/she must inform the Secretary, DLSA. The Secretary, DLSA shall then assign a lawyer from the LSUM to move an appropriate application before the court concerned, for transfer of such a person to a MHE, as per Section 103 MHCA.

5.3.6.5 The legal services providers at the PLAC shall interact with prisoners having mental illness and inform them about the special provisions pertaining to discharge and bail, as outlined under the extant laws on criminal procedure. They may inform the families of such persons regarding these provisions and the right to avail free legal services.

5.3.7 Legal Services at *Talukas*

5.3.7.1 The Secretary, DLSA shall prepare a roster of LSUM members for accompanying the DMHP functionaries during their mandated visits to the *Taluka* areas. The LSUM shall disseminate the IEC material and provide legal services.

5.3.7.2

5.3.8 Legal Services through Conduct of Home Visits

5.3.8.1 Any person with mental illness or person with intellectual disabilities, or the nominated representative or guardian or relative or friend, may send a request to the Secretary, DLSA for a home visit to provide legal advice and assistance to such person.

5.3.8.2 Upon receiving the request, the Secretary, DLSA shall depute a panel lawyer and a para legal volunteer from the LSUM, to make the home visit and provide necessary assistance.

5.3.8.3 The following aspects shall be borne in mind by legal services providers while conducting the home visits:

- a) They should take steps to remove difficulties faced by such a person, such as linguistic barriers, mobility issues, anxiety etc.
- b) They should build a rapport with such persons, so as to elicit more information about the issues being faced by them and have a deeper understanding of the same. This shall enable the legal services provider to provide comprehensive legal support.
- c) They should also make an assessment of the conditions of such a person, including living conditions in the home.
- d) They should endeavour to provide legal services that are specifically tailored to address the individual needs of such a person.

5.3.9 Legal Assistance in availing benefits of Social Welfare Schemes

5.3.9.1 The LSUM shall liaise with the district administration and hospitals, to provide necessary legal assistance to a person with mental illness or a person with intellectual disabilities availing benefits under various social welfare schemes including in obtaining disability certificates.

6. RESPONSIBILITIES OF LEGAL SERVICES PROVIDERS & INSTITUTIONS

6.1 Legal Services Providers deputed to the LSUM

- 6.1.1 Para legal volunteers, panel lawyers and the LADC deputed to the LSUM shall undertake actions and make interventions as outlined in Part 5, under the guidance and supervision of the Secretary, DLSA.
 - 6.1.2 They shall bear in mind the following aspects while providing legal services to any person with mental illness:
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- i. Consider the current and past wishes, and best interests of the person with mental illness;
- ii. Give particular credence to the views of the person with mental illness to the extent that the person understands the nature of the decisions under consideration; and
- iii. Provide all necessary information to the person with mental illness in making decisions on legal interventions that can be taken in their case.

6.1.3 They shall bear in mind the following principles which are to inform all aspects of their interaction with persons with intellectual disabilities:

- i. respect for inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons;
- ii. non-discrimination;
- iii. full and effective participation and inclusion in society;
- iv. respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- v. equality of opportunity;
- vi. accessibility;
- vii. equality between persons of all gender; and
- viii. respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

6.1.4 Pre-trial preparations: Panel Lawyers, when representing a person with mental illness or a person with intellectual disabilities, shall undertake thorough pre-trial preparations with such a person and their family member or guardian. This is crucial to uphold the principles of the RPwD Act and MHCA. Such pre-trial preparations should include:

- i. Explaining the court process in detail and setting realistic expectations;
- ii. Detailing the roles of courtroom personnel and the sequence of court proceedings;
- iii. Discussing possible outcomes to manage expectations, and conducting role-play sessions to practice responses and behaviours;
- iv. Visiting the courtroom in advance to help the individual become familiar with the environment, reduce anxiety and demystify the court process; and
- v. Preparing them emotionally and mentally, ensuring they understand and fully participate in the proceedings.

6.2 Legal Services Institutions

6.2.1 District Legal Services Authority (DLSA)

- i. DLSA shall be responsible for the implementation of the activities outlined in this Scheme.
 - ii. The Secretary, DLSA shall seek necessary permissions from concerned authorities to facilitate visits of the LSUM to MHEs.
 - iii. The Secretary, DLSA shall regularly collect, collate and review data regarding legal services provided to persons with mental illness and persons with intellectual disabilities as per the Scheme.
 - iv. The Secretary, DLSA shall undertake a monthly assessment as per Format A – ‘DLSA Checking for Assessing Legal Services Provided to Persons with Mental Illness and Persons with Intellectual Disabilities in the District’.
 - v. The Secretary, DLSA shall share reports on the LSUM as per Format B – ‘Details of the Legal Services Unit: *Manonyay*’ and Format C –
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‘Reporting from DLSA to SLSA’, with the SLSA as per timelines prescribed.

- vi. The Secretary, DLSA shall take necessary action whenever a complaint or grievance is received against the functioning of other members of the LSUM.

6.2.2 State Legal Services Authority (SLSA)

- i. SLSA shall be responsible for supervision over the DLSAs for ensuring the implementation of this scheme.
 - ii. SLSA shall establish the LSUM in every district, for a fixed term, preferably for two years.
 - iii. SLSA shall prepare training modules/curriculum for Orientation and Refresher Training of LSUM. The Modules prepared by NALSA be considered while preparing the same.
 - iv. SLSA shall prepare IEC materials in local languages on rights of persons with mental illness and persons with intellectual disabilities. The IEC materials should be created in formats suitable for dissemination through electronic, print media etc. The said IEC material should be accessible by persons with intellectual disabilities and persons with mental illness.
 - v. SLSA shall keep an updated district-wise record of the MHEs run by the State Governments or voluntary organizations in the State, and share the same with the DLSA periodically.
 - vi. SLSA may establish mentorship and supportive supervisory programs for panel lawyers and para legal volunteers to enhance the quality of legal services provided by the LSUM.
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- vii. SLISA shall seek a report on the functioning of the LSUMs, from each DLSA, as per Format B and Format C, according to the timelines prescribed therein.
- viii. SLISA shall send a bi-annual report to NALSA regarding functioning of the LSUMs in the State, as per Format D – ‘Reporting from SLISA to NALSA’.

6.2.3 National Legal Services Authority (NALSA)

- i. NALSA shall be responsible for overall guidance, monitoring, assessment and evaluation of the implementation of this Scheme.
 - ii. NALSA shall develop a comprehensive training module/curriculum for Orientation and Refresher Trainings of members of the LSUM.
 - iii. NALSA shall seek a report on legal services provided to persons with mental illness and persons with intellectual disabilities, from the SLISAs, as per Format D, according to timelines prescribed therein.
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7. REPORTING & MONITORING

7.1 Checklist for Assessment by DLSA [Format A]

FORMAT A:
DLSA CHECKLIST FOR ASSESSING LEGAL SERVICES PROVIDED
TO PERSONS WITH MENTAL ILLNESS AND PERSONS WITH
INTELLECTUAL DISABILITIES IN THE DISTRICT.

[To be reviewed by the Secretary, DLSA at the end of each month]

Tick [✓] as Applicable

- ☐ Legal Services Unit for persons with mental illness & persons with intellectual disabilities: *Manonyay* (LSUM) has been constituted in the district.
- ☐ Orientation training has been received by every member of the LSUM.
- ☐ List of certified experts, specialised agencies etc. counselling, mental health and disability support is available with the DLSA office.
- ☐ The afore- mentioned list has been made available to the members of the LSUM.
- ☐ A yearly calendar of outreach and awareness activities has been prepared by the LSUM.
- ☐ Details of the LSUM, including contact numbers, has been made available at:
 - Legal services clinics in Mental Health Establishments (MHE);
 - All police stations in the district;
 - All courts including courts of executive magistrates in the district;
 - The Government Railway Police and Railway Protection Force;
 - All prisons in the district.

- ☐ IEC material for persons with mental illness & persons with intellectual disability in local languages is available with the DLSA office.
- ☐ IEC material for persons with mental illness & persons with intellectual disability in accessible formats (e.g., Braille, audio, easy-to-read versions) is available with the DLSA office.
- ☐ Legal Services Clinics ‘Mano Nyay’ have been established in all MHEs.
- ☐ IEC material has been made available in these legal service clinics at all MHEs.
- ☐ NALSA’s Helpline Number has been displayed at the Legal Service Clinics in the MHE.
- ☐ IEC material on rights of persons with mental illness & persons with intellectual disabilities are made available to all police stations and police outposts in the district.
- ☐ A roster for the LSUM to conduct camps at beggar’s homes, women’s protection homes and child care institutions, shelter homes and other institutions, has been prepared.
- ☐ A roster of LSUM members for accompanying the District Mental Health Programme (DMHP) functionaries has been prepared and shared with the concerned members of the DMHP.
- ☐ Formats of deputation letters, duty notes and reporting as provided in NALSA Handbook of Formats and in this Scheme are being followed.

7.2 Report regarding Functioning of the LSUM [Format B & C]:**FORMAT B:****DETAILS OF MANONYAY: LEGAL SERVICES UNIT FOR PERSONS WITH MENTAL ILLNESS AND PERSONS WITH INTELLECTUAL DISABILITIES**

[To be submitted by the DLSA to the SLSA within one month of the constitution of the LSUM, and upon every subsequent deputation or removal of any person from the unit]

01	02	03	04	05	06
S. No.	Name of legal services provider	Designation [Retd Judge/ LADC/Panel Lawyer/PLV]	Date of deputation to the LSUM	Summary of educational qualifications and relevant work experience	Date of orientation training

FORMAT C:**REPORTING FROM DLSA TO SLSA**

[To be submitted by the DLSA to the SLSA every two months]

(1) LEGAL SERVICES PROVIDED

01	02	03
Place of intervention	No. of persons with mental illness provided legal services	No. of persons with intellectual disabilities provided legal services
Mental Health Establishments		
Police Station		
Courts		
Railway Station/Bus Stands		
Beggars' Home		
Women's Protection Homes		
Child Care Institutions		
Other institutions		

Prison/Detention Centre		
Home visits		
Others		
Details of assistance provided: <i>Add details for each case in which assistance given</i> 1. Name: 2. Brief of case details: 3. Request for legal services received at: 4. Nature of legal intervention provided: 5. Current status of case:		

(2) AWARENESS AND OUTREACH ACTIVITIES:

01	02	03	04
	No. of awareness and outreach programmes conducted	No. of persons who attended the programmes	Brief summary of topics covered in the programmes
Taluks			
Mental Health Establishments			
Educational Institutions			
Beggars' Home/ Women's Protection Homes/ Child Care Institutions and other institutions			
Prisons			
Other places			

7.3 Reporting from SLSA to NALSA:

FORMAT D:

LEGAL SERVICES PROVIDED TO PERSONS WITH MENTAL ILLNESS AND PERSONS WITH INTELLECTUAL DISABILITIES

[To be submitted by the SLSA to the NALSA every six months]

S. No.	Details of legal services provided to persons with mental illness & persons with intellectual disabilities by the LSUM		
(1)	No. of DLSAs		
(2)	No. of LSUMs constituted		
(3)	Place of intervention	Legal services	Legal services

		provided to Persons with mental illness:	provided to persons with intellectual disabilities
(3)(a)	Mental Health Establishments		
(3)(b)	Police Station		
(3)(c)	Courts		
(3)(d)	Railway Station/Bus Stands		
(3)(e)	Beggar's Home		
(3)(f)	Women's Protection Homes		
(3)(g)	Child Care Institutions		
(3)(h)	Other institutions		
(3)(i)	Prison/Detention Centre		
(3)(j)	Home visits		
(3)(k)	Front Office		
(4)	Awareness & Outreach Activities	No. of awareness and outreach programmes conducted	No. of persons who attended the programmes
(4)(a)	Taluks		
(4)(b)	Mental Health Establishments		
(4)(c)	Educational Institutions		
(4)(d)	Beggars' Home/ Women's Protection Homes/ Child Care Institutions and other institutions		
(4)(e)	Prisons		
(4)(f)	Other places		



NATIONAL LEGAL SERVICES AUTHORITY

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Supreme Court of India, New Delhi-110001

Jaisalmer House, 26, Man Singh Road, New Delhi-110011

Reach us at : <https://nalsa.gov.in>