

WHO policy brief on the health aspects of decriminalization of suicide and suicide attempts

1. Context

One in every 100 deaths globally is by suicide. Each year more than 700 000 people take their own life. Furthermore, suicide is the fourth leading cause of death in 15–29-year-olds (1). Subpopulations particularly affected include, for instance, Indigenous peoples, members of LGBTQI+ communities, persons who are incarcerated or in jail, refugees and migrants (2). Not only is this loss of life tragic in itself but it also has a profound and devastating effect on families and entire communities.

Suicide is linked to multiple, complex and intersecting social, economic, cultural and psychological factors and challenges, including the denial of basic human rights and access to resources as well as stressful life events such as loss of livelihood, work or academic pressure, relationship breakdowns, discrimination and other life crises (3). Suicide is not a mental health condition, but some people with mental health conditions may be at greater risk of suicide. Reducing the global suicide rate by one third by 2030 is a target of both the United Nations Sustainable Development Goals (SDGs) and the World Health Organization (WHO) Comprehensive Mental Health Action Plan (4, 5). Urgent action is needed to meet the 2030 goal. By endorsing the SDGs and WHO's action plan, countries have committed to taking concrete measures in this direction.

However, a significant impediment to meeting this goal is the fact that suicide and suicide attempts remain illegal in civil and criminal law in **at least 23 countries**¹ worldwide and suicide attempts are punishable in some of them (6, 7).

The criminalization of suicide perpetuates an environment that fosters blame and stigmatization towards people who attempt suicide, and at the same time fails to recognize the role of social, economic and cultural factors that play a role in suicide and suicide attempts. Criminalization deters people from seeking timely help and accessing interventions due to the fear of legal repercussions and stigma (8).

Treating suicide attempts as a crime also makes it harder to collect accurate data and to plan how to support people. This is because people may not ask for help, or their family or doctors may not report suicide attempts or suicide. Conversely, when suicide and suicide attempts are not criminalized, more accurate information about why they happen, how they can be prevented and who is most at risk can be gathered. This allows governments to develop suicide prevention strategies to support people at risk. Thus, criminalization of suicide adversely impacts efforts to save lives as it discourages help-seeking, socially isolates and shames people who attempt suicide and limits the range of policy options and evidence-based interventions to support the people concerned.

The decriminalization of suicide and suicide attempts is a critical step that governments can take in their efforts to prevent suicide, as outlined in WHO's Comprehensive Mental

Health Action Plan 2013–2030, adopted by the Sixty-sixth World Health Assembly in May 2013 (5).

In addition, the Action Plan contains a recommended action to WHO Member States to “develop and implement comprehensive national strategies for the prevention of suicide, with special attention to groups identified as at increased risk of suicide, including lesbian, gay, bisexual and transgender persons, youth, and other vulnerable groups of all ages based on local context.”

Multiple countries have recently decriminalized suicide and suicide attempts, and their experiences provide important insights for policy-makers, legislators, parliamentarians and other decision-makers on reform in this area (see Annex for case study examples from Guyana, Pakistan and Singapore).

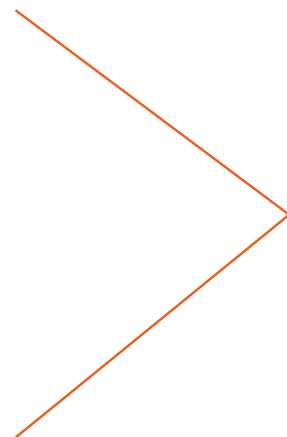
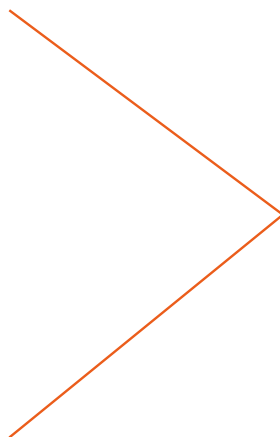
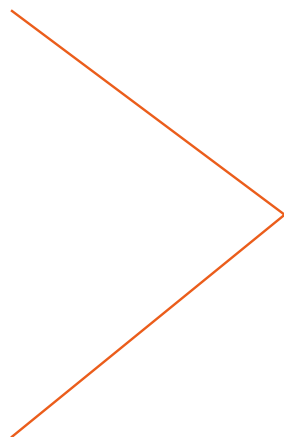
The aim of this policy brief is to initiate meaningful dialogue around this critical issue and to provide inspiration and guidance to countries in their efforts to decriminalize suicide and suicide attempts. The brief has undergone a rigorous development process, involving two expert meetings and a comprehensive international review, thus benefiting from valuable inputs from stakeholders and experts across the world. It also builds on the significant groundwork being undertaken by United for Global Mental Health, the International Association for Suicide Prevention and the Lancet Commission on Ending Stigma and Discrimination in this area.

¹ Countries known to criminalize suicide and suicide attempts: Bahamas, Bangladesh, Brunei Darussalam, Gambia, Grenada, Jordan, Kenya, Malawi, Maldives, Myanmar, Nigeria, Papua New Guinea, Qatar, Saint Lucia, Saudi Arabia, Sierra Leone, Somalia, South Sudan, Sudan, Tonga, Uganda, United Arab Emirates, United Republic of Tanzania.

2. Impact of criminalization of suicide

The consequences and impact of the criminalization of suicide are extensive and varied.

- One critical consequence of criminalization is that people do not seek care and support due to the fear of legal consequences. The fact that it is a criminal offence leaves people at a loss as to how or if they can ask for help. In such a scenario, people experiencing suicidal thoughts are more likely to hide their distress, which potentially puts them at an increased risk of taking their life (10). This is particularly stark when one considers that for each suicide there are likely to be 20 suicide attempts (11).
- The threat of legal sanction as well as actual imprisonment can have negative repercussions on an individual's mental health as well as exacerbate suicide risk, leaving those who are incarcerated even more vulnerable (6).
- Criminalization can also heighten the stigma and discrimination surrounding suicide. This increased stigma leads to fears of being judged by others, of having committed a sin or of being seen as weak or bringing disgrace to the family. As a result, individuals and their families may be less likely to seek help and support.
- Criminalization of suicide ostracizes bereaved families as funeral rites may not be performed, some communities may not allow burial of the deceased in common burial grounds and families may be considered cursed and are thus shunned by their communities (12). Stigma and discrimination thus compound the exclusion and marginalization of individuals and their families, potentially pushing them further into despair, distress and even poverty.
- Criminalization can lead to increased risk of suicide. Criminalization is often justified as a means to deter people from attempting suicide; however, a recent ecological study of 171 countries on the criminalization of suicide and suicide rates found that criminalization is in fact associated with higher suicide rates, particularly among women in countries with a low Human Development Index (HDI) score (13).



- Criminalization results in suicide being under-reported, as families, health professionals and others are reluctant to report death by suicide due to the potential legal ramifications and stigma. Medico-legal staff and others involved in death certification may, for example, misclassify deaths by suicide as accidental deaths, deaths of undetermined intent or unknown cause or other codes. This inflates the numbers of other causes of deaths and poses significant challenges to collecting accurate data surrounding suicide, thus impeding efforts to understand who is at risk, how to help them and how to determine what suicide interventions, services and supports need to be established or scaled up.
- The criminalization of suicide constrains governments from taking positive action towards suicide prevention as the development of a suicide prevention plan or strategy could be considered as incompatible with the law in the country (14).
- Critically, the criminalization of suicide denies people some of their most fundamental human rights, such as freedom from discrimination, the right to access relevant health, social and other services and supports among others.

Suicide in legal systems

A recent report by United for Global Mental Health highlighted that most countries that have criminalized suicide and/or suicide attempts legislate imprisonment of one to three years and/or a fine if an individual is convicted of a suicide attempt. In some countries, a sentence can also mandate hard labour, whereas in others, laws sometimes specify simple imprisonment and fines that are not “excessive”. Even in countries that only fine people for this offence, these can sometimes greatly exceed the monthly minimum wage (2).

The stigma and discrimination surrounding suicide and suicide attempts may be compounded by additional civil legal provisions and systems. For example in certain countries, individuals may be fingerprinted and documented as having a criminal record. This can lead to difficulties in obtaining government documents, which can in turn pose challenges in being able to access employment and livelihood opportunities (2).

Apart from prosecution of individuals, families and loved ones of those who have died by suicide may face repercussions. In some countries, dying by suicide can invalidate wills, bequeathed assets and gifts. These consequences are also possible in countries where suicide and suicide attempts are legal (2).

3. Decriminalization of suicide: putting the well-being of individuals, families and communities first

Decriminalization of suicide and suicide attempts is key to ensuring that people are able to enjoy the right to health and other key rights on an equal basis with others and to seek care and support for their distress during a crisis, as well as ongoing support in its aftermath; this should also include bereavement support for families who may have lost someone to suicide. If mental health and psychosocial services and other relevant supports are to be inclusive for all, they must be available without fear of repercussions, stigma and discrimination. In this way decriminalization can also help society to open up the conversation about mental health and suicide prevention and enable people to talk more freely about their experiences and distress. This can enable countries to adopt suicide prevention measures at community level, ensuring that suicidal ideation and behaviour are met with compassion and support and fostering an environment of care and understanding (6).

Decriminalization should be accompanied by a shift in focus, away from punishment and towards promoting access to quality mental health services and other supports on a voluntary basis. This means that services should promote and protect people's rights, respecting their will and preferences for treatment and support, and respond to their

needs in a holistic way, enabling them to regain meaning and purpose in life and to have hope for the future.

Criminalization is often justified as a means of preventing suicide and suicide attempts. However, in the aftermath of decriminalization, while there is the potential for an initial increase resulting from the accurate collection of prevalence figures, suicide rates tend to decline as the planning and implementation of targeted suicide prevention interventions are enhanced (7).

Suicide prevention is not simply the domain of the health sector but rather requires a multisectoral approach. Thus, decriminalization requires the engagement of stakeholders from many different sectors including health, justice, social welfare, education, employment and agriculture, as well as the media. This would facilitate the development of interventions to reduce access to the means of suicide and to implement effective evidence-based suicide prevention interventions (see, for example, the WHO Live life implementation guide (17)). Importantly, this also has the potential for opening pathways for additional resources for suicide prevention, as well as additional mental health and social services and other community-based supports.

Why decriminalize suicide?

- It saves lives and alleviates distress and harm faced by persons concerned and their families.
- It reduces stigma and shame associated with suicide and mental health and creates possibilities for increased understanding around emotional distress.
- It leads to increased collection of accurate data on suicide and suicide attempts, which helps to inform appropriate interventions.
- It enhances opportunities for awareness-raising and advocacy around suicide prevention.

4. Recommendations

To support the right to health and address the health impacts of suicide, the WHO Secretariat recommends the following actions be implemented, taking into account, as appropriate, the relevant national context(s) and circumstances.

- **Identify and repeal legislation and policies that criminalize suicide and suicide attempts.** This may include penal or criminal laws, as well as legislation related to the administration of wills, inheritance and health care. It is also important to examine any policies that may reinforce criminalization (e.g. life insurance) to understand all aspects of how suicide is criminalized within the country and respond appropriately.
- **Engage with relevant stakeholders to understand and dispel moral, cultural or religious justifications for criminalization or those based on the notion of punishment as a deterrent to suicide.** Stakeholders may include religious and community leaders, policy-makers, parliamentarians and other politicians, mental health professionals, legislators, representatives from the criminal justice system and police, as well as persons with lived experience relating to suicide, family members and other relevant civil society stakeholders.

- **Organize an advocacy campaign** to make the case for decriminalization of suicide and suicide attempts. Develop advocacy messages around the need to repeal legislation that criminalizes suicide and suicide attempts.
 - » Capitalize on global events and opportunities for advocacy such as World Suicide Prevention Day (10 September) and World Mental Health Day (10 October).
 - » Involve persons with lived experience – individuals who have made a suicide attempt and their families, as well as families who have lost loved ones to suicide – in efforts and actions towards decriminalization, including in the development and rollout of advocacy campaigns. The voices of persons with lived experience are powerful in advocacy and should be central to efforts towards making the case for change.
 - » Identify, engage with and mobilize champions and allies in spreading these messages and advocating for change, including parliamentarians, policy-makers and other government representatives, persons with lived experience and their organizations, families, celebrities, religious leaders and groups, and professional medical bodies such as doctors' associations.
 - » Advocacy actions could include, for example, the following.
 - Developing testimonials and narratives, as well as providing facts and information on regional and international trends in decriminalization, to be disseminated via mainstream and social media by influencers and in policy briefs and reports that can be shared with relevant persons responsible for decision-making in this area.
 - Leveraging the influence of supportive advocates within the political arena who are willing to utilize their political influence and resources to advocate for and support decriminalization.
 - Undertaking parliamentary and public hearings in order to provide the opportunity to share data and information on the impact of criminalization and for those directly affected to share their own experiences.
 - Engaging with traditional media and social media to advocate for and build public information campaigns around the importance of decriminalizing suicide and suicide attempts and the need to do so.

- **Build and budget for a “post-decriminalization”/“transition” awareness programme specifically to train first responders, including police, emergency health care providers, mental health professionals, peer supporters and other relevant persons who encounter persons at risk of suicide.** Training should focus on building the necessary skills to respond effectively, non-coercively and in ways that respect the dignity and rights of persons concerned. WHO QualityRights materials for training, guidance and transformation (18) and the QualityRights e-training on mental health, recovery and community inclusion (19) provide a solid basis for capacity-building in these areas. Trainees should also have access to linkage systems for quick referrals for needs assessment and safety plans, as well as mental health, suicide prevention and other community-based services and supports. This should also include training for professionals working in other areas, such as domestic violence, but who also play a role in supporting those in suicidal distress.
- **Develop a comprehensive national suicide prevention strategy.** This can be achieved by starting with the implementation of four key effective evidence-based interventions, as outlined in *Live life: an implementation guide for suicide prevention in countries* (17). These include limiting access to means of suicide, interacting with the media on responsible reporting of suicide, fostering life skills for young people and early identification and support for those affected, accompanied by cross-cutting foundations of situation analysis, multisectoral collaboration, awareness-raising and advocacy, capacity-building, financing, and surveillance, monitoring and evaluation. Countries that report suicide within their crime statistics should switch to reporting it in their health statistics instead.
- **Establish rights-oriented, community-based mental health services** founded on informed consent and non-coercive practices that provide holistic care and support for persons, families and communities. These services should link people concerned to other relevant services and supports that they might need, including social services, housing services, employment and educational opportunities. Peer support services in particular should be established or strengthened in light of the important part that they can play in supporting both persons with lived experience and families faced with distressing life events and challenges (for further guidance, see the WHO QualityRights guidance documents on peer support groups (20) and on one-to-one peer support by and for people with lived experience (21) and the WHO *Guidance on community mental health services: promoting person-centred and rights-based approaches* (22)).
- **Reform or develop new mental health-related laws, policies and strategic plans that promote the rights of persons with mental health conditions and psychosocial disabilities,** including access to non-coercive and quality mental health services, and that address the socioeconomic factors which impact mental health and suicide (23).

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Annex. Case studies of countries that have decriminalized suicide

Guyana

The penal code of Guyana, based on English common law, criminalized suicide under Chapter 8:01 96 of the Laws of Guyana. This law had been drafted over a century ago and aimed to deter people from taking their own lives by imposing a penalty of imprisonment for two years. However, evidence showed that it led to underreporting of suicide attempts and fear of prosecution, hindered help-seeking behaviours, increased economic burdens and prompted persons attempting suicide to ensure that they died rather than surviving to face punishment (1).

In May 2013, the Sixty-sixth World Health Assembly adopted WHO's first Comprehensive Mental Health Action Plan, with the goal of reducing the global suicide rate by 10% by 2020. Following this, Guyana's National Health Sector Plan 2013–2020 prioritized mental health, including suicide prevention, with a vision of making the country's population one of the healthiest in the Caribbean and the Americas.

According to WHO's 2014 report *Preventing suicide: a global imperative*, Guyana had one of the highest suicide rates in the world. Faced with this situation, policy-makers decided to take urgent action to address mental health, including suicide prevention. As a result, the Mental Health Action Plan 2015–2020 and National Suicide Prevention Plan 2015–2020 were developed, which enabled strengthening and improvement of the governance framework

and the roles and responsibilities in these areas within the country's Ministry of Health.

In 2020, the Government of Guyana developed a plan to update 25 pieces of legislation jointly prepared by the Ministry of Health and the Office of the Attorney General supported by the Pan American Health Organization (PAHO). In particular, the National Suicide Prevention Plan prioritized strengthening legislation to address suicide, including decriminalization. The aim of the government was not just to decriminalize suicide, but to create a law that could prevent it. PAHO was asked to support the process, and a team coordinated by the PAHO Office in Guyana, the Mental Health Unit, and the health-related Law Programme provided technical cooperation. These activities were also coordinated locally with the Office of the Attorney General and bolstered with pro bono help from one of the largest law firms in the world.

The PAHO legal team and the pro bono law firm conducted extensive research and mapping of global legal experiences to create the new legislation. They suggested that the legal provisions relating to suicide prevention should be considered in the Mental Health Protection and Promotion Bill, which was revised and then passed in parliament and published in the Official Gazette of Guyana on 13 September 2022. Subsequently, parliament passed the Suicide Prevention Act 2022 in November that year.

The revisions in the law align with the Convention on the Rights of Persons with Disabilities and emphasize protection of human rights by promoting deinstitutionalization and community-based mental health care. It is noteworthy that the law aims to address the multiple determinants of suicide, collect data and research on causes, reasons and means of suicide, and promote protective factors to effectively prevent suicide. Some examples of this include timely first responder action for those in need, considerations to restrict

access to means of suicide and support for those bereaved. Importantly, decriminalization has been recognized as the first step towards effective suicide prevention, as there is impetus to develop a second national suicide prevention strategy for Guyana. Additionally, consultation meetings are ongoing with multiple stakeholders such as people with lived experience, nongovernmental organizations and ministerial departments.

Pakistan

Section 325 of the Pakistan Penal Code dated back to 1860 and was rooted in English common law intended to discourage suicide and suicide attempts. This provision led to criminal investigations of suicide attempts, treated survivors as criminals, prevented people from seeking help and perpetuated the stigma surrounding suicide and mental health (2). Additionally, vulnerable persons and families faced harassment and extortion by members of law enforcement agencies, further exacerbating their distress (3). As with other countries, this legal provision led to critical gaps in suicide data and research.

In response to this situation, in 2017, the Sindh Mental health Authority, chaired by Dr Karim Ahmed Khawaja, Senator at the time, led an initial campaign to decriminalize suicide attempts.

Efforts in this direction were also undertaken by the non-profit organization Taskeen Health Initiative, who in collaboration with the Pakistan Mental Health Coalition (PMHC),

launched a nationwide advocacy campaign in September 2021 to repeal the Penal Code. Launched during National Suicide Prevention Awareness Month, the objective of the campaign was to change the perception of suicide from a criminal act to a public health issue. The campaign, under the banner “Mujrim Nahin Mareez” (“Patients, not criminals”), aimed to reduce stigma, prioritize the needs of families affected by suicide and promote accurate reporting of suicide numbers.

The objectives of this campaign were awareness-raising, education and sensitization with various stakeholders so as to create a public discourse around the importance of decriminalizing suicide. In addition to mass media and social media, Taskeen organized webinars to educate the public. Through the campaign, it raised awareness among policy-makers and others regarding the importance of decriminalizing suicide and its consequences.

With decriminalization in the public eye, the issue came to the attention of Senator

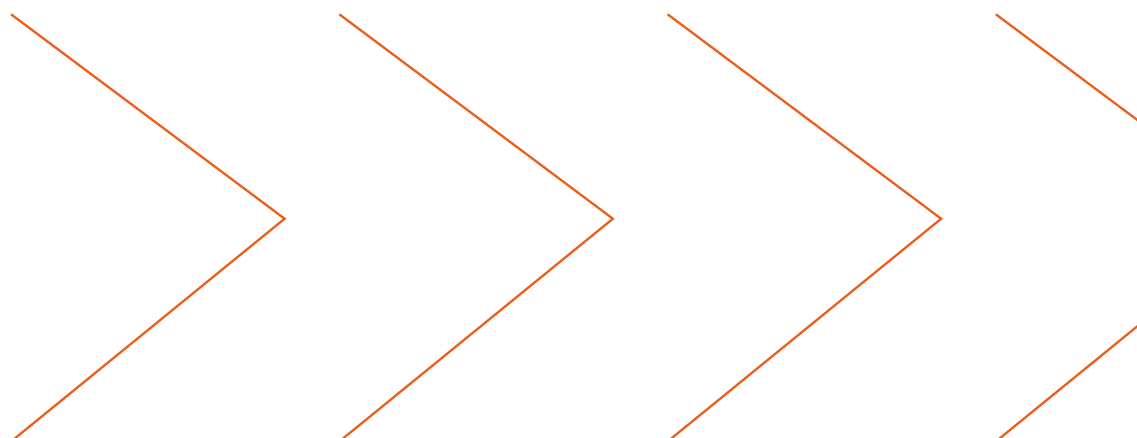
Shahadat Awan, who was motivated to contribute, and this led to the introduction of a bill in the Senate to amend the Pakistan Penal Code in September 2021. Taskeen provided Senator Awan with the necessary materials, including fatwas and videos, to help strengthen the case for the amendment (4). Senator Awan championed this in the Senate and held discussions with parliamentarians on how the law prevented people from accessing lifesaving health care, as well as highlighting aspects of the Islamic faith that promote the value of saving lives.

The senator's motivation and dedication, coupled with the advocacy efforts of Taskeen and PMHC, resulted in the bill being passed by the Senate in May 2022 and signed into law in December that year. This law reform has already led to efforts to launch a suicide hotline in Pakistan and to promote accurate reporting of suicide data.

While the reporting of suicide and suicide attempts is critical to understanding the severity of the problem and designing appropriate interventions, it is also crucial to create awareness of legal codes among law enforcement officials and health workers and train them so that they can offer psychosocial support to survivors of suicide attempts

and their families. In such a scenario, law enforcement officials can provide critical responses and linkages to frontline care in a timely fashion. This is particularly critical in countries where suicide has been recently decriminalized, where efforts need to be made to raise awareness of decriminalization through a multisectoral approach involving judiciary, police, media and other sectors. Such efforts, combined with budgetary allocations, training and modified health and legal protocols, can ensure that recriminalization or the rollback of legislation does not take place.

Taskeen and PMHC are rolling out a multi-stakeholder plan to strengthen decriminalization by engaging with tertiary care hospitals, religious stakeholders, law enforcement agencies, policy-makers and the Ministry of National Health Services, Regulation and Coordination. Key to decriminalization is Taskeen's strategy to notify provincial government bodies as well as tertiary health care services about the decriminalization of suicide so that these can provide appropriate rights-based care to people using their services. Taskeen's plan also includes separate training for law enforcement and media stakeholders by the Pakistan Psychiatric Society and the Pakistan Psychological Association.



Singapore

As a Commonwealth nation, Singapore's penal code is based on English common law. As such, attempting suicide continued to be criminalized by section 309 of the Singapore Penal Code 1871. This section was repealed by the Criminal Law Reform Act, 2019 (5).

The objective of criminalization was to deter people from taking their own life and to reflect society's opposition to such an act. However, anecdotal evidence showed that the law elicited fear of prosecution and hindered help-seeking, and arrests and investigations created further distress for persons concerned. Advocacy to change this started in 2013, with mental health organizations sharing how the law affected individuals, caregivers and families by using first-person accounts and narratives (6). These efforts were the result of collaboration between multiple allies working in different areas, including for example women's groups, who highlighted the impact of criminalization on women, sharing experiences of arrests, being held by the police and undergoing investigations that were traumatizing and distressing, at a time when what people needed most was connection, support and empathy (7).

The dissemination of information, advocacy and coalition building were made possible through websites and engagements with mainstream media. In addition to issuing press releases and sharing case studies in reports, other regular and sustained activities included releasing a statement on the World Day of Social Justice, 2013 (8) and releasing a report titled *Distress is not a crime: repeal Section 309* on World Suicide Prevention Day in 2016. To further strengthen appeals,

international evidence such as global trends on decriminalization of suicide and the WHO report *Preventing suicide: a global imperative* were also shared in campaigns and reports (9).

Additionally, stakeholder groups highlighted the fact that rates of prosecution and conviction under this law were low and that the discretion to apply charges was dependent on authorities. In 2015, out of 1096 reported cases of attempted suicide, 837 people were arrested. An average of 0.6% of the reported cases between 2013 and 2015 were brought to court, showing that most arrests did not lead to charges.

This is in stark contrast to what happened after suicide was decriminalized. The nine months post-decriminalization saw the number of deaths by suicide drop in comparison with the previous year (10). The Singapore police force provided support to 1800 people in cases related to suicidal ideation or suicide attempts from January to September 2020, highlighting the important role of police as first line responders (11). First line responders can call a 24-hour hotline dedicated to providing mental health support and staffed by trained nurses and counsellors. This dedicated crisis response team receives about 8–10 calls a day on the police hotline, which allows for prompt suicide risk assessments, safety plans and mental health care (12).

It is evident from the lessons learned from countries such as Singapore that labelling suicide and suicide attempts as a crime creates not only fear of prosecution but also results in emotional pain and trauma for the survivors

of suicide and their family members. This fear stops people and families from accessing health care and mental health support and hinders early help-seeking behaviour, which is critical to preventing suicide. Campaigners from Singapore shared stories of individuals with lived experience who faced legal consequences

following a suicide attempt, attesting that the subsequent trauma and being treated like a potential criminal compound mental distress and may also add to the risk of a repeat attempt.

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