

Editorial

Mental Health and Suicide Decriminalization: Connecting the Dots

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Introduction

Suicide is a current public health crisis as every year, more than 800,000 individuals die by suicide worldwide. According to World Health Organization (WHO) estimates, 77% of these deaths occur in low- and middle-income countries (LMICs). In context of mental illness only, the reported percentage of completed suicides varies from 60% to 98% of all suicides.^{2,3} Many of the remaining episodes have to do with interpersonal or financial issues, and the crises that follow. Nonetheless, prejudice, violence, and armed conflicts can be some of the other reasons.³ At the start of the twenty-first century, depression accounted for thirty percent of deaths worldwide from unnatural causes. Substance-use disorders came in second with eighteen percent, schizophrenia with fourteen percent, and personality disorders with thirteen percent.²

In June 2022, twenty nations had suicide attempts criminalized and subject to penalties.⁴ One prominent defense of criminalization of suicide was that it deters people from trying to die by suicide and thus may be a successful suicide prevention strategy but according to the literature, this idea is at best false and at worst deceptive. According to a recent study, there is no conclusive evidence that nations with criminalized suicide have lower suicide rates than the worldwide average.⁴ In fact, the

suicide rates in five of the seven nations where it is illegal were higher than the global average.⁴ A recent ecological study of 171 countries has shown that suicide laws are linked to increased national suicide rates particularly among women in non-Muslim nations with low Human Development Index scores.⁵ Women may be more susceptible to suicidal thoughts due to the patriarchal culture's lack of support and the laws that criminalize suicide. This clearly shows that there is no positive benefit of criminalizing suicide while on the other hand research has shown that suicide rates are decreased by laws that restrict access to fatal suicide methods (pesticides, weapons, and so forth).⁶ While many countries do not prosecute people who attempt suicide rigorously,⁷ criminalization of suicide discourages people from seeking help, stigmatizes those who try suicide, and makes it difficult to accurately quantify suicide rates due to misclassification of the event because of law. The care process for people who attempt suicide is complicated by the criminalization of suicide attempts.⁸ Treatment can be considerably delayed by the criminal justice system.

Pakistan and Recent decriminalization of Suicide:

The recent decriminalization of suicide in Pakistan has been a topic of significant discussion and advocacy. Numerous considerations, such as the necessity for mental health interventions and the removal of stigma and punishment connected with suicide attempts, fueled the movement towards decriminalization in the country.

“Whoever attempts to commit suicide and does any act towards the commission of such offence, shall be



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punished with simple imprisonment for a term which may extend to one year, or with a fine, or with both.”

The above line was Section 325 of Pakistan Penal Code, 1860 that dealt with penalizing suicide attempts. The criminalization of suicide law in Pakistan stood till 23rd December 2022 when it was finally announced that the President of Pakistan has approved the Criminal Laws (Amendment) Bill 2022, repealing the said section. It was the second attempt of revoking with first attempt being failed due to inactivity of lawmakers by national assembly in 2017 even though one parliamentary house senate had passed it.⁹

Suicide Prevention Strategies in the Context of Decriminalization

Decriminalization alone does not prevent suicide; it only sets the stage for the implementation of successful preventative strategies. For a post-decriminalization suicide prevention programme, we believe that the following suicide prevention measures should be prioritised right away considering the extensive examination of systematic reviews and expert opinions by Fakhari et al. 2022.¹⁰

1. **Developing and improving Suicide registry:** This will allow for the systematic collection of data on suicides, identify local determinants of Suicidal behaviors, monitor trends, identify high risk groups, and evaluate suicide prevention strategies.
2. **Development of a comprehensive national suicide prevention strategy:** This includes several initiatives including postvention strategy; a series of guidelines designed to assist the community or organization in reacting to a suicide death in a caring and efficient manner. Supporting those impacted by the suicide death and lowering the risk to additional vulnerable people are the main priorities of the first responses. Long-term and intermediate supports for those who have lost a loved one to suicide should also be a part of prevention initiatives.
3. **Training for gatekeepers by building and budgeting for a “post-decriminalization”/ “transition”:** A training programme designed to raise awareness among first responders, such as law enforcement, emergency medical personnel, mental health specialists, peer supporters, and other pertinent individuals who come into contact with persons at risk of suicide.
4. **Depression identification and treatment:** It is an important part of suicide prevention strategy. One aspect is increasing budget for mental health specifically and health sector in general so functioning psychiatry and clinical psychology departments are available in all THQs and DHQs.
5. **Suicide Attempters (SAs) case management:** It can include Training workshops for emergency physicians and health care workers on how to deal with people attempting suicide considering WHO mhGAP 2.0 guide.¹¹
6. **Restricting availability of means of suicide:** (like limiting access to lethal pesticides, requiring strict licenses for buying weapons. etc.) Changing medicine packaging, providing gun safety locks, teaching families on how to securely store weapons and pharmaceuticals, and constructing barriers on bridges are a few examples of steps that can be taken to lessen access to fatal means.
7. **Awareness-raising initiatives:** This should be carried out locally in the community through improved mental health literacy.
8. **School-based training and access to psychosocial support:** It will help in improving knowledge and attitudes and address stigma towards mental illnesses and suicidal behaviours.
9. **Screening at-risk individuals is essential.** People in the neighborhood, organization, or school experiencing serious emotional distress may need a range of interventions. In addition to hotlines and helplines, walk-in crisis clinics, mobile crisis teams, In-hospital psychiatric emergency services, and peer-support programs are all part of a comprehensive continuum of care. Crisis services immediately address the risk of suicide by providing assessment, stabilization, and referrals to additional care.
10. **The media can be an important tool for suicide prevention:** Responsible media coverage of suicides, reporting and training workshops should be regularly done for journalists and mass communication students.

To conclude, the decriminalization of Suicide in Pakistan marks a significant step towards a more compassionate and progressive approach to mental health and well-being. However, decriminalization alone is not enough. It needs to be accompanied by comprehensive attempt to understand and address local determinants and factors that increase mental distress and suicide risk. There is also a critical need to increase investment in suicide prevention initiatives and empower communities to identify, recognize, respond to and prevent suicidal behaviors. In post de-criminalization scenario, all stakeholders by working together, can contribute towards a compassionate society, where suicide is not met with punishment but with empathy, understanding and effective intervention.

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