

Perpetrators or Patients: A Study on The Perception of CFS IIUM Students Towards the Decriminalising of Attempted Suicide in Malaysia

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Abstract: *Attempted suicide is an intentional and deliberate act of ending one's life in which death fails to occur. Section 309 of the Malaysian Penal Code prescribes attempted suicide as one of the criminal offences in Malaysia. However, the Malaysian Parliament passed three bills in 2023, aiming to decriminalise attempted suicide, which indicates a significant shift in how the largely taboo topic is treated in our country and joining other countries. This research aims to study the background of the decriminalisation of attempted suicide in Malaysia, together with an analysis of legal provisions about the issue. Furthermore, the research targets to study perceptions towards the decriminalisation of attempted suicide and identify the aftermaths of this decision in Malaysia, advocating for a standard shift from viewing attempters as criminals to treating them as patients. By conducting a qualitative study through a survey among Art-based students at the Centre for Foundation Studies, IIUM, the results will be utilised in analysing how university students perceive those who attempted suicide and the potential impact of decriminalisation. In order to support this, the study will examine how other countries have implemented supportive legal frameworks or healthcare services. These approaches not only prioritise the well-being and recovery of individuals but also contribute to reducing the overall suicide rates in society. Thus, our findings underscore the importance of raising awareness about attempted suicide and the effect of legal reforms to effectively address this public health issue.*

Keywords: Mental Health Law, Decriminalisation, Suicide Attempts, Perception

1. Introduction

1.1 Background of the Study

Suicide is defined as the deliberate act of ending one's own life, while a suicide attempt involves intentionally harming oneself with the goal of ending life, although death fails to occur (Centre for Disease Control and Prevention, 2024). According to the World Health Organization (WHO, 2024), over 700,000 people commit suicide and die each year globally. Additionally, for every suicide, there are many more individuals who attempt suicide. A prior suicide attempt is recognised as a significant risk factor for suicide within the general population. Prior to 2023, attempting to commit suicide had been classified as a criminal

offence in Malaysia by virtue of s 309 of the Penal Code. This section prescribes imprisonment, fines, or both for those who attempt to commit suicide. The law is in *pari materia* with the Indian Penal Code, taking after the fundamental aspects of England Common Law (Aliff Danial & Muhammad Zulhanif, n.d.). The criminalisation of attempted suicide has long been a controversial topic, as it punishes individuals who are already in a state of severe distress and need psychological support rather than legal penalties.

The situation began to shift significantly on June 21, 2023, when both houses of Malaysia's Parliament passed three bills to decriminalise attempted suicide, marking a significant transformation in how we address the issue of suicide and mental health (Yasmien, 2023). By decriminalising suicide attempts, Malaysia joins other countries that have adopted a more supportive approach towards individuals experiencing suicidal thoughts. This move reflects a broader understanding and acknowledgment of mental health issues, further aligning with global perspectives that advocate for support for these vulnerable groups of people. It underscores a critical shift from a punitive approach to one that prioritises mental health care, support, and rehabilitation.

The current Malaysian Mental Health Legal Framework highlights these several related provisions including Mental Health Act 2001, Mental Health Regulations 2010 and also Person with Disabilities Act 2008 in which mental disabilities were also recognised as persons with disabilities. Until this day, there hasn't been any independent authority in such a commission, monitoring the national mental health care unlike the other common law countries. Thus, Malaysia solely relied on the Minister of Health as a statutory authority responsible for this matter (Arumugam et al., 2023). The existence of four mental health care hospitals in Perak, Johor, Sarawak and Sabah could have manifested an unstable approach of the government in lack of expertise of psychiatrists in this field. To add to that, there are some psychosocial support helplines initiated, either by government entities or civil society organisations (CSOs), like BeFrienders Malaysia, *Talian Heal* by Ministry of Health Malaysia, and *Talian RAHMAH* by *Angkatan Belia Islam Malaysia* (ABIM).

Despite this progressive step, the new framework for handling attempted suicide in Malaysia remains in its early stages. There is a pressing need for comprehensive public education and awareness campaigns to inform the population about the changes in the law and the available mental health support services. Many people in Malaysia are still unaware of decriminalisation and the implications it holds for those struggling with suicidal thoughts. Moreover, this legal reform opens up new avenues for research and policy development. There is an urgency to evaluate the effectiveness of decriminalisation in reducing suicidal rates and improving mental health outcomes. It is also crucial to explore the adequacy of existing mental health services and identify gaps that need to be addressed to ensure that individuals who are at risk receive appropriate care.

In addition to legislative changes, the stigma surrounding mental health and suicide remains a significant barrier to seeking help. Cultural and societal attitudes towards mental health issues and suicide need to be addressed to create an environment where individuals feel safe and supported in seeking help without fear of judgement or legal repercussions.

1.2 Status Quo on the Issue of Suicide in Malaysia

The National Health and Morbidity Survey of Malaysia (NHMS) 2022 shows a significant increase in suicidal thought and attempted suicide rates among Malaysian teens aged 13-17. The prevalence of suicidal thoughts rose from 10% in 2017 to 13.1%, while attempted suicides

increased from 6.9% in 2017 to 9.5% in 2022. The survey also revealed a considerable number of teenagers experiencing depression, with a quarter reporting feeling of it. These statistics highlight the critical need for timely intervention and mental health support for this vulnerable demographic.

Furthermore, Malaysia has also seen a general increase in mental health problems across various age groups, with the overall prevalence of mental health problems among adults in Malaysia being 29.2% in 2015. Factors contributing to this trend include economic stress, academic pressure, social issues, cultural stigma, and a lack of awareness about mental health. Many individuals struggling with mental health issues do not seek professional help due to fear of social repercussions or a lack of understanding about available resources (Ministry of Health Malaysia, 2016). This is supported by mental health services in Malaysia, which are often underfunded and insufficiently distributed, particularly in rural areas.

The Malaysian government has acknowledged the urgency of addressing mental health issues and has taken steps to improve mental health care. However, the rising statistics from the NHMS underscore the need for more robust policies and programmes to address the mental health crisis, especially among Malaysian youth.

1.3 Objectives of the Study

Among the purposes for this study are:

- i. To study the background of criminalisation of attempted suicide in Malaysia
- ii. To analyse the current legal provisions related to attempted suicide in Malaysia.
- iii. To study the perception and effects from the decriminalisation of attempted suicide in Malaysia through a survey on CFS IIUM students from Arts-based courses.
- iv. To provide recommendations on how government should act that not only prioritise the well-being and recovery of individuals but also contribute to reducing the overall suicide rates in society.

1.4 Research Questions

- i. What are the historical backgrounds that led to the criminalisation of attempted suicide in Malaysia?
- ii. What are the current legal provisions in Malaysia regarding attempted suicide?
- iii. How do Malaysia's legal framework compare with laws in other countries regarding suicide?
- iv. How have countries that have decriminalised attempted suicide implemented supportive legal frameworks or services to address suicide prevention?
- v. What are the perceptions of students from Arts-based courses at CFS IIUM regarding the decriminalisation of attempted suicide in Malaysia?
 - Do the students know that nowadays, attempted suicide is no longer a criminal offence in Malaysia?
 - Do they think that decriminalising attempted suicide will help decrease the number of suicide cases in our country?
 - Do they believe that people who have suicidal thoughts should be treated as patients instead of criminals?
- vi. What recommendations can be made to the Malaysian government to support individuals who attempt suicide, prioritise their well-being, and contribute to reducing suicide rates in society?
 - How can legal reforms or policy changes be structured to support individuals' recovery and prevent future suicide attempts effectively?

2. Literature Review

2.1 History of Decriminalisation of Attempted Suicide in Malaysia

The implementation of criminalising suicide attempt in Malaysia was mainly mandated under Section 309 of Penal Code, which explicitly states, “Whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with imprisonment for a term which may extend to one year, or with fine, or with both” (Yin Ping & Ravivarma, 2019). Therefore, it can be understood that the act of suicide attempt clearly should be regarded as a crime. However, why is it considered a crime? Section 309 of the Penal Code followed the British Common Law approach; they relied steadily on their Christian beliefs, which regard the act of suicide as an immoral act. This is generally because suicide acts are against God’s will, as someone’s life is gifted by God. This belief is not much different compared to the Islamic beliefs that have been practiced widely in Malaysia (Yin Ping & Ravivarma, 2019).

Nevertheless, the implementation of s 309 of the Penal Code seems to have not achieved its initial target. According to YB Ramkarpal Singh, the ex-Deputy Minister of Law and Institutional Reform, the psychosocial helpline from KKM has received almost 210,000 calls throughout 2021 compared to 2020, which received only about 44,000 calls (Carvalho et al., 2023). It can be observed that the law does not have any impact on combating this issue, and therefore, the government wants to repeal s 309 of the Penal Code. The removal of s 309 of the Penal Code will be an initial step in helping individuals in need and encouraging them to come forward and ask for assistance to stop suicide attempts in the nation. This is due to the fact that medical treatment nowadays can help those with mental health problems, unlike in the past, when suicide attempts were illegal just as a preventative measure and not as a remedy.

Mishara and Weisstub pointed out the suicide rates in 23 out of 25 nations that had made suicides illegal or punished attempts at suicide. They concluded that neither the countries' suicide rates nor their changes from the rest of the world's suicide rates were significantly higher or lower than average (Mishara & Weisstub, 2016). This demonstrates that punishing people for their suicide attempts does not contribute to a decrease in suicides. The repeal, however, needs to be aligned with the Mental Health Act 2001 for the reason that, where a person tries to commit suicide, it is an emergency situation that requires immediate action to be taken. Thus, the amendment to the Mental Health Act primarily aims to grant “crisis intervention officers the power to apprehend individuals with or who may have mental disorders” who try to harm themselves or others or commit suicide (CodeBlue, 2023).

2.2 Analysis of Legal Provisions Related to The Issue

In the context of Malaysia’s judiciary, there are some legal provisions that could be interconnected with the issue of attempted suicide. Among them are the Penal Code (Act 574), Criminal Procedure Code (Act 593), and the Mental Health Act 2001 (Act 615).

2.2.1 Penal Code (Act 574)

When discussing criminal offences in Malaysia, it is essential to refer to the Penal Code (Act 574). The Malaysian Penal Code is one of the results from British colonial history in Malaysia, which originated based on the Indian Penal Code (Ismail, 2020). To further analyse the provisions in this Code, it is better for us to look at the perspective before and after the amendment to decriminalise attempted suicide, according to each provision one by one.

a) Section 309 about the Attempt to Commit Suicide.

First of all, s 309 of the Penal Code (Act 574, 2023) provides:

“Whoever attempts to commit suicide, and does any act towards the commission of such offence, shall be punished with imprisonment for a term which may extend to one year or with fine or with both.”

This provision directly highlights the issue of attempted suicide, which before this was a criminal offence in Malaysia. According to Harun & Ahmad, people who commit any action that could be understood by a reasonable man as intended to be attempted suicide may be caught by the Royal Malaysian Police (PDRM) and subject to a criminal proceeding (Fuzy & Roseli, 1993). However, suicide is not punishable because “there will be no offender” if he/she is able to commit suicide, making it distinctive as it is not required for a completed action of the crime (Feng, 2023). This section also did not include any illustrations or explanations, while the word ‘suicide’ is not defined in the Code. After Penal Code (Amendment) (No. 2) Act 2023 (Act A1691) was legislated through Parliament, s 309 of the Penal Code was abolished (Act A1691, 2023).

b) Section 305 about the Abetment of Suicide of Child or Insane Person.

Before the amendment, s 305 of the Penal Code (Act 574, 2023), which was introduced in 1976, mentions:

“If any person under eighteen years of age, any insane person, any delirious person, any idiot, or any person in a state of intoxication, commits suicide, whoever abets the commission of such suicide shall be punished with death or imprisonment for a term which may extend to twenty years, and shall also be liable to fine.”

This section is connected to suicide actions being made by anyone who is insane, either an idiot, under the influence of intoxicants, or a delirious person, and children under the age of 18. In this situation, the accused is seen to be complicit in the suicidal actions (Fuzy & Roseli, 1993). It could be understood that the ones committing suicide will not tend to do it because they lack mental elements unless he/she is supported by other people. The punishment for this offence is more severe than s 309, which includes the death penalty, because it was designed to show criticism against “the killing of such helpless persons” who are under the supervision of the accused (Offences Affecting Life Act of 574, 2023). By virtue of Act A1691, s 305 is substituted with the following section:

“Abetment of suicide or attempted suicide of child or person who lacks mental capacity

305. (1) Whoever abets the commission of a suicide or an attempted suicide, and knows or ought reasonably to have known that the person who committed the suicide or the attempted suicide is a child or a person who lacks mental capacity, shall be punished with imprisonment for a term which may extend to twenty years, and shall also be liable to fine.

(2) For the purposes of this section, “person who lacks mental capacity” means a person who lacks capacity to understand the consequences of committing or attempting to commit suicide, as the case may be, by reasons of unsoundness of mind, mental disorder, intoxication, or under the influence of any drug or other substance.”

Among the visible changes in this amendment is the inclusion of support for attempted suicide by children or people who are mentally incapable as a crime. Minister in the Prime Minister's Department, Datuk Seri Azalina Othman Said, highlights that this is important to prevent the targeted group from being "manipulated into attempting or committing suicide." (Carvalho et al., 2023). Apart from that, this section also made the spectrum of the target broader by defining a person who lacks mental capacity. In comparison, the previous one only generalised the target to an insane person, which could exclude any person facing mental health problems from the targeted group.

c) Section 306 about the Abetment of Suicide.

To add to that, s 306 of the Penal Code (Act 574, 2023) mentions:

"If any person commits suicide, whoever abets the commission of such suicide shall be punished with imprisonment for a term which may extend to ten years, and shall also be liable to fine."

This provision was specified for people who support another person in committing suicide. The suicide attempt must be proven successful in order to impose criminal liability on the accused (Fuzi & Roseli, 1993). It is much different from s 309 of the same Act, because in that section, the suicidal actions are being done by a person who intended to take their own life but did not accomplish it. In addition, s 306 only evolves around the action of successful suicide, not including attempted ones. After the amendment, this section is being replaced with the following section (Act A1691, 2023):

"Abetment of suicide or attempted suicide

306. Whoever abets the commission of a suicide or an attempted suicide by any person, shall be punished with imprisonment for a term which may extend to ten years, and shall also be liable to fine."

It is much similar to the amended s 305, whereby s 306 involves abetting attempted suicide on any person. Meanwhile, s 305 focused more on the child or person who lacks mental capacity. The penalty for s 306 is half that of s 305, reflecting a degree of seriousness to protect all people from suicide or attempted suicide, especially those who are mentally capable of acting rationally.

2.2.2 Criminal Procedure Code (Act 593)

Before the Criminal Procedure Code (Amendment) (No. 2) Act 2023 (Act A1692) is enforced, the Criminal Procedure Code is also referred to in the matter of attempted suicide offences, which includes the following item in the First Schedule. However, since s 309 of the Penal Code was deleted, the amending act also affected the Criminal Procedure Code by deleting items relating to the said section (Criminal Procedure Code Act of A1692, 2023).

a) Item Related to Section 305 of the Penal Code.

In this part, the Schedule refers to Section 305 of the Penal Code about the abetment of suicide committed by a child or insane person. This item mainly states that the police or enforcement officer may arrest the accused without a warrant, and they need not issue a warrant in the first instance. The offence is also not bailable, and it is compoundable. The maximum punishment available for this offence under the Penal Code is the death penalty or imprisonment for twenty years, together with a fine (Criminal Procedure Code Act of 593, 1999). According to s 277 of the Criminal Procedure Code, anyone who is sentenced to the death penalty will be hanged by

the neck until he/she is dead. However, after the amendment, the item is suited to the amended s 305 of the Penal Code, and the death penalty is abolished. This is one of the results of Malaysia's move to abolish the mandatory death penalty, which gives any defendant convicted based on the pre-amended s 305 of the Penal Code the opportunity to "appeal against their conviction" because it is "irreversible" (Amnesty Malaysia, n.d.).

b) Item Related to Section 306 of the Penal Code.

Before the amending act is in force, the Schedule mentions an item related to s 306 of the Penal Code, about abetting the commission of suicide. It is much like the previous part; however, any defendant being accused under the said section is bailable. To add to that, the maximum punishment is smaller, which is imprisonment for ten years and a fine. After Act A1692 was in force, the phrase "or attempted suicide" was added, in line with the amended s 306 of the Penal Code.

2.2.3 Mental Health Act 2001 (Act 615)

By virtue of the Mental Health (Amendment) Act 2023 (Act A1693), s 11 of the Mental Health Act 2001 could be related to the issue of decriminalisation of attempted suicide in our country. The section discusses the apprehension of mentally disordered people (Mental Health Act of A1693, 2023).

(a) Subsection 11(1) of Act 615.

11. (1) Any crisis intervention officer may apprehend—

- (a) *any person whom he has reason to believe is mentally disordered and is, because of mental disorder, dangerous to himself or to other persons or property; or*
- (b) *any person who attempts to commit suicide.*

Before the amendment, this subsection did not include paragraph (b), and it generally mentions the power of the police and social welfare officers. Now, the provision mentions the power of apprehension to any crisis intervention officer (CIOs), which is being defined in s 11(5) the same Act. It now includes police officers, officers from the Malaysian Maritime Enforcement Agency (APMM), Fire Officer, Auxiliary Fire Officer, Voluntary Fire Officer, Malaysia Civil Defence Force (APM), and officers from the Social Welfare Department (JKM) (Mental Health Act of A1693, 2023).

However, some parliamentarians showed doubts about the "abilities of CIOs" to apprehend mentally incapacitated people and those who attempted suicide, including suggesting the responsible Ministry conduct constant psychotherapy management training for those officers. There are also other suggestions to include medical officers from the Ministry of Health (KKM) as one of the CIOs because of their grasp on the issue. However, the ex-Deputy Minister of Law and Institutional Reform at that time rejected this particular suggestion, as the doctors and medical assistants would start their statutory duty "once they receive the victim from the CIO (CodeBlue, 2023).

(b) Subsections 11(2) & 11(3) of Act 615.

11. (2) A crisis intervention officer shall have the power to enter any premises whenever necessary to do so for the purposes of apprehension under this section.

- (3) The crisis intervention officer may, when exercising the power under subsection (2)—
 - (a) *break open any outer or inner door or window of any premises and enter into, or otherwise forcibly enter the premises and any part of the premises; or*
 - (b) *remove by force any obstruction to such entry.*

These provisions are important to ensure the CIOs handling the apprehension of said person under the previous subsection will not be liable for trespass to land of the person. They are given these “extensive powers” in order to prevent the individual from committing suicide, as subsection 11(1)(b) of the Mental Health Act mentioned before (CodeBlue, 2023). Before Act A1693 is enforced, the police and social welfare officers are vulnerable to civil lawsuits if their actions are seen by the apprehended person as trespassing on their property.

(c) Subsection 11(4) of Act 615.

11. (4) The crisis intervention officer who has apprehended the person under subsection (1) shall, as soon as practicable, but not later than twenty-four hours after the apprehension, bring the person to a medical officer in a government psychiatric hospital or a registered medical practitioner in a gazetted private psychiatric hospital for examination.

This subsection is much like the later subsection 11(2) of the Act before it was amended. It is quite important, as the gist of s 11 of the Mental Health Act is to ensure those who are mentally disordered or attempted to commit suicide get a thorough examination for their mental condition. This is one way forward in order not to treat those who are mentally incapacitated or have attempted suicide as criminals.

2.3 Comparison of Position on Attempted Suicide with Other Countries

The legal status of attempted suicide varies globally due to cultural, societal, and legal perspectives. According to the World Health Organization (WHO), at least 23 countries classify suicide and its attempts as criminal offences, resulting in punitive measures. In contrast, countries like England, Malaysia, and Singapore have recently decriminalised suicide and suicide attempts. This analysis explores the model relatives of countries regarding their legal stances on attempted suicide that focus on the dichotomy of treating attempters as perpetrators versus patients. Decriminalising suicide could potentially decrease suicide rates by encouraging individuals to seek help from the community and mental health professionals. By comparing countries’ decriminalisation stances and suicidal rates, we could identify patterns and impacts of these legal decisions, highlighting the influence of status, geographical aspects, and systemic differences on each country’s approach.

2.3.1 England

a) Historical Context of Suicide as a Crime

The act of attempting suicide was considered a criminal offence in England until 1961, indicating the deep-seated belief that suicide was not only a moral failure but also a crime against the country. This legal position was rooted in English common law, where historically, the criminalisation of suicide was reinforced by religious doctrines. In the mid-13th century, English common law deemed suicide a form of “self-murder” or “felo de se,” a crime equal in severity to murder (Holt, 2011).

The consequences for individuals who survived their suicide attempts varied significantly, ranging from fines and short prison sentences to more severe and punitive measures such as the confiscation of property and the denial of Christian burial rites, as it was condemned as a mortal sin in the eyes of the Church, as stated by Neleeman (1916). The bodies would be dragged to crossroads at night, buried without ceremony, and their belongings confiscated by the Crown (Macdonald & Murphy, 2002).

One illustrative case from this period is the case of Lionel Henry Churchill in July 1958. Churchill was found “lying next to his wife’s decomposing body,” having unsuccessfully

attempted suicide. Despite the evident emotional turmoil, the magistrates chose to imprison the 59-year-old for six months after he pleaded guilty to the offence (CMR, 2019). Based on the case, it exemplifies the tendency of the legal system to prioritise punishment over understanding and support for mental health issues, which clearly affects those who suffer from the problem.

b) Current Status

Today, suicide is no longer regarded as a crime, as the United Kingdom enacted the Suicide Act 1961 in England and Wales. The significant legislative reform represented a dramatic shift from viewing suicide as a criminal offence to recognising it as a mental health issue that requires compassionate intervention. The Act overturned the legal provisions that had made suicide as a crime and introduced a new legal framework entirely focused on prevention and support.

The Act specifically decriminalised suicide attempts by repealing the common law offences associated with them. Section 1 of the Act highlights that attempting to take one's own life is no longer a criminal act. However, the Act introduced s 2, which criminalised the act of encouraging or helping another person to end their life. This was implemented in response to the increasing moral and ethical concerns regarding the involvement of others in suicide (Suicide Act, 1961).

Despite the decriminalisation of suicide, this provision indicated that the legal system remained cautious about endorsing any form of assisted death. Moreover, the decriminalisation of suicide was a response to evolving social attitudes and increasing awareness of mental health issues. By the mid-20th century, there was a growing recognition that suicidal behaviour was a sign of mental distress rather than a criminal act (Moore & Thesis, 2000). Therefore, individuals who attempt to commit suicide are encouraged to seek mental health support and treatment available nearby rather than facing it alone.

c) Malaysia's Law Retrieved from English Common Law

As for Malaysia's legal system, the principles and statutes have been significantly influenced by English common law, a legacy of its colonial past under British rule. This effect extended to the treatment of attempted suicide, which once, under Malaysian law, was historically criminalised similarly to English law before the establishment of the Suicide Act 1961 in the United Kingdom. Section 309 of the Malaysian Penal Code stated that individuals who attempted suicide were subject to imprisonment, fines, or both (Act 574, 2023).

This punitive approach reflected the outdated view that suicide was a moral failing and a crime against the law. Mental health advocates have criticised the use of such a Penal Code as Malaysia deals with its increasing suicide rates. The suicide rates increased 17.8% between 2014 and 2019, from 4.90% to 5.77%, making Malaysia the second-highest country with suicide rate amongst the majority of Muslims (Lew, B. et al., 202).

However, there has been growing recognition in Malaysia over the years, as in many other parts of the world, that mental health issues need to be addressed with compassion and medical treatment rather than punishment. In 2023, Malaysia took the momentous step to decriminalise attempted suicide, aligning its legal framework with contemporary understandings of the root issue. This change was driven by a combination of factors, including advocacy from mental health professionals, non-governmental organisations, and the public, who recognised the

importance of treating the suicide attempters with appropriate care rather than punitive measures.

2.3.2 India

a) Historical Context of Suicide as a Crime

For over a century, the legal treatment of suicide attempts in India was defined by s 309 of the Indian Penal Code (IPC), which was enacted in 1860 during British colonial rule. Committing suicide attempts is a serious issue that requires mental health support from professionals. However, it continues to be treated as a criminal offence in India, indicating that individuals who failed in their attempt could be punished with imprisonment up to one year, a fine, or both (Pillutla, 2023). The imposition of legal punishments was reflected by a punitive approach rooted in the colonial period's moral and legal attitudes, which viewed suicide attempts as a criminal act rather than a sign of underlying mental health issues (Ranjan et al., 2014).

Not only that, the legal framework established by s 309 was criticised for failing to acknowledge that suicide attempts often arise from significant psychological or emotional distress as societal understanding of mental health evolved over the 20th and 21st centuries (Ranjan et al., 2023). Due to the growing recognition that the criminalisation of suicide attempts is both outdated and harmful for individuals, India's efforts to reform the laws gained momentum derived from international human rights perspectives. Therefore, the IPC amendment bill was first introduced and passed in the Rajya Sabha in the hope of abolishing the Act from their Penal Code. However, the abolishment of s 309 was void before attempting to pass it owing to the dissolution of the Lok Sabha (Pillutla, 2023).

Lastly, the next significant reform came with the Mental Healthcare Act of 2017, which introduced s 115 to effectively decriminalise attempted suicide by recognising it as a result of severe distress, particularly mental stress and/or sickness, hence being considered not subject to the IPC. This section mandates that instead of punishment, mental health support and rehabilitation should be provided by the stakeholders (Prithivi & Payil, 2022).

b) Current Approaches to Suicide Prevention

With the passing of the Mental Healthcare Act (MHCA) in 2017, India made significant progress in suicide prevention. As for s 115 of the Act, it specifically decriminalised attempted suicide to make intermediary measures to mitigate the impact of s 309 (Tanya & Soumitra, 2023). The Act emphasises the need for mental health support and rehabilitation for individuals who attempt suicide rather than punishing them, which may worsen the crisis. However, the implementation of it has been problematic in practice, despite the progressive legislation. The coexistence of s 9 in the IPC continues to present a legal contradiction since it still criminalises attempted suicide, leading to the implementation issues of the new Act in practice (Pillutla, 2023).

The proposed Bharatiya Nyaya Sanhita (BNS) 2023 represents a critical step forward in addressing these issues by proposing the complete removal of s 309 from the IPC. The BNS aims to entirely decriminalise attempted suicide and shift the focus from punishment to providing mental health care and support (Pillutla, 2023). This proposed legal reform reflects a significant change in the approach towards mental health and suicide prevention in India. Nevertheless, the persistence of outdated practices led to many medical facilities still registering attempted suicides as both medical and legal cases, which led to police involvement and potential harassment of individuals who have attempted suicide as well as their families (Tanya & Soumitra, 2023).

To address these challenges, the Indian government has been working on several initiatives aimed at improving suicide prevention strategies. The National Mental Health Programme (NMHP) aims to improve mental health services across India. Additionally, projects like the Contact and Safety Planning Program in Chhattisgarh focus on training health workers, specifically nurses and community health officers. Meanwhile, the STRIDE Project in Odisha aims to strengthen prevention efforts by collaborating with law enforcement personnel to provide effective mental health support and manage suicide prevention efforts (CMHLP, 2024). Nonetheless, there is a pressing need for clear guidelines, comprehensive training for medical professionals, and awareness programmes from law enforcement to handle cases of attempted suicide sensitively and effectively without the threat of legal consequences.

c) Implications of Proposed Decriminalisation for Suicide Prevention

The proposed removal of Section 309 from the IPC under the BNS 2023 marks a pivotal shift in the approach to suicide prevention in India. Decriminalisation is expected to have several significant effects on both the legal and societal treatment of suicide attempts. Historically, criminalising attempted suicide created a culture of fear and stigma and deterred individuals from seeking help, potentially exacerbating their mental health crises (Ranjan et al., 2014).

By removing the criminal penalties associated with attempted suicide, the BNS aims to foster a more supportive and less punitive environment for individuals in distress. Outcomes from other countries that have decriminalised suicide indicate that decriminalisation can lead to positive outcomes in suicide prevention. For example, the repeal of Singapore's suicide laws in early 2020 was followed by a significant reduction in suicide rates, demonstrating that removing legal penalties can facilitate a more compassionate and effective response to mental health issues (Pillutla, 2023). In India, the removal of s 309 is anticipated to encourage more individuals to seek timely medical and psychological support. Without the threat of criminal prosecution, individuals who attempt suicide may be more likely to access necessary mental health services, thereby reducing the risk of future attempts since experts stated that decriminalising suicide is only the beginning of developing a more comprehensive framework for the prevention and recovery of individuals (Ewe, 2023).

Therefore, the success of this legal reform will depend on the implementation of effective post-decriminalisation strategies. The roles of government, police, and medical professionals are crucial in addressing the increasing suicide crisis in India. Collaborative efforts between these entities can establish a comprehensive and supportive system that goes beyond merely removing criminal punishments. Such a system would focus on preventing suicide by addressing the underlying mental health issues, promoting early intervention, and providing continuous support for individuals in their recovery journey. As a result, the integrated approach may create a compassionate and effective response to the suicide crisis and foster a healthier and more supportive environment for those in distress.

2.3.3 Singapore

a) Historical Context of Suicide as a Crime

As a Commonwealth nation, Singapore's Penal Code is based on English Common Law. Before the significant legal reforms in 2020, the act of attempting suicide was criminalised under s 309 of the Singapore Penal Code of 1871, inherited from the Indian Penal Code of 1860. The Act carries the threat of investigation, arrest, charge, and/or punishment. The objective of this criminalisation was to deter people from taking their own lives and to reflect society's opposition to such acts (WHO, 2023). However, evidence showed that the law elicited

fear of prosecution and deterred people from seeking help, while arrests and investigations created further distress for the individuals concerned (AWARE, 2024).

Advocacy for change began in 2013, with mental health organisations sharing how the law negatively impacted individuals, carers, and families through first-person accounts and narratives (Natividad, 2021). Additionally, as stated by Lim and Poh in 2013, women's groups highlighted the traumatising experiences of women who were arrested, held by the police, and subjected to distressing investigations when they most needed connection, support, and empathy (Corinna & Porsche, 2013).

Moreover, statistics have shown that between 2017 and 2019, there were approximately 1,200 reports of attempted suicide each year, indicating a significant public health issue in the country (Desmond, 2020). The legislative reform was strongly supported by Singapore's advocacy groups, such as Silver Ribbon Singapore and Samaritans of Singapore (SOS). These organisations had long argued that criminalising suicide attempts actually deterred individuals from seeking necessary support, thus exacerbating the problem rather than addressing it (Corinna & Porsche, 2013).

b) Current Approaches to Suicide Prevention

The decriminalisation of suicide attempts in Singapore was officially enacted through the Criminal Law Reform Act 2019, and the amendments came into force on January 1, 2020 (Republic of Singapore, 2019). This notable legislative reform marked a significant shift from the previous legal stance that had treated suicide attempts as criminal offences. The movement was based on the growing understanding among the people that the implementation of punitive measures against individuals in severe emotional distress was counterproductive.

As stated by the Minister of State for Home Affairs, Desmond Tan, for us to deal with persons who have suicidal thoughts, "the criminal justice system is not the best way" because there could be multiple reasons why they do so. This determined government acknowledgement regarding the roots behind suicide attempts can be varied for each individual, making it frequently essential to seek humanitarian support rather than punishment (Desmond, 2020).

Since decriminalisation, Singapore has implemented various approaches in order to enhance mental health support and crisis intervention, as well as rehabilitative measures for those who attempted suicide. One of the significant developments is the increase in intervention services. The Singapore police force responded to approximately 1,800 cases related to suicidal thoughts or attempts from January to September 2020, highlighting the critical role of the police as first responders (Desmond, 2020). This approach significantly marked the rise in the willingness of individuals to seek help compared to the period before decriminalising suicide attempts.

c) Effects of Decriminalisation on Suicide Prevention

Following the decriminalisation of suicide, Singapore has witnessed several profound impacts from the aforementioned approaches. In the nine months since the decriminalisation, there has been a notable decrease in the number of deaths by suicide. According to the World Health Organization (WHO), there was a significant 45% reduction in suicide fatalities, from 304 deaths in the same period in 2019 to 166 deaths between January and September. The increase in intervention services would decrease the number of deaths from suicide, reflecting the positive impact of a supportive approach and the importance of first-line responders in managing the issues (Desmond, 2020).

The Singapore Police Force's Crisis Negotiation Unit (CNU) and their 24-hour helpline play a crucial role in providing immediate response and conducting risk assessments for those in crisis (WHO, 2023). Individuals who reach out for help often seek assistance in the first place to prevent them from even having the thought of committing suicide. Therefore, the first-line responders should have the knowledge to do so. Highlighting the significant shift that can be seen in Singapore shows the effectiveness of their responders, as many people tend to ask for help through the helplines more.

Last but not least, the approach to decriminalising suicide has also contributed to a reduction in the stigma surrounding suicide. By removing the threat of legal action, individuals are now more likely to seek support and help from mental health professionals and crisis support services without any kind of fear of criminal charges. For instance, Samaritans of Singapore (SOS) and AWARE have been at the forefront of actively providing mental health resources and support services in every medium. As a result, helplines have become easier to reach, especially for those in need (Corinna & Porsche, 2013). These changes reflect a positive societal shift towards understanding the term suicide as an issue that should be addressed with care, not punishment. Thus, the reform has led to the creation of more accessible mental health facilities and has fostered a culture full of empathy and support.

2.4 Summary

To conclude, the comparative analysis of legal approaches taken for attempted suicide in England, India, and Singapore underscores a significant global shift towards treating individuals who attempt suicide as patients rather than perpetrators. Countries such as England and Singapore, once influenced heavily by moral and religious principles, have successfully decriminalised attempted suicide, which leads to a reduction in the standard stigma and suicide rates. Following this progressive trend, Malaysia followed suit by decriminalising attempted suicide in 2023. This reflects a modern understanding regarding mental health issues that aligns with contemporary legal frameworks. Not only that, India is also poised to follow this approach as a result of the growing recognition of mental health issues and increasing advocacy from mental health professionals. The step taken in the Mental Health Act of 2017 signifies India's commitment to adopting the same approaches taken by the countries that have decriminalised suicide attempts. These legal reforms emphasise the importance of supportive care, highlighting how moving from punitive measures to compassionate interventions can positively impact suicide prevention as a whole.

3. Methodology and Results

3.1 Research Designs

This qualitative study aims to study the perception of Centre for Foundation Studies, International Islamic University Malaysia (CFS IIUM) students, regarding their opinion about the effects of the decriminalisation of attempted suicide in Malaysia. This study was conducted using a combination of qualitative exploratory research and an ethnographic short survey, administered via Microsoft Forms, with a selected sample of 285 CFS IIUM students. Several posters had also been made attached with captions and respective survey form links in order to attract the students pertaining to this vital issue. This study also intends to uncover various recommendations on how the government should act to manifest mental health issues, as they deserve a more compassionate response.

3.2 Hypotheses and Research Questions

At first thought, it is undeniable that IIUM Foundation students specifically or youngsters generally knew that a suicide attempt was a serious crime, as the acknowledgement is expected to be depicted in the data. Ironically, as awareness of the decriminalisation could be seen as intermediate, the first assumption to be made was that CFS IIUM students might not know about the status of the decriminalisation. Hence, several research questions had been constructed to get through the gist of this hypothesis.

The short survey included various close-ended questions, for instance:

- i. Do you know that an attempted suicide was a crime back before 2023?
- ii. Do you know that attempted suicide was decriminalised in 2023?
- iii. From your point of view, do you think decriminalising attempted suicide will decrease the number of cases of attempted suicide?

Other than that, there are three questions that used the Likert-scale structure, as below:

- i. How would you rate the efficiency of the decriminalisation of attempted suicide?
- ii. People who attempt suicide should be treated more as patients than as criminals. How do you agree with the statement?
- iii. The suicide attempt will increase after the amendment as people feel that it is not against the law or something wrong to do. How do you agree with the statement?

For the last question, an open-ended question was included to allow respondents to express their views in their own words, as follows:

Can you suggest what approach the country should take to this issue of attempted suicide?

3.3 Population and Sampling

The target population consists of students enrolled at CFS IIUM, representing a mixed demographic of young teenagers aged 18-19 from various socio-economic backgrounds. However, to ensure a targeted response in a short time, the population was focused on students from Arts-based courses. This category consists of students from the Foundation of Laws, Economics and Management Sciences, Islamic Revealed Knowledge, Human Sciences, Arabic, English, Tourism Management, and Languages for International Communication programmes. The estimated population of this group is almost 1,500 students.

In order to conduct this study, one of the non-probability sampling methods, the voluntary response sample, was adopted. The final sample would be chosen randomly from the students “who are willing” to answer the questionnaire. The students volunteer themselves by responding to the survey given through hyperlinks being sent to various Telegram and WhatsApp groups. The survey was distributed through chat groups, which gave respondents sufficient time “to investigate the responses they gave during the survey,” as they could do the questionnaire anytime, anywhere, voluntarily (Murairwa, 2014). After three weeks of surveying, 285 responses from Arts-based students were obtained and totaled as the final sample size, representing 20% of the total population. Figure 1 represents the overall stages for conducting the voluntary response sampling method.

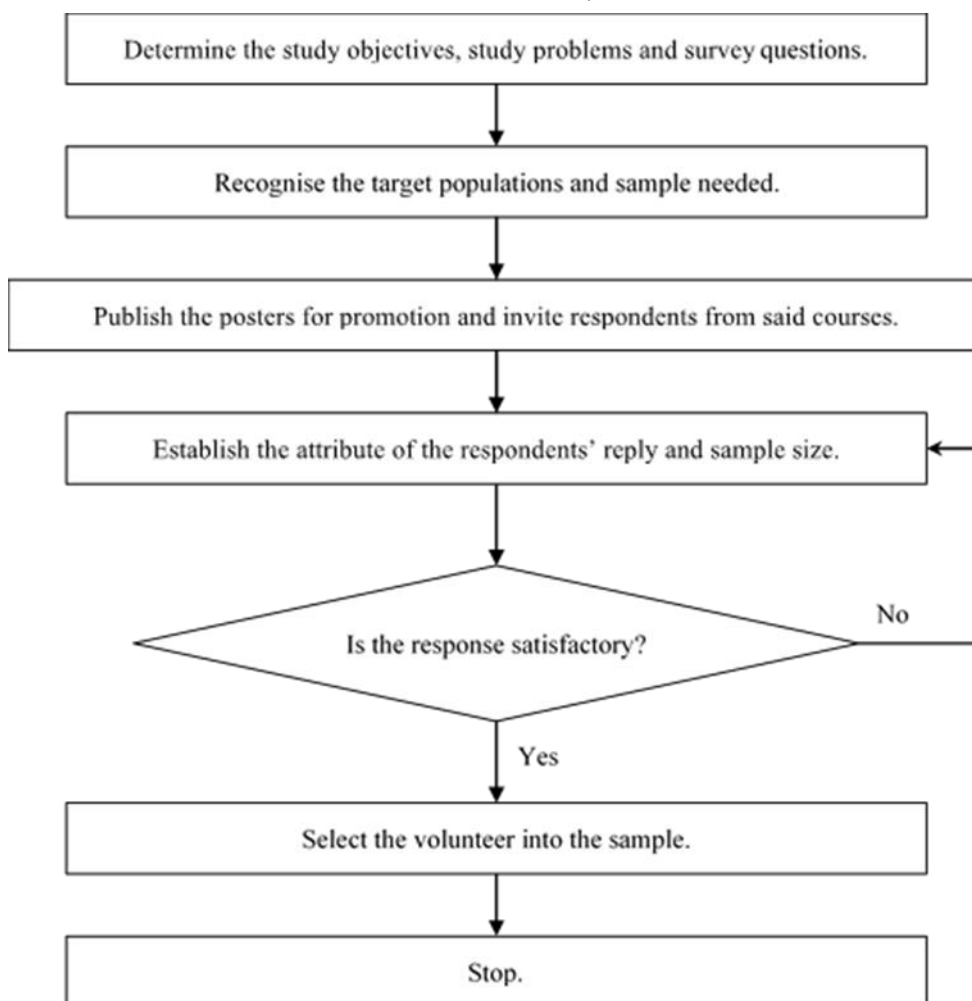


Figure 1: Voluntary Response Sampling Process, adapted from Murairwa, 2014.

From the final sample of 285 respondents, some demographic information could be deduced based on the responses. Below, Table 1 shows the gender composition of the sample for our study. The percentage of respondents based on gender showed that female students are more concerned and aware regarding the issue of decriminalising attempted suicide compared to male students.

Table 1: Number of respondents based on gender.

Gender of Respondents	Number of Respondents	Gender of Respondents
	People	
Male	85	Male
Female	200	Female

Figure 2 illustrates the composition of respondents based on their field of study. As stated before, students that participated in our survey enrolled in 8 Arts-based courses offered at CFS IIUM. The number of respondents was the highest from the Laws programme, standing at 29.8%, or 85 out of 285 respondents, as they are more aware of this issue because of its legal consequences and implications than students from other courses.

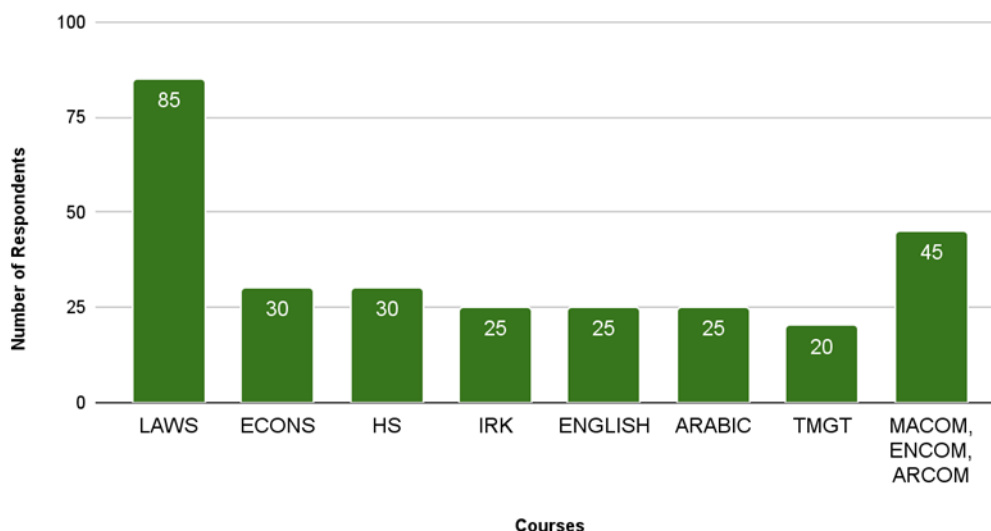


Figure 2: Composition of respondents based on courses of study.

3.4 Limitations of the Study

As the study's population is targeted at students from Arts-based courses at CFS IIUM, it may result in a slight demographic focal point. When developing the population and target sample size, it is assumed that the findings will resemble the opinions of university students across Malaysia. However, the response by each student would be open to any specific educational, cultural, religious, or environmental perspective. To add to that, the research conducted relies on self-reported data based on a survey made with a focus sample, which may introduce several biases.

In short, the findings might not reflect the perceptions of students from other public universities in Malaysia.

4. Interpretation and Recommendations

4.1 Findings Related to Literature

Figure 3 shows the awareness level of CFS IIUM students regarding the fact that attempted suicide was a criminal offence in Malaysia before 2023. According to the survey conducted over three weeks, 62.1% (177 respondents) were aware that attempted suicide was criminalised, while 37.9% (108 respondents) were not aware of this fact. The data suggests that a majority of the students were informed about the legal status of attempted suicide prior to decriminalisation. The topic of mental health has been gaining more attention in recent years, which likely contributed to the students' knowledge about the legal aspects of attempted suicide.

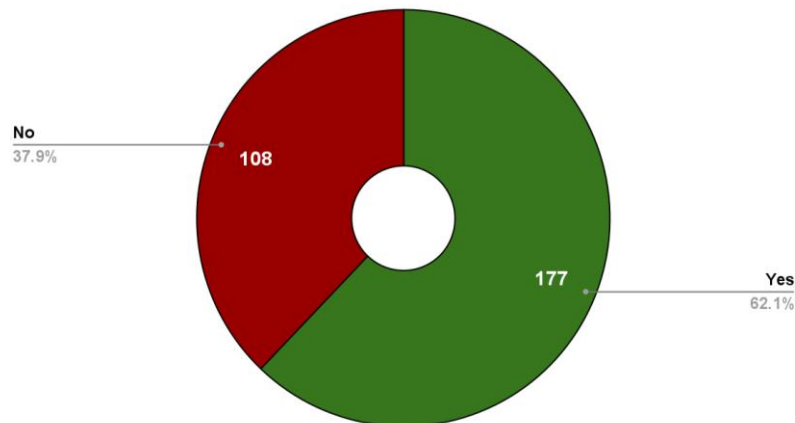


Figure 3: Response to Question 1: Do you know that attempted suicide was a crime in Malaysia back before 2023?

To add to that, Figure 4 illustrates whether the students realised that attempted suicide had been decriminalised by the Parliament of Malaysia in the year 2023. The survey results reveal that 36.8% (105 respondents) were aware of the decriminalisation, while a large portion, 63.2% (180 respondents), were not informed about this legislative change. These findings highlight a significant gap in awareness among students regarding this critical update. The relatively low awareness rate might be attributed to inadequate dissemination of information or insufficient public discussions on the recent legal reforms.

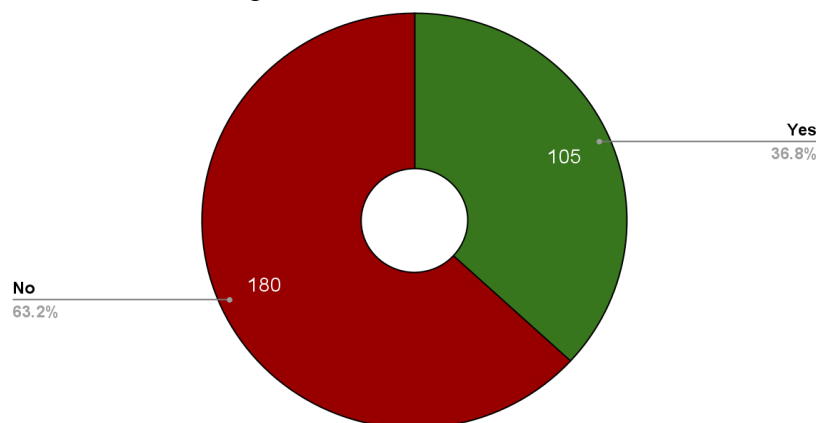


Figure 4: Response to Question 2: Do you know that in Malaysia, attempted suicide had been decriminalised in 2023?

Figure 5 represents the opinions of respondents on whether the decriminalisation of attempted suicide could decrease the rate of suicide attempts in Malaysia. The chart reveals that 63.2% (180 respondents) believe that decriminalisation will not lead to a decrease in suicide attempts, whereas 36.8% (105 respondents) believe it could have a positive effect. The majority opinion might stem from the belief that legal changes alone are insufficient to address the complex factors contributing to suicide. For them, comprehensive mental health support, public education, and preventative measures are necessary to make a significant impact rather than just change the law.

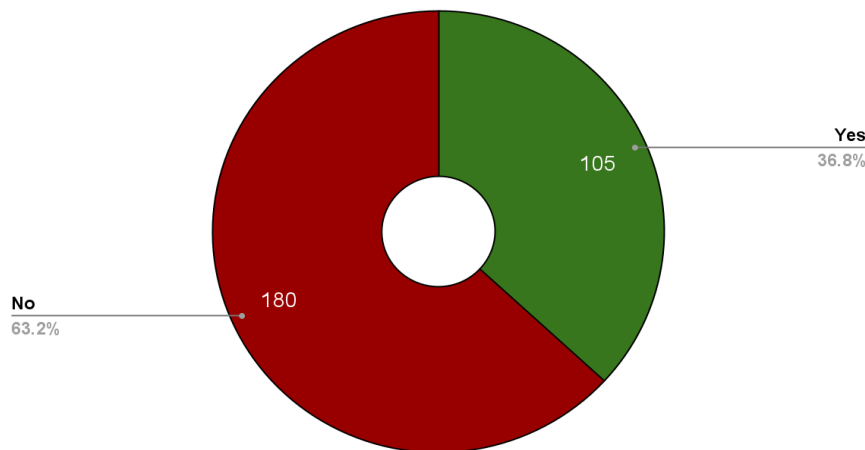


Figure 5: Response to Question 3: From your point of view, do you think decriminalising attempted suicide will decrease the number of attempted suicide cases in our country?

The analysis in Figure 6 illustrates respondents' ratings of the efficiency of the legal decision on a scale from 1 (extremely inefficient) to 5 (extremely efficient). The distribution of responses reveals a diverse range of opinions among students. This indicates that the largest group of students, 128 out of 285 respondents, hold a neutral view on the efficiency of the legal decision. In total, 86 students viewed the decision positively, rating it as either 4 or 5, while 71 students, or about 25% of respondents, rated the decision as inefficient or extremely inefficient. The data implies that most students perceive the efficiency of the legal decision as either neutral or leaning towards efficiency. This majority opinion may arise from the belief that while legal reform is a step in the right direction, it may not be sufficient on its own to address the underlying issues.

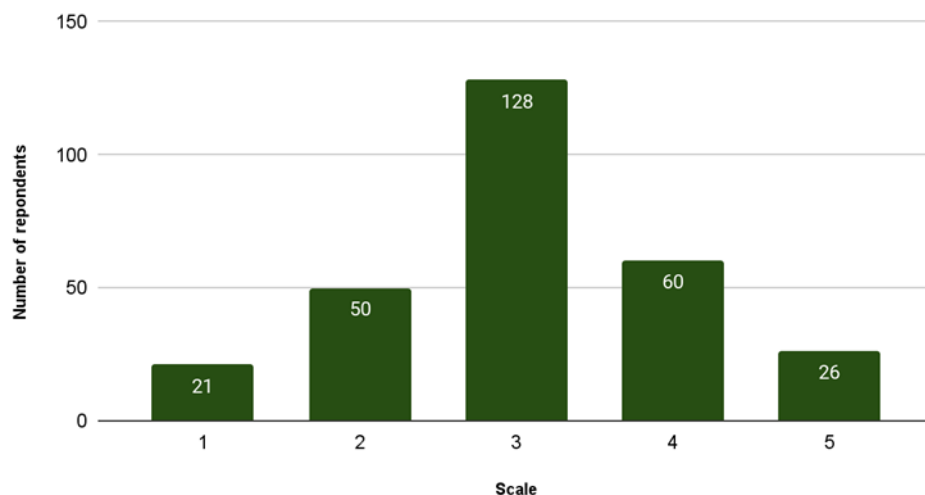


Figure 6: Response to Question 4: How would you rate the efficiency of the decriminalisation of attempted suicide in Malaysia?

For the second part of the questionnaire, the study used Likert-scales to get the opinions of the students. Leading back to the objective of the research, Table 2 illustrates the view of respondents as to whether the attempters of suicide should be treated more as patients than as criminals and whether the attempted suicide cases will increase after the amendment. For Question 5, the respondents were asked whether they agreed that people who attempt suicide should be treated as patients rather than criminals. The mean rating for their agreement with this statement is 4.50, indicating a general positive perception of the students. As we further

delve into the data, 66.0% of the respondents extremely agree with the statement, which symbolises the hope of the university community towards more compassionate care and handling of this issue.

Table 2: Responses to Questions 5 and 6: Perception of respondents towards the impacts of decriminalising attempted suicide in Malaysia.

Weights	1		2		3		4		5		Mean
Likert-scale	Extremely disagree		Somehow disagree		Neutral		Somehow agree		Extremely agree		
	No.	%	No.	%	No.	%	No.	%	No.	%	
People who attempt suicide should be treated as patients.	4	1.4	5	1.8	23	8.1	65	22.8	188	66.0	4.50
The number of suicide cases will increase after the amendment goes into effect.	29	10.2	41	14.4	65	22.8	84	29.5	66	23.2	3.41

On the other hand, students are more diverse in terms of their opinions about the effects of decriminalisation. The mean rating for Question 6 is 3.41, which can be seen as a mixed perception of students towards the decline of suicide cases. 29.5% of the respondents, or 84 out of 285 students, opined that the number of suicide cases would increase as the public saw it as no longer a crime, eliminating the deterrent effect of the attempted suicide's criminalisation. This is in contrast with the other 70 respondents, who chose to disagree with the opinion, reflecting that this decision might not be too effective in the efforts to decrease suicide attempts in a short period of time.

4.2 Discussions on the Findings

The findings reveal highlight the critical gaps in public awareness and societal attitudes toward the decriminalisation of attempted suicide. A significant proportion of respondents were unaware of the legal changes which reflects the persistence of stigma and a lack of effective dissemination of information to the public. This aligns with S. Clement, et al. in their 2014 paper which found that public stigma continues to become a substantial barrier to access mental health services, as it perpetuates the stereotypes and prejudices that discourage individuals from seeking help. Similarly, the World Health Organization (WHO) 2022 affirms that bad stigma is a global barrier to mental health care particularly in low and middle-income countries.

The perception which can be seen among the respondents that decriminalisation will not reduce suicide attempts demonstrate how entrenched societal attitudes influence mental health discourse. These attitudes are often shaped by cultural and moral narratives that frame suicide as a personal failing rather than a public health issue. In N. Rüsch et al. 2004 paper emphasises that such stigmatisation is rooted in stereotypes that lead to discrimination, further alienating individuals from seeking help or support. Addressing this requires robust public education campaigns particularly focusing on reshaping societal perceptions through targeted messaging, community-based outreach, and advocacy.

Furthermore, the findings underscore the need for policy restructuring that bridges the gap between legal reforms and public awareness. Legislative shifts alone are insufficient without complementary corporate communication strategies. Thus, effective measures such as integrating mental health education into schools and conducting large-scale public awareness campaigns should be considered. These efforts should aim to shift the attitudes toward mental health issues by focusing more on promoting understanding for those with suicidal thoughts. Public education may help foster a more empathic approach, so individuals in distress will seek help without fear of legal repercussions. Meanwhile, targeted outreach programs involving

community leaders and social media influencers could amplify the message and reach a broader audience.

It is important to address both legal reforms and societal perceptions in order to ensure the success of the decriminalisation efforts. As seen in global efforts, such as through World Health Organization (WHO) and other mental health advocates, creating a supportive and informed environment is critical to improving access to care and reducing the barriers that prevent people from reaching out. These combined efforts, involving government agencies, healthcare professionals, and community-driven organisations, could lead to long-term improvements in mental health care that encourages individuals to prioritise their well-being and recovery, as well as foster broader societal acknowledgment of the existence and significance of these challenges. Hence, people will become more aware of the importance of mental health issues. Adapting the respective context in the Malaysian framework, the Ministry of Health as the responsible authority in this situation should take some initiatives to uphold the global principles initiated by the WHO. Majority of respondents who disagreed with the decriminalisation symbolises that the abolishment of related provisions does not solely constitute to a plummeted figure of suicide and mental health problems, rather than statutorily putting the respected authority in-charge of the treatment to the patients in which an obligation was made. The reduce in suicide cases might not be seen in short time, but a better approach was guaranteed in treating the mental health patients in a proper way, focusing on the way out for the problem.

4.3 Recommendations of Improvement on the Law

An open-ended question pertaining to this issue was asked in the survey, along with the suggestions of respondents on their proposed approaches to addressing the issue of attempted suicide in a more proper way. 90 respondents suggested that governmental agencies and non-governmental organisations should play a vital role in promoting awareness and educating the public about mental health issues, especially regarding attempted suicide cases and their legal implications, which have been supported by the World Health Organization (WHO) in 2014. This is much supported with some care helplines that are offered in Malaysia, which includes Befrienders Kuala Lumpur, Talian Kasih 15999 by the Ministry of Women, Family and Community Development (KPWKM), and Talian Heal 15555 by the National Centre of Excellence for Mental Health Malaysia (NCEMH).

Other than that, some students opined that the government, through its annual budget, should invest more to provide comprehensive yet affordable mental healthcare for the public. Almost 90 respondents suggested that the number of psychiatrists, either public psychiatrists or general practitioners, should be increased. Government should invest more in the annual health budget for a comprehensive yet affordable health budget. More psychiatrists should be hired and trained, either in government hospitals or private practitioners, in order to ensure waiting time for each case could be reduced. The more time patients wait, the more severe the cases would be, resulting in “brain drain” and unemployment issues with mental care services. From the overall budget of RM 41.22 billion for the Ministry of Health in 2024, there is no specific allocation meant to upgrade mental healthcare services (Azalea, 2023).

88.8%, or 253 out of 285, of students strongly or somewhat believed that we should treat suicide attempters as patients, instead of criminals. This would be effectively handled by ensuring adequate mental care provided in our country. As of 2024, there are only 623 registered psychiatrists in Malaysia, in which the Minister of Health stated that “the number is yet far from the current needs.” This is clear evidence on the issue of inadequate mental care in our

beloved country. The Ministry itself targeted in 2021 to ensure at least 720 registered psychiatrists giving care to those in need of mental health support (BERNAMA, 2024). This number does not yet include the availability of psychiatric services in rural areas and packed communities in the cities. We could have a bunch of guidelines on how to manage any suicidal attempts cases, however if there is no many experts provided to cater the issue of each individual facing the problems, these guidelines and workflow will not be effective enough. It is still a good initiative to extend the role to family medical specialists (FMS) and crisis intervention officers, as being mentioned under the Mental Health Act 2001, but it is not reliable as they are not really specialised in managing the cases and providing psychosocial support to the patients. Hence, the general practitioners must be actively trained to manage mental health problems and become one of the intervention agents.

However, 44.9% (128 out of 285) students think that the decision to decriminalise attempted suicide did not fully effective in decreasing suicidal rates (on the scale 3 out of 5). Thus, it is clear that a further and proper amendment of the legal framework should be made in order to ensure social justice. Galen Center for Health and Social Policy urged to reimplement the National Mental Health Registry for a holistic approach and coverage in order to maintain the mental health conditions kept updated with a proper monitor from the authority (BERNAMA, 2019). This registry had once existed in 2007 as National Suicide Registry Malaysia, ensured access to public regarding the data of suicide throughout the country and officially abolished in 2009 after two reports been published. The current Minister of Health, YB Datuk Seri Dr. Dzulkefly Ahmad, stated the development of the National Suicide and Fatal Injury Registry (NSFIRM) expected to be fully operational in 2025 with a goal to resemble a comprehensive data on suicide cases collection and construct a prevention strategy in these issues (Pragalath, 2024).

To add to that, there is an urgent need for such an independent body to monitor mental care services in Malaysia. Currently, we only have the NCEMH and Board of Visitors. The Board of Visitors acted as an inspection body to mental care services and “review the detention of involuntary patients”. Meanwhile, NCEMH, which was introduced during Tuan Khairy Jamaluddin’s ministership in the health portfolio, aims to be the coordination agency for mental care and “the sharing of information across public and private agencies.” As of now, Malaysia does not have any independent mental health commission, contrary to the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Malaysia should have followed many other countries and do reform on our mental health services by introducing “an independent supervisory body,” pursuant to Article 12(4) of the CRPD.

As we know, education plays a pivotal role in building a better generation. Hence, the government, through joint-ministerial collaboration, should incorporate mental health literacy education into school’s curriculum. This approach should be done in a suitable manner, to teach students about emotional conditions and spectrums, coping mechanisms, and major signs of mental distress, using age-appropriate syllabus. For instance, students can learn how to manage stress and write letters to support their friends who faced any problems. The shift should be a holistic way to provide access to mental health education and interventions, without undermining any students based on their socioeconomic background (U.S. Department of Education, 2024)

5. Conclusion

All in all, the matters below had been a through a thorough discussion in this paper:

- i. There is a high rate in suicide attempt nationwide yet Malaysia had taken a step to decriminalise the suicide attempts in order to address this issue. Criminalisation of attempted suicide may have its own deterrent effect; however, we should not treat those who attempted to suicide as criminals.
- ii. There are three current legal provisions that related to attempted suicide, which includes the s. 309 (repealed), ss. 305 and 306 of the Penal Code, the Criminal Procedure Code, and s. 11 of the Mental Health Act 2001.
- iii. A survey has been made to study the perception and effects from the decriminalisation of attempted suicide in Malaysia through a survey on CFS IIUM students from Arts-based courses. Most of the respondents believe that we should treat suicide attempters as patients, rather than as perpetrators.
- iv. Government has to play a vital role together with the NGOs in maintaining the stability of social mental health in our country, which include providing adequate mental health care services to all citizens and collaborating with the NGOs to create a safe environment for the community.

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