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The Relationship Between Mental Health Issues and Criminal Behaviour: A Focus on the Criminal Justice System's Response

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Abstract

This research examines the intricate relationship between mental health issues and criminal behaviour, with a particular focus on the response of the criminal justice system. Mental illnesses such as schizophrenia, bipolar disorder, severe depression, and personality disorders are disproportionately prevalent among incarcerated populations, often exacerbated by inadequate access to early intervention and mental healthcare. While not all individuals with mental illness engage in criminal acts, certain psychiatric conditions can increase vulnerability to behaviours that attract law enforcement attention.

The paper critically analyses the legal framework governing the insanity defence, especially Section 84 of the Indian Penal Code, the M'Naghten Rules, exploring challenges in differentiating between genuine and fraudulent claims. It highlights emerging trends wherein media, social platforms, and popular culture may influence criminal tendencies and contribute to evolving methods of homicide.

Comparative insights from jurisdictions such as the United Kingdom, Australia, and European nations reveal more flexible and rehabilitative approaches, including doctrines of diminished responsibility and mental impairment tests, which balance accountability with treatment. The research also addresses the role of the media in shaping public perceptions of mentally ill offenders, often perpetuating stigma and influencing policy responses. The study concludes by advocating for systemic reforms, including enhanced psychiatric evaluation protocols, specialised legal training, improved prison mental healthcare, and integration of rehabilitative measures into sentencing. By bridging the gap between mental health policy and criminal law, the justice system can ensure both the protection of society and the fair treatment of individuals with mental illness.

1. INTRODUCTION

The intersections of mental health and criminal behaviour had been a subject of significant academic, legal and policy oriented discourse. Mental health illnesses are increasingly acknowledged as influencing elements in criminal behaviour, affecting both offenders and victims. While not all individuals with mental health illnesses participate in criminal behaviour, research suggests a correlation between certain psychiatric conditions and an increased risk of involvement in the criminal justice system. This complex relationship necessitates a clear understanding of how mental health challenges contribute to criminal conduct and how the criminal justice system reacts to those suffering from psychological disorders.

The traditional criminal justice system frequently focuses on punitive measures rather than treating the

underlying reasons of criminal behaviour, including mental illness. Individuals with untreated or poorly managed mental health issues may engage in law enforcement involved behaviours such as substance misuse, aggressiveness, or delusional acts. The justice system's lack of proper mental health care and intervention measures frequently exacerbates these problems, resulting in increased rates of recidivism and protracted involvement with the law. The treatment of mentally ill offenders within police custody, courts and penitentiary facilities remains a major topic with ethical, legal and human rights consequences. A substantial body of research indicates that psychiatric conditions such as schizophrenia, bipolar disorder, severe depression, and personality disorders are disproportionately represented among incarcerated populations. Studies have found that individuals with severe mental illness are more likely to be arrested, detained and sentenced compared to those without such conditions.[1] This overrepresentation highlights systemic failures in addressing mental health issues before they escalate into criminal acts. Furthermore, the stigmatization of mental illness within the legal framework and broader society often leads to inadequate legal representation, prejudicial treatment, and the misclassification of mentally ill offenders as habitual criminals rather than individuals in need of medical and psychological intervention.

1.1 HYPOTHESIS

The hypothesis of the increasing exposure to violent content in movies and social media contributes to the evolution of new methods of killing. The insanity defense is being increasingly misused as a strategy to evade legal punishment. The current legal framework lacks sufficient safeguards to prevent fraudulent insanity claims while ensuring justice for genuine cases. Implementing stricter evaluation mechanisms, expert psychiatric assessments, and legal reforms can reduce the misuse of the insanity defense and enhance accountability.

1.2 OBJECTIVES

1. To examine the emerging trends in killings and the factors contributing to their evolution.
2. To analyze how movies, social media, and digital platforms influence criminal behavior.
3. To evaluate the legal framework governing the defense of insanity in India and internationally.
4. To investigate the extent to which the insanity defense is misused by offenders to evade accountability.
5. To propose legal and policy reforms to prevent the misuse of the insanity defense while ensuring justice for genuine cases.

2. PSYCHOLOGICAL THEORIES OF CRIMINAL BEHAVIOUR

2.1 PYSCHODYNAMIC THEORY

The psychodynamic theory, developed by Sigmund Freud, suggests that a person's early childhood experiences shape their behavior, including criminal tendencies. Freud's theory is based on three key elements of the human mind:

1. **Id -** The most basic part of personality, present from birth. It operates on the pleasure principle, meaning it seeks immediate satisfaction of needs and desires, without thinking about consequences.
2. **Ego -** Develops in early childhood and functions on the reality principle. It tries to find realistic ways to satisfy the Id's needs while considering the outside world.
3. **Superego -** Represents morality and ethics, shaped by parents, society, and personal experiences. It acts as a conscience, making a person feel guilty when they do something wrong.

[1] Substance Abuse & Mental Health Servs. Admin., Criminal & Juvenile Justice (2023), https://www.samhsa.gov/communities/criminal-juvenile-justice/about.

2.2 COGNITIVE THEORY

The cognitive theory explains criminal behavior by focusing on how a person's thought processes influence their actions. This theory is divided into two key areas:

1. **Moral Development -** How individuals develop their sense of right and wrong.
2. **Information Processing -** How people gather, retain, and use information to make decisions.

2.3 BEHAVIOURAL THEORY

The behavioral theory suggests that all behaviors, including criminal ones, are learned from the environment. Since behaviors are learned, they can also be unlearned and replaced with positive behaviors. According to behaviorists, people are not born with violent tendencies or criminal behavior. Instead, they develop these behaviors based on their experiences while growing up.

2.4 PERSONALITY THEORY

Personality refers to an individual's pattern of thinking, feeling, and behaving. It is shaped by both hereditary and environmental factors and remains relatively stable across different situations. Many theories explain personality, but one of the most relevant to criminal behavior is Eysenck's Theory of Personality, also known as the PEN model (Psychoticism, Extraversion, and Neuroticism). According to Eysenck, individuals with high levels of psychoticism and neuroticism are more likely to engage in criminal behavior. He also suggested that poor socialization in childhood prevents these individuals from learning self-control, leading them to act impulsively and irresponsibly.

2.5 THEORY OF INTELLIGENCE

Criminal behavior has been analyzed using multiple psychological theories, including psychodynamic, cognitive, behavioral, and personality theories. Another perspective considers intelligence as a factor influencing criminal behavior.

3. M'NAGHTEN'S RULES[2]

The M'Naghten Rules were established as a legal standard for the insanity defense after the trial of Daniel M'Naghten in 1843. M'Naghten was a man suffering from paranoia and delusions, where he believed that the British Prime Minister, Sir Robert Peel, was conspiring against him. Acting on his delusion, he attempted to assassinate Peel but mistakenly killed Edward Drummond, Peel's private secretary.

At trial, M'Naghten pleaded insanity, and medical evidence was presented to show that he was suffering from a severe mental disorder. As a result, he was acquitted of murder on the grounds of insanity. His acquittal shocked the public and Parliament, leading to a debate about the clarity and effectiveness of the insanity defense in criminal law. The House of Lords asked the High Court Judges to define the principles governing the defense of insanity, and their responses became the foundation of the M'Naghten Rules.

1. Every person is assumed to be sane and responsible for their actions unless proven otherwise.
2. The burden of proof is on the accused to establish that they were legally insane at the time of committing the crime.
3. A person cannot be held criminally responsible if, at the time of committing the act, they were suffering from a disease of the mind that made them:
4. Incapable of understanding the nature and quality of the act; or
5. Unaware that what they were doing was wrong or illegal.
6. If a person commits a crime under a delusion, they are responsible for their actions only to the extent

[2] SYED MOHAMMAD AFZAL QADRI, CRIMINOLOGY, PENOLOGY & VICTIMOLOGY 40 (7th ed. 2016).

that they would have been had their delusion been true.

This means that if someone due to mental illness falsely believes they are acting lawfully then they may not be held responsible. For example, if a person suffering from schizophrenia believes they are killing a demon rather than a human being, the insanity defense may apply. If a person commits a crime knowing it is illegal but believing that God ordered them to do so, they may still be held responsible under law. Legal insanity only applies when a person is completely incapable of distinguishing between right and wrong at the time of the crime. A person suffering from mental illness but still understanding the nature of their act cannot claim the insanity defense.[3]

3.1 MENTAL DEFICIENCY[4]

There was a time when no distinction was made between mental deficiency and insanity as maintained both in law and medicine today till the distinction was made clear by two psychologists, Jean E.D. Esquirol in France and Isaac Ray in the US in the 18th and 19th centuries respectively.

Various studies have been made to determine the relationship between mental deficiency and criminal behaviour by employing psychometric tests. Henry H. Goddard found mental deficiency in almost half of all criminals[5] while Goring was convinced that mental deficiency was a major cause in all criminal behaviour except the ones requiring some cleverness as in the case of fraud.[6] Goddard's figures are supported by 395 studies made in America and reported by Sutherland. Mary Woodward exam-ined all the studies pertaining to the relation between low intelligence and crime and was convinced that low intelligence does not play any significant role in delinquency. Mental defi-ciency does not play any direct role in the causation of criminal tendency in a person but indirectly it may be relevant because social adjustment can be more difficult for persons with low intelligence.

3.2 MENTAL DISORDERS[7]

In terms of mental quality, an offender may be either normal or pathological or abnormal. The pathological offenders vary in the magni-tude and degree of abnormality and may be classified as follows:

1. The psychotics, i.e. the most seriously abnormal group.
2. The neurotics and psychopaths, the group next in order of degree of abnormality.
3. The mental defectives, i.e. the residue class of abnormal offenders with varying degrees of abnormality.

As regards the class of psychotics, they can further be classified into two categories, i.e. those having psychosis of organic origin and those afflicted by psychosis of functional or non physical kind. A detailed discussion not being within the scope of the present work, what follows, therefore, is a brief discussion of psychosis and other mental disorders.

3.3 MENTAL DISORDERS AND CRIMINALITY[8]

Quite a few studies have amply demonstrated that the various mental dis-orders in themselves are not sufficient to explain criminal behaviour. It is being increasingly recognised now that an approach

[3] SYED MOHAMMAD AFZAL QADRI, CRIMINOLOGY, PENOLOGY & VICTIMOLOGY 40 (7th ed. 2016).
[4] SYED MOHAMMAD AFZAL QADRI, CRIMINOLOGY, PENOLOGY & VICTIMOLOGY 35 (7th ed. 2016).
[5] James Walter Debbert, Henry Herbert Goddard (1866-1957), EMBRYO PROJECT ENCYCLOPEDIA, (Feb. 24, 2025, 10:52 AM), https://embryo.asu.edu/pages/henry-herbert-goddard-1866-1957.
[6] Edwin D. Driver, *Pioneers in Criminology XIV - Charles Buckman Goring (1870–1919),* 47 J. Crim. L. & Criminology 515 (1957).
[7] SYED MOHAMMAD AFZAL QADRI, CRIMINOLOGY, PENOLOGY & VICTIMOLOGY 35 (7th ed. 2016).
[8] SYED MOHAMMAD AFZAL QADRI, CRIMINOLOGY, PENOLOGY & VICTIMOLOGY 38 (7th ed. 2016).

focussing on mental factors of pathological nature shall also have to give due allowance for psychological as well as social and other factors. Schuessler and Cressey wrote a well known article in which they surveyed 113 studies conducted in the US up to 1950.

In those studies comparisons had been made of the personality traits of delinquents with those of delinquents. The survey revealed that personality differences were found only in 42 per cent of the studies and no differences were found in the remaining 58 per cent. Their conclusion, therefore, though itself subject to some valid criticism, was that no significant association between criminality and personality had emerged.

3.4 CRIMINAL LAW AND MENTAL ABNORMALITY[9]

The medical and legal viewpoints on mental abnormality are inevitably and irreconcilably at variance, which is not surprising, and the dichotomy can be easily explained with reference to the roles which psychiatry and law have to play in human life. The primary role of law is to safeguard the interests of society and law has, therefore, to be normative in character. Psychiatry, on the other hand, being concerned with the mental diseases of individual patients, psychiatrists endeavour to find solutions according to the peculiar needs of the individual. Law cannot, and certainly does not, claim to be a science like psychiatry since it has to lay down policies in clearest possible terms and the choices available to lawmakers cannot be made without reference to social and moral values as well as to the hard realities involved in the administration of justice. While psychiatry cannot obviously base its theories on "free will", laws can be formu-lated and enforced only on the basis that normally a person has a choice between right and wrong and he is, therefore, responsible for making the choice.[10]

4. STATISTICAL TRENDS IN KILLING RELATED TO MENTAL MENTAL HEALTH ISSUES

Homicide patterns have changed over time due to various social, economic, psychological, and technological factors. Killings occur for different reasons, such as personal disputes, financial stress, revenge, gang-related activities, and mental health issues. In some parts of the world, homicide rates have decreased due to better law enforcement, stricter laws, and improved surveillance systems. However, in other regions killings continue to rise because of political instability, organized crime, and socio-economic inequalities.[11]

One of the major historical shifts in homicide trends is the changing nature of motives and methods. Traditionally, most homicides were due to family disputes, property conflicts, or personal revenge. Today organized crime, terrorism, drug wars, and even online radicalization have led to an increase in planned and large-scale killings. Some offenders now use digital platforms to incite or glorify violence, leading to new challenges in crime prevention.

Another significant factor influencing homicide rates is mental health. While only a small percentage of killings are directly caused by severe mental illnesses, media coverage often exaggerates the link between mental disorders and violent crime. Some individuals also misuse mental illness as a defense strategy to escape legal consequences. This has raised debates on the insanity plea, criminal responsibility, and ethical concerns in legal trials.

The role of media and entertainment cannot be ignored. Movies, TV shows, and social media platforms

[9] SYED MOHAMMAD AFZAL QADRI, CRIMINOLOGY, PENOLOGY & VICTIMOLOGY 38 (7th ed. 2016).
[10] SYED MOHAMMAD AFZAL QADRI, CRIMINOLOGY, PENOLOGY & VICTIMOLOGY 39 (7th ed. 2016).
[11] UNODC, https://www.unodc.org/unodc/en/data-and-analysis/global-study-on-homicide.html, (last visited March. 5, 2025).

often sensationalize crime and glorify violence, sometimes leading to copycat killings or influencing criminal behavior. Studies suggest that excessive exposure to violent content can desensitize individuals, making them more accepting of aggression and criminal behavior.

4.1 ROLE OF MEDIA[12]

The media plays a powerful role in shaping how society perceives individuals with mental illness who commit crimes. News reports, movies, and television often sensationalize violent acts committed by mentally ill individuals, reinforcing the stereotype that mental disorders are directly linked to dangerous behavior. This portrayal can lead to fear, stigma, and misunderstanding, making it harder for individuals with mental health conditions to seek help.

One of the most common issues in media coverage is the disproportionate focus on rare, violent cases involving mentally ill offenders. News reports often highlight extreme incidents such as mass shootings, serial killings or gruesome crimes committed by people with diagnosed psychiatric conditions. This selective reporting creates a false perception that all individuals with mental illnesses pose a threat to society.

Another way media influences public perception is through exaggeration and lack of context. Headlines often use terms like "psychopath," "schizophrenic killer," or "mentally unstable attacker," without explaining the complexity of mental health disorders. These terms mislead the public by reducing a person's actions solely to their diagnosis, ignoring other social, environmental, and psychological factors that contribute to criminal behavior.

Media shall:

1. Providing accurate context about mental illness and crime rates.
2. Avoiding sensationalized language and misleading headlines.
3. Highlighting success stories of mental health recovery rather than only focusing on violent cases.
4. Consulting mental health professionals when discussing psychiatric disorders.

By promoting fact based reporting and reducing stigma, the media can help create a more informed, compassionate, and just society, ensuring that individuals with mental illnesses receive proper treatment instead of unjust punishment or societal exclusion.

4.2 MENTAL DISORDERS[13]

A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation or behaviour. It is usually associated with distress or impairment in important areas of functioning. Mental health disorders affect a person's thoughts, emotions and behaviour and sometimes influence their ability to understand reality, control impulses or distinguish right from wrong. Some mental disorders which are prominent in criminal cases are like, Schizophrenia

1. Bipolar Disorder
2. Anxiety Disorder
3. Depression
4. Post-Traumatic Stress Disorder (PTSD)
5. Eating Disorder
6. Disruptive behaviour and dissocial disorder

[12] APA, https://www.apa.org/news/press/releases/2019/08/media-contagion., (last visited March. 5, 2025).
[13] WHO, https://www.who.int/news-room/fact-sheets/detail/mental-disorders, (last visited Feb. 25, 2025).

7. Neurodevelopmental disorder

4.3 TRENDS IN KILLING

Homicide is one of the most closely monitored and recorded crimes worldwide, serving as a key indicator of violence in society. It is often used to measure crime trends across different regions and time periods due to its clear legal definition and its significant social impact. The United Nations Office on Drugs and Crime (UNODC) defines intentional homicide as the unlawful killing of a person with the intent to cause death or serious injury. This definition encompasses three critical elements:

1. The act of killing another person
2. The intent of the perpetrator to kill or inflict serious harm
3. The unlawfulness of the killing, meaning that the act is considered illegal under the law[14]

The trends in homicide rates vary widely across regions, influenced by factors such as

1. Economic disparities and unemployment
2. Social instability and political conflict
3. Gang violence and organized crime
4. Mental health issues and domestic violence
5. Law enforcement efficiency and legal frameworks[15]

The Jaipur crime report for 2024 presents a mixed trend in criminal activities. Murder cases have decreased by 26%, indicating improvements in crime prevention. Thefts have also reduced by 15%, but burglaries have increased by 24%, suggesting a shift in criminal patterns. Rape and kidnapping cases saw a slight decline (1%), while loot cases dropped by 18%. Law enforcement has improved conviction and recovery rates, focusing on data-driven policing and technological advancements.[16] The National Crime Records Bureau (NCRB) publishes an annual report titled "Crime in India", providing comprehensive statistics on various crimes, including homicides. The latest available report, "Crime in India 2022", indicates that a total of 29,272 cases of murder were registered across the country in that year.[17]

5. CASE STUDIES

5.1 NIMAN SHA V STATE OF MADHYA PRADESH[18]

Facts:

The case involves the accused Niman Sha, who was charged with the murders of two elderly women, Nanjo Bai and Jhini Bai, on 6th December 1994, in villages Dhalapathar and Karan Pipariya. The prosecution alleged that Niman Sha, armed with an axe, suddenly attacked Nanjo Bai while she was harvesting crops and brutally beheaded her. After committing this murder, he proceeded to Karanpiparia, where he similarly killed Jhini Bai, severing her head from her body. The accused was caught by villagers and tied to a tree until the police arrived. A First Information Report (FIR) was lodged, and an investigation

[14] United Nations Office on Drugs and Crime, *Global Study on Homicide 2023: Homicide Trends and Patterns*, U.N. Doc. E/CN.15/2023/CRP.2 (2023), available at https://www.unodc.org.
[15] United Nations Office on Drugs and Crime, *Global Study on Homicide 2023: Homicide Trends and Patterns*, U.N. Doc. E/CN.15/2023/CRP.2 (2023), available at https://www.unodc.org.
[16] *"Murders Down, Thefts Up: Crime Trends Mixed in '24,"* The Times of India (Feb. 28, 2025, 10:00 AM), https://timesofindia.indiatimes.com/city/jaipur/murders-down-thefts-up-crime-trends-mixed-in-24/articleshow/117157375.cms.
[17] National Crime Records Bureau, Ministry of Home Affairs, Government of India, Crime in India 2022, Vol. I (2023), https://ncrb.gov.in., (last visited March. 1, 2025).
[18] Niman Sha v. State of M.P., 1997 (1) MPLJ 536

followed. The police recovered the murder weapon (axe), which had blood stains, and also seized the blood-stained clothes of the accused. During the trial, witnesses confirmed that they saw the accused committing the murders. The trial court convicted Niman Sha under Section 302 IPC and sentenced him to death, referring the case to the High Court for confirmation under Section 366 CrPC.

Issues:

1. Whether Niman Sha committed the murders of Nanjo Bai and Jhini Bai?
2. Whether he was suffering from legal insanity at the time of committing the offence, thus entitling him to protection under Section 84 IPC?
3. Whether the death penalty awarded by the trial court was justified?

Judgment:

The Madhya Pradesh High Court acknowledged that the accused committed the murders, as eyewitness testimonies and medical evidence clearly established his guilt. However, the court also considered the defense of insanity under Section 84 IPC. During the trial, evidence emerged that the accused had a history of mental illness. Jail records showed that he exhibited abnormal behavior while in custody, and medical reports recommended that he be sent to a mental hospital for treatment. Despite these findings, the trial court did not properly inquire into his mental condition as required under Sections 328 and 329 CrPC. The High Court ruled that this was a serious procedural lapse, as the accused might have been legally insane at the time of the incident and incapable of understanding the nature of his actions.

The High Court set aside the death sentence and allowed the appeal, ruling that Niman Sha was entitled to the protection of Section 84 IPC. However, considering the gruesome nature of the crime and the potential risk he posed to society, the court ordered that he be detained at the Institute of Mental Health, Gwalior, until he was declared mentally fit for release.

5.2 AMRIT BHUSHAN GUPTA V UNION OF INDIA[19]

Facts:

The appellant, Amrit Bhushan Gupta, was convicted of murdering three children by burning them alive and was sentenced to death under Section 302 IPC. He was also sentenced to seven years of rigorous imprisonment under Section 307 IPC for attempting to murder another person. The Delhi High Court confirmed his death sentence on 23 September 1969. After his conviction, multiple mercy petitions and legal appeals were filed by his relatives, arguing that he was suffering from insanity (schizophrenia) and should not be executed. Several petitions were dismissed by the High Court and the Supreme Court. Later, the case was brought before the Supreme Court through a writ petition under Article 226, seeking a stay on execution on the ground that he had become mentally unsound after conviction.

Issues:

1. Whether a convict sentenced to death, who later develops insanity, can be executed?
2. Whether Section 30 of the Prisoners Act, 1900, applies to death row prisoners who become insane after sentencing?
3. Whether the defense of insanity (Section 84 IPC) could be used at this stage to prevent execution?

Judgment:

The Supreme Court dismissed the petition and refused to stay the execution, holding that the insanity

[19] Amrit Bhushan Gupta v UOI, 1977 AIR 608.

defense under Section 84 IPC applies only at the time of committing the crime, not at the stage of execution. The Prisoners Act, 1900 (Section 30) does not prevent the execution of a convict who becomes insane after sentencing. The repeated filing of petitions appeared to be a deliberate attempt to delay the execution rather than a genuine legal issue. The Court found that Gupta was sane at the time of committing the murders and during his trial and his subsequent insanity was irrelevant to the execution process. The President of India had already rejected his mercy petitions, implying that all relevant considerations, including his mental state, had been taken into account.

5.3 SURENDRA MISHRA V STATE OF JHARKHAND[20]

Facts:

On 11th August 2000, the accused Surendra Mishra shot and killed Chandrashekhar Choubey at point blank range while the latter was inside a car. The victim's driver, PW.1 Vidyut Kumar Modi, witnessed the incident and fled the scene to inform the deceased's family. Surendra Mishra, after committing the murder, ran away and attempted to dispose of the weapon in a well. During the trial, Surendra Mishra pleaded insanity under Section 84 IPC, arguing that he was of unsound mind at the time of the crime. The trial court rejected his plea, convicted him under Section 302 IPC (murder) and Section 27 of the Arms Act, and sentenced him to life imprisonment. The Jharkhand High Court upheld the conviction, leading to an appeal before the Supreme Court.

Issues:

1. Whether Surendra Mishra was legally insane at the time of committing the offense, thereby qualifying for protection under Section 84 IPC?
2. Whether the evidence provided by the defense sufficiently established insanity as per legal standards?
3. Whether the High Court erred in upholding the conviction despite the defense of insanity?

Judgment:

The Supreme Court dismissed the appeal and upheld the conviction, making the following key observations that the Court reiterated that not every form of mental illness qualifies for an insanity defense. There is a difference between medical insanity and legal insanity; only the latter is a valid defense under Section 84 IPC. Although the defense provided medical prescriptions from 1987 and 1998, they did not establish that the accused was incapable of understanding his actions at the time of the crime. The accused fled the scene, threatened a witness (the driver), and attempted to hide the weapon actions that demonstrated awareness of wrongdoing. This indicated that he was not legally insane at the time of the murder. The fact that Surendra Mishra was running a medical shop showed that he was capable of managing daily life, further weakening his insanity defense. The Court referred to past cases, including Bapu v. State of Rajasthan (2007) 8 SCC 66 and Hari Singh Gond v. State of M.P. (2008) 16 SCC 109, emphasizing that an accused must prove that they were incapable of knowing the nature of the act or that it was wrong or illegal at the time of the offense. Mere abnormal behavior or a history of mental illness is not enough to establish an insanity defense.

6. COMPARATIVE ANALYSIS

6.1 UK[21]

The UK follows the M'Naghten Rule, similar to India, but it also has additional legal doctrines such as

[20] Surendra Mishra v State of Jharkhand, AIR 2011 SUPREME COURT 627.
[21] *Homicide Act*, 1957, 5 & 6 Eliz. 2 c. 11, § 2 (Eng.).

diminished responsibility for murder cases.

1. Under the Homicide Act, 1957, an individual suffering from an "abnormality of mental functioning" may have their murder charge reduced to manslaughter.
2. This was seen in “R v. Byrne”[22], where the court held that the defense of diminished responsibility should consider medical and psychological evidence.
3. Unlike India, where insanity must be absolute, the UK allows for partial mental incapacity to reduce criminal liability.
4. The UK has the diminished responsibility doctrine, reducing murder charges to manslaughter, while India does not.
5. The UK places greater emphasis on psychiatric reports in trials.

6.2 AUSTRALIA

Australia follows the M’Naghten Rule with modifications across its states and territories.

1. Criminal Code Act, 1995 (Commonwealth) recognizes the insanity defense but places the burden of proof on the defense.[23]
2. Some states, like Queensland, have specific insanity-related provisions under their Criminal Code Act 1899.[24]
3. Australia follows the "mental impairment" test, which is broader than M’Naghten but requires proof that the accused lacked control over their actions.
4. Courts often impose supervision orders, allowing mentally ill offenders to be treated rather than punished.
5. Australia allows supervision orders instead of full acquittal.
6. Some states use the term "mental impairment", offering a more flexible standard than India's strict insanity defense.

6.3 EUROPE

Unlike common law countries, many European nations such as Germany and France, follow civil law traditions where the insanity defense is integrated into the criminal code rather than based on case law precedents.

1. Germany (Section 20, German Criminal Code) provides a defense if the offender, due to a severe mental disorder, lacks the ability to control their actions. If partial impairment is proven, the punishment is reduced.[25]
2. France (Article 122-1, French Penal Code) states that a person who was suffering from a "psychological or neuropsychological disorder" at the time of the offense is not criminally responsible.[26]
3. Italy follows a similar approach but includes mandatory psychiatric hospitalization for insane offenders.
4. The European Court of Human Rights (ECHR) ensures that mentally ill offenders are treated humanely under Article 3 (prohibition of inhuman or degrading treatment) of the European Convention on

[22] *R v. Byrne*, [1960] 2 Q.B. 396 (Eng.).
[23] *Criminal Code Act* 1995 (Cth) s 7.3 (Austl.).
[24] *Criminal Code Act* 1899 (Qld) s 27 (Austl.).
[25] *Strafgesetzbuch* [StGB] [Penal Code], § 20 (Ger.).
[26] *Code pénal* [C. pén.] [Penal Code] art. 122-1 (Fr.).

Human Rights.[27]

7. CONCLUSION

The intersection of mental health issues and criminal behavior is a critical subject within criminology, penology, and victimology. Individuals suffering from mental illnesses often find themselves entangled in the criminal justice system due to a combination of socio-legal factors, including a lack of preventive mental healthcare, societal stigma, and inadequate legal safeguards. While the law in India recognizes the insanity defense under Section 84 of the Indian Penal Code (IPC), 1860, its application remains highly complex and inconsistent. The provision ensures that those who are incapable of understanding the nature of their actions due to mental illness are not held criminally responsible. However, its implementation presents multiple challenges, primarily due to the high burden of proof placed on the accused, requiring them to provide substantial medical and circumstantial evidence to establish unsoundness of mind at the time of the offense.

Despite the existence of legal frameworks such as the Mental Healthcare Act, 2017, which aims to protect the rights of mentally ill individuals and decriminalizes attempted suicide, significant gaps remain in the integration of mental health policies within the criminal justice system. The Indian judicial system is still largely punitive rather than rehabilitative, focusing more on punishment than on treatment and reintegration. Law enforcement officials, prison authorities, and even judicial officers often lack proper training in dealing with individuals suffering from mental health disorders, leading to wrongful arrests, excessive force, and the incarceration of individuals who require psychiatric care rather than imprisonment. The prison system, in particular, is ill-equipped to handle mental health conditions, with most correctional facilities lacking trained psychiatrists, mental health counselors, or rehabilitation programs. This results in a cycle of criminalization, where mentally ill offenders continue to suffer within an environment that exacerbates their condition, often leading to higher recidivism rates.

A comparative analysis reveals that countries such as the United Kingdom, the United States, Germany, and Australia have adopted more evolved and flexible approaches to the insanity defense, ensuring that legal systems are better equipped to handle cases involving mentally ill offenders.

[27] *Codice Penale* [C.p.] [Penal Code] art. 88 (It.).