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**Mental Health And Criminal Responsibility: A Legal And Criminological Study**

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***Abstract***

*This paper investigates the complex intersection between mental illness and criminal responsibility, focusing on the Indian legal system with comparative insights from jurisdictions like the United Kingdom, the United States, and Canada. It explores the legal framework, judicial interpretation, criminological theories, and institutional challenges affecting mentally ill offenders. The study argues for a more integrated, humane, and evidence-based legal approach, highlighting systemic gaps and recommending reforms that align with international human rights standards and psychiatric advancements.*

**Keywords:** *Mental illness, criminal responsibility, IPC Section 84, insanity defence, criminology, forensic psychiatry, judicial reform*

### 1.1 Background of the Study

The intersection of mental illness and criminal law represents a complex and nuanced area of legal and psychological inquiry. Historically, societies have grappled with the challenges of understanding human behaviour, especially when such behaviour deviates from normative standards due to mental health issues. The concept of criminal responsibility hinges on the notion that individuals possess a certain level of mental capacity at the time of committing an offence, which determines their accountability under the law. When mental illness impairs this capacity, questions arise concerning the appropriateness of punishment, the need for treatment, and the protection of society, making the subject a critical focus in both legal and psychiatric domains.<sup>1</sup>

From ancient times, the legal system has endeavoured to delineate the boundaries between criminal conduct and mental incapacity. The earliest legal notions of insanity were rooted in moral judgments, often attributing criminal behavior to demonic possession or moral failings. Over centuries, these perspectives evolved into more scientific approaches, recognising mental illness as a significant factor influencing behaviour. The landmark development in this evolution was the recognition that mental health conditions could diminish an individual's capacity to understand the nature of their acts or control their impulses, thereby impacting their criminal liability.<sup>2</sup>

### Objectives of the Study

The primary objective of this study is to explore and analyse the legal standards governing mental illness in the context of criminal law in India. This involves examining the statutory provisions, judicial interpretations, and practical challenges associated with assessing mental capacity and criminal responsibility. By understanding these standards, the study aims to evaluate whether current legal frameworks adequately address the complexities of mental health issues among offenders.<sup>3</sup>

A key focus of the research is to analyze the criminological aspects of mentally ill offenders. This includes exploring patterns of offending behavior, the social and psychological factors

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<sup>1</sup> Arstein-Kerslake, Anna, and Peter Gooding. *Disability Human Rights Law*. Routledge, 2018.

<sup>2</sup> Dhanda, Amita. *Legal Order and Mental Disorder*. New Delhi: Sage Publications, 2000.

<sup>3</sup> Rao, T.S. Sathyanarayana, and Chittaranjan Andrade. —Forensic Psychiatry in India: Time for Attention. *Indian Journal of Psychiatry* 58, no. 2 (2016): 117–120.

contributing to criminal conduct among individuals with mental illnesses, and how these factors influence legal judgments and sentencing.

Such an analysis can shed light on the intersection between mental health and criminal behaviour, providing insights into effective intervention and rehabilitation strategies.<sup>4</sup>

### Scope and Limitations

The scope of this research is primarily focused on the Indian legal system, with comparative insights drawn from international practices where relevant. The study concentrates on adult offenders, recognising that juvenile justice involves distinct legal provisions, developmental considerations, and rehabilitative approaches that warrant separate analysis. By narrowing the focus to adult offenders, the research aims to provide a detailed and context-specific examination of the legal standards and practices related to mental illness.<sup>5</sup>

Additionally, the study does not extensively cover civil mental health issues, such as involuntary hospitalisation, guardianship, or treatment rights outside the criminal context. Instead, it concentrates on criminal responsibility, defences, and judicial processes related to mental health in criminal cases. This delimitation allows for a more in-depth exploration of the criminal law framework, judicial interpretation, and the interface between psychiatry and law.<sup>6</sup> The limitations of the study include potential constraints in accessing comprehensive data, such as psychiatric assessments, case files, or classified documents. Moreover, variations in judicial interpretation, regional disparities, and resource limitations across different jurisdictions may impact the generalizability of findings. The research also recognises that mental health is a dynamic field, with evolving scientific knowledge and legal standards, which may influence the relevance of certain legal provisions over time.<sup>7</sup>

## 1. Introduction

The principle of criminal responsibility presumes that individuals possess the cognitive ability to understand the nature and consequences of their actions. However, when a person suffers from mental illness, this assumption is challenged. Legal systems across the globe attempt to

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<sup>4</sup> National Human Rights Commission. *Quality Assurance in Mental Health Institutions*. New Delhi: NHRC, 2016.

<sup>5</sup> Sarkar, Siddharth. —Mental Illness and Criminal Responsibility: Forensic Psychiatry Interface. *Indian Journal of Medical Research* 150, no. 5 (2019): 467–469.

<sup>6</sup> Kallivayalil, Roy Abraham. —The Mental Health Care Act, 2017: A Step Towards Rights Based Mental Health Care. *Indian Journal of Psychiatry* 60, no. 1 (2018): 17–20.

<sup>7</sup> Goyal, Sanjeev, and Manju Mehta. —Criminal Responsibility and Fitness to Stand Trial: A Review. *Delhi Psychiatry Journal* 16, no. 1 (2013): 137–144.

address such situations by crafting defences and procedural safeguards that balance justice with compassion. In India, the challenge lies in harmonising archaic statutory language with evolving psychiatric and human rights standards. This paper delves into how mental health conditions influence criminal liability and how legal systems can respond more effectively to such complexities.<sup>8</sup>

## 2. Legal Framework in India

**2.1 Section 84 IPC: Act of a Person of Unsound Mind:** Section 84 of the Indian Penal Code (IPC) provides that nothing is an offence which is done by a person who, at the time of doing it, is incapable of knowing the nature of the act, or that he is doing what is either wrong or contrary to law due to unsoundness of mind. This section borrows heavily from the M’Naghten Rule, emphasising cognitive incapacity over emotional or volitional impairment.<sup>9</sup>

**2.2 Criminal Procedure Code (CrPC), Sections 328-339:** These sections outline the procedural obligations for courts when dealing with mentally unfit accused persons. They mandate medical evaluation, postponement of trials, treatment in mental health establishments, and conditions for resuming proceedings once mental fitness is restored. These provisions attempt to protect the rights of the accused while ensuring procedural fairness.

**2.3 Mental Healthcare Act, 2017** This progressive legislation aims to provide mental healthcare access, safeguard patient rights, and ensure non-discriminatory treatment. Section 102 of the Act is particularly relevant to the criminal justice system, as it facilitates the transfer of prisoners with mental illness to appropriate mental health institutions. It aligns Indian law with the UN Convention on the Rights of Persons with Disabilities (UNCPRD).<sup>10</sup>

**3. Judicial Interpretation** Indian courts have played a pivotal role in defining the contours of criminal responsibility for mentally ill offenders. In *Dahyabhai Chhaganbhai Thakkar v. State of Gujarat*, the Supreme Court ruled that the accused must prove unsoundness of mind by a preponderance of probabilities. However, in *Surendra Mishra v. State of Jharkhand*<sup>11</sup>, the

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<sup>8</sup> Ministry of Law and Justice. *The Mental Healthcare Act, 2017*. New Delhi: Government of India.

<sup>9</sup> Ministry of Home Affairs. *Prison Statistics India 2020*. New Delhi: National Crime Records Bureau (NCRB), Government of India.

<sup>10</sup> Ministry of Law and Justice. *The Mental Healthcare Act, 2017*. New Delhi: Government of India.

<sup>11</sup> *Surendra Mishra v. State of Jharkhand*, (2011) 11 SCC 495.

Court emphasized that a mere history of mental illness is insufficient; it must be shown that the illness impaired the accused at the time of the crime.

Key cases such as *Shrikant Anandrao Bhosale v. State of Maharashtra*<sup>12</sup> and *Ratan Lal v. State of Madhya Pradesh*<sup>13</sup> reaffirm the need for corroborative medical and behavioral evidence to sustain a defense of insanity. These judgments illustrate the judiciary's careful scrutiny of claims of mental illness, often demanding psychiatric assessments and contemporaneous medical records.

#### **4. Comparative Legal Perspectives**

##### **4.1 United Kingdom :**

The UK still relies on the M'Naghten Rules, which focus on the cognitive incapacity of the accused. However, there is increasing academic and policy criticism of this standard for being too narrow and outdated. Reform commissions have proposed adopting a "not criminally responsible" standard similar to that in Canada.<sup>14</sup>

**4.2 United States** American jurisdictions use a mix of standards. The Insanity Defense Reform Act (1984) restricts the use of the insanity defense in federal courts. Some states allow for "Guilty but Mentally Ill" (GBMI) verdicts, where the accused is held criminally liable but receives psychiatric treatment during incarceration.<sup>15</sup>

**4.3 Canada** Canada employs the NCRMD (Not Criminally Responsible Due to Mental Disorder) standard under Section 16 of the Criminal Code. It provides for review boards to determine appropriate treatment and public safety measures, focusing on both legal exculpation and therapeutic rehabilitation.

#### **5. Criminological Insights**

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<sup>12</sup> *Shrikant Anandrao Bhosale v. State of Maharashtra* AIR 2002 SUPREME COURT 3399

<sup>13</sup> *Ratan Lal v. State of Madhya Pradesh*, AIR 1971 SC 778.

<sup>14</sup> *M'Naghten's Case* (1843) 10 Cl & Fin 200.

<sup>15</sup> American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-5). Washington D.C.: APA, 2013.

**5.1 Theoretical Frameworks** Criminological theories explaining mental illness and crime include:

- **Biological theories:** Link genetic and neurochemical abnormalities to impulsivity and aggression.
- **Psychological theories:** Focus on disorders such as ASPD, BPD, and schizophrenia that impair judgment.
- **Sociological theories:** Address the impact of poverty, stigma, and isolation.
- **Labelling theory:** Suggests that stigmatising labels can reinforce deviant behaviour.

**5.2 Offence Typology** Research shows mentally ill individuals are more likely to commit non-violent crimes such as trespassing or theft, often linked to survival rather than malice. Severe psychiatric disorders, especially when untreated, can be associated with violent crimes, but this is often sensationalized by the media.<sup>16</sup>

## **6. Institutional and Systemic Challenges**

**6.1 Mental Illness in Prisons** Prisons have become de facto mental health institutions due to the lack of community-based care. Over 50% of inmates in many countries suffer from some form of mental illness. Conditions like overcrowding, solitary confinement, and lack of medical staff exacerbate symptoms and increase recidivism.

**6.2 Lack of Forensic Infrastructure** India lacks adequate forensic psychiatry units, trained professionals, and standard evaluation tools. This affects the credibility of psychiatric reports and hampers fair trial rights.

**6.3 Post-Release Care and Recidivism** Once released, mentally ill offenders often lack access to housing, employment, and medical care, which increases the risk of reoffending. Coordinated rehabilitation programs are largely absent.

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<sup>16</sup> Sarkar, Siddharth. —Mental Illness and Criminal Responsibility: Forensic Psychiatry Interface. | *Indian Journal of Medical Research* 150, no. 5 (2019): 467–469.

## 7. Recommendations for Reform

- **Legal Reform:** Amend Section 84 IPC to include volitional impairments and align with global standards like the ALI Test.
- **Judicial Training:** Train judges and prosecutors in forensic psychiatry to improve decision-making.
- **Forensic Facilities:** Establish regional forensic psychiatry centres to aid courts.
- **Diversion Programs:** Implement mental health courts and community treatment orders.
- **Post-Custodial Care:** Develop halfway homes and integrated rehabilitation services.

## 8. Conclusion:

The existing legal and institutional responses to mental illness in the criminal justice system are inadequate and often counterproductive. By recognising the multifaceted nature of mental illness, incorporating medical expertise into legal proceedings, and aligning with international human rights norms, India can move toward a more just and effective system. Reforms must bridge the gap between law and psychiatry, ensuring that mentally ill individuals are treated with dignity, compassion, and fairness.

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