

The state of suicide prevention in Bangladesh
a country with limited resources

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Objective: To assess the contextual and policy requirements for suicide prevention in Bangladesh.

Background:

- ◆ In Bangladesh, an average of 14,000 to 15,000 people die by suicide each year. Suicide, or self-harm itself, accounts for an estimated 6% of all deaths among the 15–29-year-old population.
- ◆ It is the second leading cause of death in this age group after road-traffic injuries. Among students aged 13–17, 4.4% of boys and 5.8% of girls consider attempting suicide.
- ◆ 4.7% of adolescents & youth had suicidal thoughts, and 1.5% had suicidal plans and attempted suicide at least once.
- ◆ Females had more serious suicidal thoughts than males (6.6% vs. 2.6%); the 20-35 years age group is more among the suicides.
- ◆ Suicide cases often underreported due to social stigma and limited reporting of suicide or suicide attempts within the health system, requiring a strong national surveillance system.
- ◆ Bangladesh has only a suicide prevention strategy built in with the MH strategy. Suicide is a criminal offence according to its’ penal code inherited from the colonial era. It means, suicide or attempted suicide as a punishable crime by imprisonment or fine or both.

Methods:

- ◆ Analysis of related mental health policy, act and strategic plan, and other secondary documents.
- ◆ Key informant interview conducted among key government stakeholders (5), 3 influential people with policy formulation.
- ◆ Interviews conducted with 5 community actors on mental health and suicide prevention activities.

Mental Health and Suicide: Current Context in Bangladesh

Lack of National surveillance and reporting system on suicide	No comprehensive and countrywide coordinated suicide prevention program	Weak mental healthcare systems
Poor access to prevention interventions, health and aftercare services	Criminalisation of suicide and suicidal behaviors in the law	Discriminative health care financing in mental healthcare and suicide behavior
Lack of intersectoral coordination on mental health psychosocial issues	Lack of integration of MH into primary healthcare service delivery	Limited awareness Programme for suicide prevention and destigmatisation.

Available Services

- ❑ National Institute of Mental Health and Hospital – 200 beds
- ❑ Mental Hospital, Pabna – 500 beds
- ❑ Bangladesh Medical University- 40 beds
- ❑ Medical Colleges and hospitals
- ❑ Universities – Psychology, Clinical Psychology, Counselling Psychology and School Psychology departments
- ❑ NGOs and Drug Decontamination Centers

Policy and strategy

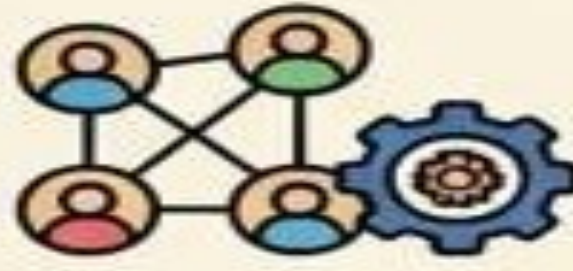
- ❑ Suicide prevention strategy is in built with MH strategy
- ❑ Mental Health Act 2018 and National Mental Health Policy 2022
- ❑ National Mental Health Strategic Plan 2022
- ❑ NDD Protection Trust Act 2013 and NDD and Autism Strategic Plan 2016
- ❑ Special Initiative for Mental Health and LIVE LIFE interventions for suicide prevention by WHO

Discussions

- ◆ Suicide needs to be monitored and reported on the national level.
- ◆ There are no systematic, countrywide coordinated suicide prevention programs.
- ◆ Weak mental healthcare systems and a lack of access to preventative treatments are important reasons for the country's limited services.
- ◆ The Penal Code directly **contradicts** public health aspect and human rights of all subsequent mental health legislation and plans.
- ◆ Discriminatory healthcare finance in mental health and suicide conduct persists, posing an obstacle to strengthening the healthcare system.
- ◆ There is a lack of multisectoral collaboration on mental health psychosocial concerns, MH is not integrated into basic healthcare service delivery, and awareness is low.

Actions Recommendation for Future Suicide Prevention Program

The following detailed recommendations came from the discussion to advance the suicide prevention program:

 Immediate legislative action is required to repeal Section 309 of Bangladesh Penal Code, 1860, thereby classifying attempted suicide as a health crisis requiring medical and psychosocial support rather than a criminal offense subject to imprisonment or fines.	 Mental health should be integrated into the primary healthcare system.	 Empower and train grassroots/community organisations.	 Increase the budget for mental health.	 Develop mental health and suicide first aiders.
 Activate national helpline and support systems.	 Develop a suicide prevention strategy separately.	 Standardise research methods. Train law-enforcing authorities.	 Appointing psychiatrists and psychologists in the educational institutions.	

