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# **PSYCHOLOGICAL DISORDERS AND CRIME - AN ANALYSIS ON INDIAN LANDMARK CASE LAWS AND THEIR IMPACT ON LEGAL FRAMEWORKS**

AUTHORED BY - ESHA SAHU & DR. SARITA YADAV

## **Abstract**

Starting off, arguments about mental health problems linked to crime never really settled down across courts and clinics globally. Looking closer, this report unpacks how sickness of the mind ties into unlawful acts - especially zooming in on India's shifting courtroom logic over time. Instead of just listing rules, it follows big rulings, written laws, and judge-made meanings that shaped when someone is held accountable despite inner turmoil.

Starting with old British roots, court rulings in India slowly changed how madness links to crime. Instead of just guilt or innocence, judges now consider broken minds when deciding outcomes. Though safety matters, voices inside courtrooms increasingly ask if healing fits better than jail. One landmark moment came long ago, yet its shadow still touches today's verdicts. Minds clouded by illness no longer face uniform punishment across the board. Recent decisions show cracks forming in rigid systems, letting compassion seep into sentences. Not every case moves forward at once, but patterns emerge over time. Punishment alone seems less fitting when sickness clouds judgment. Courts inch ahead, nudged by doctors, laws, and human stories behind bars. Healing, not only hurting, shapes some modern rulings. Slowly, legal thinking bends toward care instead of cages.

**Keywords:** Psychological disorders, criminal responsibility, insanity defense, Indian Penal Code, landmark judgments, mental health law, forensic psychiatry.

## **Introduction**

A mind unwell sometimes walks a path that breaks laws. Across time, people have struggled to decide what happens when someone with such a mind causes harm. Because they are ill, does blame fit them less than others? Not every culture answers the same way. As knowledge grows about inner struggles of thought and feeling, rules shift slowly under new light. One thing stays: finding balance is never finished.

Few subjects carry as much weight. Across the globe, huge numbers face struggles tied to their mind, yet many go unseen. Inside jails, countless inmates live with conditions never properly identified or treated. How courts and laws respond shapes lives - sometimes quietly, sometimes loudly. Justice systems shaped by these choices reflect deeper values about dignity and fairness. India sees more conversations now around inner well-being, though shame still shadows those who suffer. Laws there stand at a crossroads, deciding whether understanding follows punishment when behavior goes wrong.

### **Historical Background**

Excuses for crime linked to mental health trace back to old societies. Rome once held that some illnesses freed people from blame under its laws. Still, today's courtroom rules around madness mostly grew out of England's past rulings. A turning point came in 1843 with McNaghten's Case, shaping how courts judge guilt when minds are impaired. That moment laid down standards still echoed now - when inner confusion overrides knowing right from wrong.

At the moment of the offense, proof needs to show the accused suffered a mental disturbance so severe that understanding their actions became impossible. Not knowing right from wrong during the act could qualify as legal insanity under this standard. Originating long ago, these principles found their way beyond borders, quietly shaping laws in distant places. One such place is India, where similar ideas appear within the country's criminal code, specifically clause eighty four. Clarity matters here - mental illness alone does not suffice; impaired judgment about the act itself forms the core.

Since gaining independence, India's handling of mental health in crime cases has shifted noticeably. Old rules left by colonial rule got reshaped over time through court rulings, shaped by how society now sees mental conditions. Key decisions often began not with policy but with real human situations unfolding in courtrooms. These shifts revealed a deeper awareness - mental illness demands different responses in law enforcement settings. Important verdicts came down from the highest court, balancing care for those unwell with duties to protect communities. Safety matters, yet fairness does too, especially when minds struggle under pressure few can see.

## **Research Objectives**

One goal here is examining how Indian law handles mental health issues when someone faces criminal charges - looking closely at rules within the Indian Penal Code, the Code of Criminal Procedure, along with related laws. Landmark court rulings come into view next, revealing how judges have interpreted insanity defenses across time. Instead of assuming fairness, attention turns to whether today's legal benchmarks truly manage the tangled links between psychiatric conditions and unlawful acts. Where gaps appear, suggestions emerge about possible updates so justice systems can support affected individuals without weakening public safety.

Now here comes a closer look at how courts, therapists, and lawyers actually struggle when dealing with insanity claims. One big question centers on what kind of proof counts when someone says they were mentally unwell during a crime. Experts often step in, yet their words carry weight unevenly across different cases. What India demands as evidence sometimes shifts without clear pattern. Other countries handle similar issues in ways that spark reflection back home. Those outside examples quietly suggest where change might take root someday.

## **Understanding Psychological Disorders**

Thinking differently does not always mean illness, yet some patterns shift how people feel, act, or handle everyday tasks. When thoughts twist sharply, choices may lose direction, reactions grow unpredictable. A person might struggle to weigh consequences, respond normally under pressure. Seeing these shifts clearly helps measure influence on harmful acts, accountability in court settings.

A wide variety of issues fall under what the World Health Organization labels mental disorders - each bringing its own set of signs. Usually, strange thinking, odd views, shifting feelings, unusual actions, or strained connections show up together. Anyone might face these challenges - no matter how old, whether female or male, rich or poor, which culture they come from. Behind them lies a mix of roots - not just one cause but layers: genes, brain chemistry, life experiences, and surroundings all tangled in.

## **Types of Mental Health Conditions**

One way to look at mental health is through how we group different conditions. Over years, these groups have shifted and taken new shapes. A guide known as DSM-5 helps shape this

system today. It comes from the American Psychiatric Association. Instead of old labels, it uses clearer patterns found in behavior and thought. Think of autism or ADHD - they fall under neurodevelopmental types. Then there are experiences like hallucinations or fixed false beliefs, grouped into psychotic forms. Mood swings that swing hard toward highs belong to bipolar territory. When sadness lingers without clear cause, it lands within depressive zones. Fear that sticks around too long shows up in anxiety sections. Repeating thoughts or actions carve out space in OCD-related areas. Events tied to shock or lasting pressure live among trauma-linked diagnoses. Moments where identity feels split or memory gaps appear mark dissociative cases. Physical pain with unclear origin gets attention in somatic chapters. Eating habits gone extreme sit in feeding disorder clusters. Sleep cycles falling apart find room in sleep-wake divisions. Trouble during intimacy appears listed as sexual dysfunction. Mismatch between inner sense of self and body features defines gender dysphoria here. Outbursts, defiance, rule-breaking gather under impulse- control names. Cravings driven by substances form another section on addiction. Thinking decline due to aging or illness fits under neurocognitive headings. Deep-rooted ways of relating poorly to others show up as personality-based struggles. Attraction patterns outside common norms get noted in paraphilia parts.

Some mental health issues don't connect to crime accountability. What matters in court often comes down to whether someone could grasp what they were doing or stop themselves. Conditions like schizophrenia, intense depression, or particular long-term behavioral patterns show up more often when mental state becomes part of a trial. Still, just having a diagnosis means nothing unless it clearly altered how the person thought or acted during the event.

Published by the World Health Organization, the International Classification of Diseases (ICD-11) offers a commonly applied method for sorting mental disorders. Though not identical to the DSM-5, it shares with that system a commitment to clear diagnostic rules meant to support reliable detection and care of psychological issues. When cases move into legal settings, such frameworks become shared reference points - linking clinicians, lawyers, and judges through uniform terms. Because clarity matters under scrutiny, having agreed-upon labels helps keep communication grounded. Even small mismatches in wording can ripple outward, so consistency acts like ballast. Behind every label sits real impact: decisions about responsibility, risk, or access to services often hinge on precise definitions. So while the manuals differ slightly in structure, their role in bridging disciplines remains much the same.

## **Mental Health Issues Linked to Crime**

Not every mind struggling inside ends up breaking laws outside. Studies point toward a link where specific mental conditions raise chances of meeting police or courts - yet most who live with these diagnoses never harm others. Trouble often grows when drug misuse joins forces with unstable housing, joblessness tagging along too. Missing out on proper care for emotional troubles can twist paths further.

Strange beliefs or hearing voices might make someone do crimes they feel are right at the time. Voices telling a person what to do can blur the line between illness and choice in courtrooms. Deep sadness sometimes leads to harm - against oneself or others, especially after childbirth. When someone repeatedly ignores how their actions hurt people, it could tie back to long-standing emotional patterns. Not every troubled mind follows the same path, yet some ways of thinking show up again and again in repeated offenses.

Most people dealing with mental health issues never act violently. Instead they face higher chances of being harmed by others. Stories in movies or news often paint them as threats - this image rarely matches reality. Even so, serious offenses sometimes happen. When someone facing deep psychological struggles breaks laws, courts need ways to weigh both community protection and care requirements. Fair outcomes depend on seeing each situation clearly.

Mental health issues sometimes lead people into crime - one way is when symptoms themselves drive actions, say, someone acting out because they believe a threat exists. Another route opens up alongside things like drug use, where the illness isn't alone but tangled with habits that push behavior further off track. Life conditions matter too: lacking stable housing or work can pull individuals toward both psychological strain and illegal acts. Piecing together how these routes operate helps shape responses that actually make a difference down the line.

## **India's Legal System Overview**

A look into India's approach toward mental health and crime begins with laws like the 1860 Penal Code and the 1973 Criminal Procedure rules, along with court decisions over time. Colonial roots mix here with newer ideas that fit local beliefs and how society changed after freedom was won.

Indian Penal Code Rules- An odd rule tucked inside India's criminal code shields people whose minds aren't working right. When someone acts without grasping what they're doing - because their thinking is broken - it isn't counted as crime. That moment matters most: if confusion clouds whether the act makes sense or breaks rules, guilt slips away. Rooted in old British judgments, the idea leans on mental blindness - not just strange behavior but true lack of awareness. Not knowing right from illegal becomes the hinge where punishment stops. The law doesn't care why the mind failed, only that it did when the act unfolded.

When someone gets drunk through no fault of their own, Section 85 might help them avoid blame. Suppose they did something while so out of it that they could not understand what was happening - or realize it broke the rules. Then - only then - the act might not count as a crime. The key point? They had to be drugged without consent. Otherwise, being drunk does not excuse anything. What matters is whether the mind could grasp guilt at the moment. Without forced intoxication, there's no protection here. Being unaware because you chose to drink offers no shield.

Kids and those who aren't mentally well get extra attention under Section 305 when someone pushes them toward ending their life. Harming someone using poison or drugs on purpose fits under Section 328, especially if it changes how they think or act. When something is done to help a person lacking reason, even if risky, Section 88 might see it differently - trust matters there.

Code of Criminal Procedure- A law about criminal court steps includes rules for people with mental illness. When someone facing charges seems unable to understand what's happening, a process kicks in under Section 328. That happens if the judge sees signs the person can't think clearly enough to take part in their own case. Then, checking the truth of that condition becomes required. A government-named doctor - often the civil surgeon - must step in to give an examination.

When someone on trial is deemed mentally unfit, Section 329 steps in. Should their state prevent the process from moving forward, a judge can decide where and how they are held securely. Recovery changes things - proceedings pick up again under Section 330. Once well enough, the case continues just as before.

A person found not guilty because they were mentally unwell when the crime happened might be held under court orders. Instead of prison, the judge can decide where and how they should stay, focusing on safety. Sometimes, it's a secure location chosen by the court based on what seems appropriate at the time. Authority given by the state government allows certain officials to move them elsewhere. Treatment could happen in a mental health clinic or another proper setting arranged later.

A new law in 2017 changed how India handles mental health care. Instead of the old rules from 1987, it brought stronger safeguards for people facing mental health struggles. Because treatment access matters, systems were built into the law to support services - even within legal processes. With respect at its core, the act supports personal choice during tough times. When someone can plan ahead, they may name a person to speak for them, making decisions clearer when needed most.

### **Landmark Case Laws**

Starting from courtroom decisions, how mental health ties to crime in India began shifting through key rulings. One after another, these judgments quietly reset what counts as fair treatment. Not just rules changed - understanding did too. Through them, space opened up for people living with psychological conditions inside a rigid legal world. Each case added texture, nuance, weight. Boundaries around responsibility grew more detailed. Protection slowly took shape where little existed before.

### **McNaghtens Case 1843: The Start**

A man named Daniel McNaughten believed falsely that a political group wanted to harm him. Because of those fixed false ideas, he meant to kill a leader but took another life instead. That person, Edward Drummond, died after being shot by mistake. Doctors later said his thinking was deeply disturbed at the time. The court heard expert opinions showing his mind could not grasp reality. So, even though the act occurred, punishment did not follow due to mental illness. Though it happened far from India, its effect reached Indian law clearly. This moment shaped how madness is seen in legal guilt there.

Outrage from people after the ruling pushed the House of Lords to question judges about how insanity laws should work. Because of those questions, the court laid out what became known

as the McNaghten Rules - setting a strict bar for proving legal insanity. Anyone claiming mental incapacity must show they suffered a serious flaw in reasoning due to mental illness when acting. At that moment, either they failed to grasp what their actions involved, or even if aware, could not understand their conduct broke moral or legal boundaries. Later on, these exact principles found their way into Section 84 of India's criminal code.

### **Lakshmi Dhikta v. Government of Nepal (2009) - Regional Context**

From a different country but close by, the 2009 decision in Lakshmi Dhikta v. Government of Nepal helps show how courts across South Asia handle mental well-being within legal rulings. Though Nepal's top court made the ruling, its impact reached beyond borders. Instead of just focusing on abortion access, it wove in key points about emotional strain and choices tied to reproduction. Because of this, ideas from the judgment quietly shaped talks in places like India when defining laws around psychological health.

### **Surendra Mishra v. State of Jharkhand (2011)**

In the case of Surendra Mishra versus State of Jharkhand, decided in 2011, India's highest court examined how Section 84 of the penal code should apply. What mattered most, it said, was the state of mind right when the crime took place. Though many factors may arise later, only those present during the act itself hold weight. Evidence about sanity needs to tie directly to that moment, not what came before or after.

Nowhere does the IPC spell out what “unsoundness of mind” means, leaving it open to wider meaning - mental conditions messing with thinking fit under it. Because of this gap, courts look closely at different kinds of mental struggles when judging legal responsibility. Medical reports matter greatly here, yet they do not decide everything on their own. Instead, doctors' opinions mix into a larger picture shaped by how things happened. Each situation demands its own weighing, no shortcuts, just close attention to personal realities behind the law.

### **Ratan Lal v. State of Madhya Pradesh (2019)**

A twist in legal thinking emerged through Ratan Lal v. State of Madhya Pradesh (2019) 5 SCC 399, where minds and crime crossed paths. Instead of fixed rules, the judges looked at how mental health shapes guilt. When someone lives with serious psychological distress, execution isn't allowed - this ruling made that clear. Because taking such a life amounts to

cruelty, the court said no. Not because laws changed overnight, but because dignity matters even under conviction. What stands is this: the Constitution shields those whose thoughts are unwell from the harshest penalty. Mental health struggles can soften the weight of punishment - courts need to weigh them right through trial and sentence. Protection for those struggling belongs inside every part of justice work, says the ruling, not just at one stage. Treatment should show up more often than strict penalties when minds are unwell. A shift began here: India's courts now see clearer how fairness bends toward care for troubled thoughts.

### **Shatrughan Chauhan against the Government of India, decided in 2014**

A decision in *Shatrughan Chauhan versus Union of India* (2014) 11 SCC 573 dealt with whether being mentally unwell can lead to changing a death penalty. Though sentenced earlier, if someone becomes mentally ill during imprisonment, that condition must be weighed when reviewing clemency requests. Because of such illness, carrying out an execution might happen - but the judges said it should not. It brings no benefit to society, they noted, to put to death a person unable to understand their situation. Such an act, the ruling stated, crosses into cruelty. While law permits capital punishment, its application falters when minds deteriorate behind bars.

A ruling set new rules on how courts must assess mental health when someone faces execution, demanding separate psychiatric reviews alongside close attention to how serious the condition is. What changed was that people with severe mental disorders gained stronger legal safeguards during capital trials, mirroring wider global unease about putting such defendants to death.

### **Other Significant Cases**

One more case helped shape how courts handle these legal questions. The top court looked at what proof is needed to claim someone was legally insane in a 1999 decision from Madhya Pradesh. That ruling made clear mere diagnosis does not equal legal excuse. Jumping ahead to 2013, judges explored whether being drunk could blur the line of sound mind under criminal liability. Evidence matters most when behavior links to impaired judgment. Back in 2000, another verdict drew lines between clinical illness and courtroom definitions of madness. Doctors may label it one way, yet law sees it differently. Not every diagnosed condition removes blame in eyes of justice.

Though famous for different reasons, the 1962 ruling in *K.M. Nanavati v. State of Maharashtra* quietly noted how strong emotions might affect a person's criminal liability. Later on, *Navneet Kaur v. State of NCT of Delhi* in 2020 saw the Delhi High Court examine what should happen to offenders dealing with mental illness - especially care and recovery. Together, these judgments show that India's legal thinking around mental health and wrongdoing keeps shifting, shaped by real courtroom moments.

### **Analysis and Discussion**

Looking back at key legal decisions shows clear shifts in how Indian courts handle mental illness when judging guilt. Instead of sticking rigidly to old rules like the McNaghten test, judges now often consider deeper aspects of psychological well-being. Expert opinions from psychiatrists carry more weight today than they once did during trials involving mental conditions. Over time, the system leans less on punishment alone, focusing also on care and recovery for those with diagnosed disorders.

Still, big problems stick around. Backed by ideas from the 1800s, the law's structure fails to catch up with how we now see mental health. Because courtroom definitions of insanity differ from clinical ones, mix-ups happen - people truly unwell might get treated as if they knew exactly what they were doing. Since it is up to the person charged to prove their own lack of sanity, tough odds pile high when symptoms are complex or shame keeps truths hidden.

Few question what happens to people with mental illness caught up in crime courts. Even though rules say they should get protection plus healing, real life does not match that idea - prisons too often become holding spots instead. Short on space, missing skilled workers, stretched thin on funds - all these break the promise of proper help. Jails fill up while therapy waits forgotten, left hanging between systems that do not link well. Too many sit inside cells, unwell and unseen, years slipping by.

Looking at how other places handle similar issues shows options available beyond India's current path. Not every legal system draws the line the same way when it comes to mental state and crime. In the United States, a well-known framework accounts for both awareness and self-control in cases involving psychological conditions. That means someone can know an act is illegal yet still lack power over their actions because of illness. A few regions use outcomes like "guilty but mentally ill," blending accountability with access to care. Such paths

could shape changes within India's own rules around criminal responsibility.

Back in 1991, the United Nations laid out guidelines on how people with mental illness should be treated - especially when involved in crime-related legal processes. These rules insist such individuals get top-quality mental health support while under state supervision. Even though India has agreed to follow them, real progress means constantly checking laws against those promises. Improving conditions hinges on making changes where gaps remain. What happens locally must reflect what was promised globally. The bar is set; now it's about meeting it through steady adjustments.

### **Recommendations for Reform**

Looking back at key court rulings and different legal systems, changes start making sense. One shift needed sits within Section 84 of the Indian Penal Code - its wording must catch up with modern mental health knowledge. Right now it only considers whether someone understood their act was wrong. Yet behavior control matters too, even when awareness exists. So the rule ought to cover those who know an act is illegal but still can't stop themselves. That gap leaves real struggles unseen.

Fairness slips when someone must show their mind was broken under strict rules meant for guilt. Instead of needing absolute certainty, deciding based on what seems more likely fits how courts often handle personal conditions elsewhere. Shifting the weight makes room for reality without inviting misuse. Justice bends closer to truth that way.

With better support, those who commit crimes while struggling mentally stand a chance at real recovery. Forensic hospitals need room for more patients, simply because current space falls short. Specialists who understand both crime and psychological conditions are too few - more training programs could shift that balance slowly. Some individuals do not belong behind bars; instead, supervised care rooted in local communities might serve them far better. When funding flows into mental health within law enforcement settings, safer outcomes often follow naturally.

Training legal and law enforcement workers about mental health must happen without exception. Because judges, attorneys, cops, and correctional employees face people in crisis daily, they need ongoing education. Spotting symptoms of psychological distress could change

how situations unfold. Knowing how conditions shape actions helps guide fairer decisions. Responses during high-pressure moments gain clarity through practice and knowledge. Better awareness travels through courtrooms, jails, and streets alike. Each step of justice shifts when those involved understand what lies beneath behavior.

One way forward involves steering people with mental illness out of jail and toward care instead. These paths work better when courts guide the process alongside therapy. Places elsewhere already test this mix - judges watching progress while support gets offered. Trying something similar here could start small. Fewer repeat offenses might follow. Health gains appear likely too. Pressure across police, courts, jails may ease as a result.

### Conclusion

One look at India's key court rulings shows how mental illness ties into crime. Though old British laws shaped the start, judges slowly changed things over time. These changes brought stronger safeguards for people with mental health conditions facing charges. Cases like Surendra Mishra opened doors others later walked through. Ratan Lal added weight to arguments about responsibility when minds are unwell. Later, Shatrughan Chauhan pushed courts to act sooner, not wait too long. Then came Accused X, where silence around psychiatric care cracked open. Each ruling built on earlier ones without copying them exactly. Through years of decisions, space grew for compassion inside strict legal lines.

Still, today's laws fall short in more ways than one. Because they stick to the McNaghten Rules, which only look at thinking ability, many mental health issues get overlooked when judging guilt. When people charged with crimes have to prove their condition, it puts them at a disadvantage. Poor access to care, lack of proper recovery options, and deep-rooted shame around mental illness make things worse. Fixing these problems means changing the system from the ground up.

One step ahead means changing how old laws see mental illness. Instead of sticking to tradition, Section 84 needs updates that reflect what we now know about the mind, especially when control slips away. Because fairness matters, proving someone was unwell should not fall entirely on their shoulders. Behind every case is a person who might need care more than punishment - so funding services becomes unavoidable. Growth here depends less on rules, more on real support systems taking root. Mandatory training on mental health must reach

every lawyer and officer involved in justice work. Programs redirecting people with mental illness from courts toward care need more support than they get now.

When minds struggle, justice stumbles. Landmark rulings have nudged change, yet answers remain uneven. India might shape better responses - not perfect, never final - by listening closely to how mental states sway actions. Safety matters, yes, but so does kindness when illness shapes choices. Laws could heal, not only punish, if they make room for both protection and support. Outcomes improve when courts see people, not just crimes. Understanding grows slowly; systems shift slower. Still, progress hides in small steps - moments where empathy meets enforcement. No grand fix arrives overnight, though thoughtful tweaks add up. The path forward? Less fear, more clarity, always grounded in real lives.

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