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Impact of Celebrity Suicide on Population Mental Health: Mediators, Media, and Mitigation of Contagion

Sir,

Celebrity suicide has a negative impact on public health, chiefly by its potential to trigger suicide contagion (Werther effect) among vulnerable individuals. These effects are accentuated by detailed and imbalanced media portrayals of celebrity suicide, a prevalent and concerning practice in Asia.¹

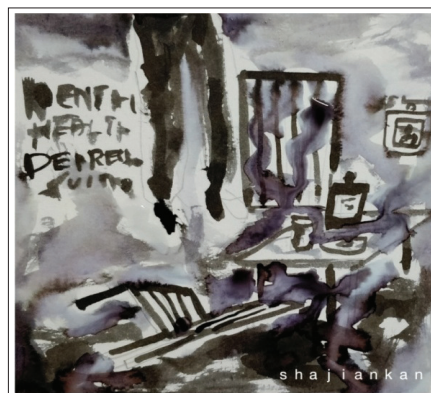
Questions remain on the potential drivers of this observed vulnerability to imitative suicidal behavior. Below, we offer some insights into mediators of suicide contagion following a celebrity suicide and propose suggestions from a preventive standpoint.

Possible Mediating/Moderating Mechanisms in the Impact of Celebrity Suicide on Population Mental Health

1. *Pre-existing psychiatric morbidity or maladaptive cognitions:* Pre-existing vulner-

ability could be due to a combination of biological and psychosocial factors. Evidence from both retrospective² and prospective³ studies suggest that prior psychological distress, depression, or anxiety symptoms and history of negative life events, such as being abused or having interpersonal conflicts, may moderate the effects of celebrity suicide. Other factors that may mediate the vulnerability include severe mental illness, substance use disorders, and chronic pain disorders; the latter has been associated with both suggestibility and suicidality.⁴

2. *Excessive identification and idealization:* Celebrities enter the public psyche through many forms of media and networking. All these contribute to



their larger than life image and may result in their idealization by certain subgroups. When such individuals die by suicide, it becomes a deeply triggering event, and explicit media portrayals of suicide can further increase the emotional impact and trigger suicide contagion.⁵ This is particularly the case for individuals who excessively identify themselves with the deceased. However, idealization is neither necessary nor sufficient for suicidality. As an example, suicides in celebrities whom one might not necessarily like or admire can also trigger a contagion.

3. *The role of peer integration:* Following a celebrity suicide, increased discussion with peers and misinformation may ensue; this may amplify feelings of loss, particularly for those who closely identify themselves with the deceased. These assertions are indirectly supported by evidence from retrospective studies² and the Foxconn suicides,⁶ in which temporal clustering of suicides occurred in a single organization. This suggests that contagion could occur even in highly cohesive environments.

4. *Public image and influence of the celebrity:* A study that examined the effects of news

about the suicide of a politician celebrity and that of an entertainment celebrity on subsequent suicide rates found that suicide of the entertainment celebrity had a more acute impact in the short term and that its effects extended for a longer period.⁷ The authors speculated that this was because of the greater emotional connectedness that the public may feel for an entertainer than a political figure and because the entertainer's death received more widespread media coverage.

5. *Social and community factors*: Factors that may be operating here include social learning, modelling, and social facilitation, wherein a person's internal constraints may be overcome by observing the actions of others. These phenomena also overlap with suicide theories of Durkheim, who emphasized the role of social integration and regulation in triggering imitative suicide. Finally, reactionary social media posts following a celebrity suicide have also been found to activate suicide contagion;⁸ this association may also be explained by social learning and facilitation.

Suggestions to Mitigate the Impact of Celebrity Suicide on Population Mental Health

1. *Increase public awareness about the negative impact of celebrity suicide (universal strategy)*: Here, the media can play an important role and raise awareness by including educational or preventive information, such as the possibility of suicide contagion, when covering a celebrity suicide.⁵
2. *Responsible media reporting of celebrity suicide (selective strategy)*: Specific aspects that need to be avoided by the media while reporting celebrity suicides include a description of the suicide method, the inclusion of photographs of the deceased, and prominent placement of the report; all of which violate international suicide reporting recommendations⁹ and have the potential to trigger a contagion.⁵ Available Indian guidelines for media suicide reporting include those by the Press Council of India¹⁰ and the posi-

tion statement of the Indian Psychiatric Society¹¹; these must be adhered to in letter and spirit.

3. *Early identification and monitoring of vulnerable individuals (indicated strategy)*: One of the ways to achieve this is to periodically screen individuals identified as vulnerable by family or society. Harnessing the potential of artificial intelligence approaches, such as machine learning techniques, to screen, identify, and monitor vulnerable groups in this context, such as adolescents based on their social media posts, can be a viable and less resource-intensive method.
4. *Positive thinking and promoting positive mental health approaches*: Media stories focusing on the positive aspects of the deceased celebrity and developing positive definitions of him/her (such as "Mrs X was a strong and independent woman") have been found to facilitate imitative suicidal behavior in the same gender.⁷ Consequently, media must consciously avoid highlighting positive aspects of the deceased in reporting the celebrity suicide to reduce the likelihood of contagion.
5. *Postvention activities*: This should be directed at family and close relatives of the deceased celebrity. In addition, vulnerable individuals, such as adolescents and teenagers, could also be targeted through postvention activities in schools.

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Shouldn't Confidentiality Transcend Death?

Following a recent death of a celebrity, social media goes into hyperdrive. Social media influencers pour in their tributes; mass media recreates the scene of his death; mainstream news anchors interview potential people who are informants and gently speculate the homicide angle to the death; while vested powers argue with each other to derive potential political mileage from the incident. Parallely, the nation is intrigued, and the medical records (including psychiatry diagnosis) along with the sensitive personal history of the deceased person, including “alleged” use of licit and illicit substances, are paraded as breaking news on primetime television. An “expert” panel (read as jury) debates the possibilities, and the TRP ratings of the news channels peak again after the nation had lost interest in the sensational reporting of the COVID-19 pandemic.

Time and again, a sensational homicide or a celebrity suicide captures the attention of the nation. After this wave of interest, the mass media feeds the audience's inquisitiveness with prime-time coverage of the deceased person's death and its repercussions. Although one could argue that the very business model of the media is based on the demands of the consumer, it is of utmost importance to uphold the boundaries of ethics and confidentiality, failing which the lines between transparency and voyeurism become blurred. The breach of a deceased patient's confidentiality can malign the deceased, his/her well-wishers, and have larger repercussions in the society. Additionally, such negative publicity for the mentally ill can potentially promote stigma and further hinder the access of a person with mental illness to healthcare.

All information is sub judice when it comes to ongoing investigations. All citizens, including doctors, should and must cooperate with all administrative and legal bodies as per the law of the land. However, it is baffling and sad that such confidential expert opinions and privileged communications are accessed quite easily and made available in the public domain.

Patient Confidentiality in Psychiatry

Although the patient–doctor relationship has become utilitarian, ethics and confidentiality relating to patient care are perhaps as old as the medical profession itself. Confidentiality can be breached



for judicial reasons or to protect other members of society.¹ If confidentiality is viewed strictly as a time-bound legal obligation, one can wonder if confidentiality agreements lapse with the death of the patient!² Such a reductionist view of the patient–doctor relationship as a business agreement can indirectly imply that there is a lapse of the terms of the agreement after the death of the patient

The confidentiality right of any patient is never absolute.³ This is particularly true for psychiatry practice, given the higher possibility of the doctor being made aware of sensitive information that can have ramifications for third persons and society at large. A golden rule imbibed in

psychiatry ethics regarding confidentiality is that ‘The right to confidentiality ends when a threat to life begins.’ Confidentiality agreements in psychiatry are breached when the doctor foresees a danger to life (patients or others) and when necessitated by the law (such as POCSO: Protection of Children from Sexual Offences Act). Although confidentiality and its issues in psychiatry research is another important gamut,⁴ the ethics of confidentiality breaches when there has been no threat to life or society are not so grey.

Who Should Protect the Rights of the Deceased Mentally Ill?

This brings us to the next question on who should protect the confidentiality rights of the deceased mentally ill. Although the answer to this question is sufficiently complex, the stakeholders involved in protecting the rights of the deceased involve healthcare professionals, civil society, judiciary, media, and the executive, among many others. Doctors play a pivotal role in upholding and promoting such rights.

The Declaration of Geneva,⁵ which builds upon the Hippocratic oath, contains two declarations among 11 that are of paramount importance in this scenario:

“I will respect the secrets that are confided in me, even after the patient has died.”

“I will not use my medical knowledge to violate human rights and civil liberties, even under threat.”

These two statements serve as a clarion call for all psychiatrists (and the broader medical fraternity) to respect the confidentiality of the deceased and to maintain and uphold the highest standards of medical ethics in our profession.

Conclusion

A deceased patient's right to medical records, despite the presence of ongoing