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Mental Health and Criminal Responsibility: Reforming Insanity Defenses

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Abstract
The question of mental illness and responsibility has been one of the most controversial and subject to debate in criminal law, due to the need to make a balance in the concept of responsibility, public safety and protection of human basic rights. By removing the responsibility for the conduct of people with severe mental illness who are unable to appreciate the nature of their actions or understand what they are doing, the insanity defense is an important procedural tool in the legal system. In many places, however, outdated models set during the 1800s are the ones which are still used when there have been advances in psychiatric theory, forensic psychology and neuroscience. This paper critically reviews the development of the insanity defense and looks at some of the legal systems in place and how well they reflect the current scientific understanding of mental illness. The study uses a doctrinal and comparative legal research method, looks at the history of the insanity defence, examines the common link between medical and legal definitions of mental illness and discusses the different legal approaches used in the UK, USA, Canada, Australia and Pakistan. Additionally, the paper highlights some of the problems associated with effective use of insanity defence: outdated legal definitions, inconsistencies in psychiatric testimony, a lack of infrastructure for forensic mental health, procedural issues and deep social stigma around mental health. The study recommends a multi-disciplinary approach, using comparative analysis and recent legal scholarship that includes criminal law, forensic psychiatry and neuroscience and international human rights principles to achieve meaningful reform. It suggests reformation about the statutory concepts of legal insanity, improvement of forensic psychiatric facilities, judicial training, setting up mental health courts, and process protection of the mentally ill. The paper concludes that there is a need for prison sentences to reflect the realities of medical knowledge during the past few decades, as well as the core principles of justice, fairness and human dignity, while at the same time still providing adequate protection to the community.

Keywords: *Mental Health; Criminal Responsibility; Insanity Defense; Criminal Law; Forensic Psychiatry; Mental Disorder; Criminal Justice Reform; Comparative Criminal Law; Human Rights; Pakistan.*

1: Introduction

The association of mental disorders and criminal responsibility is one of the most controversial points in the modern criminal law. A central tenet of criminal law is that someone must have the mental state (Mens Rea) required to be guilty along with doing a wrongful act (actus reus). The principle echoes the

moral one of punishment being meted out only to those who can appreciate the nature and the consequences of their actions and those who can make rational choices. Mental illness casts doubt on this proposition because some psychiatric conditions can affect a person's mental or volitional function, and thus, affect the moral and legal basis for punishment for the crime. In the context of this, certain legal systems all over the world have been introducing insanity defense to separate the criminals who deserve criminal punishments from others whose crimes are solely based on their serious mental disorders. As a result, in most countries, criminal laws have been introducing a defense of insanity to distinguish criminals who are accountable for their criminal acts, from those who engage in a crime due to a major mental disorder (Meynen, 2020a).

Although it has been around since the day the Bible was first recorded on its pages, the insanity defense remains a controversial legal, medical and ethical topic. A major problem is that psychiatric criteria of the nature of the illness are different from legal definitions of "insanity. The nature of a mental condition is assessed according to clinical standards in psychiatry, whereas in criminal courts, whether the mental condition made it impossible for the accused to know the nature of the act or whether it rendered him/her incapable of understanding the wrongfulness of the act at the time of the offence. This is often a reason for conflicts between forensic psychiatrists and courts, leaving the legal results conflicting, and in some cases, there is some criticism that the current legal framework is no longer fit for purpose or reflects the state of modern psychiatric knowledge (Ajmal et al., 2023b).

There have been other recent advances in the neurosciences, in forensic psychiatry, and in behavioral sciences, which further heighten the controversy. Significant progress made in the fields of neuroimaging, cognitive neuroscience and psychiatric evaluation have enhanced the scientific understanding and interpretations of schizophrenia, bipolar disorder with psychotic features, severe depression, dementia and other disorders with implications that can impact judgment and behavioral control. However, they have not yet been uniformly adopted into the criminal law. Though there has been criticism about their limited attention to cognition, with narrow focus and limited awareness of impaired volitional control many jurisdictions are still basing their legal doctrines on those set forth during the nineteenth century, such as the M'Naghten Rules. (Ajmal & Rasool, 2024a).

This growing worldwide burden of mental illnesses has also created pressure to reform the field of mental health. Overall, international mental health research indicates that mental illnesses are a significant cause of disability in the world, and that individuals with serious psychiatric disorder are over-represented in criminal justice populations. This reality necessitates laws that will be able to combine the following: Protection of public order and security; recognition of the rights of the individual; and treatment of the mentally disordered person instead of simply sanctions. Thus, the problem is neither establishing criminal responsibility, but rather creating a system that is accountable, just and provides therapeutic intervention and human dignity for the law-abiding citizen (Organization, 2022a).

International differences in criminal responsibility reveal a great variance of laws. The common law countries had used cognitive incapacity test while several civil law countries have now used a wider test with medical, psychological and volitional factors. A number of international human rights documents have increasingly placed the importance on the concepts of fair trial, equality before the law and the protection of persons with disabilities, encouraging states to modernize these modern concepts of mental illness for criminal responsibility. Insanity defense law is thus a transdisciplinary field that requires complete rethinking of the right to medical treatment and psychiatric assessment for criminal

guilt and evidentiary use or entry into Massachusetts criminal court, given the rapid, cross-disciplinary advancements of criminal law, psychiatry, neuroscience and the human rights movement (Mathis & Radovic, 2025a).

The law on insanity in Pakistan has been largely continued and inherited from the colonial era in Pakistan, especially Section 84 of the Pakistan Penal Code that mirrors the 'traditional' M'Naghten formulation. While some parts of the law have been explained by the judiciary there are still significant issues around how, and indeed whether, psychiatrists should evaluate legal insanity, what level of evidence should dictate the determination of legal insanity, and the capacity of psychiatric services and institutions to serve the needs of legal insanity. The lack of any sweeping legislative changes poses interesting questions as to whether the current body of law is sufficient to take care of mentally ill defendants and the general cause of justice. Generic issues are also seen in many other Commonwealth states that otherwise continue to use nineteenth century legal religious traditions, despite their vastly improved psychiatric theories and knowledge (Fusaroli et al., 2023).

The relationship of mental health and criminal responsibility discussed in this paper is viewed through the prism of locating them in the context of the insanity defenses. It reflects on the evolution of the psychiatric/belvedere of law, assesses the contemporary psychiatric and legal debate, contrasts strategies used in some jurisdictions, uncovers flaws in the current law, and offers suggestions for legal reforms that can bridge the gap between criminal responsibility and modern psychiatric understanding and international human rights law. The paper concludes that a comprehensive reform package is needed by embracing “essential” principles of criminal justice and “factual realities” of mental illness in today's society.

2: Historical Evolution of the Insanity Defense

The insanity defense has changed over the years as judges and legislators have tried to balance criminal responsibility and the moral standard of "guilty if, but if he did not know the difference, that is why he should be spared punishment, too! The insanity defense has developed over time in an attempt to reconcile the concept of criminal responsibility with the moral conviction that punishment should only be inflicted upon those who know better. A case study of the history of the doctrine shows the gradual shift from religious and moral concepts of "abnormality" to more contemporary ideas based on the grounds of psychiatry and forensic psychology. While modern insanity pleas vary from state to state, their common purpose has remained very similar to release those whose serious mental illness have obliterated responsible decision-making ability from criminal liability.

In the early days, people believed that mental illness was either the result of God's will or of the power of some supernatural being. The ancient Greek and Roman legal systems were aware of the reduction of the legal responsibilities of the individual in the case of madness, but did not have a complete doctrine of insanity. The Romans recognized that people who were FURIOUS did not have enough rational capacity to be held legally responsible and so they must not normally be punished for a crime. Later, in the Medieval English law, the same concept emerged, insanity being considered a disease characterized by the absence of reason which was, rather, deemed a "visitation of God. However, they all lacked in a consistency of legal principles and often were determined by judge interpretation more than law.

The modern doctrine started developing in the eighteenth and nineteenth centuries when a growing tendency of criminal law included notions of moral responsibility. Over time, English juries began to understand that punishment did not automatically apply to those who transgressed and had to happen

when an individual could demonstrate an understanding and control of his actions. Initial judicial decisions came up with crude forms of cognitive test of cognition concentrating mostly on whether or not the accused had the knowledge of what was good and bad. While these tests were a marked improvement, they also were non-uniform and of little assistance to courts faced with intricate psychiatric evidence (Ajmal & Rasool, 2024b).

The pivotal case was M'Naghten's Case back in the year of 1843. M'Naghten killed the man named Edward Drummond as he was going to kill Sir Robert Peel, Britain's Prime Minister, but thought he was assassinating the latter who was the name of a man in his nightmares. After a successful defence on a plea of 'insanity', he was the subject of public discussion which led to the House of Lords establishing the principles that bears his name: M'Naghten Rules. Under these rules, as long as one has an "insane defect of reason" due to a “disease of the mind” (at the time of the offense, one does not know the nature and quality of the act, or one does not know that the act is wrong. These rules eventually evolved into the concept of insanity law in the common law world including England, Pakistan, India, Australia, the USA and other jurisdictions in America (Ajmal et al., 2023c).

The M'Naghten Rules had added some clarity to the law; but received continued criticism. The biggest drawback of their focus is that they only consider cognitive impairment, and they largely overlook any conditions that may involve volitional, emotional, and/or behavioral impairments. Research into mental conditions in modern times shows that many severe mental diseases have a "degenerative effect on judgment, but do not destroy knowledge of right or wrong. As such, patients with cognitive disorders such as psychotic disorders or severe mood disorders can be near the type of cognitive functioning required for the M'Naghten test, but be near the functional level required for the less stringent MR. Thus, patients suffering from severe impairments in cognitive functioning, such as a psychiatric illness that includes psychosis, severe mood or neurological disturbance, can have near the level of cognitive functioning required for the M'Naghten test, while in close proximity to the level of functioning required for the less stringent MR (Meynen, 2020b).

In the twentieth century a variety of jurisdictions sought to address these shortcomings in the law by establishing wider tests for qualified immunity. The Durham Rule, which was first debated in the U.S. during the 1950s, was related to the question of if there was mental disease or defect in connection with criminal activity. The Durham formulation was designed to offer more flexibility, but was difficult to apply, due to the wide spread and vague coverage. It was later superseded in most states by a combination of both cognitive and volitional elements in the American Law Institute (ALI) Model Penal Code test: one requirement is the cognitive and the other is the "substantial capacity to conform conduct to legal requirements. The formulation had a profound effect on American criminal law and continues to be one of the most complex formulations designed to help ordain psychiatric knowledge into the laws of criminal responsibility (Mathis & Radovic, 2025b).

Recent scholarship has also doubtfully viewed whether the nineteenth century ideas of law and neuroscience are the same. Recent researches have also challenged the validity of nineteenth century legal premises in the context of current knowledge of neuroscience and forensic psychiatry. New insights from neuropsychology indicate that deficits with regards to executive functioning and impulsivity (as well as deficits involving perception and decision-making) cannot be evaluated exclusively based on self-perceptions made on cognitive awareness tests. Accordingly, a number of researchers have suggested more comprehensive evaluations of cognitive disease and loss of volitional capacity, psychiatric

diagnosis and psychiatric disability in addition to knowledge-based tests be used in the insanity defense. These are proposals that look to bolster further legal fairness and scientific accuracy while retaining public trust in criminal justice (Organization, 2022b).

This is an ongoing struggle towards achieving the balance between legal assurance and medical comprehension, so a brief overview of the evolution of the insanity defense may be helpful. Yesterday's underlying teachings still play a role in settling on criminalism in most jurisdictions, but nowadays it is the more interdisciplinary landscapes that are gaining ground that admit the fact of mental illness's complexity. There should be an increased partnership between various legal institutions, forensic psychiatry, and neuroscience and international human rights principles in order for future reforms to be grounded in legal accountability, and keeping up to date with the advancement of science.

3: Medical and Legal Perspectives on Mental Illness and Criminal Responsibility

Imputability for a criminal charge when an accused suffers from mental disorder is a complex area where Psychiatry, Law, Psychology and Ethics meet. There are certain goals that differ between both legal and medical. Both legal field and medical field are concentrated on understanding human behavior but they do it for different purposes. While the ultimate goals of criminal law are to impose liability and determine whether someone is “responsible” for whatever they have done, the goals of psychiatry are to diagnose, treat and explain mental illnesses by scientific and clinical means. This split often leads to conflict in terms of criminal responsibility when a diagnosis of mental illness does not constitute a satisfactory basis for determining that the accused is insane(Meynen, 2020c).

Most contemporary views of mental illness function as a spectrum disorder that impacts on cognition, perception, emotion, behavior and decision making. There exist many disorders that can substantially affect judgment, such as schizophrenia, bipolar disorder with psychosis, major depressive disorder with psychosis, severe neurocognitive disorders and some intellectual disabilities, identified by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) and the International Classification of Diseases (ICD-11). But clinical diagnosis is concerned with the recognition of symptoms, the treatment and prognosis in respect of that diagnosis, and not with legal responsibility. Thus, many with mental illnesses who have been diagnosed as having serious mental illness are still legally responsible for what they do, as they still possess enough ability to understand what they are doing or that it is wrong to do.

This more limited approach is taken in criminal law, which considers only the state of the person's ability as of the moment the crime was committed. The focal question is not if the accused is mentally ill, it is if the mental illness rendered the person inexperienced in the nature and quality of the act, rendered the person unaware of the wrongfulness of the act, or caused a loss of meaningful behavioral control. The difference is a fundamental one, dating back centuries, which is that criminal responsibility is based on moral blameworthiness, and not solely on a medical diagnosis. It is this direct causal connection between psychiatric illness and criminal behavior which courts must establish before a person can claim to be a lunatic, to take advantage of the insanity defense (Dewi, 2020).

Presenting psychiatric evidence is one of the main challenges for modern criminal justice systems. Progress has been made in understanding how the brain works, making decisions, controlling behavior, and regulating behavior. Functional neuroimaging and neuropsychological assessment are emerging tools for the evaluation of neurological disorders impacting cognition and behavior that can be useful for the forensic psychiatrist. However, Neuroscience within a Forensic Psychiatric setting has not superseded the traditional setting where the role of forensic psychiatrists is to decide if the accused met

the legal standard of insanity at the time of the offence. Rather, neuroscientific evidence is mostly used as supporting evidence for the overall clinical evaluation and not as evidence per some offender may be acting irresponsibly (Sénéchal, 2025).

The other key difference is that between competency to stand trial and criminal responsibility. Competency is the current mental capacity to deal with legal proceedings, to be aware of what may be occurring and to communicate effectively with counsel, while criminal responsibility is the defendant's mental state at the time of the alleged acts. The accused can thus be fit to stand trial for the offence but claim that they had lost control over their mind in committing the act. Mistakes can be made for example by confusing the two legal concepts, leading to confusing procedures and lack of understanding for participants in criminal procedures who do not belong to the category of legal technical staff.

A growing number of inmates suffer from mental disease in the prison system, which added to the gap in the system. More and more inmates are having mental illness within the prison system, which contributes to the deficiency of legal apparatuses. Global studies consistently show that incarcerated individuals are more likely to have severe psychiatric disorders than are non-incarcerated individuals. There are numerous offenders in the criminal justice system who do not get proper diagnosis and treatment of their psychiatric illness, and some suffer from deterioration of their mental condition during incarceration. These conditions are encouraging greater interest in diversion programmers and explore diversion programs such as specialized mental health courts, forensic psychiatric facilities, and community-based diversion alternatives that can not only help keep people safe in the community but also reduce recidivism. This acknowledges that treatment of the underlying causes of disruptive behaviors that lead to criminal offending in the context of severe mental illness often requires more than punishment (Organization, 2022c).

Judicial determination of ‘insanity' also poses intricate evidentiary questions. However, since the advent of modern criminal trials, the use of psychiatric testimony has become essential, and courts have been wary of submitting medical experts to adduce testimony on whether the defendant is criminally responsible or not. Expert evidence is taken into account along with witness and medical evidence, behavioral evidence and evidence is given surrounding the incident in which the child was sitting when the judgement and jury consider the statutory evidence. In this division, the judiciary maintains its independence and relies on the critical role that psychiatric input has to play in effective case management, where necessary.

In human rights terms, current strategies focus more on recognizing mental health service users as people with pride and dignity; a principle of equal protection. International human rights instruments, such as the Convention on the Rights of Persons with Disabilities (CRPD), call on States to take steps to prevent discrimination and ensure access to and equality in the legal provisions for health services and fair access to criminal justice. Meanwhile, with respect to these protections, there is a need to take into account legitimate concerns about public safety and victims' rights. Thus, a competent approach to an insanity defense reform should reflect more than one stakeholder's point of view medical science, legal indictment, therapy, and social safety they all play a part in the proposed remedy (Shah & Nasir, 2024).

Recent scholarship suggests that the future of criminal responsibility is to have more interdisciplinary interactions. Institutional studies typically integrate legal and psychiatric approaches into one assessment measuring clinical diagnosis, cognitive functioning and behavioral analysis and legal standards. Effort to study legal and psychiatric approaches need not be ones of opposition rather, many

people propose integrated forensic assessment models that combine clinical diagnosis with cognitive evaluation, behavioral analysis and legal standards. They are more capable of capturing the complexities of mental disease and maintaining the primary tenet of the Criminal Code: punishment should be met where there is a genuine moral responsibility. This encourages not only procedural justice, but public trust in criminal justice administration as well (Caruso, 2021).

4: Comparative Analysis of Insanity Defenses: United Kingdom, United States, Canada, Australia and Pakistan

The legal definition of insanity varies greatly from jurisdiction to jurisdiction but has the additional common element of trying to keep individuals who cannot understand or control their conduct from being criminally liable to the same extent as non-sane persons. The main differences lie in how the laws are interpreted, the utilization of psychiatric reports and post-insanity measures. A comparison allows the reader to see that in a handful of jurisdictions, law has caught up with scientific developments in forensic psychiatry, while in others, science has not caught up with law; rather, traditional legal principles dating to over a century ago remain in effect. This comparison facilitates a guide for future reforms, especially in countries where the legislation regarding insanity has not been substantially modified (Ahmed et al., 2025).

United Kingdom

The common law insanity defense's roots are in the United Kingdom. The test remains that of the M'Naghten Rules (1843) which equated to an absence of 'defect of reason' as a result of a 'disease of the mind' OR whether the defendant did not know that the act was of a lawfully wrong nature. While these principles have been used for many decades, there is some criticism that they are based on nineteenth century medical concepts that are not in line with modern psychiatric scientific understanding (Mackay et al., 2022a).

In bygone times, the section of the bill of rights recognized the insanity defense, but modern courts have added related concepts like "diminished responsibility" and "unfitness to plead. These doctrines offer more leeway in dealing with mentally disordered offenders, and lessen the demands on the strictures of the M'Naghten Rules. However, academics have insisted that the United Kingdom needs a more comprehensive statutory scheme to reflect the advances of modern psychiatric knowledge and account for impairments which impact functions beyond just behavioral regulation (Mackay et al., 2022b).

United States

The United States has one of the most pluralistic frameworks of insanity law as each State is authorized to create its own criteria for criminal responsibility. In response to criticism of the M'Naghten Rules, many states have adopted a more liberal test, including the Irresistible Impulse Test (now the Durham Product Rule) and finally the American Law Institute (ALI) Model Penal Code standard. The ALI approach takes into account that an accused person may lack the substantial capacity to appreciate the criminality of conduct or to conform conduct to requirement of the law. This formulation includes both cognitive and volitional components, and is believed to be a significant improvement over solely cognitive tests (Howard, 2023).

But after a number of well-publicized criminal trials, there was a growing public interest in creating, or future, limitations and even outright denials of the traditional insanity defense in American law. Some states have a 'Guilty but Mentally Ill' plea that permits criminals to be treated for their mental health disorders but still held liable for their crimes. Yet, the goal is to ensure that mental health care is provided

while still protecting the public, critics warn, but this sometimes fails to happen and the purported humanistic purpose of the insanity defense is compromised.

Canada

The Canadian Criminal Code has taken a different stance with the concept of Not Criminally Responsible on Account of Mental Disorders (NCRMD) that has embraced a treatment-oriented perspective. Canadian law is not solely based on punishment, but rather is based on the test as to whether the mental disorder affected the accused's ability to: appreciate the nature and quality of the act and/or know that the act is wrong. NCRMD cases are usually referred to provincial Review Boards which review the case at scheduled intervals to determine best serves the public and the individual's recovery (continued hospital stay, conditional, or absolute discharge.

The Canadian model has come to be seen as one of the most balanced systems as it incorporates judicial oversight, psychiatric expertise and periodic review, as well as rehabilitation. The aim of the law is not to set out to punish an offender for an indefinite period of time, but to provide treatment commensurate with the mental illness of the offender, and to keep society safe from serious threat. This therapeutic approach is also well known internationally (Glancy et al., 2023a).

Australia

Australia has a federal system, which means that its laws on insanity vary from state to state (and territory to territory), but the principles underlying them are essentially the same. The M'Naghten Rules are incorporated with the enactment of changes in the broader field of forensic psychiatry in most jurisdictions that still have extant mental health defense statutes. Some states in Australia have more general definitions of mental impairment and allow the court more discretion in the psychiatric evidence.

Forensic Mental Health Services, Structured Risk Assessment and Specialized Psychiatric Facilities are becoming a greater focus for Australian criminal justice policy. There is a greater cooperation between legal institutions and mental health professionals, as multidisciplinary expert evidence is often used to decide criminal responsibility. This is an interdisciplinary approach that aims at a better balance of individual rights, social security and clinical evidence-based practice compared with the common law models.

Pakistan

The Pakistan Penal Code, 1860, (Section 84) continues to prescribe differences between lawful crack and unlawful, mere hysteria based on the M'Naghten Rules that are almost a direct copy. The provision is qualified and bars the initiation of a criminal charge against an accused person if, as a result of unsoundness of mind, the person has lost the capacity to understand what they are doing or that what they are doing is contrary to the law or wrong. While Pakistan courts have always differentiated between medical insanity and legal insanity, it is quite uncommon that this section can be invoked successfully due to its heavy burden of proof.

The Pakistani system has a number of drawbacks in practice. Forensic psychiatric services are still under developed, expert psychiatric assessment is not always provided, and conflicting opinions from the experts are frequently delivered to the judge carrying out a trial. In addition, there is poor linkage between health and criminal justice systems which leads to delays, disparities in assessment, and disparities in access to psychiatric support. In view of this, Pakistani scholars have recently recommended for the legislature to revise the existing laws, provide specialized forensic psychiatric units, and ensure

that the judicial process is in line with the procedures of presenting psychiatric evidence (Ajmal et al., 2023a).

Comparative Evaluation

From the comparative analysis, it is evident that the policies or concepts which kept having been adopted by the United Kingdom and Pakistan primarily involves the nineteenth century principles which focus on cognitive ability. However, other jurisdictions have stepped in with more widely accepted statutory provisions incorporating ideas of philosophies of behavioral control and the contemporary concepts of forensic psychiatry, such as in the U.S. and Australia, or with what can be interpreted as the most complete model of a modern treatment-oriented forensic psychiatric service, as in Canada through the NCRMD.

The differences reflect an important trend in modern delict. Nowadays, instead of regarding insanity only from a legal perspective, mental illness is considered a legal and medical condition for which interdisciplinary evaluation is needed. States incorporating psychiatric services and regular judicial review and rehabilitation do better in protecting the rights of mentally ill defendants and ensuring public safety. Therefore, it is essential to adapt targeted attributes from that practice without loss of the core of its criminal responsibility that is central to the common law system of countries like Pakistan (Amna, 2022).

5: Challenges in Existing Insanity Defense Laws

The notion of insanity continues to be one of the most complicated and controversial areas of the criminal justice system. Its central purpose is to protect the mental incompetence of those unable to comprehend or manage their conduct, its usefulness as a defense remains as ripe with legal, medical and institutional issues as ever. Despite great advances in psychiatric and psychological fields, as well as neurology, many jurisdictions, especially of the common law tradition, still continue using nineteenth-century rules. Thus, concerns about how well current legal definitions of mental health disorders embody an updated scientific concept of mental illness and in maintaining public trust in the criminal justice system (Albright, 2023).

Outdated Legal Standards

The use of an "old fashion" test of the insanity defense, especially the M'Naghten Rules, is one of the most railed against flaws of that defense. These rules were introduced back in 1843, and has practically been narrowed to whether the accused was aware of the nature and quality of the act or whether he was aware that the act was "wrong. This cognitive approach always has legal certainty, but it is not enough to cover many psychiatric disorders of the modern era which are primarily deficiencies in the judgment and impulse control, emotional control, or behavioral decision making skills, rather than in intellectual capacity.

Medical research in modern times shows that while some people with schizophrenia, bipolar disorder, severe personality disorder, traumatic brain injury or some neurocognitive disorders have the basic knowledge that an action is illegal, they may have no meaningful control over the action. Many such psychiatric illnesses continue to exist in defendants so that although they may have severe functional impairments, they cannot meet the strict legal criteria for insanity. This discrepancy between the law and science is one of the clear reasons for law reform (Meynen, 2020d).

The Difference Between Legal and Medical Insanity

The other problem is the difference between medical and legal insanity. Mental disorders are diagnosed by psychiatrists by applying internationally agreed upon criteria for the diagnosis of mental disorders outlined in the *DSM-5-TR and ICD-11*. The criminal courts are not interested in diagnosis, however! Rather the accused had to determine whether the mental disorder "had a direct effect at the time of the offence upon his legal capacity", in peculiar term.

Therefore, a person can have a clinically-defined psychiatric illness and still be capable of committing a crime and be held accountable. In contrast, in the event of having some minimal psychiatric history, but with a temporary mental impairment due to an acute psychosis, then the legal test may be satisfied. This distinction too may raise confusion not only amongst legal practitioners, juries, victims, but even amongst the general public, and mislead them into thinking that verdicts of 'insanity' are either too rare or too common for the situation of individual cases (Moon, 2021).

Inconsistent Expert Psychiatric Evidence

Given the ever-growing prominence of forensic psychiatry in the eyes of the judiciary, expert evidence may arguably be one of the most contentious, controversial and confusing components of the field of mental illness. Some psychiatrists might arrive at different determinations of diagnosis, severity, causation, etc. or of the relationship between mental illness and criminal behavior, then others. These differences might occur due to some subjectivity to the psychiatric evaluation process.

But, given no choice, the courts are forced to consider and weigh expert opinion in light of standards that are not even part of the medical profession. Highly technical psychiatric evidence may be difficult to comprehend for judges and juries, even when the evidence is presented by two different experts with conflicting conclusions. These inconsistencies not only make for bad law, but can also diminish faith in the equity of verdicts of insanity. There is further need for uniformness in forensic psychiatric evaluation procedures in order to be able to achieve uniformity in different criminal proceedings.

Limited Forensic Mental Health Infrastructure

While legal rules are a critical piece of the insanity defense, so is the availability of specialized forensic mental health services. Forensic psychiatric services in most of the developing nations, especially outside the major urban areas, are still very limited in Pakistan. Delays often interfere with courts being able to get psychiatric evaluations for people accused of crimes that put them in court; hospitals have been unable to carry out full criminal responsibility evaluations due to the lack of psychiatric forensic units.

Inadequate institutional capacity also impacts upon post-verdict management of mentally ill offenders. When facilities for psychiatric care are not available, those judged legally insane might stay in ordinary prisons with inadequate treatment or face unnecessarily long periods of in unsound medical facilities. This could have adverse consequences for rehabilitation and public safety given that psychiatric root causes would not be addressed in the event of criminal behavior (Osborn et al., 2022).

Social Stigma and Public Misconceptions

In many societies, mental illness remains very much shrouded in social discriminatory myths. Often, people think that there is a direct link between mental illness and violence among people, although there is empirical evidence which suggests that most people with mental illness are not violent offenses. Media coverage of unusual criminal cases often helps to perpetuate misunderstandings about what really does happen in regards to the insanity defense--leading people to believe that defendants routinely absolve themselves by making up psychiatric issues.

In practice, insanity pleas are met very rarely in most jurisdictions, as criminal insanity standards are purposely high. Yet, ongoing misunderstanding could deter lawmakers from enacting the much needed legislation because of the fear they harbor that too loose definition of insanity would make it more difficult to hold perpetrators of crime to account. Crimes committed by individuals suffering from mentally unsound reasons, therefore, continue to be an important issue in balanced criminal justice reform that requires effective public education regarding mental illness and forensic psychiatry.

Human Rights and Ethical Concerns

Modern criminal justice systems come to the realization that mentally ill defendants are afforded the same basic human rights as are other individuals. International human rights standards stipulate guarantees of fair trial, equal treatment and non-discrimination, access to health care and humane treatment during the entire criminal process. But in creating a product or service, it's easy to not adhere to them.

The worry is that individuals convicted of crimes under the defense may be detained in psychiatric care for indeterminate length of time after conviction. While the detention can serve to safeguard the person and society, extended periods of detention without periodic judicial review could not be in keeping with proportionality and personal liberty. On the other hand, early discharge of individuals without proper psychiatric care can be considered to be a risk to the community. Therefore, well-functioning legal systems need to be carefully monitored, and the treatment should be based on evidence and be clinically appropriate (Glancy et al., 2023b).

Challenges in Pakistan

Some of the other challenges are posed by the existing law system that relied solely on the M'Naghten Rules, as enshrined in Section 84 of the Pakistan Penal Code 1860, which is fundamentally rooted in traditional psycho-legal principles and approach. The courts of Pakistan have made a separate definition of legal insanity and medical insanity, but there isn't much guidance on psychiatric assessment procedure. Qualified forensic psychiatrists are not readily available all over the country and specialized forensic mental health institutions are also limited to cater for the increasing demand.

In addition, judges, victim advocates and defense attorneys, as well as law enforcement agents and investigators, receive little or no specific education about mental illness and criminal culpability. This can have an impact on the quality of psychiatric evidence which is given to courts and can lead to lack of consistency when handed down. Pakistan's insanity defense system would benefit from legislative reform, as well as institutional, judicial education and some expansion in forensic psychiatric services, which would be a major step toward improving its effectiveness and filling the inequity in criminal justice (Chu & Daffern, 2024).

The problems with the insanity defense show that criminal responsibility cannot be decided exclusively within the traditional legalism framework, or within the medical framework. The modern criminal justice needs an integrated approach which assures legal security along with up-to-date knowledge of psychiatry, fairness in the procedure and effectiveness in mental healthcare. The needs and barriers of implementing the law and service provisions are not insignificant, and in many jurisdictions, access remains problematic due to dated and inappropriate legal guidelines, divergent psychiatric evidence, lack of institutions' capacity and social stigma. If criminal sanctions are to be reserved for “genuine moral and legal” offenders, it is crucial to respond to these challenges if insanity defenses are to live up to their basic role.

6: Reforming Criminal Responsibility: Future Directions and Policy Recommendations

The confluence of criminal law, psychiatry, neuroscience and human rights clearly shows that the use of the insanity defense cannot be abolished; it needs reform instead. The current tract principle that only morally culpable people can be held criminally accountable has not come under challenge; however, legal systems have the task of ensuring the criteria for what constitutes criminal responsibility are in accordance with the latest available scientific evidence and the contemporary human rights obligations. These are the fundamental principles of effective reform which should lead to increased fairness, better public safety, better forensic mental services and better coherence across the judicial process.

Modernizing the Legal Test for Insanity

The need to modernize the definition of insanity under the law is one of the key reforms. The M'Naghten rules set by the case of M'Naghten in 1843, remain the basis for law of the land in many common law jurisdictions including Pakistan. They have been in place for a long time and have helped establish certainty and consistency with respect to mental disorders, but they are not completely representative of contemporary psychiatric concepts of mental disorders. They only consider cognitive disabilities, disregarding conditions which could seriously affect judgment, behavioral control or decision making, yet do not always eliminate awareness of right and wrong.

The reformed legislation ought to, therefore, have a more comprehensive functional standpoint, whether or not the mental disorder significantly compromised the accused's ability to appreciate the implications of the act, its criminality, or his or her meaningful control over the act. In this way, the principles of forensic psychiatry in the present time would more faithfully reflect the principles of contemporary psychiatry and without detracting from the task of holding the individual responsible, the criminal law would remain true to its principles (BATTERY, 2021).

Strengthening Forensic Psychiatric Services

Without effective forensic mental health services, legal reform has little chance of being successful in improving the working of the insanity defense. Out-of-court psychiatric evaluations are essential for speedy, unbiased and scientific psychiatric determination in case of criminal responsibility. Therefore, an investment in specialized forensic psychiatric hospitals, multi-center assessment centers and training programme for Forensic Psychiatrists and Clinical Psychologists is recommended.

Standardized forensic evaluation protocols which can help to enhance consistency in experts' opinions in criminal court should also be created. Routine evaluations would eliminate differing expert input, help alienate judges of psychiatric testimony and add to the general fairness of criminal trials of mentally ill offenders.

Specialized Mental Health Courts

In the recent years, there has been a growing trend in piloting mental health courts in various countries with the aim of tackling the specific mental health issues of individuals who are arrested for offenses. Some countries have begun to create mental health courts that are geared towards the treatment of offenders with serious psychiatric illnesses. Such courts function with close collaboration between judges, the prosecutors, defense counsel and psychiatrist, psychologists and social workers. Instead of just punishment, they want to determine the best treatment for the individual and to hold people accountable and keep people safe.

Based on the experience of a handful of jurisdictions, the specialized mental health courts have proven effective at decreasing recidivism and enhancing compliance with treatment and containing subsequent

costs in the criminal justice system. Thus, their growth would be an important step in the criminal justice integration of therapeutic thinking without a loss of legal requirements or victim's rights (Omowon & Kunlere, 2024).

Improving Judicial and Legal Education

The effectiveness of the insanity laws relies on the knowledge and understanding of the decision makers such as judges, prosecutors, defense lawyers and investigating officers. Formal training on psychiatric illness, forensic assessment or behavioral science is often limited and restricted to several practiced attorneys. This, in turn, can lead to a misinterpretation or lack of psychiatric assessment of evidence in a criminal case.

Forensic Psychiatry and Forensic Psychology and Forensic Mental Health Law should thus, be parts of professional education programme in judicial academies, Bar Associations and Law Schools. Ongoing training of judges would boost the quality of judicial decision-making and uniformity among courts in cases involving insanity.

Promoting Human Rights and Procedural Fairness

Any reform of the criminal responsibility must be in compliance with international human rights standards. People with mental illness have equal rights in the eyes of the law, guarantees to fair trials, equal access to health care and discrimination protection. In practice, these principles are embodied in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) that calls on States to uphold the dignity and autonomy of persons with disabilities and put in place the relevant safeguards for society.

Legislation should, accordingly, ensure that there are clear safeguards to Procedures related to psychiatric evaluations, access to lawyers, and periodic review of detention by an independent medical expert. The need for continued hospitalization should be made on the basis of current clinical findings and not be indiscriminate/detained automatically or indefinitely. This can be used to assure the balance between the rights of the individual and public safety concerns (Omowon & Kunlere, 2024).

Reforming the Pakistani Legal Framework

The situation of Pakistan has become a special case in favor of legislation changes. A clear example of this is the Pakistan Penal Code (section 84) which is still in force, but has come to embody nineteenth-century traditional assumptions in the law. Despite the judicial clarifications of parts of this legislation, the modern psychiatric disorders or the parts of the forensic procedure must be still identified - there is limited guidance to be found in this legislation itself regarding this part.

Several practical reforms may strengthen Pakistan's criminal justice system:

- Revision of Section 84 to incorporate contemporary medical knowledge while preserving the principle of criminal responsibility.
- Establishment of specialised forensic psychiatric units within major public hospitals.
- Development of national forensic mental health guidelines for criminal courts.
- Appointment of trained forensic psychiatrists in provincial criminal justice systems.
- Continuous judicial and prosecutorial training on mental illness and criminal responsibility.
- Improved coordination between hospitals, police, prosecutors and correctional institutions.
- Regular judicial review of individuals detained following successful insanity pleas.

These reforms would improve both procedural fairness and public confidence while ensuring that mentally ill offenders receive appropriate treatment consistent with the interests of justice.

International Cooperation and Future Research

Mental health and criminal responsibility have become increasingly international subjects influenced by comparative law, neuroscience, psychology and human rights. Countries can benefit from exchanging legislative experiences, forensic assessment practices and rehabilitation programmes. International organizations, universities and professional associations should encourage collaborative research examining the effectiveness of different insanity standards and post-verdict treatment models.

Future scholarship should also explore emerging issues such as artificial intelligence in forensic assessment, digital psychiatric evaluation, neuroimaging evidence and ethical concerns surrounding predictive behavioral analysis. As scientific knowledge continues to evolve, criminal law must remain sufficiently flexible to incorporate reliable advances while protecting fundamental legal principles.

Reforming insanity defenses requires more than simple legislative amendment. Effective reform demands an integrated criminal justice strategy combining modern legal standards, evidence-based psychiatry, specialized forensic services, judicial education and respect for human rights. Comparative experience demonstrates that jurisdictions adopting interdisciplinary approaches are better able to balance individual rights with public safety than those relying exclusively upon traditional legal doctrines.

For Pakistan and many other common law jurisdictions, meaningful reform should preserve the core principle that criminal punishment is justified only where genuine moral responsibility exists while ensuring that legal standards accurately reflect contemporary scientific understanding of mental illness. By strengthening collaboration between law, medicine and public policy, criminal justice systems can achieve a more balanced, humane and effective approach to criminal responsibility in the twenty-first century (Van Ness et al., 2022).

7: Conclusion

The relationship between mental health and criminal responsibility continues to present one of the most challenging questions in criminal law. The insanity defense reflects the long-established legal principle that criminal punishment should be imposed only upon individuals who possess the mental capacity to understand their actions and appreciate their legal or moral consequences. While this principle remains fundamental to modern criminal justice, the legal mechanisms used to determine criminal responsibility have not evolved at the same pace as developments in psychiatry, neuroscience and forensic psychology. As a result, many legal systems continue to rely on standards that no longer fully capture the complexity of contemporary mental disorders.

This paper has demonstrated that the historical development of the insanity defense has been shaped largely by the M'Naghten Rules, which continue to influence criminal law in many common law jurisdictions, including Pakistan. Although these rules have contributed significantly to legal certainty, their narrow focus on cognitive incapacity has attracted increasing criticism from legal scholars and mental health professionals. Modern psychiatric research confirms that serious mental illnesses may impair judgment, reasoning, perception and behavioral control in ways that are not adequately addressed by traditional legal definitions of insanity. Consequently, reliance on outdated legal standards may result in both unjust convictions and inconsistent judicial outcomes.

The comparative analysis further illustrates that different jurisdictions have responded to these challenges in different ways. Countries such as Canada and Australia have adopted more flexible approaches that combine judicial oversight with psychiatric expertise and rehabilitation, while several jurisdictions in the United States have introduced broader statutory standards incorporating both

cognitive and volitional impairments. These developments demonstrate that legal reform can preserve the principle of criminal responsibility while recognizing advances in medical science and protecting the rights of individuals living with severe mental illness.

The study also identified several persistent challenges affecting the effective operation of insanity defenses. These include the continuing gap between legal and medical definitions of insanity, inconsistent expert psychiatric evidence, inadequate forensic mental health infrastructure, social stigma associated with mental illness and the absence of specialized procedures in many criminal justice systems. In Pakistan, these challenges are further compounded by limited forensic psychiatric services and continued reliance on Section 84 of the Pakistan Penal Code, which substantially reflects nineteenth-century legal principles. Without institutional reform, legislative amendment alone is unlikely to produce meaningful improvements in the administration of justice.

To address these concerns, this paper recommends a comprehensive reform strategy that integrates legal, medical and human rights perspectives. Modernizing statutory definitions of insanity, strengthening forensic psychiatric services, establishing specialized mental health courts, improving judicial training and ensuring regular judicial review of mentally ill offenders would significantly enhance both fairness and public safety. Such reforms would promote greater consistency in criminal responsibility determinations while ensuring that mentally ill defendants receive appropriate treatment alongside necessary legal safeguards.

In conclusion, the insanity defense should not be viewed as a mechanism that enables offenders to avoid punishment but rather as an essential safeguard protecting the integrity of criminal justice. A fair legal system must distinguish between individuals who consciously choose to violate the law and those whose conduct is substantially influenced by severe mental illness. Achieving this balance requires continued collaboration between legal professionals, psychiatrists, policymakers and researchers. As scientific understanding of mental disorders continues to evolve, criminal law must remain responsive to these developments while preserving the fundamental principles of justice, accountability and respect for human dignity.

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