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“A COMPARATIVE ANALYSIS OF CRIMINAL RESPONSIBILITY AND THE DEFENSE OF INSANITY IN INDIA AND THE UNITED STATES”

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ABSTRACT

The foundation of criminal jurisprudence is the idea that an act does not constitute guilt unless the mind is also guilty, or *actus non facit Reum nisi mens sit rea*. The insanity defence is a basic recognition that retribution is only morally acceptable when it is given to a rational individual, not a loophole.

The development, use, and legal analysis of the insanity defence in two different common law jurisdictions—India and the US—are examined in this essay. Although the British *McNaughten Rules* of the 19th century serve as the foundation for both systems' legal criteria, constitutional requirements, social ideologies, and developments in forensic psychiatry have caused them to deviate considerably. The "Cognitive" versus "Volitional" tests, the burden of proof, and the transition from "Not Guilty by Reason of Insanity" (NGRI) to more contentious verdicts like "Guilty but Mentally Ill" (GBMI) are all examined in this paper.

CHAPTER – 1
INTRODUCTION

One of the most persistent problems in criminal jurisprudence is the nexus between psychology and law. Its central tenet is Mens Rea, or the "guilty mind." Can someone be prosecuted for a crime if they are incapable of forming intent?

1.1 The Idea of Criminal Accountability

Criminal responsibility is predicated on the idea that a rational agent is able to make moral decisions. The insanity defense, which claims that the defendant's mental illness made the prescribed form of penalty unfair and ineffectual, is an excuse rather than a justification.

The prosecution often needs to establish two different factors beyond probable cause in order to convict someone of a crime:

- The bodily performance of the forbidden act (such as pulling a trigger or stealing goods) is known as Actus Reus, or The Guilty Act.
- Mens Rea, or "The Guilty Mind," refers to the intent or mental state that led to the act. This is what criminal responsibility is all about. You don't have the mens rea for offense if you bump into someone by mistake.

The law is able to adjust punishment to the offender's degree of moral blameworthiness by using the hierarchy of intent, which ranges from deliberate action & knowledge to carelessness and negligence. It recognizes that even while the physical injury caused by two distinct acts may be the same, the defendant's mental state at the time of the violation determines the degree of blame and, thus, the necessary legal reaction.

Nonetheless, the presumption of reasonableness is not universal, which results in the creation of particular legal "excuses" that absolve criminal liability even in cases when an illegal act has taken place. The most well-known among these is the defense of insanity, which holds that a person cannot be regarded as a "responsible" actor if a mental illness or defect has left them unable to discriminate between right and wrong or comprehend the nature of their actions. The defense of infancy, in which children under a specific age are considered doli incapax, or legally incapable of establishing the sophisticated intent necessary for criminal culpability, follows a similar rationale. Because the fear of incarceration cannot discourage an individual who loses the cognitive or volitional capacity to follow the law, the law in these situations transfers its attention from retribution and to restoration or civic commitment.

Criminal responsibility is influenced by the circumstances surrounding the crime in addition to the individual's mental state. In situations like self-defence, for instance, where a person legally performs an act of violence but is exempt from criminal liability because the acts were a necessary reaction to an outside threat, the law acknowledges "justified" conduct. On the other hand, "strict liability" offenses are an uncommon exception in which, for the interest of public policy, the need of a guilty mentality is completely disregarded. In certain situations, like traffic infractions or environmental restrictions, the state places more emphasis on preventing social harm than on assessing an individual's purpose, holding them accountable just for their actions. In the end, a society's evolving ideas on justice are reflected in its development of criminal culpability, which alternates between an urge to punish the conduct itself and a dedication to evaluating the actor's character and mental state.

1.2 Mechanism of Defence Insanity

The legal defense of insanity aims to shield a person from criminal responsibility by claiming that a mental illness or defect stopped them from developing the "guilty mind" (*mens rea*) needed for a conviction. It is founded on the moral precept that punishing someone who was incapable of comprehending the nature of their actions or differentiating between right and evil is unfair. Insanity is an "affirmative defense," which means that the defendant must acknowledge that they performed the physical conduct but contend that their mental condition at the time absolves them of liability in the majority of legal systems.

The *McNaughten Rule*, which emphasizes the accused's cognitive ability, is the most generally accepted criterion for this defense. According to this test, if a defendant did not understand the "nature and quality" of the conduct they were performing—for instance, thinking they were slicing a piece of bread whereas they were actually hurting someone—they are deemed legally crazy. Alternatively, if the defendant knew what they were committing but was unable to recognize it as "wrong" because of a deficit in reason, the test is satisfied. Because the law makes a distinction between "medical insanity," which refers to a clinical diagnosis, and "legal insanity," that is a particular incapacity to think at the time of the act, this establishes a high bar.

While many jurisdictions, notably India, still rely on the *McNaughten Rule*, other areas have extended the defense to cover "volitional" infirmities. For example, the *Irresistible Impulse Test* recognizes that a person may have a mental illness that prevents them from controlling their behaviour even when they know it is bad. This acknowledges the loss of "will" as opposed to merely "knowledge." The more lenient *Model Penal*

Code (MPC) Standard is another alternative; it merely requires that the defendant lacks "substantial capacity" to understand the wrongness of their actions or to change their behaviour to comply with the law. This changes the emphasis from a complete lack of comprehension to a serious mental disability.

CHAPTER – 2
HISTORICAL BACKGROUND

The colonial impact of British jurisprudence, particularly the shift from antiquated regional customs to a single legislative framework, is firmly anchored in the historical development of criminal liability and the insanity defense in India. Prior to the middle of the 19th century, a number of personal laws, such as Hindu & Islamic jurisprudence, acknowledged that a "disordered" mind might negate or lessen punishment, frequently highlighting the actor's lack of "free will." However, Lord Macaulay's 1830s draft titled the Indian Penal Code (IPC) marked the beginning of the formalization of these ideas. Because of Macaulay's efforts to develop a law that was equally "scientific" and "universal," Section 84 was added. The English M'Naughten Rules from 1843 were directly translated into Indian contexts in this part. This legal standard has essentially not changed since it was codified in 1860, notwithstanding the IPC's recent transformation to become the Bharatiya Nyaya Sanhita (BNS). The 19th-century "Right-Wrong" test has thus endured throughout Indian history, spanning the colonial era, the national independence movement, and the current constitutional age, demonstrating a judicial inclination for stability and a rigorous "cognitive" analysis of mental illness.

The history of insanity defense in the US, on the other hand, shows a more tumultuous and reactive development, influenced by prominent murders and evolving psychological theories. As the 20th century went on, the United States started experimenting with more progressive standards, although early American courts still adhered to identical English common law principles as India. As a result, the Durham Rule—a byproduct of the "Medical Model" of crime—was adopted in 1954, stating that an accused person was not accountable if their actions were the "product" of a mental illness. Psychiatric and volitional effect on American law peaked during this time. But the story of America took a sharp "retributive turn" after President Ronald Reagan was assassinated in 1981. The Insanity Defense Reform Act of 1984 was the result of a significant public and political outcry following John Hinckley Jr.'s acquittal on insanity grounds. As an example of a legal history that fluctuates in cycles of expansion and contraction according to the social context, this measure historically moved the American federal system closer toward a tougher M'Naughten-style standard.

A fundamental distinction in the legal philosophies of these two countries is shown by the disparity in their histories. The United States has a fragmented history, with various states adopting wildly disparate tests—from the "Irresistible Impulse" examination to the outright elimination of the defense in certain regions like Kansas and Montana—while India has a history of statutory preservation, upholding a single, strict standard for more than 160 years. While India has always viewed the insanity defense as a fixed evidentiary rule, the United States has historically used it as a battlefield for discussing the boundaries of constitutional due process. These histories show how a single English root—the M'Naughten Rules—could develop into a complicated, multi-layered, and

frequently contentious patchwork of rules in the American Republic while becoming a static, consistent system in the Indian subcontinent.

However, a growing disconnect between scientific knowledge and legal application is evident in 2026 judicial tendencies in the US and India, especially as both countries struggle with the constraints of 19th-century frameworks. The fundamentals of the insanity defense laid out in Section 22 have been maintained in India's recent switch from the Indian Penal Code (IPC) to the new Bharatiya Nyaya Sanhita (BNS), however there has been much discussion over the inability to "decolonize" the legislation. The BNS substitutes the outdated phrase "unsoundness of mind" for "mental condition," but the judicial application is still solely cognitive. The High Court of Chhattisgarh and other Indian courts throughout 2025 and 2026 reaffirmed that "legal insanity" is different than "medical insanity," necessitating defendants to demonstrate a complete lack of cognition at the precise moment of the offense. But thanks to the Mental Healthcare Act of 2017, that prioritizes rehabilitation and compassionate care over jail, a contemporary "rights-based" change is beginning to take shape, indicating a gradual shift toward acknowledging the dignity of mentally ill criminals even within a strict legal framework.

Extreme fragmentation and a persistent retreat from the lax "volitional" norms of the middle of the 20th century characterize the current situation in the United States. Some states have shifted towards the "Guilty but Mentally Ill" (GBMI) result as a politically acceptable compromise that guarantees psychiatric treatment without avoiding criminal punishment, while other states continue to adhere to the Model Penal Code standard. In 2025 and 2026, a noteworthy development is the judicial examination of "medication non-compliance." The Georgia Supreme Court, for example, considered whether a defendant's wilful refusal to comply with advised psychiatric medication could defeat an insanity defense in *State v. Wierson* (2025). The court's decision concluded that the statutes do not specifically exempt a defendant based on the reason behind their mental state. This demonstrates a recurring problem in America: striking a balance between the general public's call for accountability in prominent violent crimes and an individual's constitutional rights.

In the end, how the two systems react to neuroscientific facts is where the differences between them are most apparent. Genetic predispositions and fMRI scans are being used more and more in the specialized field of "Neurolaw" in the United States to support mitigation or diminished responsibility arguments during sentence. The procedure is even more traditional in India, where the major proof of sanity is based mostly on contemporaneous conduct, such as whether the accused attempted to hide or run. The legislature has been reluctant to accept "Diminished Responsibility" to permit

partial excuses, despite the growing calls from Indian intellectuals in 2026. Consequently, India sticks to a more reliable, albeit less medically nuanced, national standard that places the "Knowledge Test" above the intricacies of contemporary forensic psychiatry, while the US system is changing through a convoluted, frequently contradictory chain of state-level experiments and Supreme Court decisions like Kahler v. Kansas.

CHAPTER – 3
THE INDIAN APPROACH

The Indian legal system's strict devotion to traditional common law defines its viewpoint on criminal culpability for mentally ill people. Section 84 of the Indian Penal Code (IPC), that has been retained as Section 22 in the Bharatiya Nyaya Sanhita (BNS), states that nothing is considered an offense if it is committed by someone who, due to mental incapacity, is unable to understand the nature of the act at the time or that he is acting in a way that is illegal or wrong. The 1843 McNaughten Rules are literally embodied in this act, which solely concentrates on the "Cognitive Test." It focuses on what a person understood at the time of the act rather than whether they could have controlled their behaviour.

Medical insanity and legal insanity are strictly distinguished by the Indian judiciary. A person who has been diagnosed with a clinical disease such as bipolar disorder or schizophrenia is referred to as "medically insane." They are not, however, "legally insane" for the purposes of Section 84 unless their condition worsened to the point that it totally destroyed their ability to discriminate between good and wrong at the same period of the crime. The "conduct of the accused" prior to, during, and following the occurrence is frequently examined by courts. Indian courts generally view a defendant's attempts to conceal the body, flee from the police, or wipe blood off a weapon as proof of "knowledge of wrongfulness," which disqualifies the person from Section 84 protection.

Section 105 of the Indian Evidence Act governs the "affirmative" burden of proof from an Indian perspective. The accused has the right to contest the legal assumption that everyone is sane & intended the effects of their actions. To prove the offense, the prosecution must prove insanity "beyond a reasonable doubt," but they are exempt from this requirement. Rather, the defense needs to satisfy the preponderance of the evidence threshold. The court may give an acquittal if the accused can demonstrate that it is more likely than not that they were mentally ill.

In 2026, one of the most important critiques of the Indian viewpoint is that it does not acknowledge "Irresistible Impulse." A person who has a mental illness that prevents them from physically stopping themselves from performing an act is nevertheless held completely accountable under Indian law if they knew the act was unlawful. It has been said that this "Knowledge-only" strategy is out of date from a scientific standpoint. But the Indian Supreme Court has repeatedly ruled that adding volitional impairments to the law would allow "faked" insanity defense to proliferate. As a result, Section 84 continues to be a restricted entry point, meant solely for individuals whose mental abilities were completely destroyed.

Case Laws:**1. Dahyabhai Chhaganbhai Thakkar v. State of Gujarat (1964)**

Perhaps the most significant case in Indian insanity law is this one. Three important rules pertaining to the burden of proof were established by the Supreme Court. The first step is for the prosecution to establish beyond reasonable uncertainty that the accused had the necessary mens rea to commit the offense. Second, the accused's sanity at the moment of the crime is presumed to be rebuttable. Third, the accused might challenge this presumption by presenting the court with all pertinent evidence, whether it be circumstantial, documentary, or oral, in order to meet the "preponderance of probabilities." According to the court's well-known observation, an acquittal may result from the evidence presented raising reasonable uncertainty in the judge's mind about the existence of purpose, regardless of whether the accused is unable to prove insanity.

2. Surendra Mishra v. State of Jharkhand (2011)

The Supreme Court upheld the clear distinction between legal and medical insanity in this instance. The court noted that an accused person with a mental illness is not automatically free from criminal responsibility based only on that fact. The accused's actions immediately following the incident, particularly his attempts to escape and his threats against witnesses, were viewed by the court as unmistakable signs that he knew his actions were "wrong and contrary to law." This ruling serves as a reminder that the "Cognitive Test" is paramount in India; the accused's clinical diagnosis is of secondary importance as long as they comprehend the illegality of the behaviour.

3. Shanti Devi v. State (2000)

The procedural protections for mentally ill people during a trial were brought to light in this instance. The Delhi High Court underlined that the court is required by law to conduct a medical examination before proceeding if the judge has cause to think that the accused is mentally ill and, as a result, unable to defend themselves. It emphasized that it is against natural justice principles and the right to a fair trial guaranteed by Article 21 of the Constitution to try someone who is mentally ill and unable to comprehend the proceedings.

4. Jai Lal v. Delhi Administration (1969)

The "Point of Time" rule was clarified by the Supreme Court in this case. The court ruled that the time the offense was committed is the pertinent period for assessing the mental condition. While behaviour before and after the incident is relevant to infer the state of mind, the defense fails if the accused was sane at the exact moment of the act, even if they were mentally unstable shortly before or after. The court found that the "motive" for the crime and the "secrecy" with which it was committed were inconsistent with a plea of insanity.

5. T.N. Lakshmaiah v. State of Karnataka (2002)

The "Preponderance of Probabilities" test was at issue in this case. The accused does not have to demonstrate their insanity with the same level of thoroughness that the prosecution must, the Court decided. The defense is entitled to the benefit of Section 84 if they can demonstrate a "reasonable probability" that the accused was mad. By guaranteeing that the defendant with a mental handicap is not subjected to an unattainable level of proof, this mitigates the severity of the McNaughten test.

CHAPTER – 4
THE UNITED STATES VIEWPOINT

Because the insanity defense in the United States is administered by both federal law and the specific laws of each of the 50 states, it is far more complicated and dispersed than the Indian system. The United States underwent a dramatic "retributive turn" in the 1980s after historically shifting from the strict British common law to more progressive, medically informed norms in the middle of the 20th century. This has led to a "patchwork" of legal standards across the nation, with the meaning of criminal responsibility varying significantly depending on the state in which the crime is committed.

The greatest significant change in contemporary American history happened when President Ronald Reagan was assassinated in 1981. A nationwide uproar following John Hinckley Jr.'s conviction as "Not Guilty by Reason of Insanity" (NGRI) resulted in the 1984 Insanity Defense Reform Act (IDRA). By removing the "volitional" or "irresistible impulse" prong and transferring the burden of proof to the defendant, who must now demonstrate insanity with "clear and convincing evidence," this federal statute radically altered the American viewpoint. This change marked a shift away from psychological theories of crime and back toward a rigorous examination of the defendant's comprehension of the act's moral or legal wrongness.

To assess criminal liability, American courts currently often apply one of four main tests:

- The M'Naghten Rule, which focuses on if the defendant recognized the nature of the crime or knew it was wrong, is still applied in almost half of the states.
- The more contemporary, adaptable Model Penal Code (MPC) Standard inquires as to whether the defendant has "substantial capacity" to recognize the wrongness of their actions or to change their behaviour to comply with the law.
- A small number of states employ the irresistible impulse test to exonerate those who knew what they were doing was wrong but were unable to control it.
- The Durham Rule exonerates a criminal if the offense was the "product" of a mental illness; it is currently exclusively applied in New Hampshire.

Adopted by almost 20 states, the "Guilty but Mentally Ill" (GBMI) decision is a distinctive aspect of the American viewpoint. GBMI permits a jury to find an accused legally liable while requiring that they receive mental therapy while they are incarcerated, in contrast to the Indian system, which provides a binary decision between

guilty and not guilty. Critics contend that this frequently results in prisoners being placed to regular prisons with barely any real therapeutic care, despite supporters viewing it as a humanitarian compromise.

In addition, the U.S. Supreme Court recently rendered a significant ruling in *Kahler v. Kansas* (2020), which had a significant effect on American opinion. According to the Court, a state is not required by the U.S. Constitution to have a stand-alone insanity defense that depends on the defendant's capacity to recognize "moral" wrongness. The state has the legal authority to outlaw the affirmative defense of insanity as long as mental illness is permitted as a means of denying mens rea (intent). In contrast to India, where the defense is still a statutory right under the BNS, this has cemented the trend in a number of states, including Kansas, Idaho, and Montana, to essentially do away with insanity as a complete defense.

Case Laws:

1. United States v. Guiteau (1882)

President James A. Garfield was killed by Charles Guiteau, who claimed that God had given him the order. The prosecution emphasized Guiteau's political motivations and premeditation, while the defense contended that he was mad.

Result: Guiteau was convicted and put to death.

Significance: This case demonstrated the public's mistrust of the insanity argument, particularly in cases involving well-publicized political killings.

2. Durham v. United States (1954)

In this case, the Model Penal Code (MPC) norm took the place of the Durham Rule.

The Standard states that an individual is not accountable if, at the moment of the behaviour, they lacked the "substantial capacity" to understand that their actions were illegal or to comply with legal obligations.

Significance: It became the norm in many jurisdictions by striking a compromise between the clinical reality of mental health and the rigidity of previous regulations.

3. **United States v. Hinckley (1982)**

In an attempt to win over actress Jodie Foster, John Hinckley Jr. tried to kill President Ronald Reagan. According to the MPC standard, Hinckley was ruled Not Guilty by Reason of Insanity (NGRI).

The Backlash: The Insanity Defense Reform Act of 1984 was the result of widespread public outrage over the verdict.

The Change: This federal statute eliminated the "volitional" (lack of control) element of the test and shifted the burden of proof to the defendant, making the defense considerably more difficult to show.

4. **Kahler v. Kansas (2020)**

James Kahler sued the state of Kansas for eliminating the defense of insanity, which only permitted mental illness to be used to contest mens rea, or purpose.

The U.S. Supreme Court decided that states are not required by the Constitution to provide a stand-alone insanity defense based on the defendant's incapacity to choose between right and wrong.

Significance: This confirmed that states can handle mental illness in criminal cases in a variety of ways.

CHAPTER – 5
COMPARATIVE ANALYSIS OF CRIMINAL
RESPONSIBILITY IN INDIA AND THE UNITED STATES

The way two democratic giants handle the conflict between psychiatric research and the need of criminal justice is very different when comparing criminal liability in India and the US. Despite having the same British roots from the 19th century, both systems have developed into radically distinct legal frameworks. India has placed a high priority on statutory stability, upholding the M'Naughten standard for more than 160 years through Section 84 of the IPC (and currently Section 22 of the BNS). As a result, the defense will continue to be a rare and closely guarded exception, reflecting a judicial culture that values predictability and a limited, cognitive definition of insanity.

The US, on the other hand, has adopted a disjointed and experimental strategy. A "pendulum effect," in which the law responds abruptly to public uproar and high-profile offenses, is demonstrated by the American system's transition from the lax MPC requirements back to the strict IDRA of 1984. As a result, a defendant's liability is frequently based on their geographic location; for example, a defendant in a state with a "Model Penal Code" like Vermont may be exonerated for a voluntary impairment, but the same defendant in a state that has eliminated the defense, like Kansas, would be found guilty.

Important Discoveries and the "Mens Rea" cavity:

The way that volitional impairment—the "irresistible impulse"—is treated is one of the most notable distinctions. There is growing evidence in modern neuroscience that many mental illnesses impact the brain's "brakes" (control) as opposed to only its "engine" (knowledge).

India's Gap: By disregarding the volitional prong, India runs the risk of condemning people who knew their actions were wrong but were unable to stop them due to their biological makeup.

The United States Compromise: In an effort to remedy this, the "Guilty but Mentally Ill" (GBMI) decision was adopted in the United States. It acknowledges the condition while still requiring punishment, but this sometimes leads to a "worst of both worlds" situation in which overcrowded jails offer treatment but rarely provide it.

A major procedural obstacle is also created by the Burden of Proof. The U.S. federal "clear and convincing evidence" standard is not as accessible to a defendant as India's "preponderance of probabilities" test. The American system, on the other hand, permits a far more thorough "battle of the experts," employing private forensic teams and

sophisticated technologies that are frequently out of the price range of the typical Indian claimant.

CHAPTER – 6
THE IMPACT OF THE MENTAL HEALTHCARE ACT
(MHCA), 2017 ON INDIAN CRIMINAL TRIALS

In May 2018, the Mental Healthcare Act (MHCA), 2017 went into effect, marking a paradigm shift in Indian legislation from a clinical, custodial approach to a framework based on rights. The Mental Health Act of 1987 was essentially replaced by it. With the Mental Healthcare Act (MHCA) of 2017, Indian law underwent a significant change, departing from the custodial paradigm of the colonial era and adopting a framework based on patient agency and human rights. This Act views mental health care as a fundamental entitlement for all citizens, rather than as a state charity or merely medical management. By bringing India's domestic law into compliance with the United Nations Convention on the Rights of Persons with Disabilities, the law guarantees that people are treated with respect and shielded from cruel practices that were regrettably widespread under earlier laws, like chaining or "direct" electroconvulsive therapy.

The Act's inclusion of Advance Directives, which enable people to specify their treatment preferences while they are still competent to do so in the event of a mental health emergency, is among its most revolutionary features. Even while they might not be able to provide their approval right away, this gives patients the ability to maintain control over their bodies and medical journeys. Additionally, the Act creates Mental Health Review Boards, which serve as watchdogs to guarantee that practitioners and hospitals follow these guidelines and respect patients' legal rights, adding a crucial degree of quasi-judicial monitoring.

The Act's position on Section 115, which essentially decriminalized suicide, also attracted a lot of public attention. The MHCA 2017 transfers accountability from the criminal court system to the healthcare system by creating a legal "presumption of severe stress" for everyone who attempts suicide. The person is now legally entitled to care, therapy, and rehabilitation from the government rather than being prosecuted under the Indian Penal Code. This clause represents a significant shift in the state's social conscience by acknowledging that suicide is a cry for assistance rather than a crime.

However, there are substantial practical obstacles in the way of moving from a custodial paradigm to a rights-based community model. Although the legislation requires the government to offer district-level mental health services that are both affordable and easily accessible, the absence of specialized infrastructure and a paucity of mental health specialists frequently make this impossible. This Act and the Indian Penal Code also interact in a complicated way, especially when it comes to the relationship between criminal liability and mental illness. The MHCA 2017 is an essential case study for a law student who wants to understand how laws can be utilized to protect disadvantaged groups and engage in social engineering.

The Mental Healthcare Act, 2017 marked a significant change in the Indian viewpoint and has started to affect how courts interpret Section 84 of the IPC (now Section 22 BNS). The MHCA is a welfare-oriented law that ensures everyone, even those in detention, has the right to mental healthcare, whereas Section 84 is a substantive law that determines guilt. Every individual is expressly granted the right to live with dignity under Section 20 of the Act, which courts have increasingly construed as requiring a medical evaluation to be conducted as soon as possible during a criminal inquiry. This establishes a synergy in the process whereby the court must first assess the defendant's "medical insanity" before deliberating on the "legal insanity" necessary for an acquittal.

In addition, the MHCA established a "presumption of severe stress" in attempted suicide cases (formerly Section 309 IPC), reflecting a legislative acknowledgement that, under certain circumstances, mental state can disprove criminal intent. According to judicial trends in 2026, attorneys are arguing for a more "person-centric" approach to the insanity defense by drawing on the spirit of the MHCA. Defense attorneys are citing the state's refusal to perform required mental health screenings under the MHCA as a basis for procedural unfairness rather than only questioning if the prisoner knew "right from wrong." This is a contemporary development in which the strict, century-old cognitive test of the McNaughten norms is being softened through the application of a welfare regulation.

Individual rights have been greatly reinforced by recent court rulings of the Mental Healthcare Act (MHCA), 2017, which have raised them from statute protections to constitutional guarantees.

The Supreme Court of India ruled in **Sikder Saha v. State of Andhra Pradesh**, a landmark case decided in July 2025, that mental health is a fundamental part of the Right to Life guaranteed by Article 21 of the Constitution. This decision significantly changed the status of mental health from "charity" or policy to an enforceable constitutional right. Invoking its authority under Articles 32 and 141, the Court issued legally obligatory directions for educational institutions that required the establishment of district-level monitoring committees and the hiring of counsellors. This ruling is especially important for students since it recognizes that the right to a dignified life may be violated by academic pressure and insufficient support networks.

A number of High Court rulings have also changed how Section 115 of the MHCA is interpreted. Courts have struggled to reconcile the contradiction between this clause and Section 309 of the IPC, even though the section establishes a "presumption of severe stress" for people who attempt suicide. The judiciary stressed in decisions such

as **Pratibha Sharma v. State of Himachal Pradesh** that the advantage of Section 115 is a rebuttable presumption that the prosecution must address rather than an automatic shield from investigation. Recent legislative changes, such as the Bharatiya Nyaya Sanhita (BNS), seek to completely address this by eliminating the criminality of suicide attempts completely and bringing the penal code into compliance with the spirit of the 2017 Act.

Additionally, the judiciary has taken the initiative to stop the abuse of its authority to admit people against their will. The Delhi High Court addressed the unlawful confinement of a lady in a mental health facility in the case of **Dr. Sangamitra Acharya v. State (NCT of Delhi)**. According to the court, involuntary admittance that does not adhere to the strict protocols outlined in the MHCA constitutes a serious invasion of privacy and liberty. Similar to this, the Supreme Court emphasized the "transformative potential" of the Act in *Ravinder Kumar Dhariwal v. Union of India* (2023), pointing out that the determination of mental illness under Section 105 must be handled extremely carefully to ensure that it does not jeopardize the person's legal interests or standing in other judicial processes.

According to the Delhi High Court's current interpretation of Section 105, the court is forced to refer a case for medical examination if one of the parties to a legal proceeding asserts that they have a mental condition. Because it is necessary, the "right to a fair trial" and "capacity" are evaluated from a medical-legal perspective rather than a punitive one. Together, these judgments show that the Indian judiciary is beginning to see the MHCA 2017 as an essential instrument for protecting the dignity and autonomy of vulnerable persons, rather than merely as a medical law.

CHAPTER – 7
A SYNTHESIS FOR THE 21ST CENTURY: FINAL
CONCLUSION AND SUGGESTIONS

A fundamental conflict between the fluid, changing character of psychiatric knowledge and the static nature of legal codification is revealed by comparing the criminal responsibility and insanity defense systems in India and the US. Although the M'Naughten Rules are the ancestral root of both countries, their diverse histories reveal two distinct approaches to justice. India's adherence to Section 84's (formerly Section 22 BNS) cognitive-only test is an example of a "conservative-statutory" strategy that puts legal clarity and the avoidance of fraudulent pleas ahead of clinical nuance. In contrast, the United States is a "reactive-fragmented" paradigm, with the insanity defense acting as a gauge of public opinion that oscillates between the post-Hinckley era's demands for retribution and the mid-20th century's rehabilitative aspirations. The study's final finding is that neither system has managed to strike the ideal balance between completely safeguarding society and upholding the constitutional rights of those with mental illnesses.

The urgent necessity for a "scientific decolonization" of the Indian judicial system's insanity statutes is the main suggestion. By incorporating the "Volitional Test," the legislation should go beyond the binary "Knowledge Test" and acknowledge that a defendant may be mentally aware that an act is wrong but physically or mentally unable to resist the urge to carry it out. India might implement a tiered sentencing system by instituting the idea of "Diminished Responsibility," which would allow those with severe mental disabilities to be convicted of less serious crimes instead of having to choose between the "all-or-nothing" options of maximum penalty or complete acquittal. Furthermore, in order to guarantee that forensic psychiatric evaluation is a required, standardized prerequisite in any instance where the defendant's mental state is in doubt, the procedural mandate of the Mental Healthcare Act, 2017 must be further incorporated into criminal prosecutions.

The recommendations for the United States centre on reforming the "Guilty but Mentally Ill" (GBMI) verdict and restoring constitutional coherence. The Supreme Court's ruling in **Kahler v. Kansas** established a risky precedent that allows state legislators to successfully circumvent the insanity defense, a cornerstone of common law. A federal criterion that guarantees "Equal Protection" under the law is desperately needed in order to avoid a situation in which a defendant's sanity is assessed differently based only on the state in which the crime was committed. The GBMI ruling also has to be changed to incorporate "mandatory treatment protocols." The GBMI ruling is nevertheless a phony compromise that provides the illusion of mercy but simply results in normal incarceration in the absence of a strictly enforced legislative requirement for specialized mental care in prisons.

Last but not least, both countries need to make investments in the emerging discipline of "Neurolaw" in order to shift forensic assessments from subjective testimony to objective data. To prevent the "battle of experts" from turning into a struggle for financial resources, sophisticated neuroimaging should be standardized and made available to destitute defendants in order to reveal structural or functional brain abnormalities. The legal systems of the United States and India may guarantee that the defense of insanity continues to be a strong defense for human dignity by bridging the gap between the courtroom and the laboratory. The development of this defense should not be interpreted as an indication of legal weakness, but rather as evidence of a society's adherence to the idea that punishment devoid of moral responsibility is just state-sponsored retaliation.

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