



Scope of free legal aid clinics at psychiatric hospitals in India

Abstract

Background: Individuals suffering from mental illness and their families are vulnerable to face legal issues and the very nature of their illness may limit accessibility and effective utilisation of legal services. A few hospitals in India have free Legal Aid Clinics (LAC) but there is dearth of literature on the scope of LAC.

Aims and objective: Objective was to understand the scope of LAC at psychiatric hospitals by analysing the profile of services users (SUs) and services provided at National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India. **Material and methods:** Analysed LAC records of randomly selected 100 SUs utilising services in the free LAC. All the SUs were assessed using a pre-designed proforma during their visit to the clinic. **Results:** Persons with mental illness (PwMI), their family members, and others without any psychiatric illnesses as SUs from various occupational, religious, socioeconomic background has approached the LAC. Their legal issues were various such as familial, property, mental health act related, labour laws, and other legal issues. The free legal aid service was utilised to avail various services such as legal advice, referral services, and brief mental health services such as supportive counselling by a multidisciplinary team consisting of psychiatric social workers and lawyers. **Conclusion:** Free legal aid services in hospitals are very useful in providing accessible and affordable legal help for the individuals and families affected especially for PwMI or other adversities. LACs need to be implemented in all psychiatric hospitals across the country.

Keywords: Mental Disorders. Psychiatric Social Work. Forensic Psychiatry. Judicial Role. Legal Services.

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Introduction

India has passed Legal Services Authorities Act in 1987 to prevent human rights violation, to protect and promote human rights of Indian citizens.[1] The National Legal Services Authority (NALSA) has been formed under the provision of Legal Services Authorities Act, 1987 to provide free legal aid to the weaker sections of the society.[1] Recently, a few hospitals have initiated programmes providing legal aid services at Andhra Pradesh, Bihar, Karnataka, Maharashtra, Odisha, Tamil Nadu, etc. and to provide legal help for poorer sections of the society.[2-7]

At National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, a free Legal Aid Clinic (LAC) was initiated in association with the Karnataka State Legal Services Authority (KLSA) under the provision of the Legal Services Authorities Act in January 2011.[8] This LAC can be accessed by not only the patient and family seeking treatment in the institute, but also can be utilised by the general public

walking into the clinic.[8,9] A panel of lawyers deputed by the KLSA with the support of the District Judge forms the legal team in the clinic. Along with them, Psychiatric Social Workers (PSWs), staff and trainees, as well as a psychiatrist on call form the multidisciplinary team responsible for providing services in this clinic.[9] Currently the LAC works for two days in a week. In the last five years that the clinic has been actively providing services, around 1400 service users (SUs) have approached the clinic during this period for various services.

Currently, there is limited literature in India about the profile of SUs of hospital based free LACs. Present study looked majorly into the profile of the SUs and to describe the services provided by a multidisciplinary team in the free LAC at NIMHANS to understand the scope of LACs in psychiatric hospitals in Indian context. Such an understanding will help to plan and formulate further services, policies, and programmes.

Methodology

In the LAC at NIMHANS, patients from the discipline of Psychiatry, Neurology, and Neurosurgery, as well as walk-in SUs without any neuropsychiatric problem approach for legal help. The patients identified in the initial assessment to be requiring legal advice is also referred by the treating team members. It is observed that at times patients mention their legal issues to their clinical psychologists, PSWs, or psychiatrists.

In the context of free legal aid services being provided in a tertiary referral care center (NIMHANS), in the LAC, the trained PSWs, at the first contact, independently assess the legal issues of the SUs in detail as well as along with lawyers. Details of the SUs were recorded in a structured proforma developed by the authors. This contains nature of reference, type of case (clinical or non-clinical), sociodemographic and clinical (psychiatric or neurological illness) details, reasons for seeking services, details of the help sought and received, feedback and satisfaction about services, and follow-up details. At times, the SUs contact the PSWs or lawyers for follow-up in person or over phone and vice versa. Whenever the SUs contacted for follow-up, all these details also were documented.

For the current study, to understand the scope of LAC in psychiatric hospitals, a retrospective analysis of (profile of SUs and the services provided by multidisciplinary team) the LAC records of 100 SUs was carried out randomly out of the 261 SUs who sought the LAC services during the period from June 2015 to May 2016 at the free LAC at NIMHANS.

Results

A retrospective analysis of 100 case records was carried out. The mean age of SUs was 41.50 (± 14.58) years. The sociodemographic profile of the respondents is given in Table 1 and the details of reasons for seeking LAC services and various services provided are given in Table 2.

Discussion

The present study was aimed to understand the scope of free LAC by analysing the profile of SUs and the services provided at the free LAC, NIMHANS. This study is the first attempt as per the authors' knowledge which reports the profile of persons seeking services from a hospital based free LAC in India.

Pathways to legal aid clinic

Majority (53%) of the SUs was using the NIMHANS hospital services and referred by mental health professionals from NIMHANS. Mental illness is one of the factors which contribute towards vulnerability to develop legal disputes. PwMI and their families are vulnerable to develop multiple psychosocial and legal issues related to mental illness. Mental Health Act, 1987 ensures protection of rights of PwMI.[10] Mental health clinicians are by training and experience more sensitive to legal issues compared to other healthcare professionals; hence, they refer persons with mental illness and their family members for legal aid services.[11-13] PwMI and their families tend to seek legal aid services, especially

Table 1: Sociodemographic and clinical profile of the service users

Sources of reference	N
Mental health/health professionals	53
Self	41
From other hospitals	3
Others	3
Total	100
NIMHANS hospital service user	
Yes	82
(inpatients=19 and outpatients=63)	
No	18
Total	100
Gender	
Male	50
Female	50
Total	100
Age (years)	
18-28	14
29-38	35
39-48	19
49-58	15
59-68	7
69 and above	10
Total	100
Education	
Up to 10th standard	40
Up to Pre-University Course (PUC)	14
Up to graduation	6
Graduation and above	29
Educational qualifications not available	11
Total	100
Occupation	
Unemployed	24
Housewife	16
Coolie	5
Self employed	8
Government	5
Private	13
Professional	12
Student	1
Retired	9
Occupation not specified	7
Total	100
Religion	
Hindu	85
Muslim	7

(Contd....)

Table 1: (Continued)

Sources of reference	N
Christian	8
Total	100
Socioeconomic status	
Below Poverty Line (BPL)	38
Above Poverty Line (APL)	57
Not specified	5
Total	100
Clinical diagnosis of service users	
Mood disorder	27
Psychotic disorder	27
Anxiety spectrum disorders	4
Mental retardation	4
Substance use disorder	4
Psychiatric diagnosis not specified	12
Neurology case	1
Neurosurgery case	1
No medical or psychiatric illnesses diagnosed yet or not reported to LAC	20
Total	100

Table 2: Details of services availed

Reason for seeking help	N
Family/marital issues	40
Property issues	15
Mental Health Act related; mainly seeking help to get reception order and involuntary admission	15
Labour laws related/job related	8
Pertaining to medical certificates	4
Others (Prevention of Children from Sexual Offence [POCSO] Act, affidavit, child in need of care and protection, theft/robbery, banking related, and multiple legal issues that come under different acts)	18
Total	100
Services/interventions provided	
Legal advice given	59
Legal advice and referred to appropriate centres	17
Mental health intervention/referrals only required and provided	10
Settled issues on spot	2
Other services	12
Total	100

when services are made accessible in the hospital premises. Recognition of such issues and making a service available to meet the needs have been seen fruitful.

Sociodemographic profile of service users

The sociodemographic data showed that both genders approached for free legal aid services. Majority were young

(age group of 18-48 years) and were up to Pre-University Course (PUC) level of education. Occupations represented various backgrounds. It is interesting to note that many were unemployed (24%) and this may be understood in the background of mental illness that mental illness may disable and reduce employment opportunities.[14,15] Another interesting factor is that majority of the SUs were from above poverty line (APL) as they reported. This may be because of that the higher income group is more aware of legal measures and seeking legal aid services. This indicates importance of having more awareness generation programmes about free LACs and to have free LACs in all hospitals, so that the weaker sections of the society can also avail free legal aid services.

Mental illness among service users

Majority of the persons who sought legal aid services (54%) were with severe mental illnesses (mood disorders and psychotic disorders) and fewer cases with mild mental illnesses and mental retardation, neurological or neurosurgical problems. This may be because of that the persons with severe mental illness are more vulnerable to face legal issues and human rights violation.[16-19] This indicates persons with severe mental illness and families need to be screened for legal issues periodically by the mental health clinicians, and appropriate actions and referrals to be made on time.

Reasons for seeking legal aid services

The main reasons for seeking LAC services were marital and family issues (40%) and this included domestic violence, restitution of conjugal rights, divorce and maintenance issues, custodianship of children, visitation rights, etc. This indicates that mental illness creates significant disturbances in marital subsystem; divorce and separation are quite common among PwMI and also, the marital issues may be due to the changes in the pattern of relationship in Indian families.[20-22] Instances where mental illness was reported as a trigger for legal separation and desertion of women by their husbands when the history of mental illness was not disclosed prior and the spouse came to know about the mental illness after marriage were a few cases that were reported. Interesting finding is that marital problems as a reason for referral to LAC was made only in two per cent of the cases, but the major reason for seeking LAC services was marital/family issues (40%). This may be because of the under reporting of marital/family issues to the mental health clinicians or not identified the potential issues during the interviews by mental health clinicians and other healthcare professionals.

Other reasons to seek LAC services were related to property issues (15%). It is observed that many PwMI were manipulated in terms of property division by their own family members during the period when psychiatric symptoms occur or when they develop disability and become dysfunctional. Situations such as property issues were reported when the spouse of PwMI passed away, issues related to transfer of property to PwMI, others were encroaching into the property of PwMI, property was shared by siblings and PwMI was discarded, were other areas of help needed.

A few SUs (15%) approached the LAC for support and information regarding Mental Health Act, 1987 related, such

as voluntary and involuntary admission in hospital, discharge, escape of PwMI from hospital, rights of the PwMI, availing reception order for involuntary admissions, to report and to get help for PwMI who are abandoned by family in hospital, etc.

A few cases reported were related to employment related issues (eight per cent). Many persons with mental illness face job related issues such as leave was not granted, suspension from job when he or she was afflicted with illnesses or disability related, retirement and retirement benefit related issues, etc.

Few were pertaining to medical certificates (four per cent), such as how to get injury/wound certificate, medical certificate, disability certificate, insurance, compensation and disability benefits, etc.

Persons came for legal advices on miscellaneous issues such as Prevention of Children from Sexual Offence (POCSO) Act related, child in need of care and protection (Juvenile Justice Act), theft/robbery, banking laws related, court procedures, jurisdiction, merits and limitation of their cases, drafting and filing affidavit, taking a second opinion about their cases, information on various acts, and other multiple legal issues.

All the above legal issues showed that psycho-socio-legal vulnerability of PwMI and their families, and others who walked in SUs without mental illness in terms of marital or family issues, property rights related exploitations, and difficulties at workplace and other socio-legal aspects. These findings go along with the observations made by Math *et al.*[9]

Services offered from free legal aid clinic

With regard to the services provided, majority (59%) were given legal advice, 17% were given legal advice and referred to appropriate centres (legal aid centres at district or taluk levels, police station, court, other lawyers, government offices/departments, etc.) by the lawyers and PSWs for further action.

In case of family or marital issues, the spouses and other family members were contacted (over telephone or letters) by PSWs to discuss and clarify the matters, and to solve issues with the presence of PSWs and lawyers. Few cases were referred by PSWs to family therapy facility at NIMHANS and outside family counselling centres at request as therapy or counselling was indicated than legal action to solve family or marital issues. In few cases, appropriate legal actions were initiated or legal actions were continued to address their issues independently and along with counselling and other psychosocial services.

With regard to the property related issues, family members were contacted (over phone or letters) by PSWs to understand and discuss property related matters, and whenever the discussions failed, these cases were considered to continue or to initiate legal proceedings.

Problems related to Mental Health Act, doubts on getting reception order were clarified and facilitated to avail reception order. Legal advices were given on appointing legal guardian.

In case of employment related cases, attempts were made by PSWs to contact (over phone or letters) employers

and to convince the mental health aspects, and to solve the employment related issues without initiating or continuing legal actions. However, there were instances that legal actions were taken to solve employment related issues whenever the advocacy from PSWs or lawyers failed.

Others (12%) required various interventions or services such as follow-up with advocate - with necessary documents/proof or asked to come with other family members for more clarifications of the cases, facilitate to avail certificates, tracing the family of PwMI who were abandoned by their family members in NIMHANS and their legal issues, drafting affidavit (to get ration card or aadhar card/letters/plea) by advocates, collateral contacts, or networking with other agencies or private lawyers or contacting family members - made by PSWs etc.

Some persons coming to LAC required only mental health interventions (ten per cent) and appropriate services were provided. Instances such as SUs reporting significant stress related to their legal/family issues were provided single session of supportive counselling by PSWs. SUs reported with psychiatric illness triggered due to non-compliance to medications were motivated to continue treatment and referred to psychiatric settings for continuation of treatment. There were instances of SUs reporting legal issues and demanding for legal action in the context of undiagnosed mental illness. Family members of these SUs were contacted by PSWs to clarify the legal and psychiatric issues, and were referred to appropriate professionals and services.

To compare the results, there is significant dearth of literature other than some newspaper reports on the services of LACs in Indian context. In Pune (Maharashtra state of India), LAC works weekly once and involved in tracing families of abandoned PwMI.[5] At Krishna district of the Indian state of Andhra Pradesh, para-legal volunteer will address the grievances of the needy once in a week in the LAC and provides help in appointing legal guardian, getting reception order, legal advices, etc.[2] The uniqueness of the NIMHANS' free LAC is the various psycho-socio-legal services and follow-ups that are provided by an experienced multidisciplinary team consists of legal and mental health professionals which was evidenced in the profile of SUs and the types of services sought for. The multidisciplinary approach and brief mental health services support and strengthen the SUs in various ways.

Conclusion

The current study revealed that the hospital SUs and general public make use of free legal aid services for various socio-legal issues. PwMI and their family members, and other SUs from various occupational, religious, socioeconomic background has approached the free LAC services. Their issues are various such as familial, property, mental health act related, labour laws, and other legal issues. The free LACs in psychiatric hospital have vast scope to provide various services such as legal advice, referral services, and even to provide brief mental health services. The study findings strongly indicate a compulsory forensic screening for all cases coming to healthcare settings especially in mental healthcare settings. All the above findings clearly explain and demand

the importance of having a free legal aid services in all hospitals, especially psychiatric hospitals across the country having a multidisciplinary team.

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References

1. National Legal Services Authority. The Legal Services Authorities Act, 1987 [Internet]. Government of India; 2016 [cited 2017 May 9]. Available from: <http://nalsa.gov.in/acts>
2. Sarathchandran U. Bringing legal aid a step closer home [Internet]. The Hindu; 2011 Nov 9 [cited 2017 May 9]. Available from: <http://www.thehindu.com/opinion/lead/bringing-legal-aid-a-step-closer-home/article2609718.ece>
3. Tamil Nadu Legal Service Authority. Legal aid clinic for people living with HIV/AIDS [Internet]. National Informatics Centre; 2014 Nov 30 [cited 2017 May 9]. Available from: http://www.tnlegalservices.tn.gov.in/stat_legalaid_clinic.htm
4. Times of India. Legal aid clinics thriving in Cuttack hospitals [Internet]. 2015 Sep 2 [cited 2017 May 9]. Available from: <http://timesofindia.indiatimes.com/city/cuttack/Legal-aid-clinics-thriving-in-Cuttack-hospitals/articleshow/48773667.cms>
5. Mascarenhas A. Legal aid cell at Pune mental hospital helps women inmates reunite with kin [Internet]. The Indian Express; 2016 Oct 4 [cited 2017 May 9]. Available from: <http://indianexpress.com/article/cities/pune/legal-aid-cell-at-pune-mental-hospital-helps-women-inmates-reunite-with-kin-3063947>
6. Express News Service. Hyderabad gets legal aid clinic for mentally ill [Internet]. The New Indian Express; 2016 Oct 9 [cited 2017 May 9]. Available from: <http://www.newindianexpress.com/cities/hyderabad/2016/oct/09/hyd-gets-legal-aid-clinic-for-mentally-ill-1526472.html>
7. District Court Sheikhpura. Legal aid clinic started in Sheikhpura Sadar hospital on 12th June by district judge [Internet]. 2015 Jun 12 [cited 2017 May 9]. Available from: <http://ecourts.gov.in/sheikhpura/legal-aid-clinic-started-sheikhpura-sadar-hospital-12th-june-district-judge>
8. National Institute of Mental Health and Neurosciences. Legal Aid Clinic: in collaboration with the Karnataka State Legal Services Authority, Bangalore [Internet]. 2016 Jul 1 [cited 2017 May 9]. Available from: <http://www.nimhans.ac.in/patient-care/legal-aid-clinic>
9. Math SB, Kumar NC, Harish T. Legal aid in hospitals: an innovative approach. *Indian J Med Res.* 2013;137:440-1.
10. Sarkar J. A new mental health act for India: an ethics based approach. *Indian J Psychiatry.* 2004;46:104-14.
11. Ragesh G, Sajitha K, Hamza A. Context and scope of social work interventions in perinatal mental health settings in India. *Asian Social Work and Policy Review.* 2016;11:102-4.
12. Bellesheim KR. Ethical challenges and legal issues for mental health professionals working with family caregivers of individuals with serious mental illness. *Ethics Behav.* 2016;7:607-20.
13. Angothu H, Chaturvedi SK. Civic and legal advances in the rights of caregivers for persons with severe mental illness related disability. *Indian J Soc Psychiatry.* 2016;32:28-34.
14. Marwaha S, Johnson S. Schizophrenia and employment - a review. *Soc Psychiatry Psychiatr Epidemiol.* 2004;39:337-49.
15. Crowther RE, Marshall M, Bond GR, Huxley P. Helping people with severe mental illness to obtain work: systematic review. *BMJ.* 2001;322:204-8.
16. Steadman HJ, Osher FC, Robbins PC, Case B, Samuels S. Prevalence of serious mental illness among jail inmates. *Psychiatr Serv.* 2009;60:761-5.
17. Lamb HR, Weinberger LE. Persons with severe mental illness in jails and prisons: a review. *Psychiatr Serv.* 1998;49:483-92.
18. Ayirolimeethal A, Ragesh G, Ramanujam JM, George B. Psychiatric morbidity among prisoners. *Indian J Psychiatry.* 2014;56:150-3.
19. Saleem TK, Valsaraj BP, D'Souza A, Ameen S, Tharayil HM. A cross-sectional study of perceived human rights in mentally ill. *Kerala Journal of Psychiatry.* 2015;28:16-25.
20. Gove WR. The relationship between sex roles, marital status, and mental illness. *Soc Forces.* 1972;51:34-44.
21. Ragesh G, Sabitha C, Sajitha K, Hamza A. Domestic violence: profile of married women availing institutional help. *Open J Psychiatry Allied Sci.* 2017;8:76-81.
22. Sonawat R. Understanding families in India: a reflection of societal changes. *Psicologia: Teoria e Pesquisa.* 2001;17:177-86.

Hamza A, Sajitha K, Ragesh G, Thomas PT. Scope of free legal aid clinics at psychiatric hospitals in India. *Open J Psychiatry Allied Sci.* 2017;9:10-4. doi: 10.5958/2394-2061.2018.00002.2. Epub 2017 Jun 30.

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