

A man and a woman are looking at a document together outdoors. The man, on the left, has short brown hair and a light beard, wearing a green button-down shirt. The woman, on the right, has long dark curly hair and is smiling, wearing a white t-shirt. They are holding a white document. The background is a blurred forest with warm, golden light. The image has a purple-to-pink color gradient overlay.

TOWARDS CARE, NOT PUNISHMENT

**How to Advocate for
Suicide Decriminalisation:
A practical guide**

**UNITED
FOR
GLOBAL
MENTAL
HEALTH**

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INTRODUCTION

“Because it is a criminal offence, nobody is ready to report his or her relative for the intention to commit suicide... because the consequence is that the person will be persecuted and probably imprisoned adding salt to the injury. So as a country, we do not even have correct statistics on attempted suicide.”

A parliamentarian in Ghana

Around the world, an estimated 727,000 people die by suicide every year.¹ It is also one of the leading causes of death among 15-29 year olds.

This is a major public health issue – exacerbated by social stigma and a lack of mental health resources. And in 24 countries* suicide is actually treated as a criminal act, with devastating consequences. The criminalisation of suicide reinforces harmful misconceptions, marginalises those affected and undermines efforts to provide adequate mental health support. In low- and middle-income countries (LMICs), criminalisation worsens barriers to support and leads to the underreporting of suicides and suicide attempts, making prevention efforts less effective.

One way to help reduce suicide is to decriminalise it in every country in the world. This guide provides practical steps on how to make that happen – serving as a resource for advocates including people with lived experience of suicide attempts, their families and caregivers, mental health professionals, and civil society organisations seeking to bring about reform in their own regions.

It sets out the legal, political and social drivers behind decriminalisation efforts in countries such as Ghana, Pakistan, and select Caribbean nations – providing potential examples for advocates to follow. It underscores the importance of multisectoral collaboration, public education, and sustained advocacy in shaping laws that protect rather than punish.

Decriminalising suicide is a crucial step toward building compassionate, rights-based mental health systems. It shifts the focus from punishment to care. It reduces stigma and encourages people to seek help. Treating suicide as a public health issue rather than a crime and punishment one is key to saving lives – and that’s what decriminalisation and your work towards it can achieve.²

For more detail on this issue, see the World Health Organisation’s (WHO) policy brief and fact sheets³, and United for Global Mental Health’s report on suicide decriminalisation.²

1 World Health Organization. (2025, March 25). Suicide. <https://www.who.int/news-room/fact-sheets/detail/suicide>. Retrieved June 19, 2025

2 United for Global Mental Health (2024). Decriminalising Suicide: Saving Lives, Reducing Stigma. <https://unitedgmh.org/the-global-advocate/decriminalising-suicide-saving-lives-reducing-stigma/>

3 World Health Organization. (2023). WHO policy brief on the health aspects of decriminalization of suicide and suicide attempts. World Health Organization.

THE COUNTRIES WHERE SUICIDE IS A CRIME*

In 24 countries across the world, suicide and attempted suicide are still a criminal offence.

Afghanistan
The Bahamas
Bangladesh
Brunei Darussalam
The Gambia
Grenada
Jordan
Malawi
Maldives
Myanmar
Nigeria
Papua New Guinea
Qatar
St Lucia
Saudi Arabia
Sierra Leone
Somalia
South Sudan
Sudan
Tonga
Trinidad & Tobago
Uganda
United Arab Emirates
Tanzania

PATHWAYS TO DECRIMINALISATION

This how-to guide describes how suicide has been successfully decriminalised in countries around the world – and how you can achieve similar success in your own country.

It set out the processes that have led to the repeal of laws criminalising attempted suicide, featuring examples from countries like Ghana, Pakistan, Malaysia and from the Caribbean. Based on the common pathways and recurring themes these successful policy changes highlight, it offers a series of practical steps for you to follow on:

- Understanding the context
- Engaging with stakeholders
- Building coalitions
- Gathering and presenting evidence
- Crafting and deploying effective messaging and communications
- Collaborating with policymakers, and
- Influencing the parliamentary process

The advocacy steps presented here appear in a structured, sequential format, but it is important to recognise that the process of repealing laws that criminalise suicide is not linear. Advocacy often requires flexibility. Coalition-building, legislative drafting, media engagement, and community mobilisation can occur simultaneously or in overlapping phases. Shifting political priorities, unforeseen resistance or new alliances may mean adapting strategies, revisiting earlier steps or pursuing multiple objectives in parallel.

By remaining responsive to real-world developments, advocates can maximise their chances of driving effective, lasting change.

I. UNDERSTANDING THE CONTEXT

In many countries, suicide and suicide attempts were a criminal offence up until the 19th century.⁴ And yet criminalisation persists to this day, in places where it is believed to be a deterrent to suicide, despite the overwhelming global evidence to the contrary.

The criminalisation of suicide is often a **legacy of colonial-era laws** rooted in monarchical control and centuries-old beliefs. The British Penal Code is a prominent source of such laws, but they also appear in other imperial legal traditions such as those of France, Portugal, Spain, and the Netherlands. In countries such as Ghana, India, Malaysia and Pakistan, the criminalisation of suicide was directly inherited from the British Penal Code and codified into national laws following independence.⁵

⁴ Wu, K. C. C., Cai, Z., Chang, Q., Chang, S. S., Yip, P. S. F., & Chen, Y. Y. (2022). Criminalisation of suicide and suicide rates: an ecological study of 171 countries in the world. *BMJ open*, 12(2), e049425.

⁵ United for Global Mental Health (2024). Decriminalising Suicide: Saving Lives, Reducing Stigma. <https://unitedgmh.org/the-global-advocate/decriminalising-suicide-saving-lives-reducing-stigma/>

In some countries, such as Sierra Leone and Trinidad and Tobago, suicide is still criminalised despite not being explicitly listed as an offence in the penal code. This is because criminalisation is rooted in inherited common law, carried over from the colonial era, where attempted suicide was treated as a punishable offence. The UK, where these provisions originated, actually abolished them in 1961, but many jurisdictions that inherited such laws have not formally repealed them. As a result, the common law offence remains in force in these countries and, in some cases, continues to be applied in practice.^{5,6}

Over time, colonial legal frameworks became intertwined with religious and cultural beliefs, further complicating efforts to repeal an increasingly outdated law.⁷

How to build contextual knowledge

- ▶ Start by **identifying the specific laws and legal sources**^{8,9} that criminalise suicide or attempted suicide in the jurisdiction. This includes not only any provisions of codified law (where they exist), but also preserved common-law offences.
- ▶ Next, **review adjacent laws** that shape how suicide is treated in practice – such as mental-health legislation, emergency care, and data-reporting rules that affect whether attempts are recorded as criminal incidents.
- ▶ Finally, **map the institutional impact**, i.e., how courts, prosecutors, police and health services currently identify and respond to legal and practical harms (criminal records, deterrence from seeking help, laws around mandatory reporting of suicide by healthcare providers, etc.). For example, advocates in **Saint Lucia** who engaged government officials on reforming suicide criminalisation laws found that the only institutional response to a suicide distress call was through the police, treating it as a criminal matter. Clear first-response protocols that prioritise care and crisis intervention over punishment are needed to change this.

Taken together, these steps provide a comprehensive understanding of the legal and institutional context surrounding suicide. By identifying the laws, reviewing related legislation, and mapping institutional responses, advocates can pinpoint barriers, highlight gaps in care, and develop targeted strategies to support the decriminalisation of suicide. For instance, laws or protocols that require reporting suicide attempts to the police can deter survivors from accessing care, while the absence of clear mental health provisions in emergency services may result in inadequate support during crises. These insights can be helpful in designing targeted strategies to reform punitive measures.

6 Bangura Y (2020, July 7). Sierra Leone: Man, 42, Remanded for Attempted Suicide. Concord Times. <https://allafrica.com/stories/202007080372.html>

7 Mindakami. The Criminalisation of Suicide in Malaysia: Still Relevant or Outdated? <https://www.mindakami.org/the-criminalisation-of-suicide-in-malaysia-still-relevant-or-outdated>

8 United for Global Mental Health (2024). Decriminalising Suicide: Saving Lives, Reducing Stigma. <https://unitedgmh.org/the-global-advocate/decriminalising-suicide-saving-lives-reducing-stigma/>

9 World Health Organization. (2023). WHO policy brief on the health aspects of decriminalization of suicide and suicide attempts. World Health Organization.

II. IDENTIFYING KEY STAKEHOLDERS

Effective advocacy depends on understanding and engaging a diverse set of stakeholders who influence, enact or implement legal reform.

By identifying stakeholders, advocates can foster collaboration across sectors, ensuring that diverse perspectives are included and potential opposition is anticipated and addressed. It also guides efficient resource allocation by focusing time and effort on the most influential or supportive stakeholders. Ultimately, stakeholder mapping strengthens advocacy efforts by creating a coordinated, informed, and inclusive approach to legal reform.

Stakeholder categories

Stakeholder mapping helps advocacy teams systematically identify, assess and engage the full range of people and groups with a part to play in suicide decriminalisation. The following is an example of some stakeholders that have been engaged during the process in countries like Ghana, Pakistan, etc., along with their roles, although there may be other relevant stakeholders depending on the country's context:

- ▶ **Lawmakers and parliamentarians:**
Key legislators and parliamentary committee members shape a country's legal framework, champion reform, and steer the amendment of criminal and mental health laws needed to decriminalise suicide.
- ▶ **Government ministries:**
Departments such as Justice, Health, Social Welfare, Education and Youth develop, implement and oversee national policies and programmes for suicide prevention and care, ensuring reforms are translated into effective action.
- ▶ **Civil society organisations (CSOs):**
NGOs, advocacy groups, rights-based organisations and survivor networks mobilise public support, provide expertise, advocate for rights-based approaches, and link diverse stakeholders to sustain reform efforts.
- ▶ **Clinical and mental health partners:**
Psychiatric and medical associations, clinicians, and counselling centres offer expert testimony, shape safe care pathways, support policy analysis, and ensure reforms are grounded in best-practice mental health care.
- ▶ **Religious leaders:**
Religious and community leaders can influence community attitudes, help destigmatise suicide, and advocate for compassionate, faith-aligned responses to suicide and mental health issues.
- ▶ **Crisis helplines and support services:**
National and local hotline providers and suicide prevention initiatives directly support people in crisis, provide essential data and insights, and help design crisis-response systems that replace punitive approaches.
- ▶ **People with lived experience:**
Individuals or groups who have direct experience of suicide or its criminalisation bring authentic voices, and highlight the real-world impact of laws. This helps reduce stigma, foster empathy and ensure reforms meet actual needs.
- ▶ **Media allies and journalists:**
Reporters, editors, influencers and media organisations can positively shape public discourse on decriminalisation, and counteract stigma and misinformation with compassionate coverage.

Power and influence mapping

This can help gain a strategic overview of who can influence the process, what outreach and resources are required, and how to prioritise engagement efforts. It helps you effectively mobilise expertise, authority and public opinion behind the cause.

While this can take various forms, two examples are provided below for your reference:

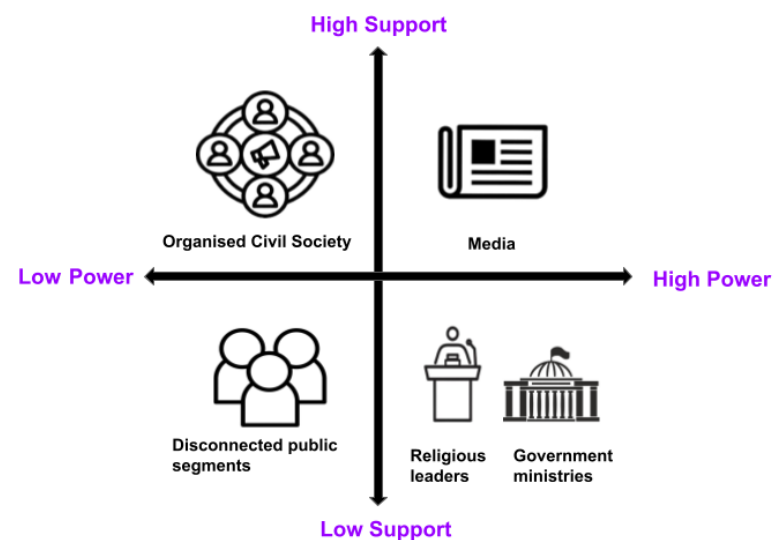
1. Influence mapping table

Using the stakeholder categories provided, fill in each cell with stakeholders, their real contacts and organisations. Prioritise engagement based on influence level, dedicating more time and resources to high-influence actors. Regularly share updates, resources, and invitations to maintain stakeholder engagement and momentum.

Table 1 provides a sample influence mapping table; however, the specifics will vary depending on the country context.

2. Power-interest stakeholder mapping matrix

You can also assess stakeholders by their level of relevant power or influence, and their degree of support for or opposition to suicide decriminalisation. Placing them on the grid below helps identify those with high influence who can be key allies or major obstacles, providing guidance on where to focus your time, resources and tailored outreach. This visual tool is widely used in policy, advocacy and project management to target efforts, anticipate challenges and build effective coalitions.



This image shows groups plotted along two axes: power (low to high, left to right) and stance (high to low support, top to bottom). Government bodies are in the high-power, low-support quadrant, while media organisations occupy a high-power and high-support position. This can change according to context.

Stakeholder mapping helps track connections, identify key champions, and coordinate collective action which is essential for successful and sustainable advocacy.

TABLE 1: INFLUENCE MAPPING TABLE

Stakeholder Category	Contact Person/ Org	Influence Level	Role	Needed Resources/ Support
Lawmakers & Parliamentarians	Cabinet Minister (Health, Social Welfare etc.), Member of Parliament, Senator, or Local Representative	High (can sponsor, debate, and pass laws)	Needed to pass the law	Legislative briefings, drafted bills, advocacy materials, testimony from experts/lived experience
Government Ministries	Ministry official, dept. lead	High (draft policy, coordinate rollout)	Will work with lawmaker to provide technical expertise in drafting law	Evidence of impact, policy briefs, implementation toolkits
Religious Leaders	Senior religious/ community leader	High (shape opinion, endorse reform)	Will work with lawmaker to provide technical expertise in drafting law parliamentary proceedings	Faith-aligned scripts, education resources, community dialogue materials
Civil Society Organisations (CSOs)	NGO lead, advocacy coordinator	NGO lead, advocacy coordinator Moderate-High (mobilise public, coalition build)	Will engage with all stakeholders, addressing concerns and bringing them onside for the reform	Campaign materials, documentation of facts, coalition engagement mechanisms
Clinical & Mental Health Partners	Association president, clinical lead	Moderate-High (shape policy, offer expert testimony)	Will be invited by the ministry to help shape the law	Research summaries, clinical testimony, alternative care model proposals
Crisis Helplines & Support Services	Helpline director, service manager	Moderate (frontline insights, data provider)	Will help inform the development and can assist with implementation/rollout of suicide prevention plan	Data analysis support, anonymised case studies, referral protocols
People with Lived Experience	Survivor advocate, support group lead	Moderate (real-world impact, advocacy voice)	Will help convince all stakeholders of importance of issue, need to be involved in law design process	Safeguards for participation, storytelling training, safe disclosure opportunities
Media Allies & Journalists	Editor, journalist, influencer	Moderate-High (shape public and policy debate)	Will be needed to destigmatise the law reform with the general public, and project the perception of public support for it amongst lawmakers	Press kits, personal story access, mythbusting resources, expert contacts



III. COALITION BUILDING

Building and sustaining effective coalitions for suicide decriminalisation can amplify impact, build unity, and drive meaningful change by collaborating, whether through formal or informal coalitions. Coalition based advocacy played a vital role in securing the decriminalisation of suicide in India, Ghana, Pakistan, and Malaysia.

Coalition building is a foundational strategy for successful advocacy to decriminalise suicide. Whether formed at the national or regional level, coalitions bring together diverse stakeholders such as researchers, clinicians, lawmakers, civil society, lived experience advocates, religious leaders, and media, to unify efforts, share resources, and amplify collective impact.

National coalitions typically form in countries where concentrated advocacy efforts are needed within a single legislative and policy environment. These coalitions leverage local expertise and relationships to drive focused campaigns that address the specific political and cultural context of that country.

For example, in Ghana, the movement began with a small group of academic researchers who initiated dialogues and submitted petitions aimed solely at the national parliament. Over time, this group expanded to include mental health professionals, people with lived experience, legislators, NGOs, and religious leaders. Their coordinated efforts culminated in the successful repeal of criminalisation laws through the Criminal Offences Amendment Act 2023 (Act 1092). This national collaborative model enabled a targeted, progressive build-up of political will and public awareness within Ghana's specific legal framework.

Pakistan exemplifies a more formal national coalition building approach. The Pakistan Mental Health Coalition (PMHC) had multiple organisations working together such as *Taskeen Health Initiative* and the *British Asian Trust* which helped them gather a broad spectrum of stakeholders including mental health professionals, researchers, and people with lived experience. They implemented a targeted media campaign that galvanized public support and influenced policymakers, culminating in the decriminalisation of suicide in 2022. Further elaboration on this campaign is provided in the sections that follow.

In contrast, regional coalitions are effective in areas where multiple neighbouring countries face similar legal challenges, are encouraged by reforms in neighbouring countries and can benefit from coordinated cross-border advocacy and resource sharing. The Caribbean Suicide Decriminalisation Coalition (CSDC)¹⁰ demonstrates this model, uniting advocates, health professionals, and community leaders across Grenada, St. Lucia, Trinidad and Tobago, and the Bahamas. By working collaboratively¹¹, the coalition integrates regional expertise, aligns strategies, and strengthens political engagement across multiple jurisdictions. This regional structure is particularly suited to small island states where individual efforts might be limited by scale but collective advocacy can generate broader influence. Working under the banner of CSDC, they have advocated for the decriminalisation of suicide regionally, successfully engaging governments across the region. In Grenada and St Lucia, for example, members of parliament have expressed support for the cause, reflecting the impact of the coalition's sustained advocacy efforts.

¹⁰ Chatoor M. (2024, July). *Decriminalisation of suicide: A united voice across the Caribbean*. GMHAN.

<https://gmhan.org/news/decriminalisation-of-suicide-a-united-voice-across-the-caribbean>

¹¹ Sethi A (2025). *Collective advocacy towards suicide decriminalisation in the Caribbean: The journey so far*. United for Global Mental Health. <https://unitedgmh.org/the-global-advocate/collective-advocacy-towards-suicide-decriminalisation-in-the-caribbean-the-journey-so-far>

How to build a coalition

The steps taken to form the Caribbean Suicide Decriminalisation Coalition are shared below as an example rather than a fixed blueprint – but they follow general principles that can be localised and apply to national coalitions as well:

▶ Host an initial gathering/workshop

Bring potential partners together in one place to establish connections and begin building trust. Use this time to clarify the coalition's shared purpose and define mutual goals so everyone starts on the same page.

The Caribbean coalition took shape during a three-day workshop with sessions on fundraising, communications and stakeholder mapping. It also included presentations by Guyana's Minister of Health, Dr Frank Anthony, as well as the UNDP and UNICEF mental health and psychosocial support teams.¹² Suicide prevention experts shared insights on the impact of legislation, helping participants understand the policy landscape.

The workshop culminated in the development of a blueprint for the coalition's structure and objectives. This enabled the group to unite around a shared plan and follow through effectively.¹³



¹² Nicholas D. (2024, May 30). *Leaving no Caribbean Island behind: Suicide is not a crime*. GMHAN. <https://gmhan.org/news/leaving-no-caribbean-island-behind-suicide-is-not-a-crime>

¹³ Chatoor M. (2024, July). *Decriminalisation of suicide: A united voice across the Caribbean*. GMHAN. <https://gmhan.org/news/decriminalisation-of-suicide-a-united-voice-across-the-caribbean>

▶ Develop a terms of reference

Create a document that clearly outlines the coalition's objectives, its member's roles and its decision-making processes. This ensures transparency, prevents misunderstandings, and secures the commitment of all members from the outset.

This also involves commitments to resource sharing and fundraising. Sometimes, individual organizations contribute resources directly; other times, members volunteer their time and expertise. Additionally, coalitions may engage in collective external fundraising efforts. For example, the Caribbean coalition successfully secured joint funding from USAID, which supported key advocacy activities like organising government consultations and commissioning a policy brief.¹⁴

▶ Appoint a secretariat

Designate a person or small team to manage the coalition's communications, logistics and documentation. The secretariat acts as the central hub, serving as the main contact point for members and external partners and promoting smooth coordination.

▶ Organise regular meetings

Hold consistent gatherings to share updates, exchange important information and collectively address challenges. Regular meetings help maintain momentum and keep all members engaged in the coalition's work. The coalition also set up communication channels such as WhatsApp groups, email threads and social media pages to keep members informed and engaged as consistently as possible.

¹⁴ Sethi, A. (2025). *Collective advocacy towards suicide decriminalisation in the Caribbean: The journey so far*. United for Global Mental Health. <https://unitedgmh.org/the-global-advocate/collective-advocacy-towards-suicide-decriminalisation-in-the-caribbean-the-journey-so-far>

IV. GATHERING AND PRESENTING EVIDENCE

The Coalition needs to work together to develop tailored resources that present the available data and evidence in a manner that can prove convincing to different audiences and bring them on board the campaign.

Relevant data and evidence to collect

The following bits of data and evidence are useful to collect from a national perspective:

► Data on suicide rates, attempts and prosecutions

Data on suicide mortality rates can go a long way to establishing the urgency of putting in place suicide prevention frameworks in a country. This data can be secured for individual countries from sources such as the World Bank Group's data page on suicide mortality rate per 100,000¹⁵ as well as the WHO's report on global suicide rates.¹⁶

Data on suicide attempts and prosecutions are harder to source as they may not be calculated by official government statistics or recorded in hospitals on account of the associated stigma and criminality. However the former may be available in the form of independent research published by experts in the subject area whilst the latter can be sourced through the help of legal experts who can vet court records or search online using sites that store legal precedents.

► International treaties, declarations and resolutions signed by the country

In most cases, when a law reform is being proposed, law makers (or in some instances the ministry of law/attorney general's office) will do a review of whether the proposed reform aligns with or goes against any international obligations of the country. Whilst these are non-binding, they can influence lawmakers to consider the reform.

The decriminalisation of suicide has been committed to by countries as part of the Small Island Developing States (SIDS) Bridgetown Declaration from 2023¹⁷ and in the political declaration of the UN High Level Meeting on NCDs and Mental Health in 2025. Whilst the former applies only to the SIDS countries, the latter is a global declaration that can be relied upon by any country that signed on to it. The WHO Comprehensive Mental Health Action Plan¹⁸ presents the decriminalisation of suicide as an implementation option for member states aiming to prevent suicides and can also be relied upon.

¹⁵ World Bank. World Health Organization, Global Health Observatory Data Repository Suicide Mortality Rate per 100,000. WHO, 2021. <https://data.worldbank.org/indicator/SH.STA.SUIC.P5>. <https://unitedgmh.org/the-global-advocate/collective-advocacy-towards-suicide-decriminalisation-in-the-caribbean-the-journey-so-far>

¹⁶ Suicide worldwide in 2021: global health estimates. Geneva: World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO.

¹⁷ 2023 Bridgetown Declaration on NCDs and Mental Health <https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf>

¹⁸ WHO Comprehensive Mental Health Action Plan (2013-2030) <https://www.who.int/publications/i/item/9789240031029>

► Reputable reports, guidances and other resources

Resources from the WHO are reliable tools to encourage lawmakers and ministries of health to consider law and policy reforms and can be adapted to national contexts. These generally contain not only recommendations for reform, but also language and implementation guidelines. Resources developed by the WHO which specifically address the decriminalisation of suicide include its 2023 Policy Brief¹⁹ which presents a strong case to decriminalise suicide and the legislation guide jointly prepared with the OHCHR²⁰ which contains specific language on what the law could say.

Reputable international organisations like the International Association for Suicide Prevention and Lifeline International have also developed a comprehensive set of resources, including country profiles that can be sourced from their websites. Alongside, United for Global Mental Health's own 2024 report on decriminalising suicide²¹ which contains a breakdown of the legislative process, law and data on all 24 countries that still criminalise suicide, these can help in developing tailored policy positions at country level. These organisations are also willing to offer technical support to countries looking to reform their laws.

► Endorsements from religious and cultural leaders

Religious and cultural leadership can influence both lawmakers and the general public regarding their stance on the law criminalising suicide, serving to reduce stigma and potential opposition towards the law reform. Endorsements by these leaders which address concerns such as whether the law is necessary from a religious or cultural context can go a long way.

An example of this is how endorsements from religious leaders helped overcome initial objections presented to parliament from the Council of Islamic Ideology, the religious arm of the government of Pakistan. Religious leaders positioning the law as a necessary step in preventing suicide deaths and therefore in line with religious principles and clarifying that the religion does not mandate punishments for suicide attempts helped lawmakers get the reform over the line.

¹⁹ WHO Policy Brief on the health aspects of decriminalization of suicide and suicide attempts <https://www.who.int/publications/i/item/9789240078796>

²⁰ Mental health, human rights and legislation: guidance and practice. Geneva: World Health Organization and the United Nations (represented by the Office of the United Nations High Commissioner for Human Rights); 2023. Licence: CC BY-NC-SA 3.0 IGO.

²¹ UnitedGMH 2024, Decriminalising Suicide; saving lives reducing stigma <https://unitedgmh.org/the-global-advocate/decriminalising-suicide-saving-lives-reducing-stigma/#>

How the evidence can be presented

While there is no set formula for how evidence is presented in a particular national context, these are approaches that have generally worked across contexts:

► For Policymakers

This can be in the format of a concise 1-2 page policy brief or position paper that outlines the country context, presents the available data on suicide rates, attempts and prosecutions, consists of the relevant international treaty obligations signed by the country, presents a brief contextualised case for decriminalising suicide alongside the benefits, contains endorsements from key religious/cultural leaders and presents the recommendations/ suggested language for reform, with examples from other countries with similar contexts. This format can also be used to engage other stakeholders, providing them as much additional detail/information as they require.

► For Media

Journalists prefer items that are newsworthy and are unlikely to cover data that is not fresh. Even if data is new, it needs to be compelling and presented in a way that will be appealing to their readers (i.e. a person dies by suicide every x seconds rather than suicide mortality rates are x per 100,000). An alternative approach can be to offer them stories of people with recent lived experience of suicide attempts (with appropriate safeguards in place) or provide information and interviews with relevant people if a new bill is being discussed by policymakers and package the evidence as part of the overall piece. An example of this was the Guardian's coverage of Pakistan's efforts to reform the law through a feature piece, where they took up the chance to interview the many stakeholders involved.²²

²² Sarah Johnson, The Guardian 2021

'People should be helped, not punished': could Pakistan's suicide law be about to change?



V. SELECTING THE ROUTE TO REFORM

Selecting the right route to reform is crucial for effective advocacy in suicide decriminalisation efforts. Policy change can be achieved through multiple channels, and the approach should be structured, evidence-based, and tailored to the legal and political context. Advocacy for policy change is a critical pillar of the campaign, and typically involves choosing one or more of the following routes:

1. Legislative change

Directly advocate for passing, amending, or repealing laws that criminalise suicide. This route involves building coalitions, drafting clear amendments, engaging parliamentarians, and mobilising public and media support to secure the necessary votes for legal reform.

STRENGTHS

- Provides a clear, definitive legal change that permanently removes criminal penalties.
- Enables comprehensive reform that can include supportive provisions for mental health care and prevention.
- Seen as the most legitimate and authoritative form of legal reform. Can incorporate human rights standards and international best practices.

LIMITATIONS

- Often a lengthy and politically complex process requiring sustained advocacy, coalition-building and legislative support.
- May face opposition from conservative or law-and-order focused legislators.
- Requires strong engagement with parliamentarians and may be slowed by competing legislative priorities.

For example, in Ghana, suicide was decriminalised through the repeal of section 57 of the Ghana Criminal Code 1960 through the Criminal Offences (Amendment) Act, 2023 (Act 1092), enacted after the passage of a parliamentary bill.

In Nigeria, government, civil society and mental health experts, with the support of LifeLine International²³, formed a technical working group that developed a comprehensive suicide prevention bill containing provisions on decriminalising suicide.

In the Caribbean, CSDC worked with a law firm to produce a policy brief with country-specific guidance to support amendments to suicide legislation in four countries.³⁰

23 Lifeline International. (2024). Nigeria Suicide Advocacy Working Group. <https://lifeline-international.com/nigeria-suicide-advocacy-working-group-initial-meeting-and-road-map-for-decriminalisation/>

2. Judicial ruling

Pursue strategic litigation to challenge the constitutionality or validity of criminalisation statutes. This can lead to court decisions that halt enforcement, set legal precedents, and pressure lawmakers to initiate reforms, especially where legislative routes face delays.

STRENGTHS

- Can provide a rapid and powerful legal precedent that curtails enforcement of punitive laws.
- Judicial rulings often carry strong constitutional authority and can trigger wider legal and policy reforms.
- Bypasses slow legislative negotiations and can protect vulnerable individuals immediately.
- Raises public awareness and stimulates discourse on human rights and mental health.

LIMITATIONS

- Depends on access to a receptive judiciary and high-quality legal representation.
- Courts may uphold existing laws or limit rulings narrowly, leaving some criminalisation in place.
- Judicial decisions may face executive or law-enforcement resistance to implementation.
- Lack of a legislative repeal means the law technically remains in place, creating potential uncertainty.

For example, in Kenya, the High Court ruled that criminalisation of attempted suicide was unconstitutional under Section 226 of the Penal Code, as it discriminated against people on the basis of health and mental illness. While the provision remains in law, the court's declaration effectively halted enforcement and set a powerful constitutional precedent for future reform. However, until the law is repealed and a suicide prevention policy is put in place, implementation will remain challenging and instances of law enforcement applying the law may persist.

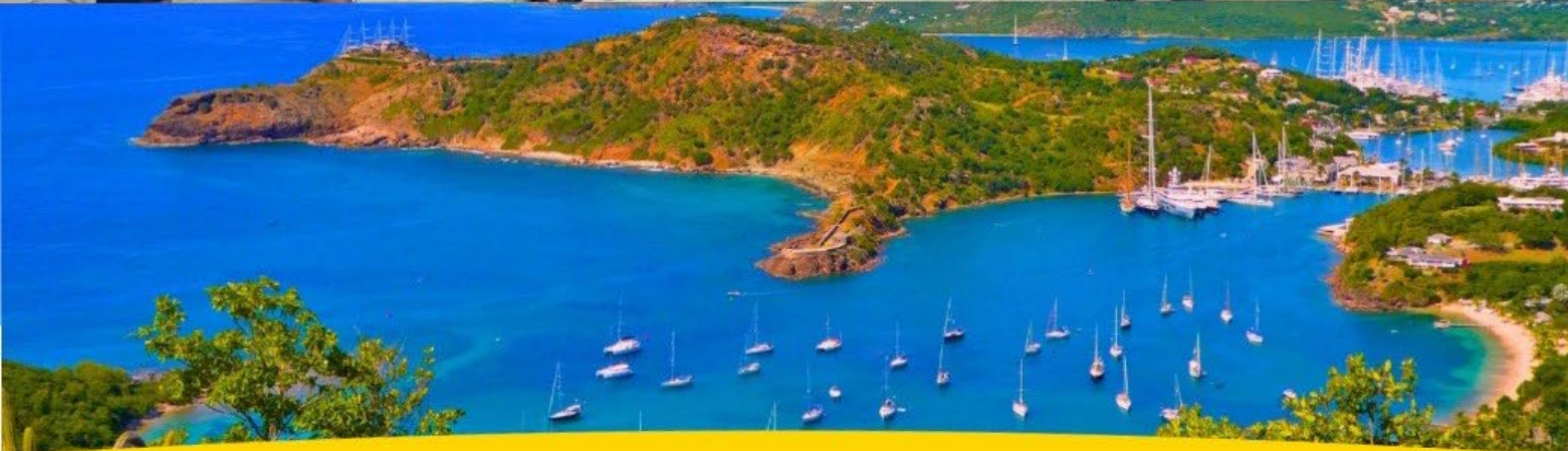
Selecting the most feasible and impactful route requires careful analysis of the current legal framework and readiness of key stakeholders to drive change. Legislative change is generally considered the most effective and lasting route to suicide decriminalisation because it permanently removes punitive laws from the legal system, establishing clear and authoritative legal reforms. Unlike judicial measures, legislative amendments provide a comprehensive framework that can also incorporate supportive policies for mental health care and suicide prevention. The formal passage of laws through elected representatives lends legitimacy and public accountability to the reform process, making it harder to reverse or ignore.

Strengthening A Culture of Care: Suicide Prevention and Policy Change

A MULTISTAKEHOLDER CONSULTATION

Grenada, W.I.

January 22nd, 2025



VI. ACHIEVING LEGISLATIVE CHANGE

Achieving legislative change for suicide decriminalisation requires careful planning, strategic engagement, and sustained advocacy. Key elements include:

1. UTILISING MEDIA/COMMUNICATIONS

Public messaging and communication can help address stigma – an essential element in efforts to decriminalise suicide. Deep-seated negative attitudes rooted in perceptions of weakness, shame or moral failure can undermine legislative reform by fuelling political hesitation and fear of public backlash.²⁴ Conversely, rising empathy and informed public discourse may create a supportive environment that accelerates legal change. Lawmakers are more likely to act when they perceive broad-based constituent support.

Directly reducing stigma also plays a vital role in suicide prevention, encouraging individuals to seek help rather than hide their distress, tackling one of the core barriers to care.²⁵

The media's role can be both formal and informal, ranging from organised campaigns that directly advocate for change, to everyday discussions, narratives, and coverage that keep the issue visible in public consciousness and sustain momentum for reform.

When deciding on media and communications strategies for suicide decriminalisation, it's important to consider the goals, audiences, and context of your advocacy.

How to reach the right audience

While the media primarily targets the general public to build awareness and shift attitudes, it also reaches policymakers, demonstrating public support and framing the political agenda. Strategically connecting media outreach efforts to policymakers enhances impact and advances advocacy objectives.

To increase the chances that policymakers engage with media content:

- Cultivate relationships with credible media sources which influence both public opinion and political discourse, ensuring your issue remains visible on platforms policymakers follow.
- Encourage journalists to cover policy debates or include voices of lawmakers in their reporting, creating a channel where policymakers are part of the conversation.

24 Ludwig, J., Liebherz, S., Dreier, M., Härter, M. and von dem Knesebeck, O. (2020), Public Stigma Toward Persons with Suicidal Thoughts – Do Age, Sex, and Medical Condition of Affected Persons Matter?. *Suicide Life Threat Behav*, 50: 631-642. <https://doi.org/10.1111/sltb.12629>

25 Oexle N, Waldmann T, Staiger T, Xu Z, Rüsch N. Mental illness stigma and suicidality: The role of public and individual stigma. *Epidemiol Psychiatr Sci*. 2018 Apr;27(2):169-175. doi: 10.1017/S2045796016000949. Epub 2016 Dec 6. PMID: 27919303; PMCID: PMC6998948.

- Share media coverage, articles, and campaign materials directly with policymakers through briefing notes or advocacy meetings.
- Highlight media stories that include expert opinions, compelling data, or personal stories relevant to policy reform.
- Use social media platforms to tag policymakers and engage them in public discussions.

How to decide a media engagement approach

Different approaches serve distinct purposes, and combining multiple methods often maximises impact.

- ▶ **Running a media campaign:** Comprehensive media campaigns combining multiple channels (social media, print, broadcast) are often most impactful because they reach diverse audiences repeatedly, building awareness and shifting public attitudes over time. For instance, in Pakistan, the Pakistan Mental Health Coalition (PMHC), led by Taskeen Health Initiative, launched the nationwide “*Mujrim nahi Mariz*” (Patients, not Criminals) campaign during National Suicide Prevention Awareness Month in 2021. This campaign successfully reached parliamentarians with an interest in the issue, prompting them to take meaningful action and reduced public stigma around suicide attempts.²⁶



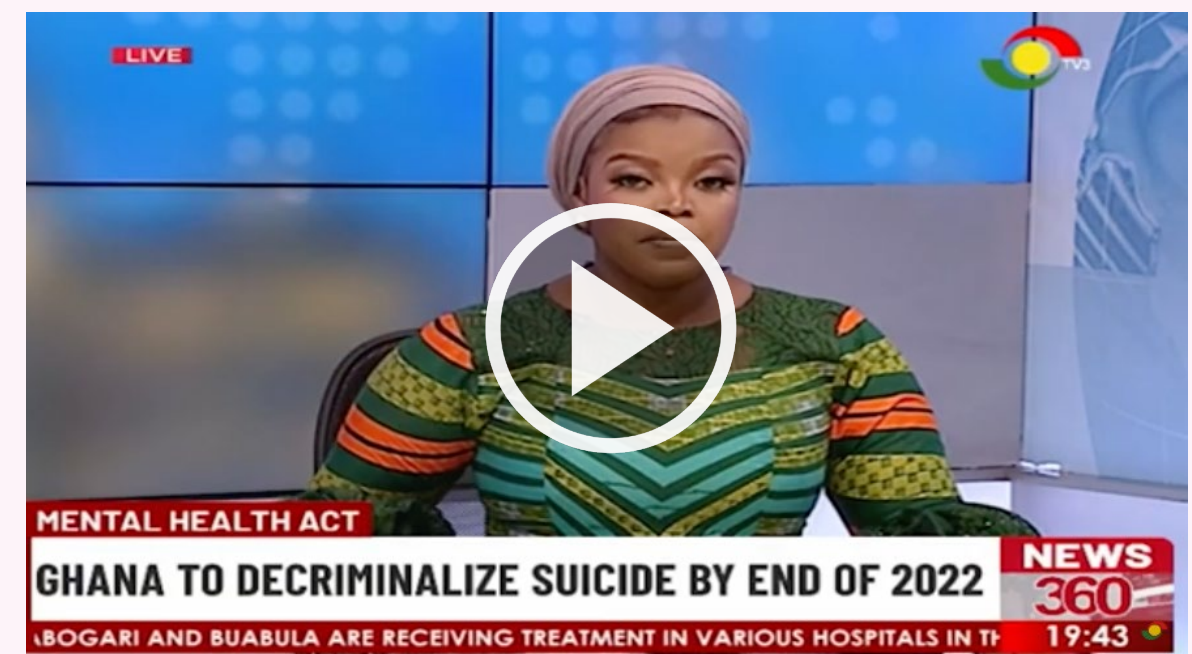
Video credits: Taskeen

²⁶ Ansari, I. (2023, January 22). Sympathy where there is no hope. The Express Tribune, Pakistan. <https://tribune.com.pk/story/2397181/sympathy-where-there-is-no-hope>

- ▶ **Print and online media:** Op-eds and feature articles remain essential for influencing public opinion and policymakers. In the Caribbean, advocates published articles on decriminalising suicide in regional and international outlets such as The Guardian²⁷ and Al Jazeera²⁸, raising awareness and promoting the need to strengthen mental health legislation. Such credible coverage enhanced the coalition’s legitimacy and facilitated engagement with policymakers on the issue.

The Psychiatrists Association of Ghana (PAG) issued a press release²⁹ drawing on statistics compiled by the National Mental Health Authority and other institutions which was then conveyed to policy makers, prompting them to take action.

- ▶ **Talk shows and radio:** These platforms facilitate emotional, community-centred conversations and interactive discussions, enabling direct engagement with communities. In Ghana, advocates utilised the media to convey key messages and ensure that parliamentary processes, particularly timelines, remained transparent and accountable to the public.



Video credits: TV3 Ghana

- ▶ **Social media:** Social media outreach is cost-effective with rapid, broad reach and easy sharing and mobilisation potential, especially effective among younger demographics and activists.

²⁷ Johnson S. (2024, June 28). Campaign to decriminalise suicide in four Caribbean nations gains momentum. The Guardian.

²⁸ Kline S. (2023, September). From Ghana to Guyana, hope mounts in fight against suicide criminalisation. Al Jazeera. <https://www.aljazeera.com/opinions/2023/9/10/from-ghana-to-guyana-hope-mounts-in-fight-against-suicide-criminalisation>

²⁹ Psychiatric Association of Ghana (PAG). (2022, September). Press release from the Psychiatric Association of Ghana (PAG) World Suicide Prevention Day. [https://www.psychiatricassocgh.org/10/6/press-release-from-the-psychiatric-association-of-ghana-\(pag\)-world-suicide-prevention-day-10th-september-2022](https://www.psychiatricassocgh.org/10/6/press-release-from-the-psychiatric-association-of-ghana-(pag)-world-suicide-prevention-day-10th-september-2022)

By strategically combining these channels and tailoring content to specific audiences, advocates can effectively alter perceptions, reduce stigma, and generate the political will necessary to decriminalise suicide. The examples from Ghana, Pakistan, and the Caribbean illustrate how diverse, context-sensitive communications efforts have been pivotal in advancing reform.

How to engage with the media and journalists

BUILDING RELATIONSHIPS

- Identify and research journalists and media outlets covering health, social issues, or policy.
- Attend public media events or forums to network with journalists.
- Maintain regular communication and share regular updates with key media contacts.
- Invite media personnel to your events and where possible, give them speaking roles
- Share the impact of their coverage on your work with them
- Make your networks available to them and share information that may be of value, even if unrelated to the specific project you are working on

SECURING MEDIA COVERAGE

- Prepare press releases or opinion pieces using local data and stigma-free language (see examples below).
- Send personalised emails to editors and reporters explaining why the issue matters.
- Provide media kits with factsheets, expert contacts, infographics, and personal stories.
- Make sure the information being provided is fresh, newsworthy and not already covered
- Look for 'hooks' when mental health or other issues related to suicide will be discussed in the media i.e. World Suicide Prevention Day, World Mental Health Day, etc.

Guidance on language and stigma free communication

Reporting on suicide should use thoughtful, non-sensational language, fostering understanding and support for people in crisis.

Crafting tailored key messages for different audiences ensures the right emphasis is placed where it matters most. All communications should follow stigma-free language principles promoted by global suicide prevention guidelines such as the World Health Organisation's resource for media professionals.³⁰ These include:

- Talking about suicide as a health issue, not a crime or moral failing.
- Using phrases like "person who survived a suicide attempt" instead of "offender" or "criminal"; and use "died by suicide" instead of "committed suicide".
- Avoiding sensational or graphic descriptions and focusing on empathy and solutions.
- Elevating the voices of people with lived experience whenever possible.

³⁰ World Health Organization. "Preventing suicide: A resource for media professionals." (2023). <https://www.who.int/publications/i/item/9789240076846>

Here are some key messages that can be adapted for different audiences:



For community members and the public:

"By removing criminal penalties, we can create safer, more supportive communities and encourage people to reach out for help."



For health professionals:

"Treating suicide attempts as health emergencies, not crimes, enables us to deliver effective, timely care which is free from barriers and fear. Decriminalising suicide will encourage more people to seek help and empower us as professionals to provide life-saving support."



For policymakers

"Decriminalising suicide is a smart, evidence-based reform that saves lives, reduces stigma, and aligns our legal framework with international human rights and public health standards. By removing criminal penalties, you will pave the way for better access to mental health care, ensure people in crisis receive help instead of punishment, and demonstrate compassionate, forward-looking leadership that strengthens our communities and honours our shared commitment to dignity and justice."

Addressing common misconceptions, fears, and moral concerns about suicide decriminalisation is an essential part of building broad support and understanding.³¹

It is important to anticipate and proactively manage potential public concerns by openly addressing misconceptions and fears, emphasising that decriminalisation supports prevention. Here are some key points advocates can use to openly and compassionately respond to common concerns:



Misconception: Decriminalisation encourages suicide attempts.

Many fear that removing legal penalties will increase suicidal behaviour. However, evidence shows that criminalisation deters people from seeking help, increasing distress and risk. Decriminalisation, by contrast, removes barriers to care, fosters open dialogue, and enables timely intervention, which ultimately saves lives.



Misconception: Suicide is a crime, so punishment is justified.

Suicide is a complex health issue often linked to mental illness, trauma and social factors – not a moral weakness or criminal act. Criminal penalties compound stigma and suffering, pushing people into isolation and away from support. Decriminalisation respects human dignity and reflects a compassionate, evidence-based approach focused on prevention and recovery.

³¹ Van der Burgt MCA, et al. The impact of a suicide prevention awareness campaign on stigma, taboo and attitudes towards professional help-seeking. J Affect Disord. 2021 Jan 15;279:730-736. Doi: 10.1016/j.jad.2020.11.024. Epub 2020 Nov 11. PMID: 33234278.



Misconception: The Law isn't enforced much, so it doesn't need to change.

Even if prosecutions are rare, the law's existence still creates fear and stigma, deterring people in crisis from seeking help. Crucially, such laws also hinder the adoption of progressive mental health legislation and suicide prevention strategies by perpetuating a punitive rather than care-based framework. This obstructs coordinated public health efforts, restricts the integration of suicide prevention efforts into health systems, and delays investments in effective support services. It reinforces negative attitudes among police and health providers, and legitimises punitive responses, contributing to secrecy and isolation. Reforming the law is necessary, not only to avoid the direct legal consequences but to signal that suicide is a health issue, encourage open help-seeking, and dismantle broader barriers to effective support and prevention.

Resources such as the **World Health Organisation's policy brief**³², the **policy positions of the International Association for Suicide Prevention**³³ and of **Lifeline International**,³⁴ and **UnitedGMH's report**³⁵ provide detailed guidance on sensitive messaging and reporting.

2. Including people with lived experience and their stories

"We had the numbers, and we also had voices of lived experience. So, this was somebody who was, let's say, 18 years maybe had left the north, come to Ghana, carrying loads. A person is carrying... head potters [carrying loads or pots on the head], and the person is raped in the process of doing this menial job and so has become distressed and wanted to die and then you say you are arresting her, think about that. So, when you hear such a voice, you will think twice [about criminalising suicide attempts]."

Academic and psychologist, Ghana

It is vital to include people with lived experience in collective action. In some cases, advocates have shared their personal stories, persuading decision makers of the need to look at suicide from an empathetic perspective, as a response to distress and crisis, rather than from a place of moral condemnation.

³² World Health Organisation. (2023). WHO policy brief on the health aspects of decriminalization of suicide and suicide attempts. World Health Organization.

³³ Orchard, W., 2024. IASP Policy Position: Decriminalization of Attempted Suicide, International Association for Suicide Prevention. United States of America. Retrieved from <https://coilink.org/20.500.12592/5fr6716> on 10 Aug 2025. COI: 20.500.12592/5fr6716

³⁴ LifeLine International (2023, September). LifeLine International's position statement on the decriminalisation of suicide <https://lifeline-international.com/lifeline-international-position-statement-on-the-decriminalisation-of-suicide/>

³⁵ United for Global Mental Health (2024). Decriminalising Suicide: Saving Lives, Reducing Stigma. <https://unitedgmh.org/the-global-advocate/decriminalising-suicide-saving-lives-reducing-stigma/>

How to engage people with lived experiences



Recruit diverse voices: Engage survivors, supporters and caregivers to ensure different perspectives are represented.

A CSO representative from Ghana stressed the importance of involving people with lived experience in advocacy efforts. *"Those who have attempted and failed [to die by suicide], they have become key advocates. We cannot have this conversation without them... They talk about their experiences, and they are able to say that there's nothing good about you doing it. I attempted it, but it is because of A and B. Now that I am alive it doesn't make sense, you know! So we cannot ignore the people who attempted... [suicide]."*



Provide training and support: Equip participants with advocacy skills and emotional wellbeing resources to ensure they can contribute safely.



Ensure safe engagement: Use consent, confidentiality and respect protocols to create a safe space for people with lived experience.

- » **Informed consent:** Clearly explain the purpose of their involvement, and how their input or story will be used. Give them the choice to opt in or withdraw at any time.
- » **Confidentiality:** Protect personal details unless the individual has given explicit consent to share them. This means not recording, publishing or distributing their contributions without permission. In the context of suicide decriminalisation laws, maintaining strict confidentiality is essential. Where firsthand stories are needed, use pseudonyms and closed-door consultations, draw on the experiences of people from countries where suicide has already been decriminalised, or use stories of people who have gone through the process and are willing to speak about it. Present these narratives in a powerful yet safe manner, so no participant is put at risk of punitive action while conveying the urgency and human impact of reform.
- » **Psychological safety:** Provide information on peer or professional support during and after participation. Allow breaks and space so people can step back if engagement becomes too overwhelming.



Co-design activities and policies: Involve people with lived experience as equal partners in developing strategies and materials.



Promote participation in decision-making: Involve lived experience advocates in drafting new bills and policies. Actively seek their input when engaging with government representatives to ensure reforms are grounded in real-world needs.

Learning from lived experience: the role of first responders in St Lucia

The Caribbean Suicide Decriminalisation Coalition organised consultations with government ministries in St. Lucia, where individuals shared personal experiences with the existing law. Although active prosecutions don't commonly occur in St. Lucia, the continued existence of the law means people who attempt suicide are still subject to scrutiny or temporary detention. Typically, first responders are law enforcement officers who often lack the training and resources necessary to provide appropriate mental health support. As a result, survivors who need compassion and care frequently feel threatened, fearful, or ashamed. Through access to this experience, policymakers in St Lucia are now better placed to design a context specific suicide prevention strategy to go with the law reform.

Lived experiences within the parliament walls: A catalyst for change

During the push for decriminalisation in Ghana, a parliamentarian tragically lost their child to suicide. It triggered a wave of support from the parliamentarian's colleagues and advocates across the country to recognise the importance of amending the law, and strengthening suicide prevention efforts in Ghana. At first, the legislator who'd lost his daughter to suicide resisted calls for change – arguing that penalties were needed to act as a deterrent.

However, through continued dialogue, advocates helped persuade him that decriminalising suicide would make suicide a public health concern without eroding accountability. Eventually, he not only agreed with the proposed legislative changes, but actually offered to lead the push for reform.

“Even then, we had initial resistance because he [the legislator] thought that for my daughter to do that, anybody who attempts it should be penalised so that it will serve as a deterrent. We gave him the different sides of the argument then he became convinced that oh, if that is all it will mean, then we should really decriminalise it, and I should spearhead it.”

Psychiatrist and mental health advocate, Ghana



3. CREATING POLICYMAKER CHAMPIONS

“We never say that people commit heart disease or diabetes, therefore we cannot say that people commit suicide. People die by suicide, and it is our duty as policymakers to treat suicide as a preventable, public health issue.”

Ambassador Leslie Ramsammy, Permanent Representative of Guyana to the United Nations Office at Geneva

In the case of suicide decriminalisation, political leaders must be willing to challenge outdated laws, overcome stigma and prioritise mental health reform. As outlined in UnitedGMH’s report on decriminalising suicide,³⁶ legal change in most countries requires a parliamentary vote. Therefore, political support is crucial to ensure policy change.

Advocates must provide policymakers with clear information and resources to secure their support and motivate them to champion the reform process. As highlighted in the previous section, media serves a crucial role in engaging policymakers by raising awareness and demonstrating public backing.

How to engage policymakers

To effectively engage policymakers, especially for those without existing relationships, a strategic approach is essential. Here are detailed steps, examples, and templates to help secure meetings and build lasting connections:

- ▶ **Leverage existing networks:**
Reach out to allied organisations, community leaders, or professionals who may have contacts with policymakers and can provide introductions or endorsements.
- ▶ **Use formal meeting requests:**
Send concise, courteous letters or emails clearly stating your purpose, relevance to the policymaker’s work, and the potential benefits to both parties of meeting. Personalise each request to demonstrate you understand their priorities.
- ▶ **Attend public Forums, events and parliamentary hearings:**
Participate in events where policymakers speak or gather. Use these settings to introduce yourself and request meetings or follow-ups. Having a brief elevator pitch prepared and understanding what would capture the attention of the target audience is essential.

³⁶ United for Global Mental Health (2024). Decriminalising Suicide: Saving Lives, Reducing Stigma. <https://unitedgmh.org/the-global-advocate/decriminalising-suicide-saving-lives-reducing-stigma/>

▶ Engage through policy briefings and advocacy materials:

Provide well-crafted, accessible briefing notes summarising key issues, evidence, and clear asks. Tailor materials to the policymaker’s interests and policy portfolio. The Caribbean Suicide Decriminalisation Coalition (CSDC) developed a publicly available policy brief³⁸ to engage national decision-makers and inform their deliberations.

▶ Remind them of their international commitments:

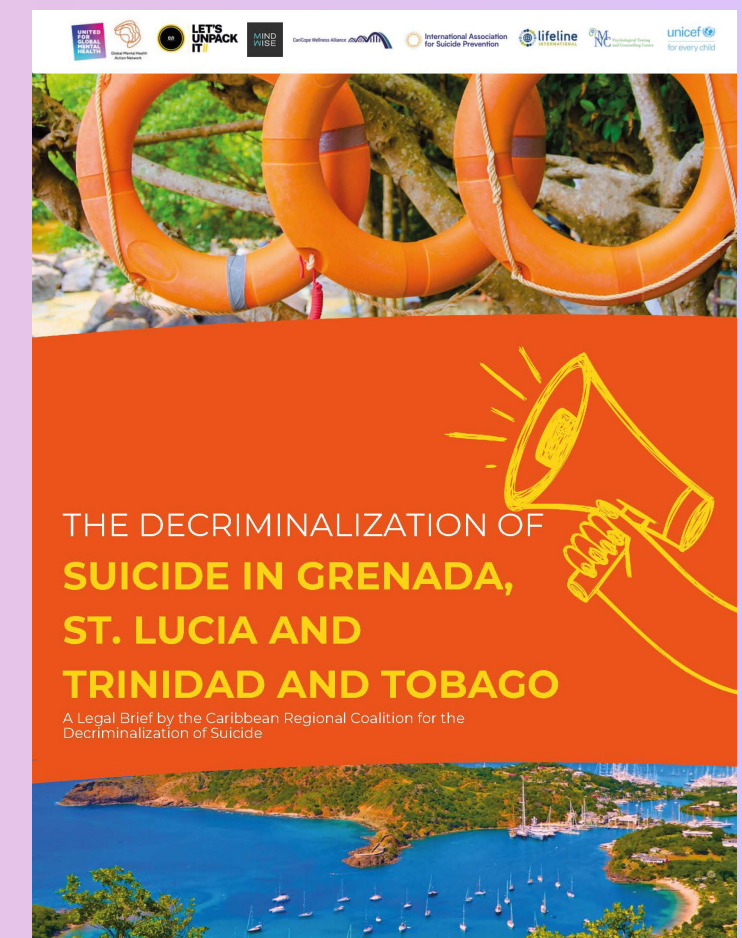
The 2023 Bridgetown Declaration on Noncommunicable Diseases and Mental Health,³⁹ endorsed by heads of government from Small Island Developing States (SIDS), explicitly called for the repeal of punitive laws on attempted suicide. Such declarations have created a benchmark against which governments measure their policies, and can be cited by advocates to encourage reform.

▶ Offer to support with the language of the law reform

It is important to engage with policymakers during the drafting and amendment process to ensure the language of the law is both rights- and evidence-based. Once the law is passed, changing it is extremely difficult, while shaping it appropriately during discussions is far easier. It is not uncommon for lawmakers and relevant ministries to require support in drafting bills and policies, and it is increasingly common for civil society, subject experts and people with lived experience to be consulted during the process. Putting yourself forward as a helpful pro-bono resource, offering to provide draft language or proving a conduit to relationships with people that can provide technical expertise is a great way to help shape the law and be seen as a trusted ally to the government in the process.

³⁸ Caribbean Suicide Decriminalisation Coalition. (2025). A Legal Brief by the Caribbean Regional Coalition for the Decriminalization of Suicide. <https://drive.google.com/drive/u/0/search?q=policy%20brief>

³⁹ World Health Organisation. (2023). 2023 Bridgetown Declaration on NCDs and Mental Health <https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf>



► Utilise media and public support:

Share relevant media coverage and public opinion data when approaching policymakers to demonstrate broad backing and urgency. In Pakistan, mental health advocates launched a campaign during Suicide Prevention Awareness Month, focusing on engaging political leadership. The campaign inspired Senator Shahadat Awan to become a key ally and introduce a bill in parliament to decriminalise suicide. Advocacy groups such as Taskeen Health Initiative worked closely with the Senator, providing him with religious endorsements, research evidence, and legal precedents to strengthen the case for reform.³⁷

► Provide opportunities for them to showcase their work:

Policymakers often need to balance competing priorities and have limited time to offer to particular causes. It is important to continue to encourage them and provide them platforms where they can speak about their contribution to the effort of decriminalising suicide. This serves the dual purpose of recognising their efforts publicly, thereby showing the electorate and their colleagues that they are doing good work, and having them publicly commit to supporting the issue, meaning they can be encouraged to uphold their promise later.

Side event turned networking opportunity - Suicide Prevention at the World Health Assembly

At the May 2025 World Health Assembly, UnitedGMH and the Permanent Mission of the Kingdom of the Netherlands organised a session on suicide prevention, highlighting decriminalisation as a critical step to reducing stigma and saving lives. With health representatives already in attendance, the event engaged policy makers from over a dozen countries, including India, Bangladesh, Guyana, Cambodia, and Japan, who shared suicide-prevention strategies and reaffirmed their commitment to strengthening relevant policies. David Johnson, CEO of Let's Unpack It used the opportunity to introduce himself and secure meetings with the Ambassadors of Guyana and the OECS at their offices.



37 Ansari I. Sympathy where there is no hope. Karachi: The Express Tribune. 22 January 2023 (<https://tribune.com.pk/story/2397181/sympathy-where-there-is-no-hope>, accessed 23 July 2025)

Strategic outreach and public consultations in Grenada

Through leveraging existing networks and formal requests, the Caribbean Suicide Decriminalisation Coalition (CSDC) worked collaboratively with UNICEF Eastern Caribbean, and the Pan American Health Organization (PAHO) to engage national decision-makers. In Grenada and St. Lucia, civil society organisation Caricope Wellness were successfully able to secure meetings with government representatives and discuss the issue of suicide decriminalisation, leveraging introductions from UNICEF, USAID, PAHO and the Global Mental Health Action Network.

As a direct result of the Coalition's advocacy, Senator Gloria Thomas, Minister of Social & Community Development, Housing, and Gender Affairs, raised the issue in the Upper House of the Grenadian Parliament. She called for a review of laws criminalising suicide and urged for decriminalisation to uphold human rights and save lives.

The Coalition's continued advocacy is expected to yield meaningful progress across the region as they remain steadfast in championing the cause and driving legal reform.



Grenada's Senator Gloria Thomas raising the issue of suicide decriminalisation in the parliament.

Cultivating champions through effective messaging in Pakistan

“Attempted suicide is not a crime. It is a mental ailment and it should be treated accordingly.”

Senator Shahadat Awan, Pakistan

With the support of Taskeen Health Initiative in Pakistan, Senator Shahadat Awan powerfully framed his argument for encouraging parliamentary support for suicide decriminalisation. He stated that suicide should not be viewed as a criminal act but as the result of mental illness, for which punishment is not appropriate. He highlighted how survivors were routinely diverted into legal channels instead of receiving immediate medical care. He spoke about these issues in the media, in parliamentary circles and among religious leaders to ensure the bill was discussed and ultimately passed in parliament.

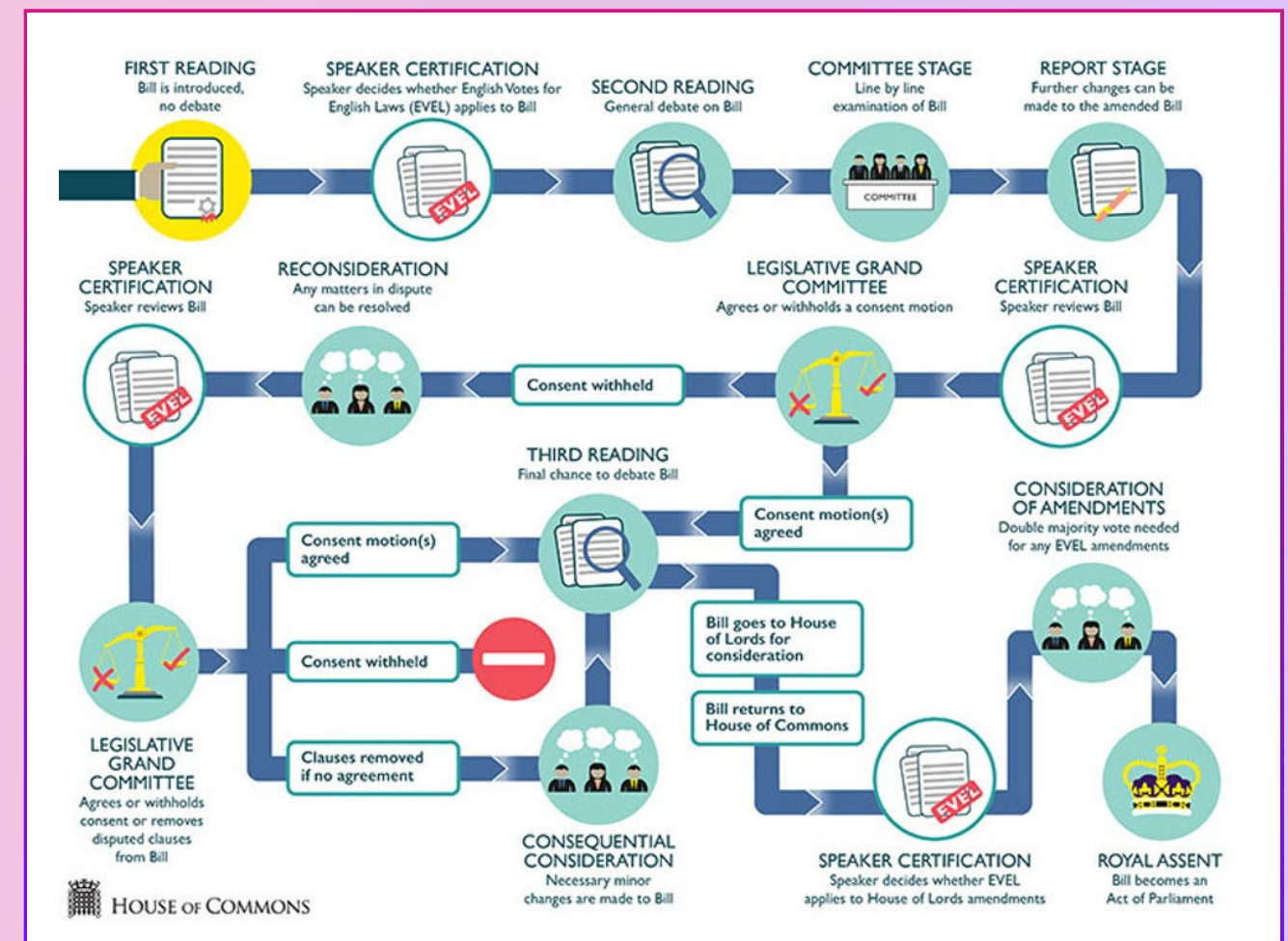
He was joined by mental health advocates and regulatory bodies like the Pakistan Psychiatric Society and the Pakistan Psychological Association to create significant momentum. This collective advocacy ultimately contributed to the successful decriminalisation of suicide in Pakistan in 2022.

4. THE LEGISLATIVE PROCESS

Successfully advancing a suicide decriminalisation bill entails navigating the country's parliamentary process and addressing various sources of opposition and roadblocks. Here's a practical guide, with explainer tips, on the process involved and anticipating and responding to common challenges:

The Stages of passing a Bill in Parliament

The following section looks at what a typical process to achieve legislative reform looks like with an accompanying paragraph on how you can position yourself to influence each stage, acknowledging that the process may vary depending on the specific country:



▶ **DECISION TO LEGISLATE**

The decision to decriminalise suicide may come from a member of the ministry, a parliamentarian, on account of a court decision or even through a public petition.

By engaging with the mental health lead at your ministry of health or creating a champion in parliament, you can help kickstart the process.

▶ **BILL DRAFTING BY THE ATTORNEY GENERAL'S OFFICE/LAW MINISTRY**

The attorney general's office/law ministry are instructed to do the legal research on constitutionality of the proposed reform, its compatibility with human rights and other laws of the country and check international treaty obligations. If these are clear, the professional drafters then prepare a first draft of the bill which is signed off by the relevant ministry.

By ensuring that you have built relationships within the AG office, you may be able to influence the initial draft or provide evidence to address any concerns they may raise.

▶ **PUBLIC AND TARGETED CONSULTATIONS**

Some countries publish a draft bill or consultation paper, inviting feedback in the form of written feedback from the public. They may also hold public consultations and hearings, where members of the public can give in person interventions and feedback. The relevant ministry may also conduct targeted consultations with select stakeholders (usually CSOs, religious authorities etc.) to help refine the bill.

You can participate in the public consultations and try to ensure you have written feedback that you can share with the person collating the feedback. By developing a good relationship with the relevant department in the ministry, you can get invited to the targeted consultations, which are a more effective way to give direct feedback on the bill.

▶ **INTRODUCTION OF FINAL DRAFT IN LOWER HOUSE OF PARLIAMENT**

The bill is then introduced in parliament either through the ministry or by a member of parliament, should they agree to sponsor the bill. A printed copy of the bill and explanatory materials are made available to MPs and the public, before the bill is debated and put to vote. This stage can take some time, particularly if there is initial opposition to the bill.

Prior to this stage, you should offer evidence and resources to help the sponsor of the bill with developing the explanatory materials and to address any concerns that arise on the floor of parliament. By forming a relationship with the MP championing the bill, you can remain updated on progress and help them in real time with any issues that come up at this stage.

▶ **COMMITTEE SCRUTINY STAGE:**

The bill is sent to a committee who examines the text in detail, suggests amendments and may occasionally invite stakeholder input from the public domain.

By anticipating who is or will form part of relevant parliamentary committees (usually the committee on health and/or law or a specially designed ad-hoc committee) and building relationships with them, you can be invited to contribute at this stage and provide technical assistance to handle any reservations.

This is also the stage where religious authorities are often engaged and if you have engaged them in advance and aligned them with your position, a favourable stance from them will significantly strengthen the case for the bill to pass. The Attorney General's office/Law ministry may also be engaged for advice on amendments or redrafting at this stage. A more detailed discussion on these two stakeholders can be found below.

▶ **FINAL READING:**

Once the amendments are received from the committee, they are debated a final time in the lower house before being passed and sent to the upper house.

▶ **DEBATED AND PASSED IN UPPER HOUSE:**

The upper house repeats the above process of multiple readings, a committee stage and a final reading stage.

Having allies in the upper house who can turn to you for technical assistance and have been looped throughout the earlier process, or engaging a parliamentarian in the lower house who has allies in the upper house can really help expedite this process.

▶ **FORMAL ASSENT TO TURN IT INTO LAW:**

Once the bill has been approved by both houses, it is then sent to the head of state (usually the president or monarch for formal assent). Should they provide the assent the bill becomes law. In some countries, the heads of state have the power to delay assent or send the bill back to the houses with their comments. Having access to the head of state's office can help expedite the process of assent, which may at times be delayed due to logistical reasons.

How to track parliamentary procedures

To track key parliamentary dates and deadlines:

- Monitor official parliamentary websites and subscribe to legislative bulletins for updates.
- Build relationships with parliamentary staff for insider information and share intelligence with coalition partners.
- Keep a calendar of important dates and attend public hearings for direct updates.
- Follow reputable media sources to stay informed and responsive to changes.

How to sustain momentum

- Maintain momentum by engaging media, public, and coalition partners in ongoing advocacy.
- Request updates through formal channels and meet regularly with supportive policymakers.
- Prepare for setbacks and have a strategy to reintroduce or extend discussions as needed.

How to engage with the Attorney General's (AG's) Office

- By establishing networks, as outlined in earlier sections, seek early engagement with the Attorney General's office through consultations or the submission of legal briefs.
- Address concerns with evidence, international best practices, and clarifications on proposed wording (see list of resources in the appendix).
- Offer to co-design amendments or seek expert legal input to resolve reservations collaboratively.

How to sustain momentum in case of a government change

Elections, reshuffles, or leadership changes may create uncertainty or alter political priorities. New governments or leaders may have different agendas, which can delay or deprioritise ongoing reform efforts.

- Build relationships with a broad spectrum of parties and policymakers to retain support across changes.
- Document progress and commitments to ensure continuity if new leaders come in.
- Be ready to re-brief and re-engage new parliamentarians with concise summaries and evidence.

How to overcome religious opposition to decriminalisation

Religion and law are often deeply intertwined, and it is important to consider the role of religious and community leaders when working towards decriminalising suicide. For communities to accept change and effectively combat stigma, advocacy teams must respect cultural and religious norms and remain sensitive to the context in which they're working.

- ▶ Engage with faith leaders early by providing education on public health and compassion-based perspectives, sharing global examples from other countries, and offering a contextual understanding of the origins of the law.

Religious precedents in suicide prevention

Religious advocacy has precedents in suicide prevention. In 1983, the Catholic Church lifted its long-standing ban on church funerals for those who died by suicide (canon 1184), reflecting a more compassionate understanding of the issue.

In 2022, the Lombok Declaration, drafted by religious leaders from six major faiths – Islam, Hinduism, Buddhism, Shinto, Judaism and Christianity – and presented at the G20, called for a unified faith-based stance on mental health and suicide prevention.¹⁰ The declaration highlights the influential role of religious communities in reducing stigma, promoting help-seeking, and aligning spiritual values with public-health objectives. It underscores a shared belief that caring for people in mental distress is fundamental to religious teachings. **Through a commitment to compassion and non-discrimination, both religion and suicide decriminalisation share the goal of saving lives, not condemning people in crisis to further distress.**

- ▶ Identify allies among religious leaders who can engage faith communities that support reform and advocate from within. For example, in Malaysia, advocates engaged with the Syariah court, which expressed support for the reform.⁴⁰

40 L. F. Chan, et al., "A Global Call for Decriminalization of Attempted Suicide: Perspectives From Malaysia and Pakistan," *Crisis*, vol. 45, no. 6, pp. 383–388, Nov. 2024, doi: 10.1027/0227-5910/a000974.

Combating religious concerns and misconceptions about suicide decriminalisation

“After great deliberations, we reached the point that Islam tells us to save a life. A suicide is attempted by people suffering from mental disorders, and they need professional help and treatment, not punishment.”⁴²

Senator Shahadat Awan, Pakistan

Working with Islamic religious scholars, advocates in Pakistan demonstrated that colonial-era criminalisation has perpetuated the misunderstanding that attempting suicide is criminalised under Islamic law. In fact, Islam traditionally does not prescribe punishment for someone who survives a suicide attempt. Advocates and parliamentarians also engaged with religious leaders to emphasise that decriminalisation is about preventing suicides by improving care and support for survivors, not encouraging suicidal behaviour.

This approach was also adopted in Malaysia, where advocates engaged with the Malaysian Syariah Courts to emphasize that religious law contains no provision for punishing survivors of suicide attempts, even though death by suicide is regarded as contrary to the teachings of the faith.

Some religious groups also opposed legislative change due to the mistaken belief that criminalisation acts as a deterrent to suicide. However, advocates and parliamentarians worked together to present evidence that decriminalisation does not lead to an increase in suicides.⁴⁷



Respectfully address religious concerns with data, lived experience stories, and endorsements from reputable religious scholars who favour mental health approaches. For instance, in Ghana advocacy efforts focused on engaging religious leaders to ensure community support and buy-in. As a result, religious leaders did not oppose the reforms, making it easier to pass decriminalising legislation while still respecting religious and cultural attitudes.

WHAT COMES AFTER DECRIMINALISATION

Decriminalising suicide is an important milestone, but it cannot stand alone. Real change happens when it is paired with strong, compassionate suicide-prevention efforts. Once the law no longer punishes people in crisis, governments and health systems have the opportunity and responsibility to put in place adequate support systems.

Proven strategies include:

- **Accessible mental health services**, ensuring people can reach affordable, high-quality mental health care without long waits or stigma.
- **Crisis intervention and helplines**, providing free, confidential, 24/7 services for people in distress.
- **Community-based support networks**, training community and faith leaders, teachers and peers to recognise warning signs and offer help.
- **Public awareness and education** challenging myths about suicide and promoting a better understanding of mental health.
- **Reducing access** to the most common and lethal methods of suicide, which is proven to lower suicide rates.
- **Support and counselling for people bereaved by suicide**, as they may also be at increased risk.
- **Data collection, surveillance and monitoring** to systematically track suicide deaths, attempts and related risk factors to identify trends, monitor progress and guide timely adjustments to interventions.

These measures are most effective when integrated into a comprehensive national or regional suicide prevention strategy that coordinates across sectors, sets clear goals, and ensures sustained action. Resources such as the World Health Organization's Preventing Suicide: A Global Imperative⁴¹ and the LIVE LIFE initiative⁴² can serve as valuable frameworks to guide this process.

⁴¹ World Health Organisation. (2014). Preventing suicide: A global imperative. <https://www.who.int/publications/i/item/9789241564779>

⁴² World Health Organisation. (2021). LIVE LIFE: An implementation guide for suicide prevention in countries. <https://www.who.int/publications/i/item/9789240026629>

CONCLUSION

Decriminalising suicide was recognised and endorsed as an effective strategy to reduce suicide rates in May 2021 by the WHO's Comprehensive Mental Health Action Plan 2013-2030.⁴³ At least 24 countries still criminalise suicide attempts, intensifying stigma and deterring people from seeking help during crises for fear of punishment. Meanwhile, fewer than 40% of countries have dedicated suicide prevention policies, and discriminatory laws like criminalisation hinder accurate investment in prevention efforts due to lack of data or misreporting.

Decriminalisation does not lead to an increase in suicide rates.⁴⁴ Instead, it creates space for more effective, compassionate responses. In countries such as Guyana, Singapore⁴⁵ and India⁴⁶, the decriminalisation of suicide has led to positive outcomes, including improved data collection and better suicide prevention strategies, without any increase in suicide mortality.

The growing recognition that criminalising suicide does more harm than good has prompted important shifts in legal and policy frameworks around the world. The experience of various countries shows that strategic advocacy is crucial to achieving decriminalisation. This can include amplifying the voices of people with lived experience, focusing on effective media engagement, collaborating with stakeholders and engaging with policymakers.

Decriminalisation removes legal barriers so people can seek help without fear, and communities can respond with compassion instead of judgment.

43 World Health Organization. (2013). Comprehensive mental health action plan 2013-2030.

44 The decriminalisation of suicide: a global imperative. Kline, Sarah et al. *The Lancet Psychiatry*, Volume 10, Issue 4, 240 - 242

45 World Health Organisation. (2023). WHO policy brief on the health aspects of decriminalization of suicide and suicide attempts.

46 Ganguli, D., Singh, P., & Das, A. (2025). Decriminalizing suicide: the 2017 Mental Healthcare Act and suicide mortality in India, 2001-2020. *Cambridge Prisms: Global Mental Health*, 12, e74. doi:10.1017/gmh.2025.10031

APPENDIX

The documents presented here are the main references essential for understanding and advancing suicide prevention and decriminalisation efforts. However, there are additional references in the report and other resources and materials available that can provide further insights and support. Advocates and stakeholders are encouraged to explore these supplementary documents to deepen their knowledge and tailor their strategies effectively.

1. [World Health Organisation, Policy brief on the health aspects of decriminalisation of suicide and suicide attempts](#)
2. [World Health Organisation, LIVE LIFE: An implementation guide for suicide prevention in countries](#)
3. [World Health Organisation, Preventing suicide: A global imperative](#)
4. [United for Global Mental Health Report on decriminalisation](#)
5. [International Association for Suicide Prevention - Policy position](#)
6. [Lifeifeline International's position statement on the decriminalisation of suicide](#)
7. [Mishara and Weisstub, Global research from 2016](#)
8. [United for Global Mental Health, Advocacy Guide: Using the WHO/OHCHR's Guidance and Practice for National Reform](#)
9. [Caribbean Suicide Decriminalisation Coalition - Policy Brief](#)
10. [World Health Organisation - Preventing suicide: a resource for media professionals](#)

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TOWARDS CARE, NOT PUNISHMENT

How to Advocate for
Suicide Decriminalisation:
A practical guide

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