

Forensic Psychiatry:

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Psychiatry: study, diagnosis & treatment of mental illness.

Forensic psychiatry: Application of psychiatry for the purposes of law & administration of justice.

Mental Health Act (MHA) 1987: law passed by the GOI in 1987 relating to treatment & care of mentally ill persons.

Mentally ill person: one who is in need of treatment, by reason of any mental disorder other than mental retardation.

1) Abreaction: reviving & bringing into consciousness traumatic experiences of the past, which the patient has repressed subconsciously.

2) Actus Reus (Guilty Action): Criminal Act.

3) Affect: mood, or inner feelings at a particular moment.

4) Affective Disorder: A disorder in which affect is disturbed
(ex: Bipolar disease, depression, etc.)

5) Amnesia: loss of memory

→ Retrograde amnesia: extends backwards in time from the point of head injury

→ Anterograde amnesia: extends forwards in time from the point of head injury.

6) Compos Mentis: having a sound mind

→ required for recording certain statements — dying declaration
— making a valid will

7) Confabulation: false answers given by amnesia patients without a deliberate attempt to mislead.

→ typically seen in Korsakoff's psychosis.

(false memory that the patient believes to be true)

8) Delirium: common & severe neuropsychiatric syndrome

→ core features:

- acute onset
- fluctuating course
- attentional deficits
- reduced clarity of awareness of the environment.

{ disturbance of consciousness in which orientation is impaired, critical faculty is blunted or lost & thought content is irrelevant or inconsistent.

→ commonest organic mental disorder seen clinically

→ A person in delirium is not responsible for his acts

9) Delusion: a false belief in:

- something which is not a fact &
- persists even after its falsity has been clearly demonstrated
- which is not widely prevalent in persons of similar socioeconomic & educational status.

{ it is under the control of emotions, but not rational forces.

Types of Delusion:

i) Delusional Misidentification Syndromes: includes 4 types of syndromes:

→ Coppos Syndrome (Delusion of Doubles): person holds a delusion that a friend/close family member has been replaced by an identical-looking imposter (stranger)

→ Syndrome of Subjective Doubles: patient's own self is perceived as being replaced by a double

→ Syndrome of Intermetamorphosis: familiar persons are believed to have exchanged identities (no stranger is involved)

→ Eregoli Syndrome: delusional belief that one or more familiar persons repeatedly change their appearance.

ii) Erastomania: delusion in which the person believes that someone is deeply in love with him/her.

→ erotomaniac develops an obsession for the particular person & starts believing that the other person is reciprocating

iii) Grandeur/Exaltation: a man imagines himself to be very rich while in reality he is a pauper.

iv) Persecution/Paranoid: person imagines that attempts are being made to kill him by his acquaintances/friends/relatives.

→ seen in paranoid schizophrenia, dementia, depression.

v) Reference: person believes that people/things/events refer to him in a special way.

vi) Influence: person complains that his thoughts, feelings & actions are being influenced & controlled by some outside agent.

vii) Infidelity: a man imagines his wife to be unfaithful while in fact, she is chaste.

viii) Nihilistic: the person declares that he does not exist or that there is no world.

M.L.I. of Delusion: a person having delusions cannot be regarded as fully responsible for his antisocial acts.

10) Hallucination: false sense of perception without any external object or stimulus to produce it.

Types:

i) Visual: person imagines to see things that actually do not exist.

ii) Auditory: person hears voices & imagines persons speaking to him when no one

is present.

iii) Olfactory: person smells pleasant/unpleasant odour when none is present

iv) Gustatory: person feels sweet, sour, bitter, good or bad taste in the mouth, when no food is actually present.

v) Tactile (haptic): person imagines sensations when there are no external stimuli

vi) Psychomotor: person will have feeling of movement of some part of the body, in the absence of such movement.

vii) Command: person is ordered by hallucinatory voices to do acts which may be frightening/dangerous/antisocial.

11) Illusion: false interpretation by the senses of an external object/stimulus which has a real existence (ex: mistaking a dog for a lion)

→ a sane person corrects his false impression (if he has an illusion), but an insane person continues to believe in the illusion, even though real facts are pointed out.

12) Impulse: sudden & irresistible force compelling a person to the conscious performance of some action without motive or forethought.

→ a sane person is capable of controlling an impulse.

Types:

i) Kleptomania: irresistible desire to steal articles of little value

ii) Pyromania: irresistible desire to set fire to things

iii) Mutilomania: irresistible desire to mutilate animals

iv) Dipsomania: irresistible desire for alcoholic drinks at regular intervals

v) Sexual impulse: compulsive urge to perform sexual intercourse

vi) Suicidal/homicidal impulse

13) Obsession: single idea / thought / emotion is constantly entertained by a person which he recognizes as irrational, but persists inspite of all efforts to drive it from his mind.

→ it is a borderline between sanity & insanity.

14) Lucid Interval: period occurring in insanity, during which all the symptoms of insanity disappear completely.

→ individual can judge his acts soundly & becomes legally liable for his

→ common in mania & melancholia acts.

→ period of lucid interval varies from person-to-person.

	Insanity	Head injury
History	of insanity / mental disease	of injury
Preceding symptoms	Phase of symptoms of insanity	Phase of concussion
Following symptoms	Recurrence of symptoms of insanity	Phase of cerebral compression
Number of episodes	Recurrent	Only once

	Psychosis	Neurosis
Nature	A disease entity with a physical basis which is determined genetically. (withdrawal from reality)	A reaction to stressful circumstances due to adverse childhood experiences.
Severity	Major	Minor
Empathy	Absent	Present
Contact with reality	Absent	Present
Insight	Absent	Present

Mental Subnormality [Oligophrenia]:

→ Mental retardation, incomplete/abnormal mental development.

below average general intellectual functioning with typical onset in infancy/at birth that must occur before 18 years of age.

→ I.Q. < 70

1] Idiocy: Idiots = persons so defective in mind from birth/an early age that they are unable to guard themselves from ordinary & physical dangers.

→ I.Q. = 0-20.

→ Physical abnormalities seen: • Microcephaly • Malformations of brain
• Mongolism

→ mentality does not exceed that of a normal child of 3 years

2] Imbecility: Imbeciles = persons who are so defective in mind from birth/an early age, that they are incapable of managing themselves or their affairs.

→ I.Q. = 20-50

→ mentality ranges from that of a normal child of 3-7 years.

3] Feeble-mindedness (moron): mental defectiveness (not amounting to imbecility) exists from birth / an early age & they require care, supervision & control for their protection.

→ I.Q. = 50-75

→ Mentality is that of a normal child of 6-11 years.

Melancholia (Depressive Phase): an intense feeling of depression & misery without any cause.

→ sadness of mood is reflected in posture, movements & facial expression

→ homicidal & suicidal tendencies co-exist.

→ feelings of self-reproach & guilt

→ marked psychomotor disturbances

Types: — Endogenous

— Reactive & neurotic

— Involutional

— Puerperal.

Certification of Mental Illness: (Certificate should not be issued after a single examination)

→ 3 examination on 3 different days & different hours are recommended

→ certificate should contain a clinical description of the patient & indicate the reasons for the diagnosis of the specified disorder.

	Real Mental Illness	Feigned Mental Illness
Onset	gradual	Sudden
Motive	Absent (<u>ex</u> : no h/o commission of crime)	Present (<u>ex</u> : commission of crime)
Predisposing factors	Usually present (<u>ex</u> : H/o insanity in parents, grief, loss, etc.)	Absent
Signs & symptoms	Uniform & present whether the patient is being observed or not.	Present only when conscious of being observed; variable & always exaggerated; do not resemble any particular mental disease.
Mood	Excited, depressed or fluctuating.	May overact to show abnormality in mood.
Facial expression	Peculiar (<u>ex</u> : vacant look or fixed look of excitement)	No peculiarity; frequently changing, exaggerated & voluntary.
Insomnia	Present	Cannot persist; patient sleeps soundly after a day or two.
Exertion	Can stand exertion of fatigue, hunger & sleep for several days without breaking down	Cannot stand exertion for more than a few days & breaks down.
Habits	Dirty & filthy	Not dirty & filthy.
skin & lips	Dry, harsh	Normal.
Frequent examination	Patient does not mind.	Resents for fear of detection.

(10 chapters, 98 sections)

Mental Health Act: passed by the Indian parliament in 1987.

(repealed the Indian Lunacy Act, 1912)

→ Act to consolidate & amend the law relating to mentally ill persons, their better treatment & care, better management of their property & their overall better protection.

Older terms in Indian Lunacy Act, 1912	New terms in Mental Health Act, 1987
Mental hospital	Psychiatric hospital
Lunatic	Mentally-ill person
Criminal lunatic	Mentally-ill prisoner

Now ⇒ Mental Health Care Act, 2017.

Mentally-Ill Person (MIP): a person who is in need of treatment by reason of any mental disorder other than mental retardation

- Establishment & maintenance of psychiatric hospitals / psychiatric nursing homes can only be with license which has to be renewed every 5 years
- Regular inspection of psychiatric hospitals by Inspecting Officers who can enter the psychiatric hospital & inspect its records & talk to patients in private.
- For every psychiatric hospital, the government shall appoint 5 or more visitors (at least 1 should be a medical officer, preferably a psychiatrist, 2 social workers & 2 others)
 - Every month ≥ 3 visitors make a joint inspection of every part of the psychiatric hospital.
- Penalty for improper reception of mentally ill person
- Proper admission & discharge of patients (restraint of mentally-ill)

Restraint of MIP: $\begin{cases} \text{immediate restraint} \\ \text{admission to an asylum.} \end{cases}$

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I] Immediate Restraint: this can be done in case of:

- i) mentally unsound person who is dangerous to himself or to others or who is likely to injure or wastefully spend his property or that of others.
 - ii) person suffering from delirium due to disease
 - iii) delirium tremens
- immediate restraint is done under the personal care of attendants
- consent of the lawful guardian of the mentally unsound person has to be taken.
- such restraint is lawful only as long as the danger exists.

II] Admission in Psychiatric Hospital: following procedures are adopted:

1] Admission on Voluntary Basis: by requesting medical officer-in-charge of psychiatric hospital/nursing home

→ officer-in-charge should make inquiry as he may deem fit within 24 hours.

2] Admission under special circumstances: when mentally-ill patient may not be able to express his willingness for voluntary admission ⇒ such a person can be admitted in a psychiatric hospital/nursing home for a period of 90 days on the application by a relative/friend.

→ application should be accompanied by 2 medical certificates

3] Reception order on Application: officer-in-charge of a psychiatric hospital can make an Application to the Magistrate (in case of a MIP undergoing treatment) if he is convinced that:

- treatment is required to be continued for more than 6 months
- it is necessary in the interest of the health & personal safety of the MIP or for the protection of others.

→ husband/wife of the MIP or any other relative can make an application to the Magistrate ⇒ the applicant must be a major & must have seen the patient within 14 days of the date of application
⇒ 2 medical certificates should be submitted by 2 medical practitioners (one of whom should be in the service of the government)

4] Reception Order on Production of MIP before Magistrate

5] Admission after Judicial Inquisition

6] Admission of Mentally - Ill Prisoners

7] Admission of an Escaped MIP.

Mental Illness & Responsibility: section 328 to 339 of Cr.P.C.

Responsibility: legal liability of a person for his actions. It can be in civil or criminal matters.

→ Law presumes that every person is mentally sound until proved otherwise.

Civil Responsibility:

I] Competence as a Witness:

→ MIP cannot testify

→ MIP can testify under the following conditions:

- understanding not affected
- during lucid interval
- understands obligations of an oath
- understands the necessity of telling the truth.
- is able to tell coherently what he has seen.

II] Consent:

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

→ MIP consent is invalid.

III] Contracts: only a person of sound mind is competent to contract (Indian Contract Act, 1872)

→ contract is invalid if one of the parties, at the time of making it, was incapable of understanding what he was doing due to mental illness.

→ contract entered into with a MIP is valid if the other party can show that he did not know that the other party was mentally ill.

→ mental illness subsequent to the contract does not make it invalid.

IV] Management of Property & Affairs of MIP: If any relative/friend of an alleged MIP possessing property gives an application, the Court may direct inquiry whether the person is of unsound mind & incapable of managing his property & affairs.

→ Court may order sale/disposal of property of MIP for the payment of his debts & expenses.

V] Testamentary Capacity in MIP: mental ability of a person to make a valid will.

→ Requirements for a valid will:

- written & properly signed & witnessed document
- testator must be a major & of sound disposing mind at the time of making the will
- force, undue influence, or dishonest representation of facts should not have been applied by others
- Holograph will: will which is written by a testator in his own handwriting.

Criminal Responsibility: a person may plead mental illness to avoid:

- i) conviction, if the accused was of unsound mind when alleged crime was committed
- ii) trial, when accused is mentally ill & cannot plead
- iii) capital punishment, when a condemned prisoner is of unsound mind.

Tests for determining criminal responsibility:

1] Mc Naughten 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 & quality of the act he was doing, or that what he was doing was wrong.

2] Duham rule

3] Curren's rule

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4] Irresistible impulse test (New Hampshire Doctrine)

5] The American Law Institute (ALI) Test, 1972

Doctrine of Diminished Responsibility: Diminished responsibility is used for border line mental state.

→ diminished responsibility requires evidence of a state of mind bordering upon but not amounting to unsoundness of mind (ex: certain organic states, depression, obsessional states, paranoid states)

Automatism: conduct that is performed by a person whose consciousness is impaired to such an extent that he is not fully aware of his actions.

→ behaviour which occurs without conscious control & for which there is amnesia later.

→ main factors producing automatism are:

- epilepsy
- concussion/cerebral disease
- hypoglycemia
- somnambulism

→ the Indian Law has no special provision for automatism.

Somnambulism: walking during sleep ⇒ aimless wandering with incomplete arousal from sleep, attended with acute anxiety.

→ patient is not asleep, but is in a state of dissociated consciousness.

→ there is no recollection of the event

→ such person is not criminally responsible for his acts.

Somnolentia (Semi-somnolence): aka Sleep drunkenness ⇒ midway between sleep & walking

→ If such a person is suddenly aroused from deep sleep, he may commit some crime due to confusion of the mind, especially when he is having a dream at that time.

→ such person is not criminally responsible for his acts.

Hypnotism / Mesmerism: sleep-like condition produced by artificial means or by suggestions

→ person does not remember the acts performed during the hypnotic trance.