

AWARE and Silver Support Response to the Penal Code Review Committee (PCRC)'s Recommendations on Decriminalising Suicide

Introduction

AWARE and Silver Support welcome the repeal of section 309 of the Penal Code and wholeheartedly agree with the PCRC's views that suicide is a healthcare and social assistance issue and not a criminal matter. We particularly appreciate recognition of the underlying mental distress that causes people to attempt suicide and hope this acknowledgment will pave the way for a multi-systems healthcare approach that values mental and physical health equally.

Repeal of Section 309 must be accompanied by trauma-training of frontline police officers responding to suicide attempts.

As it exists now, section 309 criminalises suicide, empowers police to intervene to prevent harm or loss of life, and triggers mandatory reporting. Both AWARE and Silver Ribbon have previously pointed out how section 309 carries the threat of investigation, arrest, charge and/or punishment. This increases distress, worsening the root cause of suicide. It deters help-seeking by encouraging the escalation of all cases to the criminal justice system and alienating those who need help.

PCRC notes that Singapore Police Force (SPF) and Singapore Civil Defence Force (SCDF) have generally provided the first response by authorities to cases of attempted suicide. We note that the repeal of section 309 will result in the loss of police powers unless they are empowered under other legislations. PCRC recommends amendments to Police Force Act (PFA) and to section 7 of the Mental Health (Care and Treatment) Act to empower SPF and SCDF to continue to have powers of intervention after the repeal of section 309.

PCRC argues that despite having the power to punish, the police currently only use their section 309 powers to convey the person to hospital if necessary or to refer the person to Samaritans of Singapore or next-of-kin for counselling and support. Sometimes the use of these powers has meant making arrests occasionally with the use of handcuffs - if the person was deemed to be a risk to herself or to others.

Being put in handcuffs and held in police custody, or being involuntarily admitted to IMH are distressing experiences that carry the risk of a mental health relapse or suicide after the individuals are discharged. The choice of transportation - for example police cars - can also have adverse effects on the mental health of the said person because these vehicles are not designed for such transports and do not offer the ability to effectively monitor persons who have medical issues or serious mental health issues.

The proposed amendments are unlikely to change how the police interact with those who attempt suicide. Although the police will no longer be able to legally use the threat of punishment - which were not used in any case in practice - they will still be able to make arrests and investigate suicide attempts albeit for reasons of foul play, which as X and Y point out below harmed rather than helped them.

Real stories

X: “When the police arrived, they arrested me. They explained that it was for my own safety but I felt like a criminal.”

X was at a very low point in her life. She experienced depressive and post-traumatic symptoms following severe emotional, physical and sexual abuse from an ex-boyfriend. This led her to contemplate ending her life in 2017 by jumping off the building. While contemplating this she communicated to a friend that she wanted to end her life. Her friend, out of concern for her safety called the police. “When the police arrived, they arrested me. They explained that it was for my own safety but I felt like a criminal. They put me in handcuffs even though I said I would follow them calmly. I couldn’t stop crying. I felt so ashamed...like I was some sort of dangerous person. I explained to them that I was thinking about it but was still scared to do it but they told me it was still a crime...I was made to lodge a police report and then was put in the cell..handcuffed to the bed until they took me to IMH...I was not a crazy person. I am not a criminal...I was just in so much pain and I wanted the pain to stop...You ask me what memory from everything I went through was the most painful it was what happened after the police came...so traumatising and shameful for me, I wish I had died.”

Y: “Next time if you want to kill yourself, call me. We can go drink.”

Y attempted suicide after she was raped by a colleague’s fiance and arguing with her partner afterwards in Sept 2015. She was arrested on the evening of the attempt where she was cuffed to a wall from 6.30pm till after midnight. She had no water and could not go to the toilet. As one police officer (a woman) took Y’s fingerprints, a second officer (a man) kept offering to take over. The two officers laughed and joked with each other about Y’s profession (a profession stereotypically associated with attractive women). The male officer said to Y, “Next time if you want to kill yourself, call me. We can go drink.” The female officer asked Y questions about the suicide attempt, but it was not clear whether they were out of curiosity or an attempt at investigation. Y slept and was awoken once by a police officer who stared at her and then walked away. She believed that other officers were discussing her, and this man had come to look at her out of interest. In the morning, more officers came, called loudly to her from the corridor, and laughed. Y felt they were “mocking” her. “I felt I am like an animal in the cage of a zoo.”

Our recommendations

Crisis Intervention Team Model

Our overall recommendation is that our response and resources to suicide attempts should be informed by the nature and degree of risk. For an alternative model of intervention that does not rely on the police to provide the first response, we could consider Silver Ribbon’s Crisis Resolution Team (CRT) model which is aimed at minimising unnecessary admissions into psychiatric institutions. Those in distress can call a hotline, where calls are assessed for the most appropriate response.

- a) **Danger to herself or others:** If the person in crisis is in immediate danger to himself or others, police assistance will be sought
- b) **Urgent but no immediate danger of hurt:** CRT is mobilised to conduct mental health assessments and provide emotional support on site
- c) **Non-urgent:** Phone consultation is provided

The model's primary advantages lie in using scarce police resources when absolutely necessary and in taking a sensitive approach to all suicide attempts such that they are dealt by mental health practitioners and peer support specialists who have been through similar traumas. Those who need further support will be referred to appropriate community services.

Trauma-train SPF and SCDF before using them as first responders

However, if we want SPF and SCDF to continue to provide first response in a manner consistent with PCRC's overall "treatment, not prosecution" approach, the government should develop guidelines to ensure that all police interactions with those who attempt suicide must protect the person's rights and dignity. We recommend the development of an institutionalised response system for suicide attempts. For instance:

- a) Provide psychological first aid training to all police officers, or
- b) Set up specialised unit within police force who are specially trained, or
- c) Work with NGO/VWO, such as Silver Ribbon, who can provide intervention teams to accompany police when responding to suicide attempts.

Additionally, we should increase the sensitivity of police responses to social and medical issues pertaining to suicide, distress and mental health. For instance:

- a) Minimise the time taken in the handover of people with mental illness to the healthcare system
- b) Use restraints, such as handcuffs, only when absolutely necessary
- c) Use police vehicles for transportation of those who have attempted suicide sparingly

Criminalising abetment to suicide

We welcome the move to criminalise the abetment of attempted suicide but think that what constitutes abetment should be clarified. For example, in countries such as India where abetment to suicide is criminalised, when somebody commits suicide, relatives and friends are often able to obtain the arrest of those accused of mental anguish that caused the death. Would the PCRC consider this to be a case of abetment given that not everyone who is mentally anguished attempts suicide?

Furthermore, PCRC has recommended amending sections 305 and 306 to expand their scope to include grievous hurt, and rationalising them such that enhanced punishments are provided when grievous hurt is caused. Research on the effectiveness of the criminal justice system has repeatedly shown that increases in the certainty of punishment as opposed to the severity of punishment are most likely to act as a deterrent. As a result, while we appreciate the government's focused attention on vulnerable persons and the use of enhanced penalties as a communication device to signal the criminality of abetment to suicide, we urge them to reconsider this proposal as its unlikely to have the desired impact.