TO FIND OUT MORE

Find out everything about World Day Against the Death Penalty at www.world-coalition.org/worldday, including:

- The poster of the 2014 World Day
- The mobilisation kit
- Detailed factsheet on mental health and the death penalty
- Facts and figures on the death penalty
- The 2013 World Day Report which includes hundreds of examples of initiatives

The World Coalition Against the Death Penalty is an alliance of more than 150 NGOs, bar associations, local authorities and unions.

The aim of the World Coalition is to strengthen the international dimension of the fight against the death penalty.

Its ultimate objective is to obtain the universal abolition of the death penalty.

The World Coalition gives a global dimension to the sometimes isolated action taken by its members on the ground.

It complements their initiatives, while constantly respecting their independence.

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Mental health is a critical factor to consider at every stage of the death penalty process, from before a person commits a crime through the government’s execution of the convicted person, and even post-execution, as the death penalty affects the mental health of the families concerned.

[Before the crime]
According to the World Health Organisation, between 76% and 85% of people with severe mental disabilities in low-income and middle-income countries receive no treatment for their disabilities, and in high-income countries the figure is between 35% and 50%.

Moreover, people with mental disorders find it difficult to integrate into society, exacerbating their marginalisation and vulnerability. People with mental disorders are not necessarily more likely to commit violent crimes than people without such disorders.

[At trial]
In many jurisdictions there is a lack of skilled legal advocates available to work on capital cases. It is additionally troubling that defendants with serious mental health problems are put on trial without adequate support when they are unable to participate effectively in their own defence.

If provided effective legal representation, a person’s mental health would be a factor considered at trial. Depending on the jurisdiction and the type of mental disorder the person has, mental disorder may relieve a person of criminal liability, disqualify him or her from being eligible for the death penalty, or serve as a mitigating factor in sentencing procedures.

The most important form of evidence to support a claim of mental disorder is an official assessment by a mental health expert. Many courts have held that individuals have a right to a mental health assessment prior to being sentenced to death.

CASE STUDY: Sub-Saharan Africa
In some countries in Sub-Saharan Africa, lawyers have limited resources and are often unable to have their clients seen by mental health workers. Without mental health assessments, some people suffering from serious mental illness are sentenced to death.

For example, in Malawi, a man was convicted of murder and sentenced to death after he cannibalised his niece. At no stage did his lawyer present a case of diminished responsibility because he had no access to mental health experts. It is likely that if expert evidence had been tendered, the inmate would be receiving treatment in a mental hospital, rather than living on death row.

CASE STUDY: Morocco
A study undertaken in Morocco in 2013 has shown that half of the people on death row take neuroleptics administered at the infirmary. The majority of the pathologies are characterised as psychotic and 17% of the inmates develop other chronic illnesses that are also classified as a form of psychosis such as paranoia, manic depression, chronic hallucinatory psychosis, etc.

Consequently, 67% of death row inmates have serious psychiatric illnesses that require psychiatric treatment. Furthermore, among those interviewed, 35% had had suicidal thoughts.


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Mental Health
Many governments lack transparency regarding the mental health of people on death row.

In Japan for example, the Code of Criminal Procedure (Article 479) provides for a stay of execution for inmates who are “insane,” but, as Amnesty International reports, due to “…the stringent isolation placed on prisoners, the secrecy regarding prison conditions and prisoners’ health, and the lack of scrutiny by independent mental health professionals, it is necessary to rely substantially on secondary testimony and documentation to adjudge the mental state of those on death row.”

[And all the while: victims’ families and families of the condemned]

The death penalty process not only exacerbates the poor mental health of the accused but it can place serious emotional strain on his or her family and the family of the victim.

It is a myth that all murder victims’ families wish to see the murderer of their loved one executed, and this myth applies equally when the perpetrator suffers from mental disorders.

“The death penalty is not only inappropriate and unwarranted for persons with severe mental illness but…it also serves as a distraction from problems within the mental health system that contributed or even led directly to tragic violence. Families of murder victims and families of people with mental illness who have committed murder have a cascade of questions and needs. It is to these questions rather than to the death penalty that as a society we must turn our attention and our collective energies if we are truly to address the problem of untreated mental illness and the lethal violence that can result.”


Families of people sentenced to death face disenfranchised and unresolved grief.

“Disenfranchised grief”, according to Kenneth Doka, a leading expert on grief counselling and psychotherapy, refers to losses that people experience but that are not always acknowledged, validated or recognised by others. And uncertainty can “freeze” the grieving process in the families of death row inmates.

Ambiguous loss, where the status of the loved one is somehow unclear, “dead or alive, dying or recovering, absent or present, on his or her way to be executed or about to be exonerated”, often results in unresolved grief.

Family members who experience ambiguous loss are more likely to make an incomplete recovery, often resulting in lifelong mental health problems.

[ An international trend towards preventing the execution of people with mental disorders.

**International texts**

1984 : United Nations Economic and Social Council adopts Safeguards Guaranteeing Protection of the Rights of Those Facing the Death Penalty. Article 3 states that the death penalty should not be “carried out on...persons who have become insane.”

1993 : In a report, the UN Special Rapporteur on extrajudicial, summary or arbitrary executions has stated that “international law prohibits the capital punishment of mentally retarded [intellectually disabled] or insane persons.”

2005 : United Nations Commission of Human Rights adopts Resolution 2005/59 urging state “not to impose the death penalty on a person suffering from any mental or intellectual disabilities or to execute any such person.”

**Judicial rulings**

2009 : Inter-American Court of Human Rights rules that Tyrone Da Costa Cadogan (Barbados) was denied a fair trial because mental health professionals had never fully evaluated his mental health at the time of the offence.

2012 : Eastern Caribbean Court of Appeal acquits Sheldon Isaac, concluding that he was unfit to stand trial in the first place, and his Saint Kitts and Nevis court in 2008 should never have sentenced him to death, because prior to his conviction, he had been severely brain damaged as a result of being shot in the head.

2014 : India’s Supreme Court formally bans the execution of people who are mentally ill. The Court acknowledged the “unbearable mental agony after confirmation of death sentence” and added that in some cases “death-row prisoners lost their mental balance on account of prolonged anxiety and suffering experienced on death row.” In reaching its decision, the Court referred to “well-established canons of human rights” prohibiting the execution of people who are mentally ill.

**10 REASONS TO END THE DEATH PENALTY**

1. **No state** should have the power to take a person’s life.

2. **It is irrevocable.** No justice system is safe from judicial error and innocent people are likely to be sentenced to death.

3. **It does not keep society safe.** It has never been shown that the death penalty deters crimes more effectively than other punishments.

4. **It is unfair.** The death penalty is discriminatory and is often used disproportionately against people who are poor, mentally ill, and from racial and ethnic minorities. In some places, the imposition of the death penalty is rooted in discrimination on the basis of sexual orientation or religion.

5. **Not all murder victims’ families want the death penalty.** A large and growing number of victims’ families worldwide reject the death penalty and are speaking out against it, saying it does not bring back or honor their murdered family member, does not heal the pain of the murder, and violates their ethical and religious beliefs.

6. **It creates more pain.** The death penalty inflicts pain on the families of people on death row and causes great pain to the family members of people who have been executed.

7. **It is inhuman, cruel and degrading.** The conditions on death row inflict extreme psychological suffering, and execution is a physical and mental assault.

8. **It is applied overwhelmingly in violation of international standards.** It breaches the principles of the 1948 Universal Declaration of Human Rights, which states that everyone has the right to life and that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. On four occasions, the United Nations General Assembly has called for the establishment of a moratorium on the use of the death penalty (resolutions 62/149, 63/168, 65/206 and 67/176 adopted in December 2007, 2008, 2010 and 2012).

9. **It is inefficient.** Time and money are diverted from other more efficient law enforcement measures.

10. **It denies any possibility of rehabilitation to the criminal.**