

LAW VS PSYCHIATRY: A PIVOTAL DISCOURSE IN FRAMING CRIMINAL RESPONSIBILITY

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Abstract: Understanding human behaviour in the context of psychiatry and law can be complex, as both fields have contrasting views about the complexities of human conduct. However, when it comes to the criminal justice system, the differences between these two disciplines become more pronounced. The intersection between law and psychiatry in determining criminal responsibility is a complex and ever-evolving area. Both fields play a crucial role in determining an individual's culpability for illegal actions, but they approach the issue from different perspectives.

This paper attempts to analyse the criminal responsibility of medical and legal approaches during a trial. It emphasises the need to balance concepts, theories, and interrelations. The paper highlights cases from India to demonstrate that, unlike a compartmentalised approach, an interdisciplinary approach is critical in establishing criminal responsibility when dealing with human beings, whether they are sane or insane.

Keywords: Law, psychiatry, criminal responsibility, criminal behaviour, trial

I. INTRODUCTION

Human beings are inevitably bound to have unique behavioural patterns. It would appear normal or abnormal to spectators, and at times, one would attribute it to mental illness. However, the fact is that the significance of these terms, normality, abnormality and mental illness, assumes pronounced importance in the context of the law of crimes and the societal and legal reaction to such evil.

The issue of Law vs Psychiatry is a highly debated and controversial topic in modern times. The increasing number of mentally ill criminals reported in India and other parts of the world has sparked a crucial discourse around criminal responsibility. However, public attitudes towards

mental illness remain confusing and inconsistent, with many erroneously associating it with criminal and dangerous behaviour. It is important to note that people often exhibit deep-seated suspicion towards those who use mental illness as an excuse for their actions. Despite this, criminal law is a rational, practical, and normative science that utilises theoretical concepts to judge human conduct.

The issue of criminal responsibility is a complex matter that requires a balanced approach between law and psychiatry. Both disciplines have a significant role in evaluating a person's guilt for unlawful actions, and their unique perspectives can contribute to a more constructive resolution.

Law is fundamental to establishing and maintaining a system of rules and regulations that govern society. It defines what actions are considered criminal and sets the standards for determining guilt or innocence. The legal system assumes that individuals can understand the consequences of their actions and make choices based on their free will. In this context, criminal responsibility is typically determined by examining an individual's intent and actions in committing a crime, using concepts such as *mens rea* (guilty mind) and *actus reus* (guilty act).

On the other hand, psychiatry offers a medical perspective focused on understanding and treating mental disorders. Psychiatrists examine the human mind, behaviour, and mental health to identify psychological factors that may influence a person's thoughts, emotions, and actions. In criminal responsibility, psychiatrists can evaluate an individual's mental state during the offence, assess their ability to comprehend the nature and consequences of their actions and determine whether any mental disorders or impairments may have influenced their behaviour.

Combining the insights of law and psychiatry can ensure a more constructive approach to determining criminal responsibility that considers the legal and psychological aspects of an individual's actions.

Law and psychiatry interact in various ways within the legal system. For example, psychiatric evaluations may determine a defendant's competence to stand trial, meaning their ability to understand the legal proceedings and assist in their defence. Additionally, psychiatric assessments may be used to determine a defendant's mental state at the time of the offence, which can be relevant to establishing their criminal responsibility.

The specific legal standards for assessing criminal responsibility vary across jurisdictions. Some legal systems recognise mental states such as insanity or diminished capacity as potential defences, while others may consider mental health issues during sentencing. The criteria for these defences and the weight given to psychiatric evidence can vary significantly, reflecting societal values, legal traditions, and evolving scientific understanding.

It is important to note that the interaction between law and psychiatry in determining criminal responsibility is a subject of ongoing debate and controversy. Critics argue that psychiatric

evaluations can be subjective, open to interpretation, and influenced by societal biases. Others express concerns that psychiatric determinations of criminal responsibility may shift the focus away from personal agency and accountability.

Ultimately, framing criminal responsibility requires a delicate balance between legal principles and a scientific understanding of mental health. The aim is to ensure fairness and justice for the accused and society while considering the complexities of human behaviour and mental states.

II. CRIMINAL BEHAVIOUR

Criminal behaviour is actions that violate established laws and regulations within a particular jurisdiction. It involves engaging in activities prohibited by law and can result in penalties, such as fines, imprisonment, or other forms of punishment.

Criminal behaviour encompasses a wide range of actions, from minor offences such as petty theft or vandalism to more serious crimes such as murder, robbery, or fraud. The motivations behind criminal behaviour can vary significantly and can be influenced by various factors, including personal, social, economic, and psychological factors.

The failure to integrate the psychological, emotional, cultural and social impacts on people has distracted understanding of criminal behaviour and behavioural patterns. The notions of illegal, unconventional, immoral, or antisocial keep changing over place and time, making defining criminal behaviour challenging. Specific personality disorders such as psychopathy, schizophrenia, aggression, bipolar affective disorder, adjustment disorders, depression, and sexual disorders such as paraphilia are prone to criminal behaviour (William et al., 2008). At the same time, alcoholism and drug consumption are also responsible for illegal activities in which alcohol-induced psychosis or conditions are caused by traumatic brain injury. Finally, it is pertinent to mention that cybercrime is another type of psychiatric illness that is increasing rapidly.

Once we label individuals with psychological problems as criminals, it creates a stigma for all who suffer from such issues. In addition, certain irrational behaviours are inheritable, and individuals with such genes might engage in criminal activities.

Social and legal institutions define law in our society (Megargee et al., M. J., Jr, 1979). Therefore, determining criminal behaviour can envelop various activities, so one should focus on the broader context of antisocial behaviour.

Understanding criminal behaviour is a complex task that involves multiple disciplines, including criminology, sociology, psychology, and forensic science. Researchers and experts in these fields study the causes, patterns, and correlates of criminal behaviour to develop theories and strategies for prevention, intervention, and rehabilitation.

III. THEORIES OF CAUSATION OF CRIME AND LEGISLATION ON MENTAL ILLNESS

Marking an interdisciplinary approach and incorporating law and psychiatry requires understanding the historical background and the link between the two to arrive at logical conclusions. Criminal Law and Criminology seek to test and understand the prerequisites of knowledge in multiple areas (Sepaha, 2018). The reasons for crime are critical segments of the crime problem that require more discussion, investigation and research, thereby calling for more social, government and judicial action. Researchers and writers from economics, anthropology, medicine, psychology, jurisprudence, philosophy, and sociology have all contributed to the study of crime. A specialisation of criminology is required with an integrated approach with the elements of other disciplines, which are used to develop theories and explanations for the crime phenomenon to make an in-depth study of crime.

Various theories have been propounded occasionally about the causation of crime. Some of the prominent theories are; free will and hedonism (Beccaria), social contract theory (Socrates), Anthropological criminology (Cesare Lombroso (1836-1909), Enrico Ferri (1856-1928) and Raffaele Garofalo (1852-1934), Anomie Theory (Durkheim, 1893), Strain theory (Robert et al., 1938), Social disorganisation theory (Clifford et al. McKay, 1942), Sub-cultural Theory (Albert Cohen, 1955), Economic theory (W.A. Bonger, 1916), Structural and Topographical Models of Personality (Sigmund Freud, 1896), Personality Theory (Carl Jung, 1921), theory of somatotypes (William Sheldon, 1942) etc. All approaches differ on various counts, yet all highlight criminal behaviour in many aspects of society and emphasise that it needs to be addressed.

Several theories attempt to explain the root causes of criminal behaviour.

It is important to note that criminal behaviour is a complex phenomenon, and no single theory can explain all instances of criminal activity. Multiple factors often interact and influence an individual's likelihood of engaging in criminal behaviour. Additionally, social, cultural, and legal contexts shape the definitions and perceptions of criminal behaviour, which can vary across different societies and jurisdictions.

Efforts to address criminal behaviour involve a combination of preventive measures, law enforcement, legal processes, and rehabilitation programs. These aim to deter criminal activity, hold individuals accountable for their actions, protect public safety, and promote social order and justice.

The outcome from various crime causation theories specifies that psychology significantly impacts criminal acts and tendencies. Therefore, psychoanalytic theory plays a vital role in analysing and investigating criminal behaviour and motives by comparing the nature of the crime committed and the crime rate of persons suffering from various abnormal behaviours (Sepaha, 2018).

Subsequently, various studies evolved to determine the relationship between mental deficiency and criminal behaviour by employing psychometric tests. M'Naghten's rule on insanity was a new ladder in this area of criminal behaviour (Siddique, 2006). Later, the Irresistible impulse test, the Durham rule, and the American Law Institute's model penal code were proposed. The insanity defence is familiar and recognised in many countries, mainly England and Wales, Australia, Hong Kong, Canada, India, New Zealand, the Republic of Ireland, Norway and most U.S. states.

In India, most laws were framed by the Britishers during the colonial period, and they influenced many regulations. Hence, legislation related to mental illness is also based on McNaughton's rule on insanity. Section 84 of the Indian Penal Code, 1860, deals with the defence of insanity. Other laws of insanity defence are mentioned in different statutes; for instance, the Hindu Marriage Act, 1955, Section 13(1) (iii) deals with the dissolution of marriage on the grounds of mental disorders. In the Indian Evidence Act, Section 105 deals with the burden of proof and the Code of Criminal Procedure, 1973 mentions the procedure for the trial of an insane person.

IV. CRIMINAL RESPONSIBILITY DURING THE TRIAL PROCESS

Criminal responsibility is a mode to determine criminal behaviour and prove anyone guilty or not. Tappan (1960) defines it as an "intentional act or omission in violation of criminal law committed without any defence or justification and penalised by the law as felony or misdemeanour."

The cardinal principle of criminal law is '**mens rea**'- "**actus non-facit reum nisi mens sit rea**". In this framework, one needs to frame or identify the criminal acts committed by persons without mens rea. Mens rea, a person's awareness that their conduct is criminal, is the mental element and actus reus, the act itself, is the physical element.

Criminal responsibility during the trial involves determining whether an individual accused of a crime is legally accountable for their actions. It is a fundamental aspect of the criminal justice system, aiming to ensure fairness and justice by holding individuals accountable for their conduct while protecting their rights.

The specific standards for assessing criminal responsibility can vary across jurisdictions, but there are generally several critical elements involved in the trial process:

1. **Presumption of Innocence:** In most legal systems, individuals are presumed innocent until proven guilty. This means that the burden of proof lies with the prosecution to establish the accused's guilt beyond a reasonable doubt. The accused is not required to prove their innocence.
2. **Competence to Stand Trial:** Before proceeding with a trial, the Court assesses whether the accused is competent to understand the legal proceedings and assist in their defence. If the individual is deemed incompetent due to mental illness, intellectual disability, or other factors, the trial may be delayed, or alternative legal procedures may be employed.

3. **Legal Capacity:** During the trial, the Court examines whether the accused had the legal capacity to commit the alleged crime. This assessment involves determining if the accused understood the nature and consequences of their actions when the offence was committed.

4. **Mens Rea and Actus Reus:** The concepts of mens rea (guilty mind) and actus reus (guilty act) are essential in assessing criminal responsibility. Mens rea refers to the mental state or intent of the accused when committing the offence, while actus reus refers to the physical act itself. Both elements must typically be present for someone to be held criminally responsible.

5. **Defences and Mitigating Factors:** Defendants may raise various defences during the trial, depending on the jurisdiction and applicable laws. Common defences include self-defence, insanity, duress, intoxication, or diminished capacity. These defences may challenge the accused's criminal responsibility or seek to reduce the severity of the charges or penalties.

6. **Evaluation of Evidence:** The trial process involves presenting and evaluating evidence, including witness testimonies, expert opinions, physical evidence, and other relevant information. The Court assesses the credibility and weight of the evidence to determine the guilt or innocence of the accused.

7. **Adjudication:** Once all the evidence has been presented and the prosecution and defence have made arguments, the judge or jury deliberates to reach a verdict. The verdict reflects a determination of the accused's criminal responsibility based on the evidence and applicable laws.

Ensuring that the trial process respects the accused's rights, including the right to a fair and impartial trial, legal representation, the right to confront witnesses, and protection against self-incrimination is crucial. These safeguards help uphold the principles of justice and ensure that criminal responsibility is determined based on reliable and admissible evidence.

It is worth noting that the trial process can be complex and may differ in various legal systems. The specific procedures and legal standards followed during a trial can depend on the jurisdiction and the type of offence being prosecuted.

V. THE MEDICAL AND LEGAL APPROACH DURING THE TRIAL

'Fitness to stand' trial may be questioned in the Court of Law if a mentally ill person has committed an offence. It is difficult for mentally ill people to understand the legal proceedings and prepare a defence against themselves. In legal proceedings, "fit to stand trial" refers to the defendant's mental state. Therefore, it is essential to emphasise mental fitness during the trial.

In Indian law, Section 328 of the Code of Criminal Procedure, 1973 (CrPC) defines the procedure against the lunatic; it states that "When the Magistrate believes that a person is consequently incapable of making his defence due to unsound mind, then he shall cause such person to be

examined by the civil surgeon of the district or such other medical officer as the State Government may direct, and thereupon shall examine such surgeon or another officer as a witness, and shall reduce the examination to writing".

Section 329(1) of CrPC, 1973 defines the procedure in case a person of unsound mind is tried before the Court. It states that the Magistrate believes that such a person is of unsound mind and consequently incapable of making his defence, further proceedings in the case are postponed.

Section 330(1) of CrPC, 1973 describes the release of lunatic pending investigation or trial. It states that whenever a person is found under Section 328 of Section 329, is incapable of making his defence due to unsoundness of mind, the Magistrate may release him depending on the case, in which bail may be taken or not on sufficient securing being given that he shall be adequately taken care of and shall be prevented from doing injury to himself or any other person, and for his appearance when required.

Under section 45 of the Indian Evidence Act, 1872, an opinion of an expert on a matter of science, technical or specialised knowledge is admissible evidence to guide the Court to understand the scientifically recognised principles with reference where a question of fact must be determined. Therefore, where a plea of insanity has been set up as a defence, the Court may seek the assistance of an expert, but the decision cannot be delegated to the expert.

As per the Indian Evidence Act of 1872, the burden of proof is described under section 105, which states, "When a person is accused of any offence, the burden of proving the existence of circumstances bringing the case within any of the General Exceptions in the Indian Penal Code, (45 of 1860), or within any special exception or proviso contained in any other part of the same Code, or any law defining the offence, is upon him, and the Court shall presume the absence of such circumstances".

Further, Section 105(a) says that if X, accused of murder, alleges that he could not know the nature of the act due to unsoundness of mind, the burden of proof is on X.

Two possible steps are prescribed for the mentally ill accused; firstly, a person can be detained in safe custody (under the Indian Lunacy Act, 1912, now Mental Health Act, 1987 (Amendment 2017)). Secondly, he may be released during the pending investigation or trial if bail can be taken and a relative provides sufficient security regarding the treatment and care of the accused. The prosecution can resume only when the accused is adequately treated or fit for trial.

Although many provisions exist in Indian laws for framing the criminal responsibility of mentally ill criminals, 'fit to stand trial in the courtroom is a still contentious issue that should be flagged as a strong argument. There is a vast category of mental illness and the crime committed by mentally ill criminals. Each type should be treated separately to understand the actual motive of the crime

or disease. Unfortunately, without proper investigation, they are prosecuted in the same manner. Some of the cases of variant mentally ill categories are discussed to understand the issue in-depth.

The medical and legal approaches intersect during a trial and contribute to assessing criminal responsibility. While the legal approach primarily focuses on applying laws and legal principles, the medical approach incorporates scientific knowledge and expertise from medicine, particularly psychiatry and forensic psychology, to inform the assessment of the defendant's mental state and potential factors that may have influenced their behaviour. Here is a breakdown of the medical and legal approaches during a trial:

1. Legal Approach:

- **Interpretation of Laws:** Legal professionals, including judges, lawyers, and legal scholars, interpret and apply relevant laws, statutes, and legal precedents to the case. They ensure that the trial process adheres to procedural rules and safeguards, protecting the defendant's rights and ensuring a fair trial.

- **Burden of Proof:** The legal approach places the burden of proof on the prosecution, requiring them to present evidence beyond a reasonable doubt to establish the defendant's guilt. The defence may challenge the prosecution's evidence and offer counterarguments to cast doubt on the defendant's culpability.

- **Admissibility of Evidence:** The legal system has specific rules regarding the admissibility of evidence, including witness testimony, documents, physical evidence, and expert opinions. Legal professionals evaluate the relevance, reliability, and credibility of the evidence presented during the trial.

- **Legal Standards for Criminal Responsibility:** Legal standards for assessing criminal responsibility vary across jurisdictions. They encompass concepts such as mens rea (the defendant's mental state), actus reus (the defendant's actions), and legal capacity. The legal approach determines whether the evidence presented meets the required legal standards to establish criminal responsibility.

2. Medical Approach:

- **Psychiatric and Psychological Evaluations:** The medical approach involves the examination of the defendant's mental state and potential psychiatric or psychological factors that may have influenced their behaviour. Psychiatrists and forensic psychologists may evaluate the defendant's mental health history, conduct diagnostic assessments, and provide expert opinions on issues such as competence to stand trial, sanity during the offence, or the presence of any mental disorders.

- **Expert Testimony:** Medical professionals, particularly psychiatrists and forensic psychologists, may be called expert witnesses during the trial. They provide specialised knowledge

and opinions regarding the defendant's mental state, potential mental disorders, or other relevant psychological factors. Their testimony assists the Court in understanding the medical and psychological aspects that may impact the defendant's criminal responsibility.

- **Mitigating Factors and Defences:** The medical approach may identify mitigating factors, such as mental illness, intellectual disability, or brain abnormalities, which can be considered during sentencing. In some cases, the medical approach may support legal defences like insanity, diminished capacity, or self-defence, providing evidence to establish the presence of these conditions.

- **Rehabilitation and Treatment:** In cases where the defendant is found guilty, the medical approach may inform recommendations for rehabilitation and treatment options, particularly when mental health or substance abuse issues are involved. These recommendations aim to address underlying factors contributing to criminal behaviour and reduce the risk of recidivism.

It is essential to recognise that the medical and legal approaches may differ in their objectives, methods, and perspectives. While the legal approach is primarily concerned with applying laws and determining guilt or innocence, the medical approach focuses on understanding the defendant's mental state and providing insights into potential mitigating factors or treatment options. The collaboration between legal and medical professionals ensures that legal principles and scientific knowledge are appropriately considered in pursuing justice and fair determination of criminal responsibility.

VI. JUDICIAL RESPONSE TO CRIME COMMITTED BY MENTALLY ILL PERSONS

The judicial response to crimes committed by mentally ill persons in India involves considering the mental health aspects of the accused during the trial, determining their criminal responsibility, and deciding on appropriate legal measures. The Indian legal system recognises the need to address the unique circumstances surrounding offences committed by individuals with mental illnesses. Some of the critical aspects of the judicial response to crimes committed by mentally ill persons in India:

1. **Evaluation of Mental Health:** When the mental health of the accused is in question, the Court may order a psychiatric evaluation to assess their mental state, competency to stand trial, or sanity at the time of the offence. Psychiatrists or forensic psychologists may conduct these evaluations and provide expert opinions to the Court.

2. **Defence of Insanity:** The Indian Penal Code recognises the defence of insanity under Section 84. If the accused is found to have been of unsound mind at the time of committing the offence, they may be exempted from criminal liability. The burden of proof lies with the defence to establish the accused's unsoundness of mind.

3. Assessment of Criminal Responsibility: The Court evaluates the evidence, including medical reports and expert opinions, to determine the accused's criminal responsibility. They consider whether the mental illness affected the accused's capacity to understand the nature and consequences of their actions and their ability to distinguish right from wrong.

4. Treatment and Rehabilitation: If the Court finds that the accused committed the offence but was mentally ill at the time, they may consider appropriate treatment and rehabilitation measures rather than imposing punitive measures. The Court may order psychiatric treatment, counselling, or other interventions to address the underlying mental health condition.

5. Placement in Mental Health Institutions: In cases where the accused has a mental illness and poses a risk to themselves or others, the Court may order their placement in a mental health institution. This is done to provide appropriate care, treatment, and supervision, ensuring the safety of the accused and society.

6. Balancing Individual Rights and Public Safety: The judicial response to crimes committed by mentally ill persons involves striking a balance between the rights of the accused and the protection of public safety. The Court considers factors such as the severity of the offence, the potential for rehabilitation, and the need to prevent future harm.

It is important to note that the judicial response to crimes committed by mentally ill persons can vary depending on each case's specific circumstances and the judiciary's discretion. Additionally, the Mental Healthcare Act 2017 plays a significant role in protecting the rights of mentally ill persons and guiding the legal response to their offences in India.

Overall, the judicial response aims to ensure fair treatment, access to mental healthcare, and appropriate measures for the accused, considering their mental health condition and the principles of justice.

In India, insanity, the standard term for mentally ill patients, is unsoundness of mind and schizophrenia. Mental diseases are not explicable; they are all about their severity and gravity, especially the instinct towards crime.

The defence of "not fit to stand trial" or mental illness is significantly less in number. The demand of defence of mental illness arises when the accused is unaware of the nature of the act committed by them, and they cannot distinguish between right and wrong; further, they cannot understand the court proceedings.

The dissimilarity between legal insanity and medical insanity must be well defined. The Court considers legal insanity only, not medical insanity; thereby, the burden of proof that arises under Section 105 of the IEA, 1872 rests on the accused to prove his insanity. In these cases, precedents

play a significant role in understanding the strong arguments of the insanity defence. In all cases where previous insanity is proved or admitted, specific considerations must be considered.

In the **State of Madhya Pradesh v. Ahamadullah**¹, it was observed that the burden of proof is on the accused to prove that he was suffering from unsoundness of mind when he did the act.

In *Geron Ali v. King*,² the Calcutta High Court recognised the twin test of insanity under section 84. The Court held that the accused gets the defence if he was incapable of knowing the nature of the act or did not know that what he was doing was wrong or contrary to the law.

While the **K.M. Nanavati v. State of Maharashtra** case does not explicitly involve a mentally ill person, it highlighted diminished responsibility. The Supreme Court held that if the accused suffers from a mental abnormality or impairment that substantially affects their capacity to understand the nature and consequences of their actions, it may reduce the degree of their responsibility for the offence.

Whereas in **Surendra Mishra v. State of Jharkhand**,³ the Supreme Court of India acquitted a mentally ill man who murdered his wife on the charges of murder and held that he was not criminally responsible due to his unsoundness of mind.

On the contrary, the apex court in **Surendra Mishra v. State of Jharkhand**⁴ opined that an accused who seeks exoneration from liability of an act under Section 84 of the Indian Penal Code is to prove legal insanity and not medical insanity.

These cases highlight the complexities of dealing with mentally ill individuals who have committed crimes in India. The outcomes can vary based on the evidence, the offence's nature, and each case's specific circumstances.

Although motive plays a vital role in establishing insanity, it depends upon the degree of insanity to prove it. The absence of motive during the commission of a crime is just one aspect to be taken under consideration of the insanity defence, which varies from case to case; for instance, in Gujarat, due to the grotesque and sinister nature of the crime, it could not be inferred that the accused was insane; there is no other evidence of insanity for the reason that there are various factors of the conduct of the people which they should not do.

The observation made in the decision reported of the case, **Sidhapal Kamala Yadav v. the State of Maharashtra**,⁵ that if there is a history of insanity, the Court has to require the investigator to

¹ AIR 1961 SC 998.

² AIR 1941 Cal 129.

³ (2011) 11 SCC 495.

⁴ (2011) 3 SCC(Cri.) 232.

⁵ AIR 2009 SC 97.

perform a medical examination of the accused and place the evidence before the Court for a fair trial.

The demonstration of fact should be so strong that the Court either believes it to exist or considers its reality so reasonable that a prudent man should consider the situation of the specific case to follow up on the supposition that it exists.

In some cases, a crime is committed due to psychopathy, but in the Indian penal law, only two terms exist to define mental illness. As in the famous **State of Maharashtra v. Sindhi Allies Raman**⁶, the Additional Sessions Judge sentenced the respondent to death for double murder. He did not file any appeal. The trial was referred to the High Court by the judge to confirm the death sentence. Two advocates, Amicus Curiae and Amicus Curiae, were appointed to defend the respondent. After the interview with the respondent, the advocates reported to the High Court that the respondent appeared insane. After that, the Medical Board, consisting of three Psychiatrists, examined him. According to the Medical Board report, he was incapable of sensible and rational behaviour or thinking.

In the Doctor's report presented before the Board, the accused was of unsound mind and suffering from Paranoid Schizophrenia, so he could not make his defence. He was dangerous to society and, thereby, certified as insane. He understood the nature of the act, i.e., he knew that he was killing human beings. However, he did not know that his conduct was wrong and against the law of the land; he inflexibly believed that what he was doing was accurate and per the law of "kanoon", which, according to him, was compelled to follow him.

The degree of unsoundness of mind results in a degree of defect because he is incapable of cooperating with and instructing his defence counsel in the court proceedings and cannot make his defence in the proceedings before the High Court. The High Court finally concluded that the respondent was clearly of unsound mind.

Many aspects of mental illness are discussed in this case, **Ram Narain Gupta vs Smt. Rameshwari Gupta**⁷, a suit for dissolution of the marriage, was filed alleging that the wife had a severe mental disorder, psychiatrically recognised as 'Schizophrenia'. The framework of the section in which unsoundness of 'mind' and 'mental disorder occur as grounds for dissolution of marriage requires an analysis of the gravity of the mental illness. Its gravity must be such that the spouse seeking relief cannot reasonably be expected to live with the other. Each mental deviation is not a standard ground for the grant of Decree.

Schizophrenia is not only a ground for divorce but also a remedy in other penal offences. There are many cases where schizophrenia becomes a cause of acquittal. Like in **Shrikant Anandrao**

⁶1975 AIR 1665, 1975 SCR (3) 574.

⁷1988 AIR 2260, 1988 SCR Supl. (2) 913.

Bhosale v. the State of Maharashtra,⁸ there was past evidence of the accused suffering from Paranoid Schizophrenia for many years. The accused killed his wife in extensive daylight and did not attempt to hide or escape from the place of the crime, which was held to be indicative of a mind not knowing the consequences of his acts.

Further, it is observed that when a plea of legal insanity is set up, the Court must consider whether the accused at the time of the commission of the offence was not able to understand the nature of the act because of unsoundness of mind, or he was doing either wrong or contrary to law. The critical period to verify the defendant's mental state is when the offence is committed. Whether the defendant was in a state of mind that he could be insantly protected under section 84 of the Indian Penal Code can only be found in the circumstances preceding and following the crime.

Subsequently, the Court would need to fall back on the examination of a prudent man with the support of expert evidence, if any, after evaluating the nature of the acts of the accused, previously only, to restore a decision as a prudent individual whether the equivalent is the verification of the accused being insane at the time of the commission of the crime.

VII. CONCLUSION AND RECOMMENDATIONS

The term 'Mental Disorder' can also be known as mental abnormality, indicating a state of confusion or disease within the mind. Although there is no concrete evidence linking criminals' actions to mental disorders, the legal system considers mental illness or insanity when assessing the criminal liability of the offender.

Understanding responsibility and eliminating excuses is crucial in transforming individuals from malicious wrongdoers to innocent victims. This necessitates a comprehensive understanding of the entire criminal justice system. Concepts like criminal responsibility, defence, punishment, and criminality can only be appreciated with a grasp of the nature of mental illness.

The criminal justice system should carefully consider both psychiatric and legal aspects. Professionals such as advocates, judges, social workers, probation officers, police, and doctors need detailed knowledge about mental illness, the law, and the available support, care, and treatment.

Psychological theory alone cannot fully explain crime; it must be complemented by considering geographical, anthropological, economic, and social factors. Psychologists argue that incorporating psychology's methodologies and some databases and theories can enhance and refine the study of criminology. Proving the accused's mental state during the offence is crucial to benefit from legal exceptions. Legal standards for insanity in court differ significantly from clinical standards of insanity.

⁸*AIR 2002 SC 3399.*

In the Indian criminal justice system, a collaborative effort involving various agencies and regulatory bodies is needed to introduce scientific studies, especially forensic psychiatry. The incorporation of neuroimaging techniques, such as brain imaging, in criminal trials could be a progressive step to accurately identify the motives behind crimes and the nature of mentally ill offenders.

A significant change is required in the legal system to integrate law and psychiatry, fostering an interdisciplinary approach while assuming free will and moral responsibility. Conducting training and workshops for the legal and police fraternity can be a proactive step toward integrating law and psychiatry, potentially marking a new era in forensic psychiatry and law. Integrating law and psychiatry and fostering interdisciplinary collaboration in India's legal system requires various measures to promote a comprehensive understanding of mental health issues and their implications for criminal justice. Some key measures that can contribute to this significant change:

- 1. Education and Training:** Implement specialised educational programs and training initiatives to enhance the knowledge and understanding of mental health issues among legal professionals, including judges, lawyers, and law enforcement personnel. This can include workshops, seminars, and courses on forensic psychiatry, mental health law, and related topics.
- 2. Interdisciplinary Collaboration:** Encourage collaboration and exchange of expertise between legal professionals and mental health practitioners to promote joint research projects, case consultations, and training programs. Foster partnerships between law schools, psychiatric institutions, and forensic mental health facilities should be encouraged.
- 3. Development of Guidelines:** Formulate clear guidelines and protocols for assessing mental health issues in legal proceedings. Which can include guidelines for evaluating competence to stand trial, assessing sanity during the offence, and determining the impact of mental health conditions on criminal responsibility.
- 4. Improved Access to Mental Health Services:** Enhance access to quality mental health services nationwide, particularly in forensic psychiatry and forensic psychology. This includes expanding the availability of trained mental health professionals and establishing specialised forensic mental health units in legal institutions.
- 5. Court-Appointed Mental Health Experts:** Facilitate the appointment of court-appointed mental health experts to assess and provide expert opinions on mental health issues in criminal cases. This can ensure that a thorough and objective evaluation of mental health aspects is conducted, aiding the Court in making informed decisions.
- 6. Mental Health Diversion Programs:** Establish diversion programs that offer alternatives to incarceration for individuals with mental health issues who come into contact with the criminal

justice system. These programs can provide appropriate treatment, rehabilitation, and support services as an alternative to punitive measures.

7. Legislative Reforms: Continuously review and update relevant laws and statutes to align them with advancements in psychiatry and psychology. Which can involve updating legal definitions of mental illness, refining standards for assessing mental competence, and incorporating therapeutic jurisprudence principles into the legal system.

8. Public Awareness and De-stigmatisation: Promote public awareness campaigns to reduce stigma surrounding mental health issues and create a more compassionate understanding of individuals with mental illnesses within society. Which can foster empathy and support for integrating mental health considerations into the legal system.

These measures can contribute to a more holistic and informed approach to addressing mental health issues within the legal system in India, enabling the integration of law and psychiatry and facilitating interdisciplinary collaboration for better outcomes in cases involving mentally ill individuals.

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