

EDITORIAL**DIFFERENTIATING BETWEEN MAD AND BAD: FORENSIC PSYCHIATRY SERVICES MAY BE THE NEED OF THE HOUR**

Practising psychiatry has always been challenging due to various reasons. Stigma related to this field remains on top of the list¹. Identifying and managing the harm or risk towards self and others differentiates the mandate of a psychiatrist from physician. Availability of proper risk assessment tools, team to manage these risks and supervision of experts like forensic psychiatrists have made things easier in developed countries. Proper forensic psychiatry services are at a very basic level in our part of the world, psychiatrists are trying to cope up with this challenge despite limited resources².

History of relationship of mental health with risky behaviours may be traced back around 180 AD where it was the responsibility of the family members of the patients to restrain them and if they could not do so and patient could pose harm to anybody then they were held culpable for that act³. In ancient south Asia the laws gave special consideration to retarded persons and children younger than 15 years. Islamic law also states that murder committed by a mentally ill person is involuntary homicide, subject only to compensation for the loss. In classic era Greece, the legal code of Draco (who gives us our adjective for harshness of codes, "draconian") distinguished murder from involuntary homicide⁴.

Europe and Britain in 18th century were not very different from where they stand today in terms of stigma related to mental health and marginalizing the patients. In England, if some mentally ill person had committed a crime; evidence of being mentally un-well was usually provided by family members or neighbours instead of health professionals in most of the cases⁵. Balance between medical and social model for the deviant behaviour has always been a grey area for medical and social scientist. One of the pioneer names in psychiatry, Emil Kraepelin, did some work in this regard as well and concluded that forensic psychiatry is a medical (hence quantitative) science, delinquency was naturalized as a

social illness; punishment is society's revenge on misbehaviour and criminal behaviour was regarded as mental illness⁶. Things started getting better in England in 19th century when a medical or psychiatric witness was made part of the court proceedings for a suspected mentally ill offender. Later on, number of cases became famous in which the offender was declared mentally ill, thus it was finally accepted by the stakeholders of society that psychiatry and forensic psychiatry should evolve side by side as risk is the main chunk of psychiatric assessment and management⁴.

Psychiatry has been in evolutionary phase in the last century in our part of the world. Asylums have been replaced by psychiatric units in general hospitals. Number of trained psychiatrists has been increasing in last few years. Articles in Pakistani law include fitness to plead and criminal responsibility in context of mental health disorders. Mental health Act 2001 replacing the old lunacy act has also been an achievement in this regard⁷. General adult psychiatrists and even the resident psychiatrists have been managing the forensic related issues despite inadequate training and limited resources. Psychiatrists in all the divisions have been visiting the prison services regularly as well. Despite all these efforts still there is a gap between the services required and services provided or offered².

Mentally ill persons living un-managed in community have been killing or harming themselves, their children, loved ones and other people. Other crimes like stalking, paedophilia and religious crimes may sometimes even go unnoticed⁸. There have been instances where patients were caught for these crimes and stayed in prisons for years and never got assessed for psychiatric illnesses. Both sides of the coin have been equally disastrous for both the patients and the society. A person without any mal-intention causing irreparable harm under the influence of mental illness should really be an alarm for health

system of any country. Patients getting only punishment of crimes they did due to mental disorder without any treatment also do no good to the system.

Common people and even non-psychiatric health professionals think that psychopaths or chronic schizophrenics may only be responsible for the risky behaviours towards self or others. Reality is very different in this perspective. Affective disorders, organic mental health conditions, substance use disorders, delusional disorders and even dementia and memory related problems may prone the individuals to become risky in any aspect at any time⁹. Therefore proper service differentiating clearly between mad and bad ensuring the proper and timely management of the patients may reduce the risk towards self, others and society.

Is differentiating between the bad and mad that simple? And would it be the only purpose for developing forensic psychiatry services in our part of the world? Answer is a big No. Developing such services would be instrumental for existing mental health services in lowering their burden regarding risk assessment, management and medico-legal issues. Trained professionals would be handling these matters in a better way. Accurate and timely risk assessment and management by the trained professionals would definitely decrease events like suicides, homicides, infanticides, assaults and religious crimes which take place on account of mental health disorders. Forensic services would also lessen the burden of prison services as mentally ill offenders

may be managed better in forensic or secure mental health units instead of prisons. Introducing a new sub speciality and paving the way for developing the infrastructure of a stigmatized field of medicine may seem difficult but it is the need of the hour.

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