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**REHABILITATION OF SICK
OFFENDERS IN THE SOUTH ASIAN
REGION: A LEGAL AND
COMPARATIVE STUDY OF INDIA,
THAILAND, BANGLADESH, AND
PAKISTAN**

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“It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.”

-Nelson Mandela

Abstract— The rehabilitation of mentally ill offenders is a critical issue in the criminal justice systems of **India, Bangladesh, Pakistan, and Thailand**. While all four countries have established some legal frameworks to address the needs of mentally ill offenders, their efforts to implement effective rehabilitation programs remain varied and incomplete. The chapter examines the legal, structural, and practical challenges faced by each country and offers a comparative analysis of their efforts to integrate mental health care within their criminal justice systems. A central legal hypothesis of this chapter is that while the legal frameworks in these countries nominally protect the rights of mentally ill offenders, the lack of adequate implementation and infrastructure significantly undermines their rehabilitation. The study suggests that only by aligning national laws more rigorously with international human rights standards and strengthening mental health infrastructure can these countries ensure the effective rehabilitation of mentally ill offenders. It further posits that successful rehabilitation requires not only legal reforms but also systemic changes in attitudes towards mental illness

and a commitment to human rights in the justice system. The chapter concludes by offering recommendations aimed at improving the legal and institutional frameworks for rehabilitating mentally ill offenders in the region.

Keywords—Laws, Prisoners, Rehabilitation, social justice etc.

INTRODUCTION

The rehabilitation of sick offenders—those suffering from mental illness, chronic diseases, disabilities, or age-related conditions, constitutes a critical yet often neglected dimension of criminal justice reform in South Asia. As prison populations expand and public health systems face persistent strain, the plight of these vulnerable individuals becomes increasingly urgent. Within correctional settings that are frequently overcrowded, under-resourced, and medically underserved, the intersection of health, human rights, and penal policy demands close scrutiny. The treatment of sick offenders raises fundamental questions about the role of the state, not merely as an agent of punishment, but as a custodian of human dignity and care.

Across the South Asian region, countries such as India, Thailand, Bangladesh, and Pakistan confront distinct legal and institutional challenges in managing their correctional systems. Although statutory provisions and policy frameworks in these nations provide for the treatment and rehabilitation of sick inmates, whether through general criminal codes or specialized mental health legislation, the conditions within prisons often diverge sharply from legal mandates. Systemic neglect, delayed or inadequate medical attention, and the widespread stigmatization of mental illness continue to hinder the realization of meaningful rehabilitation. Despite being signatories to key international human rights instruments, including the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) and the Bangkok Rules, implementation across the region remains fragmented and largely aspirational.



This chapter seeks to undertake a critical examination of the legal frameworks, institutional mechanisms, and rehabilitative practices concerning sick offenders in India, Thailand, Bangladesh, and Pakistan. Adopting a comparative approach, it analyzes how each country conceptualizes and addresses the medical and psychological needs of incarcerated individuals, evaluates the effectiveness of their existing strategies, and identifies systemic gaps in law and practice. Ultimately, the chapter advocates for a coordinated regional response that integrates public health imperatives with criminal justice policy, anchored in a rights-based approach and supported by meaningful institutional reform.

The detailed blue print for the study is provided as follows;

Section	Core Focus	Key Contribution
Introduction	Research context and legal hypothesis	Identifies gaps in rehabilitation of mentally ill offenders
Theoretical Framework	Therapeutic jurisprudence & human rights	Provides analytical lens
International Standards	CRPD, ICCPR, Mandela Rules	Sets global benchmarks
National Legal Frameworks	Domestic laws & policies	Maps formal protections
Implementation Challenges	Institutional & practical barriers	Explains law-practice gap
Comparative Analysis	Cross-country evaluation	Highlights similarities and divergences

Recommendations	Legal & institutional reforms	Proposes rights-based solutions
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TREATMENT OF SICK OFFENDERS IN INDIA, BANGLADESH, PAKISTAN, AND THAILAND

India

The Indian legal system provides a substantive framework for the protection and rehabilitation of sick offenders, with specific provisions addressing mental illness and physical infirmity. Section 84 of the Indian Penal Code, 1860, codifies the insanity defense by absolving criminal liability for acts committed by individuals who, by reason of unsoundness of mind, were incapable of knowing the nature of the act or that it was wrong or contrary to law at the time of its commission. Complementary procedural safeguards are enshrined in Sections 328 to 330 of the Code of Criminal Procedure, 1973, which empower the magistrate to direct a medical evaluation of an accused suspected to be of unsound mind and to postpone trial or commit the individual to a psychiatric institution where necessary.

The enactment of the Mental Healthcare Act, 2017 marked a paradigm shift from custodial care to a rights-based framework. Section 103 of the Act mandates that individuals suffering from mental illness and unable to stand trial be treated in designated mental health establishments rather than confined in penal institutions. The Act further recognizes the right to access mental health care, to live in community settings, and to be protected from inhuman or degrading treatment.

With regard to physical illness, parole on medical grounds is permissible under the respective state prison rules, guided by the Model Prison Manual, 2016. This manual provides for regular medical assessments, access to specialists, and the establishment of prison hospitals. Despite these frameworks, the implementation remains inconsistent



due to systemic challenges such as overcrowding, inadequate infrastructure, and shortage of medical personnel. The Supreme Court of India, in *Re-Inhuman Conditions in 1382 Prisons*, directed state authorities to take urgent remedial measures to ensure humane treatment of prisoners, including the provision of adequate medical facilities.

Bangladesh

The legal regime in Bangladesh closely mirrors that of India, rooted in a shared colonial legacy. Section 84 of the Penal Code, 1860 and Sections 464–475 of the Code of Criminal Procedure, 1898, codify the defense of mental incapacity and prescribe procedures for judicial inquiry, medical examination, and trial postponement. In 2018, Bangladesh enacted the Mental Health Act, replacing the Lunacy Act of 1912, to modernize mental health governance. The new legislation emphasizes patient rights, including access to mental health services and protection from discrimination, though its application within the criminal justice framework remains limited.

Under Rule 643 of the Prison Rules, 2006, prison medical officers are authorized to recommend hospitalization of seriously ill inmates. The Prison Act, 1894, imposes a statutory duty on prison authorities to provide adequate medical care to inmates. However, systemic deficiencies—such as outdated infrastructure, overcrowding, and a shortage of mental health professionals—undermine the effective realization of these legal protections. Empirical reports from civil society organizations consistently reveal that prisoners with serious physical and mental health conditions face significant obstacles in accessing adequate care.

Pakistan

Pakistan's legal system, akin to its South Asian counterparts, recognizes the defense of unsoundness of mind under Section 84 of the Pakistan Penal Code, 1860. Sections 464 to 475 of the Criminal Procedure Code, 1898, provide the procedural framework for

determining the mental fitness of an accused, including provisions for psychiatric evaluation, suspension of proceedings, and transfer to appropriate facilities. Post-18th Amendment, the regulation of mental health has devolved to the provinces. Consequently, provincial legislation such as the Sindh Mental Health Act, 2013, and the Punjab Mental Health Act, 2014, governs mental healthcare, including provisions applicable to offenders.

Healthcare in correctional institutions is governed by the Pakistan Prison Rules, which allow the prison authorities to refer severely ill inmates to civil hospitals. Nevertheless, empirical evidence suggests that such referrals are rare, and most inmates remain deprived of specialized care. The Human Rights Commission of Pakistan has consistently criticized the substandard conditions in prisons, including the lack of psychiatric facilities and the detention of mentally ill individuals in regular correctional institutions, often in violation of international norms. The situation is particularly grave for women and indigent inmates, who face additional barriers to accessing healthcare and rehabilitation services.

Thailand

Thailand's legal framework is comparatively more advanced in its recognition of and response to the needs of mentally and physically ill offenders. Section 65 of the Thai Penal Code, B.E. 2499 (1956), absolves criminal liability for acts committed by individuals suffering from mental illness, provided they were incapable of understanding the nature or wrongfulness of the act. The provision also permits sentence mitigation where partial mental impairment is established. Thailand's Mental Health Act, B.E. 2551 (2008), provides comprehensive protections, including access to voluntary and involuntary treatment and procedural safeguards for individuals facing mental health intervention.

The Corrections Act (No. 8), B.E. 2560 (2017), reinforces these protections by mandating regular health screenings, access to medical services, and the



transfer of inmates to external hospitals when required. Thailand has established correctional hospitals and specialized wards for prisoners with infectious diseases and mental illnesses. Moreover, Thailand has implemented the United Nations Bangkok Rules, which provide gender-sensitive guidelines for the treatment and rehabilitation of women prisoners. The incorporation of Buddhist restorative justice practices, including mindfulness and community-based rehabilitation, reflects a culturally embedded and rehabilitative orientation in the criminal justice system.

III. LEGAL PRINCIPLES GOVERNING THE REHABILITATION OF SICK OFFENDERS IN SOUTH ASIAN JURISDICTIONS

India

In India, the rehabilitation of sick offenders is primarily grounded in the right to life and personal liberty under Article 21 of the Constitution. The Indian Supreme Court has expansively interpreted Article 21 to include the right to health, which obligates the state to provide medical treatment to prisoners. In *Re-Inhuman Conditions in 1382 Prisons*, the Court affirmed that prisoners, including those with mental and physical illness, must receive proper medical care and treatment in humane conditions. This commitment is further enshrined in the *Mental Healthcare Act, 2017*, which establishes the rights of individuals with mental illnesses to receive care and treatment in the least restrictive setting. Section 103 of the Act mandates that mentally ill offenders be transferred to mental health establishments rather than detained in prisons, ensuring the implementation of a restorative and rehabilitative model of justice.

The Model Prison Manual, 2016, provides further guidance on the rehabilitation of prisoners, detailing the protocols for medical assessments and psychological rehabilitation. Despite these legal frameworks, challenges such as overcrowding, inadequate medical infrastructure, and limited psychiatric resources continue to impede the full

realization of the right to rehabilitation for sick offenders. According to a study published in the *Springer Journal of Criminology and Criminal Justice*, inadequate healthcare in Indian prisons, particularly for mentally ill offenders, exacerbates their vulnerabilities, thereby limiting the effectiveness of rehabilitation efforts.

Re-Inhuman Conditions in 1382 Prisons (2016)

In this landmark case, the **Supreme Court of India** addressed the poor conditions in Indian prisons, particularly concerning the healthcare and rehabilitation of mentally ill offenders. The case involved a petition brought before the Court highlighting the lack of medical care and adequate living conditions for prisoners, including those suffering from mental illness. The Court found that the **Mental Healthcare Act, 2017** was not being implemented effectively, leading to the violation of prisoners' **right to health**.

In response, the Court ordered the establishment of proper **medical facilities** within prisons, including psychiatric care, and mandated that mentally ill offenders be transferred to **mental health facilities** rather than remaining incarcerated in prisons where they could not receive appropriate treatment. The Court also issued directives on the **monitoring of prison conditions** and the **training of prison staff** to handle the needs of sick offenders. This case is significant because it exemplifies the judicial push for implementing rehabilitation measures, especially for those with mental health issues, within India's correctional system.

Shakti Vahini v. Union of India (2018)

This case involved the rehabilitation of women prisoners, including those suffering from mental health issues. In this case, the **Supreme Court of India** took cognizance of the poor rehabilitation programs available to female prisoners, especially in the context of mental health. The Court directed the **Ministry of Home Affairs** to improve rehabilitation



efforts, ensure better mental health care services for female prisoners, and provide necessary psychological treatment. This case reinforced the importance of **gender-sensitive rehabilitation** and the integration of mental health care in prison reform.

Bangladesh

In Bangladesh, the rehabilitation of sick offenders is also rooted in constitutional protections against torture and inhuman treatment, as articulated in Article 35(5) of the Constitution. The Mental Health Act, 2018, updated the country's mental health laws, replacing the Lunacy Act, 1912, and emphasizing the rights of individuals with mental health issues to receive appropriate treatment and rehabilitation. The Act provides for the deinstitutionalization of mental health care, ensuring that individuals, including offenders, receive treatment in the least restrictive setting. It also empowers the judiciary to review cases involving involuntary treatment.

Prison authorities are required to provide medical care under the Prison Rules, 2006, and the Prison Act, 1894, but systemic deficiencies, including lack of resources and personnel, hinder effective implementation. Reports from human rights organizations highlight the struggle to deliver adequate care for mentally ill and physically sick prisoners. A study in Springer's International Journal of Law and Psychiatry notes that despite legislative reforms, prisoners in Bangladesh still face substandard medical treatment, particularly those with mental health conditions.

In the landmark case of *State v. Md. Mizanur Rahman*, the High Court Division of the Supreme Court of Bangladesh addressed the critical issue of the detention of a mentally ill offender without proper psychiatric assessment or treatment. Md. Mizanur Rahman had been charged with a criminal offense and was being held in custody despite showing signs of severe mental illness.

The Court took judicial notice of his deteriorating mental health and evaluated the legality of his continued incarceration in light of the constitutional protections guaranteed under Articles 27, 31, and 35 of the Constitution of Bangladesh, which uphold the rights to equality before the law, protection of law, and protection against cruel, inhuman, or degrading treatment or punishment. The Court observed that the failure to provide adequate mental health care violated not only domestic legal standards but also international human rights obligations. It referenced the Mental Health Act, 2018, which obligates the state to ensure the treatment and rehabilitation of persons with mental illness, including those in custody. The High Court ordered the immediate transfer of the accused to a government psychiatric hospital and directed regular medical reports to be submitted to ensure continued monitoring.

This case is a critical precedent emphasizing the state's responsibility to protect the rights of mentally ill offenders and illustrates the judiciary's proactive role in enforcing humane treatment and rehabilitation in Bangladesh's criminal justice system.

The State v. Md. Obaidul Islam alias Uzzal Sheikh, the High Court Division of the Supreme Court of Bangladesh addressed significant concerns regarding the treatment of mentally ill offenders within the criminal justice system. The appellant was convicted of murder and sentenced to death by the trial court. However, during the trial, multiple indications suggested that the accused was suffering from mental illness, including medical records from Khulna Medical College Hospital and testimonies from prosecution witnesses.

Despite this, the trial court failed to comply with mandatory procedures outlined in Sections 464 and 465 of the Code of Criminal Procedure, which require a thorough inquiry into the mental state of the accused and examination by a civil surgeon.

The High Court found that the trial court's oversight constituted a significant legal error, rendering the



conviction and sentence invalid. Consequently, the High Court set aside the death sentence and directed that the appellant be transferred from the condemned cell to the custody of the Mental Health Review and Monitoring Committee of Bagerhat District, as stipulated under Section 5 of the Mental Health Act, 2018. The Court further instructed that the appellant receive appropriate psychiatric treatment and remain in a mental health facility until certified as no longer a threat to himself or society. This case underscores the judiciary's commitment to ensuring that the rights of mentally ill individuals are protected and that due process is upheld within the legal system.

Pakistan

Pakistan's legal framework similarly incorporates constitutional guarantees of human dignity and the right to health under Article 14 of the Constitution. Pakistan's approach to the rehabilitation of mentally ill offenders is codified in the Pakistan Penal Code, 1860, which provides for the defense of unsoundness of mind under Section 84. The Criminal Procedure Code, 1898, includes provisions for the appointment of medical experts to evaluate an accused's mental fitness to stand trial, ensuring that individuals suffering from mental illness are not unjustly prosecuted.

Further, the Sindh Mental Health Act, 2013, and the Punjab Mental Health Act, 2014, reflect the country's commitment to ensuring that mentally ill individuals, including offenders, receive appropriate care. These Acts promote community-based mental health services and prohibit the detention of mentally ill individuals in prison unless no alternative treatment is available. Despite these progressive legal provisions, Pakistan Prison Rules grant prison authorities the discretion to provide medical referrals for ill prisoners, but insufficient facilities and personnel continue to pose challenges to the rehabilitation of sick offenders. The lack of comprehensive enforcement mechanisms remains a barrier to the full realization of prisoners' rights to rehabilitation. A study in Springer's Journal of Forensic Sciences

highlights that mental health care in Pakistan's prisons is insufficient, and offender rehabilitation programs are often inadequately funded and poorly managed.

Safia Bano v. Home Department, Government of Punjab

In this seminal case, the Supreme Court of Pakistan consolidated appeals involving three death row prisoners—Imdad Ali, Kanizan Bibi, and Ghulam Abbas—each diagnosed with severe mental disorders, primarily schizophrenia. The Court acknowledged that executing individuals who are incapable of understanding the nature and purpose of their punishment due to mental illness is inconsistent with the principles of justice, due process, and human dignity enshrined in the Constitution of Pakistan. Accordingly, the Court commuted the death sentences of the appellants and directed the establishment of medical boards to conduct comprehensive psychiatric evaluations of prisoners, ensuring that those suffering from significant mental impairments are afforded appropriate treatment and are not subjected to capital punishment. This judgment marks a crucial advancement in the legal framework governing mentally ill offenders in Pakistan and underscores the judiciary's evolving commitment to upholding human rights and international legal standards in criminal justice administration.

Ghulam Abbas v. The State

Ghulam Abbas was convicted of murder in 2006 and sentenced to death. Despite the rejection of his appeals and a mercy petition in 2019, concerns regarding his mental health prompted a re-evaluation. A comprehensive psychiatric assessment conducted in 2020 diagnosed him with chronic schizophrenia and intellectual disability, with symptoms including paranoid delusions and auditory hallucinations. The medical findings raised serious questions about his mental fitness for execution. Recognizing that executing a prisoner who lacks the cognitive capacity to comprehend the nature and rationale of their punishment is a violation of constitutional guarantees



of life and dignity, the Supreme Court of Pakistan intervened. It directed that a new mercy petition be submitted on his behalf and ordered his immediate transfer from death row to a specialized psychiatric facility for treatment and rehabilitation. This judgment reaffirms the Court's dedication to upholding the fundamental rights of mentally ill individuals within the criminal justice system and aligns with international human rights standards prohibiting the execution of persons with serious mental disorders.

Thailand

Thailand's legal system provides a comprehensive framework for the rehabilitation of sick offenders, incorporating both national law and international human rights obligations. The Penal Code, B.E. 2499 (1956), absolves individuals suffering from mental illness from criminal liability if they are incapable of understanding the nature of their actions or their wrong doing.

The Mental Health Act, B.E. 2551 (2008) outlines the rights of individuals with mental illness, ensuring that their treatment is subject to judicial oversight and respects their autonomy.

The Corrections Act (No. 8), B.E. 2550 (2017) mandates that correctional institutions provide medical and psychological care to inmates, including those suffering from infectious diseases or mental illness. Thailand has established specialized health facilities within prisons, including psychiatric wards, to address the needs of sick offenders. Additionally, Thailand adheres to the United Nations Bangkok Rules, which focus on the gender-specific needs of women prisoners, including those with mental illness. These developments reflect Thailand's commitment to restorative justice, which is also influenced by Buddhist principles of rehabilitation and moral reform. According to an article in Springer's International Journal of Offender Therapy and Comparative Criminology, Thailand's approach to integrating mental health services in prisons has seen

positive results in offender rehabilitation, but further expansion of resources and training is necessary.

Thailand v. Thanet Nonthakot,

This case involves Thailand's stringent lèse-majesté laws, the defendant, Thanet Nonthakot, was convicted for allegedly defaming the monarchy by sharing a link to content deemed offensive. Under the lèse-majesté law, which punishes acts of defamation against the royal family, Nonthakot was initially sentenced to five years in prison.

A critical element in this case was the defendant's mental health status. Thanet Nonthakot was diagnosed with a mental disorder, although the severity of his condition did not meet the threshold for legal insanity or an inability to understand the consequences of his actions. The court, after reviewing medical reports, determined that his intellectual capacity was not significantly impaired, and his symptoms did not warrant exemption from criminal responsibility.

However, the court did take his mental health into consideration. While he was not fully exonerated, his cooperation in the trial led the court to reduce his sentence from the original five years to three years and four months. This decision reflects the court's recognition of the mental health issues involved, albeit within the framework of a strict legal system where certain crimes, particularly lèse-majesté, carry severe penalties.

This case underscores the complex interaction between mental illness and criminal liability in Thailand's legal system. It highlights the judiciary's approach to balancing the enforcement of severe laws, such as lèse-majesté, with considerations of mental health. The outcome demonstrates the limits of leniency for mentally ill offenders in cases involving particularly sensitive offenses, like defamation of the monarchy, and illustrates the tension between justice and rehabilitation in such high-profile legal matters.



IV. COMPARATIVE ANALYSIS OF REHABILITATION OF SICK OFFENDERS IN INDIA, BANGLADESH, PAKISTAN, AND THAILAND

The rehabilitation of mentally ill offenders presents a multifaceted challenge that necessitates a delicate balance between the principles of justice, public safety, and the protection of the rights of the accused. India, Bangladesh, Pakistan, and Thailand each have distinct legal frameworks and approaches to addressing mentally ill offenders. These countries differ in their judicial philosophies, the infrastructure for mental health care, and the manner in which mental illness intersects with criminal liability. This comparative analysis examines how each country's legal system addresses the rehabilitation of mentally ill offenders, focusing on statutory provisions, judicial practices, and the practical application of rehabilitative measures.

In **India**, the legal treatment of mentally ill offenders is principally governed by the **Indian Penal Code (IPC)**, the **Criminal Procedure Code (CrPC)**, and the **Mental Health Care Act, 2017**. Under **Section 84** of the IPC, individuals suffering from unsoundness of mind at the time of committing an offense may be exempt from criminal liability. The **Mental Health Care Act, 2017** further reinforces the right to care and treatment for mentally ill offenders, ensuring their inclusion in the criminal justice system. India's judiciary has increasingly prioritized rehabilitation over punitive measures, as seen in landmark rulings such as *Vikram Singh v. State of Punjab* (2018), where the Supreme Court emphasized the necessity of psychiatric evaluations and ordered treatment for offenders with severe mental health conditions. These decisions reflect India's evolving commitment to the humane treatment of mentally ill offenders, underlining the importance of rehabilitation over incarceration in certain cases.

Bangladesh operates under a similar legal framework, with the **Criminal Procedure Code (CrPC)** and the **Mental Health Act, 2018** governing the treatment of

mentally ill offenders. Like India, **Section 84** of the CrPC provides a defense for those who commit crimes while suffering from mental illness. The **Mental Health Act, 2018** mandates the establishment of medical boards to assess offenders' mental health, ensuring that those who require treatment are provided with appropriate care. However, challenges remain in the practical implementation of these provisions, especially regarding the adequacy of mental health services and the facilities available for rehabilitation.

In *State v. Md. Mizanur Rahman* (2021), the Bangladesh High Court intervened to transfer a mentally ill offender to a psychiatric facility, signaling the judiciary's recognition of the importance of rehabilitative care over punitive measures.

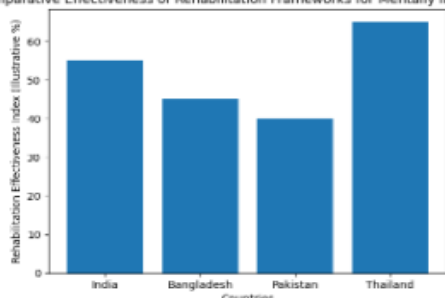
In **Pakistan**, the **Pakistan Penal Code (PPC)** and the **Mental Health Ordinance, 2001** form the basis for addressing the issue of mentally ill offenders. **Section 84** of the PPC similarly permits a defense for those suffering from mental illness at the time of committing an offense. Pakistan has made significant strides in recent years with judicial decisions focusing on the rehabilitation of mentally ill offenders. The Supreme Court's ruling in *Safia Bano v. Home Department* (2021) is particularly notable, as the Court commuted the death sentences of mentally ill individuals, emphasizing the need for medical evaluation and psychiatric care. While the legal framework is progressive, practical concerns remain, particularly with regard to the availability of resources and infrastructure to support the treatment and rehabilitation of mentally ill offenders in the prison system.

Thailand's approach to the rehabilitation of mentally ill offenders is governed by the **Penal Code** and the **Mental Health Act, 2007**. Under **Section 65** of the Penal Code, individuals who commit offenses while suffering from mental illness are not held criminally liable. The **Mental Health Act, 2007** provides a framework for the treatment and rehabilitation of mentally ill individuals, including those who have committed crimes. However, Thailand's legal system



tends to focus more on assessing the mental fitness of offenders to stand trial rather than prioritizing long-term rehabilitation. The case of **Thanet Nonthakot** (2015) illustrates this approach, where the offender's mental health was considered a mitigating factor, but the severity of the offense, particularly under Thailand's stringent *lèse-majesté* laws, still led to a punitive sentence. This highlights a broader tension in Thailand's criminal justice system, where legal and national security concerns often overshadow rehabilitative measures for mentally ill offenders.

Comparative Effectiveness of Rehabilitation Frameworks for Mentally Ill Offenders



The index is illustrative and derived from doctrinal analysis, institutional availability, and reported implementation trends, rather than uniform empirical datasets.

The chart demonstrates that while Thailand shows relatively stronger implementation of rehabilitation mechanisms, India reflects moderate effectiveness, whereas Bangladesh and Pakistan continue to face significant structural and institutional constraints.

The comparative examination of the legal frameworks in these countries reveals both commonalities and divergences in their approaches to the rehabilitation of mentally ill offenders. India, Bangladesh, and Pakistan share similar provisions that allow for the defense of unsoundness of mind, with a growing recognition of the need for rehabilitation rather than mere punishment. These countries have taken significant steps to integrate mental health care into their criminal justice systems, with judicial bodies actively engaging in the protection of the rights of mentally ill offenders. However, the availability of

mental health resources and the capacity of the criminal justice system to implement these provisions effectively remains a significant challenge, particularly in prison settings.

In contrast, Thailand's legal provisions for the defense of mental illness are similar to those in the other countries, but its criminal justice system places greater emphasis on punitive measures, particularly in cases involving high-profile crimes such as *lèse-majesté*. While the Thai legal system recognizes mental illness as a mitigating factor, it often focuses on determining the offender's fitness to stand trial rather than prioritizing rehabilitation and long-term care. The **Thanet Nonthakot** case exemplifies this approach, where the defendant's mental health was acknowledged, yet the offense's gravity led to a reduced sentence rather than an emphasis on rehabilitation.

V. ADHERENCE TO INTERNATIONAL STANDARDS

When comparing adherence to international human rights standards, India stands out as the most committed to the rehabilitation of mentally ill offenders. India has made significant progress by enacting laws that align with the **CRPD**, such as the **Mental Health Care Act, 2017**, which ensures access to treatment and rehabilitation for mentally ill offenders. India's judiciary has been active in ensuring these international norms are respected in practice, as seen in the *Vikram Singh v. State of Punjab* (2018) ruling, which emphasized the need for proper psychiatric evaluations before trial.

While **Bangladesh** and **Pakistan** have made considerable strides, particularly in enacting laws similar to India's, both countries still face significant challenges in the practical implementation of these laws. The infrastructure for mental health care in both countries remains inadequate, which affects the provision of rehabilitative services for mentally ill offenders. However, judicial actions in cases like *State v. Md. Mizanur Rahman* (Bangladesh) and *Safia Bano*



v. *Home Department* (Pakistan) show a growing commitment to improving mental health care within the criminal justice system.

Thailand, on the other hand, lags behind in adhering to international standards, particularly the **CRPD**. The country’s criminal justice system continues to prioritize punitive measures over rehabilitative care, with mental health considerations often secondary to the severity of the offense. This reflects a divergence from international human rights standards, particularly those that emphasize rehabilitation for mentally ill offenders.

VI. CONCLUSION & RECOMMENDATIONS

In conclusion, the rehabilitation of mentally ill offenders in India, Bangladesh, Pakistan, and Thailand remains an evolving area of law, with each country grappling with its own unique challenges. While India, Bangladesh, and Pakistan have made notable strides in integrating mental health care into their criminal justice systems, Thailand’s approach remains more focused on legal accountability and national security concerns. For all countries in the region, the ongoing challenge is to ensure that mental health care is not merely a consideration during trials but is actively provided within prison systems, where offenders often require the most care and rehabilitation. Moving forward, it is essential for these legal systems to prioritize rehabilitation, ensuring that mentally ill offenders are not only treated with dignity but are also given the opportunity to reintegrate into society, should their condition improve.

RECOMMENDATIONS

After analyzing the laws and practice in respective countries, following roadmap is suggested to bring efficient changes in the criminal justice system:

- i. Phase-Wise Roadmap for Government-Led Rehabilitation of Offenders

Phase	Focus	Key Government Measures	Outcome
Phase I: Normative & Legal Foundation	Legal and policy alignment	Reform criminal and mental health laws; incorporate CRPD, ICCPR, Mandela Rules; issue national rehabilitation policy	Rights-based legal framework
Phase II: Early Intervention & Diversion	Identification and assessment	Mandatory mental health screening at arrest/trial; diversion to treatment facilities; use of mental health courts	Reduced custodial exposure
Phase III: Institutional Strengthening	Capacity building	Develop forensic mental health institutions; train prison, police, and judicial officers; allocate budgets	Functional rehabilitation infrastructure
Phase IV: Custodial Rehabilitation	Treatment within custody	Therapeutic care, counselling, education, vocational training, individualized treatment plans	Behavioural reform & recovery
Phase V: Community Reintegration	Post-release support	Halfway homes, community mental health services, employment and housing assistance	Sustainable reintegration
Phase VI: Monitoring & Accountability	Oversight and evaluation	Independent inspections, judicial review, data monitoring, grievance redressal	Effective implementation



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