

# Perspectives on the decriminalisation of suicide in Pakistan: historical context, societal impacts, and the way forward

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## Summary

This Viewpoint provides a comprehensive review of the historical context, legal frameworks, and societal implications associated with the criminalisation of suicide in Pakistan, along with the process that was utilised for the decriminalisation of suicide. The context focuses on the importance of decriminalising suicide, presenting evidence and insights into how the criminalisation of suicide has impacted individuals, families, and the healthcare system. The process of decriminalising suicide in Pakistan focuses on the public awareness strategies, emphasising the key role that the stories of people with lived experience of mental illness played in shifting the societal attitudes and misconceptions related to suicide. Through discussions of the challenges faced in the process of repealing Section 325 of the Pakistan Penal Code (PPC), we emphasise the need for continued public awareness efforts to address the religious misconceptions related to suicide. With the implementation of the law still pending, we argue that decriminalising suicide aligns with the development of a National Suicide Prevention Strategy. The Viewpoint also presents recommendations for government representatives, public health professionals, policymakers, and other stakeholders to utilise our learnings to develop a robust suicide prevention strategy with a multisectoral approach, strengthening the medical system to respond to mental health emergencies.

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## Background

Suicide is a deeply complex and multifaceted issue that affects individuals and communities worldwide.<sup>1,2</sup> In 2019, It led to 1.7% of deaths globally, with around 700,000 lives lost, according to the WHO.<sup>1</sup> In Pakistan, the rate was 9.77 suicides per 100,000 people, claiming about 20,000 lives.<sup>3</sup> Despite this, suicide remains under-researched in Pakistan, mainly due to Section 325 of the Pakistan Penal Code, a law inherited from British colonial rule, that criminalised suicide attempts.<sup>4</sup> This criminalisation has perpetuated the misunderstanding that suicide is condemned under Islamic law, even though Islam traditionally does not prescribe punishment for survivors of suicide attempts.<sup>5</sup> Criminalisation has grave consequences, as instead of prioritising emergency care, the focus shifts to legal procedures, often leading to the mistreatment of survivors and their families.<sup>6,7</sup> Law enforcement exploits these situations, especially targeting low-income individuals who rely on public healthcare, while the stigma and fear of prosecution discourage survivors from seeking help. Hospitals also avoid reporting suicide attempts due to the legal implications, resulting in inaccurate data and hindering the development of effective interventions.<sup>8,9</sup>

The criminalisation of suicide began in the 16th century in England, where suicide was treated like homicide, with punishments such as property loss and denial of Christian burial.<sup>10</sup> When the British ruled the Subcontinent, these laws were imposed, and Pakistan continued to follow them even after independence under section 325.<sup>11</sup> Although reforms like the Mental Health Ordinance of 2001 offered psychiatric care for those attempting suicide, the legal punishment remained, contributing to stigma and hindering early intervention.<sup>4</sup> It is important to understand that suicidal ideation is associated with psychiatric disorders and unmet psychosocial needs, of which low-income populations disproportionately bear a higher burden.<sup>12</sup> Criminalisation of suicide not only perpetuates stigma but also violates the human rights of vulnerable population. Thus, decriminalising suicide is not only a public health issue, but also a human rights issue.

## Repeal of section 325: decriminalisation of suicide

Suicide was officially decriminalised in Pakistan in December 2022, which was the culmination of years of collective effort by various multi-sectoral stakeholders. The initial attempt was made in 2017 when the Senate introduced a bill to repeal Section 325 of the PPC. The bill was referred to the Council of Islamic Ideology (CII),

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whose role is to advise the Parliament on ensuring that the legislative efforts are aligned with Islamic principles.<sup>13</sup> Even though the CII approved the bill, the ongoing political crisis in Pakistan at the time prevented the bill from becoming law.

However, the initial repeal attempt resulted in discourse around suicide decriminalisation entering the public sphere for the first time. Despite the lapse, national and international mental health organisations understood the need for public awareness on the issue of suicide criminalisation in Pakistan and continued to advocate for the repeal on several forums. Taking a lead in the matter, the Pakistan Mental Health Coalition (PMHC) with the guidance of the United for Global Mental Health, launched a national dialogue on social media and digital platforms with the slogan “*Mujrim Naheen, Mareez*” (patients, not criminals) in August 2021 with the sole purpose of declaring suicide criminalisation to be a public health issue.<sup>14</sup> To educate the masses about the history of the law, explainer videos were created, and newspapers were published for the general population of Pakistan.<sup>15</sup> At the same time, multi-level stakeholder meetings and webinars were arranged to engage the experts and the public on the issue for a broader understanding. This large-scale education campaign raised public awareness on suicide and mental health, and informed policymakers and stakeholders of the urgency to decriminalise suicide.

This nationwide movement mobilised government officials to introduce a subsequent bill to repeal Section 325 in the Senate of Pakistan in September 2021. After the Senate’s approval, the bill was sent to the CII for advice and was eventually passed in the Senate in May 2022. It was then introduced into the National Assembly of Pakistan where it was passed in October 2022. Finally, in December 2022, the President of Pakistan Arif-ur-Rehman Alvi signed it into law, successfully decriminalising suicide in Pakistan.<sup>13</sup>

### Overcoming challenges to suicide decriminalisation in Pakistan

The main challenge to decriminalising suicide in Pakistan was the widespread misconception that it was a religious offense, perpetuated by the colonial-era law criminalising attempts in Muslim countries.<sup>11</sup> Challenging this perception by re-educating Pakistanis, correcting misinformed beliefs, and creating a model that establishes mental illness and distress as a causal factor of suicide attempts were the major obstacles. The established legal system and police exploitation of suicide survivors further resisted change, as it benefited from the status quo. The political and constitutional crisis in Pakistan in 2022 also delayed the process of decriminalising suicide. The passage of the law required political consensus and will from the government and the opposition, which was challenging amidst the

political instability, but advocacy from key political figures eventually led to the decriminalisation of suicide.<sup>16</sup> Despite successful decriminalisation of suicide in Pakistan, resistance from the religious facet of civil society persists. This strong opposition is evidenced by the Federal Shariat Court (FSC) of Pakistan admitting a petition filed by a lawyer in September 2023 for re-criminalising suicide. The role of the FSC in Pakistan is to determine whether the laws of the country align with the Shariah (Islamic law).<sup>17</sup>

The movement to repeal Section 325 of the Pakistan Penal Code spanned five years and involved engaging religious leaders, raising public awareness, and leveraging political opportunities. Public support, driven by powerful campaigns and the stories of suicide survivors, helped shift the perception of suicide from a religious to a medical issue, ultimately pressuring legislators to act. Understanding the colonial history of the law helped religious leaders see the need for its repeal. Contextualising the history of suicide’s criminalisation provided perspective to the religious leaders about the negative connotations of suicide in Islam. Similarly, utilising the historical context of the Islamic Shariah by engaging religious leaders was critical in challenging erroneous beliefs regarding the Islamic origins of this law. A multi-faceted public awareness strategy including social media campaigns, petitions, and expert-led webinars, was essential in garnering public support and pushing for legislative action. Leveraging suicide prevention month and disseminating powerful content through social and mass media raised awareness about criminalisation and its direct consequences, filing online petitions collected public support for the cause and engaging experts such as academics, public health specialists, and policy makers through webinars helped shift the public perception of suicide as a medical issue rather than a religious one.

Suicide and mental health problems remain heavily stigmatised in Pakistan, posing a significant barrier to public mental health interventions. While decriminalisation of suicide in Pakistan is an important step in the public health landscape, its effective implementation is hindered by societal and political challenges. However, lessons can be learned from other multidisciplinary mental health interventions in the country that have leveraged community-based mechanisms and informed decision-making through intersectoral collaboration to promote mental health.<sup>18</sup> Similarly, a federal coalition consisting of legal experts, mental health professionals such as psychiatrists and clinical psychologists, community leaders and people with lived experiences, can help develop targeted interventions for prevention of suicide and overcoming challenges to the implementation of suicide decriminalisation. Simultaneously, it is crucial to engage religious leaders to develop strategies for stigma reduction and promote mental health.

## National suicide prevention strategy: way forward for Pakistan

While there is consensus that decriminalisation of suicide will provide the opportunity to accurately collect data and report suicide rates in the country, fully understanding the impact of decriminalisation requires an in-depth insight into the current healthcare and medico-legal processes. Engaging people with lived experiences, healthcare personnel, and law enforcement officials is crucial to inform a comprehensive national strategy for suicide prevention and treatment.<sup>17</sup>

In May of 2024, the Pakistan Federal Ministry of Health, Regulation & Coordination (NHSRC) approved the 5-year National Mental Health Policy, making it Pakistan's first. The policy presents a 4-step implementation plan that ranges from community well-being initiatives to strengthening the national mental health helpline as well as the enactment of existing legislations, including the decriminalisation of suicide. The political climate at the moment with the passage of the policy, and the increased public focus on mental health and well-being presents Pakistan with an excellent opportunity to devise a National Suicide Prevention Strategy that aligns with the implementation of Suicide Decriminalisation.

The implementation requires setting up of relevant provincial task forces under the administrative control of the provincial government, specifically the Home Ministry and Health Departments. The home ministry must engage police officers and medicolegal officers to inform them of the decriminalisation, which comes in effect with the development of minimum standard operating protocols (SOPs) for treatment of patients with self-harm injuries. The SOP must prioritise the training of medico-legal personnel and healthcare staff in biopsychosocial model of care, which takes into account psychological, social and biological factors to suicide attempts. This will provide a more holistic treatment and aligns with patient-centred care, which is crucial to rehabilitation of survivors of suicide.<sup>2</sup> Simultaneously, medico-legal personnel must continue their responsibility of accurate record-keeping and establishing the cause of injury. However, this must be done with extreme sensitivity which aligns with the sensitivity training modules to be developed by the government departments in consultations with civil society organisations and people with lived experiences. Furthermore, the SOPs must clearly entail rules for inpatient care which includes minimum psychiatric hold, individual consultations with both the psychiatrists and clinical psychologists, policies for discharge and mechanisms for follow-up. The primary focus of the SOPs for hospitals must be on cultivating a culture of care for those seeking help for suicide attempts and suicidal ideation. To effectively develop such protocols, it is imperative to take in-depth input from the people with lived experiences.

Implementation of decriminalisation of suicide also presents an opportunity for the national government to allocate financial and human resources to develop and establish the mental health emergency system in Pakistan. Historically, mental health has been neglected in public health initiatives in the country. Though some coverage of mental health is provided in national insurance schemes for low-income communities, such as the *Sehat Sahulat Program*, it remains extremely limited in coverage and does not focus on prevention of severe mental illness.<sup>19</sup> Low investment in mental health may stem from the perception of high costs. Though a cost-benefit analysis must be conducted in Pakistan to determine the impact of mental health expenditure such as inclusion of complete mental health services in the *Sehat Sahulat Program*, lessons can be learned from other countries. Implementing suicide prevention strategies and programs for early prevention of mental illness yields a high return on investment across various regions and country income-levels.<sup>20</sup> Moreover, the economic challenges in Pakistan exacerbate the urgency of allocating resources towards mental health services. Previous research from Japan shows that a 1% increase in government expenditure on social services, such as improved healthcare, was associated with a 0.2% decrease in suicide rates during economic recession.<sup>21</sup> As Pakistan experiences economic turmoil, the government must work swiftly to establish a robust emergency mental health system to mitigate its negative psychological impact on the citizens.

This would include the creation of a national suicide hotline with trained mental health lay counsellors as first responders, and the training of the existing ambulatory services in mental health emergencies, operating nationwide. The national suicide hotline would provide immediate support, crisis intervention and offer a lifeline for those contemplating suicide. In 2023, the federal Government of Pakistan attempted to establish such a hotline under the title 'National Mental Health Helpline' (NMHH),<sup>22</sup> which connected callers to helpline agents trained in assessing suicide risk and referring to appropriate channels. However, the referral channels directed users to voluntary services which are not responsive and inaccessible for users residing in remote areas. The national suicide prevention strategy must include the establishment of a robust referral system for the NMHH clinical coordinators, to both telephonic and in person services to better manage mental health emergencies.

In addition to the development of standardised policies and standard operating protocols by the relevant provincial health commissions in outpatient care, the country's mental health system must utilise the full potential of the public and private ambulatory services operating in Pakistan. Research indicates that Pakistan's utilisation of its ambulatory services remains limited

despite the world's largest nonprofit ambulatory service operating in the country.<sup>23</sup> Private sector ambulatory services and the government managed services must be trained in psychiatric emergency response services in addition to the establishment of a robust referral mechanism for private practitioners. This will enhance the overall response to mental health crises in the country, providing timely response and effective care to those in need.

Finally, the Allied Health Professionals Council of Pakistan (AHPC) and the Pakistan Medical and Dental Council, under the authority of the Government of Pakistan, must develop a registry of qualified and licensed mental health practitioners; the registry must be maintained and updated regularly. In addition to stigma and the shortage of mental health professionals in the country, additional challenges such difficulty finding qualified mental health professionals and the rampant malpractice by the allied mental health professionals impact health seeking behaviours and worsen stigma surrounding mental illness.<sup>24</sup> AHPC's registry would ensure that those seeking mental health support know where to find it and hold allied mental health professionals accountable.

Moreover, public awareness and outreach programs must be central to the National Suicide Prevention Strategy of Pakistan. Drawing inspiration from global and regional frameworks, such as the Disease Control Priorities 3rd Edition and the WHO-EMRO Regional Framework for Mental Health, Pakistan must scale community-based outreach programs such as the mental health Gap Action Programme (mhGAP) and continue public awareness campaigns via mass media to promote help-seeking behaviours and reduce stigma.<sup>25,26</sup>

Suicidal ideation and attempts can affect individuals of all ages and genders, with young adult population being particularly vulnerable. Being sensitive to this issue will generate awareness and foster greater understanding about mental health needs. Although it is too early to draw any conclusions regarding how decriminalisation of suicide will directly affect suicide rates, it is important to note that it will destigmatise mental illness, and increase access to relevant data, removing obstacles to researching the phenomenon of suicide. Most importantly, it will allow the Government of Pakistan to develop a National Suicide Prevention Strategy that builds the capacity of the existing the existing health system.

## Discussion

Suicide is a complex and multifaceted issue that is usually a complication of mental illness and a result of patients losing hope of recovery.<sup>2</sup> In several Commonwealth countries, including Pakistan, the laws criminalising suicide are remnants of their colonial past. While it has been a struggle for several countries like

Pakistan, including Ghana and Malaysia, to successfully decriminalise suicide, there remains a range of responses within Muslim-majority nations.<sup>27</sup> In Pakistan, where efforts to decriminalise, suicide have faced challenges, lessons can be drawn from diverse experiences. Certain Muslim countries, such as Egypt,<sup>28</sup> have witnessed a backlash against decriminalisation attempts. Recent endeavours to recriminalise suicide in Egypt have highlighted the cultural and religious complexities surrounding this issue. The surge in reported cases has led to renewed debate on the balance between legal considerations and addressing the mental health crisis. Hence drawing lessons from Egypt, it is essential for Pakistan to not only effectively implement the legal change but also continue awareness campaigns to address the societal and cultural factors influencing attitudes toward suicide.

At present, although the law decriminalising suicide has been passed in Pakistan, its full operationalisation faces hurdles due to delay in implementation of the law. Consequently, survivors continue to be treated as criminals. This situation emphasises the need for comprehensive measures to implement the law by revising the existing standard operating protocols, investing in mental health support systems and continuing public awareness campaigns.

Despite the legal progress in Pakistan, it remains too early to assess the impact on suicide rates and mental health outcomes. According to the WHO's suicide prevention target (2021), reducing suicide rates does not rely solely on the legal aspect of protecting or not prosecuting people who attempt suicide.<sup>1</sup> Therefore, in addition to suicide decriminalisation robust and evidence-based suicide prevention strategies are necessary for all countries. These strategies should include, among other things, restricting access to common means of suicide, promoting responsible reporting of suicide through social and mass media, increasing awareness about mental illness, and fostering life skills in adolescents to enable early identification, assessment, management, and follow-up for those affected by mental illness.<sup>29</sup> For this, it is crucial to view individuals who have attempted suicide as patients in need of mental health care and support rather than as criminals.

The repeal of Section 325 of the PPC in 2022 has provided an opportunity for experts to engage in conversations surrounding the implications of the law in Pakistan. However, the increased focus on the issue has also invited backlash from civil society members who continue to misunderstand the religious connotations attached to suicide. Such backlash, such as the petition filed in the FSC,<sup>17</sup> underlines the importance of continued re-education of civil society members and relevant stakeholders, such as lawyers, regarding the history of the law and the perceived misconception of suicide as being punishable under Islamic law.

