rights. He said that the majority's conclusion and reliance on *Adkins* was misplaced and distinguishable. Citing *Tagore v. United States*, 735 F.3d 324 (5th Cir. 2013) and testimony, Judge Dennis pointed out that the district court found that indirect supervision posed no safety concerns and, therefore, TDCJ failed to meet the first requirement that the Scott Plan furthers a compelling government interest. He also stated that "simply allowing Muslim inmates to continue holding inmate-led services is clearly sufficient to further the government's interest" (*Brown*, p 258) and is a less restrictive means of doing so. Judge Dennis concluded that this ongoing violation of RLUIPA justified the district court's refusal to terminate the consent decree.

Discussion

The case highlights the challenges and questions regarding the role of religion and spirituality in correctional settings and brings to light the psychosocial impact of religion. "[TDCJ] officials testified that participation in religious activities has a calming, positive, and rehabilitative effect on prisoners" (*Livingston*, p 616). Additionally, the Director of Chaplaincy Services at TDCJ stated that "participation in religious activities is 'beneficial for the rehabilitation of inmates,' because 'if you change a man's heart, you change his actions'" (*Livingston*, p 626). Both the district court and Fifth Circuit considered evidence that demonstrated there is a relationship between religion and a prisoner's well-being.

Multiple studies have demonstrated an inverse relationship between religious faith or spirituality and depression. Additionally, literature demonstrates the protective effects on suicide rates through various proposed mechanisms (Norko M, Freeman D, Phillips J, *et al*: Can religion protect against suicide? J Nervous Mental Dis 205:9–14, 2017). Individuals with religious or spiritual beliefs tend to have fewer medical, substance use, and mental health problems, but there are limited studies regarding the role of religion and spirituality in incarcerated populations. This topic warrants further exploration.

Religion may be a critical component of rehabilitation and support in the prison population. "Higher levels of inmate religiousness are associated with better psychological adjustment to the prison environment" (Clear T, Sumter M: Prisoners, prison, and religion, in Religion, the Community, and the Rehabilitation of Criminal Offenders. Edited by O'Connor T, Pallone N. New York: Haworth Press Inc., 127–159, 2002, p 128). The role of religion in incarcerated populations raises many unanswered questions. Does attending religious activities improve a prisoner's mental health or reduce prison violence? Does individual religious practice differ from group-based practice? Are there advantages to consistently or periodically attending religious activities? Can psychiatrists be asked to evaluate the impact of prisoners not being allowed to access religious activities of their choice? By having familiarity with the impact of faith on mental health in the prison population, clinicians may be more prepared to address these matters with patients and the courts, be able to take a thorough religious history, and best utilize prison resources to provide optimal care.

Challenging the Insanity Defense

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The Trier of Fact Can Reject an Insanity Defense Despite Nonconflicting Expert Opinion in Support of the Defense

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The Supreme Court of Indiana in *Barcroft v. State*, 111 N.E.3d 997 (Ind. 2018) determined that the trier of fact could reasonably draw an inference of sanity from evidence of the defendant's demeanor, flaws in the expert testimony, and lack of a well-documented mental illness, notwithstanding unanimous expert testimony supporting an insanity defense. Accordingly, the Supreme Court of Indiana upheld a conviction of guilty but mentally ill.

Facts of the Case

The trial court heard that defendant Lori Barcroft's mental health had been deteriorating for years. Her adult son became increasingly worried about his mother and, believing she was possessed,

asked for his pastor's help. The pastor recommended Ms. Barcroft be hospitalized and suggested she move out of the son's home. Ms. Barcroft's mother, who took her in, also became concerned. She witnessed Ms. Barcroft making paranoid statements about their family and the pastor. She also discovered that her daughter had recently acquired a gun.

Days later, when the pastor arrived at his church, Ms. Barcroft was observed by a volunteer. She was walking around the building wearing a black hooded sweatshirt, dark jeans, and a backpack. As the volunteer approached her, Ms. Barcroft asked for the pastor. She followed the volunteer to the pastor, whom she shot. She turned the gun to the volunteer and told him to go. She then fled the church, and hid in a bush, where police found her several minutes later. She refused to surrender until the police threatened to shoot. The officers noted that she was quiet and cooperative and that she offered, "I'm the one you're looking for" (*Barcroft*, p 1001 (citing Tr. Vol II, p 142)). When officers searched her backpack, they found ammunition, binoculars, and letters addressed to her family.

During Ms. Barcroft's interrogation, she gave a lengthy confession full of delusional content. She believed the pastor and his allies were responsible for several deaths in her family. She believed she was next. Facing murder charges, Ms. Barcroft invoked the insanity defense and waived her right to a jury trial. She was evaluated by three mental health experts. They reached unanimous opinions that Ms. Barcroft was insane at the time of the crime and was not able to appreciate the wrongfulness of her actions.

Weighing all the evidence, the trial court found her guilty but mentally ill. Although the court acknowledged her mental illness, it determined that she was able to appreciate the wrongfulness of her actions. The court relied on her demeanor during the crime: that she planned the crime, spared the volunteer's life, fled, and ultimately cooperated with the police. Furthermore, the trial court judge thought Ms. Barcroft may have had a nonpsychotic motive for the crime, i.e., retribution for the pastor's suggestion that she be hospitalized and move out of her home.

The Indiana Court of Appeals reversed the trial court's decision convicting Ms. Barcroft. Relying on *Galloway v. State*, 938 N.E.2d 699 (Ind. 2010), a similar case regarding expert testimony and the insanity defense, the court of appeals determined, due to her evident history of mental illness, unanimous expert opinions finding her to be insane at the time of the crime, and a lack of evidence of malingering, that "the demeanor evidence relied on by the trial court simply had no probative value on the question of her sanity" (*Barcroft v. State*, 89 N.E.3d 448 (Ind. Ct. App. 2017, p 457). The state appealed this decision.

Ruling and Reasoning

The Supreme Court of Indiana opined that the role of the fact finder is to weigh the evidence to determine whether an individual was insane at the time of the crime. Thus, it is the fact finder's prerogative to discredit expert testimony and rely on other probative evidence. The Supreme Court of Indiana affirmed the trial court's decision and confirmed the earlier finding of guilty but mentally ill.

The state supreme court based its decision on several factors. First, it determined that there was sufficient demeanor evidence to support Ms. Barcroft's sanity at the time of the murder. The majority determined that Ms. Barcroft had shown evidence of deliberate planning and knowledge of wrongfulness. Thus, the court determined that it was reasonable for the fact finder to reject Ms. Barcroft's insanity defense.

Second, the court determined that, given concerns about the experts' opinion testimony, it was reasonable for the trial court to reject the insanity defense. Even though the court highlighted the importance of expert opinion, it "refuse[d] to elevate the value of expert opinion over other forms of probative evidence" (*Barcroft*, p 1006). The court highlighted that "psychiatry and psychology are imprecise sciences" (*Barcroft*, p 1006) and found that the lack of unanimous diagnostic consensus between the experts could reasonably cast doubt on the experts' credibility. In addition, the court stated that it is possible that the trial court discredited the expert testimonies given that the experts' evaluations were held months after the time of the offense. The court also found other problems with the experts' reports and analysis, such as the failure to review certain documents or evidence, that could have led the trial court to discredit the experts' opinions. Finally, the state supreme court highlighted that portions of the expert testimony could have supported that Ms. Barcroft was sane at the time of the crime. The experts made some concessions about her belief system, particularly that she could have had a nonpsychotic motive. Similarly, one of the expert reports indicated that a person can have delusions and also maintain the abil-

ity to make some rational decisions. For all these reasons, the court found that it was possible for the fact finder to assign less probative value to expert testimony.

Finally, the state supreme court acknowledged that the lack of a well-documented history of mental illness throughout Ms. Barcroft's life did not provide much support for her insanity defense. Her medical records never formally included a diagnosis of a psychotic disorder, although there was mention of "questionable schizophrenia." Although this does not preclude an individual from successfully being found legally insane, "the lack of such history is a circumstance that a fact finder may consider in evaluating an insanity defense" (*Barcroft*, p 1008, quoting *Lawson v. State*, 966 N.E.2d 1273 (Ind. Ct. App. 2012), p 1282).

Discussion

This case raises a fundamental question regarding the use of the insanity defense, namely the ownership of both the definition and assignment of insanity. Insanity is not a formal psychiatric diagnosis but a legal construct that varies from state to state and can evolve with societal standards. This case invites a discussion about how society has attempted to define insanity, struggling to find a balance between emerging data and long used legal and mental health definitions. As highlighted in *Galloway*, "insanity is not limited to the stereotypical view of a 'raging lunatic' . . . a person experiencing a psychotic delusion may appear normal to passersby" (*Galloway*, p 713–14).

Mental health professionals are consulted to provide expert opinions, not to answer the ultimate legal question. The legal system depends on mental health experts to provide expertise about how a defendant's behavior, history, and psychiatric diagnoses are relevant to a defendant's state of mind. As a result, insanity defenses in which there is consensus of expert opinion generally are not controversial. This case is an exception. Despite the fact that the mental health experts took into consideration Ms. Barcroft's demeanor at the time of the crime and agreed on her state of mind, the Indiana Supreme Court upheld the trial judge's own interpretation of the evidence in determining Ms. Barcroft's sanity.

When weighing evidence and assessing complex legal questions about an individual's ability to appreciate wrongfulness, it is essential for the courts to have an accurate understanding of mental illness. "Thus, as a general rule, demeanor evidence must be considered as a whole, in relation to all the other evidence. To allow otherwise would give carte blanche to the trier of fact and make appellate review virtually impossible" (*Galloway*, p 714).

To best assist the courts, mental health experts need to fulfill their role as educators in the criminal justice system. Experts can "provid[e] factual information to help jury members grasp the reality, the gravity, and the behavioral implications of mental illness" even if "it often goes against the grain of many people to appreciate and acknowledge the unpredictability that can be caused by severe mental illness" (Targum SD and Ebert R: Educating the public through the courtroom: efforts of a forensic psychologist. Innov Clin Neurosci 9:48–50, 2012, p 49). As educators, in and out of the courtroom, forensic experts can illuminate the intricacies of psychiatric illness and can counter antiquated conceptions of insanity.

Procedural Challenge in Competency to Stand Trial Proceedings

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A Procedural Challenge Related to Competency Proceedings Cannot Be Raised if a Substantive Claim Is Not Also Raised

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In *State v. Roberts*, 435 P.3d 1149 (Kan. 2019), the Kansas Supreme Court determined that a procedural claim regarding competency to stand trial could not be brought forth when the defendant did not have a substantive competency claim (i.e., if the defendant was not incompetent). *Roberts* raises additional questions for mental health professionals to consider, including the level of competency needed to advance a substantive claim and the difficulties