Decriminalization of suicide as per Section 115 of Mental Health Care Act 2017

SIR,

Attempted suicide is self-injury with the desire to end one’s life that does not result in death. According to the WHO, around 8 lakhs people die of suicide every year and up to 25 times as many make a suicide attempt. According to the Section 309 of Indian Penal Code (IPC), suicide attempt was considered as an offence. It might have been implemented to act as a deterrent to prevent suicidal attempts. However, suicide attempts occur in the background of severe mental stress. According to a previous study, 93% of suicide attempters were found to be psychiatrically ill at the time of commission of suicide attempt. Therefore, it is necessary to decriminalize suicide. Universal attempt to decriminalize suicide has been made. In India, Sec 309 IPC has remained untouched and not amended for the past 155 years, thus warranting a relook and repeal. The Delhi High Court first condemned Sec 309 IPC as “anachronism unworthy of society” (1985). Supreme Court in 1994 called it “irrational and cruel and hence void” which was then overruled by a panel of judges.

According to the Section 115 of Mental Healthcare Act (MHCA), 2017, suicide attempters are presumed to have severe stress, not to be punished and the government should have duty to provide care, treatment, and rehabilitation to reduce the risk of recurrence. Decriminalization might lead to openly seeking help, improvement in epidemiological data, better planning, and resource allocation.

Knowledge of law is poor in India. Keeping Sec 309 IPC as a deterrent is of no point, if public is not aware of this Act. Hence, it becomes very important to assess awareness regarding laws of suicide. After enactment of MHCA, 2017, it has to be mandatorily implemented. It is very important to know the challenges that might be faced and to assess the awareness and attitude of public to the Act. There have been no studies to address these issues. In this background, the current study was undertaken with objectives of finding out the awareness of suicide attempters and their attitude toward these laws. The guidelines that need to be followed when a patient gets admitted with a history of an attempted suicide [Table 1] were set and thirty consecutive patients were interviewed once they were stabilized and after taking informed consent. A semistructured pro forma was used to collect sociodemographic details, awareness, and attitude toward the Act.

Majority of participants belonged to the age group of 25–44 years (50%). Family conflicts (43.3%) were found to be the most common cause for suicide attempt whereas financial burden and marital disharmony were principal reasons in a previous study. Majority (70%) were unaware of Sec 309 IPC in consistence with prediction made in a previous study. No one was aware of Sec 115 of MHCA, 2017, and there was no study for comparison [Table 2]. Among the minority of those who were aware of Sec 309 IPC, most of them told that they would still not seek help in case they get suicidal ideas in future though they were made aware of Sec 115 of MHCA. Majority of patients (80.0%) felt that suicide attempters should not be punished. Most of them felt psychiatry reference helpful (63.3%) and psychiatry help should be given to all attempters (63.4%). When they were made aware of the Act, majority of them (90.0%) felt that passing this Act was a very good decision.

There is no awareness regarding the laws related to suicide and most of them are against criminalization of

| Questions | Yes n (%) | No n (%) | Total n (%) |
|-----------|-----------|----------|-------------|
| Are you aware of Sec 309 IPC? | 09 (30.0) | 21 (70.0) | 30 (100.0) |
| Do you think it is justified to punish suicide attempters? | 05 (16.7) | 25 (83.3) | 30 (100.0) |
| Are you aware of Sec 115 of MHCA 2017? | 00 (00.0) | 30 (100.0) | 30 (100.0) |
| Do you think passing this act was a good decision? | 27 (90.0) | 03 (10.0) | 30 (100.0) |
suicide. People are not willing to seek official help when they get suicidal ideas. It can be concluded that there is ambivalence and ignorance in the society regarding suicide. Ambivalence could be due to the stigma associated with psychiatric consultation. In the background of these findings, it is reasonable to insist that public health policy makers consider planning programs to increase awareness regarding Sec 115 of MHCA. Ignorance can be removed through media and hospital-based efforts. In conclusion, even after 155 years of implementation of Sec 309 IPC, awareness is very poor. Sec 115 of MHCA will also fail if steps are not taken to increase the awareness. Furthermore, there is a need for follow-up studies to know the outcome in terms of change in suicide rate, seeking help, psychiatry referrals, and epidemiological data. Only time can tell the long-term effect of the implementation of this Act.

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