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Navigating Copyright Challenges in the Digital Era: A Study of Contemporary Issues and Solutions

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ABSTRACT

This research paper delves into the intricate relationship between mental health and criminal responsibility, emphasising the pivotal role of forensic psychiatry in understanding legal implications. Beginning with exploring criminal responsibility and its link to mental health, the study highlights the significance of forensic psychiatry in legal contexts, particularly in conducting psychiatric evaluations to ascertain criminal responsibility. The paper examines the prevalence of mental health disorders in criminal cases and their impact on criminal behaviour, shedding light on the complexities of assessing mental health within the realm of criminal justice. It delves into the determinants of criminal responsibility in forensic psychiatry, various methods of assessing mental health in legal cases, and the challenges inherent in evaluating mental health for criminal responsibility. Furthermore, the research delves into the legal implications of mental health in criminal law, discussing the application of the insanity defence, legal standards for determining mental competence, and ethical dilemmas in assessing mental health for legal purposes. In conclusion, the paper synthesises vital findings and insights, proposing reforms in the criminal justice system to better address mental health issues in legal proceedings. It also identifies areas for further research and exploration to enhance our understanding of mental health in the context of criminal responsibility.

Keywords: *Mental Health, Criminal Responsibility, Forensic Psychiatry, Psychiatric Evaluations, Insanity Defence, Mental Health Disorders, Mental Disorders and Criminal Behaviour, Psychiatry in Law.*

I. INTRODUCTION

The intersection of mental health and criminal responsibility is a topic of significant importance within the realms of law and forensic psychiatry. Criminal responsibility pertains to the extent of an individual's liability for a delinquent act they've perpetrated, considering unique factors

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like psychological state, cognitive capacity, and age³. Criminal responsibility is predicated on the correlation between an action and the agent's character. A defendant can only be held responsible for an action if there is a fitting link between that action and the character traits of the person involved⁴. The predominant criterion for determining legal irresponsibility in a plea of insanity is whether the accused possessed sufficient reasoning ability and capacity to differentiate between right and wrong concerning the specific act⁵. Criminal responsibility embodies the concept of individuals being held accountable for their actions under the law. It presupposes understanding the consequences of one's behaviour and the capacity to discern right from wrong.

However, the relationship between mental health and criminal responsibility is far from straightforward. The initial inquiry in assessing criminal responsibility focuses on determining the presence of a disease of the mind, with mental illness serving as a necessary but not standalone criterion for establishing legal insanity. Once this condition is established, subsequent questions under the relevant test of criminal responsibility examine how the illness affects cognition or control⁶. If the mental illness sufficiently impairs cognition or control, the individual is deemed legally insane based on mens rea. The term mens rea is equivalently expressed as criminal intent⁷ or as the principle of blameworthiness, which forms the cornerstone of criminal legal systems. While mental illness or defects are pertinent in evaluating culpability, advancements in the psychiatric understanding of the human mind have sparked debate regarding its proper application in criminal proceedings⁸. Decisions regarding the defendant's mental health in legal matters should align with how the law handles mens rea. Furthermore, the legal treatment of mens rea influences the nature of an insanity defence⁹. One perspective on criminal law and mens rea views criminal law as addressing offenders' moral culpability, with mens rea indicating this culpability. If moral culpability is central to criminal law, the law will probably treat a mentally ill defendant differently from one who is morally blameworthy¹⁰.

³ Packer, I. K. (2009). *Evaluation of criminal responsibility*. Oxford University Press.

⁴ Tadros, V. (2007). *Criminal responsibility*. Oxford University Press.

⁵ State v. Lewis (1889) 20 Nev. 333, 22 Pac. 241.

⁶ Slovenko, R. (1984). The meaning of mental illness in criminal responsibility. *Journal of Legal Medicine*, 5(1), 1-61.

⁷ Morse, S. J. (1992). The "guilty mind:" Mens rea. In *Handbook of psychology and law* (pp. 207-229). New York, NY: Springer New York.

⁸ Spring, R. L. (1998). The return to Mens Rea: salvaging a reasonable perspective on mental disorder in criminal trials. *International journal of law and psychiatry*, 21(2), 187-196.

⁹ Stern, C. A. (2017). Mens Rea and Mental Disorder. *The Insanity Defense: Multidisciplinary Views on Its History, Trends, and Controversies*. Mark D. White, Editor. Praeger.

¹⁰ Ibid.

Forensic psychiatry emerged as a critical discipline in navigating these complexities, providing invaluable insights into the mental state of individuals involved in legal proceedings. Much like the social sciences, psychiatry was met with a blend of admiration and scepticism from the public. Their assertion of scientific legitimacy has often faced significant scrutiny and even ridicule. Psychiatry has a strong connection with the medical field, which may lend it a slightly more accepted status as a scientific discipline in the eyes of some, yet it still encounters doubt and suspicion¹¹. Today, psychiatrists seek to testify in court as experts, aiming to provide insight to the jury regarding what the accused individual was thinking at the pertinent moment¹². Forensic psychiatrists are more frequently called upon to offer their expertise to lawyers and courts¹³. By integrating psychiatric expertise with legal principles, forensic psychiatrists contribute to accurately determining criminal responsibility and the fair application of justice.

II. FORENSIC PSYCHIATRY IN LEGAL CONTEXT

Forensic psychiatrists serve as expert witnesses in legal proceedings, providing evaluations and opinions regarding defendants' mental health status. Their assessments aid courts in understanding the psychological factors that may have influenced criminal behaviour and determining the defendant's level of criminal responsibility. Three significant areas warrant attention upon entering the legal system: dangerousness, insanity regulations, and whether the person is mentally fit to stand trial¹⁴. Regarding fitness to stand trial, notable developments involve rulings directing defendants deemed unfit for trial to psychiatric facilities with the expectation of restoring their trial competence¹⁵. Clinicians face the pivotal question of determining the criteria for predicting the restorability of trial competence, which should hinge on observing a suitable response to therapy. Lawyers often lack a comprehensive understanding of forensic psychiatry, including its shortcomings, limitations, and possibilities.

Consequently, our reliance on psychiatrists as expert witnesses often falls short, and the calibre of cross-examination may need to be improved. Crucial inquiries regarding key parameters may still need to be addressed, and the rigorous scrutiny commonly employed in cross-examining other types of witnesses is frequently overlooked when dealing with forensic psychiatrists¹⁶. This deficiency incentivises subpar practices and contributes to insufficient

¹¹ Broad, K. (1987). Book Review: Psychiatry, The Criminal Law and Corrections: An Exercise in Sciolism.

¹² Bartholomew, A. A. (1981). Criminal intent and the psychologist. *Australian Psychologist*, 16(3), 413-421

¹³ Rogers, R. (2005). *Fundamentals of forensic practice mental health and criminal law*.

¹⁴ Pinals, D. A. (2005). Where two roads meet: Restoration of competence to stand trial from a clinical perspective. *New Eng. J. on Crim. & Civ. Confinement*, 31, 81.

¹⁵ Ibid.

¹⁶ Freckelton, I. (1993). Current legal issues in forensic psychiatry. *Homicide: Patterns, Prevention and Control*,

accountability among these experts.

Among all medical disciplines, mental health care likely relies most heavily on - and is most significantly influenced by - legal considerations. This underscores the importance of fostering deeper integration between psychiatric and legal frameworks when addressing particular human mental conditions¹⁷. The practices of forensic psychiatrists are intricately intertwined with the legal criteria for serving as expert witnesses and defending claims of insanity. From this standpoint, forensic psychiatrists do not solely "practice psychiatry" as they would in a clinical or therapeutic setting. Instead, they engage in specialised expertise that mirrors the dual nature of the insanity defence¹⁸. The collaborative relationship between lawyers and psychiatrists in building a case for insanity becomes evident in practice. This involvement of lawyers underscores their role in shaping compelling expert testimony and highlights how the insanity defence is a collaborative effort between legal professionals and psychiatrists within the courtroom. Psychiatric assessments carried out by forensic specialists provide invaluable insights into the mental condition of defendants at the time of the offence. Such evaluations aid in determining whether mental illness or other psychological factors played a role in the commission of the crime, thereby impacting the defendant's level of culpability. However, challenges remain in areas such as fitness to stand trial, the quality of cross-examination, and the integration of psychiatric and legal frameworks. Addressing these challenges requires a deeper understanding of forensic psychiatry among legal professionals and improved collaboration between psychiatrists and lawyers.

III. MENTAL HEALTH DISORDERS AND CRIMINAL BEHAVIOUR

Several mental health disorders are commonly associated with criminal behaviour, including but not limited to schizophrenia, bipolar disorder, depression, and trauma. These disorders can impair cognitive functioning, emotional regulation, and decision-making processes, potentially increasing the risk of criminal conduct. The notion persists that mental disorders possess a distinct quality wherein they can significantly impact an individual's behaviour to the degree that we no longer hold them fully accountable for their actions. This concept is extensively represented in legal and forensic literature¹⁹.

187-192.

¹⁷ Sharma, S., & Sharma, G. (2006). Exploring evolving concepts and challenges in forensic psychiatry. *World Psychiatry*, 5(2), 97.

¹⁸ Thom, K. (2010). *Constructing a defence of insanity: The role of forensic psychiatrists* (Doctoral dissertation, ResearchSpace@ Auckland).

¹⁹ Meynen, G. (2013). A neurolaw perspective on psychiatric assessments of criminal responsibility: Decision-making, mental disorder, and the brain. *International Journal of Law and Psychiatry*, 36(2), 93-99.

Section 84 of The Indian Penal Code, 1860 includes a clause stating that if a person, due to unsoundness of mind at the time of the act, is unable to comprehend the nature of the act or its wrongfulness or that it is against the law, then no offence is committed²⁰. This principle aligns with the M'Naghten Rules, which define the legal responsibility of individuals with mental illness in our courts²¹. In matters concerning criminal responsibility, legal insanity is defined as "unsoundness of mind" in the Indian legal framework. The rulings in this domain highlight that the courts predominantly consider severe psychological disorders²².

(A) Neuro-developmental disorders

Disorders related to neurodevelopment cover a broad spectrum, including conditions like autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), motor disorders and specific learning disorders²³. Neuroimaging results suggest that networks in the prefrontal cortex are responsible not only for processing social cognition²⁴ but also for moral judgment²⁵. For example, damage to the prefrontal cortex frequently leads to evident impairments in empathy²⁶. Research indicates that neurodevelopmental conditions could impede empathy development²⁷. Therefore, it can be deduced that there is a correlation between the absence of empathy and involvement in criminal behaviour.

In *State v. Nelson* (2010)²⁸, the defendant, who had a prior conviction for raping a 7-year-old girl, was on trial for the murder of his wife (whom he stabbed 61 times) and her 13-year-old son, followed by raping and stabbing her 11-year-old daughter. During the trial, the defendant introduced EEG evidence indicating abnormalities in brain function, hoping to avoid a death sentence. Consequently, the defendant was spared from a death sentence but still received a conviction with an unchanged sentence length.

(B) Schizophrenia

Schizophrenia, marked by significant cognitive and emotional challenges, has consistently been associated with deficiencies in empathy, judgment, and impulse management. Psychotic

²⁰ Indian Penal Code (1860).

²¹ Somasundaram, O. (1960). Guilty but insane. *Indian Journal of Psychiatry*, 2(2), 80-85.

²² Tripathi, M. A., & Tripathi, A. K. (2020). Paradigm Shift in Indian Legislature with Reference to Criminal Responsibility of an Unsound Mind. *Pragyaan: Journal of Law*, 10(1).

²³ Tager-Flusberg, H. (1999). An introduction to research on neurodevelopmental disorders from a cognitive neuroscience perspective.

²⁴ Mitchell, J. P., Banaji, M. R., & Macrae, C. N. (2005). The link between social cognition and self-referential thought in the medial prefrontal cortex. *Journal of cognitive neuroscience*, 17(8), 1306-1315.

²⁵ Forbes, C. E., & Grafman, J. (2010). The role of the human prefrontal cortex in social cognition and moral judgment. *Annual review of neuroscience*, 33, 299-324.

²⁶ Shamay-Tsoory, S. G. (2011). The neural bases for empathy. *The Neuroscientist*, 17(1), 18-24.

²⁷ Decety, J. (2010). The neurodevelopment of empathy in humans. *Developmental neuroscience*, 32(4), 257-267.

²⁸ No. F05-846 (11th Fla. Cir. Ct. Dec. 2, 2010).

conditions such as schizophrenia often lead to decreased or null legal responsibility, where a range of sociodemographic and clinical elements influence this connection. These conditions have the potential to completely absolve individuals from criminal liability and commonly result in reduced accountability²⁹. The Supreme Court of India has ruled that an individual suffering from schizophrenia at the time of the incident is eligible to invoke the plea of insanity successfully³⁰.

In the case of *People v. Beeler* (1995)³¹, the defendant was convicted of first-degree murder and armed burglary, with the prosecution seeking the death penalty. However, the defendant presented testimony from family members and medical experts, who detailed severe mental, verbal, physical, and sexual abuse inflicted by his stepmother during his childhood. Furthermore, a psychologist testified that the defendant had been diagnosed with multiple mental disorders, including schizophrenia, stemming from the extreme abuse. This evidence led to the mitigation of the defendant's death sentence, resulting in a conviction and imprisonment instead.

(C) Depression and Bipolar Disorder

Depression, categorised as a mood disorder or affective disorder, holds the highest prevalence among various mental health conditions. It has been referenced numerous times in Indian courts in attempts to claim insanity defences, yet courts have often refrained from granting such benefits³². *United States v. Hinckley* (1981)³³ is a landmark case. Hinckley attempted to assassinate President Ronald Reagan in 1981 and injured four individuals in the process. Defence lawyers presented brain scans showing brain shrinkage and enlarged ventricles, while the prosecution argued they were normal. Hinckley was found not guilty due to dysthymia (persistent depressive disorder) and personality disorders diagnosed by a forensic psychiatrist. Bipolar disorder has been associated with numerous adverse health outcomes³⁴, experiences of victimisation³⁵, and repeated criminal offences³⁶. However, the evidence concerning

²⁹ Tsimploulis, G., Niveau, G., Eytan, A., Giannakopoulos, P., & Sentissi, O. (2018). Schizophrenia and criminal responsibility: A systematic review. *The Journal of nervous and mental disease*, 206(5), 370-377.

³⁰ *State of Punjab v. Mohinder Singh* (1983) 2 SCC 274.

³¹ *People v. Beeler* (1995) 891P.2d153 Cal.

³² Tripathi, M. A., & Tripathi, A. K. (2020). Paradigm Shift in Indian Legislature with Reference to Criminal Responsibility of an Unsound Mind," *Pragyaan: Journal of Law*, 10(1).

³³ 525 F. Supp.1342.

³⁴ Ösby, U., Brandt, L., Correia, N., Ekblom, A., & Sparén, P. (2001). Excess mortality in bipolar and unipolar disorder in Sweden. *Archives of general psychiatry*, 58(9), 844-850.

³⁵ Darves-Bornoz, J. M., Lemperiere, T., Degiovanni, A., & Gaillard, P. (1995). Sexual victimization in women with schizophrenia and bipolar disorder. *Social psychiatry and psychiatric epidemiology*, 30, 78-84.

³⁶ Baillargeon, J., Binswanger, I. A., Penn, J. V., Williams, B. A., & Murray, O. J. (2009). Psychiatric disorders and repeat incarcerations: the revolving prison door. *American Journal of Psychiatry*, 166(1), 103-109.

interpersonal violence and involvement in violent crimes is less conclusive. In some instances where depression was presented as an episode of bipolar mood disorder, individuals received favourable outcomes regarding criminal responsibility³⁷.

(D) Trauma and Dissociation

The correlation between adult behavioural health problems and childhood trauma, including tendencies towards aggression, is firmly established³⁸. Childhood trauma, associated with an increased likelihood of aggressive behaviour³⁹ and adult criminal conduct, is prevalent among incarcerated individuals irrespective of ethnic origin or gender⁴⁰. In the case of *James v. Ryan* (2012)⁴¹, the Ninth Circuit suggested that early childhood trauma may result in enduring and significant effects. The court recognised that childhood trauma and victimisation could impact mental development, and experiences of fear, panic, and neglect during childhood can influence adult behaviour.

In dissociative identity disorder, individuals encounter numerous distinct personalities, each intermittently exerting influence over behaviour and attitudes. These shifts between identities can prompt sudden transitions, heightening disorientation and the inclination towards criminal behaviour⁴². Research indicates that dissociation presents a risk for aggressive behaviour among psychiatric patients, while a strong association exists between childhood trauma and the emergence of dissociative symptoms among incarcerated individuals⁴³. In *R. v. Mansfield* (1994)⁴⁴, Craig Mansfield was accused of murdering his wife following their separation. The defence argued that Mansfield experienced a dissociative state due to the stress of the marital breakdown. Both a clinical psychologist and a forensic psychiatrist testified in support of this claim. The prosecution presented a forensic psychiatrist aiming to disprove Mansfield's dissociative state. The trial judge instructed the jury to acquit Mansfield if they were not convinced beyond a reasonable doubt that he was not in a dissociative state during the killing. Ultimately, Mansfield was found not guilty of murder.

³⁷ X vs. state of NCT of Delhi (2017) CRL A 1308/2015.

³⁸ Maniglio, R. (2009). The impact of child sexual abuse on health: A systematic review of reviews. *Clinical psychology review*, 29(7), 647-657.

³⁹ Fox, B. H., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child abuse & neglect*, 46, 163-173.

⁴⁰ Kaplan, M. L., Erensaft, M., Sanderson, W. C., Wetzler, S., Foote, B., & Asnis, G. M. (1998). Dissociative symptomatology and aggressive behavior. *Comprehensive Psychiatry*, 39(5), 271-276.

⁴¹ 679 F.3d 780 9th Cir.

⁴² Turgut, G. (2023). Psychopathology and Criminal Behaviors

⁴³ Moskowitz, A. (2004). Dissociation and violence: A review of the literature. *Trauma, Violence, & Abuse*, 5(1), 21-46.

⁴⁴ (Unreported, Supreme Court of Victoria, Hampel J, Acquittal on 5 May 1994).

(E) Delusional Disorder

The majority of individuals experiencing paranoid delusions adopt safety measures, with a notable minority potentially engaging in violent actions influenced by their delusional beliefs⁴⁵. Paranoid delusions seem closely linked to low self-esteem, and efforts to preserve self-worth by blaming external factors for negative events may play a role. These processes have been connected to violent behaviour, potentially explaining the connection between paranoid delusions and criminal acts⁴⁶.

In the landmark case of *R v. M’Naghton (1843)*⁴⁷, Daniel M’Naghton developed delusions of persecution, believing the Tories and their spies targeted him. On January 20, 1843, he shot Edward Drummond, the British Prime Minister's private secretary, in the back, mistaking him for the prime minister. Both the prosecution and defence acknowledged M’Naghton's delusions but disputed his responsibility for the crime. The prosecution argued that despite his partial insanity, he understood right from wrong and intentionally committed the crime. Conversely, the defence, supported by medical experts, asserted that M’Naghton's delusions impaired his moral judgment and self-control, rendering him unreasonable and irresponsible. The jury ultimately acquitted M’Naghton on the grounds of insanity, leading to his confinement in psychiatric institutions until his death.

IV. IMPLICATIONS OF FORENSIC PSYCHIATRY FOR CRIMINAL RESPONSIBILITY

Psychiatry offers significant insights into the legal field, but lawyers and judges often need to pay more attention to its limitations⁴⁸. Despite religious and philosophical voluntarism, the Western legal tradition has consistently grappled with a tension between punishing the guilty and making exceptions for accused individuals deemed insane, thus absolving them of accountability for their criminal actions⁴⁹. Additionally, legal safeguards shouldn't be discarded solely based on purported scientific discoveries until it's confirmed that the requisite scientific knowledge for implementing new laws effectively is indeed accessible⁵⁰. The psychiatrist's role in law typically involves upholding an ethical principle where the doctor acts as a guardian for the accused, raising them from criminals to patients. However, this ostensibly compassionate

⁴⁵ Moritz, S., & Van Quaquebeke, N. (2014). Are you sure? Delusion conviction moderates the behavioural and emotional consequences of paranoid ideas. *Cognitive neuropsychiatry*, 19(2), 164-180.

⁴⁶ Bentall, R. P., & Taylor, J. L. (2006). Psychological processes and paranoia: implications for forensic behavioural science. *Behavioral sciences & the law*, 24(3), 277-294.

⁴⁷ **8 E.R. 718; (1843) 10 Cl. & F. 200.**

⁴⁸ Hall, J. (1955). Psychiatry and Criminal Responsibility. *Yale LJ*, 65, 761.

⁴⁹ Oosterhuis, H., & Loughnan, A. (2014). Madness and crime: Historical perspectives on forensic psychiatry. *International Journal of Law and Psychiatry*, 37(1), 1-16.

⁵⁰ Hall, J. (1955). Psychiatry and Criminal Responsibility. *Yale LJ*, 65, 761.

approach, though well-meaning, may not align with the ethical foundations of a secular democratic society⁵¹.

In the realm of law, forensic psychiatrists are required to possess knowledge of legal definitions, precedents, and procedures relevant to the specific question or case under consideration⁵². Forensic psychiatrists are required to be well-versed in courtroom procedures and must demonstrate the ability to articulate their findings clearly and succinctly, even at cross-examination. The fusion of expertise in both psychiatry and law characterises the specialised field of forensic psychiatry and establishes the ethical guidelines governing its practitioners. This dual expertise should be evident from the outset, shaping how forensic psychiatrists initially agree to participate in evaluations and their approach to the individual being evaluated⁵³. A recent trend in authority has emerged, which restricts the forensic psychologist's ability to provide testimony regarding the probability of an individual experiencing a mental illness⁵⁴.

Forensic guidelines underscore the importance of assessing the authenticity of reported symptoms and determining whether the clinical presentation aligns with the legal standard⁵⁵. Psychiatrists must refrain from venturing into domains such as psychopharmacology, as many may lack the qualifications to match the expertise of those with pharmacology qualifications. The development and practices of what we now recognise as forensic psychiatry have not followed a uniform trajectory across different times and locations. Similarly, within a specific period and place, there has been variability and inconsistency in intellectual content and operational practices⁵⁶. While psychiatrists are adept at diagnosing mental disorders, establishing a direct link between the disorder and the decision-making process that culminates in a crime can be more challenging⁵⁷. Forensic psychiatrists must navigate these ethical dilemmas while upholding professional standards and promoting fairness in the legal system.

V. CONCLUSION

⁵¹ Szasz, T. S. (1958). Psychiatry, ethics, and the criminal law. *Colum. L. Rev.*, 58, 183.

⁵² Gutheil, T. G., Slater, F. E., Commons, M. L., & Goodheart, E. A. (1998). Expert witness travel dilemmas: a pilot study of billing practices. *Journal of the American Academy of Psychiatry and the Law Online*, 26(1), 21-26.

⁵³ Arboleda-Flórez, J. (2006). Forensic psychiatry: contemporary scope, challenges and controversies. *World Psychiatry*, 5(2), 87.

⁵⁴ *Pesley v. R* (1990) 54ACrimR42 at 52.

⁵⁵ Davis, K. M., & Lister, M. B. (2019). Conducting disability evaluations with a forensic perspective: The application of criminal responsibility evaluation guidelines. *Psychological Injury and Law*, 12(1), 52-63.

⁵⁶ Oosterhuis, H., & Loughnan, A. (2014). Madness and crime: Historical perspectives on forensic psychiatry. *International Journal of Law and Psychiatry*, 37(1), 1-16.

⁵⁷ Meynen, G. (2013). A neurolaw perspective on psychiatric assessments of criminal responsibility: Decision-making, mental disorder, and the brain. *International Journal of Law and Psychiatry*, 36(2), 93-99.

The intricate interplay between mental health and criminal responsibility underscores the complexities inherent in legal and forensic contexts. While the concept of criminal responsibility revolves around the nexus between actions and an individual's character, the presence of mental health disorders can significantly complicate this relationship. Forensic psychiatry serves as a vital bridge, offering insights into the psychological factors influencing criminal behaviour and aiding courts in evaluating the defendant's level of culpability. To enable psychiatry to have a substantial impact on the legal system, psychiatrists need to be able to navigate an interface between medicine and the law⁵⁸.

However, shortcomings in understanding forensic psychiatry among legal professionals and the quality of cross-examination often hinder the effectiveness of expert testimony. Revisions to the legal framework play a crucial role in enhancing the clarity and accessibility of the law for individuals summoned as expert witnesses into its domain. In India, forensic psychiatric law is often regarded as conceptually sound but needs more practical implementation. The 2017 Mental Health Care Act, developed over several decades, aimed to modernise humanitarian policies in psychiatry⁵⁹. However, the legislation remains more of an ideological blueprint than a tangible reality, primarily due to shortcomings in the mental health infrastructure⁶⁰.

Forensic psychiatrists, as expert witnesses, play a pivotal role in legal proceedings by providing evaluations and opinions on defendants' mental health status. Their assessments help courts navigate complex issues such as dangerousness, insanity regulations, and the defendant's fitness to stand trial. The enduring challenge in the relationship between law and forensic psychiatry lies in establishing criteria for determining when expert psychiatric opinions regarding the mental states of accused individuals should be accepted as expert evidence—mainly when such opinions aid ordinary jurors⁶¹. The extent to which the forensic psychiatrist is valued and embraced as a contributor within the legal arena remains unresolved.

⁵⁸ Diamond, B. L. (1961). Criminal responsibility of the mentally ill. *Stan. L. Rev.*, 14, 59.

⁵⁹ Mental Healthcare Act, 2017

⁶⁰ Gautham, M. S., Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Kokane, A., & Shibukumar, T. M. (2020). The National Mental Health Survey of India (2016): Prevalence, socio-demographic correlates and treatment gap of mental morbidity. *International Journal of Social Psychiatry*, 66(4), 361-372.

⁶¹ Freckelton, I. (1993). Current legal issues in forensic psychiatry. *Homicide: Patterns, Prevention and Control*, 187-192.