



Forensic Psychiatry

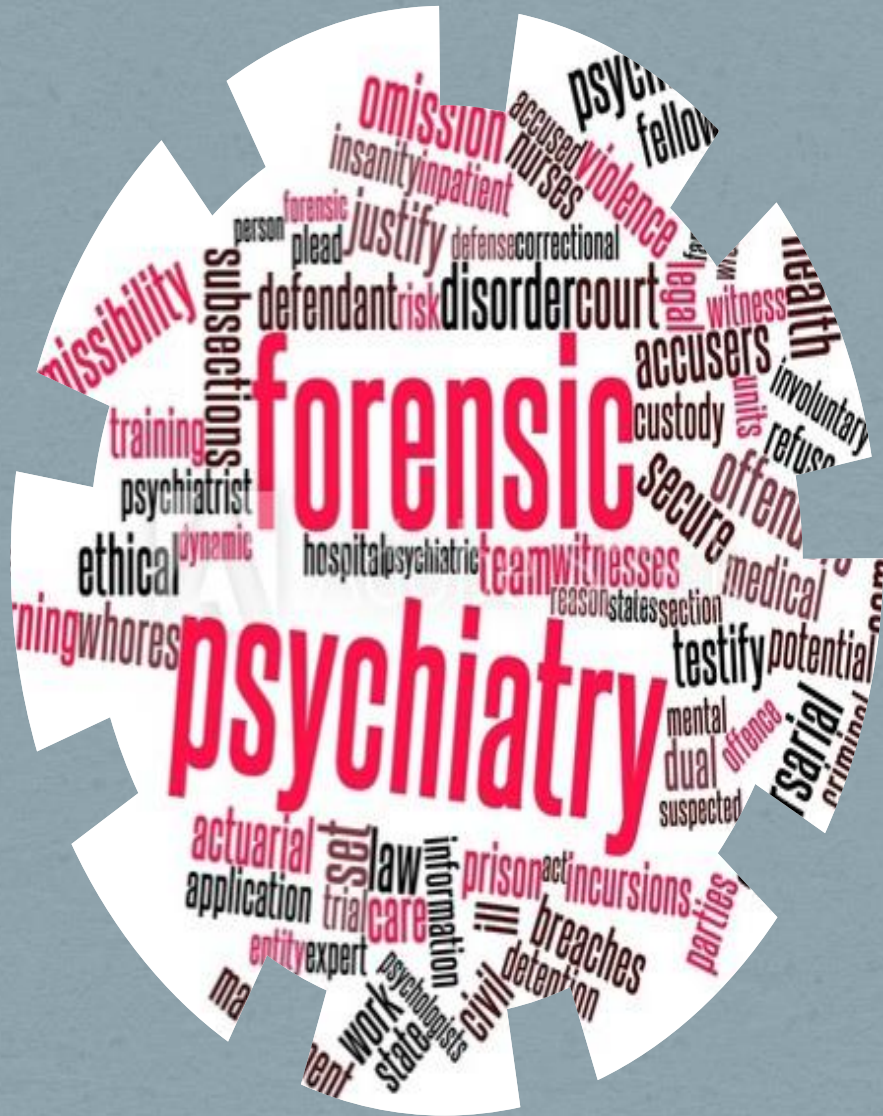
Dr. Sangeeta
Assitant professor
Forensic Medicine & Toxicology
KGMU , Lucknow

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Disclaimer



A sub-speciality of psychiatry where there is application of knowledge of psychiatry in administration of justice .

LEARNING OBJECTIVES

- Classify common mental illnesses including post-traumatic stress disorder (PTSD)
- Define, classify and describe delusions, hallucinations, illusion, lucid interval and obsessions with exemplification
- Describe Civil and criminal responsibilities of a mentally ill person



- Differentiate between true insanity from feigned insanity
- Describe & discuss Delirium tremens
- Describe the Indian Mental Health Act, 1987 with special reference to admission, care and discharge of a mentally ill person



Mental health

A state of harmony between oneself ,other people and environment (surrounding world).

A neurotic is a man who
builds a castle in the air. A
psychotic is the man who
lives in it. A psychiatrist is
the man who collects the rent.

Jerome Lawrence

PICTUREQUOTES.COM

	Psychosis	Neurosis
1. Reality contact	Not preserved	Preserved
2. Personality deterioration	Marked disturbance in personality with impairment in social, interpersonal & occupational functioning	Preserved
3. Insight & judgment	Lost of insight and impaired judgment	Insight present
4. Positive symptoms	Delusions & hallucinations present	Presence of symptoms or group of symptoms which causes distress to patient
5. Examples	Shizophrenia	Obsessive compulsive disorders. Mood disorders Anxiety

Reality contact

- Able to differentiate between fantasy & reality
- Self referential world

Judgment

- Impaired /intact

“Capacity to take right decision in a test & social situation”

Insight

For the disorder/illness

Grades

I- Denial of illness

II- Ambiguity about illness

III- Unknown cause

IV- External factors/ projection

V- Accept the illness d/t Internal factors

VI- True psychological insight

PSYCHOSIS

NEUROSIS

Classification of Mental Disorders

- 2 systems
 1. ICD-10(International Statistical Classification of Diseases and related health problems)-WHO
 2. DSM-IV(Diagnostic and Statistical Manual of mental disorders)

Mental disorders are classified in chapter F of the ICD.

Category	Features
FOO-FO9	Organic
F10-F19	psychoactive substances
F20-F29	Schizophrenia, schizotypal & delusional disorders
F30-F39	Mood (affective disorders)
F40-F49	Neurotic (OCD), stress-related (PTSD) & somatoform disorders
F50-F59	Behavioural syndromes associated with physiological disturbances & physical factors
F60-F69	Disorders of adult personality & behaviour
F70-F79	Mental retardation
F80-F89	Disorders of psychological development
F90-F98	Behavioural & emotional disorders with onset usually occurring in childhood or adolescence
F99	Unspecified mental disorders

INSANITY OR UNSOUNDNESS OF MIND

“ Disease of the mind or defect in personality, in which the intelligence or mental faculties become defective and emotional processes are so much disturbed or deranged that the sufferer is unable to adapt himself with his usual and ordinary social environment and requirement.”

Diagnosis of insanity

- Preliminaries
- Family history
- Personal history
- Physical examination
- Mental examination
- Investigations

Mental state examination

General appearance

Behaviour/motor activity

Speech

Affect /mood(emotions)

Thought

Perception

Cognitive functions

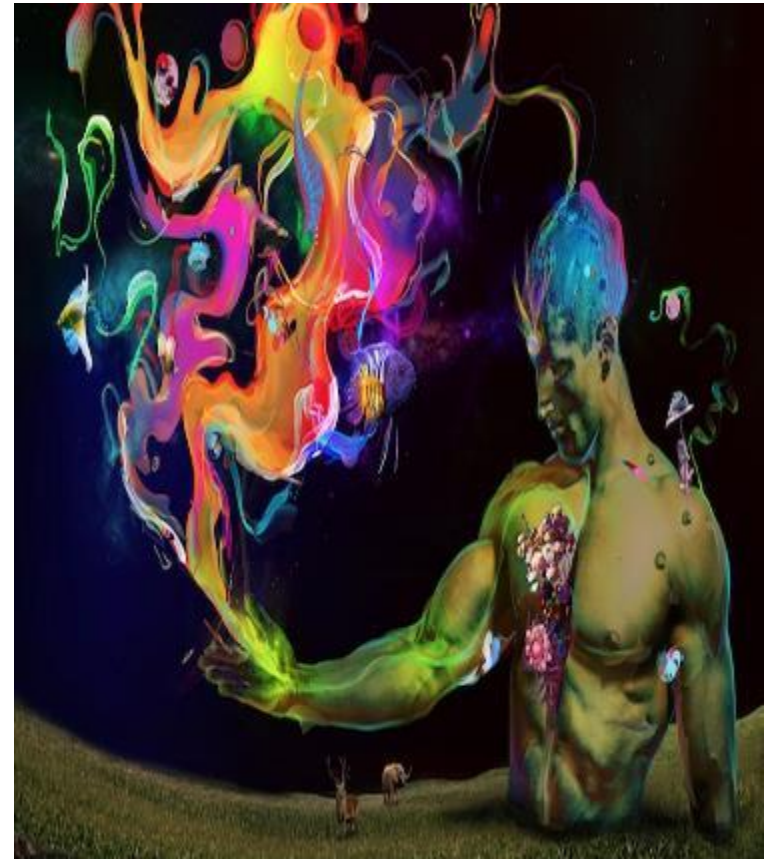
Judgment/insight

Cognitive functions

- **Consciousness**
- **Attention & concentration**(vigilance)
- **Orientation to time place and person**
- **Language**---- spontaneous speech, fluency , naming repetition , reading , writing, spelling
- **Memory** ---immediate(attention)/recent/remote/new learning abilities
- **Abstract ability**- proverbs/similarities
- **Judgment & insight.**

Consciousness

Awareness of self and environment



Stages of Consciousness

1. Awake

2. Drowsy

3. Delirious

4. Stupor

5. Coma

*Glasgow Coma Scale ($E_4V_5M_6$)

Delirium

- Acute onset
- Clouding of consciousness –

Decreased awareness of surroundings and decreased ability to respond to environmental stimuli

- Disorientation to time place & person
- Decreased attention span and distractibility
- Marked perceptual disturbances-illusions & hallucinations

- Disturbances of sleep wake cycle (insomnia at night & drowsiness during day time)
- Marked diurnal variations (sun downing)
- Impairment of registration & retention of new memories.
- Generalized autonomic disturbances, speech, & thought disturbances

Causes of Delirium

- Brain damage or Dementia
- Alcohol Withdrawal (**Delirium tremens**)
- Post operative periods
- Head injury
- Chronic illness – Diabetes, Parkinson, CKD
- Poisons

Twilight state

-Variants of stupor

Clouded & narrowed
consciousness

Ability to perform certain
activity like driving , walking
etc followed by amnesia for
the event.

Epilepsy, brain trauma,
alcoholism & dissociative
disorders.



Oneiros- “dream”

Eidos- “form, likeness”

Narrowing of consciousness
+ multiple scenic
hallucinations

Atmosphere is perceived as
strange & dream like

The contents of the state are
remembered.

Seen in Oneiroid
schizophrenia

Oneiroid state



Dissociative phenomena

Individual forgets part or whole of his life , leaves home and wanders away

Depression ,
schizophrenia & epilepsy

Fugue



Attention

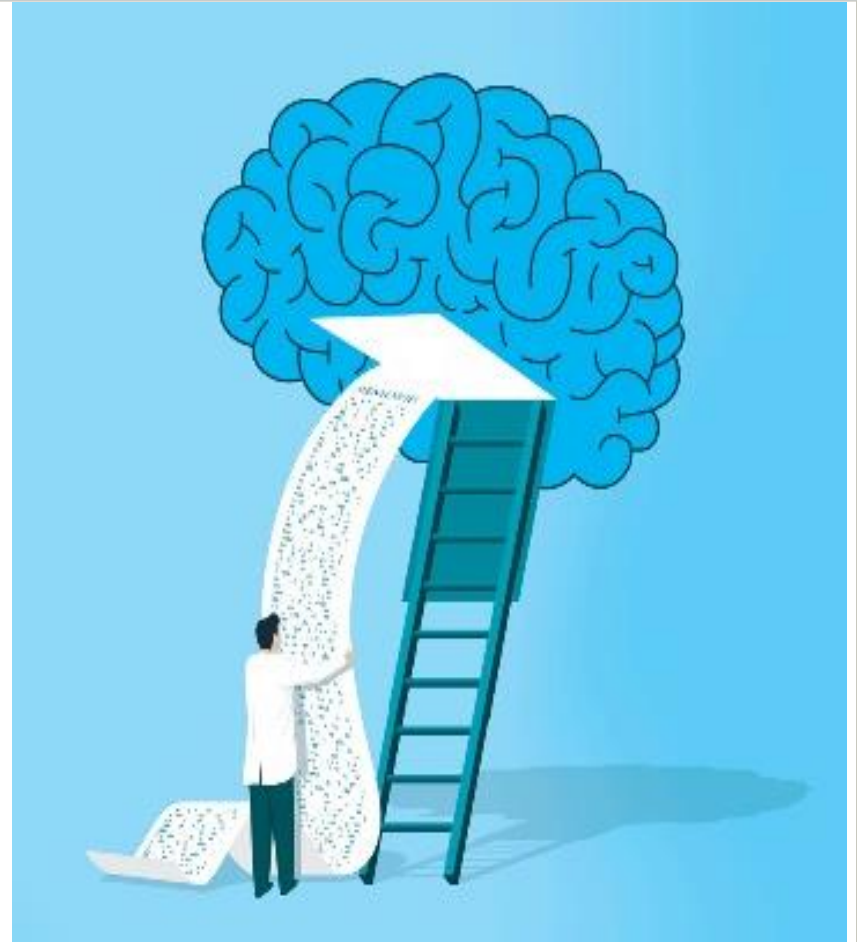
- Focusing of consciousness on an experience
- **Narrowing of attention** seen in cases of anxiety & depression
- Fatigue and drug intoxication.
- **Digit span test**(DF/DB)

Concentration

- Maintenance of that focus
- **Fluctuation in concentration & attention**
- Seen in mania
- **Random A letter test** (error of commission & omission)

Memory

Ability to store
and recall
information



Components of memory



Types

- **Immediate** : within secs (its basically attention).
- **Recent memory**: Ability to retain new material over a short span of time (5 mins to few hrs)
- **Remote memory**: Ability to recall events that happened quite a long time

Amnesias

Organic

- **Retrograde amnesia (RIBOT's LAW)**
- **Ante grade amnesia**

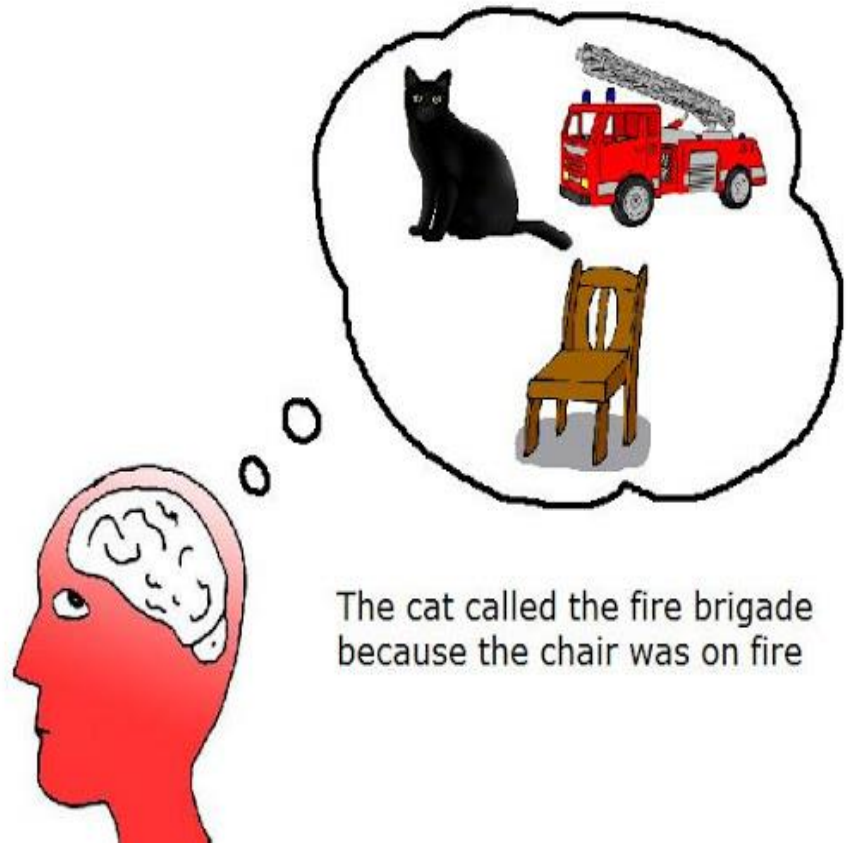
- Head injury

Functional

- Don't know answers
- Depression
- Pseudo dementia

Confabulations

- Unconscious filling of gaps in memory by imagining experiences or events that have no basis in fact,
- **“Honest lying”**
- no intent to deceive and the individual is unaware that their information is false.
- **Korsakoff’s psychosis**



Thought

Ideation
component of
mental activity



Component of Thought

1.Stream
(Tempo)

Accelerated thinking -flight of idea .Retarded thinking – depression

2.Continuity

Thought block , Circumstantiality

3.Content

DELUSION

4.Possession

Obsession & thought withdrawal , insertion, broadcast (Thought Alienation Phenomenon)

5.Form

Formal thought disorder(FTD)

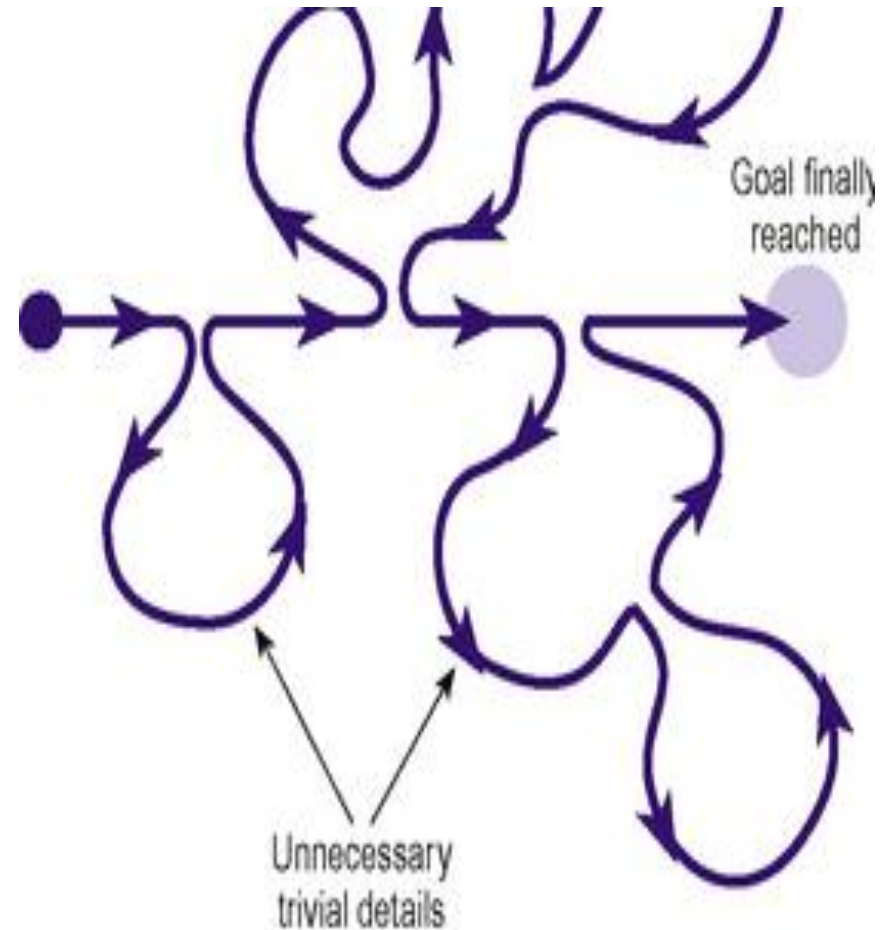
CIRCUMSTANTIALITY

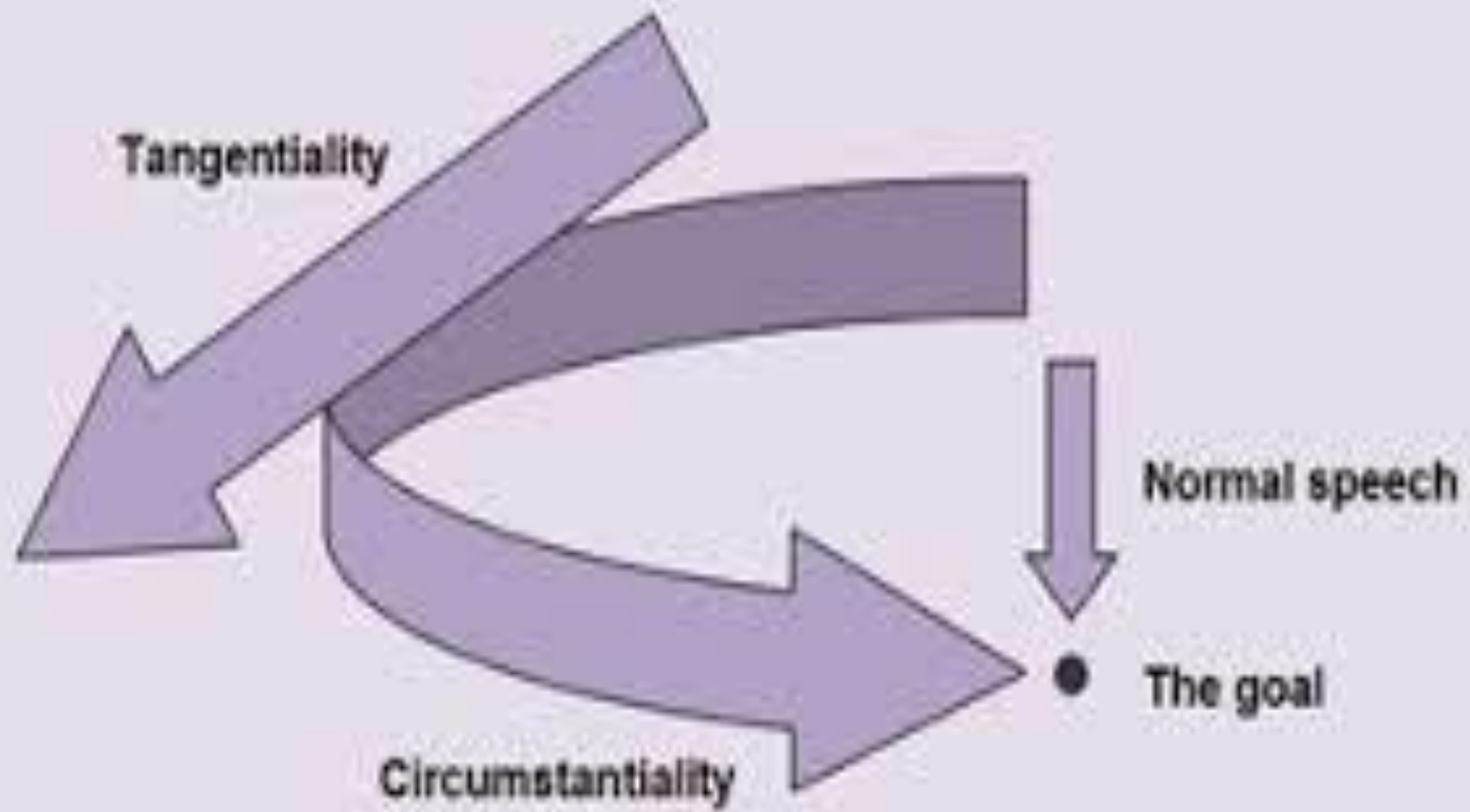
When a person is not able to answer properly, in a straight manner,

and keeps on giving irrelevant details or wanders off the subject many times in a conversation,.

In last returns to the topic

Organic disorder





Delusion

- False And Firm belief's despite contrary evidence and which is not in accordance with patients socio-cultural & educational background.

Delusion

- Disorder of content of thought
- False & firm belief held with absolute convictions.
- Delusional belief as self evident & regards it as great personal significance
- Cannot be changed by reasoning or contrary experience
- False belief is not shared by others from a similar socio-cultural group.



Types Of Delusions

- Grandeur or exaltation
- Persecution(paranoid)
- Reference
- Influence
- Infidelity/Othello syn /
Morbid Jealousy
- Guilt/self reproach
- Nihilistic
- Love/erotomania/de
Clerambault
- Hypochondrial
- Others

Delusion Of Grandeur Or Exaltation

- Unrealistic & Inflated sense of one's own importance.
- Delusions with religious or political identity.
- profound state of bliss
- neglect self care.



Delusion Of Persecution/Paranoid

- The person imagines that people are after him and his loved ones and may kill him.
- Suspiciousness, extreme anxiety & irritability
- He believes himself to be the centre of focus & malignant attention.



Delusion Of Reference

- Being referred to others eg people are talking about him
- (usually of negative nature) and this may put him in conflict with the world.



Delusion Of Influence/Control

thoughts are being influenced and controlled by some external power, (radio, hypnotism telepathy).

On the basis of this imaginary “command”, he may commit an unlawful act.



Delusion Of Infidelity/Jealousy-Othello Syndrome

- In this, the person thinks that his/her spouse is not loyal to him/ her.
- Males > females.
- **Jealous killer .**



Delusion Of Guilt/Self Reproach

- Criticises himself for some imaginary offence or misdeed committed by him in the past.
- In serious cases, the person may punish himself by committing suicide.



Nihilistic Delusion

- Person does not believe in his existence or that the world exists.
- They may commit suicide or kill others.
- It is commonly seen in depression.

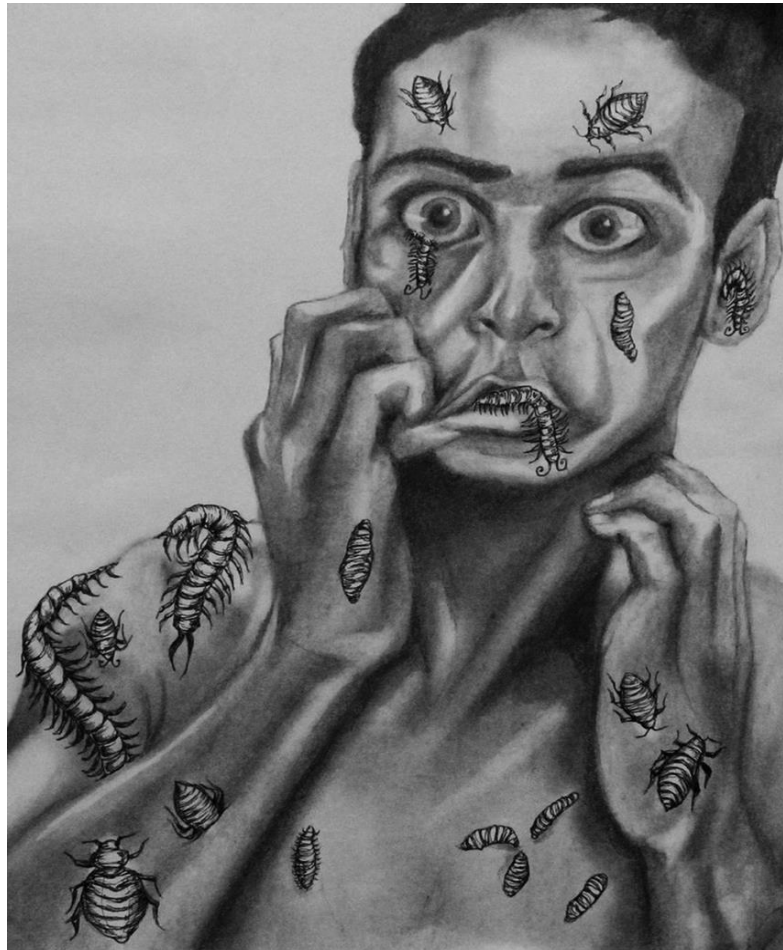


Hypochondriacal Delusion

- Pathological self concern
- Persistent conviction of illness in absence of objective evidence of its existence
- inability to accept reassurance



Delusion of parasitosis/Ekbom syndrome-match box sign



Dysmorphic delusions:
morbid fear of being ugly or deformed



Erotomania/ deClerambault's syndrome

- Most common in women
- Erotic convictions that a person with usually higher status is in love with the patient.

EROTOMANIA

He loves me,

He loves me n

He loves me,

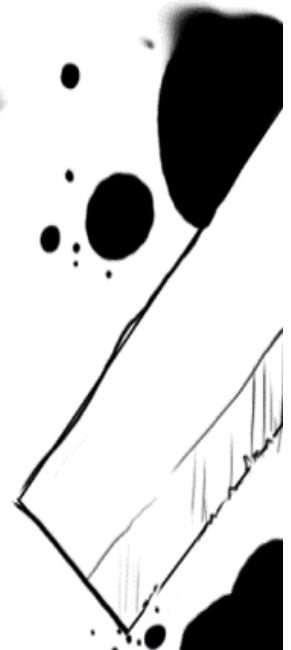
He loves me n

He loves me,

He loves me n

He loves me,

He loves me n



Delusion of Doubles/Capgras syndrome

- person in the environment are not their real selves but their own doubles
- Delusional misidentification



Types

Typical capgras : familiar person as complete stranger & who is imposing on him as familiar

Fregoli : falsely identifies strangers as familiar persons

Autoscopy: pt own self replaced by a double

Also k/a Doppelganger syndrome

Doppelganger



Cotard's syndrome

- Walking corpse syndrome
- Delusional belief that they are already dead, do not exist, are putrefying or have lost their blood or internal organs.



Perception

Ability to see, hear,
or become aware
of something
through the senses.



Disorders of perception

- Sensory experiences can be distorted or deceptive to produce alterations in intensity and quality of perceptions

2 types:

Sensory distortion: Alteration in **intensity** (hyper and hypoesthesia) .**Quality** (Xanthopsia, erythropsia, chloropsia) & **spatial form** of objects (Micropsia/macropsia)

Sensory Deception:

- **HALLUCINATIONS** – false perception without an object
- **ILLUSION**- misinterpretation of stimuli.

HALLUCINATION

It is a false perception without any external object or stimulus.



Causes

- Schizophrenia
- Affective disorders
- Organic mental disorders
- High fever
- Drug intoxication
- Withdrawal from drug addiction

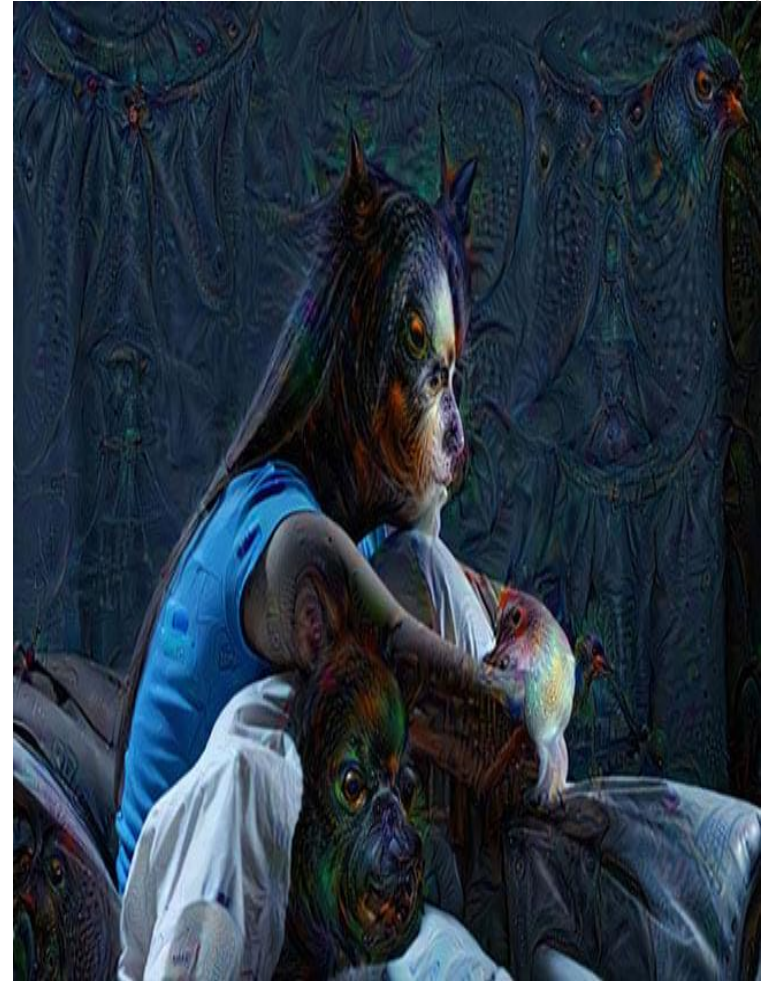
TYPES OF HALLUCINATION

- Visual
- Lilliputian / Brobdingnagian
- **Auditory**
- Olfactory
- Gustatory
- Tactile
- Psychomotor
- Synesthesia

Physiological hallucinations

(visual)

- **Hypnagogic-** hallucinations while going to sleep
- **Hypnopompic-** occurring while getting up from sleep



Visual Hallucination

- person may see lights or images or scenes.
- Drug withdrawal syndromes.(alcohol)
- Schizophrenia,
- Epilepsy



Types of visual hallucinations

- **Elementary type:**

person sees only flashes of light.

- **Partly organised**

person sees as patterns or unformed images.

- **Completely organised:**

person sees as images, figures or image of people, animal or object

AUDITORY HALLUCINATIONS

- False perception of sound, usually noises, but also music.



Range in complexities from –

Hearing disturbed sounds (whirring noise
& muffled whisper)

to

Organized sounds / discussions about
patients

- Hallucination comes from external objective space
- Hallucination from subjective internal space-**pseudo hallucinations**



COMMAND HALLUCINATIONS

person hears a command from God or Satan to do certain acts which may land up the person in conflict with law



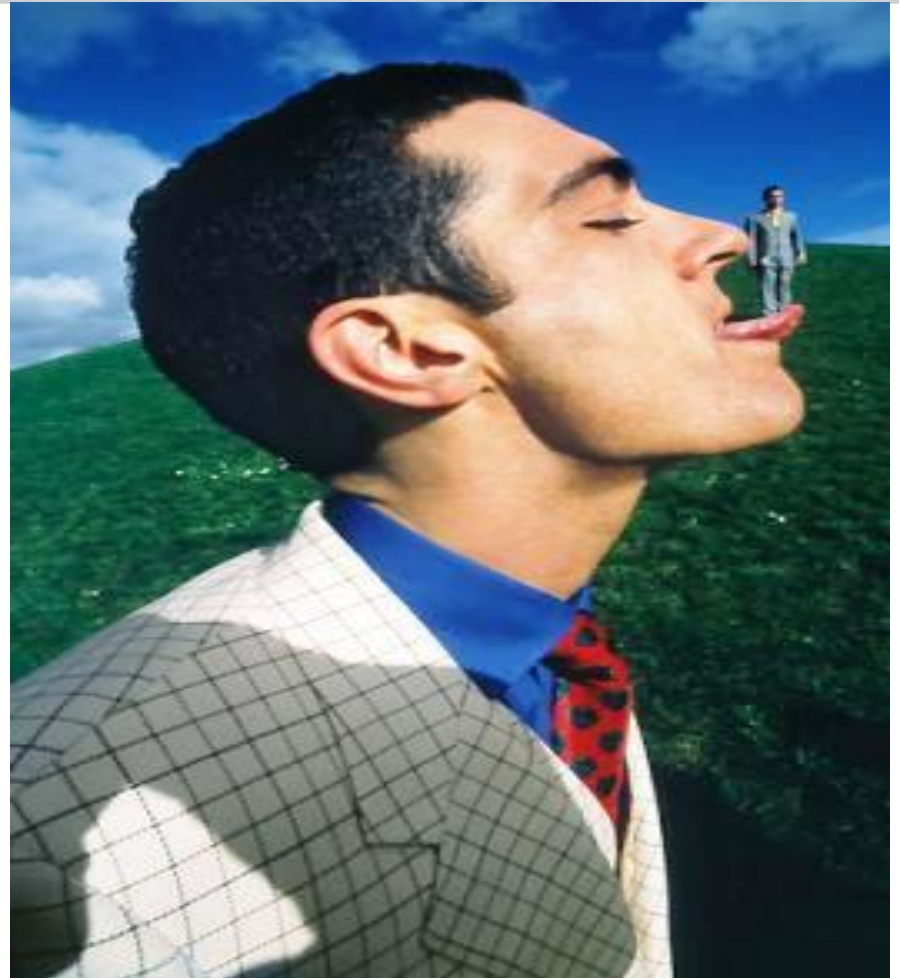
Olfactory Hallucinations

- There is false sense of smelling (pleasant/unpleasant/sweet/sour/bitter) without any source.
- **seen in schizophrenia and temporal lobe epilepsy.**(uncal fits)



GUSTATORY HALLUCINATIONS

- Hallucinations involving taste without any food or drink, the patient experiences different taste.



TACTILE/HAPTIC HALLUCINATIONS

They are hallucinations of abnormal touch.



seen in cocaine addiction where bugs or rats seems to be creeping in layers of skin (Formication).



LILLIPUTIAN HALLUCINATIONS(visual)

- In this a person perceives objects to be of a much smaller size than they actually are.

(visual)

Brobdignagian ..



PSYCHOMOTOR/KINESTHETIC HALLUCINATION

There is feeling of movement of a part of the body, say a limb, though in reality, there is no such movement.



SYNESTHESIA HALLUCINATION





A stimulus perceived by a sensory organ other than the one that should actually perceive it.

“Seeing music”

“Hearing color”



SOME COMMON FACTS ABOUT HALLUCINATIONS

- Visual hallucinations  Organic mental disorders (delirium tremens)
- Auditory hallucinations  Non-organic disorders (schizophrenia)
- Gustatory hallucinations and Olfactory hallucinations  Temporal lobe epilepsy
- Tactile hallucinations  Cocainism

Auditory hallucinations are the commonest followed by visual

Hallucinations are not under voluntary control and a person suffering from unpleasant hallucinations may be enticed to commit suicide or homicide

ILLUSION

Misinterpretation of
an external stimulus.

egs-

A rope may be
seen as a snake at
night



Types of illusion

Completion illusion:

human tendency to complete a familiar and unfinished pattern

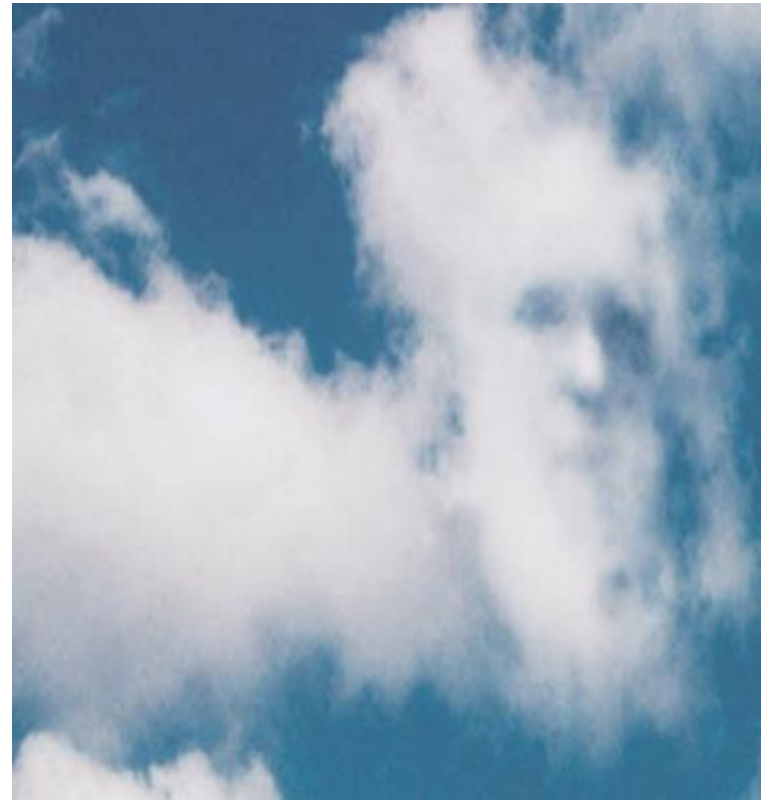
Affect illusion:

prevailing mood state

Pareidolia:

images seen from shapes

Pareidolia



Mirage

- Optical illusions are quite common in deserts where water may be seen at places.



Disturbances of Emotions (F30-F39)

Affect & emotion
–describes person's
mood state



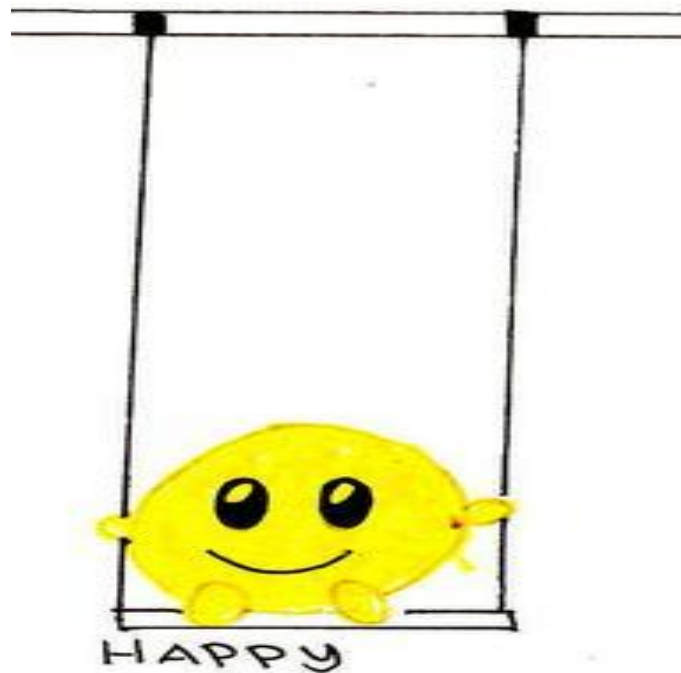
- Affect is the cross section of mood.
- Affective state maintained for considerable length of time- **MOOD**
- Affect refers to the behavioral expression of mood.



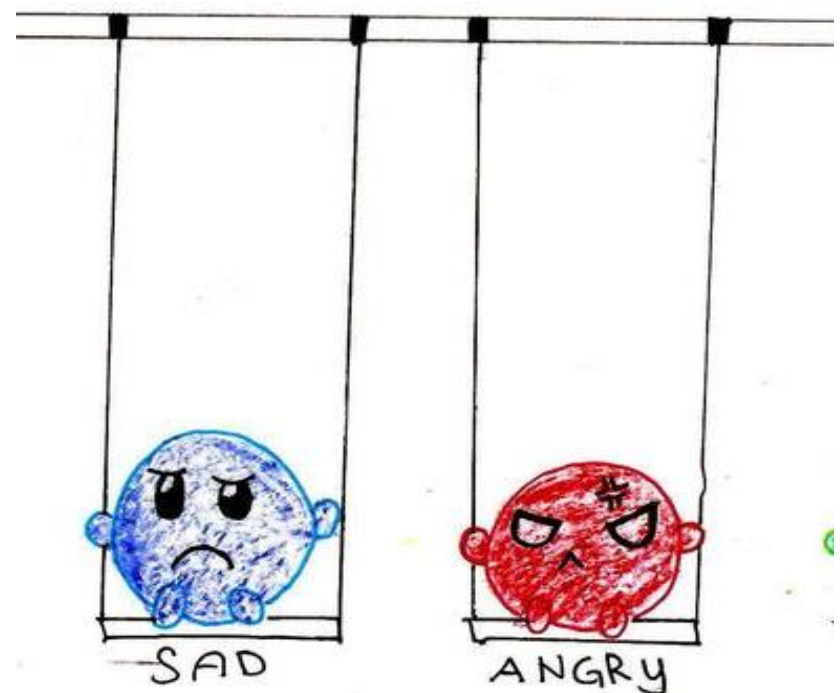
Mood : sad and depressed

Mood : sad and depressed

Affect:



Affect:



Mood

- quality(happy , sad , dysphoric , irritable , anxious etc)
- range (anger, fear, sad, happy, disgust, guilt, surprise, interest)
- intensity
- reactivity
- mobility (ease of transfer from one emotion to another.
Constricted ,blunt, flat)
- congruence/relevance
- communicability

Anxiety

- State of subjective restlessness & apprehension with or without autonomic over activity
- Normal emotion & increase in intensity & duration during certain psychopathological state.

PTSD

(Posttraumatic stress disorder)

- Delayed and/or protracted response to a stressful event or situation
- Exceptionally threatening or catastrophic nature,
- Likely to cause distress in almost anyone
- Egs: Natural or man-made disaster, combat, serious accident, witnessing the violent death of others, or being the victim of torture, terrorism, rape, or other crime

Episodes of repeated reliving of the trauma in intrusive memories ("**flashbacks**") or dreams,

sense of "numbness" and emotional blunting,

Detachment from other people, unresponsiveness to surroundings, anhedonia.

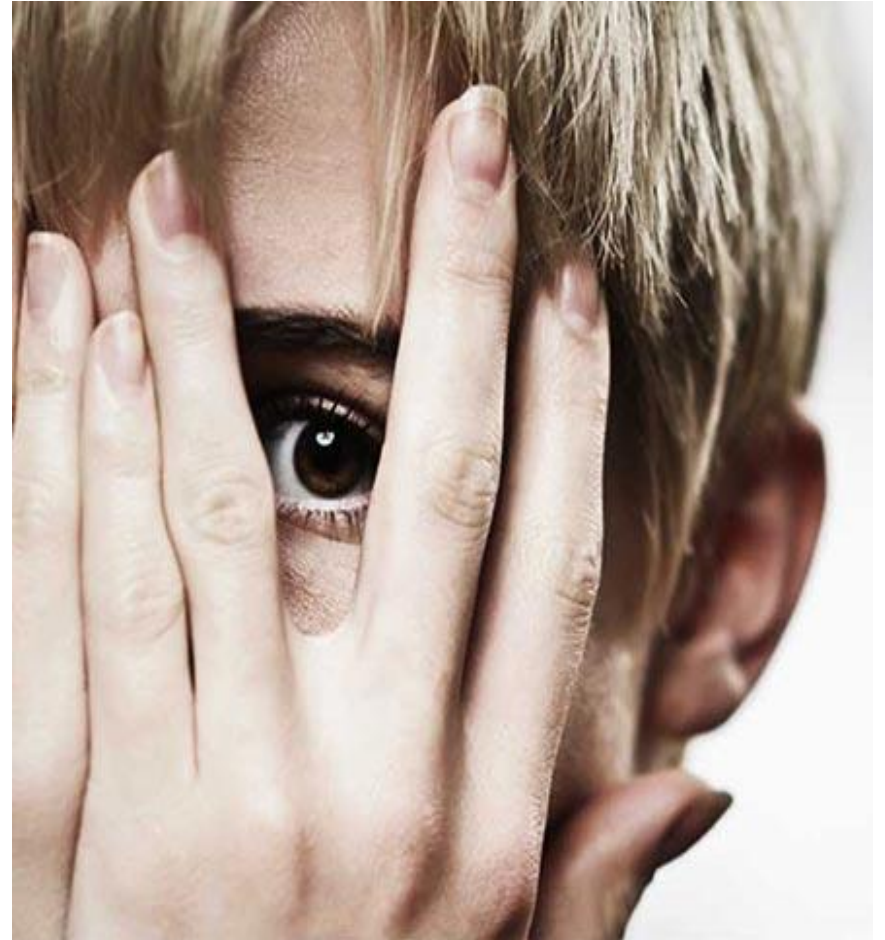
Fear and avoidance of cues that remind the sufferer of the original trauma.

Rarely, dramatic, acute bursts of fear, panic or aggression, triggered by stimuli arousing a sudden recollection and/or re-enactment of the trauma

- Autonomic hyperactivity,
- insomnia.
- Anxiety and depression
- suicidal ideation .
- Excessive use of alcohol or drugs .
- onset follows the trauma with a latency period which may range from a few weeks to months **(but rarely exceeds 6 months)**.

Phobia

Unreasonable &
unwarranted fear of an
object or situation





Agoraphobia
(places/situations)

Claustrophobia
(closed space)





Acrophobia
(heights)

Nyctophobia
(darkness)





Mysophobia
(germs)

Xenophobia
(strangers)



Obsessive compulsive disorder

Obsessive : repititive, intrusive, absurd thought that cause significant distress and patient have no or partial control over it.

compulsive : repititive act that reduce the stress caused by obsession

Obsession	Compulsion
Dirt & Contamination	Washing of hands
Doubts	Checking repetitively
Symmetry	Arranging
Blasphemy	Asking for forgiveness/punishes himself
Sexual	Any ritual, like closing eyes, chanting mantras etc.

Behavioural syndromes associated with
physiological disturbances & physical factors
(F50-F59)

1. **Eating disorder:** Anorexia nervosa, Bulimia nervosa
2. **Sexual disorder:** loss of libido /hypersexuality
3. **Sleep disorder:**

Sleep disorder

- **Somnambulism**
(sleep walking)



- **Somnolentia/semi-somnolence/sleep drunkenness**
- part of faculties are abnormally excited and other are relaxed
- Destroys moral agency
- A a defense for crime

Disorders of adult personality &
behaviour
(F60-F69)

Impulse

Sudden & irresistible force compelling a person to the conscious performance of some actions without motive or forethought.

Types of Impulse Control disorders

Kleptomania (irresistible desire to steal petty things)

Dipsomania (irresistible desire to drink alcohol)

Pyromania (irresistible desire to set fire on things)

Mutilomania (irresistible desire to kill insects.)

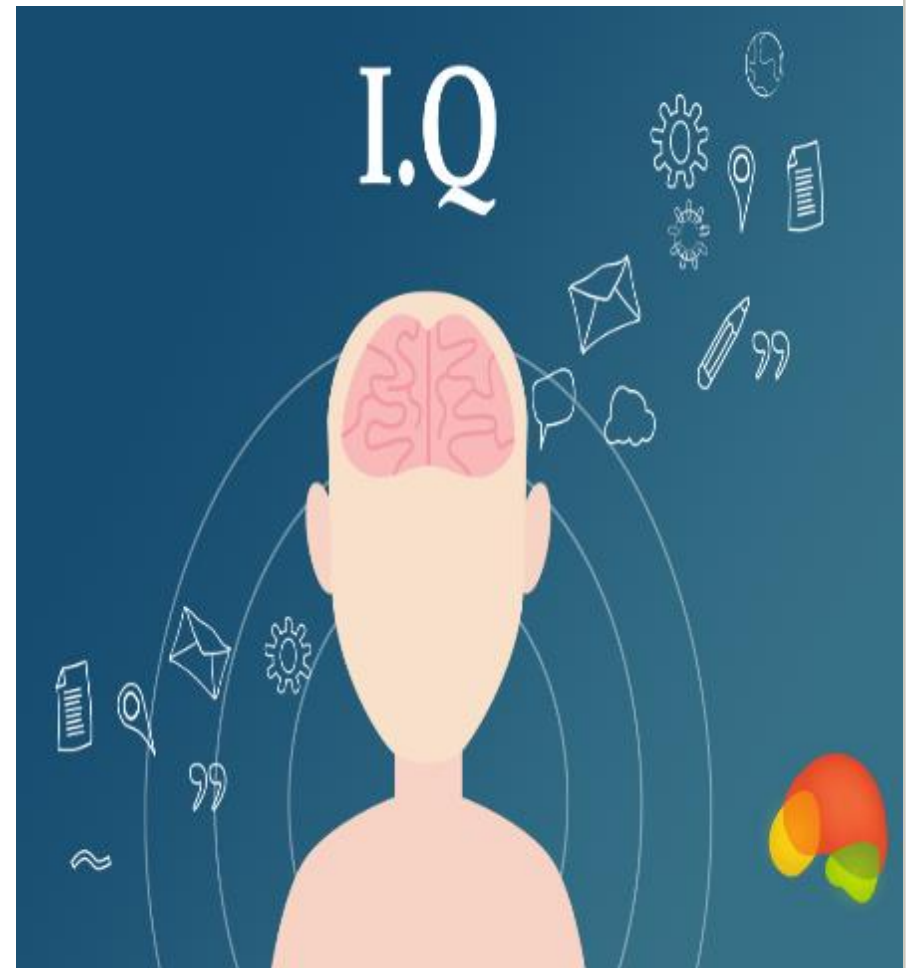
Sexual impulse (irresistible desire for sex.)

Homicidal and suicidal impulse (irresistible desire to kill people.eg Run Amoke.)

Mental retardation (F70-F79)

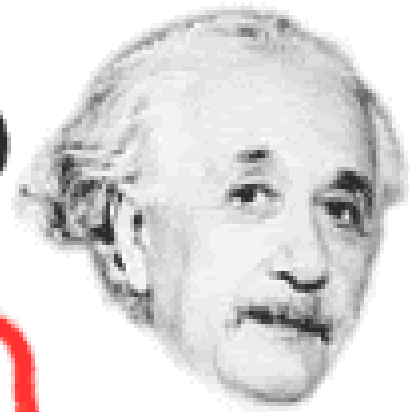
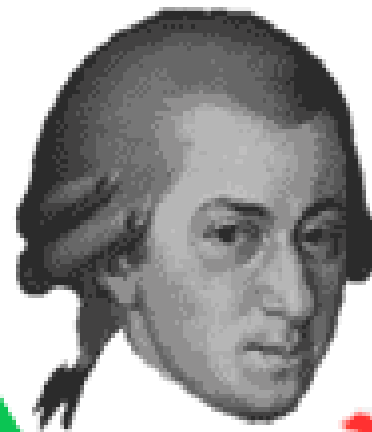
A condition of retarded , incomplete
or abnormal mental development

$$IQ = \left(\frac{\text{Mental Age}}{\text{Chronological Age}} \right) \times 100$$



Mozart & Einstein
IQ > 160

What about
yours ?



70%



55	70	85	100	115	130	145	
unsatisfactory intelligence 2.3%	low intelligence 13.6%	average 34.1%	above average 34.1%	high intelligence 13.6%	superior intelligence 2.1%	exceptionally gifted 0.13%	

Degree of MR	IQ	Mental Age
Mild MR (MORONS)	50-70	6-11yrs
Moderate MR (Imbeciles)	35-49	3-6yrs
Severe MR (Idiocy)	20-34	3yrs
Profound MR (Idiots)	<20	<3yrs

Schizophrenia (F20-F29)

Disturbances in
thought, perception,
affect, motor
behaviour & relation
to external world



Schneider's First rank symptoms

1. Audible thoughts: thought echo
2. Voices heard arguing: 2 or more voices discussing about the subject
3. Voices commenting on one's actions
4. Thought withdrawal
5. Thought insertion
6. Thought diffusion or broadcasting
7. 'Made' feelings or affect
8. 'made' impulses
9. 'Made' volition or acts
10. Somatic passivity
11. Delusional perception

Automatic behaviour/ Automatism

- Acting without volition(will)
- Behaviour is apparently purposeful & complex that occurred without conscious control & followed by amnesia for the event
- Epilepsy, alcohol, drugs, hypoglycaemia, during sleep
- Our law no special provision.

Hypnotism/mesmerism

- Sleep like condition brought on by artificial means or suggestions
- Person in trance, & mind becomes susceptible to suggestions or command of hypnotizer
- Generally not accepted in law



Diagnosis of insanity

- Opinion about the patient mind and degree of responsibility (liability for his acts or omissions)
- Never issue certificate after single examination
- 3 examinations on different days and different hours are recommended.
- Certificate should contain the clinical description of the patient and indicate the reason for the diagnosis of the specified disorder.
- under observation for 10 days upto 30 days max

Features	True insanity	False insanity
1. Onset & motive	Gradual/sudden Without motive	Sudden/with motive
2. Predisposing/ Existing	H/o insanity	Not present
3. Facial expression	Peculiar expression-worried look & agitated	Normal or easily distinguishable
4. signs/symptoms	Shows signs/symptoms irrespective of his conduct being observed or not.	Absence of signs/symptoms when he feels not to be observed
5. Characteristics	Point towards particular type of insanity	Doesn't points towards any insanity
6. Effect of violent exertion	Can stand violent exertion for several hours or days without exhaustion ,perspiration or sleep	Get exhausted

Features	True insanity	Feigned insanity
7. Mood	Excited, depressed or fluctuating	May over react to show Abnormality in mood
8. Habits	Dirty & filthy	Not dirty
9. Physical manifestations	Dry harsh skin, furred tongue, constipation, anorexia	Not present
10. Repeated examination	Not worried	Do not like
11. Insomnia	Present	Cannot persists usually sleeps in a day or two
12. Dressing up	Carelessly dressed	Dressed reasonably

Responsibilities of a mentally ill person

“Clean Your own mess ”



The law presumes that every person is mentally sound, until the contrary is proved.

I agree
 I disagree



CIVIL RESPONSIBILITY



Management of property of insane

- On application by friend , relatives, court directs inquiry
- Medical evidence given in form of certificate.
- In doubtful cases it is safer to give in favor of sanity .
- “Manager”



Contracts

Valid contracts:

1. Sound mind while making contract
2. Lucid interval
3. If other party can prove that it didn't know about the mental condition of person at the time of contract
4. Mental illness develops after contract was signed

MARRIAGE

A marriage is considered invalid if at the time of marriage, either party is-

- 1) Incapable of giving valid consent due to insanity.
- 2) Though capable of giving valid consent, has been suffering from such kind or degree of mental disorder as to be unfit for marriage or procreation.
- 3) Has been suffering from recurrent attacks of insanity or epilepsy.

THE COMPETENCE OF INSANE TO BE A WITNESS

- An insane person is not competent to give evidence.

Under special circumstances:

1. Understands the questions put to him & can give rational answers
2. during the lucid interval.
3. Understands the obligations of an oath
4. Understands the necessity of telling truth
5. Able to tell coherently what he has seen

Lucid interval

Lucidus means “clear”

It is a period of clarity of thoughts between two subsequent bouts of mental illness

MLI: responsible for all civil & criminal acts

CONSENT AND INSANITY

Consent to any act mentioned in IPC(eg. hurt, medical examination, sexual intercourse, surgery etc) not valid,

If person who due to unsoundness of mind is unable to understand the nature and consequences of the act.

TESTAMENTARY CAPACITY

Testamentary capacity refers to the capacity of a person to make a valid will.

The law defines it as possession of a sound disposing mind (**compos mentis**) which must be certified by a doctor.

- A will is a document detailing the disposition of property owned by a person, which is prepared by him during his lifetime but takes effect only after his demise.
- The person who makes the will is referred to as the testator.
- It can be revoked or changed any number of times.

ELIGIBILITY FOR MAKING A WILL

As per Indian succession act 59, the following persons are eligible to make a valid will.

- Every person of sound mind who is over age of 18 years.
- An insane person cannot write a valid will unless he is in a lucid interval.
- An intoxicated person cannot make a will, unless it is certified by a doctor that he was under his senses.
- A deaf dumb or blind person can make a will if he can communicate effectively.
- Convicts are not debarred from making a will.

- He cannot enter govt. services

Inheritance of property:

Cannot be disqualified from inheritance of property

**Criminal
responsibilities of
insane**

The law presumes that every person is mentally sound, until the contrary is proved.

Law also presumes that for every criminal act ,there must be **criminal intent or mind.**

Mens Rea- “Guilty mind”

Accused is well aware that his act is an offence & it would cause physical harm or damage.

Intent-

1. Direct intent: wanted to cause harm directly
2. Oblique intent: did not intend to do harm but knew that his act would have consequences

Actus reus

- Criminal act that is caused by the voluntary action of the person to commit an offence.
- Includes-Physical assault, or murder or destruction of property

Test for determining criminal responsibility

Mc Naughten's Rule /Right or Wrong Test/ Legal Test

An accused person is not legally responsible if it is clearly proved that at the time of committing the crime , he was suffering from such a defect of reason from abnormality of mind ,that he did not know the nature and quality of the act he was doing or that what he was doing was wrong.

1843, Daniel McNaughten

- Delusion of persecution
- Shot Mr. Drummond, the private secretary of Sir Robert Peel (Prime minister of England)
- Jury after testification by 9 physicians found him not guilty by reasons of insanity



- 15 judges were constituted and were asked to respond to series of questions on criminal responsibility

- Answers are immortalized in history of forensic psychiatry as

“McNaughten’s Rule”

Section 84 of the I.P.C.

In India, defines the legal test or criminal responsibility of the insane, as:-

“Nothing is an offence which is done by a person who, at the time of doing it, by reason of unsoundness of mind, is incapable of knowing the nature of the act,

or

that he is doing what is either wrong or contrary to law.”

- **Clearly proved:** unsoundness of mind must be directly related to the offence(offence would not have occurred if no mental abnormality)
- **Defect of reason:** Intellectual or cognitive faculties of accused were so disordered ,that his reasoning powers as to facts & actions were not functioning normally

- **Abnormality of mind:** .Legal word & not psychiatric word
- The law is not concerned with brain but with mind
- Any disease which is capable of producing mental dysfunction. eg. drugs and alcohol consumed voluntarily is not considered as abnormality of mind.

- **Wrong:** crime=mens rea + Actus rea
- Ability of the accused to distinguish between right & wrong with reference to the particular crime.
- If a person commits crime under influence of a delusion due to unsoundness of mind , he is judged as though the delusionary facts were real.

- Section 85 of the I.P.C. defines legal responsibility of a person under intoxication.

If proved that a person was given intoxication without his knowledge or against his will, and due to intoxication he lost mental reasoning and then committed the crime, he will not be held responsible for it.

Drunkenness caused by voluntary use of alcohol or drugs offers no excuse for committing the crime.

Defects in the McNaughton's Rule

Only cognitive (intellectual) faculties are taken into consideration, whereas Volitional factors (will and emotions) are not considered.

So, these neurotic disorders are not given any importance.

Some western countries have taken this into consideration and have formulated some guidelines. Some of them are known as:-

- Durham Rule (1954)
- Curren's Rule (1961)
- American Law Institute Test. (1970)
- The Brawner rule (1972)
- The Irresistible impulse

DURHAM RULE (1954)

The Durham rule states that an accused is not criminally responsible if his unlawful act was the product of mental disease or mental defect.

- The Durham rule was eventually rejected by the federal courts, because it cast too broad a net.

Alcoholics, compulsive gamblers, and drug addicts had successfully used the defense to defeat a wide variety of crimes.

CURREN'S RULE (1961)

- An accused person will not be held criminally responsible, if at the time of committing act, he did not have the capacity to regulate his conduct to the requirement of law, as a result of mental disease or defect.

As per Curren's rule, it was contested that, at the time of committing the criminal act, a person may have the knowledge that what he was doing was wrong but he neither had the capacity nor the will to control (adjust) his act. Therefore such person should not be held responsible.

Doctrine of Diminished responsibility

A person is not fully responsible for his actions but only partially, if by virtue of his unsoundness of mind , he did not premeditate , deliberate or formed a specific intent to kill.

Not followed in India

Section 84 IPC- “all or none law ”

THE MENTAL HEALTH ACT, 1987

Replaces the Indian Lunacy Act of 1912

Came into affect only in April 1993 in all the states and union territories of India.

10 Chapters (98sections)

I. **Various definitions**

II. Establishment of mental health authorities at Centre & state level

III. Guidelines for establishment & maintenance of psychiatric hospitals and nursing homes

IV. **Detention in psychiatric hospitals and nursing homes**

V. Inspection, discharge, leave of absence & removal of mentally ill person

VI. Judicial inquisition regarding the alleged mentally ill person possessing property, custody of his person & management of his property(manager/guardian)

VII. Liabilities to meet the cost of maintenance of mentally ill persons detained in psychiatric hospital or nursing homes

VIII. Aimed at protection of human rights of mentally ill person

IX. Penalties & procedure

X. For miscellaneous sections

Definitions

**Indian lunacy Act
1912**

Mental health act 1987

Asylum

psychiatric hospital

Lunatic

mentally ill person

Criminal lunatic

mentally ill prisoner

Mentally ill person

Person who is in need of treatment by reasons of any mental disorder other than mental retardation.

Restraint of a mentally ill

Lawful restraint of a mentally ill person who is a danger to himself or others.

A) Immediate restraint

B) Admission in a psychiatric hospital

Admission in psychiatric hospital

1. Voluntary admission

i) By patient(if major)

ii) By guardian (if minor)

Most common method

Officer in charge – inquires within 24hrs

2. Under special circumstances

Involuntary admission (when person cannot express his willingness for admission) – application by relative or friend

certificates from 2 medical practitioners required (within 10 days)

Duration of admission not more than 90 days

3. Reception order on application

i) By doctor in charge (if treatment required to be continued for 6 months)

ii) By husband, wife or relative (Seen within 14 days)

**{Application +2 medical certificates (RMP +Govt.RMP)
+Bond by relative for expenses.}**

4. Reception order without application ,on production of mentally ill (wandering, dangerous, ill-treated or neglected) to magistrate(within 24hrs of detention)

* 10 days observation , diagnosis to be made within 30days

5. As inpatient after judicial inquisition-(Property)

6. As mentally ill prisoner

7. Admission of an escaped mentally ill prisoner

Discharge of mentally ill person

1. Voluntary patient: within 24hrs , if board recommend continuation of treatment- 90days restraint against his will
2. When admission on application by relative /friend:
Patient himself or relative/friends apply to magistrate for discharge.
3. Power of officer in-charge of a psychiatric hospital: can discharge any patient other than voluntary on recommendation of 2 doctors

- Copy of discharge to be sent on whose reception order he was admitted

4. Discharge of mentally ill on application : application by person on whose RO person was admitted

5. Discharge on own request: application to magistrate with certified copy from medical officer in charge of psychiatric hospital

6. Person detained on RO after judicial inquisition found to be of sound mind can be discharged

Mental healthcare Act 2017

Passed in 7th April 2017 and came into force from 7th July 2018.

The following revisions have been made in the mental healthcare act 2017

1. Decriminalises the attempt to commit suicide by ensuring that such individuals are rehabilitated by the government instead of being punished for such an attempt.
2. Mentally ill person to make decisions about their mental healthcare treatment.
3. Safeguards the rights of persons with mental illness & provides government aids that make healthcare & treatment more accessible for such persons.

- Setting up of mental health establishments across the country , so no person with mental illness has to travel far for treatment.
- Restricts the use of ECT(electroconvulsive therapy.)

MOCK TEST

1. Write short notes on
 2. Delirium tremens
 - A. Fugue
 - B. Holographic will
 - C. Mc Naughten's rule.
 2. Discuss briefly-
 - A. Competency of an insane to make a valid will
 - B. Fallacies of Mc Naughten's rule
 - C. Perception disorders
 - D. Impulse

3. Differentiate between the following:

A. True insanity and false insanity

B. Psychosis and Neurosis

C. Hallucinations and illusion

4. Define insanity. Discuss the civil and criminal rights of insane .

5. Define mentally ill person. How will examine a case of insanity. Discuss the restraint of insane person.

Mail your queries at
dr.Sangeeta.sahni@gmail.com

Thank
You

