



(Table 1 continued)

DOI	Suicide/Suicidal Acts Defined a Priori	Attempted Differentiation from NSSI Behaviors
10.1186/s12889-019-7751-8	No a priori definition	Mentioned, but not differentiated from suicide
Studies not included		
10.1024/1422-4917/a000712	English full text not available	
10.1111/sltb.12530	Not a clinical trial	
10.1002/da.22911	Not a clinical trial	
10.1016/j.jpsychires.2019.06.015	Not a clinical trial	

ASQ: Ask Suicide-Screening Questions, C-SSRS: Columbia-Suicide Severity Rating Scale, HAM-D: Hamilton Scale for Depression, NSSI: nonsuicidal self-injurious.

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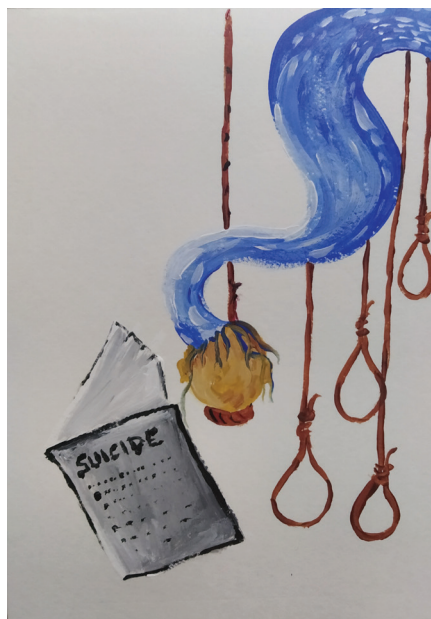
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Suicide Reporting Guideline by Press Council of India: Utility and Lacunae

To the Editor,

Media reporting of suicide significantly influences the suicidal behavior in vulnerable individuals.^{1,2} Studies have found a poor quality of suicide reporting by media.³⁻⁶ To regulate the irresponsible media reporting of suicide, the World Health Organization (WHO) had developed a guideline in 2017.⁷ Referring to this guideline, the Press Council of India (PCI) has also developed a guideline.^{8,9} It was developed by the central statutory body (authority) of PCI, in reference to the Mental Healthcare Act, 2017, section 24 (1), which deals with reporting news about psychiatric disorders. While framing the guidelines, PCI had considered the WHO guideline.⁷ The PCI guideline appeals to the media to refrain from certain reporting styles that may negatively impact the public (**Figure 1**).

The guideline has several strengths and weaknesses (**Figure 2**). The major strengths are its adherence to the international norms laid by the WHO guideline. The weaknesses are its methodological (such as the lack of operationalization and a high degree of subjectivity) and ethical



(such as disclosing personal information containing potential triggers) issues. The recommendations are more subjective as they are not operationalized. For instance, sensationalization and explicitly describing suicide are more of qualitative terms, which may be perceived differently by different individuals. Similarly, the term repeat stories also merit some explanation. At the consumer level (read as media professionals, for whom the guideline is intended), it may be misinterpreted, manipulated, and even misused. For

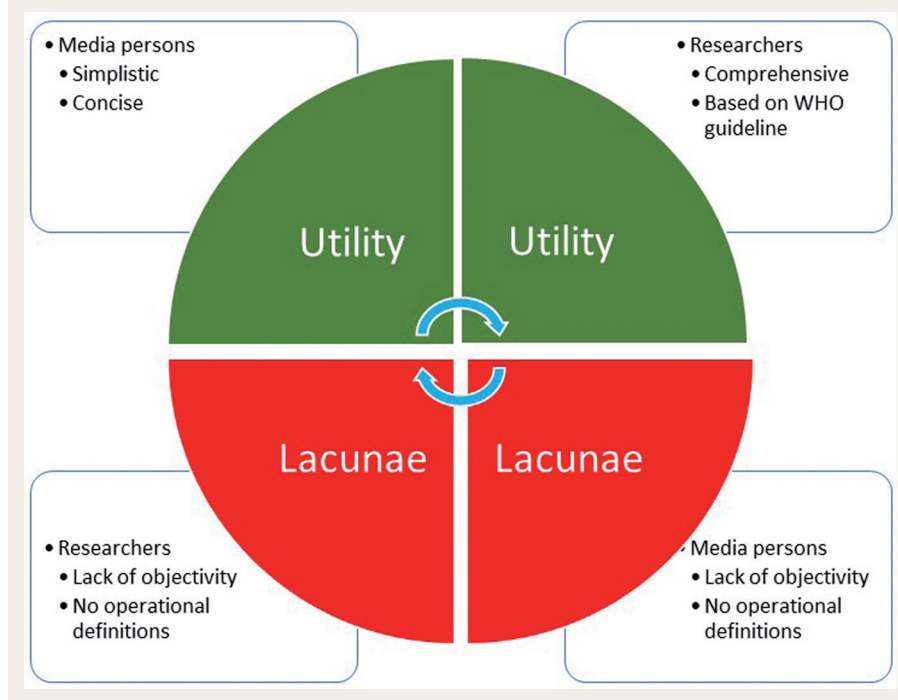
FIGURE 1.



researchers, lack of clarity about the terms may result in various biases in interpretation. A few Indian researchers have referred to the PCI guideline in their research to measure the quality of suicide reporting by media.¹⁰

Lack of standard definition for these terms may compel researchers to develop their own operational definition for research, which may again mislead readers. Hence, there is a need to operationalize terms through standard definitions, which may increase the utilitarian value of the PCI guidelines for both researchers as well as journalists. Perhaps, the addition of a glossary section to define the key elements would benefit users.

FIGURE 2.



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The PCI focuses on reporting styles that are not to be followed; however, also mentioning the things that need to be done while reporting suicide will further increase the guidelines' utility. Additionally, the PCI may add a word of caution on reporting suicide during periods of high-risk for imitative suicides such as after suicide by celebrities, farmers, or students. In a position statement, in 2014, the Indian Psychiatric Society (IPS), one of the largest bodies of mental health professionals globally, had proposed certain recommendations for the sensible media reporting about suicide.¹¹ They emphasized keeping the suicide stories neutral, discrete, and sensitive. They also dwelt upon the parameters to be followed (the do's of reporting) to improve the quality of suicide reporting by media (e.g., destigmatization, facilitating awareness, early warning signs of suicidal behavior).¹¹ Similarly, the PCI may develop a checklist of parameters¹² that need to be considered while reporting suicide.

To enhance its impact, there is a need to strictly monitor for adherence to this guideline. Moreover, media personnel should be sensitized through workshops and webinars; this will improve awareness and support adoption and practice. Involving other stakeholders

(mental health professionals, journalists, persons with mental illness, and their caregivers) may help understand their perspectives related to the impact of media reporting and may be helpful in further strengthening the PCI guidelines.

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Predicting Suicide Attempt: Is It Always Possible?

Suicide is a major public health problem throughout the world. The worldwide age-standardized suicide rate in 2016 was 13.5 deaths per 100,000 in males and 7.5 deaths per 100,000 in females. With variation in suicidal rate, the factors influencing suicidal thoughts and suicidal behavior do not remain the same everywhere.¹ A combination of individual, relationship, community, and societal factors contribute to the risk of suicide.² Durkheim gave a normative theory of suicide and proposed four different types of suicides depending upon social integration: egoistic, altruistic, anomic, and fatalistic. On the other hand, George Engels reported the biopsychosocial, environmental, and sociocultural risk factors for suicide.

Differentiating clearly between the terms suicide ideation and suicide attempt is necessary when it comes to suicide prevention. It is important to recognize suicidal ideations as a heterogeneous phenomenon. It is not appropriate to place ideation and attempt under one heading. Also, there is no clear association between one's endorsement of suicidal ideations and suicidal attempts.³ Most people would never attempt suicide even after endorsing or expressing suicidal ideations, suggesting control over their ideations. Thus, even if suicidal ideations may be necessary for predicting future suicide attempts, they are not sufficient predictors of the suicidal act.

Mental illnesses are the primary risk processes that underlie the majority of suicide mortality and morbidity. Apart from mental illnesses, other life events (e.g., death of a loved one) and socio-cultural factors, such as being isolated or feeling unacceptable to others or unable to adjust to others, also play a

role.¹ Depression, psychiatric disorders, and hopelessness are strongly associated with suicide ideation; however, they have less to do with predicting suicide attempts.⁴ On the other hand, only the mental illnesses with poor impulse-control and anxiety predict the progression from intent to attempt.⁵ However, there is still a significant gap in knowledge and assessment of the actual factors involved. Studies suggest that the maximum chance of progression from ideation to suicide attempt is in the first year of ideation. Also, a minority of suicide attempters die by suicide, and most deaths related to suicide occur during the first suicide attempt.⁶ The definition of suicidal ideations also varies across studies (e.g., some include suicide planning deliberations in the definition of suicide ideation while others do not), leading to further difficulty. Thus, dealing with this issue scientifically carries many limitations, resulting in many resources being targeted towards a population who might not be at risk of attempting suicide.



There are multiple issues and challenges when it comes to suicide prediction and prevention at an individual level.

1. No clear-cut best clinical tool exists that can reliably gauge the risk of suicidal behavior in the near future in a given individual. Although the suicide assessment scales may be used in clinical settings to develop a comprehensive line of questions, none of them have provided a clinically helpful predictive value.⁷ Studies have failed to show the effectiveness of these scales in predicting suicide in an individual.^{8,9} Death/Suicide Implicit Association Test (IAT) is an example of a test that judges an individual's behavior in response to suicidal stimuli and has shown promising results in predicting the behavior.¹⁰
2. Considering that suicidal ideation presents in a waxing and waning manner, clinical assessment documenting suicidal ideation in a binary fashion (present or absent) also poses a challenge. Studies using ecological momentary assessments suggest significant fluctuations in suicidal ideations over hours.¹¹ Thus, how frequently the suicide assessments should be made is also a taxing research and clinical question.
3. Some of the characteristics strongly associated with suicidal intent and attempts include unemployment, poverty, material deprivation, social isolation, emotional imbalance, emotional frustration, history of drug abuse, previous attempts of suicide, and positive criminal history.⁴ However, speaking narrowly, they better predict habitual suicidal intents and behavior than predicting the first suicide attempt.¹²
4. Suicidal ideations are considered better predictors/markers of lifetime risk for suicide than imminent danger, making the assessment of lifetime suicide ideations equally clinically crucial as assessing current ones.⁴