CRIMINAL RESPONSIBILITY AND MENTAL ILLNESS IN INDIA: REASSESSING THE INSANITY DEFENCE IN LIGHT OF FORENSIC PSYCHIATRY AND THE MENTAL HEALTHCARE ACT, 2017

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ABSTRACT

The relationship between mental illness and criminal responsibility remains one of the most conceptually complex and practically contested issues in Indian criminal jurisprudence. In India, the insanity defence continues to be governed by Section 84 of the Indian Penal Code, a provision rooted in the nineteenth-century McNaughten Rules, which assess criminal incapacity primarily through a narrow cognitive standard. Although this doctrinal framework has long served as the legal basis for exculpating mentally disordered offenders, it has become increasingly inadequate in light of contemporary advances in psychiatry, psychology, neuroscience and behavioural science. These developments have substantially broadened the understanding of mental disorders and their impact not only on cognition, but also on volition, perception, impulse control and decision-making, thereby exposing the limitations of a purely knowledge-based legal test.

The resulting divergence between legal doctrine and medical science raises significant doctrinal, evidentiary and institutional concerns. Courts are often called upon to evaluate complex psychiatric conditions in the absence of a sufficiently robust and integrated forensic mental health framework, leading to inconsistency in judicial reasoning and, at times, the inadequate recognition of genuine mental illness in the adjudication of criminal liability. This doctrinal rigidity not only undermines the equitable assessment of culpability but also raises broader concerns regarding due process, fairness and substantive justice within the criminal justice system.

Against this backdrop, the Mental Healthcare Act, 2017 represents a transformative shift in India's mental health jurisprudence by replacing earlier custodial and welfare-oriented approaches with a rights-based legal framework founded upon dignity, autonomy, informed consent, equality, non-discrimination and access to appropriate care. Although the Act does not

directly amend or redefine the scope of the insanity defence under criminal law, its normative principles carry profound implications for the treatment of accused persons with mental illness, the conduct of forensic psychiatric assessments, determinations of fitness to stand trial, and the broader protection of procedural and human rights within criminal proceedings. This paper critically examines the continuing relevance and limitations of the insanity defence in India in light of contemporary psychiatric knowledge and evolving human rights norms. It interrogates the disconnect between legal and medical understandings of mental incapacity and evaluates the extent to which the Mental Healthcare Act, 2017 has the potential to reshape judicial approaches to criminal responsibility. Drawing upon comparative legal models and interdisciplinary scholarship, the paper argues for a more nuanced, scientifically informed and rights-sensitive framework that aligns Indian criminal law with constitutional values, forensic realities and international standards of mental health justice.

Introduction

The insanity defence represents a critical juncture between criminal law, moral philosophy, and psychiatric science, raising fundamental questions about culpability and the nature of human agency. In instances where an individual affected by mental illness engages in conduct that constitutes a criminal offence, the adjudicatory process must determine whether such an individual possessed the requisite mental capacity to incur criminal responsibility. Classical criminal law doctrine proceeds on the presumption of rational agency, positing that individuals are ordinarily capable of understanding the nature and consequences of their actions. Mental illness, however, complicates this foundational assumption by potentially impairing cognition, volition, perception, judgment, and impulse control.

Within the Indian legal framework, the insanity defence is codified under Section 84 of the Indian Penal Code[1], reflecting the principles articulated in the McNaughten Rules of 1843.[2]This formulation adopts a strictly cognitive test, exculpating only those individuals who, at the time of the act, were incapable of understanding its nature or of discerning its wrongfulness. While this standard was consistent with nineteenth-century conceptions of mental disorder, it appears increasingly inadequate in light of contemporary developments in psychiatric knowledge. Modern clinical understandings of mental illness encompassing conditions such as

[1] Section 84, Indian Penal Code, 1860, "Nothing is an offence which is done by a person who, at the time of doing it, by reason of unsoundness of mind, is incapable of knowing the nature of the act, or that he is doing what is either wrong or contrary to law." Now see Section 22 of Bhartiya Nyaya Sanhita 2023.
[2] R v M'Naghten (1843) 8 E.R. 718; (1843) 10 Cl. & F. 200.

schizophrenia, bipolar disorder with psychotic features, organic brain syndromes, and neurodevelopmental disorders suggest that such impairments rarely produce a complete absence of awareness. Rather, they more commonly affect an individual's capacity for rational decision-making, behavioural control, risk evaluation, and accurate perception of reality.

Concurrently, the enactment of the Mental Healthcare Act, 2017 signifies a paradigmatic shift in India's approach to mental health, embedding a rights-based and evidence-oriented framework within the legal system.[3] Although the statute does not directly amend the criminal law governing insanity, its emphasis on autonomy, informed consent, and clinically grounded diagnosis has significant interpretive implications for the assessment of mental illness in criminal adjudication.

Against this backdrop, a discernible disjunction emerges between an antiquated legal standard and the nuanced insights of modern psychiatric and behavioural sciences. Coupled with India's obligations under international human rights instruments, this divergence necessitates a critical re-evaluation of the doctrinal foundations, scope, and contemporary relevance of the insanity defence within the Indian criminal justice system.

Historical Foundations of the Insanity Defence under Section 84 IPC

The insanity defence has undergone a gradual and significant evolution within criminal jurisprudence. Its doctrinal development can be traced from the early articulation of the "wild beast test" in *R v Arnold*, which excused individuals who lacked the capacity for intention or understanding, through the "insane delusion test" in *DewvClark*, and subsequently to *Bowlers' Case*, which underscored the accused's ability to distinguish between right and wrong.[4] These early common law formulations reflected a nascent recognition that mental disorder could negate criminal liability, particularly where an individual's cognitive faculties were so impaired

[3] See the Preamble to the Mental Healthcare Act, 2017, which says that, "An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto. WHEREAS the Convention on Rights of Persons with Disabilities and its Optional Protocol was adopted on the 13th December, 2006 at United Nations Headquarters in New York and came into force on the 3rd May, 2008; AND WHEREAS India has signed and ratified the said Convention on the 1st day of October, 2007; AND WHEREAS it is necessary to align and harmonise the existing laws with the said Convention. BE it enacted by Parliament in the Sixty-eighth Year of the Republic of India as follows…"

[4] Astha Adhikari, 'Decoding the Insanity Defence' 6 (6) *International Journal for Multidisciplinary Research (IJFMR),* 2024

as to render them incapable of moral discernment. The "wild beast test,[5]" in particular, embodied this approach by exempting those who could not differentiate between good and evil from legal responsibility.[6]

The contemporary legal framework for the insanity defence was definitively shaped by the decision in *McNaughten's Case* (1843), wherein the House of Lords articulated a more structured standard. It held that an accused ought to be acquitted if, at the time of the act, they were labouring under a "defect of reason arising from a disease of the mind," such that they either did not comprehend the nature and quality of the act or were unaware that the act was wrong.[7] This formulation established a predominantly cognitive test, focusing on intellectual incapacity rather than an individual's ability to exercise self-control.

In the Indian context, this doctrinal framework is codified in Section 84 of the Indian Penal Code, which governs acts committed by persons of unsound mind. The provision, being substantially derived from the McNaughten Rules, remains the principal and exclusive statutory basis for invoking the insanity defence in Indian criminal law.[8]

Medical Insanity v. Legal Insanity

The determination of an accused's mental state in criminal proceedings is principally anchored to the time at which the offence was committed. Courts typically evaluate a range of factors, including the existence of mental illness, prior psychiatric history, the presence or absence of motive, the mental condition of the accused during the commission of the act, and their conduct immediately thereafter. This inquiry is rooted in the foundational maxim of criminal law, *actus non facit reum nisi mens sit rea*, which posits that an act does not constitute guilt unless it is accompanied by a culpable mental state. The insanity defence, therefore, rests on the normative premise that individuals whose mental faculties are significantly impaired ought not to be assessed by the same standards as those who are mentally sound, as punishment in such cases fails to serve the objectives of deterrence or moral blameworthiness.

[5] R v. Arnold 16 How. St. Tr. 695, 764 (1724) "In 1843, Daniel M'Naghten was tried at the Old Bailey for killing Edward Drummond, Sir Robert Peel's secretary, and although his insanity acquittal led to the influential M'Naghten Rules, the verdict provoked significant public opposition."

[6] G. Meynen, *'Legal Insanity: Explorations in Psychiatry, Law, and Ethics'* (Springer International Publishing, Switzerland, (81) 2016) ISBN 978-3-319-44721-6 (eBook)DOI 10.1007/978-3-319-44721-6

[7] *Ibid.*

[8] P. Ramamurthy, V. Chathoth, P. Thilakan, 'How does India decide insanity pleas? A review of high court judgments in the past decade. Indian' 41 *J Psychol Med* (2019).

Notwithstanding this broader principle, Section 84 of the Indian Penal Code adopts a narrowly circumscribed approach to insanity. It recognizes a defence only in cases where an individual, by reason of unsoundness of mind, is incapable of understanding the nature of the act or of knowing that it is either wrong or contrary to law. This provision draws a clear conceptual distinction between "medical insanity" and "legal insanity," the latter being the only form that attracts exculpation. The mere existence of a medically diagnosable mental disorder does not, in itself, suffice to absolve criminal liability.[9] Consequently, an accused invoking Section 84 must establish not only the presence of mental illness but also that such illness satisfied the stringent legal criteria of incapacity at the time of the offence.[10]

In effect, the defence requires the fulfilment of a dual threshold. First, it must be demonstrated that the accused was suffering from unsoundness of mind at the relevant time, corresponding to what may be termed medical insanity. Second, it must be shown that, as a consequence of such unsoundness, the accused was incapable of understanding the nature of the act, or of appreciating that it was either morally wrong or legally prohibited.[11] This formulation reflects the predominance of a cognitive test under Section 84, which excludes considerations of volitional impairment or emotional dysregulation. Furthermore, the requirement that incapacity be proven at the precise moment of the offence presents significant evidentiary challenges, particularly in light of the episodic and fluctuating nature of many mental disorders.

Accordingly, Indian criminal jurisprudence maintains a strict demarcation between medical and legal insanity. The practical implication of this distinction is that individuals suffering from serious psychiatric conditions may nonetheless be held criminally liable if they fail to meet the narrow legal standard prescribed under Section 84, even where their cognitive awareness or behavioural control is substantially compromised.

Jurisprudential Interplay between the Mental Healthcare Act, 2017 and the Insanity Defence in Indian Criminal Law

The enactment of the Mental Healthcare Act, 2017 (MHCA 2017) represents a significant milestone in India's evolving legal and societal engagement with mental health. It signals a transition from a predominantly custodial and exclusionary regime to a rights-oriented,

[9] Rudransh Narayan Dutta, 'Insanity As A Defence: Loophole In The Indian Justice System', 2(2) *Indian Journal of Integrated Research in Law* | ISSN: 2583-0538.
[10] Surendra Mishra v. State of Jharkhand AIR 2011 SC 627.
[11] Amita Dhanda, '*Legal Order and Mental Disorder'* 114 (Sage Publications, 2000).

patientcentric framework grounded in dignity, autonomy, and informed consent. This legislative shift is closely linked to India's international obligations arising from its ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007.[12] While the primary objective of the MHCA 2017 is to regulate the delivery of mental healthcare services and protect the rights of persons with mental illness, its normative and procedural influence extends into the domain of criminal law, particularly in relation to the insanity defence embodied in Section 84 of the Indian Penal Code (IPC) and its counterpart under Section 22 of the Bharatiya Nyaya Sanhita (BNS).[13]

Although the insanity defence constitutes a substantive rule of criminal law, the MHCA 2017 operates as an important procedural and interpretive framework that facilitates the proper consideration of mental illness within judicial proceedings. This interface is most evident in Section 105 of the Act, read in conjunction with the provisions contained in Chapter XXVII of the Bharatiya Nagarik Suraksha Sanhita (BNSS) (formerly Chapter XXV of the Code of Criminal Procedure)[14]. These provisions collectively ensure that individuals with mental illness are identified, assessed, and treated in a manner consistent with principles of fairness and due process during criminal adjudication.

A particularly noteworthy point of convergence between the MHCA 2017 and criminal law is reflected in Section 115 of the Act, which addresses cases of attempted suicide. This provision creates a presumption that a person attempting suicide is experiencing severe stress and, accordingly, mandates that such individuals shall not be subjected to prosecution or punishment under criminal law. It further imposes a positive obligation upon the State to provide care, treatment, and rehabilitation with a view to preventing recurrence. This approach exemplifies the Act's humanitarian and therapeutic orientation, recognizing that certain forms of conduct historically treated as criminal may, in fact, be manifestations of underlying mental distress warranting medical intervention rather than penal sanction.[15]

[12] S. Malhotra , 'Mental Health Care Act 2017 at five years of its existence' *65*(9) *Indian Journal Of Psychiatry*, 971–973(2023).. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_538_23

[13] S. B. Math., V. Basavaraju, *et al.*,' Mental Healthcare Act 2017 - Aspiration to action',61(4) *Indian Journal Of Psychiatry,* S660–S666 (2019). https://doi.org/10.4103/psychiatry.IndianJPsychiatry_91_19

[14] https://lawvs.com/articles/mental-health-of-accused-intersection-of-criminal-law-and-psychiatry (last visited on 29.12.2025).

[15] Dr. Sushma Singh & Deepanjali, A Comparative Analysis Of Mental Health Laws In India And Australia, 3(5) *Indian Journal of Integrated Research in Law* | ISSN: 2583-0538.

Forensic Psychiatry: The Modern Clinical Landscape

Forensic psychiatry constitutes a specialized branch of psychiatry that applies clinical expertise and scientific knowledge to legal questions arising across civil, criminal, correctional, and legislative domains, while remaining guided by established ethical standards and professional norms. In the Indian context, this field remains relatively underdeveloped and underutilized, despite its critical role at the intersection of law, mental health, and rehabilitation. Its effective functioning necessitates a coordinated public health approach aimed at safeguarding the rights, dignity, and therapeutic needs of individuals with mental illness.[16] By integrating legal and medical perspectives, forensic psychiatry assists courts in distinguishing legal insanity from mere psychiatric diagnosis, informs appropriate treatment pathways, and supports adjudicatory processes. This interdisciplinary role requires practitioners to possess a working knowledge of legal principles in order to provide informed opinions without resorting to overly defensive or risk-averse clinical practices.

As articulated by the American Board of Forensic Psychiatry, the discipline encompasses the application of psychiatric knowledge to legal issues across multiple domains, operating within a framework of professional guidelines and ethical obligations.[17] Historically, forensic psychiatry evolved from early European intersections of law and psychology into a distinct academic and clinical discipline supported by institutional frameworks. In India, the trajectory of mental health law has progressed from colonial-era lunacy statutes to more progressive legislation, culminating in the enactment of the Mental Healthcare Act, 2017, which replaced the Mental Health Act, 1987 and introduced a rights-based framework, including the decriminalization of attempted suicide by persons experiencing mental distress.

The MHCA 2017 reflects a broader shift towards recognizing mental illness through a rightsbased and therapeutic lens, consistent with evolving judicial approaches aimed at protecting vulnerable individuals. Nevertheless, forensic psychiatrists encounter significant challenges in reconciling their dual obligations to the legal system and to patient care. This tension is particularly evident in the assessment of an accused person's fitness to stand trial, which requires not only the absence or management of mental illness but also the capacity to

[16] V. Harbishettar, A. Enara, & M. Gowda ,'Making the most of Mental Healthcare Act 2017: Practitioners' perspective' 61(4) *Indian Journal Of Psychiatry*, *645-649(2019).*
[17] Shubha Deshpande, 'A Medico-Legal Study Of Forensic Psychiatry In India'2(1) *Indian Journal of Law and Legal Research*. ISSN: 2582 8878.

comprehend legal proceedings and effectively assist legal counsel in mounting a defence.[18]

Furthermore, the MHCA 2017 reconceptualizes mental illness as a medical condition grounded in dignity and rights, rather than as a source of stigma or inherent dangerousness. Its statutory framework has direct implications for the treatment of accused persons with mental illness within the criminal justice system, including interactions with law enforcement, judicial authorities, and correctional institutions. Notably, the Act imposes an affirmative obligation on prison authorities to provide adequate mental healthcare, including access to treatment, medication, and periodic evaluation. This development signifies a shift in the function of correctional institutions from purely punitive entities towards more rehabilitative and therapeutic spaces, aligning domestic practice with international human rights standards. Although the MHCA 2017 does not formally amend the provisions of Section 84 of the Indian Penal Code, its underlying principles and statutory mandates exert a substantial influence on the manner in which claims of insanity ought to be evaluated within contemporary criminal adjudication.

Need to Modernize Evidentiary Standards

The adjudication of cases involving mental illness in India continues to be constrained by underdeveloped evidentiary practices. Courts frequently rely on cursory psychiatric reports that lack comprehensive psychological evaluation, thereby limiting the depth of analysis necessary for informed and context-sensitive determinations of criminal responsibility and sentencing.[19] In criminal proceedings, psychiatrists are often tasked with addressing a wide array of complex issues, including the presence of mental disorder, the existence of unsoundness of mind, the accused's fitness to stand trial, criminal responsibility at the time of the offence, as well as questions relating to intent, memory, substance use, treatability, and potential dangerousness. These inquiries are frequently retrospective in nature and inherently difficult to assess with precision.

A robust forensic psychiatric evaluation, however, demands a far more rigorous and ethically grounded approach. Such an assessment must include verification of the accused's identity, the collection of detailed psychiatric, forensic, familial, and personal histories, and the

[18] P. Nemani. Navigating The Intersection Of Psychiatry And Law: Insights Into Insanity Defence And Fitness To Stand Trial In The Indian Legal System, 11(2) *Indian J Forensic Community Med*7880 (2024).
[19] Chandi Prasad Khamari, 'Sentencing in India's Criminal Justice System: Judicial Interpretations and Comparative Analogies' 19(3) *Journal of Indian Association for Child and Adolescent Mental Health*(2024)

administration of comprehensive mental status and personality examinations. Where necessary, this process may involve hospitalization, repeated clinical evaluations, and the use of supplementary physical investigations and standardized psychological testing to ensure the reliability of expert conclusions.

Despite this, the integration of forensic psychology into Indian criminal adjudication remains limited. This is attributable to multiple systemic challenges, including the use of unvalidated or unreliable assessment techniques, gaps in ethical and regulatory frameworks, limited judicial familiarity with psychological evidence, and procedural ambiguities. Judicial precedents have also highlighted these deficiencies, demonstrating how the absence of standardized, traumainformed, and scientifically validated tools constrains the courts' ability to objectively evaluate mental state, culpability, and appropriate sentencing.

In this context, there is a compelling need to modernize evidentiary standards. Courts must increasingly require psychiatric evaluations grounded in contemporary diagnostic frameworks, incorporating structured assessment instruments and neuropsychological testing. Continued reliance on stereotypical assumptions or lay perceptions of mental illness is inconsistent with the evidentiary rigor demanded by modern mental healthcare legislation, particularly the Mental Healthcare Act, 2017, which emphasizes scientifically valid diagnosis and treatment. Encouragingly, recent judicial trends indicate a gradual shift towards according greater weight to psychiatric evidence, including longitudinal treatment records, medication history, and expert testimony, rather than relying solely on generalized or non-expert interpretations of mental abnormality.[20]

Indian Courts' Traditional Stance on Insanity as a Defence

The Supreme Court of India has consistently maintained that the plea of insanity must be assessed in strict conformity with the principles underlying the McNaughten Rules. In doing so, it has underscored that the existence of a medical condition such as dementia or other psychiatric disorders does not, by itself, satisfy the legal threshold required to establish insanity. Rather, the defence is available only where the accused demonstrates a complete incapacity to understand the nature of the act[21] or to discern its wrongfulness at the time of its commission. The Court has repeatedly emphasized that medical insanity and legal insanity are distinct

[20] Prakash Nayi @ Sen v. The State of Goa, (2023 INSC 24).
[21] Srirangan v. State of Tamil Nadu SC 1978 AIR 274

concepts, and that only the latter, grounded in cognitive incapacity, is relevant for the purposes of criminal exculpation.

A notable complexity within the Indian framework arises from the language of Section 84 of the Indian Penal Code, which employs the expression "unsoundness of mind" without providing a statutory definition. This ambiguity has resulted in a case-by-case interpretive approach, often leading to inconsistency, subjectivity, and the potential for judicial bias in the assessment of mental conditions. Although courts may infer the mental state of the accused from surrounding circumstances, mere abnormal or unusual behaviour is insufficient to establish legal insanity.[22] The inquiry must ultimately focus on whether the accused possessed the cognitive capacity to understand the nature and consequences of the act at the relevant time.

Further, the requirement that unsoundness of mind must exist contemporaneously with the commission of the offence presents significant evidentiary challenges. In the absence of clearly defined guidelines, courts frequently rely on a flexible evaluation of factors such as the accused's conduct, medical history, treatment records, and the broader factual context. This approach, while pragmatic, often renders it difficult to precisely determine the point at which medical insanity translates into legal insanity.

The Court has also articulated that the determination of legal insanity must be based on the "totality of circumstances," encompassing events preceding, during, and subsequent to the commission of the offence. While such surrounding circumstances including the accused's mental history and behavioural patterns are relevant to the inquiry, they are not determinative. Rather, they serve as indicative factors in assessing whether the accused lacked the requisite cognitive capacity at the time of the act.

With respect to the burden of proof, the Supreme Court has clarified that the obligation to establish the defence of insanity lies with the accused, who must discharge this burden on a standard of preponderance of probabilities, rather than beyond reasonable doubt. This lower evidentiary threshold reflects the recognition that requiring proof beyond reasonable doubt would impose an unduly onerous burden in the context of mental incapacity. At the same time, the Court has drawn a clear distinction between the burden borne by the accused under Section

[22] Surendra Mishra v. State of Jharkhand AIR 2011 SC 627 and also in State of Rajasthan v. Shera Ram, (2012) 1 SCC 602.

105 of the Indian Evidence Act, 1872[23], and the continuing obligation of the prosecution to establish the existence of mens rea beyond reasonable doubt.[24]

Accordingly, while the accused must introduce sufficient evidence to bring the case within the ambit of the statutory exception, the ultimate burden of proving guilt remains with the prosecution. If the material on record gives rise to a reasonable doubt regarding the accused's mental condition at the time of the offence, the benefit of such doubt must accrue to the accused, resulting in acquittal. Notwithstanding this doctrinal clarity, the practical application of these principles has historically posed challenges, often impeding the success of otherwise meritorious insanity pleas.

The Way Forward: International Progressive Rulings

Comparative jurisprudence offers valuable insights into the evolving relationship between mental illness and criminal responsibility. In Durham v. United States (1954),[25] the court departed from the traditional insanity framework that focused narrowly on whether the accused possessed the cognitive ability to distinguish right from wrong. Under the earlier standard, an individual could be held criminally liable notwithstanding the presence of a mental disorder, provided they retained an awareness of the moral or legal wrongfulness of their conduct. The court considered this approach to be outdated and misaligned with contemporary psychiatric understanding. Consequently, it introduced the broader "product test," holding that an accused should not be deemed criminally responsible if the unlawful act was the product of a mental disease or defect. This formulation enabled courts to take into account a wider spectrum of mental impairments, including those affecting judgment and behavioural control, even where cognitive awareness was not entirely extinguished. Although the Durham standard was subsequently limited in its application, it remains jurisprudentially significant for its influence on modern debates concerning the scope of the insanity defence.

A contrasting perspective emerges from Kahler v. Kansas (2020)[26], wherein the United States Supreme Court examined the constitutional permissibility of restricting the insanity defence.

[23] Section 105 IEA, 1872**.** ***"****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 in any law defining the offence, is upon him, and the Court shall presume the absence of such circumstances."*
[24] Bhikari v. State of Uttar Pradesh SC 1966 AIR 1
[25] 214 F. 2d 862 (D.C. Cir. 1954).
[26] 140 S. Ct. 1021, 1038 (2020).

The case addressed whether the State of Kansas, by eliminating the traditional "moral incapacity" test under which a defendant is excused if unable to distinguish right from wrong had violated the Due Process Clause of the Fourteenth Amendment. In a majority decision, the Court upheld the Kansas framework, emphasizing that states possess considerable autonomy in defining the contours of criminal responsibility. Under this approach, while evidence of mental illness remains admissible to negate the formation of *mens rea*, it does not constitute a complete affirmative defence. The ruling underscores that constitutional guarantees do not mandate a uniform standard of legal insanity, thereby permitting legislative bodies to calibrate the balance between individual culpability, public safety, and policy considerations. Importantly, the Court affirmed that such variations do not infringe due process so long as the accused is afforded a fair trial and an opportunity to present relevant mental health evidence.

Further guidance is provided by the decision of the Supreme Court of Canada in R. v. Bharwani (2020),[27] which clarified the legal threshold for determining an accused's fitness to stand trial. The Court unanimously articulated that fitness requires the capacity to understand the nature and object of the proceedings and the ability to communicate meaningfully with legal counsel. Although the bench was divided on aspects of the conviction appeal, the judgment establishes a coherent framework for assessing an accused's competence to participate in their defence. The case highlights the continuing challenges at the interface of mental health and criminal law, while reinforcing the centrality of procedural fairness in adjudicating cases involving individuals with mental disorders.

Collectively, these decisions reflect a broader international trend toward re-examining traditional insanity doctrines in light of evolving medical knowledge and constitutional principles. They illustrate diverse judicial approaches to balancing the recognition of mental illness with the imperatives of criminal accountability, offering instructive perspectives for reforming the Indian legal framework.

Indian Progressive Rulings

Recent judicial developments in India indicate a gradual but significant shift towards a more nuanced and humane understanding of mental illness within criminal law. In Mohd. Anwar v. State (NCT of Delhi),[28] the court elaborated upon the procedural dimensions of raising the plea

[27] 2025 SCC (Supreme Court of Canada) 26.
[28] AIR 2020 SC 5134.

of insanity, observing that such a defence ought to be invoked at the earliest stage of the trial to avoid prejudice to the proceedings. It further emphasized that appellate courts should ordinarily refrain from reappreciating evidence, as trial courts are best positioned to undertake such an evaluation. However, the court acknowledged that, in exceptional circumstances, higher courts may entertain new pleas were warranted by the facts of the case. Significantly, the decision underscored the primacy of substantive justice over rigid procedural formalism and directed a psychiatric evaluation of the accused, thereby reflecting a pragmatic and humane judicial approach to mental illness.

In another important ruling, the Supreme Court acquitted an accused under Section 84 of the Indian Penal Code by relying on prison medical records that demonstrated chronic psychosis. The Court reiterated that the burden of establishing insanity rests on the accused only to the extent of a preponderance of probabilities, following which the evidentiary burden shifts to the prosecution. It expressly disapproved reliance on the accused's courtroom demeanour as determinative of mental capacity and clarified that the fact of being under medication at the time of trial cannot retrospectively negate a plea of insanity. This decision marks a clear movement towards an evidence-based and medically informed approach in assessing claims of legal insanity.

The decision in Shrikant Anandrao Bhosale v. State of Maharashtra[29] further illustrates the judiciary's evolving engagement with psychiatric conditions, particularly schizophrenia. The trial courts had largely attributed the accused's conduct to anger, without adequately considering his mental health condition. On appeal, however, the Supreme Court undertook a detailed examination of the accused's medical history, symptoms, and the nature of paranoid schizophrenia, with the assistance of an *amicus curiae*. Recognizing that such a disorder may involve recurring episodes and delusional thinking, the Court distinguished between actions driven by emotional impulse and those attributable to mental illness. This judgment significantly broadened the scope for incorporating psychiatric evidence into criminal adjudication.

Similarly, in Siddhapal Kamala Yadav v. State of Maharashtra,[30] the Court highlighted the distinction between documented mental illness and what may be termed "inferential insanity,"

[29] 2002 (7) SCC 748.
[30] AIR 2009 SC 97.

where no prior history exists. It emphasized that where a history of mental illness is revealed during investigation, it is incumbent upon the investigating officer to ensure that the accused undergoes a medical examination. Failure to do so may undermine the prosecution's case. Comparable observations were made in Hari Singh Gond v. State of Madhya Pradesh,[31] [32] reinforcing the importance of procedural diligence in cases involving mental health concerns.

In Sukdeb Saha v. State of Andhra Pradesh,[32] the Supreme Court recognized mental health as an integral component of the right to life under Article 21 of the Constitution, affirming that dignity and psychological well-being are essential facets of constitutional protection.

The judgment in State of Rajasthan v. Shera Ram @ Vishnu Dutta[33] further clarified the contours of the insanity defence under Section 84 IPC. The Court reiterated that the mere existence of a mental disorder does not automatically establish legal insanity; rather, the accused must demonstrate that the condition impaired their capacity to understand the nature or wrongfulness of the act at the relevant time. The decision also underscored the duty of investigating authorities to conduct medical examinations where a history of mental illness is evident, noting that failure to do so may weaken the prosecution's case. Ultimately, the Court upheld the acquittal, relying on credible medical evidence and witness testimony.

In Prakash Nayi @ Sen v. State of Goa,[34] the Supreme Court dealt with an appeal against a conviction under Section 302 IPC, wherein the accused invoked the defence of insanity. The Court reaffirmed that Section 84 applies only where unsoundness of mind renders the accused incapable of understanding the nature of the act or its wrongfulness. It further reiterated that the existence of a psychiatric condition alone is insufficient to establish legal insanity. Upon evaluating medical evidence and the accused's conduct before, during, and after the offence, the Court found that a reasonable doubt existed regarding the accused's mental capacity. Consequently, the conviction was set aside, and the accused was acquitted. The judgment reflects a careful balancing of psychiatric insights with the stringent legal standards governing insanity, emphasizing that legal insanity remains a narrower construct than clinical diagnosis.

Beyond the criminal law context, the Supreme Court has also contributed to the broader

[31] 2008 (16) SCC 109.
[32] INSC 893.
[33] AIR 2012 SC 1.
[34] (2023) INSC 24.

rightsbased discourse on mental and physical disabilities. In Jeeja Ghosh v. Union of India,[35] the Court strongly condemned discriminatory treatment against persons with disabilities, holding that dignity, equality, and respect are intrinsic to the right to life under Article 21. The case arose from the forcible de-boarding of a passenger with cerebral palsy from a commercial flight, and the Court's ruling reinforced the obligation to ensure non-discriminatory treatment.

Similarly, in Ravinder Kumar Dhariwal v. Union of India,[36] the Court examined the intersection of mental disability and disciplinary proceedings in employment. It held that actions taken against individuals with mental health conditions may constitute indirect discrimination where the disability contributes to the alleged misconduct and reasonable accommodation is not provided. Interpreting the Rights of Persons with Disabilities Act, 2016, the Court affirmed that mental health disorders are recognized disabilities warranting protection, procedural fairness, and accommodation. The judgment aligns domestic legal principles with international human rights standards, including those embodied in the UN Convention on the Rights of Persons with Disabilities.

Collectively, these decisions reflect a discernible shift in Indian jurisprudence towards a more evidence-based, rights-oriented, and context-sensitive approach to mental illness. They demonstrate an increasing willingness on the part of courts to engage with psychiatric knowledge, while simultaneously upholding the doctrinal requirements of criminal responsibility.

Findings and Suggestive Measures:

Findings

The interface between forensic psychiatry and Indian criminal law reveals a pronounced disjunction between nineteenth-century legal doctrine and contemporary psychiatric understanding. While Section 84 of the Indian Penal Code (and its successor, Section 22 of the Bharatiya Nyaya Sanhita) continues to adhere to the rigid cognitive framework derived from the M'Naghten Rules, modern psychiatric science acknowledges that mental illness frequently affects volition, impulse control, and the capacity for reality testing without necessarily obliterating cognitive awareness. This incongruity produces a discernible doctrinal gap,

[35] 2016 (7) SCC 761.
[36] 2021 SCC (On Line) SC 1293.

whereby individuals suffering from serious and clinically established mental disorders may nonetheless be deemed legally sane and held criminally liable, solely because they do not satisfy the stringent threshold of total cognitive incapacity.

Within this context, the Mental Healthcare Act, 2017 operates as a transformative instrument by reconceptualizing mental illness as a rights-based medical condition rather than a matter of custodial control. Although it does not formally amend the substantive provisions governing criminal responsibility, it imposes positive obligations upon the State to prioritize therapeutic intervention alongside, or in place of, punitive responses. Emerging judicial trends such as the recognition of mental health as an integral component of the right to life under Article 21 of the Constitution, and the increasing reliance on medical records to establish insanity on a standard of preponderance of probabilities indicate a gradual shift towards a more humane and evidence-based jurisprudence. Notwithstanding these developments, the absence of substantive reform in the legal standard of insanity continues to anchor the system in an inflexible "all-ornothing" model of criminal responsibility.

Suggestive Measures

There exists an urgent need for comprehensive legislative reform aimed at revisiting and recalibrating the existing standard of insanity. In particular, the scope of the defence must be expanded beyond a narrowly construed cognitive test to incorporate impairments in volitional control and behavioural regulation. Simultaneously, greater doctrinal clarity must be introduced by replacing or refining indeterminate expressions such as "unsoundness of mind," which have historically contributed to interpretive inconsistency.

In addition, the incorporation of the doctrine of diminished responsibility would enable courts to acknowledge gradations of mental impairment that significantly affect culpability without necessitating complete exoneration. Such an approach would better align legal standards with contemporary psychiatric insights and comparative jurisprudence.

Parallel reforms are required in the domain of evidentiary standards. Criminal courts must increasingly rely on scientifically validated psychiatric and psychological assessments, including structured diagnostic tools and neuropsychological evaluations, rather than on generalized assumptions or superficial indicators of abnormal behaviour. The establishment of a uniform and standardized framework for forensic psychiatric evaluation, supported by

strengthened institutional infrastructure, is essential to ensure consistency and reliability in expert evidence.

Equally critical is the need for sustained capacity-building initiatives. Mandatory and continuous training programmes for judicial officers, prosecutors, defence counsel, and law enforcement personnel would significantly enhance institutional understanding of mental health, forensic psychiatry, and rights-based approaches to criminal justice.

Finally, effective reform necessitates greater institutional coordination between mental health services, investigative agencies, courts, and custodial institutions. Such synergy would facilitate the early identification, accurate assessment, and humane treatment of accused persons with mental illness, thereby ensuring that the criminal justice process operates in a manner that is both just and consistent with constitutional and human rights principles.

Conclusion

The interface between psychiatry and criminal law in India continues to reflect an inherent tension between the expansive clinical understanding of mental illness and the comparatively narrow legal conception of insanity, which remains firmly grounded in a cognitive test of criminal responsibility. The evolving interaction between the Mental Healthcare Act, 2017 and the doctrine of legal insanity demonstrates a progressively rights-oriented legal landscape. The MHCA 2017 functions as a comprehensive procedural and normative framework that recognizes persons with mental illness as rights-bearing individuals, entitled to dignity, access to healthcare, and fairness within the criminal justice process, rather than as passive subjects of state control.

Significant advancements are evident in the introduction of mechanisms such as the compulsory referral process under Section 105, the establishment of statutory standards for mental healthcare in custodial institutions under Section 103, and the decriminalization of attempted suicide. Collectively, these measures signal a decisive movement towards a more humane and rehabilitative model of criminal justice. Nevertheless, the threshold for establishing legal insanity under existing doctrine remains stringent, requiring demonstrable cognitive incapacity, thereby excluding a substantial category of individuals whose psychiatric conditions primarily affect volitional control, impulse regulation, or behavioural functioning

rather than cognition.[37]

In order to fully realize the normative objectives underlying the MHCA 2017, it is imperative that the legal standard governing insanity undergoes further evolution. This may be achieved through the incorporation of broader conceptions of incapacity, including impairments affecting volitional control, or through the formal recognition of the doctrine of diminished responsibility. In the absence of such doctrinal reform, the MHCA 2017 continues to operate as a critical instrument through which defence counsel may ensure that the mental condition of the accused is subjected to rigorous clinical evaluation and is meaningfully integrated into the adjudicatory process.

Ultimately, the role of the judiciary extends beyond the mere attribution of criminal liability; it encompasses the careful navigation of the complex interface between legal doctrine and psychiatric knowledge. This responsibility demands not only analytical precision but also a principled commitment to dignity, fairness, and human rights. The continued reliance on a rigid and exclusively cognitive model of insanity underscores the persistence of a doctrinal gap, necessitating both sustained judicial sensitivity and considered legislative reform. A more integrated approach one that harmonizes advances in forensic psychiatry with constitutional and human rights imperatives is essential to ensure that criminal responsibility is imposed only in cases where genuine moral culpability can be established.

[37] S. Philip., & B. C. Malathesh., 'Shifting Sands: Mental Disorder Defense From Section 84 IPC to Bharatiya Nyaya Sanhita' 66(8) *Indian Journal Of Psychiatry*764–765 (2024).