

CASE SERIES

Prisoners acquitted on the grounds of unsoundness of mind and admitted in a mental health establishment – a case series

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Background: Individuals acquitted on grounds of unsoundness of mind and admitted in a mental healthcare facility as per section 335 of the Criminal Procedure Code (CrPC) represent a unique intersection of psychiatric morbidity and legal oversight. This study details the nature of criminal offence, the psychiatric illness, and related factors in such individuals resulting in prolonged stay in psychiatric establishments after legal acquittal.

Material and Methods: This retrospective case series examined medico-legal records of five individuals admitted to a tertiary psychiatric facility between 2015 and 2022. Data were extracted on sociodemographic characteristics, psychiatric diagnoses, nature of offences, legal proceedings, and duration of stay in the mental health establishment.

Results: All individuals were diagnosed with Schizophrenia and had committed serious offences—primarily homicide—during active psychotic episodes. None had received adequate psychiatric treatment just before the offense. There were delays in rendering the individual fit to stand trial due to chronic severe mental illness, which contributed to a prolonged hospital stay, often exceeding 5 years. Discharge and reunion with family members could not be achieved in these patients due to long-standing mental illness.

Conclusion: This case series highlights the complex clinical and legal journeys of individuals acquitted on grounds of unsoundness of mind. Prolonged inpatient stay remains common, often due to chronicity of illness and limited family support, emphasizing the need for regular psychiatric treatment, developing structured discharge protocols, expanding community-based rehabilitation options, and improving legal awareness among caregivers.

Keywords: forensic psychiatry, unsoundness of mind, section 84 IPC, section 335 criminal procedure code, schizophrenia, legal acquittal, mental health law India, criminal responsibility

Introduction

Severe mental illnesses, when left untreated, have been consistently linked to episodes of violent behavior, as evidenced by a growing body of psychiatric and forensic literature (1). In criminal jurisprudence, the *insanity defense* serves as a legal safeguard for individuals with mental illness who lack the capacity to form *mens rea*, the guilty intent required for criminal responsibility. In such cases, the law recognizes that the individual may not be held

criminally liable (2). Over the years, the courts have acquitted individuals with severe mental illness on the grounds of unsoundness of mind.

The concept of the insanity defense and its post-acquittal protocol vary across nations. In India, the decision of not guilty by reason of unsoundness of mind is based on McNaughten's Rule under Section 84 Indian Penal Code according to which "Nothing is an offense 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."

In India, the success rate of insanity pleas remains relatively low, with studies indicating an acquittal rate of approximately 17.6% (3). In the United States, verdicts of not guilty by reason of insanity account for 26% (4). What happens to such acquitted individuals with mental illness is an important area to be explored. This procedural framework has evolved, most recently with the enactment of the Bharatiya Nagarik Suraksha Sanhita, 2023 (BNSS) code under Section 374(1)(a) of the BNSS, which replaces the Criminal Procedure (formerly Section 335 (1)(a) of Criminal Procedure Code (CrPC)), individuals acquitted on grounds of insanity are to be placed in a mental health establishment, reflecting the dual imperative of public protection and ensuring prompt psychiatric care (5).

This study explores the life events of mentally ill offenders—from the onset of criminal behavior to court proceedings and post-acquittal outcomes. It examines the psychiatric diagnoses involved, the nature of the offenses committed, the behavior related to the offenses, the legal proceedings the individuals underwent, the legal provisions mentioned in favor of acquittal, the duration of stay in a mental health establishment, and the aftermath of acquittal.

By analyzing these dimensions, the study aims to contribute to a nuanced understanding of how mental illness is related to criminal liability and to inform future reforms in forensic psychiatry, psychiatric care, and legal policy in India.

Materials and methods

A detailed perusal of the inpatient records and judgment copies of five acquitted patients, who were detained for safe custody at the Institute of Mental Health, Kilpauk, was conducted. The sociodemographic profiles, nature of the crimes, victims' relationships with the accused, legal proceedings, factors favoring an unsoundness defense, and the laws cited for their acquittal and placement into a mental health establishment were studied.

Results

Out of the five patients, all of them were males and belonged to a rural background. Their sociodemographic details are tabulated in [Table 1](#). The nature of the offense was serious crimes like murder, attempt to murder, and setting fire to property. The victims were mostly close relatives or caretakers of the patient.

The duration of illness at the time of the alleged crime ranged from 6 months to 23 years. The time gap between filing an First Information Report (FIR) and the acquittal of the cases was between 1 and 11 years. The findings are tabulated in [Table 2](#). The crime scene details suggested no

specific motive for the act, and there were no deliberate efforts to escape from the scene. Findings are tabulated in [Table 3](#). None of them was on adequate psychiatric treatment just before the incident. Section 84 IPC was quoted in the judgments to acquit the patients on grounds of unsoundness. Details of legal proceedings are mentioned in [Table 4](#).

Discussion

All the individuals in this case series hailed from rural backgrounds. Except for one individual, all others were school dropouts and were not regular in their job. This was consistent with prior studies on forensic psychiatric populations in India (6). Most were unmarried or experiencing marital discord, which resulted in poor social support. Illiteracy and unemployment status might have contributed to the financial constraints, irregular access to mental healthcare and even delayed recognition of psychiatric symptoms. (7). Similar demographic patterns were observed in studies done previously, underscoring the intersection of social disadvantage and psychiatric morbidity in criminal contexts (6).

Nature of offense and psychiatric diagnosis

Schizophrenia was the most common diagnosis, aligning with findings from previous studies across India and globally (8). The uneducated background might correlate with the neurodevelopmental problems, as in Schizophrenia. The duration of illness before the incident is quite long, ranging from months to years. One of the five individuals was subjected to a psychiatric evaluation and diagnosed with mental illness after being suggested by the Magistrate. However, he had symptoms for almost a year before the incident. This signified that the major reason for violence was untreated and undertreated psychosis. Many studies have established that regular antipsychotic use was associated with less risk of violence (9). All individuals were charged with serious offenses, predominantly homicide, committed during active psychotic episodes (10, 11). The presence of florid psychotic symptoms at the time of the offense was evident in all cases. This severe psychosis had contributed to the lack of mens rea and supported the legal determination of unsoundness of mind under Section 84 IPC (12). All of the victims were close relatives or caretakers of the patients (13). The fact that close caregivers were the victims of violent acts again created ambivalence and negative emotions, like fear of taking the individual back into the community. Comparable diagnostic profiles have been reported in prior studies, reinforcing the need for early psychiatric intervention in high-risk individuals (13).

TABLE 1 | Sociodemographic details.

	Observation	Case 1	Case 2	Case 3	Case 4	Case 5
1	Gender	Male	Male	Male	Male	Male
2	Education	12th Standard passed, Diploma in handloom technology	6th standard	Has not gone to formal schooling	5th standard	5th standard
3	Residence	Rural	Rural	Rural	Rural	Rural
4	Marital status	Unmarried	Married and separated for 1 year before the incident	Unmarried	Married	Unmarried
5	Occupation	Inconsistent Labor	Inconsistent Labor	Unemployed	Daily wage worker	Unemployed
6	Family members visiting the patient at the mental health establishment	A relative visited once in 2023	None after inpatient admission	None after inpatient admission	His son visited him once at the time of admission	His brother visited him once at the time of admission

TABLE 2 | Details of the offense.

	Observation	Case 1	Case 2	Case 3	Case 4	Case 5
1	Nature of the offense	Murder	<ul style="list-style-type: none"> • Setting fire to a property • Murder 	<ul style="list-style-type: none"> • Attempt to murder • Murder, Criminal intimidation, use of obscene language in public 	Murder	Murder
2	Criminal charges	302 IPC	<ul style="list-style-type: none"> • 436 IPC • 302 IPC 	<ul style="list-style-type: none"> • 307 IPC • 302 IPC, 506A IPC, 294B IPC 	302 IPC	302 IPC
3	Victim's relation to the accused	Mother	<ul style="list-style-type: none"> • Neighbor • Father 	<ul style="list-style-type: none"> • Employer • Step mother 	Close relative (employer)	Mother
4	Age of the accused during the time of offense	47 years	48 years	32 years	44 years	33 years
5	Duration of illness at the time of offense	23 years	15 years	12 years	6 months (presumed)	5 years
6	Diagnosis	Schizophrenia	Schizophrenia	Schizophrenia	Schizophrenia	Schizophrenia
7	Duration between First Information Report (FIR) and acquittal	5 years 7 months	11 years	5 years	5 years 4 months	1 year
8	Diagnosis/formal assessment made before the incident	Yes	Yes	Yes	No	Yes

Legal proceedings and fitness to stand trial

A significant delay was observed between the time of arrest and the declaration of fitness to stand trial, often exceeding 6 months. This delay was attributed to the time required for symptom stabilization on psychiatric medications, necessitating periodic assessments (14). In one patient, he was never found fit to stand trial during the entire assessment period of 3 years, as he continued to have severe psychotic symptoms despite medications. Before the acquittal, these patients were subjected to repeated periodic assessments by the visitors committee and the same was communicated to the Court. Very

few studies have explored the time interval between arrest and acquittal.

Post-acquittal proceedings and rehabilitation

Despite being acquitted on grounds of unsoundness, all individuals remained in the mental health establishment for extended periods, some exceeding 5 years. This stay was directed by the Court as per the CrPC section 335. According to this section, the directions for persons acquitted on grounds of unsoundness of mind are explained. As per subsection (a) the Magistrate or Court orders

TABLE 3 | Behavior pertinent to the incident.

	Observation	Case 1	Case 2	Case 3	Case 4	Case 5
1	Motive for the act	No	No	No	No	No
2	Attempts to alter evidence at the crime scene	No. The accused remained at the crime scene with the weapon for an hour	No. He remained near the crime scene	No. He wandered in the nearby area till he was arrested	The accused remained standing in the same place with bloodstained weapon till he was witnessed by two people. However, he later left the place and hid the weapon in a nearby area, which he had confessed himself during the enquiry	No. He remained in the same place, witnessed by multiple people
3	Efforts to escape from the crime scene	Stayed in the place until he had been witnessed by others	Found in the nearby area	Did not escape	Did not escape. Was found nearby	Was found nearby
4	Florid symptoms within 7 days before the incident	Went missing a week before the incident	Frequent aggression and fights	Uncontrolled anger outbursts and shouting obscene words	Anger outbursts towards his relative to the level of threatening to chop off 3 days before the incident	Frequent aggression and fights
5	Inconsistent speech and behavior	Present during the incident and trial	Present during the incident and trial	Present during the incident and trial	Present during the trial	Present during the incident and trial

TABLE 4 | Legal proceedings.

	Observation	Case 1	Case 2	Case 3	Case 4	Case 5
1	Unsoundness of mind	Mentioned	Mentioned	Mentioned	Mentioned	Mentioned
2	Number of times he appeared before the Visitor's committee	Twice	10 times	4 times	Twice	Twice
3	Number of times he was found fit to stand trial	Twice	Never	Twice	Once	Once
4	Sections quoted for acquittal	84 IPC	Chapter XXV CrPC	84 IPC	84 IPC	84 IPC
5	Sections quoted after the acquittal	335 CrPC	335 CrPC	335 CrPC	335 CrPC	335 CrPC
6	Total duration of illness at the time of acquittal	28 years	26 years	17 years	6 years	6 years
7	Family members' willingness to discharge the patient	No	No	No	No	No

such person to be detained in safe custody in such place and manner as the Magistrate or Court thinks fit; or (b) order such person to be delivered to any relative or friend of such person upon the application of such relative or friend and on his giving security

to the satisfaction of the Magistrate shall be properly taken care of and prevented from doing injury to himself or to any other person and will produce for the individual for the inspection whenever the State Government directs (15).

In Canada, such an acquittal is termed Not Criminal by Reason of Mental Disorder (NCRMD). After the verdict, the individual is placed in a mental health hospital and then brought to the review board in 45 days. The Board then decides whether the individual can be granted either a full release or released with conditions or detention in hospital. This decision is reviewed every year to determine if changes are needed (16).

In the United States, the release of the individual is determined by periodic reviews by the Court. In the United States, the average duration of hospitalization for those not found guilty by reason of insanity was between 3 and 5 years (4). In the famous 1982 case of United States v. John W. Hinckley Jr, after being acquitted, he stayed in the mental health institution for 34 years before being granted full release in 2016 under strict, court-monitored conditions (17).

In the United Kingdom, murder acquittees are subjected to an indefinite hospital stay with a restricted order. The State tribunal holds the authority to grant conditional release and can recall the patient at any time if the mental health deteriorates or conditions are breached (18).

In Australia, the mental health review tribunal imposes a custody or supervision order based on the principles of public safety and the need for treatment (19). In Japan, the Medical Treatment and Supervision Act was enacted in 2005, to supervise those found Not Guilty by Reason of Insanity with a history of committing serious crimes and plan for reintegration into the community based on periodic review and regular treatment (20).

In our study, all of them were retained in the mental health institute, as family members were not willing to take them back into the community. The Stigma, chronicity of psychiatric illness, and poor family support further impeded discharge planning (21). These challenges mirror those documented in studies by Somasundaram O (10).

Implications for Mental Health and Legal Systems

This case series examines the process undergone by individuals with severe mental illness when involved in criminal offenses. It gives an insight into the prolonged inpatient stay in mental health establishments due to both chronic illness and a criminal background (22). Early identification, regular treatment and follow-ups, psychoeducation about the nature, course of illness, and need for long-term treatment, culturally sensitive rehabilitation models, and legal literacy among families are essential to uphold the rights of individuals acquitted on grounds of unsoundness. The findings advocate for a multidisciplinary approach involving psychiatrists, legal professionals, and

social workers to ensure the speedy processing of legal procedures for such individuals (23).

Limitations

As this study is a case series from a single institution, it may not accurately reflect the overall number of patients acquitted and their alleged offenses statewide.

Future implications

This study highlights the need for larger-scale research on prisoners who are acquitted on the grounds of unsoundness. Future research should focus on developing structured discharge protocols, expanding community-based rehabilitation options, and improving legal awareness among caregivers. Further studies involving the families of these patients are also important to explore the hesitation in re-establishing relationships and the practical challenges they face in caregiving and reintegration.

Conclusion

This case series highlights the complexities in the lives of individuals acquitted on grounds of unsoundness of mind and placed in a mental health establishment. Despite legal exoneration, prolonged inpatient stay remains in such individuals, often due to chronicity of illness and limited family support. The findings emphasize the need for services that provide timely assessments, regular legal reviews, and culturally sensitive reintegration strategies.

Strengthening collaboration between mental health professionals, legal authorities, and social services is essential to uphold the rights and dignity of this vulnerable population and to promote humane, rights-based approaches in forensic mental health care.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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