

SUICIDE PREVENTION POLICY BRIEF: ZERO DRAFT

Recommendations to improve our strategic and
policy approach to reduce suicide in Nigeria

Nigerian
Mental
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This strategy memo provides a summary of evidence-based best practices or policy options for suicide prevention. It also includes information on the background and significance of the suicide as a public health issue, as well as potential next steps for working towards releasing an updated Nationwide Strategic Plan for Nigeria.

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Suicide, Risk, Rates, Prevalence

Globally, the rate of death by suicide is over 700,000 people annually with one person dying every 40 seconds.¹ Suicide is a global public health issue that affects all demographics and is the 15th leading cause of death internationally after HIV/AIDS, preceding other fatal challenges like malaria, nutritional deficiencies, homicide, and natural disasters.² Globally, it is the fourth leading cause of death in individuals aged 15 - 19 years.³ This statistic puts half the population of Nigeria at risk with the country's median age being 18.6 years as at 2022.⁴ More than half of global suicide occurs before the age of 45 and males are at a higher risk to death by suicide than their female counterparts.

As of 2016, World Health Organization (WHO) research demonstrated that suicide prevalence was more in low- and middle-income countries (LMICs), these countries accounting for 79% of the total number of deaths by suicide annually.⁵ Nigeria is classified as a LMIC based on several social, economic, environmental, and institutional indicators. These indicators utilize statistics such as life expectancy of citizens, poverty headcount ratio and Gross Domestic Product (GDP). Nigerians have a low life expectancy of 55.44 years when compared to the global life expectancy of 71 years. Nigeria also has a poverty headcount ratio of 40.1% while the global poverty headcount ratio is 10%.⁶

Far from suicide being a phenomenon of the “white man,” Nigeria bears a lion share of the global suicide burden. As of 2016, Nigeria recorded the sixth highest rates of death by suicide in Africa and the fifteenth highest in the world. An estimate of 17.3 people in every 100,000 die from suicide in Nigeria which is higher than the global estimate of 12 in 100,000 people.⁷

Issue Overview

Most suicide cases globally are related to mental health or psychiatric conditions such as depression, psychosis, and anxiety.⁸ Mental health encompasses our emotional, social and psychological health. The costs of mental health challenges to individuals, their families, employers, and the society at large is enormous.

The burden of death by suicide is directly felt on the global economy. This is because more than half of global suicide occurs in individuals in their working age; before 45.⁹ Suicide has adverse psychosocial and socio-economic impacts on society.¹⁰ It impacts the reduction of the working capital of a country's economy and affects its revenue generation potential. In 2013, the United States lost \$214 billion in medical and work loss cost to fatal injuries including suicide.¹¹ Nigeria is a developing nation with a high rate of suicide specifically amongst males ages 25 -

¹ [Suicide data](#)

² [Suicide - Our World in Data](#)

³ [Suicide](#)

⁴ [Nigeria Population 2022 \(Demographics, Maps, Graphs\)](#)

⁵ [Suicide in the world](#)

⁶ [Low & middle income | Data](#)

⁷ [Suicide in the world](#)

⁸ [Epidemiology of Suicide and the Psychiatric Perspective - PubMed](#)

⁹ [Suicide in the world](#)

¹⁰ [Suicide and Youth: Risk Factors - Frontiers](#)

¹¹ [Estimated Lifetime Medical and Work-Loss Costs of Fatal Injuries — United States, 2013](#)

34 years.¹² This age bracket is amongst the global working age group and these males are fathers, potential fathers and breadwinners.¹³ Due to this factor as working class males in their prime working age, this loss to death by suicide affects individuals, families, the economy and development of the nation. Besides from the shocking suicide statistics, suicide attempts occur 30 times more than successful suicides.¹⁴ If left unchecked with the several risk factors in society, suicides may increase. It is important to have strategies to prevent the occurrence of suicide across all age groups.

Suicide risk factors in Nigeria

Globally, there are several factors that predispose individuals to suicide. These factors are higher in low- and middle-income countries hence the higher rates of suicide.¹⁵ Some of these risk factors include:

Economic Variables

Lack of employment, housing, or access to quality health care are suicide risk factors. According to the National Bureau of Statistics (NBS), the rate of unemployment and underemployment amongst Nigeria's working population is rising. In Q2 2020, Nigeria's unemployment rate had risen to 27.1% while underemployment rate had risen to 28.6%.¹⁶ The inability to be gainfully employed impacts on an individual's economic situation and contributes to the prevalence of suicide or suicide attempts. Some people see no option when they cannot provide their basic needs and decide to succumb to depression. In 2016, at least 6 people in Nigeria committed suicide due to economic hardships.¹⁷

Availability of Means

Common methods of suicide is by hanging and ingestion of poisonous substances.¹⁸ Nigeria amongst other African countries has not successfully protected citizens from accessing these poisonous substances. Individuals who have suicidal tendencies find readily available means to attempt or succeed in committing suicide.

Lack of Mental Health Infrastructure

Nigeria lacks necessary mental health infrastructure such as psychiatrists, psychologists, dedicated helplines and mental health facilities. Less than 10% of Nigerians who require mental health support receive it.¹⁹ The implication of this lack of available mental health support in Nigeria is that there will be no early detection of depression, individuals who require intervention

¹² [Suicide in Nigeria](#)

¹³ [Statistics on the working-age population and labour force - ILOSTAT](#)

¹⁴ [Suicide and Youth: Risk Factors - Frontiers](#)

¹⁵ [Suicide and Youth: Risk Factors](#)

¹⁶ [Labor Force Statistics: Unemployment and Underemployment Report](#)

¹⁷ [Economic hardship leads to rise in suicide rate in Nigeria | Africa | DW | 22.09.2016](#)

¹⁸ [Epidemiology of Suicide and the Psychiatric Perspective](#)

¹⁹ [Community Psychiatry Care: An Urgent Need in Nigeria - PMC - NCBI](#)

will not receive it, and individuals will attempt or re-attempt suicide after they fail.²⁰ One in ten suicide victims will re-attempt suicide after the first 30 days.²¹

Criminalization of Suicide

In Nigeria, without considering the existence of predisposing factors to suicide such as mental health or economic variables, and its impact on an individual's suicidal tendency, attempted suicide is a criminal offence. According to Section 327 of the Nigerian criminal code, the legal stance of the nation penalizes individuals that attempt suicide with a one year jail term. The criminal code states *"Any person who attempts to kill himself is guilty of a misdemeanor, and is liable to imprisonment for one year."*²²

The penal code of Nigeria, which applies to Northern Nigerian states, has a similar stance in Section 231, indicating that *"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."*

Despite the criminalization of suicide, Nigeria still records high suicide rates. This is because criminalization of suicide does not address the root cause of the suicidal thoughts. Globally, Nigeria is one of the 8 countries in Africa and 20 countries in the world that criminalizes suicide. Other countries that criminalize suicide are the Bahamas, South Sudan, Gambia, Ghana, Malawi, Tanzania, Uganda, Bangladesh & Kenya.²³ There is no adequate proof that this practice of criminalization lowers suicide rates compared to the global average.²⁴

A contradicting outcome can be gotten from criminalizing attempted suicide. Individuals with suicidal tendencies can be pushed to find more lethal means to commit suicide to ensure it succeeds.²⁵

Suicide Stigmatization

In several parts of Africa, death by suicide is a taboo.²⁶ Religious, moral, and ethical rules are tools used to stigmatize attempted suicide victims and relatives of suicide victims. These rules are also ineffective ways of preventing suicide or addressing the issues of those facing suicidal ideations. Individuals who have attempted suicide shared that despite the stigma preventing them from attempting suicide for a brief period, suicidal thoughts came back and they attempted the act again.²⁷

²⁰ [The Relationship Between Mental Health Care Access and Suicide | RAND](#)

²¹ [The Repetition of Suicidal Behavior: A Multicenter Cohort Study | Psychiatrist.com](#)

²² [Refworld | Nigeria: Criminal Code Act](#)

²³ [Suicide is still a criminal offence in 20 countries](#)

²⁴ [Decriminalizing suicide attempt in the 21st century: an examination of suicide rates in countries that penalize suicide, a critical review | BMC Psychiatry](#)

²⁵ [Decriminalizing suicide attempt in the 21st century: an examination of suicide rates in countries that penalize suicide, a critical review | BMC Psychiatry](#)

²⁶ [Perspectives on suicide in Africa - PMC](#)

²⁷ [The Reality of Suicide and the Tragedy of Stigma in Our Black African Communities](#)

Stigmatization and criminalization of suicide have no proven impact on reducing suicide prevalence but rather the opposite effect can be seen. Nigeria suicide law is a legacy of the colonial era and has no place today. Suicide rate is one of the indicators for health target 3.4 of the United Nation (UN) Sustainable Development Goals (SDG). The aim of this target is to reduce mortality from non-communicable diseases by one-third by 2030.²⁸ To achieve this goal, there is a need to have a suicide prevention strategy in Nigeria.

Nigeria's law on mental health, *The Lunacy Act*, is 64 years old and has not been amended since 1958 when it was introduced. The laws are reflective of the colonial era of Nigeria under the British Empire when issues of mental health were not understood or tolerated.²⁹ These laws are outdated and restrictive. In 1983, the UK, the empire under which we established our mental health laws, amended their mental health act to reflect a deeper understanding of the sensitivity of mental health issues and how to address them.³⁰ Several years later, Nigeria is yet to amend her laws. There is a need for Nigeria to understand the global stance on mental health and have a policy reflective of this stance.

Globally, majority of suicide or suicide attempts are linked mental health issues and an outdated mental health law cannot address this problem.³¹ In addition to a dated mental health law, African Polling Institute reported poor perception of mental health in Nigeria. This study carried out in 2019 showed that Nigerians are aware of mental health conditions but recognize only the extreme cases like self-harm and nudity.³²

There is a global mental health emergency in Nigeria worsened by poor societal attitudes towards mental health conditions, lack of access to adequate health care and resources, stigmatization, and discrimination.³³

Suicide can be prevented with the right policy and practices in place. In 2017, the US Center for Disease Control (CDC) published a technical package based on evidence-based best practice policies for preventing suicide globally. These strategies include identification and support of at-risk individuals, providing protective environments, strengthening access to care, improved economic support, teaching problem solving & coping skills, promoting connectedness, and lessening future risks. The rationale behind this technical approach is that suicide has no single cause but is a result of different mental health issues and risk factors that exist at individual, relationship, community, and societal levels.³⁴ Likewise, suicide prevention cannot be done by one strategy, but needs to be multidisciplinary across different thematic

²⁸ [National suicide prevention strategies](#)

²⁹ [Reforming Nigeria's outdated Mental health law](#)

³⁰ [Mental Health Act 1983](#)

³¹ [Epidemiology of Suicide and the Psychiatric Perspective](#)

³² [Mental Health in Nigeria Survey - Press Release](#)

³³ [Reforming Nigeria's outdated Mental health law](#)

³⁴ [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)

areas levels.³⁵ For each strategy in CDC's technical package there is a unique approach as outlined below that helps address core suicide problems.

Strengthening economic supports:

Approach - strengthen household financial stability and housing stability. Annually, 16% of the total deaths by suicide in the US are in response to a financial burden.³⁶ These individuals experience depression or other forms of mental health issues due to inability to meet their financial needs.

Strengthening access and delivery of suicide care:

Approach = accessible health insurance policies that cover mental health issues. Inability to access mental insurance for mental health care is a contributing factor to the underuse of mental health care.³⁷

Developing protective environment

Approach; restrict access to lethal means amongst at-risk individuals and reduction in excessive alcohol consumption via community-based practices. This approach directly addresses access to means of suicide in a bid to restrict this access and reduce fatality. 25.4% of all suicides in sixteen European countries were via lethal means such as drugs, firearms, and poisoning.³⁸ In 2018, 12.5% of all suicides deaths in the US were by poisoning.³⁹

Promote connectedness

Approach; community engagement activities. In the 1987 book by sociologist Émile Durkheim following suicide studies, he concluded that a person with connections or a socially integrated person is less likely to commit suicide than a person with weak social bonds.⁴⁰

Teach coping and problem-solving skills

Approach; socio-emotional learning programs and family relationship programs. Coping and problem solving are life skills that help individuals tackle challenges that they may face. These life skills help limit suicidal behaviors and tendencies in individuals.⁴¹ Also, the inability to cope with stress and lack of problem-solving skills were common factors amongst suicide attempters.⁴² This strategy is drawn from social cognitive theories on the influence of direct learning, modeling, and environment on suicidal tendency.⁴³

- **Identify and support people at risk**

³⁵ [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)

³⁶ [The Burden of Debt on Mental and Physical Health - The Aspen Institute](#)

³⁷ [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)

³⁸ [Controlling Access to Suicide Means - PMC](#)

³⁹ [Lethal Means & Suicide Prevention: A Guide for Community & Industry Leaders](#)

⁴⁰ [Durkheim - Suicide - A study in sociology](#)

⁴¹ [Developmental Approach to Prevent Adolescent Suicides: Research Pathways to Effective Upstream Preventive Interventions - ScienceDirect](#)

⁴² [Problem Solving in suicide attempters](#)

⁴³ [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)

Approach: crisis intervention, treatment of people at risk, and treatment to prevent reattempt. Several factors help identify people at risk of committing suicide, these vulnerable populations are individuals with low socio-economic status and people living with mental health conditions. With this strategy, proactive measures and timely crisis interventions can be employed to prevent suicide attempts or re-attempts.⁴⁴

Lessen harm and prevent risk

Approach; postvention (response in the aftermath of suicide), and safe messaging or reporting about suicide.

The aim of this strategy is to lessen the effect of suicide on people left behind by immediate short term or long-term strategies to combat stigma and provide necessary care. Improper reporting and messaging around suicide contributes to suicide contagion whereby exposure to suicide amongst vulnerable individuals increases their risk of suicidal thoughts.⁴⁵ This approach advocates for more reports on how to overcome mental health challenges and the support available for vulnerable individuals.

Similarly, WHO recommends that countries should develop their suicide prevention strategy with a Live Life approach. Live Life is built on Part A; six core pillars and Part B; four effective interventions to prevent suicide.⁴⁶ The strategy is similar to CDC's recommendations.

WHO Live Life approach for countries to develop a suicide prevention strategy has the following six pillars and four effective interventions.⁴⁷

Part A - Core Pillars

Situation Analysis

This pillar advocates that stakeholders investigate and identify the foundation of suicide and suicide prevention all the way to the grassroots. It involves data collection and resource gathering with utmost confidentiality for the respondents.

Multisectoral collaboration

Due to the nature of suicide risk factors, WHO recommends all government and society sectors should be involved in developing a suicide prevention strategy.

Awareness raising and advocacy

This pillar recommends that all suicide prevention strategies should include an awareness and advocacy initiative that educates the community on suicide as a public health concern and the need to decriminalize attempted suicide in communities that still criminalize it.

⁴⁴ [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)

⁴⁵ [Preventing suicide by influencing mass-media reporting. The viennese experience 1980–1996](#)

⁴⁶ [AN IMPLEMENTATION GUIDE FOR SUICIDE PREVENTION IN ...](#)

⁴⁷ [AN IMPLEMENTATION GUIDE FOR SUICIDE PREVENTION IN ...](#)

Capacity Building

Suicide can be prevented when health workers and emergency staff are trained on suicide and how to identify individuals at risk.

Financing

The right funding for suicide prevention strategies is crucial. WHO identified this as a pillar for any suicide prevention strategy, noting that most countries have meagre suicide prevention strategy funding either due to poor prioritization or lack of recognition that suicides can be prevented.

Surveillance, monitoring and evaluation

Surveillance will provide adequate data on suicide to guide intervention strategies whilst monitoring and evaluation will help determine the success of the strategies that have been implemented.

Part B - Key Effective Interventions

Alongside the pillars for developing suicide prevention strategies, WHO identified effective points of intervention.

Limiting access to means on suicide

Similar to the CDC recommendation of developing a protective environment, WHO recommends bans, restrictions and policies that limit or prevent access to hazardous items used to commit suicide such as pesticides and firearms.

Interacting with the media for responsible suicide reporting

Responsible reporting of suicide or suicide attempts reduces exposure and the problem of double reporting. This point of intervention focuses on responsible reporting via sharing stories of notable people who have dealt with mental health challenges and overcome them.

Fostering socio-economic life skills in adolescents

CDC also identified this as an effective intervention point in suicide prevention. Adolescence is a crucial period to acquire life skills and also a period of risk for onset of mental health challenges.

Early identification, management and follow up of individuals at risk of suicide

This intervention address people who have attempted suicide or are at risk of suicide. WHO recommends a suicide prevention strategy that provides all the support and care they need.

Globally, suicide prevention strategies are multisectoral

In England, Scotland, Wales & Northern Ireland, there are suicide prevention strategies that aim to improve the general quality of life. Wales suicide and self-harm strategy, *Talk to me*, highlights three intervention points in suicide prevention utilizing universal interventions, selected or targeted interventions, and indicated interventions.⁴⁸ Similar to the US CDC report,

⁴⁸ [Talkto me](#)

WHO Live life recommendation, the approach for these interventions focuses on restricting means of suicide, education, improving access to healthcare, and safe messaging amongst other approaches.⁴⁹ Likewise, England's cross government suicide prevention workplan cuts across all areas of its public sector to prevent suicide. Its strategy cuts across different policy areas such as healthcare, education, social security, media, armed forces, and employment.⁵⁰

In Africa, Namibia, Uganda, and Mozambique are the only countries in Africa that have suicide prevention strategies. Namibia was the first African country to develop a suicide prevention strategy in 2011. The results from a Strength, Weakness, Opportunities & Threats (SWOT) analysis carried out before implementing its suicide prevention strategy, formed the basis that the Namibian suicide prevention strategy was created.⁵¹ Similar to the suicide prevention strategies by non-African countries, Namibia's strategy addresses health care and accessibility to support services. An important aspect of the strategy is it pointing to specific characteristics of addressing local determinants that lead to suicide such as lack of responsive framework and human resource deficiency in the country's mental health sector.⁵²

Nigeria Suicide Prevention Policy Recommendations

A suicide prevention strategy shows the government's willingness to fight against suicide and prioritize mental health.⁵³ Similar to global suicide prevention strategies, Nigeria's policy should address the root causes of suicide and put into consideration the country specific challenges. Causes of suicide are multi-factorial, however, most common causes are linked to mental health conditions.⁵⁴

In Nigeria, our suicide prevention policy needs to be multi-sectoral and follow WHO recommendations. Taking into consideration suicide patterns in Nigeria, possible focus areas for suicide prevention should include:

1. Limit access to means of suicide

Ingestion of harmful substance is one of the most common methods of suicide.⁵⁵ In Nigeria, a commonly abused substance is sniper insecticide, which despite the ban by the National Agency for Food Drug Administration and Control is still readily available in open markets.⁵⁶ This aspect of Nigeria's suicide prevention strategy should go beyond bans and include sanctions and strict monitoring to ensure access to these means of suicide is limited.

⁴⁹ [Talkto me](#)

⁵⁰ [Suicide prevention: Policy and strategy - House of Commons Library](#)

⁵¹ [National suicide prevention strategies](#)

⁵² [WHO MiNDbank - National Strategic Plan on Prevention of Suicide in Namibia 2012-2016](#)

⁵³ [Preventing suicide: A global imperative](#)

⁵⁴ [\(PDF\) TREATMENT NOT PROSECUTION: THE \(DE\) CRIMINALIZATION OF ATTEMPTED SUICIDE IN NIGERIA IN RELATION TO MENTAL HEALTH ISSUES](#)

⁵⁵ [Epidemiology of Suicide and the Psychiatric Perspective](#)

⁵⁶ [Despite ban, Sniper still on shelves | Dailytrust](#)

2. Decriminalizing attempted suicide

Treatment not prosecution, individuals who attempt suicide are most likely suffering from a mental health condition such as depression⁵⁷. Like all medical conditions, the right approach is treatment and care not prosecution. Nearly one-third of first suicide attempters are likely to repeat the attempt.⁵⁸ Decriminalizing attempted suicide and providing care will provide a sense of security to prevent of a reattempt.

3. Working with communities at grass root levels

Community intervention is critical in suicide prevention. They can provide support, identify vulnerable individuals, help fight stigma, and promote connectedness.⁵⁹

Engaging and working with communities at grass root levels in Nigeria will help provide enabling environments that encourage individuals to speak up.

4. Education on mental health and its importance

Due to lack of understanding of mental health issues, there is a widespread stigma in Nigeria. A common belief of mental health issues is that it is a form of possession by evil spirits or witchcraft.⁶⁰ In Nigeria, mental health is shrouded in religious beliefs.⁶¹ A study carried out by African Polling Institute showed that 54% of respondents in Nigeria believed mental health challenges could be attributed to possession by evil spirits.⁶² Additionally, mental health literacy is low in Nigeria and abysmally low amongst adolescents.⁶³ A study of schools in Nigeria showed that teachers and educators lacked the mental health knowledge to train and deal with mental health challenges.⁶⁴ This lack of education on the sensitivity of mental health issues prevents individuals from seeking or providing help when the need arises. This approach of the strategy will educate on mental health issues, its importance and sensitivity. The focus will be through public lectures and school based mental health programs. School based depression literacy programs like *Break Free from Depression*, a 4-module depression awareness curriculum which can lead to significant changes in knowledge and attitude of students and teachers should be used to address mental health education.⁶⁵

5. Sensitization against stigmatization of suicide or suicide attempts

⁵⁷ [Epidemiology of Suicide and the Psychiatric Perspective](#)

⁵⁸ [\(PDF\) TREATMENT NOT PROSECUTION: THE \(DE\) CRIMINALIZATION OF ATTEMPTED SUICIDE IN NIGERIA IN RELATION TO MENTAL HEALTH ISSUES](#)

⁵⁹ [Preventing suicide A community engagement toolkit](#)

⁶⁰ [Full article: Perceptions, attitudes and cultural understandings of mental health in Nigeria: a scoping review of published literature](#)

⁶¹ [Full article: Perceptions, attitudes and cultural understandings of mental health in Nigeria: a scoping review of published literature](#)

⁶² [Mental Health in Nigeria Survey - Press Release](#)

⁶³ [Mental health literacy: what do Nigerian adolescents know about depression? - PMC](#)

⁶⁴ [Towards School Mental Health in Nigeria: Baseline Knowledge and ...](#)

⁶⁵ [the immediate impact of a depression-literacy program among ...](#)

Suicide is cloaked in stigma, the action is misunderstood and brings shame to the individuals involved and their families. This action prevents individuals from speaking up and seeking help.⁶⁶ There is a need to educate against these perceived beliefs, stigmas, and taboos. This aspect of Nigeria's recommended suicide prevention strategy will involve campaigns and sensitization programs at the grassroots to the national level.

CONCLUSION

Mental health issues and depression are on the rise globally.⁶⁷ The mental health laws in Nigeria need to be reformed as The Lunacy Act infringes on human rights of equality and non-discrimination.⁶⁸ These laws and the lack of an existing framework to prevent death by suicide contributes to the rising number of suicides in Nigeria. Despite these high numbers, with Nigeria ranking 15th globally in suicide rates, it is believed that these figures are under reported because of fear of persecution and could be worse.⁶⁹

Following the guidance of the WHO action plan on mental health, Nigeria should aim for a 10% reduction in suicide rates by 2030.⁷⁰ This can be achieved if the Nigerian government through the Nigerian Ministry of Health takes charge and develops a multisectoral national suicide prevention strategy.⁷¹ Developing a *Suicide Prevention Strategy* should be taken as a matter of urgency. A lack of strategy alienates Nigeria from member states of the World Health Organization who have adopted the 2013-2030 mental health action plan. In this action plan, WHO proposes a public health model with four focus areas:

- (1) *Surveillance of the Problem*
- (2) *Identification of Suicide Risk and Protective Factors,*
- (3) *Development and Testing of Interventions*
- (4) *Implementation.*⁷²

Nigeria should base our suicide prevention strategy on this model and work to achieve the set target of 10% reduction in deaths by suicide by 2030.

There is the need to create hope through actions and these actions can only be seen with a fully implemented national suicide prevention strategy.

⁶⁶ [Preventing suicide A community engagement toolkit](#)

⁶⁷ [Mental health literacy: what do Nigerian adolescents know about depression? - PMC](#)

⁶⁸ [Policy Analysis on Nigerian Lunacy Act \(1958\): The Need for a New Legislation](#)

⁶⁹ [Trends and patterns of suicidal behaviour in Nigeria: Mixed-methods analysis of media reports from 2016 to 2019 - PMC](#)

⁷⁰ [Mental health action plan 2013 - 2020](#)

⁷¹ [Preventing suicide A community engagement toolkit](#)

⁷² [Mental health action plan 2013 - 2020](#)

Appendix

[**Suicide Prevention Strategy- Kenya Ministry of Health**](#)

[**Suicide prevention: a proposed national strategy for South Africa**](#)

[**WHO launches suicide prevention campaign in Africa**](#)

[**Preventing Suicide: A Technical Package of Policy, Programs, and Practices**](#)