

Context Matters: Implementing Zero Suicide in Nigeria Under Restrictive Suicide Laws

JohnBosco C. Chukwuorji¹, Brian K. Ahmedani², Echezona E. Ezeanolue³, Taiwo L. Sheikh⁴, & Jennifer E. Johnson¹

¹Michigan State University. ²Henry Ford Health. ³IVAN Research Institute, Enugu Nigeria. ⁴Ahmadu Bello University, Zaria, Nigeria. Email address: chukwuorj@msu.edu



Introduction

The problem

Suicide prevention approaches are implemented within specific legal, cultural and health-system contexts.

The gap

There is limited implementation evidence concerning Zero Suicide in settings where suicide remains legally restricted.

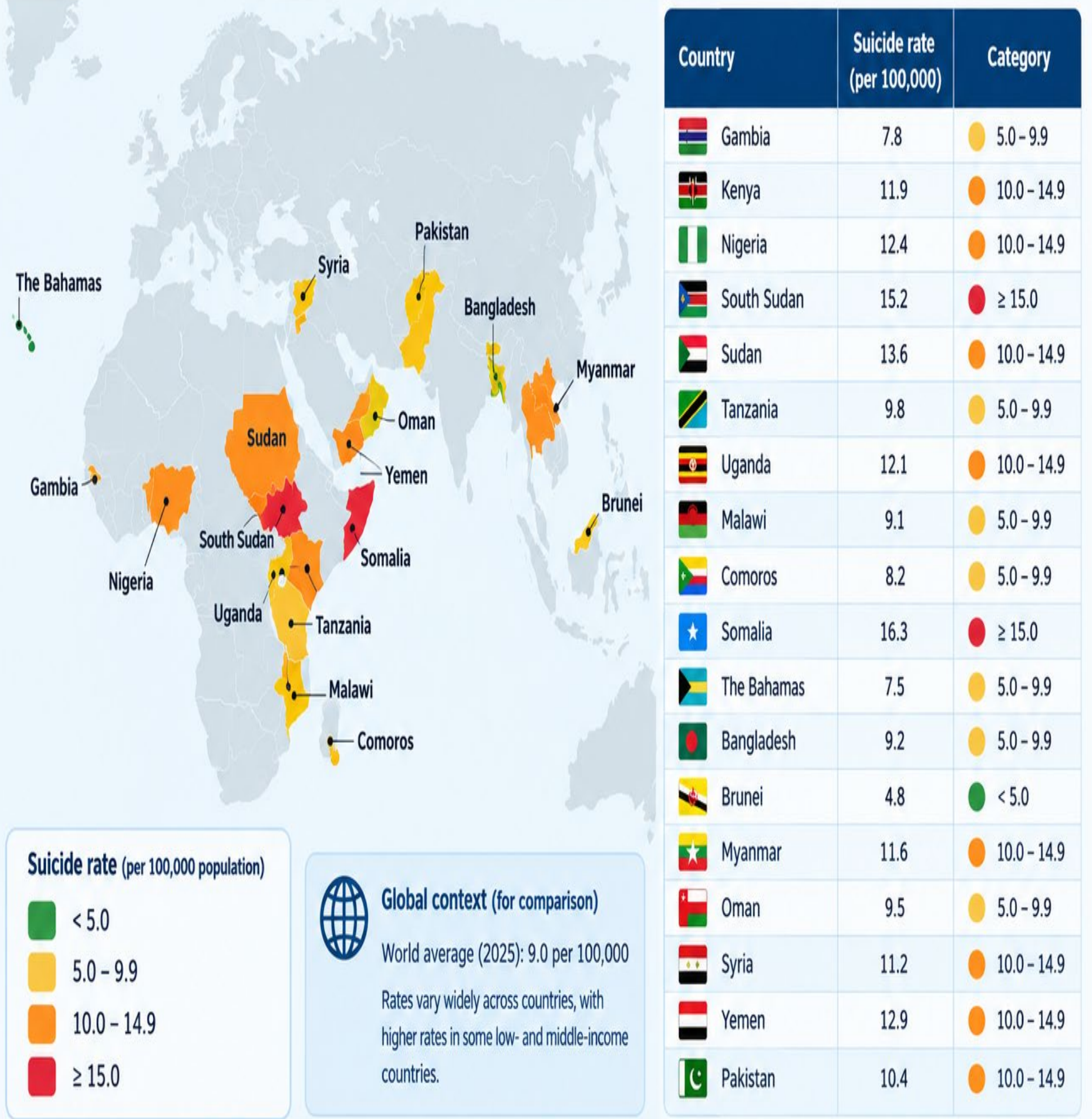
Research question

How can Zero Suicide principles be feasibly and appropriately implemented within a restrictive legal context?

Estimated Suicide Rates in Countries Where Suicide Is Illegal

WHO 2025 data (age-standardized rate per 100,000 population)

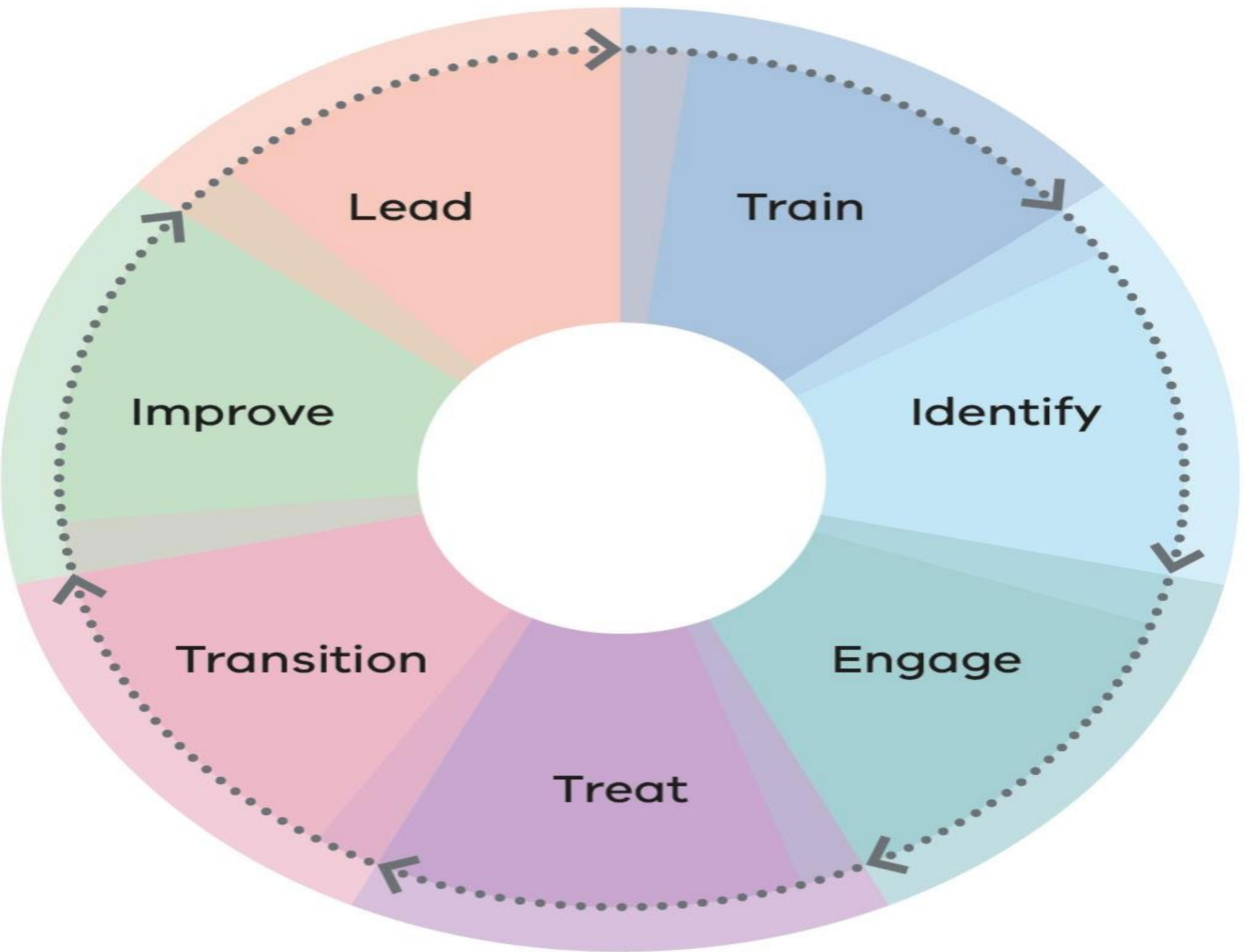
In some countries, suicide is a criminal offence, which can create fear, stigma and barriers to seeking help. Despite these legal restrictions, suicide remains a significant public health concern.



Countries which criminalized attempted suicide do not have consistently lower suicide rates compared to the global average (Lew et al., 2022).

Why Zero Suicide (ZS)?

ZS is an evidence-based, multilevel, system-wide suicide-prevention model that has been associated with up to 80% reductions in suicide attempts and deaths and is implemented in >20 countries and hundreds of U.S. health systems (Ahmedani et al., 2025).



What are we doing and how?

SAFER: (Suicide prevention Adoption and Framework for Enhanced Response in healthcare) - A contextually grounded Zero Suicide implementation approach

AIM 1

Assess implementation readiness and determinants

Participants: 720 healthcare providers

Measures:

- Feasibility
- Acceptability
- Appropriateness
- Provider attitudes
- Stigma
- Organizational readiness

12 hospitals

- Plus:
- 6 key-informant interviews
- 3 focus groups
- ~30 healthcare workers

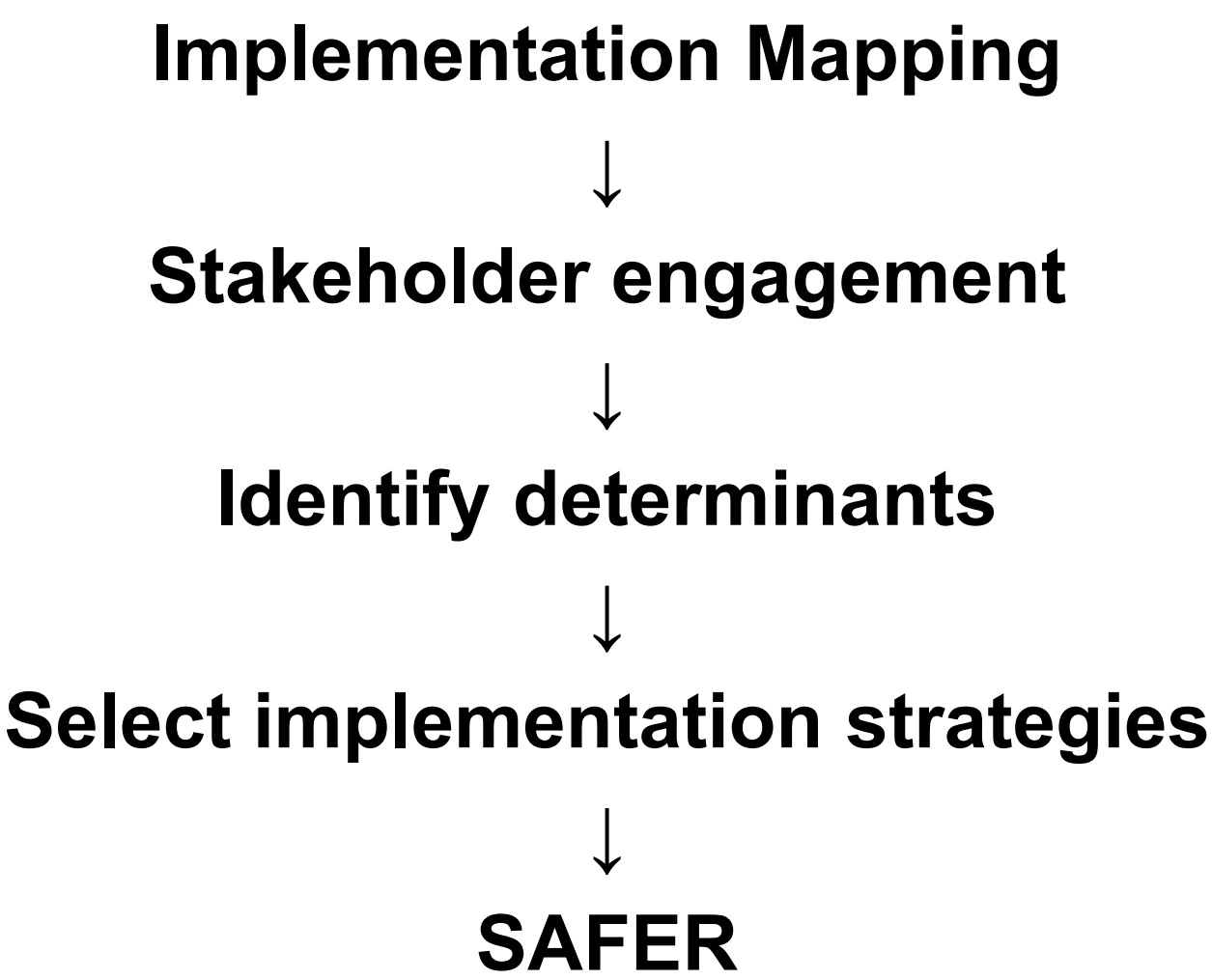
Why Nigeria?

Most populous black country in the world
Alignment with the new Nigeria Suicide Prevention Strategic Framework
Nigeria Implementation Science (NISA) MIRCS - locally driven infrastructure for multicentre research

NISA-MIRCS Hospitals and Regional Centres



AIM 2: Co-create an implementation strategy



When are we doing it?

Timeline	Year 1												Year 2											
Activity/Process	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Hire & train staff, set up management teams	X																							
Develop the implementation approach									X	X	X	X												
Collect Qualitative Data		X	X	X	X	X	X	X													X	X	X	
Annual provider survey											X	X	X											
Data cleaning		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Analyze data, submit manuscripts							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

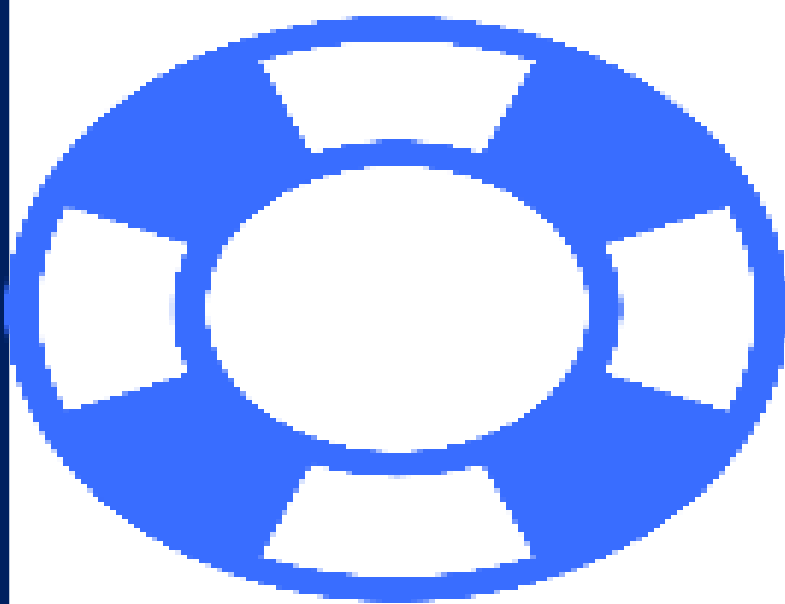
Expected Contribution

Lay the foundation for a future implementation trial of the proposed implementation strategies.

The successful completion of the study may pave the way to save thousands of lives through widespread national adoption.

Generate evidence to inform implementation of suicide-prevention practices in healthcare systems operating within restrictive legal contexts and settings with high suicide stigma.

Acknowledgements



American Foundation for Suicide Prevention

References

Ahmedani, B. K., Penfold, R. B., Frank, C., et al. (2025). Zero Suicide model implementation and suicide attempt rates in outpatient mental health care. *JAMA Network Open*, 8(4), e253721. <https://doi.org/10.1001/jamanetworkopen.2025.3721>

Lew, B., Lester, D., Mustapha, F. I., et al. (2022). Decriminalizing suicide attempt in the 21st century: an examination of suicide rates in countries that penalize suicide, a critical review. *BMC Psychiatry*, 22(1), 424. <https://doi.org/10.1186/s12888-022-04060-5>

Olawepo, J. O., Ezeanolue, E. E., Ekenna, A., et al. (2022). Building a national framework for multicentre research and clinical trials: experience from the Nigeria Implementation Science Alliance. *BMJ global health*, 7(4), e008241. <https://doi.org/10.1136/bmjgh-2021-008241>