



## The Psychological Pathways From Mental Illness To Crime And How The Law In India Treats It

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### ABSTRACT

The 1946 Bhole Committee report provided that Health and well-being are a combination of mental and physical health. However, 79 years later, India still grapples with untreated mental ill-health with a recognised treatment gap of 82 – 92%. Apart from this, the NCRB data further shows a rise in suicides, especially among students and adolescents. Data further shows that mental illness can contribute to crime if left untreated for a long time or if it combines with other disorders like Substance Use Disorders (SUD). Thus, the purpose of this research is to analyse how untreated mental illness can contribute to crime and what further steps can be taken to overcome these treatment gaps. In order to explore this purpose, a combination of qualitative, analytical, and exploratory research was undertaken, and thorough analysis of psychological theories, existing legal framework, Supreme Court and High Court precedents and books of criminal psychology was undertaken. The research has brought to light the existing implementation gaps and lack of adequate facilities and funds for mental healthcare in India. Further, the research has shown the stigma surrounding mental health and the lack of awareness among the general public about mental ill-health and treatment facilities. This paper proposes an interdisciplinary research and study that combines law with mental health, as suggested by the American Psychological Association (APA), for better implementation of the existing framework and improvements in policies and facilities. Further research can focus on the eradication of public stigma and a detailed comparative analysis of India's mental health law with that of other countries in order to implement similar models

### KEYWORDS

Mental Illness, Crime, India, Stigma, Facilities

## 1. INTRODUCTION

The term “Health” has a complex, multifaceted definition, encompassing the well-being of all parts of the human body, emotional well-being, mental well-being, and a sense of satisfaction with life. Though our emotions, feelings and moods feel distinct and separate from the physical aspects of our bodies, it is necessary to understand that all physical, emotional, and mental aspects of the human body stem from the brain, neurons, and hormones.

Crime is also a broad term with varying definitions across contexts. Scholars have attempted to define crime in legal, sociological, moral, procedural, and ethical contexts. Sir William Blackstone has provided the simplest definition of crime in his book, Commentaries on the Laws of England, as “an act committed or omitted in violation of a ‘Public Law’ forbidding or commanding it.” This definition seems to be the best working definition of crime in the present era.

The concept of mental health as a contributing factor to crime has gained prominence in recent days as a result of growing awareness and literacy. However, the mental aspect of a crime is often analysed only in cases of very violent offences or serial killings and not for other forms of homicide or petty offences. However, to gain a deeper understanding of why offenders engage in violent activities, it is necessary to look beyond their motivations. Instead of analysing their psyche, it becomes key to unlocking what truly pushes them to the offence. Often, the legal system analyses cases of crime only to the extent of intention and motivation, and does not extend to the perpetrator's psyche.

## 2. CAUSATIVE FACTORS OF CRIME

Crime is the violation of legal and moral principles that results in an injury, harm, or threat. Criminal activity is motivated by several factors, including sociological, economic, familial, biological, and psychological factors. These factors have also been developed and subdivided into various theories, namely psychodynamic theory, sociological theory, biological theory, psychoanalytic theory, etc...

In India, one of the major contributing factors to crime is poverty and unemployment. Though there has been significant progress in poverty rates and urban-rural gaps, unemployment rates rose from 5.1% to 5.6% in 2023-24. This inability of individuals to make ends meet often makes them resort to menial criminal activities like theft, pickpocketing and chain snatching to more violent offences like robbery, dacoity and murder. An article published by Alliant International University

states that “those who face socio-economic implications were 20 times more likely to be pushed to commit a crime than those of the same age from high-earning families.”

Familial factors that contribute to crime include domestic abuse, an unhealthy environment for children and family instability. Sigmund Freud’s psychoanalytic theory specifically states that childhood abuse and trauma increase the likelihood of the commission of a crime among individuals. In other words, those who experience a turbulent and unstable home life are statistically more likely to commit crimes during their youth.

Sociological theorists view crime as a product of social structures and processes. The sociological factors of crime are characterised by various theories, including social disorganisation theory, strain theory, social control theory, differential association theory, labelling theory, conflict theory, and routine activity theory. All these theories in common highlight that high rates of poverty, weak social control and lack of societal attachments or empathy often led to high crime rates.

Biological theorists view crime as a consequence of genetic disorders. The earliest biological theory was that of Cesare Lombroso, who identified criminals based on their physical features. This physical determinism theory has long been abandoned due to a lack of scientific backing and its abstract nature. Later theories, such as behavioural genetics and gene-environment theory, suggest that genes may influence personality traits, cognitive abilities, and emotional regulation, which, in turn, can indirectly contribute to the risk of criminal activity.

The last and most important causative factor of crime is psychological. It was first analysed by Sigmund Freud in his psychoanalytic theory. This article discusses psychological factors in crime in detail, along with the need for coordination among law enforcement, the legal department, and the psychiatric department, as advised by the American Psychological Association, and the dire lack of an interdisciplinary approach to crime.

All crimes involve a psychological component, since mental state underlies criminal liability. Other influences—social, economic, cultural, or biological—affect behaviour only through their effect on the individual’s psychology. Psychology is always present in crime, even when it is not the only cause, underscoring the need to examine it closely.

### **3. PSYCHOLOGICAL PATHWAY TO CRIME**

Sigmund Freud once said, “We hate the criminal and deal with him severely because we view his deeds as in a distorting mirror of our own criminal tendencies.” Clinical evidence shows that delusions and hallucinations often happen to healthy individuals, too, at some point in their lives,

but they do not develop into clinical disorders in everyone. Similarly, every person with a mental illness, mental imbalance or diagnosed disorder is not likely to be violent or commit crimes. However, every crime ever committed has been driven or aided by a psychological factor, thereby making psychology an important part of the legal discipline, particularly criminal law.

To gain a deeper understanding of why offenders engage in violent activities, it is necessary to look beyond their motivations into the psyche of the perpetrator. The psyche of an individual refers to the human mind, soul, and spirit. A study of the psyche of perpetrators makes it possible to analyse various stages of their lives, their struggles, or even understand the possibility of having a genetic or biological disorder.

Psychology and Biology are so closely interconnected that it is impossible to understand the psychological pathway of crime without understanding the biological side. Even neurological disorders, improper functioning of the brain or genetic disorders can contribute to psychological disabilities. In Sigmund Freud's words, "In the last analysis, the entire field of psychology may reduce to biological electrochemistry." Thus, a general understanding of the psychological background of a crime underscores the significance of an interdisciplinary approach not only among law students but also among professionals, to approach a crime with the right minds.

### **3.1. PSYCHOLOGICAL THEORIES OF CRIME**

#### **3.1.1. EARLY RESEARCH:**

Cesare Lombroso was one of the first theorists to analyse crime. According to his view, physical appearances can be used to identify a criminal. This theory, called the born criminal theory, holds that criminals tend to have certain physical features, referred to as stigmata, that distinguish them from non-offenders. According to him, criminality is inherited.

The Born Criminal Theory was criticised as being abstract and lacking scientific backing. Charles Goring eventually analysed more than 3000 convicts in England to prove that there were no physical differences between non-criminals and criminals. However, Charles Goring discovered a relationship between crime and flawed intelligence. He found that criminals are more likely to be insane, unintelligent and exhibit poor social behaviour.

#### **3.1.2 PSYCHODYNAMIC THEORY:**

The study of crime and psychology is impossible without Sigmund Freud's input. Sigmund Freud, the father of psychoanalysis, proposed the psychodynamic theory (also known as the psychoanalytic approach to crime). Freud believed that much of our behaviour is the result of

unconscious, biological urges that are mediated by our unconscious mind. This is the basis for what is known as the tripartite personality or the elements that make up the human personality, namely, the id, the ego, and the superego.

The Id exists in our unconscious mind and represents unconscious biological drives. It consists of two major parts: Eros, the life instincts and Thanatos, the death instincts. The Id is concerned with instant gratification or pleasure, without concern for or empathy toward others. This is known as the pleasure principle because the Id encourages a person to make impulsive decisions without regard to consequences. This is often paramount in discussing criminal behaviour. The Superego develops as a person learns and incorporates moral and ethical values from their environment. This superego is largely in our subconscious, but it can influence our conscious thoughts. The superego develops progressively; hence, a person is not born with a fully functioning superego. It is developed through interaction with our family and society. The superego is formed of two parts: the conscience and the ideal self. The most important element is the ego. The Ego operates according to the reality principle. It represents a person's conscious self and mediates impulses from the Id and moral reasoning from the superego. This means the ego seeks realistic ways to satisfy the Id's demands while also functioning in society. Freud believed that the Id and the Superego are in constant conflict, trying to influence the Ego in decision-making. A psychologically healthy person will be able to mediate the influences of the Id and the Superego. A psychologically unhealthy person may have an Id or Superego that is overactive, which they cannot satisfy, resulting in anxiety and other mental health issues. The psychological health of a person, according to this theory, is identified by 'ego strength.' When the Id is dominant, the person is subject to making emotional or impulsive decisions, often seeking immediate pleasure or gratification. When the Superego is dominant, the individual will be extremely self-critical and moralistic, leading to feelings of shame, guilt, and inferiority, often leading to anxiety and panic responses.

This psychodynamic theory plays a crucial role in understanding a person's psyche, which, in turn, helps explain their motives, intentions, and mental state. This theory has been supported by several other philosophers, who found the dominance of the Id and the Superego a plausible explanation for criminal activity. For instance, certain crimes, such as serial killings, appear to lack a rational motive. In such cases, the causative factor is psychologically rooted in personality disorders, compulsions, or sadistic drives. While society may label these acts as pure evil, criminology

interprets them as manifestations of psychological pathology rather than motives in the conventional sense.

### **3.2. MENTAL HEALTH AND CRIME:**

In 2017, researchers conducted a study involving a random sample of 228 prisoners, comprising 114 women and 114 men. Among the test subjects, 87.3% of the women and 83.3% of the men had a personality disorder at the time they committed their crime, such as Major depressive Disorder, Dependent Personality Disorder, Antisocial Disorder and Borderline Personality Disorder. Studies conducted by the National Institute of Justice show that when a child undergoes a life-altering experience, such as physical abuse, neglect or witnessing the death of a friend or family member at the hands of another, the repercussions can be long-lasting.

The National Institute of Justice states that individuals are more likely to become repeat criminal offenders if they have experienced prolonged trauma and have adopted emotional detachment as a coping mechanism. By disconnecting from their emotions, they may be able to intentionally avoid the emotional impact of past traumas and the feelings associated with committing a crime. Other studies showed that the prevalence of clinical personality patterns was 46.7% among imprisoned men, and depressive personality disorder (23.3%) was the most prevalent.

The National Academy of Medical Sciences' study shows that 30-50% of people with untreated mental illness are likely to develop substance abuse problems. In India, studies suggest that nearly 1/3rd of individuals with psychiatric disorders also have a co-occurring substance use disorder. This is because untreated mental illness increases vulnerability to self-medication with alcohol or drugs, and this substance abuse, in turn, worsens psychiatric symptoms. A summary of the entire mental health care situation in India shows that only 10 per cent of the general population is at risk of substance abuse or addiction. Whereas, there is a 70 – 92% treatment gap in the mental health field, and these untreated individuals have an elevated risk of 30 – 50% of substance abuse. This shows the magnification of risk factors among untreated individuals.

Most people with mental illness do not commit crimes. But untreated cases increase the risk of impulsive violence, minor offences, or vulnerability to criminalisation. Globally, around 5-10% of violent crimes are directly linked to serious, untreated mental illness. This risk of crime rises dramatically when mental illness co-occurs with substance abuse by 20-30%. The NAMs Task Force (2024) noted that co-occurring substance use disorders are common (30-35%) among psychiatric patients, and this combination is strongly associated with criminal behaviour.

## **4. CASE STUDIES: REAL-LIFE ILLUSTRATION OF CRIME CAUSATION**

### **4.1. SERIAL KILLINGS AND PSYCHOLOGICAL PATHOLOGY**

#### **4.1.1. INDIA'S JACK THE RIPPER:**

India's Jack the Ripper is the title attributed to Raman Raghav, a homeless man who committed a series of brutal murders between 1965 and 1968. He killed homeless or slum people brutally, using a heavy iron rod while his victims were sleeping at night. He confessed to killing 41 people, primarily focusing on the city's poorest residents, such as pavement dwellers and slum inhabitants.

At first glance, he seemed mentally disturbed. He remembered every face he killed and every location he stuck, and he confessed to everything. Mr Kulkarni, who investigated this case, wrote a detailed account of the same in his two books, "Footprints on the Sands of Crimes" and "Crimes, Criminals and Cops." Mr Kulkarni has stated that, "The murders were motiveless... if any petty gain had been achieved in the process, the violence inflicted on the victims was totally disproportionate to any such gain."

After the arrest, the psychiatrist declared him a paranoid schizophrenic. He suffered from auditory and visual hallucinations and delusions. He believed that he was the representative of God and that he was doing the right thing by killing people 'on the order of God.' Initially sentenced to death, Raman Raghav's punishment was later commuted to life imprisonment after a thorough medical review.

#### **4.1.2. WORLD'S YOUNGEST SERIAL KILLER:**

Amarjeet Sada is an 8-year-old boy from Bihar, born into a poor family in a small, quiet village. His mother and father are daily wage workers, and he was left unsupervised or monitored most of the time. Reports from DNA India, The Mirror and NDTV suggest that he was also subjected to physical, emotional, and domestic abuse within his house. When he was 7 years old, his mother gave birth to a baby girl and left the baby girl and his cousin along with him in the house.

On returning, she found the cousin missing and inquired about it to Amarjeet, who smiled and said that he had killed him. The family concealed the matter without reporting it to the police, and did not get the necessary help for the child either, because of illiteracy and unawareness. Within the next few days, he ended up strangling his own baby sister while she was sleeping and once again confessed to the act to his family, who concealed it again. Finally, his act came to the limelight when he ended up killing an infant in the neighbourhood, which was identified by the villagers, and he was taken into police custody. In the police custody, Amarjeet asked for biscuits and tea

and confessed to all their murders by describing them in graphic detail. Though Amarjeet was not subject to formal psychological interventions by the police or court, he was prosecuted in the juvenile court and released later. Psychologists today, on analysing his case, state that his actions of killing infants, including his sister and cousin, suggest traits of childhood psychopathy. In psychiatric terms, children who engage in violent acts may be diagnosed with conduct disorder, which can evolve into antisocial personality disorder in adulthood.

The case of Amarjeet Sada illustrated the psychological dimension of crime at its most extreme. His killings at the age of eight were not driven by rational motives but by pathological impulses, pointing to conduct disorder or early psychopathy. While society labelled him ‘evil’, criminology interprets his actions as a manifestation of severe psychological disturbance due to poverty and lack of inheritance.

## **4.2. FAMILIAL AND DOMESTIC CRIMES**

### **4.2.1 MADANAPALLE DOUBLE MURDER CASE:**

The family's parents, Padmaja and Purushottam, were doctoral degree holders in their respective fields, and they had two daughters, Alekya and Sai Divya. Padmaja was allegedly suffering from mental health issues and delusions since her childhood, which worsened after her father's death. Her mental health issues are said to have been genetically passed down to their elder daughter, Alekya, who also suffered from delusions.

On January 24, 2021, one of Purushottam's friends informed the police about Purushottam's frantic call to him and asked them to check on Purushottam and his family. On entering the posh house in Madanapalle of Chittoor District of Andhra Pradesh, the police found two dead bodies before the Puja Room of the house, and Padmaja performing certain rituals. Investigations revealed that Padmaja's delusions increased a couple of months ago, and during the COVID-19 lockdown, when all of the family members were together, her delusions affected other family members, which psychologists referred to as shared psychosis. The eldest daughter, Alekya, also inherited the mental health issues from her mother. The youngest daughter, Sai Divya, fell ill in January 2021, and the couple invited tantrics from Tamil Nadu, Kerala and Karnataka to ‘cure’ the illness. According to a News Meter report, Alekya researched ‘magical powers’ to treat Sai Divya's illness and believed a sacrifice was needed to cure her. Finally, the family decided to sacrifice both their daughter so that they could be ‘resurrected’ or ‘reborn’ the next day. Hence, the couple killed their daughter by using a dumbbell and a trident.

This case has been extensively analysed through psychometric findings and psychiatric evaluations. The case revealed that the elder sister, Alekya, killed her younger sister, and their mother killed Alekya under shared obsessive beliefs. The parents were diagnosed with severe shared delusion disorder, indicating a mental state where they shared delusions and acted in unison. Padmaja even believed she was Lord Shiva and that the coronavirus was a particle emanating from her body, further convincing her doctor that she needed serious help.

This case highlights the devastating consequences of untreated and escalating mental illness within a family setting. What began as shared delusional beliefs spiralled into acts of extreme violence, revealing how psychological pathology can override rational thought and familial bonds. This case is proof that crime can emerge from severe psychiatric disorders that distort perception and compel destructive behaviour.

#### **4.2.2. THE MURDER-SUICIDE OF TOWHID BROTHERS (USA):**

Two brothers, Farhan Towhid and Tanvir Towhid, were diagnosed with severe depressive disorders. Farhad Towhid was further bullied in college and ended up dropping out. Tired of their lives, both of them entered into a suicide pact to take their own lives and kill all their family members. Farhan Towhid attached a 12-page suicide note to his Instagram page, wherein he described in detail the shared manic depression he and his brother suffered. The brothers entered into a pact through which one of them would buy two guns, and they would take turns to kill their mother, father, and sister, and then they would take their lives with the same gun. The twisted reason they stated in their suicide note was that they decided to die a few months back and then realised that their parents would be put through so much grief and guilt because of their suicide, and so decided to kill themselves before committing suicide. The Towhid brothers' murder-suicide demonstrates the catastrophic consequences of untreated mental illness. Their actions were not driven by rational motives but by depression, hopelessness, and distorted psychological reasoning. The tragedy underscores the urgent need for early mental health intervention, especially among youth, to prevent suicidal ideation from escalating into family annihilation.

#### **4.2.3. THE KOLKATA HOUSE OF HORRORS:**

Partha De was found to be living with the skeleton of his sister and two pet dogs for quite a few months and was retrieved from the house when his father, Arabinda De, immolated himself, which led to neighbours calling the police. Partha De's sister, Debjani De, starved herself to death as a result of depression due to the death of her two dogs. Arabinda De and his two children did not

communicate with each other directly due to his religious beliefs, and hence, he was ignorant about his daughter's death. Upon learning of it, he immolated himself.

Partha De was retrieved from the house and was treated at Pavlov Hospital for the mentally ill, and was released after a few months. He was relocated by the police to a different area and house. However, the society around him shamed him for his illness, isolated him, and the media and the people labelled him as a necrophile, making him relapse into his illness again. Finally, on 20th February 2017, Partha posted a quote on his social media: "It's better to light a candle than to curse darkness", and his immolated body was found by the police the next day, on February 21, 2017.

## **5. DREAMS AND REALITIES**

### **5.1. COMMITTEES, RECOMMENDATIONS, AND IMPLEMENTATIONS:**

In 1946, the Bhore Committee was given the task of evaluating the medical health situation in India, and the committee stated that, "*physical and mental health of an individual are inter-related, and no health programme can be considered complete without adequate provision for the treatment of mental illness and for the promotion of positive mental health.*" The report provided a very clear distinction between mental health disorders and deficiencies. The report called for immediate requirements to improve facilities and to create a separate Department of Mental Health.

This report, provided in 1946, recommended the implementation of a Department of Mental Health and recognised the close association between mental health and physical well-being. However, India does not have a distinct mental health department; it is still under the Ministry of Home and Family Welfare. In 2025, India appointed Mrs Deepika Padukone Singh as its mental health ambassador in a significant move, making it one of the first countries to make such an official appointment. However, it shall be noted that she lacks formal knowledge or professional qualification in psychology or psychiatry to be able to contribute to the development of laws or policies. The appointment of a qualified professional would be more valuable for the actual recognition and action to promote mental health as a basic human right.

### **5.2. LEGAL FRAMEWORK AND POLICIES:**

The Mental Healthcare Act, 2017, was a significant step in ensuring access to mental health care and reducing treatment gaps in India. This Act clearly defines the rights of individuals with mental illness, provides certain rights, including the right to access mental health services, and states that

every individual is entitled to access affordable and quality mental health care services without discrimination in any aspect.

This Act establishes the Central Mental Health Authority and the State Mental Health Authorities. These Mental Health Authorities would focus on registering and maintaining a national database of mental health establishments. The Act has contributed to the decriminalisation of suicide in India. Section 115 of the Act further provides that in case of suicide, there shall be a presumption of extreme stress, and the same shall not be prosecuted unless otherwise proved. It also establishes a burden on the State to ensure proper treatment of individuals who have attempted suicide to prevent recurrence of the same. Attempt to suicide has further been decriminalised by not incorporating it in the new Bharatiya Nyaya Sanhita, 2023, which replaced the Indian Penal Code, 1860.

However, the Act defines mental illness narrowly by not including neurodevelopmental and substance use disorders unless severe. This exclusionary framing contradicts global psychiatric classifications and may deny care to vulnerable populations. The term mental healthcare is also vaguely defined, leaving room for interpretive inconsistencies across institutions.

The Act guarantees every person the right to affordable, accessible, and quality mental healthcare, but does not impose enforceable duties on the State to ensure infrastructure, funding, or workforce expansion. Decriminalisation of suicide is a major progress, but the Act fails to mandate rehabilitative support or post-attempt interventions, limiting rehabilitative scope.

## **6. BARRIERS IN ACCESS TO MENTAL HEALTHCARE**

### **6.1. INSTITUTIONAL BARRIERS:**

#### **6.1.1. LACK OF FUNDING:**

Mental Health services receive less than 1% of India's health budget, limiting service expansion. For the Financial Year 2024-2025, direct funding under the Ministry of Health and Family Welfare stands at Rupees 1,004 crore, a marginal rise from Rupees 1,000 crore the previous year. This accounts for just 1% of the total ministry budget, despite rising need and inflation. This reflects a persistent mismatch between policy ambition and fiscal commitment.

However, a comparative study shows that India allocates the least to mental health, while countries like the UK, Australia, and Germany allocate 13%, 7.5%, and 5.5% of their health budgets, respectively, to mental healthcare services. Funding in India needs to increase to at least 5% to address the rising demand for mental health services and raise awareness of existing opportunities.

### **6.1.2. LACK OF TRAINED PROFESSIONALS:**

Mental Health professionals are classified into Psychiatrists and Psychologists. Psychiatrists are doctors who hold a medical degree and a postgraduate degree in psychiatry. They deal with the biological and pharmacological treatment of mental illness and have the authority to prescribe medicines. They treat severe illnesses like schizophrenia, depression, bipolar disorder, and multiple personality disorder. A psychologist is not a medical doctor but a person who holds a degree in psychology and has obtained training in that field. They cannot prescribe medicines and deal with minor issues like PTSD, stress, anxiety, and panic attacks. They have varying legal roles, too, with a psychiatrist having greater evidentiary value than a psychologist. However, both these roles are important in contributing to mental healthcare. Many people in India lack this basic understanding and struggle to differentiate between these roles, and therefore are unaware of who to approach for their problems.

The World Health Organisation recommends at least 3 psychiatrists and 3 psychologists per 100,000 people. However, the reality in India is even worse, with only 0.7 psychiatrists and 0.3 psychologists per 100,000 people. The United Kingdom has 13 psychiatrists and 15 psychologists per 100,000 people, and Germany has 13 psychiatrists and 25 psychologists per 100,000 people. The United States of America has more of a private organisation involvement in its mental health care fields and has 12 psychiatrists and 30 psychologists per 100,000 people, thereby putting India on its heels, as shown by the Global Health Observatory of the World Health Organisation.

### **6.1.3. LACK OF PSYCHIATRIC HOSPITALS:**

A psychiatric hospital is a specialised medical facility dedicated to diagnosing, treating, and managing severe mental health disorders. These institutions provide both short-term and long-term care, depending on the needs and severity of the conditions. India has approximately 40 state-run hospitals and over 398 psychiatry departments in medical colleges. However, the number of psychiatric beds and professionals remains critically low compared to global standards. India has fewer than 3 beds per 100,000 people, far from the global median of 24. Countries like the UK have 23 psychiatric beds per 100,000 people and UK has 23, Germany has 80, and Japan has 260 psychiatric beds per 100,000 people.

This severe shortage of available facilities is a stark contrast to the recommended number of beds and doctors per 100,000, making access to these facilities difficult and almost unavailable. Most existing hospitals are concentrated in urban areas, thereby contributing to a regional imbalance in the facilities available to people in rural areas.

## 6.2. SOCIETAL BARRIERS:

Public stigma refers to the negative attitudes and discriminatory behaviours that the general population holds towards individuals with mental illness. In India, cultural beliefs often categorise mental illness as a sign of weakness, loss of self-control or moral failure. These perceptions fuel fear, ridicule, and social distancing, especially in rural and semi-urban areas. When individuals suffering from mental illness internalise the negative stereotypes around them, it leads to self-stigma. This internalisation leads to feelings of shame, guilt, and diminished self-worth.

This social stigma and familial negligence were seen in the Kolkata House of Horrors case and the Madanapalle Double Murder Case, illustrated above.

Out-of-pocket spending remains the most dominant mode of health financing in India. World Health Organisation data shows that about 68% of total health expenditure is paid out of pocket, increasing the financial burden of mental health care in households. Mental health treatment costs include consultations, long-term psychotropic medications, psychotherapy sessions, investigations, inpatient care, transport, and caregiver time. A recent study reported that treatment expenditure for mental illness pushed roughly 20% of Indian Households into poverty; on average, households spent about 18.1% of their monthly consumption on health care when a member had a mental disorder.

High treatment costs, therefore, drive catastrophic health spending, treatment discontinuation, and a cycle where worsening illness further diminishes earning capacity and raises care needs. More than 11.1% of the total disease burden is due to mental health disorders in low- and middle-income countries. Yet they receive less than one per cent of the health budget. The global average out-of-pocket spending is 18%, whereas India's is 68%. This shows that India has the lowest health insurance coverage.

India mandates mental health insurance under the Mental Healthcare Act, 2017, but the coverage remains limited and inconsistent, unlike many high-income countries, where mental health is fully integrated into public or private insurance schemes. Most policies in India do not cover regular therapy or counselling, and disorders like schizophrenia or bipolar disorder may be excluded. The implementation rate is also very low, and the insurance sanction remains discretionary under the insurers' policies, terms, and conditions. However, countries like the UK and the USA offer free access to mental health services, hospitalisation, and medication, thereby encouraging citizens to undergo treatment for mental health issues.

## 7. NEED FOR AN INTERDISCIPLINARY APPROACH

An interdisciplinary approach in psychology and law is considered essential because it moves the legal system beyond mere theories towards an evidence-based understanding of actual human behaviour. This collaboration is vital to improving the accuracy of legal outcomes and to addressing the complex social realities that the law governs. The American Psychological Association has suggested a collaboration among the legal, police, and psychology departments to ensure proper profiling and analysis of perpetrators.

An understanding of psychological principles also helps the court assess the perpetrator's rehabilitation capacity and decide between rehabilitation and punishment. An interdisciplinary approach between psychology and law is essential because law governs human behaviour and psychology explains it. It helps the legislative body frame appropriate laws and policies based on needs and necessities. An interdisciplinary approach also increases awareness among the public about mental health and helps remove social and familial shame and stigma.

Together, psychology and law correct misconceptions, enhance fairness, improve specialised outcomes, and prepare the justice system for modern challenges. Without psychological analysis, the law risks being rigid and detached from the realities of human thought and action.

## 8. CONCLUSION

Crime cannot be understood in isolation from the psychological realities that shape human behaviour. While mental illness does not inherently lead to criminality, untreated psychological disorders—especially when combined with trauma, substance abuse, and social neglect—significantly increase the risk of criminal behaviour and repeated offending. The Indian legal framework has taken progressive steps through the Mental Healthcare Act, 2017, particularly in recognising mental health as a right and decriminalising suicide. However, persistent gaps in implementation, funding, infrastructure, and interdisciplinary coordination continue to undermine its effectiveness.

A justice system that integrates psychological insight with legal reasoning is essential not only for fair adjudication but also for meaningful rehabilitation and crime prevention. Addressing mental illness as a public health and legal concern is therefore indispensable to achieving lasting social justice.

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