

# Decriminalization of suicide and the position of Nigeria's New Mental Health Law: A Review

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## ABSTRACT

**Introduction:** The act of intentionally ending one's life or receiving assistance from a medical expert to do so is not legally endorsed in Nigeria. The lives of Nigerians are safeguarded by the Constitution of the Federal Republic of Nigeria, the Criminal Code Act, the Criminal Code Laws of all states in southern Nigeria, and the penal laws in operation in northern Nigeria. The inclusion of suicidal behavior as a criminal offense in the Nigerian Criminal and Penal Code has resulted in increased attention given to stories about suicide.

**Method:** Research articles were retrieved from Google Scholar, PubMed, and ScienceDirect. Important keywords like "decriminalization," "suicide," "new," "mental health," "law," and "Nigeria" were used in a PICOS search strategy to retrieve relevant literature from these databases.

**Results:** These blurry lines between the mental state of suicide victims and mental illness create a perfect illusion in society if we fight for one group and turn our back on the other. Nigeria should follow the steps of Malaysia, Ghana, Guyana, Pakistan, India, and Singapore in relaxing the rules on suicide to embrace an all-inclusive approach to tackle Mental health disorders. The decriminalization of suicide and attempted suicide in Nigeria is essential for addressing the public health problem of suicide in the country.

**Conclusion:** The Nigeria mental health law, although a positive trajectory in the mental health service in Nigeria, seems silent on the call for the decriminalization of suicide in Nigeria.

## Introduction

Each incidence of suicide is a cataclysm that impacts families, communities, and even nations, leaving enduring pains for those left behind. According to the World Health Organization, the global annual suicide death toll is estimated to be around 700,000 individuals.<sup>1</sup> Suicide death

rates are in addition to the estimated 25 million suicide attempts and more than 140 million suicide ideators that occur globally each year<sup>2</sup>. "Common risk factors for suicide encompass psychological distress, mistreatment, detachment from biological guardians, domestic dispute, childhood trauma, exposure to bullying and violence,

dysfunctional family dynamics, substance addiction, particularly among young individuals, and economic deprivation, insecurity, or joblessness".<sup>4</sup> The term "suicide" originates from the Latin word "suicidium," which refers to the deliberate act of ending one's own life. It can also be described as "mors voluntaria," which denotes a willing and intentional death.<sup>5</sup> Suicide is a consequence of a medical condition that impacts mental health or arises from profound emotional instability. Individuals who engage in or attempt suicide may lack rationality because of the intense psychological stress and hopelessness they experience during that period.<sup>6</sup> Empirical evidence demonstrates that individuals afflicted with mental disorders, such as depression, bipolar disorder, schizophrenia, personality disorders, anxiety disorders, and substance addiction, have a significantly heightened susceptibility to engaging in suicidal behavior or completing suicide.<sup>7</sup>

The right to health, as defined by international law, encompasses more than only the provision of healthcare services. The argument implies that rights should be inherently recognized within the social sphere, indicating that factors influencing health and illness are not solely biological or natural but also encompass social interactions.<sup>8</sup> While Nigeria embraces the right to life and health, it strongly opposes the right to die.<sup>9</sup> The act of intentionally ending one's life or receiving assistance from a medical to do so is not legally endorsed in Nigeria.<sup>10</sup> The lives of Nigerians are safeguarded by the Constitution of the Federal Republic of Nigeria, the Criminal Code Act, the Criminal Code laws of all states in southern Nigeria, and the Penal laws in operation in northern Nigeria. The inclusion of suicidal behaviour as a criminal offense in the Nigerian Criminal and Penal code has resulted in increased attention given to stories about suicide. "Any person who attempts to kill himself is guilty of a misdemeanor and is liable to imprisonment for one year."<sup>11</sup> This legislation originates from the Lunacy Act of 1958, enacted during Nigeria's period of British colonial governance. While Nigeria adopted the Act from Britain, it is worth noting that Britain has since replaced the Lunacy Act with the Suicide Act of 1961, thereby decriminalizing suicidal conduct in England and Wales, while Nigeria is yet to do the same. In 2022, Nigeria's president signed the new Mental Act into law, and this law is proposed to bring a new face to mental health care in Nigeria; while there have been studies that have evaluated and reviewed this law, there has been no study to evaluate the position of this law on the decriminalization of suicide. Hence, this review seeks to give a perspective on

Nigeria's mental health law of 2022 on the decriminalization of suicide.

## Methods

Research articles were retrieved from Google Scholar, PubMed, and Science Direct. Important keywords like "decriminalization," "suicide," "new," "mental health," "law," and "Nigeria" were used in a PICOS search strategy to retrieve relevant literature from these databases. The authors judged the quality of these articles concerning the topic of our review based on the contents of those articles. Lapses and gaps in the old mental health law were explored in the articles. The promises of the new mental health law on the Nigerian populace were also analyzed.

## Is Suicide a mental health disease?

Suicide can be defined as the act of taking one's own life, while attempted suicide is a non-fatal suicidal behavior or self-injury that does not lead to death. According to Mental Health Literacy, suicide is not a mental illness but can be caused by mental illnesses such as depression, schizophrenia, substance abuse, and social, cultural, and religious factors. In Nigeria, the epistemological aspects of suicidal acts, their frequencies, and causes have been under-researched. Research carried out by Oyetunij *et al.*,<sup>12</sup> on the analysis of suicide in Nigeria from content in newspapers showed that over 350 suicide cases were recorded between January 2010 and December 2019 in Nigeria. It was also discovered that suicide in Nigeria was closely related to being young, married, having financial constraints, and living in a semi-urban area. According to Nigerian Health Watch<sup>13</sup>, 6 out of 10 countries that top the charts for the highest suicide cases in the world are African countries. While suicide cannot be linked to a particular course, it can be prevented by low-cost interventions. Also, early detection of triggers or the emotional well-being of someone is beneficial. Research has shown that in 2019, 6.9% out of 100000 people in Nigeria committed suicide yearly across both sexes, while it is 10.1% out of 100000 for males only.<sup>12</sup> However, before one commits suicide, there should have been up to 20 unsuccessful suicides.<sup>14</sup> Other persons who are considering suicide are dealing with a combination of mental ill-health and complex life events.<sup>15</sup> Risk factors for suicidal thoughts or attempts include negative thoughts, psychosis, some anti-depressant medications, and severe anxiety. Most of the research works or write-ups seen on suicide have stated that suicide is not a mental illness and have stated ways that awareness can be improved.<sup>15,16,17</sup>

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### **Criminalization of suicide in Nigeria and its controversies**

Suicide attempts have long been illegal, a trend that a variety of circumstances, such as politics, religion, and colonization, has shaped. First, religious and spiritual viewpoints influenced attempts to make suicide a crime.<sup>18</sup> For the Christians, “Thou shall not kill,” as stated in Exodus 20:13, holds a significant basis for opposing suicide as one's death is still considered murder. For Muslims, the Quran preaches: “Pursue the life to come with what God has given you, but do not forget your true place in this world. As God has been kind to you, do well to others. Do not try to spread corruption throughout the land, since God does not love people who do so” (Sural al-Qisas, 28:77); this makes life a gift that man cannot take at his own will except by the creator. Also, more explicitly, the Quran states, “And do not kill yourselves,” declares the Quran (nor kill one another). “Allah is, without a doubt, most merciful to you” (Surah al-Nisa, 4:29), and this serves as a key basis for the criminalization of suicide by Muslims.

Suicide appears to have changed from being a crime against religion to a crime against the state on a political level, and according to British Common Law, a person's life belonged to the state, so they had no right to end it.<sup>11</sup> The legacy of British colonialism included this law. Nonetheless, Nigeria has continued to prosecute those who attempt suicide despite Britain's 1961 Suicide Act outlawing the act.<sup>2</sup> The Nigerian constitution's Criminal Code Act, Section 327, makes attempting suicide illegal and punishable by up to a year in prison. “Any person who attempts to kill himself is guilty of a misdemeanor and is liable to imprisonment for a year.” The Nigerian constitution contains all the civil rights and liberties; it is dedicated to fundamental rights throughout the part. The Constitution of the Federal Republic of Nigeria (CFRN), with its amendments, ensures the fundamental right to life. Section 33(1) of the Constitution stipulates the following: “Every person has a right to life, and no one shall be deprived intentionally of his life save in execution of the sentence of a court in respect of a criminal offense of which he has been found guilty in Nigeria.”<sup>19</sup>

The message being conveyed by Nigeria's criminal justice system is that it is preferable to succeed in suicide and perish than to live and end up behind bars<sup>12</sup>. The transition from a mentally ill individual receiving care under the Mental Health Act (MHA) to a criminal subject to criminal liability under the Criminal or Penal Code is not clearly defined. Inadvertently, this means that the law is assisting someone who wishes to take their own life to succeed.<sup>20</sup>

Suicide attempts are not discouraged by the criminalization of suicide. It makes the lives and experiences of those who are suicidally inclined more difficult. Making suicide illegal restricts the accuracy of suicide surveillance and reporting.<sup>18</sup> It also makes it more difficult to detect and assist those who are suicidally inclined and may choose to hide their suicidality out of concern for the repercussions on their legal status. Criminalizing suicide does not effectively reduce suicidality; instead, it increases the stigma associated with suicide, undermines efforts to better understand suicidality by decreasing suicide monitoring, and presents a significant barrier to the implementation of successful suicide prevention programs<sup>18,21</sup>.

While the argument for suicide decriminalization exists in other positions that support its criminalization, the perpetuation of legislation against attempted suicide is partially founded on two controversial assumptions that warrant examination. Firstly, the legislation serves as a deterrent.<sup>22</sup> While it can be argued that not everyone who attempts suicide stems from a mental health illness, the fact that the majority who do so have a mental illness origin cannot be swept under the carpet. This makes difficult to agree that a person experiencing mental illness contemplates the intricate aspects of the law before committing suicide. Thus, obtaining definite confirmation of a deterrent impact is challenging. The Immediate past President of the Association of Psychiatrists in Nigeria, APN, Professor Taiwo Lateef Shiekh, argues that “the law attempts to stop the acts of suicide, but it does not stop the thoughts and it does not address the social determinants of suicide”.<sup>23</sup> The number of suicides and suicide attempts is frequently underestimated or miscategorized, and variations in the enforcement of strict laws further complicate the accuracy of the available data. Consequently, research has inconclusive results on the number of suicide attempts or successful attempts. The actual extent of suicide and suicide attempts is frequently obscured by various systemic issues, complicating the accurate assessment of the problem. A notable factor is underreporting, which is affected by the stigma associated with suicide, especially in cultures where it is viewed as a moral or religious violation<sup>8,18</sup>. Families and communities may refrain from reporting suicide attempts or deaths as suicides, opting instead to classify them as accidents or other causes to mitigate the associated stigma. This results in a considerable underestimation of the true figures. The study by Wu *et al.*<sup>21</sup> shows that after decriminalizing attempted suicide, several nations have observed an increase in suicide rates, conversely, the data indicates that

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countries that still consider attempted suicide a criminal act have lower suicide rates compared to the worldwide average. Nevertheless, the study<sup>23</sup> revealed that the act of criminalizing suicide was linked to a small but noticeable rise in suicide rates at the national level, particularly among women. The second fallacy is that decriminalizing suicide and attempted suicide implies the endorsement of suicide. However, decriminalization does not grant anyone the authority to terminate their own lives or attempts to do so. Decriminalization signifies a shift from viewing suicide as a concern for the criminal justice system to recognizing it as a societal issue that necessitates a response from several sectors, including the healthcare community.<sup>22</sup> This shift does not imply approval, but simply a change in approach.

### **Nigeria's New Mental Health Law**

Efforts of several decades of advocacy and outcry for an amendment of the lunacy act (as revised in 1958) yielded positive results with the signing of the New Mental Health Act into law by President Muhammadu Buhari in January 2023.<sup>24</sup> This set the stage for a new level of mental awareness, care, and services in Nigeria. The new Act embodies the full privileges and rights enshrined in the Universal Declaration of Human Rights (UDHRs).<sup>25</sup> One of the key areas in the new Law<sup>24</sup> is the prohibition of discriminatory actions at all levels against individuals with mental illness. Section 12(1) of this law states, “Without prejudice to the provisions of this Act, persons in need of mental and substance abuse services, irrespective of the cause, nature or degree of past or present mental health conditions, shall – (1) have the same fundamental rights as a fellow citizen; and (2) not be subjected to any form of discrimination (A. 1413)”. Discrimination concerning gender, age, ethnicity, and religion is thereby phased out, and people living with mental illness will have equal access to educational, employment, economic, and social opportunities as every other citizen.<sup>26</sup> Dismantling discrimination, while key, will meet with challenges of cultural and religious beliefs that have undermined the rights of mentally ill patients over the years in Nigeria. Globally, cultural attitudes and priorities have a substantial role in determining health practices. Massive awareness campaigns by civil societies, educational institutions, and community-religious leaders will be the bridge in the gap to arouse the general public on their responsibility towards people with mental health disorders.<sup>27</sup>

The new Act went further to demand the integration of mental health services at all levels of healthcare in the country. Various health policies in infectious disease

surveillance, treatment, and vaccination across Low- and Middle-Income Countries (LMIC) have enjoyed successful implementation through the integration of services at various levels of healthcare delivery.<sup>26</sup> This brings the services to the door of the people and allows community-based ownership and responsibility for the people's health. The Act, therefore, provides access to medical, legal, and social services for all. However, accessibility does not always translate to availability. Nigeria still grapples with an acute shortage of healthcare workers, and with qualified mental health practitioners, the case is worrisome. Nigeria has an estimated 0.15 psychiatrists per 100,000 population, a paltry number for a 200+ million nation.<sup>28</sup> Massive capacity building for qualified professionals and incentives to attract human resources in mental health services will prove catalytic to solving this problem. Also, essential support services, including non-specialist mental health support staff, are also generously needed, especially in awareness and care.<sup>28</sup>

Millions of Nigerians live below the poverty lines, and the necessary economic viability to pay through adequate mental healthcare services is lacking.<sup>29</sup> The act also established a department of Mental Health Services within the Nation's Ministry of Health to oversee the implementation of the act across the country. Funding remains low for mental healthcare services in the Nation. Through the Ministry of Health, the federal government allocates about 3.3-4% of the health budget to mental services, of which about 90% move to the few neuropsychiatric hospitals with little or nothing left for other levels of healthcare.<sup>30</sup> Nigeria's health insurance scheme is still in its infancy, as national coverage remains below standard.<sup>31</sup> Citizens cannot pay out of pocket for all their healthcare needs and must not be left to choose between bankruptcy and no access to essential medical services. This demands increased funding from the government. A well-designed public-private partnership, especially at the community level, will help provide all mental health services and sundry access.<sup>31</sup> Mitigating the shortage of mental health professionals by augmenting training programs for psychiatrists, psychologists, psychiatric nurses, and social workers would go a long way in increasing access to care. In areas with limited specialized personnel, educating general healthcare workers in fundamental mental health screening and treatment via task-shifting initiatives will also broaden service accessibility. Initiating nationwide initiatives through media channels, social networks, and community leaders to enhance awareness of mental health would

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invariably mitigate the stigma around mental illness. The increasing prevalence of mobile phone usage in Nigeria is a viable opportunity that enables telemedicine platforms to facilitate remote mental health consultations and follow-ups, particularly for those in isolated regions.

### **Mental Health in Relation to Decriminalization of Suicide**

The new Mental Health Act in Nigeria is a game changer in all areas of mental illness and the associated victims. Built on the principle of *no stigmatization, improved access to mental healthcare services, and or community-based approach to care*, it stands, all out, at odds with the criminal status of attempted suicide.<sup>27</sup> In advocating for equal rights and inclusivity, it has been stated that “No Nigerian will be discriminated based on the cause, nature or degree of past or present mental health conditions for work, privilege, economic and or social access.” If the law makes such a bold statement and still goes out entirely against those who attempt to take their life due to unbearable circumstances, the law, in the first instance, has contradicted itself. In other words, it is self-evident that the criminal status of attempted suicide in Nigeria has expired, outlived its usefulness, and thus conflicts with the Mental Health Act's anti-discrimination provisions.

The body's biology is wired so that all external pressures manifest in the alterations in the individual's cognitive, retentive, organizational, or judgmental abilities.<sup>32</sup> In essence, pressures of life, including economic and societal challenges, will most definitely reflect as one form of mental misjudgment about life or the other, which are the potent seeds of suicide.<sup>33</sup> Meanwhile, most mental illnesses like schizophrenia, with its interstate and ever-switching positive and negative symptoms, are more prone to suicidal thoughts. How do we even implement the new mental health law when a large proportion of victims of mental health disorders are suicide prone?<sup>34</sup> Apart from these outrightly diagnosable illnesses, research has shown that most victims of attempted suicides are in the highest state of mental instability at the point of the act.<sup>35</sup> The greatest care the society can advance in their direction is support rather than custodial, penal, and financial affront.<sup>36</sup> Our illusion about suicidal attempters underscores how poorly we understand the dearth of mental healthcare services in the country. Research shows that more than ninety per cent of suicidal attempts are confirmed psychiatric cases at the time of the act, but only a paltry half ever had access to psychiatric services.<sup>35</sup> The case is even worse in Nigeria, with an acute shortage of healthcare professionals and the

spiraling cost of medications.

These blurry lines between the mental state of suicide victims and mental illness create a perfect illusion in society if we fight for one particular group and turn our back on the other. Nigeria should follow the steps of Malaysia, Ghana, Guyana, Pakistan, India, and Singapore in relaxing the rules on suicide in order to embrace an all-inclusive approach to tackle Mental health disorders.<sup>37</sup> The goal of suicide prevention is in a way to assist the survivors of attempted suicide in rehabilitation and reintegration into the general society. Now that the new Mental Healthcare Act is here to expand mental healthcare services in all frontiers and layers, it is only logical that the stringent rules against suicidal attempters be relaxed. This will give us a better position to understand and separate suicides burgeoning from mental illness from those coerced for purely manipulative and selfish purposes. It will help to aid in the reporting and generating of authentic epidemiological data about suicide.<sup>38</sup> Laws targeting intentional and suicidal attempts for criminal ends can then be promulgated and enforced.

### **Decriminalization of suicide, its effects on suicidal crisis, and its possible challenges.**

Many nations have committed to decriminalizing suicide because of the World Health Organization's Mental Health Action Plan 2020–2030, which advocates for human rights-oriented policies to address suicide. Decriminalization is primarily justified by its efficaciousness as a suicide prevention tactic.<sup>39</sup> Suicide decriminalization should not be limited to “rubber stamp” or “token” attempts to amend laws and regulations that do not directly affect the lives and practices of those who are suicidally vulnerable.<sup>18</sup> Decriminalization by itself only creates the framework for the application of successful suicide prevention tactics. Therefore, efficient suicide prevention techniques must be found and made available as part of the decriminalization process. Evidence-based strategies for preventing suicide include means restriction, increased mental health literacy, access to psychosocial assistance, and conscientious media coverage.<sup>38</sup> According to a recent study, there is no consistent evidence that nations that prohibit suicide have lower suicide rates than the global average.<sup>36</sup> The rates of suicide in seven of the twenty countries that prohibit it were more significant than the norm for the world, and five of these seven were in Africa.<sup>36</sup> Furthermore, research on suicide rates after decriminalization has shown that decriminalization has not significantly increased suicide rates in many nations<sup>18,21,40</sup>.

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For instance, researchers did not detect a statistically significant increase in suicide rates in Canada, New Zealand, or Ireland when they compared the rates of suicide ten years before and ten years after the practice was decriminalized.<sup>18,40</sup> A policy statement advocating for the decriminalization of suicide was drafted in 2019 by the International Association for Suicide Prevention.<sup>41</sup> According to the statement, decriminalizing attempted suicide can lessen social stigma, assist in removing obstacles to receiving quality mental health care, improve access to emergency medical services, encourage suicide prevention initiatives, and enhance the well-being of those who are at risk of engaging in suicidal behaviour.<sup>34,41</sup>

### **Strategies to address the challenges of Decriminalization of suicide in Nigeria.**

Although decriminalizing suicide has significantly reduced suicide rates in various countries,<sup>34</sup> its adoption in Nigeria faces several challenges. One major obstacle is the deeply rooted cultural and religious beliefs that view suicide as a sin or moral failure.<sup>42</sup> These convictions are woven into the societal fabric, making it challenging to shift public opinion toward a more empathetic understanding of mental health issues. Also, the stigma surrounding mental illness and suicide, which stems from these cultural and religious beliefs, complicates efforts to decriminalize suicide by discouraging those who are suicidally inclined from seeking medical help.<sup>43</sup> There is also the concern that decriminalizing suicide might lead to misuse or an increase in cases of assisted suicide, causing reluctance in its adoption.<sup>38</sup>

Furthermore, the country's inadequate mental healthcare system poses further challenges to the decriminalization of suicide. For instance, Lagos State is the only state in Nigeria that has made strides toward decriminalization by repealing provisions in its criminal law on attempted suicide.<sup>41</sup> Instead of criminal penalties, Lagos now imposes hospitalization orders on individuals who attempt suicide.<sup>44</sup> This change has increased the demand for the state's mental healthcare system, which already suffers from inadequacies due to poor funding and low budgetary allocation.<sup>27</sup> Therefore, the decriminalization of suicide underscores the urgent need for a robust mental healthcare system in Nigeria.

To address these challenges effectively, a multifaceted strategy is required. Education and awareness campaigns, which are crucial for shifting public perception and reducing the stigma surrounding suicide and mental illness, should accompany legislative reforms.<sup>43</sup> These campaigns

should leverage the media, schools, and community programs to disseminate information about the importance of mental health care. Additionally, the World Health Organization (WHO) and the International Association for Suicide Prevention (IASP) recommend education and training for first responders, such as law enforcement agents, healthcare workers, and social services staff.<sup>41,45</sup> These individuals are responsible for providing care to those who attempt suicide or have suicidal thoughts, and their training is essential for effective intervention. Also, investment in mental health infrastructure is paramount, as increasing funding and budgetary allocations for mental healthcare systems can significantly improve services and enhance the capacity to support individuals at risk of suicide.<sup>27,45</sup> Finally, developing a national suicide prevention strategy and enhancing surveillance systems to monitor the characteristics and trends of suicidal behaviour are essential.<sup>41,45</sup> These measures will help to understand the impact of decriminalization and continuously improve mental health interventions in the country.

### **Recommendation**

The decriminalization of suicide and attempted suicide in Nigeria is essential for addressing the public health problem of suicide in the country. Legislative reforms should be enacted to repeal laws criminalizing suicide across all states, replacing them with mandates for mental health evaluations and support in line with international human rights standards. However, decriminalization alone will not be effective without concurrent reforms to the mental healthcare system. Efforts must be made to improve the quality, timeliness, and accessibility of mental health services. Establishing community-based support systems, such as peer support groups and hotlines, is crucial to providing immediate assistance and fostering a supportive environment for individuals with mental health issues, particularly those with suicidal tendencies. Additionally, public awareness campaigns are necessary to ensure that people are informed about these support services and to reduce the stigma surrounding mental health. These comprehensive measures aim to create a compassionate and effective framework for preventing suicide and supporting mental health in Nigeria.

### **Conclusion.**

The Nigeria mental health law, although a positive trajectory in the mental health service in Nigeria, seems silent on the call for the decriminalization of suicide in Nigeria. This calls for more policy reforms toward victims

of attempted suicide, which would, therefore, create an inclusive mental health service for all. Decriminalizing suicide as peculiar to other nations will go a long way in improving access to care for individuals who attempt suicide, and this will help mitigate the stigma surrounding suicide attempts which invariably will increase the report of suicide. Bringing mental healthcare down to primary healthcare will increase access to mental healthcare at the grass root and also help reduce the bureaucracy in accessing care at tertiary facilities; this would improve early intervention and overall healthcare costs by preventing costly hospitalizations and emergency room visits due to suicide attempts.

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