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**Celebrity Suicide—A Cause for Media Celebration? Analysis of Three Newspaper Reports**

To the editor,

Responsible media reporting of suicide is an effective strategy for suicide prevention.<sup>1</sup> Media reporting influences the awareness and attitudes of the public about suicide.<sup>2</sup> Celebrity suicides are associated with an increase in subsequent suicides as found by studies from different countries and hence needs cautious reporting.<sup>3</sup> There is some evidence that the magnitude of contagion depends on the amount, duration, and nature of suicide coverage in the media.<sup>4</sup> An Indian study found that following the suicide of a Hollywood celebrity, media coverage of suicides in general increased and tended to be more sensational and prominent.<sup>5</sup> Media

reporting of suicide by an Indian celebrity has never been examined. How did the media portray the suicide of a Bollywood celebrity in the backdrop of a global mental health disaster consequent to COVID-19 pandemic?

**Report**

We examined the reports of the suicide of an Indian Bollywood celebrity in leading newspapers, one in English, the *Hindu* (Kochi edition), which is the second most circulated English language newspaper in India and two leading Malayalam newspapers in Kerala, *Malayala Manorama* and *Mathrubhumi*. The reports on the subsequent day of the incident (June 15, 2020) were assessed for concordance with the Indian Psychiatric Society (IPS) guidelines on media reporting of suicide.<sup>6</sup>

**Was the News Coverage Neutral?**

The narratives in the vernacular newspapers were more sensational than in the English one. The vernacular reports

were fictional and catchy in style. All narrations had an emotional tone, more prominent in the vernacular dailies. Both the Malayalam dailies reported surprise and shock. One Malayalam newspaper indirectly blamed the film world. Sensational and glorious reporting of celebrity suicide, during the COVID-19 pandemic and ensuing “mental health pandemic,” can have deleterious consequences. Such “natural advertisement for suicide”<sup>7</sup> can adversely influence the vulnerable and those who identify with the celebrity. A neutral reporting style, as advocated by the IPS guideline, was flouted by the Malayalam dailies while the *Hindu* reporting was more objective.

**Was the News Coverage Discreet?**

The vernacular newspapers reported the news on the first page and continued with details in inner pages. In one vernacular newspaper, the report was placed in a conspicuous column on the front page. Prominent color pho-

tographs of the deceased found a place in both the vernacular newspapers on the front pages. The photographs were eight in *Mathrubhumi*, seven in *Malayala Manorama* and four in the *Hindu*. One of the Malayalam dailies gave a prominent graphic sketch of his life and achievements. The headlines were more prominent in the vernacular newspapers. In one vernacular newspaper, the recent suicide of his celebrity colleague was linked to his suicide and presented in a separate column on the front page. Both vernacular newspapers devoted half of an interior page each for reporting.

In the *Hindu*, the report was given on the last page with only a brief note of death and a small photograph on the front page. Half of the last page was devoted to his suicide, achievements in life, and philanthropic acts. Photographs of the dead body or method of suicide were not given in any of the newspapers. None of the newspapers used the word “suicide” in the headline. The *Hindu* had taken exceptional care to avoid the word “suicide” in the narration. The Malayalam dailies poorly adhered to the IPS guideline of discretion in reporting, but the English daily did exercise discretion in reporting. It is commendable that all the three newspapers avoided the style of using direct wording in the headline.

### Was the News Coverage Sensitive?

Photographs of the decedent’s weeping sister were seen in the English and one Malayalam daily, while the other carried picture of his mother who died several years ago. The photographs were emotive in nature. Both Malayalam dailies mentioned the recent suicide of his colleague, including the method and speculated connection between the two. One of the dailies gave the photograph of the deceased colleague also. Both Malayalam dailies mentioned his mental health issues and the rumors about his drug dependence. Confidentiality and privacy were breached. Sensitivity in reporting style was lacking.

### Other Matters

Celebrity suicides may lead to a contagion effect. The IPS guideline advises special caution while reporting celebrity suicides. The Malayalam dailies disregarded this, but the *Hindu* attempted to be more concordant with IPS guidelines.

By providing the details of suicide helplines, the *Hindu* adhered to the IPS guidelines’ positive suggestions for reporting as regards public awareness and destigmatization. The *Malayala Manorama* shared another celebrity’s experience and advice to seek and offer help during emotionally vulnerable times, thus destigmatizing mental health issues.

All newspapers elaborated and glorified the actor’s biography and achievements. His philanthropic act toward flood-hit Kerala was detailed and his personality was portrayed positively by all dailies.

## Discussion

The Malayalam dailies were highly discordant with the IPS and Press Council of India guidelines,<sup>8</sup> though a dedicated training had shown some immediate and persisting positive effects.<sup>9</sup> The *Hindu* reporting showed more fidelity to the guidelines. Celebrity suicides are known to cause a copycat phenomenon. Repetitive reporting in newspapers and discussions in mass media continue unabated days after the demise. However, no papers carried messages of mental health experts or positive messages of any celebrity who had circumvented suicidal ideation. These could have enhanced the quality of the reporting.

All the dailies were trying to ascribe a cause. Depression and Bollywood stress were attributed. Monocausal attribution, simplistic conceptualization, and blame apportioning manner of reporting are detrimental to suicide prevention.<sup>10</sup> The media tends to exaggerate the most proximal cause and ignores the distal causes. To portray suicide in the right perspective, the journalists need to understand the complex and multidimensional nature of suicide. This can avoid irrational speculation, oversimplification, and weaving sensational stories, all having the risk of contagion effect.<sup>11</sup>

### Suggestions

Periodic combined workshops by mental health professionals and media personnel are recommended for sustained responsible reporting. Modeling by newspapers with balanced reporting styles is advocated. The use of diverse social and electronic media that appeal to youth, guidelines, and monitoring of suicide reporting by these media are essential.

Breaking news, channel discussions, and repeated audiovisual portrayal of sensational aspects can trigger vulnerable minds. Regulatory policy for suicide reporting needs to be laid down urgently, particularly in this pandemic period.

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## Telepsychiatry: A Feasible Means to Bridge the Demand–Supply Gaps in Mental Health Services During and After the COVID-19 Pandemic: Preliminary Experiences from Sikkim State of India

Sir,

Following the nationwide lockdown, private psychiatry outpatient departments (OPD) have almost completely shut. While the OPD services of government hospitals have continued, the attendance has been thin.<sup>1</sup> Along with this—recent dwindling mental health services because of the lockdown, and also for protecting the available health care workers from getting infected, remote assessment and management of people with mental illness have become the best alternative. Telepsychiatry and telecounselling services in parts of India have been proved to be cost-effective and economical,<sup>2</sup> and the service users have rated them as satisfactory.<sup>3</sup> Sikkim, a hilly state, which frequently suffers landslides restricting the transportation of the mental health care service users, may be particularly helped with telepsychiatry. The timely release of the *Telemedicine Practice Guidelines*<sup>4</sup> and the *Telepsychiatry Operational Guidelines—2020*<sup>5</sup> has motivated care providers in India to deliver much needed medical evaluation, diagnosis, and triage remotely during the current COVID crisis.

## Telepsychiatry Practice in Sikkim Manipal Institute of Medical Sciences

Sikkim is a state in north-eastern India sharing borders with China and Bhutan. This least populous and second smallest state in India has 14 consultant psychiatrists and 5 psychiatry postgraduate trainees. As per the 2011 Indian census, Sikkim has a population of around 610,577.<sup>6</sup> Based on the reliable population data, there are 2.3 psychiatrists per 100,000 in Sikkim, which is well above the national average of 0.75 per 100,000.<sup>7</sup>

Telepsychiatry services from the Department of Psychiatry in our hospital, Sikkim Manipal Institute of Medical Sciences (SMIMS), began on March 25, 2020, at the commencement of the nationwide lockdown. Patients who have had their prior consultations with the psychiatrists at the hospital before the lockdown constitute the majority of those who sought telepsychiatry services. All five psychiatrists of the hospital were involved in the handling of telepsychiatry consultations for both new as well as follow-up cases. These patients have been calling or messaging their psychiatrists on their mobile numbers and also connecting with them on social media platforms. The new cases connected to the psychiatrist either by calling the hospital or through a person who has already visited or is known to these psychiatrists. All follow-up cases contacted the psychiatrist directly as they already had the contact numbers or obtained it

from the hospital. The telepsychiatry consultations were done with the help of audio and video modes. Video mode was utilized for all new cases and, where List A medications like antipsychotic, antidepressant, etc.,<sup>5</sup> needed to be prescribed for the first time (**Figure 1**). Most of the patients who sought telepsychiatry support from the consultant psychiatrists at SMIMS were residents of the state.

As of May 26, 2020, there have been a total of 78 teleconsultations (**Table 1**). Among these, 73 are residents of the state and 5 are from 2 other states. In terms of distance, the locations of the 73 patients residing within the state ranged from as near as 5 km from the hospital and to 130 km at the farthest. Duration of the calls varied from 15 minutes to 45 minutes, depending on whether it is a new case or a follow-up consultation. The language of communication between the psychiatrists and the patients were English, Hindi, or Nepali. Both audio and video calls were initiated by the patients or their caregivers, except for two cases where the calls were initiated by registered medical practitioners (from the patient’s end). The communication was synchronous. In the setting where registered medical practitioners referred cases, initially the audio mode was used and then the video mode. The prescriptions were sent as images, as personal messages through WhatsApp or Facebook Messenger, and the prescription format was followed as per the recommended guidelines. List A and List B medications as per the recommended guidelines were prescribed; however,