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A BILL

FOR

AN ACT TO ESTABLISH A FRAMEWORK FOR SUICIDE PREVENTION, DECRIMINALISE ATTEMPTED SUICIDE, AND PROVIDE FOR THE REHABILITATION OF PERSONS WHO ATTEMPT SUICIDE, AND FOR RELATED MATTERS

Sponsored by Senator Asuquo Ekpenyong

[ ] Commencement

ENACTED by the National Assembly of the Federal Republic of Nigeria as follows-

PART I - OBJECTIVES AND APPLICATION

1. The objectives of this Act are to- Objectives

(a) provide direction for a coherent, rational and unified response to the challenges relating to the delivery of suicide prevention services in Nigeria;

(b) promote and protect the rights and freedoms of persons who have attempted suicide and are in need of suicide prevention services and ensure that their rights under the law are guaranteed;

(c) ensure a better quality of life through access to integrated, well-planned, effectively organised and efficiently delivered suicide prevention services in Nigeria;

(d) protect persons who have attempted suicide from discrimination, victimization and exclusion from healthcare, education, work, community and social life;

(e) to reduce the incidence of suicide in the country;

(f) to promote best practice suicide prevention policies across states in the country and articulate the role of the State actors in implementing suicide prevention strategies;

(g) to provide for training and education in relation to suicide prevention;

(h) to provide for the identification of priority population groups and implementing suitable initiatives to prevent suicide within such groups;

(i) to provide a framework to ensure that suicide prevention response is a priority across all levels of government and community;

(j) To ensure timely and appropriate support is provided to those who have been affected by the suicidal behaviour of another. Such affected persons will include significant others, informal carers and professional groups.

PART II - RIGHTS OF PERSONS WHO HAVE ATTEMPTED SUICIDE AND IN NEED OF SUICIDE PREVENTION SERVICES

Rights of persons with suicidal behaviour

2. Without prejudice to the provisions of any other existing legislation, persons who have attempted suicide and in need of suicide prevention services, shall-

(a) exercise their civil, political, economic, social, religious, educational and cultural rights, without any discrimination on the ground of physical or mental disability, age, gender, race, language, religion, ethnicity or nationality;

(b) receive intervention of the same quality and standard in a safe and conducive environment as any other person;

(c) receive intervention, which addresses holistically their needs through a multidisciplinary care plan approach;

(d) receive intervention in the least restrictive environment and manner;

(e) be protected from torture, cruel, inhuman and degrading treatment;

(f) receive aftercare and rehabilitation, where possible, in the community in order to facilitate their social inclusion;

(g) be informed about their state of health and the multidisciplinary services available to cater for their needs and the treatment options available;

(h) actively participate in the formulation of the multidisciplinary intervention plan;

(i) give informed consent, where possible, before any treatment or care is provided and such consent shall be recorded in the person's clinical record; where the person is unable to provide consent, section 64 of the National Health Act (2014) shall apply.

(j) notwithstanding the provision of paragraph (i) of this section, the person shall have the right to withdraw consent;

(k) be entitled to a legal representative and carer of their choice;

(l) have the right to confidentiality of all information about themselves, illness and treatment in whatever form stored and such information shall not be disclosed to third parties without their consent unless-

(i) there is a life-threatening emergency when information is urgently required to save lives,

(ii) it is in the interest of public safety,

(iii) it is ordered by a court of competent jurisdiction, or

(iv) the person requesting for such information is entitled by law to receive it;

(m) have access to their respective clinical records unless, in the opinion of the health professional, revealing such information may cause harm to the person's health or put at risk the safety of others;

(n) be entitled to contest any decision to withhold any information pursuant to paragraph (m) of this section, either personally or through a legal practitioner of his choice;

(o) be informed within twenty-four hours of admission to a facility of their rights in a form and language which the person understands and how to exercise such rights, but where the person is mentally incapacitated, the legal representative or the guardian shall be entitled to such information;

(p) be entitled to a legal practitioner of his choice and where he

cannot afford the services of a legal practitioner, the Legal Aid Council of Nigeria or National Human Right Commission shall provide legal assistance to the person; and

(q) where applicable, not be subjected to solitary confinement except in exceptional circumstances.

PART III - COORDINATION AND GOVERNANCE

Coordination

3.-(1) The lead ministry shall be the Ministry responsible for Health and Social Welfare through its Department of Mental Health Services.

(2) The Ministry responsible for Health and Social Welfare through its Department of Mental Health Services shall establish a Suicide Prevention Unit. Equivalent State ministries shall be required to establish similar suicide prevention units.

(3) In pursuing the objectives of this Act, the Ministry responsible for Health and Social Welfare shall collaborate within an inter-ministerial framework with the relevant government ministries including but not limited to the Ministries of Labour & Productivity, Finance & Budget Planning, Humanitarian Affairs, Education, Women Affairs and Social Development, Interior, Justice, and Police Affairs.

(4) The ministry responsible for health and social welfare shall also collaborate in a multi-sectoral framework with agencies, development partners as well as Civil Society Organisations (CSOs).

Status of the National Suicide Prevention Strategic framework

4. The extant National Suicide Prevention Strategic Framework shall be the guiding document for suicide prevention efforts in Nigeria:

(1) The Ministry responsible for health and social welfare through its Department of Mental Health services shall ensure that the National Suicide Prevention Strategic Framework is revised periodically.

Establishment of a National Suicide Prevention Task Force

5. Under the powers granted under section 5(1), the Health and Social Welfare Ministry shall establish a National Suicide Prevention Task Force responsible for overseeing the implementation of the framework and coordinating efforts across relevant sectors.

(1) The task force shall be constituted by the Minister in charge of health and social welfare based on the recommendation of the Department of Mental Health Services.

(2) The task force will be responsible for overseeing the execution of the strategic plan, monitoring progress, and evaluating the effectiveness of suicide prevention programs.

(3) It shall comprise experts in mental health, policymakers, representatives from relevant agencies, and individuals with lived experience of suicide.

(4) The task force shall play a critical role in driving forward national efforts to prevent suicide and promote mental health.

Responsibility of state actors for the implementation of National Suicide Prevention Strategic framework

6. Federal and state actors shall bear responsibility for the implementation of the strategic framework at the national, state, and community levels.

Establishment of National and State suicide prevention centres

7. National and state suicide prevention centres shall be established in the relevant ministry responsible for health (and social welfare, where applicable) under this act for the purpose of developing and maintaining a National Database on suicide and attempted suicide incidents.

National and State suicide surveillance systems

8. Pursuant to section 9 of this act, the National suicide prevention centre and comparable state organs shall establish national and sub-national Suicide Surveillance Systems as may apply:

(1) The applicable Suicide Surveillance System shall provide contemporaneous data to enable swift determination of any new national or sub-national trends in suicidal behaviours.

(2) Necessary intervention based on research evidence shall be recommended by the applicable Suicide Prevention Centres to the Minister in charge of Health and Social Welfare.

Data Collection and Analysis

9.-(1) The Surveillance system shall gather information on the spectrum of suicidal behaviour by age, gender, method and other demographics. The new system under the auspices of the Ministry

responsible for health and social welfare shall publish a monthly report on its findings so that any action can be taken promptly.

(2) Health care facilities shall be obligated under the law to provide data related to suicidal behaviours when directed by the relevant suicide prevention centre.

(3) Privacy and Confidentiality of data in line with Part V of the Data Protection Act 2023 shall be guaranteed under this act.

(4) The National Suicide Prevention Centre shall have the responsibility of reporting and disseminating data related to suicidal behaviour nationally.

(5) Pursuant to section 11(4), state suicide prevention centres shall participate in data sharing arrangements with the National Suicide Prevention Centre in line with Parts V and VII of the Data Protection Act 2023 for the collation of national level data related to suicidal behaviour.

(6) Public Access to data related to suicidal behaviour shall be permitted under this act within the provisions of section 11(3) with due reference to data protection steps such as anonymisation of data and applicable access restrictions in line with Part VII of the Data Protection Act 2023.

(7) The main aim of data generated under this section shall be policy development. In the spirit of knowledge evolution, the use of such data to advance the evidence-based research related to suicidal behaviour shall not be precluded under this act.

Research on Suicide Prevention

10.-(1) Research on risk factors of suicide and suicide prevention shall be priority areas for suicide prevention centres and aimed at addressing the gaps in knowledge, understanding of trends and identification of at-risk groups.

(2) Suicide-related research shall also be aimed at developing culturally sensitive interventions and exploring the effectiveness of established preventive strategies.

PART IV - SUICIDE PREVENTION SERVICES

Mental health and psychosocial support services

11. Mental Health and psychosocial support services shall constitute one of the mainstays of the national and subnational suicide prevention services:

(1) Mental health and psychosocial support services shall be provided for those at risk of mental health conditions and may be found to demonstrate suicidal behaviour.

(2) In cases where persons who have demonstrated suicidal behaviour are found to lack mental capacity to consent to interventions, such necessary interventions as may be indicated may be provided in their best interests and consistent with the provisions of section 64 of the National Health Act (2014).

(3) As part of mental health and psychosocial support services, the public shall be periodically educated about mental health and its relationship with suicidal behaviour. The steps taken to achieve the aim of section 13(3) shall include but not be limited to the following:

(a) Health education campaigns and raising awareness about suicide prevention and mental health;

(b) Public awareness campaigns to reduce stigma surrounding suicidal behaviour and mental health;

(c) Integration of suicide prevention and mental health education into school curricula at all levels and in professional training programs for healthcare workers;

(d) The National Orientation Agency, the media, educational institutions, and civil society organisations, among others shall have critical roles in the implementation of public enlightenment strategies relevant to mental health and its wider ramifications including stigma and suicidal behaviour.

Crisis Intervention Services

12.-(1) The government at all levels shall:

(a) Establish and maintain 24-hour crisis intervention helplines

and support services;

(b) Ensure timely access to emergency mental health services for individuals in crisis.

(2) Funding for emergency services shall be provided under the emergency fund as envisaged under section 11 of the National health Act (2014) and other funds as may be prescribed under existing legislation.

Suicide Prevention Training

13.-(1) The Suicide Prevention Unit under the Department of Mental Health Services shall develop and implement training programs for healthcare providers, law enforcement and correctional service personnel, educators, media, community leaders, employers of labour and other relevant stakeholders on suicide prevention, risk assessment, and intervention strategies.

(2) The unit shall prepare training manuals to be based on national guidelines/national suicide prevention framework.

(3) The unit shall ensure the mandatory initial and subsequent periodic update training programs for frontline staff in healthcare, law enforcement, correctional services and other pertinent entities, encompassing aspects of suicide prevention, risk evaluation and intervention techniques.

Development of Framework for Medical Treatment

14.-(1) The Department of Mental Health Services in collaboration with other relevant Departments in the Federal Ministry responsible for Health and Social Welfare shall:

(a) Develop and standardize medical treatment protocols for individuals at risk of or affected by suicidal behaviours;

(b) Ensure these protocols are evidence-based;

(c) Ensure early Identification, referral and treatment of those demonstrating suicidal behaviour;

(d) Parents, Teachers Community and Religious leaders, and Employers are expected to refer persons found to demonstrate suicidal behaviour for mental health and psychosocial support as well as other relevant health interventions;

(e) Intervention by members of the public to prevent a person from taking an action or actions amounting to a suicide attempt using reasonable force shall be permitted under this act;

(f) Intervention by police and relevant law enforcement agents using reasonable force and consistent with their duties under their enabling act shall be permitted under this act.

(2) Suicide prevention services including assessment and relevant intervention comprising mental health and psychosocial support shall be available in primary, secondary and tertiary health facilities across the country. These shall include public and private health facilities.

(3) Suitably trained health workers will provide assessment based on current national guidelines for suicide prevention and make appropriate referrals to higher levels of healthcare where necessary based on the clinical condition of the affected individual.

PART V - OFFENCES AND INDEMNIFICATION

Offences

15. Offences defined under the act shall include the following:

(1) No person shall violate the right of persons as specified under this Act.

(2) Without prejudice to the provisions of any other law, any person who contravenes the provisions of subsection (1), commits an offence and is liable on conviction to fine of at least N500,000 or imprisonment for a term of at least one year.

(3) Any person who willingly causes, conspires with or assists another to cause - (a) the unwarranted involuntary confinement of any person in a treatment and any other facility under this Act, or (b) the denial to any person of any of the rights accorded to the person under this Act, commits an offence and is liable on conviction to a fine of at least N200,000 or imprisonment for a term of at least six months, and the facility management shall also be held liable.

(4) A person who forges or makes false entry or statement in any

document required or authorised to be made under this Act, commits an offence and is liable on conviction to a fine of N500,000 or imprisonment for a term of at one year or both

(5) A person who physically, sexually, emotionally or in any other way abuses a person who attempts suicide shall be guilty of an offence and shall be liable on conviction to (a) one year imprisonment or a fine of N200,000 or both in the case of emotional or psychological abuse - (b) a term of imprisonment not exceeding 5 years or a fine of not exceeding N500,000 or both - (c) a minimum of 12 years imprisonment without an option of fine in a case amounting to rape.

(6) A person who unlawfully breaches the confidentiality of the information of a person who has attempted suicide shall be guilty of an offence and shall be liable to a fine of N100,000 or 6 months' imprisonment or both.

(7) A person who unlawfully creates a copy of health-related data of a person who has attempted suicide shall be guilty of an offence and shall be liable to a fine of N250,000 or 6 months' imprisonment or both.

Indemnification

16.-(1) Healthcare providers, mental health professionals, and ordinary citizens engaged in acts consistent with the aim of preventing suicidal behaviour shall be indemnified against legal liabilities arising from their actions carried out in good faith.

(2) Indemnification under the provisions of section 18(1) protect individuals who operate in the best interest of those at risk of suicide from unjust legal repercussions.

(3) Section 18(1) shall be void to the extent to which the act in question is regarded as unreasonable, unnecessary or disproportionate.

Regulations

17.-(1) The Minister responsible for health and social welfare shall have powers to make regulations to carry out the objectives of this act.

(2) Without prejudice to subsection (1), the regulations may provide for-

(a) the manner in which the state organs may discharge their duty or

perform any function under this act;

(b) any matter that under this Act is required or permitted to be prescribed;

(c) the procedures to be followed under this Act in giving effect to its provisions.

Repeals

18. This act decriminalizes the act of attempted suicide by repealing the following laws:

(1) Section 327 of the Criminal Code Act

(2) Section 231 of the Penal Code

Interpretation

19. In this Bill-

"At risk groups" refers to persons experiencing the burden of mental health and psychosocial challenges;

"Constitution" refers to the Constitution of the Federal Republic of Nigeria 1999, as amended;

"Department" refers to the Department of Mental Health Services under the Federal Ministry of Health and Social Welfare;

"Carer" shall refer to someone who helps another person, usually a relative or friend, in their day-to-day life. This help may be required because of illness, frailty, disability, a mental health problem or any other form of psychosocial or physical distress. This term shall not refer to those who provide care professionally.

"Lived experience of suicide" refers to insights gained from persons who have directly had suicidal thoughts, ideation or behaviour.

"Multi-sectoral approach" involves coordinated efforts across different sectors for suicide prevention;

"National suicide prevention strategic framework" outlines national suicide prevention strategies as developed by the Federal Ministry of Health and Social Welfare.

"National Suicide Prevention Task Force" refers to a task force to oversee the strategic framework's execution;

"Postvention" refers to all measures that reduce risk and promote healing after suicide death;

"Significant other" shall be taken to mean the spouse, immediate family member, other relative or individual who interacts most frequently with the affected person in a variety of settings. This person shall have a meaningful relationship and shall be considered by the affected person to be essential to the provision of interventions relevant to the affected person;

"Suicidal behaviour" refers to a range of behaviours that include suicidal thoughts, suicide planning, attempted suicide and completed suicide (WHO, 2014);

"Suicide prevention" refers to measures aimed at preventing suicidal behaviour and reducing suicide rates. For the purpose of this Bill, a reference to suicide prevention will be taken to include postvention;

"Suicide mortality rate" represents the number of deaths by suicide within the country per 100,000 population;

"Suicide Prevention Centre" shall be taken to refer to a centre that coordinates surveillance, research and data collection related to suicidal behaviour;

"Suicide Prevention Unit" refers to a unit established by the Ministry responsible for health and social welfare to manage and execute suicide prevention initiatives;

"24-hour crisis intervention" denotes mental health and psychosocial support services available for 24 hours, seven days a week to individuals in crisis.

Short title

20. This Bill may be cited as the National Suicide Prevention Bill, 2026.

EXPLANATORY MEMORANDUM

This Bill seeks to establish a framework for suicide prevention, decriminalise attempted suicide, and provide for the rehabilitation of persons who attempt suicide.