
REVISITING CRIMINAL RESPONSIBILITY IN INDIA: INSANITY DEFENCE, FORENSIC PSYCHIATRY AND THE TRANSFORMATIVE IMPACT OF THE MENTAL HEALTHCARE ACT, 2017

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ABSTRACT

The relationship between mental illness and criminal responsibility remains one of the most complex areas of criminal law in India. Section 84 of the Indian Penal Code, rooted in the nineteenth-century M'Naughten's Rule, continues to regulate the insanity defence despite significant advances in psychiatry, neuroscience and behavioural sciences. This reliance on a narrow cognitive test creates a clear disconnect between modern medical knowledge and legal doctrine, often resulting in courts struggling to assess psychiatric conditions and excluding genuinely mentally ill accused persons from legal protection.

The Mental Healthcare Act, 2017 marks a decisive shift from a custodial to a rights-based approach, emphasizing dignity, autonomy, informed consent, non-discrimination and access to appropriate treatment. Although it does not formally amend Section 84 IPC, the Act has substantial implications for criminal adjudication, forensic psychiatric assessments, competency determinations and the treatment of accused persons with mental illness. This paper critically examines the doctrinal limitations of the insanity defence, the gap between legal and medical understandings of mental illness, and the impact of the MHCA 2017, while drawing on comparative international models to propose reforms aligning criminal law with contemporary science and human rights obligations.

Introduction

The insanity defence sits at the confluence of law, morality and medical science. When a person with mental illness commits an act that violates the criminal law, courts must determine whether they possessed the mental capacity required for criminal responsibility. Historically, criminal law has adopted a presumption of rationality as persons are expected to understand their actions and consequences. Mental illness challenges this assumption by affecting cognition, volition, perception, and judgment and impulse control.

In India, the insanity defence is defined by Section 84 IPC,¹ which implements the M'Naughten Rules (1843)². Under this doctrine, only those who were incapable of understanding the nature or wrongfulness of the act are exempted from criminal liability. This cognitive test, appropriate for mid-19th-century conceptions of mental illness, fails to capture the complexities of present-day psychiatric science. Modern mental disorders as schizophrenia, bipolar disorder with psychosis, organic brain disorders, and neurodevelopment conditions rarely result in total obliviousness to the act, rather, they may impair self-control, risk assessment, impulse regulation, or reality testing.

Meanwhile, the MHCA 2017, India's landmark mental health legislation, enshrines a rights-based, evidence-driven framework for mental healthcare.³ Though it does not directly amend criminal law, its emphasis on patient autonomy, informed consent and scientifically valid diagnosis necessarily impacts how mental illness should be interpreted in criminal proceedings.

Given the widening gulf between outdated legal doctrine and contemporary advances in psychiatric and behavioural sciences and in light of India's binding international human rights commitments, there is an urgent and compelling need to critically re-examine the scope,

¹Section 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.

³See 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..."

relevance and application of the insanity defence within the Indian criminal justice system.

Historical Foundations of Insanity Defence under Section 84 IPC

The concept of insanity as a defence has evolved over centuries. The development of the insanity defence progressed from the *wild beast* test in *R v Arnold*, which excused those lacking intent or understanding, to the *Insane Delusion* test in *Dew v Clark*, and finally to *Bowlers' Case*, which emphasized the accused's capacity to distinguish right from wrong.⁴ Hence, early commonlaw systems occasionally recognized that mental derangement might excuse criminal acts, often under tests like the "wild beast test,"⁵ which held that a person who could not distinguish between good and evil should not be held liable.⁶

The modern legal foundation for the insanity defence emerged with the M'Naughten case (1843), wherein the House of Lords formulated that an accused should be acquitted if, due to "a defect of reason from disease of the mind," they did not know the nature and quality of the act or did not know it was wrong.⁷ This test prioritized cognitive incapacitation understanding, not control. In India, Section 84 of the Indian Penal Code governs acts committed by persons of unsound mind and, being heavily influenced by the M'Naghten Rules, constitutes the sole provision for the insanity defence in Indian courts.⁸

Medical Insanity v. Legal Insanity

Generally speaking assessing an accused's state of mind focuses on the time of the offense and considers factors such as the presence of mental illness, motive, prior mental health history, mental state during the act, and circumstances immediately following the criminal act because a fundamental principle of criminal law is *actus non facit reum nisi mens sit rea*, meaning an act alone does not make a person guilty unless it is accompanied by a guilty mind. The insanity defence is based on the principle that individuals with impaired mental capacity

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

⁵R 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."

⁶G. 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.*

⁸P. 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).

should not be judged like the mentally sound, as punishing them fails to achieve deterrence due to their limited moral culpability.

However, Section 84 of the Indian Penal Code recognizes the insanity defence for crimes committed by persons of unsound mind who are incapable of understanding the nature or wrongfulness of their acts, distinguishing legal insanity as a defence, and medical insanity, as alone does not exempt an individual from criminal liability,⁹ thus conceptually, the accused seeking protection under Section 84 of the IPC must prove legal insanity rather than merely medical insanity.¹⁰ Under Section 84 IPC, to successfully claim the insanity defence, the accused must satisfy two things: first, they must have been of unsound mind at the time of the offence (*medical insanity*), and second, by reason of that unsoundness, they must have been incapable of understanding the nature of the act, or that it was wrong (*moral incapacity*), or that it was against the law (*legal incapacity*), thereby fulfilling the legal threshold for insanity. Section 84 relies solely on a cognitive test, disregarding volitional impairments or emotional deregulation and requires proof of the accused's mental state at the exact time of the offense, which is challenging due to fluctuating mental illness. Under Section 84 IPC, medical insanity is only a preliminary requirement, and a successful insanity defence must also demonstrate that it caused legal insanity, meaning the accused either lacked cognitive capacity to understand the nature or illegality of the act, or lacked moral capacity to know that the act was wrong.¹¹ Therefore, Indian jurisprudence distinguishes medical insanity from legal insanity, so individuals with serious psychiatric disorders may still be punished if they do not meet the narrow legal standard under Section 84 despite limited cognitive awareness.

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

The Mental Healthcare Act, 2017 (MHCA 2017) marks a pivotal development in India's legal and social approach to mental health, reflecting a decisive shift from a custodial and exclusionary system to a rights-based, patient-oriented framework. This legislative transformation was driven largely by India's international commitments following its ratification of the United Nations Convention on the Rights of Persons with Disabilities

⁹Rudransh Narayan Dutta, 'Insanity As A Defence: Loophole In The Indian Justice System', 2(2) *Indian Journal of Integrated Research in Law* | ISSN: 2583-0538.

¹⁰Surendra Mishra v. State of Jharkhand AIR 2011 SC 627.

¹¹Amita Dhanda, '*Legal Order and Mental Disorder*' 114 (Sage Publications, 2000).

(UNCRPD) in 2007¹². It primarily governs the provision of mental healthcare services and safeguards patient rights, its impact extends into the criminal justice system most notably in relation to the defence of legal insanity under Section 84 of the Indian Penal Code (IPC) and its corresponding provision under Section 22 of the Bharatiya Nyaya Sanhita (BNS).¹³

While the insanity defence is a substantive legal principle, the MHCA 2017 provides the procedural machinery to ensure that mental illness is appropriately considered during the judicial process. This is primarily facilitated through Section 105 of the Act and the corresponding provisions in Chapter XXVII of the BNSS (previously Chapter XXV of the Cr.P.C.).¹⁴ A notable synergy between the MHCA 2017 and criminal law is found in Section 115, which deals with the attempt to commit suicide. This section mandates that such a person shall not be tried or punished under the IPC. Furthermore, it imposes a duty on the government to provide care, treatment, and rehabilitation to reduce the risk of recurrence. This provision exemplifies the Act's humanitarian approach, acknowledging that certain behaviours traditionally viewed as criminal are, in fact, symptoms of mental distress requiring medical rather than penal intervention.¹⁵

Forensic Psychiatry: The Modern Clinical Landscape

Forensic psychiatry is a subspecialty that applies psychiatric knowledge and clinical expertise to legal matters, civil, criminal, correctional, or legislative, while adhering to professional guidelines and ethical principles. Forensic psychiatry in India, still developing and often underutilized, operates at the complex intersection of law, mental health, and rehabilitation, requiring public health strategies to protect the rights, dignity, and effective treatment of individuals with mental illness.¹⁶ Forensic psychiatry integrates medical and legal expertise to distinguish legal insanity, guide treatment, and assist courts, requiring psychiatrists to be knowledgeable in law to provide effective patient care without resorting to defensive practices. According to the American Board of Forensic Psychiatry, forensic psychiatry is a

¹²S. 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

¹³S. 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).

¹⁵Dr. 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.

¹⁶V. Harbishettar, A. Enara, & M. Gowda, 'Making the most of Mental Healthcare Act 2017: Practitioners' perspective' 61(4) *Indian Journal Of Psychiatry*, 645-649(2019). https://doi.org/10.4103/psychiatry.IndianJPsychiatry_98_19

specialized branch of psychiatry that applies scientific and clinical knowledge to legal issues across civil, criminal, correctional, and legislative contexts, and is practiced in line with established professional guidelines and ethical standards.¹⁷ Forensic psychiatry evolved from early European legal and psychological practices into a distinct discipline with academic institutions, while in India, mental health legislation progressed from colonial-era lunacy laws, culminating in the rights-based Mental Healthcare Act of 2017, which replaced the 1987 Act and decriminalized suicide attempts by mentally ill persons.¹⁸

The Mental Healthcare Act, 2017 adopts a rights-based approach aligned with judicial efforts to protect vulnerable individuals, yet forensic psychiatrists face challenges in balancing legal and healthcare duties, particularly when assessing fitness to stand trial and a defendant's capacity to participate in legal proceedings.¹⁹ However, forensic psychiatrists face difficulties in balancing legal and healthcare responsibilities, particularly in assessing fitness to stand trial, as defendants must not only be free from mental illness but also capable of understanding the proceedings and assisting their lawyers in mounting a defence.²⁰

The MHCA 2017 reframes mental illness as a rights-based medical condition rather than a shameful or dangerous attribute. Its provisions directly influence how mentally ill accused persons should be treated by police, courts, and prisons, thus affecting how insanity defences may be viewed. MHCA makes it a statutory obligation for prisons to provide mental healthcare, medication, and regular evaluation for inmates with mental illness. This shifts the role of prisons from purely punitive to therapeutic, aligning with global human-rights standards and ensuring humane treatment of mentally ill offenders. Although MHCA 2017 does not amend Section 84 IPC, its principles and statutory obligations significantly influence how insanity claims should be assessed.

Need to Modernize Evidentiary Standards

Indian courts frequently depend on brief psychiatric reports without detailed

¹⁷Shubha Deshpande, 'A Medico-Legal Study Of Forensic Psychiatry In India'2(1) *Indian Journal of Law and Legal Research*. ISSN: 2582 8878.

¹⁸*Ibid*

¹⁹P. 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*78-80 (2024).<https://doi.org/10.18231/j.ijfcm.2024.019><https://lawvs.com/articles/mental-health-of-accused-intersection-of-criminal-law-and-psychiatry> (last visited on 29.12.2025).

²⁰*Ibid*.

psychological assessments, which limit the depth of understanding needed for more informed and nuanced sentencing decisions.²¹ In criminal cases, courts direct psychiatrists to assess an accused's mental disorder, unsoundness of mind, fitness to stand trial, criminal responsibility at the time of the offence, intent, memory, substance use, treatability, and dangerousness, often requiring answers to complex and retrospective questions that are difficult to determine with certainty.²² Forensic psychiatric assessment requires a thorough and ethical evaluation that includes confirming the accused's identity, obtaining a detailed psychiatric, forensic, family, and personal history, conducting mental status and personality assessments, using hospitalization or repeated evaluations when needed, and supplementing findings with physical investigations and psychological testing to form a reliable expert opinion.²³ The integration of forensic psychology into Indian criminal trials is hindered by unreliable and invalidated assessment techniques, ethical and regulatory gaps, judicial unfamiliarity, and procedural ambiguity, as illustrated by cases like *Rajesh Talwar v. CBI*²⁴ and *Ranjit Singh v. State of Punjab*,²⁵ which reveal how the absence of standardized, trauma-informed, and scientifically validated psychological tools limits courts' ability to objectively assess mental state, culpability, and sentencing. However, to modernise the evidentiary standards the courts should now require psychiatric evaluations conducted under modern diagnostic frameworks, including structured tools and neuropsychological tests. Reliance on outdated stereotypes or lay testimony stands in contrast to MHCA's demand for scientifically valid mental healthcare. Indian courts have begun to place increased emphasis on psychiatric evidence, long-term treatment history, medication records, and expert opinions rather than stereotypical behaviour or lay understanding of madness.²⁶

Indian Court's Traditional Stance on Insanity as a Defence

The Hon'ble Supreme Court of India has consistently affirmed that the defence of insanity must be examined strictly in accordance with the M'Naghten rule, and that a medical condition such as dementia must satisfy the stringent legal threshold of total incapacity to understand the nature of one's acts.²⁷ It has further emphasized that the mere existence of a

²¹Chandi 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)

²²R.K. Chadda, 'Forensic Evaluations in Psychiatry' 55 *Indian J Psychiatry*. 393-99 (2013).

²³*Ibid.*

²⁴(2014) 1 SCC 628.

²⁵(1998) 7 SCC 149.

²⁶Prakash Nayi @ Sen v. The State of Goa, (2023 INSC 24).

²⁷Srirangan v. State of Tamil Nadu SC 1978 AIR 274.

medical mental illness does not amount to legal insanity, and that only those accused who fulfil the rigorous legal requirement of cognitive incapacity are entitled to claim the defence.²⁸ But, unlike the M’Naghten Rules, Section 84 IPC uses the undefined term “unsoundness of mind,” which has evolved inconsistently over time, leaving courts to interpret it case by case and resulting in vagueness, subjectivity and potential bias in assessing mental conditions. Putting it in other words, accused’s mental state under Section 84 can be judged from the events around the crime, but just looking at their behaviour isn’t enough, because unusual actions alone don’t prove whether they understood their act or were legally responsible. Moreover, Under Section 84, unsoundness of mind must exist at the time of the offence, but courts rely on vague and flexible interpretations of the accused’s conduct, mental condition, treatment and surrounding circumstances without clear guidelines, making it difficult to determine precisely when medical insanity translates into legal insanity.²⁹

Moreover, the Hon’ble Court has also held that the determination of legal insanity must be made by evaluating the totality of circumstances surrounding the offence, including events occurring before, during, and after the commission of the crime.³⁰ Thus “totality of circumstances,” would include accused’s mental history and behaviour before and after the offence, but such surrounding factors are indicative rather than conclusive of the accused’s ability to understand the nature or consequences of the act at the time.³¹

With regard to the burden of proof, the Hon’ble Court has repeatedly clarified that it rests upon the accused and need only be discharged on the standard of preponderance of probabilities, and not beyond reasonable doubt, since the latter would impose an unduly onerous burden in establishing the defence.³² At the same time, the Court has clearly distinguished that while the accused bears the burden of proving the statutory exception under Section 105 of the Evidence Act (Old), the prosecution continues to carry the overarching responsibility of proving the existence of the requisite mens rea beyond reasonable doubt.³³ Thus, under Section 105 of the Indian Evidence Act, 1872³⁴, the accused must raise the defence

²⁸Surendra Mishra v. State of Jharkhand AIR 2011 SC 627 and also in State of Rajasthan v. Shera Ram, (2012) 1 SCC 602.

²⁹A. K. Soumya, Maitreyi Misra & Anup Surendranath, ‘Shape shifting And Erroneous: The Many Inconsistencies in The Insanity Defence in India’ 14 NUJS Law Review 2 (2021).

³⁰Ratan Lal v. State of Madhya Pradesh (1970) 3 SCC 533.

³¹*Supra note 29.*

³²Dahyabhai Chhaganbhai Thakkar v. State of Gujarat, (1964) 7 SCR 361.

³³Bhikari v. State of Uttar Pradesh SC 1966 AIR 1.

³⁴Section 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

of insanity. Once a reasonable doubt arises, the prosecution has to prove guilt beyond reasonable doubt. Historically, this burden has hindered many valid insanity pleas.

Though, the defence must prove insanity on a preponderance of probabilities, a lower threshold than the prosecution's burden in criminal cases, while the court initially presumes the absence of such circumstances.³⁵ Thus Indian courts consistently have clarified that the accused must prove insanity only on a preponderance of probabilities, not beyond reasonable doubt, recognizing over time that the burden of proof for an insanity plea is no higher than that in civil proceedings and giving due weight to medical evidence.³⁶ Even if the material placed on record creates a reasonable doubt in the mind of the Court regarding the mental condition of the accused at the time of the occurrence, the accused shall be entitled to the benefit of such doubt and, consequently, to an acquittal.³⁷

The Way Forward

International Progressive Rulings

In *Durham v. United States* (1954),³⁸ the court rejected the traditional insanity test, which asked whether the accused knew that their actions were wrong. Under that older rule, a defendant could be found guilty even if they suffered from mental illness, as long as they understood the moral or legal wrongfulness of the act. The court found this approach outdated and inconsistent with contemporary medical understanding of mental illness. To address this, the court introduced a new and broader standard for the insanity defence. It held that a defendant is not criminally responsible if their unlawful conduct was the product of a mental disease or defect. This "product test" allowed courts to consider a wider range of mental conditions, including those that impair judgment or control without completely eliminating awareness of right and wrong. Although the Durham rule was adopted only for a limited time, it remains significant for its influence on ongoing debates about the relationship between mental illness and criminal responsibility.

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."

³⁵*Supra* note 29.

³⁶*Ratan Lal v. The State Of Madhya Pradesh* (1970) 3 SCC 533; *Bapu @ Gajraj Singh v. State Of Rajasthan* (2007) 8 SCC 66 and also in *Surendra Mishra v. State of Jharkhand*, (2011) 11 SCC 495.

³⁷*Vijayee Singh v. State of U.P.* (1990) 3 SCC 190.

³⁸214 F. 2d 862 (D.C. Cir. 1954).

Kahler v. Kansas (2020),³⁹ a landmark U.S. Supreme Court case addressing the constitutional limits of state authority in defining the insanity defence. The Court considered whether Kansas' abolition of the traditional "moral incapacity" standard, where a defendant is not criminally responsible if unable to distinguish right from wrong, violated the Due Process Clause of the Fourteenth Amendment. In a 6-3 decision, the Court held that Kansas' approach did not infringe constitutional rights, emphasizing that states have broad discretion to determine the relationship between mental illness and criminal culpability. Under Kansas law, evidence of mental illness may still be considered in evaluating the defendant's intent or capacity to form criminal mens rea, but it cannot serve as a complete affirmative defence to negate liability. The ruling underscores that while mental health is a relevant factor in criminal law, the Constitution does not mandate a uniform definition of legal insanity across all states, allowing legislative bodies to balance public safety, policy considerations, and criminal responsibility in their own frameworks. With respect to the State's autonomy the court held that the States may define and limit insanity defences without violating due process. The decision clarifies that constitutional protections do not require adoption of any particular insanity standard, provided that defendants' rights to a fair trial and consideration of mental illness are preserved.

In *R. v. Bharwani* (2025),⁴⁰ the Supreme Court of Canada clarified the legal standard for determining when an accused is "unfit to stand trial." The Court unanimously agreed on the criteria for fitness, emphasizing that a defendant must be able to understand the proceedings and communicate effectively with counsel. While the judges were divided on the conviction appeal, the decision provides clear guidance on assessing an accused's mental capacity to participate in their defence. The case highlights ongoing challenges at the intersection of mental health and criminal law and reinforces the importance of procedural fairness in cases involving defendants with mental disorders.

Indian Progressive Rulings

In *Mohd. Anwar v. State (NCT of Delhi)*,⁴¹ the court discussed the proper procedure for raising the plea of insanity and stated that it should be taken at the earliest stage of the trial so that the case is not unfairly affected. The court also emphasized that higher court should

³⁹140 S. Ct. 1021, 1038 (2020).

⁴⁰2025 SCC (Supreme Court of Canada) 26.

⁴¹AIR 2020 SC 5134.

generally not re-examine evidence, as evaluating evidence is primarily the responsibility of the trial courts, which are best placed to do so. However, in exceptional cases, higher courts may consider new pleas if the facts and circumstances justify it. The court further referred to the basic principles of Indian criminal law, which prioritize delivering substantive justice over strict procedural limits. Based on this approach, the court ordered a mental examination of the accused. This decision set a new precedent by recognizing the real impact of mental illness on individuals and highlighting the need for courts to adopt a practical, compassionate, and humane approach in such cases.

In another landmark decision, the Supreme Court acquitted the appellant under Section 84 IPC by accepting prison medical records evidencing chronic psychosis and holding that the defence of insanity need only be established on a preponderance of probabilities, after which the burden shifts to the prosecution. The Court disapproved the earlier reliance on the accused's demeanour in court and held that the fact of being under medication at the time of trial cannot be used to retrospectively negate a plea of insanity, marking a significant shift toward an evidence-based approach in mental illness jurisprudence.⁴²

Moreover, *Shrikant Anandrao Bhosale v. State of Maharashtra*,⁴³ is also a significant case for understanding mental illness, particularly in instances involving individuals diagnosed with schizophrenia. Mental illness is inherently complex, and people suffering from such conditions must be carefully understood in order to ensure justice. In this case, the trial courts failed to fully appreciate or examine the accused's mental condition, relying instead primarily on the theory of anger. However, the Apex Court, with the assistance of the amicus curiae, closely analysed the accused's medical history, symptoms, and the possible consequences of his condition. It was recognized that paranoid schizophrenia is a serious mental disorder that can recur, and that individuals experiencing paranoid delusions may not be fully aware of their actions or their consequences. By examining this case as a whole, the Apex Court was able to differentiate between the actions arising from anger and those resulting from the accused's mental illness. This case opened the door to a broader understanding of the importance of medical and psychiatric insights in legal proceedings, ensuring that mental health is considered when adjudicating cases involving complex psychological disorders.

⁴²Devidas Loka Rathod v. State of Maharashtra (2018) 7 SCC 718.

⁴³2002 (7) SCC 748.

In *Siddhapal Kamala Yadav v. State of Maharashtra*,⁴⁴ the facts were clear, and the courts relied on medical experts who said the accused was not mentally ill when the offence was committed. However, the court highlighted the difference between someone with a known history of mental illness and someone with no such history, called inferential insanity. The court also noted that if an investigation reveals a history of mental illness, it is the duty of the investigating officer to have the accused medically examined. Failing to do so weakens the prosecution's case. A similar judgment was delivered by the same judge in the case *Hari Singh Gond v. State Of M.P.*,⁴⁵ where the exact same observations were made.

In *Sukdeb Saha v. State of Andhra Pradesh*,⁴⁶ the Supreme Court held that mental health is an integral and enforceable part of the right to life under Article 21 of the Constitution, recognizing that life with dignity necessarily includes psychological well-being and freedom from degrading treatment.

In *State of Rajasthan v. Shera Ram @ Vishnu Dutta*,⁴⁷ the key legal issue was whether a person with a history of mental illness can be held criminally responsible under Section 84 of the IPC, which exempts an accused from liability if, due to unsoundness of mind, they were incapable of understanding the nature of their act or knowing it was wrong. The Court emphasized that mere medical illness does not automatically establish legal insanity; the burden lies on the accused to prove that their mental condition affected their understanding or control at the time of the offence. The case also highlighted the importance of thorough investigation, noting that if an accused's mental history emerges during inquiry, it is the duty of the investigating officer to ensure a medical examination, as failure to do so can weaken the prosecution's case. The Supreme Court upheld the acquittal, relying on medical records and credible testimony, and clarified that courts must carefully distinguish between acts arising from a mental disorder and those resulting from deliberate intent.

In *Prakash Nayi @ Sen v. State of Goa*,⁴⁸ the Supreme Court of India dealt with an appeal against the conviction and life sentence of the appellant for murder under Section 302 IPC. The appellant raised a defence under Section 84 IPC, claiming he was of unsound mind and therefore not criminally responsible for the act. The Court emphasised that the

⁴⁴AIR 2009 SC 97.

⁴⁵2008 (16) SCC 109.

⁴⁶2025 INSC 893.

⁴⁷AIR 2012 SC 1.

⁴⁸(2023) INSC 24.

provision in Section 84 IPC applies only where the accused, due to unsoundness of mind at the time of the offence, was incapable of knowing the nature of the act or that it was wrong or unlawful, and that mere medical illness alone is insufficient for exemption. The judgment reiterated the established principle that if evidence raises a reasonable doubt about the accused's mental condition at the time of the incident, the benefit of such doubt should go to the accused. After considering medical evidence and conduct before, during, and after the offence, the Supreme Court found that there was a reasonable doubt about the appellant's mental capacity and that he was suffering from unsoundness of mind to the extent required under Section 84. Consequently, the Court set aside the conviction and sentence, acquitting the appellant of all charges and discharging his bail bonds. The Supreme Court's psychiatric engagement in *Prakash Nayi Sen* balances medical understanding of mental illness with rigid legal standards. Schizophrenia and other psychiatric conditions are acknowledged as serious disorders, but only those impairments that eliminate the capacity to understand the act and its wrongfulness qualify under Section 84. The Court uses psychiatric literature to contextualize the illness but evaluates actual mental capacity at the time of offence through conduct, testimony, and expert evidence. Legal insanity remains a narrower, more exacting standard than merely having a psychiatric diagnosis.

Jeeja Ghosh & Anr. v. Union of India,⁴⁹ was a landmark Supreme Court case in which the Court strongly condemned discrimination against persons with disabilities. The petitioner, Jeeja Ghosh, a well-known disability rights activist with cerebral palsy, was forcefully de-boarded from a SpiceJet flight in 2012 while travelling from Kolkata to Goa for a conference because of her disability. The Supreme Court held that the airline's conduct was unfair, insensitive, and discriminatory. The Court emphasised that persons with disabilities must be treated with dignity, equality, and respect, which are inherent in the right to life under Article 21 of the Constitution.

In *Ravinder Kumar Dhariwal v. Union of India*,⁵⁰ the Supreme Court of India addressed how mental disability and workplace disciplinary action intersect with constitutional and statutory rights of persons with disabilities. The appellant, a CRPF officer diagnosed with Obsessive-Compulsive Disorder and Major Depression, had faced multiple disciplinary enquiries for alleged misconduct that occurred after his mental health deteriorated. The Court

⁴⁹2016 (7) SCC 761.

⁵⁰2021 SCC (On Line) SC 1293.

held that disciplinary proceedings against a person with a mental disability can amount to indirect discrimination when the disability contributes disproportionately to the conduct in question and when reasonable accommodations are not provided. Emphasising the rights framework under the Rights of Persons with Disabilities Act, 2016 (RPwD Act), the Court clarified that mental health disorders are recognised disabilities requiring protection from discriminatory treatment, including procedural fairness and reasonable accommodation (such as reassignment to suitable posts with retained pay and benefits). The judgment rejected earlier exemptions that curtailed protections for CRPF personnel and reinforced that the State and employers must proactively uphold the dignity, equality, and substantive rights of persons with mental disabilities, aligning domestic law with international standards such as the UN Convention on the Rights of Persons with Disabilities.

Findings and Suggestive Measures

Findings:

The intersection of forensic psychiatry and Indian criminal law reveals a significant rift between 19th-century legal standards and 21st-century medical realities. While Section 84 of the IPC (and its successor, Section 22 of the BNS) continues to rely on the rigid cognitive "McNaughten" test, modern psychiatry recognizes that mental illness often impairs volition, impulse control, and reality testing without totally destroying cognitive awareness. This disparity creates a "doctrinal gap" where individuals with genuine, severe psychiatric impairments may still be found legally sane and criminally liable because they fail to meet the narrow threshold of "total incapacity."

The Mental Healthcare Act (MHCA), 2017, acts as a transformative catalyst in this landscape by reframing mental illness from a custodial issue to a rights-based medical condition. Although it does not formally amend the penal code, it imposes statutory obligations on the state to provide therapeutic care rather than purely punitive measures. Recent judicial shifts such as the recognition of mental health as an integral part of the Right to Life under Article 21 and the acceptance of medical records as a basis for establishing a "preponderance of probabilities" indicate a move toward a more compassionate, evidence-driven jurisprudence. However, without legislative reform to the insanity test itself, the system remains anchored in an outdated "all-or-nothing" approach to responsibility.

Suggestive measures:

Legislative reform is urgently required to revisit and recalibrate the insanity standard by expanding its scope beyond a narrow cognitive test to include impairments of volitional control, while also clarifying vague and outdated terminology such as “unsoundness of mind.” This must be complemented by the adoption of the doctrine of diminished responsibility, allowing courts to recognise varying degrees of mental impairment that affect culpability without resulting in complete exculpation. Parallel, evidentiary standards in criminal trials need to be modernised to ensure reliance on scientifically validated psychiatric and psychological assessments rather than outdated assumptions or superficial indicators of mental illness. A uniform and standardised framework for forensic psychiatric evaluations, supported by strengthened forensic mental health infrastructure, is essential to provide courts with reliable and consistent expert evidence. Equally important is the mandatory and continuous training of law enforcement officials and members of the judiciary to enhance their understanding of mental health, forensic psychiatry and rights-based approaches. Finally, greater institutional and procedural synergy between mental health services, investigative agencies, courts and custodial institutions is necessary to ensure that mentally ill accused persons are identified early, assessed appropriately and treated humanely throughout the criminal justice process.

Conclusion

The interface between psychiatry and criminal law in India thus reveals a persistent tension between the expansive, medical understanding of mental illness and the more restrictive legal conception of insanity, which continues to be anchored in a cognitive test of criminal responsibility. The interaction between the Mental Healthcare Act, 2017 and the defence of legal insanity in India reflects a dynamic and increasingly rights-conscious legal landscape. The MHCA 2017 operates as a robust procedural and substantive framework that affirms persons with mental illness as rights-holders, entitled to dignity, access to healthcare, and fairness within the criminal process, rather than as mere subjects of state authority.⁵¹

The introduction of Section 105 as a compulsory referral mechanism, the establishment of statutory standards for mental healthcare in custodial settings under Section 103, and the decriminalisation of attempted suicide together represent substantial advances toward a more

⁵¹*Supra note 19.*

compassionate criminal justice system. Despite these developments, the threshold for establishing legal insanity remains exacting, requiring profound cognitive incapacity, thereby excluding many individuals with serious psychiatric conditions that do not directly impair cognitive functioning.⁵²

To truly realise the objectives of the MHCA 2017, the legal standard governing insanity must continue to evolve, potentially through recognition of impairments affecting volitional control or by incorporating the doctrine of diminished responsibility. In the absence of such reform, the MHCA 2017 continues to serve as the most effective mechanism for defence counsel to ensure that the accused's mental condition is clinically evaluated and meaningfully considered. Ultimately, the judiciary's responsibility extends beyond determining culpability to carefully negotiating the complex interface between law and psychiatry with empathy, analytical rigour, and an unwavering commitment to human rights.

However, the persistence of a rigid insanity doctrine continues to exclude individuals whose impairments affect volition or impulse control rather than cognition. This doctrinal gap highlights the need for continued judicial sensitivity and potential legislative reform, including the recognition of diminished responsibility or broader conceptions of incapacity. Ultimately, the effective integration of forensic psychiatry into criminal adjudication requires courts to balance societal interests in accountability with constitutional and human rights commitments, ensuring that criminal liability is imposed only where moral blameworthiness is genuinely present.

⁵²S. 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).
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