

# SUICIDE PREVENTION

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## INFORMATION FOR MEDIA PROFESSIONALS



National Institute of Mental Health and Neuro Sciences  
Bangalore - 560 029,  
India

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## FOREWORD

Mankind marches ahead in its quest for growth and development : the changing social, economic and health pattern of societies is a living testimony to this growth and development. Suicide, an index of disturbed society is one of the leading causes of morbidity, mortality, socioeconomic losses and diminished quality of life. There have been some efforts by Indian researchers to understand this problem in its various dimensions and much more needs to be done.

It is shocking to note that nearly 1,10,000 persons completed suicides in India and Bangalore city alone has been recording more than 1500 suicides every year. Nearly 10-20 times this number have attempted and lakhs of people would have passed through suicidal thoughts. This complex problem is often an interplay of various health, social, economic and cultural factors, specially in a country like India experiencing poverty, illiteracy and ignorance.

Undoubtedly, suicide prevention is everyone's business in every society. Only an integrated, coordinated, intersectoral approach in a scientific manner is likely to yield results. The departments of Epidemiology and psychiatry undertook population based and hospital based research in this area, resulting in a greater body of knowledge for prevention programmes. Following research, Gururaj and Mohan Isaac initiated a series of capacity building workshops for doctors and hospital administrators, NGOs in health care, educational institutions, police and legal officers, child and women development organizations and media professionals. The perspectives, impressions and recommendations of these workshops are being brought out as "Information" handbooks for these professionals. These books should guide our Policymakers and professionals in developing national suicide prevention policy on a scientific approach with the involvement of everyone working in this area. I strongly urge the Indian society to consider suicide prevention as a major agenda of the present decade to save our precious human resources.

❖ **D. Nagaraja**  
Director and Vice-Chancellor  
NIMHANS

## PREFACE

Suicides are now recognized as a public health and social problem in every country, including India. Suicides have been on the increase in every part of India, in both urban and rural areas. As per National Crime Records Bureau reports, the city of Bangalore has been recording highest number of suicides for several years. Wide variations have been noticed in suicide problem and pattern in several parts of the country. The complex and cumulative interaction of social, health, cultural, economic and environmental factors are known to result in suicides. As majority of suicides happen in the young and productive segments of society, it is a phenomenal loss to developing societies.

Even though the problem is on the increase, a scientific understanding of the problem has not been attempted in a major way. National Institute of Mental Health and Neuro Sciences recognized the problem during 1995 and initiated a major study in the city of Bangalore. A large scale and indepth population based study was undertaken to unfurl the epidemiological dimensions of suicides. Two reports entitled “Epidemiological of Suicides in Bangalore” and “Suicides ...beyond numbers” are available to readers, providing scientific details. Simultaneously, the Ministry of Health and World Health Organization, South-East Asia Regional Office facilitated the study on “Risk factors for completed and attempted suicides” in Bangalore. This work has been completed and results are available to researchers, policy makers and public health administrators.

Dissemination of research results, capacity building process and development of intervention programmes are urgently required for prevention of suicides. As causes of suicides are several, interventions must be intersectoral. Prevention programmes require the participation of professionals from health, education, social welfare, commerce, industries, excise, media and others to initiate programmes. However, it was felt that there is need for awareness programmes, sensitization of issues, consensus building and identifying key components for prevention within each sector.

With this in view, NIMHANS initiated and completed a series of workshops for doctors and health administrators, family physicians, NGOs in mental and general health, heads of educational institutions, police and legal professionals, child and women development organizations and media personnel. In each of the workshops,

researchers and other prominent people shared their opinions while participants deliberated and identified key areas of activity. The issues, discussions, recommendations and activity components have been summarized in these 7 reports as “information documents”; viz ‘Information for Health Professionals’, ‘Information for Non-Governmental Organizations’, ‘Information for Educational Institutions’, ‘Information for Family Physicians’, ‘Information for Police Personnel’, ‘Information for Woman and Child Development Organizations’, and ‘Information for Media Professionals’. Each document has been organised into 3 parts. First section provides an overview of suicides in Bangalore focusing on the problems, causes, impact, neglect of suicides, role of intersectoral approach and capacity building measures. Section 2 delves in detail on various issues discussed during the workshop and remedial measures for action. Details of the workshop and participants are provided in Section 3. To maintain uniformity, section 1 is common in all reports and the remaining 2 sections are unique for each of the workshops.

Undoubtedly, these information documents are not a prescription but a proposition. It shows the possibility of wide variety of interventions to be considered - prioritized - implemented within and across different sectors. The suggested mechanisms are aimed at reducing suicides in general, while focussing on the problem in different societal groups. It is our hope that 5 P’s - Politicians, Policy makers, Professionals, Public and Press of society recognize the problem and initiate activities.

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Our sincere appreciation to all the keynote speakers and resource persons for bringing their views and perspectives in these workshops. With specific reference to this workshop, we are thankful to Sri Ramesh Kumar, (former Speaker of Karnataka Legislative Assembly and a tele-artiste), Sri Prakash Belawadi, (noted director of films and television programmes), Sri. T.S. Nagabharana, (director of popular and award winning television serials and films), Ms. Aparna, (noted television and cinema artiste), Sri Nagesh Hegde, (noted science writer in Kannada), Sri Krishna Murthy, (former station manager, All India Radio, Bangalore), Sri K.C.N. Chandrashekar, (producer of Kannada films), Sri Srinivasa Prabhu, (playwright, cine artiste and television actor), Dr. Vijaya, (noted film and drama critique), Smt. Laxmi Chandrashekar, (cinema and television artiste), Prof. Lohitashwa, (film and television artiste), Prof. Ashok Kumar, (journalist), and Dr. C.J. John, (consultant psychiatrist, Medical Trust Hospital, Ernakulam, Cochin). Our profound thanks to all the participants for deliberating intensely on many issues of Suicide Prevention.

We gratefully acknowledge the inputs and contributions of Dr. Ranjani Ramanujam, Senior Research Officer, under the project 'Identification of risk factors and capacity building measures for prevention of suicides'. Her valuable inputs in preparation for the workshops, handling correspondence, summarizing the proceedings and development of the manuscript is sincerely acknowledged.

Our sincere appreciation and thanks to Dr. Suryanarayana S.P., Dr. Girish N., Mr. Vijendra Kargudri, Mr. Srinivasan C., Mr. Govinda Raju, Mr. Srinivasa Murthy, Mr. Chandrasekar & other research staff for their valuable inputs at several stages of the workshops.

## 1. INTRODUCTION

Health is a fundamental human right and a world wide social goal. An understanding of health and disease along with delivery of affordable quality health care is the basis of all health care. Health has evolved over the centuries as a concept from an individual concern to a world wide social goal and encompasses the whole quality of life. Health involves individuals, state and international responsibility and its promotion is a major social investment. The purpose of health services is to improve health status of the population and is essential for social and economic development. Health services must be designed to meet the health needs of the community through the use of available knowledge and resources.

The health sector has been striving to improve health of people and to usher in a better quality of life among individuals. Historically, societies have strived to achieve better health status through a number of medical advancements along with improvements in education, income levels, better access to quality health care and improving quality of services. However, a large number of people in the country are still far placed in receiving even the minimum services. Nevertheless, over a period of time gross mortality and morbidity have changed resulting in a decline of death rates. Significantly, the burden of disease has been changing and now mankind is facing a combination of communicable, non communicable diseases and injuries.

The word "Suicide" first used by Sir Thomas Brown in 1642 in his "Religio medici" has evoked a variety of reactions in public minds. These reactions vary from anger, distress, ridicule, anxiety, tension, fear, sadness and stigma. Suicide, as such means, "an intentional determination to end one's life, an unexpected way of death, where the willingness to die originates within the person and there is the presence of known or unknown causes to end one's life". Suicide whether completed, attempted or considered, is also a state where available options and future possibilities are never considered before the act. Throughout history, the word 'Suicide' has had different meanings to different people. Various meanings attributed to the term include "The murder of oneself", "nothing less than a (sort of) exit", "an end to psychic conflicts", "a conscious act of self-inflicted cessation"; "an act of despair of which the result is not known, occurring after a battle between



an unconscious death wish and a desire to live better”, “to love and be loved”, “to live or not to live” and others. The term ‘Parasuicide is referred to non-fatal acts in which an individual deliberately causes self-injury. In whatever way the word is defined and understood, undeniably it is an act of self-destruction and a major loss to the society.

There is considerable debate all over the world as to why people commit suicide, since self-destruction of human beings has always been a matter of curiosity. Since suicide is an act of killing oneself performed by the person with his/ her full knowledge, and knowing fully well the results of the final outcome, it is always considered something very close to the person committing the act. The various causes for a suicide are by and large many and complex, ranging from social, economic, health, cultural, political, religious and other areas of an individual’s life. Recent research indicates that suicides are multifactorial in nature, cumulative due to number of causes which are progressive and operate over a period of time. A small percentage of impulsive suicides have been extremely difficult to understand. Since causes are multifactorial, several options are also considered in prevention of suicides.

The creation and destruction of mankind has been a matter of intense intrigue for many years. In recent years, the emerging self-directed violence or suicides and destruction by others or homicides for a wide variety of reasons has been a matter of debate across the world. Voices are emerging from every corner of the globe to understand and prevent or reduce the same in every country. What drives a person to the ultimate state of self-destruction or deliberate self-harm has baffled scientists, researchers, priests, philosophers, lawyers, doctors, social workers and others for decades. Suicide as an entity has cut across countries, societies and communities within geographical locations. No barriers of age, sex, class, religion exist in suicides. Suicide or deliberate self-harm, an event considered as more of a cultural or social phenomenon is recently recognized as a public health problem in every country. The phenomenon of suicides in the recent years has become so common that no single day passes without reading, hearing or watching an act or attempt in the media. Some recent headlines from the leading newspapers of Bangalore city indicate that it is a day-to-day event.

- July 31<sup>st</sup>, 2001: Deccan Herald: **Suicide:** Dejected over his wife and children walking out of his house, a 45-year-old man committed suicide by hanging at his residence in \_\_\_\_\_ police station limits on Sunday night.
- July 31<sup>st</sup>, 2001: Deccan Herald: **Suicide:** A 30 - year old woman committed suicide by setting herself ablaze in \_\_\_\_\_ police station limits. Poverty is said to have provoked her to take the extreme step, police suspect.
- August 3<sup>rd</sup>, 2001: Indian Express: **2 more farmers commit suicide:** Two farmers in Karnataka, unable to repay their debts, allegedly committed suicide in separate incidents. \_\_\_\_\_ of \_\_\_\_\_ village in \_\_\_\_\_ district consumed pesticide at their fields on Wednesday. He was upset over not being able to repay his loans. Another peasant, \_\_\_\_\_, 48, of \_\_\_\_\_ village in \_\_\_\_\_ district also committed suicide by hanging himself on Tuesday from the roof of his pump house. He was not able to clear his loans amounting to Rs. 2 lakh, which he had incurred for drilling his bore wells.
- August 4<sup>th</sup>, 2001: Deccan Herald: **Dowry Death:** Unable to bear the alleged harassment for dowry by her in-laws, a newly married girl committed suicide by hanging in \_\_\_\_\_ police station limits on Wednesday night.
- August 7<sup>th</sup>, 2001: Deccan Herald: **College student commits suicide:** A II PUC student from \_\_\_\_\_ College committed suicide by hanging herself from a ceiling fan in hostel in \_\_\_\_\_ police station limits. Police suspect dejection in love to have provoked her to take the extreme step.
- August 8<sup>th</sup>, 2001: Deccan Herald: **Cop commits suicide over wife's chit business:** Affronted by his wife's refusal to close down her chit fund business, a police constable committed suicide by hanging at his residence in \_\_\_\_\_ police station limits in the wee hours of today. The deceased has been identified as \_\_\_\_\_, aged 40 years, a constable attached to the crime wing of the \_\_\_\_\_ police station in the city. On returning home last midnight, \_\_\_\_\_ got into a verbal argument with his wife while having dinner. Following this, \_\_\_\_\_ walked into one of the rooms, bolted the door from inside and hanged himself to the ceiling with two lungis.
- August 8<sup>th</sup>, 2001: Deccan Herald: **Suicide:** Following an argument with her mother-in-

law, a 28-year old woman committed suicide by setting herself ablaze in \_\_\_\_\_ police station limits last night.

- August 9<sup>th</sup>, 2001: Deccan Herald: **Man commits suicide over ‘harassment’ at office:**

Unable to bear the harassment from his company’s management, a 28-year-old man, executive of a multi-national company dealing in electronic gadgets committed suicide by consuming poison at his residence in \_\_\_\_\_ police station limits.

- August 10<sup>th</sup>, 2001: Deccan Herald: **Newly-wed couple ends life in City hotel:**

A newly-married couple from \_\_\_\_\_ committed suicide by consuming a huge dose of sleeping pills in a hotel room at \_\_\_\_\_ in the city. The deceased have been identified as \_\_\_\_\_ (23), a MBBS graduate and \_\_\_\_\_ (19), a final year student of computer application course from \_\_\_\_\_.

The couple were married two months ago. Police said the couple ended their lives after consuming around 150 Gardenal tablets which is a sleep inducing medicine. However, the exact motive for the extreme step is yet to be ascertained.

- August 11<sup>th</sup>, 2001: Times of India: **The grass was not greener on the other side for her:**

A case of dowry harassment has been registered against \_\_\_\_\_, a \_\_\_\_\_ settled in \_\_\_\_\_, for ill-treating his Indian wife that ultimately led her to take her own life in the city on July 29<sup>th</sup>.

- August 12<sup>th</sup>, 2001: Times of India: **Councilor commits suicide:**

\_\_\_\_\_, the newly elected councilor from \_\_\_\_\_ CMC in \_\_\_\_\_ police station limits committed suicide by hanging herself from a ceiling fan at her mother’s house in \_\_\_\_\_ on Saturday afternoon.

**Myth:** *A person attempting or completing suicide says "My time is over, God is calling me"*

**Fact:** *This is because of some personal beliefs. It might be the person’s feeling that he or she has reached the end of life and nothing more can be done. Some people may be hearing voices or seeing images due to specific mental problems. Such responses by people should be taken seriously by people around him/her.*

## 2. THE PROBLEM

In India, suicides are more of a medicolegal problem than a health or societal problem. Hence, information on suicides is collected and compiled by police departments. The health surveillance systems are still not established in the country. As health care institutions do not report on attempted suicides and presence of suicidal behaviours among care seekers, data on this is not available. Even the few studies in this area from health researchers and social scientists rely upon police sources. Given the complexities of reporting- investigation - analysis - utilization of information for inputs in policies and programmes and skills and competence of investigating authorities, the available information has major limitations.

In view of the medicolegal dimensions of suicides, it is understood that majority of the acts would get registered with police. However, all completed and attempted suicides are not registered with police due to fear, stigma and legal compliments. Nevertheless, with the absence of information on this problem from health sector, this will be the only available data till alternative and reliable systems come into effect.

Globally, it was estimated that nearly one million people died from suicide during the year 2000. In simple terms, this means one death every 40 seconds. In India, it is reported that nearly 1,10,587 people completed suicides during 1999 with a male to female ratio of 1.2:1, respectively. From nearly 68,744 suicides in 1989, the numbers increased to 1,10,587 by 1999 (Figure 1). During this year, 65,488 men and 45,099 women ended their lives in a tragic way. One suicide is reported every 5 minutes in the country. Nearly 70% of suicides occur in the age groups of 15-39 years (Figure 2). One in every three suicide victims was a youth

**Myth:** *Only others commit suicide. It will not happen to me.*

**Fact:** *Majority of the people have a fleeting thought of ending his/ her life in a crisis situation, but not everyone pursues the thought. When such thoughts repeat continuously, increases in frequency and severity and, begin to affect day-to-day activities, suicides are likely to occur.*

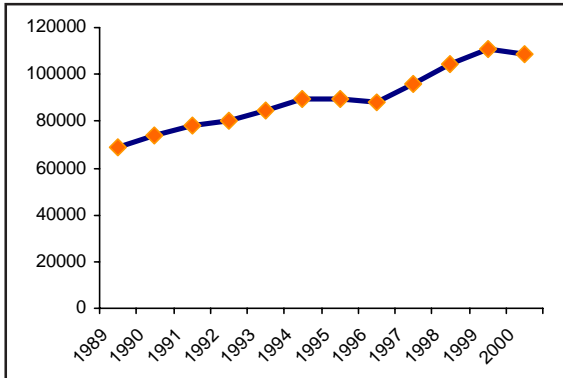


Figure 1: Incidence of Suicides in India from 1989-2000

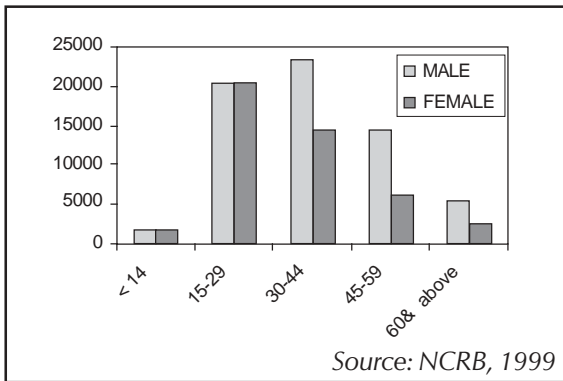


Figure 2: Age-Sex Distribution of Completed Suicides

**Myth:** *If a person has attempted suicide once, he will not repeat the same.*

**Fact:** *This is not true, It is known that attempters are likely to repeat/ complete the act in the first one or two years after the event. These persons need constant observation, an empathetic understanding and appropriate care. After a brief period of recovery, if the person goes back to contemplating death, he/she needs to be supported, observed and cared for.*

(15-29 years). More women committed suicides in their young ages compared with men. 61 housewives (as against 57 in 1997) on an average committed suicide in a day in the country. Significant regional variations are noticed with the states of Kerala, Karnataka, Maharashtra and West Bengal, accounting for nearly 50% of total suicides. The cities of Bangalore, Mumbai, Chennai and Delhi reported nearly 1,900, 1,400, 1,100 and 800 suicides, respectively, during 1999. Every day 3-4 suicides are reported from these cities. The common means adopted for suicides were hanging (25%), poisoning (37%), self immolation (11%) and drowning (9%). A number of factors in social, economic, cultural and health areas have been implicated in causation of suicides.

Karnataka is one among the top 5 states with highest suicide rates in India. During 1996 and 1997, 8,800 and 10,225 persons completed suicides, an increase of nearly 40%. During the year 2000, nearly 12,375 individuals completed suicides in the state (Figure 3). The male to female distribution was 60% and 40%, respectively. Persons in the age group of 15-29 years and 30-44 years contributed for 30% and 35%, respectively. The common methods of suicide were poisoning by organophosphorus compounds (42%), hanging (25%), drowning (15%) and self-immolation (10%). Various social, cultural, health related and economic problems have been identified as contributing factors for suicides.

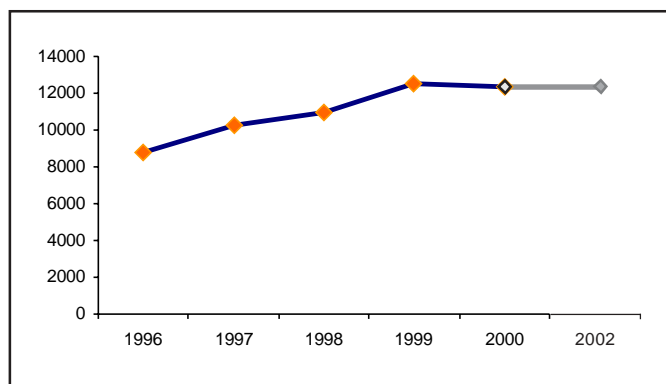


Figure 3: Incidence of Suicides in Karnataka from 1996-2002

The city of Bangalore has been growing at a phenomenal rate during the last decade. The city has been acclaimed to be a fast developing technological hub in South East Asian region and is one of the top cities in the world. The city with a population of nearly 6 million is also a place for witnessing changes in all spheres of life. The current suicide rate in Bangalore is around 34/1,00,000 population. The city has witnessed increasing suicides from nearly 500 in 1990 to about 1500 in 2002, an increase by 3 times (Figure 4). Highest number of suicides in the city occur in the age group of 15-29 years, with slightly higher rates among men compared with women. Among the common methods of suicides are hanging, poisoning and self-inflicted burns. A recent study undertaken by NIMHANS along with the City Police Department and 12 major hospitals has unraveled several dimensions of suicides in Bangalore (1, 2)

1. Gururaj G. & Isaac M.K., Epidemiology of Suicides in Bangalore, NIMHANS, Bangalore. Publication No. 43, 2001  
 2. Gururaj G. & Isaac M.K., Suicides ..... Beyond Numbers, NIMHANS, Bangalore. Publication No. 44, 2001

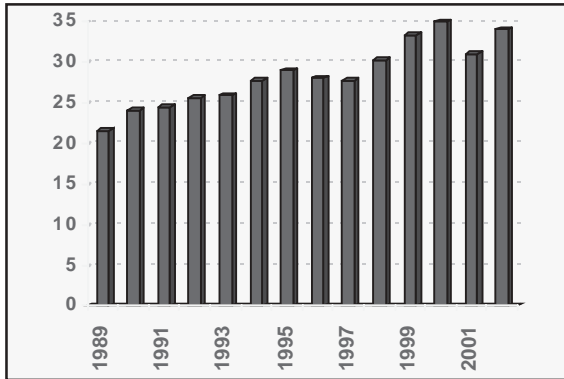


Figure 4: Suicides In Bangalore 1989-2000

**Myth:** *A person who talks about suicide does not commit it, but only threatens in order to draw attention.*

**Fact:** *While some people use minor degrees of self-harm to draw attention of people around them, most people give clues at some point by talking about the same. Such clues should be taken seriously.*

While completed suicides are generally reported to police due to medico legal requirements, attempted suicides are not reported to any agency, even though care is provided by all health care agencies. The number of people attempting suicides in Bangalore is not known since all attempted suicides are not reported to any agency. However, the ratio of completed to attempted varies from 10-20. It is estimated that nearly 19-20,000 persons attempt suicide in the city of Bangalore. The precise number of people with a suicidal thought is usually not known from general population. It is estimated that suicidal behaviours are more by 50-100 times, compared with completed suicides.

**Myth:** *It is not possible to identify a person likely to commit suicide. Nobody can suspect his/her intention.*

**Fact:** *This is not always true. Majority of people give a clue or warning sign or commit an act, which should be taken seriously (talking about death wishes, donating their belongings, writing sad stories, poems etc.).*

### 3. WHY DO PEOPLE COMMIT SUICIDE

This question has been baffling the minds of everyone connected with management and prevention of suicides. Suicides occur due to a number of social, economic, cultural, religious, health related and other factors. A recent large scale analysis of completed and attempted suicides in Bangalore has identified many factors. An ongoing case control study in Bangalore is expected to throw more light on causative mechanisms. In developing countries like India a number of factors related to culture, family life, education, growing aspirations and inability to tolerate negative

feelings contribute in a big way for suicides. As per the words of RFW Dieksten (1989), "Suicide is a parasuicidal phenomenon. On the one hand it appears to be the most personal action an individual can take. On the other hand, it is ubiquitous, has occurred throughout human history in all corners of the world and often under circumstances that show such a striking similarity that one has but to conclude that social factors play an important, if not decisive role in it's causation".

In India and its cities, research has not progressed to understand the aetiology of suicides. Much of the research is based on analysis of police records, which has severe limitations from an analytical perspective. Preliminary analysis of police and hospital records from Bangalore indicate that suicides are associated with age, sex, education, occupation, marital status, living environment of the person, health status and many other factors. Further, specific - precipitating and triggering factors vary from person to person depending on the situation - mode - context and nature of the issue. Research over the last two decades has identified number of causes. Some prominent reasons found to have an association with suicides are events in one's interpersonal life, negative life events, certain illnesses like depression - alcohol abuse - personality and behavioural problems, presence of physical,



emotional and sexual violence, previous history and family history of suicides, long-standing use of alcohol and drugs, unresolving problems in education - occupation and marital life, chronic, debilitating and terminal illnesses and others. In addition, absence or lack of protective factors in an individual like support system, crisis help, coping abilities, decision making skills, communication, resource availability, religious practices, positive outlook and life satisfaction also contribute for the occurrence of suicides.

A passing suicidal thought happens to most of the individuals in a crisis situation. However, not every one passing through this phase would think, attempt or complete the act. Some individuals due to their inability to cope with the stress and also due to lack of adequate support mechanisms, finally find suicide as an option. However, the word option by definition indicates that there are choices. If one considers suicide as a choice, it takes away the options and life even before a solution can be found and put into practice before death. However, many times the causes are multifactoral, repetitive, progressive and time bound. The causes are also specifically interrelated to one another and become cumulative over a period of time.

## **4. THE IMPACT OF SUICIDES**

For every human being committing suicide, the impact experienced by numerous family members, friends and acquaintances are varied and significant. The sudden, unexpected death of a close person often shocks his family, friends and other known people. Such an act will affect a child's healthy growth, marriage, employment and family-social interactions. The stigma associated with suicides is also large that many families change their residence, job, school and other activities. While the real impact is yet to be ascertained, it is estimated that nearly 2-3% of total economic burden is due to suicides. Although the act is over for the person who dies, survivors are often left with many questions. With suicide, the problem, pain, suffering and trauma is merely transferred to those who survive and is experienced by everyone in the society.

## **5. LEGAL STATUS OF SUICIDES**

According to Indian Penal Code Sec 309, attempt at suicide is a punishable offence. However, on 27<sup>th</sup> April, 1994, the Supreme Court Judgement delivered by two-judge constitution bench headed by Justice B.L. Hansaria declared that the provisions for punishment under section 309 of the Indian Penal Code were unconstitutional. However, two years later on 21<sup>st</sup> March, 1996 the Supreme Court Judgement delivered by five-judge constitution bench headed by Justice J.S. Verma declared that Attempt to Commit Suicide or its abetment is a penal offence, thus, reversing the earlier judgement. In view of this judgment, suicides in India are considered an offence and draw legal impunity.

## **6. NEGLECT OF SUICIDES**

Even though many lives are lost, many people are hospitalized and the impact is significant, suicides have been one of the most neglected areas. There is little understanding and awareness about the need for preventing suicides. Some of the reasons for this situation are:

- ◆ People consider suicide as acts due to “karma, aapatthu, sins of past life, bad time or bad luck”. Many families believe that it is beyond their reach to save the life of a person.
- ◆ To listen, read or see an act of suicide has become such a day to day event, leading to a sense of apathy. Even though tense and anxious moments are experienced by people, mechanisms on how to prevent such acts are considered only when such an act affects a person known intimately to us. People become serious and inquisitive and attribute suicides to ‘individual failures’, without realizing that complex etiological factors are actually responsible for the act.
- ◆ In many societies, suicides carry large amount of stigma. Hence, it is natural to hide these acts and not to extend it beyond the person or his family. While this is a debatable issue from moral and ethical angles, public and scientific debate on recognizing the problem, identifying solutions and implementing strategies has not occurred.

- ❖ Legal complications and police investigation are a component of the stigmatizing process. To avoid these situations, false information and declarations are given for official purposes, thus, burying the real issues.
- ❖ Underreporting and misclassification being common in the area of suicides, the real problem is not analyzed in different situations due to lack of scientific information at different levels. Hence, the real burden and causes of the problem are not known clearly.
- ❖ The real lack of professional participation in prevention and policy-making issues has been one of the major obstacles to bring suicides out of shadows. Apart from provision and improvement of emergency and hospital care services, the other vital elements have not been addressed by health professionals.
- ❖ With very few people having access to proper general and mental health services across the length and breadth of the country, suicide prevention has not developed on an intersectoral approach. Hence, instances in district and taluk levels and even in cities, just receive a cursory look at the events.
- ❖ Since problem, pattern and causes of suicides are different in Indian cities and towns, a fundamental requirement is the availability of research information on various issues related to suicide. It is known that as long as the suicide phenomenon is not analyzed in different analytical dimensions, efforts towards prevention will be scant and limited.
- ❖ “Victim blaming” is a common factor, without understanding that a number of social, environmental, biological, occupational and family related factors play a cumulative

**Myth:** *If once the thought of suicide comes seriously in an individual, he/she will definitely complete it at some time.*

**Fact:** *Not everyone who thinks of suicide is likely to repeat the same. However, it has been shown by scientific research that persons with history of attempted suicide are at a greater risk of completing the act over the next few months or in the following year or two. Timely help and support can help the person to get over the death wish for the rest of his/her life.*

**Myth:** Asking about suicidal thoughts to some persons may precipitate the act.

**Fact:** This is not true. In fact, not asking about suicide may prevent identification of a person at high risk of suicide at an early stage.

and an interactive role in the occurrence of suicides.

## 7. APPROACHES TO PREVENTION

Since causes of suicides are multifactorial extending to all spheres of life, the answers to prevention must also be multisectoral. From a public health point of view, the major steps towards prevention are identifying the problems in its various dimensions, understanding risk factors, developing interventions focused on risk factors and, identifying what works in individual societies. Implementing these solutions on an integrated, and coordinated platform often helps in reducing the problem, thus improving health of societies. One of the approaches likely to provide long-term solutions is the intersectoral approach (Figure 5). In this approach, the problem is identified in its various facets and inputs are provided by all concerned sectors. With coordinated joint action plans, efforts should be made from all concerned agencies to implement these plans as suicide prevention is everyone’s responsibility.

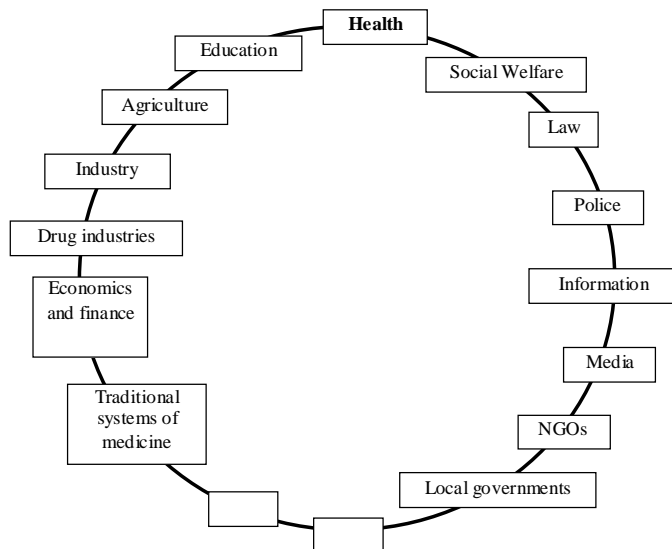


Figure 5: An intersectoral approach to Suicide Prevention

In this approach, health sector has to take a lead role in developing implementing - evaluating suicide prevention programme as it is a matter of life and death and hence, a health problem. Health Ministries and professionals have to take major responsibilities in guiding and leading other sectors and professionals towards a framework of action for suicide prevention.

As depicted in the figure, suicide prevention strategies have to be developed in all sectors and it is important to identify specific inputs from each of the sectors. Further, intervention changes with the problem on hand (Eg. suicides among children, adults, women).

**Myth:** *Only poor people who cannot afford basic requirements of life commit suicide.*

**Fact:** *Suicide is not a problem related to class, age or gender. Depending on the social, environmental, economic or mental health status, anybody can commit suicide. It is seen that suicides among poor people is reported in press more frequently.*

## **8. TOWARDS CAPACITY BUILDING ACTIVITIES**

Investments in diagnosis and management through technological and medical inputs has dominated the health sector for several decades. This is true not only in Bangalore but in every part of the globe. Massive inputs into more doctors, drugs, equipments and related infrastructure has occupied central place in health care delivery system. This has resulted in very little inputs for prevention - policies and research (socio-epidemiological nature), thus resulting in conspicuous absence of culturally relevant - cost-effective - sustainable preventive programmes.

Research during the last two decades all over the world has amply demonstrated that suicides are predictable and preventable. Some of the countries have translated this into action by investing in programmes, relevant manpower and supportive networks. In India and its various corners, interested professionals and those working in suicide prevention are only few. This situation is compounded further as it is not

**Myth:** *Suicide runs in families. So, nothing can be done.*

**Fact:** *As per research findings, there is some association for hereditary basis of suicide. There is a possibility that some mental illnesses which cause suicidal tendencies, occur in families. This general observation is not true for all suicides.*

clear as to what are the programmes likely to result in suicide reduction. The reasons for this are absence of descriptive and analytical information on suicide and lack of manpower to implement and evaluate programmes. In this scenario, strengthening human and institutional capabilities is a key step in the process of capacity building. Capacity building within health promotion is defined as “the development of sustainable skills, structures, resources and commitment to health improvement in health and other sectors to prolong and multiply health gains many times over”. Capacity building refers to a set of activities related to creation, expansion or upgradation of a set of desired

qualities and resources called capabilities that can be drawn for desired outputs continuously over a period of time. This process refers to equipping professionals from health and related sectors with adequate knowledge - skills - resources - options and useful choices to develop activities on an individual - institutional and a societal basis. Professionals and people need to work together to achieve common goals.

With the problem being enormous and impact being significant, coordinated and concerted actions in the country and in Bangalore city are few and negligible. There is need for bringing people and professionals from different sectors together on a common platform. Sensitization and awareness based on problem definition - identification and roles and responsibilities needs to be carried out across the length and breadth of country and in every city. In order to evolve suitable strategies for- prevention, early diagnosis and management, expansion of after care services and to develop policy responses, NIMHANS, Bangalore, undertook the project “Capacity Building Strategies for Suicide Prevention” with support from World Health Organization and Ministry of Health, Government of India, during the year 2002-03. Under the project, series of workshops were conducted to i) increase awareness among professionals from different sectors, ii) identify what actions can

be developed at different levels to evolve suicide prevention programmes in a collaborative manner with inputs from all sectors and to identify existing barriers to be overcome for suicide prevention programmes. The workshops were conducted for health professionals, non-governmental organizations, educational institutions, police officers, legal agencies, media personnel and other agencies.

In this connection, a workshop for media professionals was held in Bangalore at NIMHANS on February 1<sup>st</sup>, 2003. Nearly 70 participants deliberated on the problem and identified areas of specific inputs from media sector and professionals (Refer to Annexure I for details of the Workshop). The recommendations and areas requiring action are presented in the following sections. During the course of workshop, several of the issues presented by speakers were discussed in depth by the participants. While significant advances have been made in acute management of suicide survivors, efforts are lacking for prevention programmes. It was felt unanimously that the city of Bangalore needs to address the growing problem of suicides through an intersectoral approach with the participation of a number of agencies. The following recommendations are placed herewith to be included in future programmes.

**Myth:** *Suicidal persons are always mentally ill.*

**Fact:** *This is not entirely true. However, a large number of people attempting suicide are depressed, unhappy, sad or violent before the act. Further, mentally ill persons carry higher risk of suicides. But, many physically and mentally healthy people also commit suicide. The inherent desire to live and a battle between “to live” or “not to live”, makes these people unhappy before the act.*

## **FACTS ON COMPLETED SUICIDES IN BANGALORE**

- As per national figures, highest number of suicides has been reported from the city of Bangalore.
- Suicides are on the increase in the city of Bangalore currently. During the year 2000, nearly 1,730 persons completed suicides and it is estimated that nearly 15,000 people attempted suicides.
- Maximum number of suicides occurred between 15-29 years (42%) and 30-44 years (31%).
- Suicides are slightly more among men compared with women (M: F::58%:42%).
- Suicides are more frequently registered among lower and middle-income group (80%).
- Nuclear families (94%) had more number of suicides in comparison with joint families.
- Skilled and unskilled workers (24% and 19%) were more, compared to professional and semiprofessional groups.
- Highest number of suicides occurred between 12 noon to 6 pm (34%).
- Alcohol consumption was a major risk factor in 15% of suicides. Among them, 56% were under the influence of alcohol at the time of the act.
- Home and its surroundings were the most common place of occurrence (82%), especially among women (92%).

Contd.....



- Maximum number of suicides occurred when the person was alone at home (56%).
- Nearly 10% had made a previous suicidal attempt in the past.
- An obvious (recorded) mental disorder was present in 9% of suicides.
- Causes of suicide were multifactorial in nature. As per the study, the five major causes among men as per police records were chronic physical illness (32%), family problems (10%), alcohol related problems (14%), financial problems (8%) and unemployment (4%). Among women, major causes were illness (42%), family problems (18%), marital disharmony (5%), frustration in life (4%) and school related problems (3%). The identification of these causes is based on what the family members have reported and real causes could be different.
- The commonly employed methods were hanging (47%), poisoning (31%), self-inflicted burns (18%) and drowning (3%).
- Only 14% of men and 18% of women received first aid (of some type) prior to death.

## **FACTS ON ATTEMPTED SUICIDES IN BANGALORE**

From an analysis of 1260 attempted suicide from 12 hospitals in Bangalore city during 1999, it was estimated that nearly 19,000 persons attempted suicides in the city of Bangalore (Ratio of completed to attempted – 1:10). Further,

- Attempted suicides were most common in the age group of 20-24 years (26%).
- The attempted suicides among men were higher than in women (M:F::53%:47%).
- Maximum number of attempted suicide cases belonged to nuclear families (95%).
- Nearly 98% of attempted suicides occurred in lower and middle socioeconomic groups.
- Attempted suicides occurred mostly among skilled workers (21%) and semiprofessionals (18%).
- Suicides were attempted mostly during evening and night times (45%). Most suicide attempts occurred at home and its vicinity (96%). Suicides at home were higher among women (88%) compared with men (59%).
- Regular consumption of alcohol was documented among 27% of Males and 1.5% of Females. Within this group, 84% of males and all females were under the influence of alcohol at the time of the act.

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- Previous History of attempted suicides was higher among men (20%) than in women (14%).
- The commonest mode of attempting suicide was by poisoning (65.5%). The commonly used substances were Metacid (18.7%), Rat poison (18%), Baygon spray (17.1%) and also various neuro-psychiatric drugs (18.6%).
- Among men, the 5 major causes of suicides were: family conflicts (34%), illness (15%), financial problems (14%), alcohol related problems (10%) and job /career accompanied problems (6%). Among women the 5 major causes were: Family conflicts (46.3%), illness (18.8%), marital disharmony (9%), financial difficulties (6%) and love disappointments (4%).

Among attempted suicides, only 58% cases received some type of first aid care prior to reaching the study hospitals. 53.7% of males and 48.8% of females attempting suicides received first aid services. In cases of suicide attempts by burns, 43% of victims did not receive any first aid due to the family's lack of knowledge. 14% of men & 19% of women died within the hospital at various points of time and among burns, 82% of these deaths were due to increased severity.

## 9. ISSUES AND ACTIONS

- ❖ The reporting of suicides in media (visual, electronic and print media) has been one of ‘sensational stories’ with catchy titles (‘Engineer hangs himself’, etc.). This type of reporting and projection has several negative effects.

*Everyday, papers and magazines are read by many people in every section of society, while television programmes / serials are viewed by a large number of people. The psychological and emotional status of the individuals vary enormously depending on their biological, social, environmental factors and their current life situations. Reading or viewing such acts related to suicides might trigger minds of many people to follow such a depicted path or make decisions to repeat that act. Hence, it is to be realized by everyone involved in writing such stories or depicting/ projecting such acts, that what they write or show can have an impact on people’s lives. This calls for reporting such events to ‘move beyond a story’ or ‘showing a shot’ to responsible ways of communicating information or message by understanding the “human face” behind the act.*

A total of 293 findings from 42 studies on the impact of publicized suicide stories in the media on the incidence of suicide in the real world were analyzed by logistic regression analysis. Studies measuring the effect of either an entertainment or political celebrity suicide story were 14.3 times more likely to find a copycat effect than studies that did not. Studies based on a real as opposed to fictional story were 4.03 times more likely to uncover a copycat effect. Research based on televised stories was 82% less likely to report a copycat effect than research based on newspapers. A review of recent events in Austria and Switzerland indicates that suicide prevention organizations can successfully convince the media to change the frequency and content of their suicide coverage in an effort to reduce copycat effects.

Source: Stack S, Media Coverage as a risk factor in suicide: *J Epidemiol Community Health* 2003; 57:238–240

- ❖ Suicides are always projected as heroic acts with gory details and a vivid explanation of the causes as well as the act on screen or in print in first and third pages.
  - *Firstly, the word 'suicide' must be replaced in all places, by words like untimely death or unnatural death.*
  - *Secondly, avoid vivid description of the act.*
  - *Thirdly, the place and method should not be explained as it may lead high-risk individuals to reach that place.*
  - *Fourthly, do not report suicides on the first or third page. Instead, they can be reported in the obituary column along with other deaths, in a less sensational and dramatic manner.*
  
- ❖ Celebrity suicide acts are given high priority in all media (print and visual).

*Celebrities are people who are popular in every society and there will always be followers or fan clubs for such people. People identify themselves with such people, probably because they are leaders or ordinary people cannot reach that stage in real life situations. Once their leader or role model has met with a tragic end, people become sentimental on their own. Reading or seeing such deaths can result in copycat acts. Hence,*

  - *such deaths should not be explained in detail*
  - *shown in a descriptive way*
  - *photographs should preferably not be shown*
  - *details not to be explained.*
  
- ❖ Suicides as well as untimely or unnatural deaths of political leaders are extremely dangerous to society and many deaths follow.

*Live coverage of such incidents must be avoided. Instead, other political leaders or families of such people must come out in the open, reassure people, inform people not to become emotional and not to take their lives. Further, media should not disseminate inflated figures of such acts. They should not be interlinked to common hearsay causes and to societal events.*

- ❖ A simplistic explanation of causes of suicide is provided in media without any scientific investigation.

*Commonly, news reporters get information on suicides from the city police briefings or news on a day-to-day basis. As mentioned in our earlier reports (Epidemiology of suicides and Suicides beyond numbers), detailed scientific investigation of the causes are not undertaken by police agencies due to lack of time, skills and resources. Hence, press has to avoid phrases like “committed suicide” - as going bald was not the actual cause. If reasons are not known, it can be reported as “causes are still not known” but any self-hypothesis development is unreal and can only do more damage to affected family and other people. Further, analysis of suicides has to be done on a continuous basis and not as a snap shot event.*

- ❖ There must be adequate censorship of articles and serials, which provide exaggerated versions of incidents that will have a negative impact on readers and viewers.

*Editors in both print and visual media must think for a minute as to ‘what would be the effect of showing such acts on the minds of people’. Since media is highly commercialised, and revenue generation is the principle motive, Government must bring in adequate reforms and changes at the highest level and guidelines must be incorporated into existing laws to limit the depiction and projection of suicides.*

- ❖ Many reporters, journalists, moviemakers, serial directors often believe in reporting or introducing a suicide act ‘to fit into the story’.

*Suicides are not stories and they are real life events. In the first instance, including such an element in a story should be avoided. Secondly, the gory descriptions - human emotions - the detailed process of ending one’s life should not be shown. Thirdly, human emotions and distress situations should not be trivialized in a few seconds to get mileage from such acts.*

*Often, issues of this nature are not taught in media schools about responsible ways of media reporting. Hence, there is a need to introduce topics of sensitive issues in colleges of media, television, films, etc., to prepare 'young media people' as 'responsible media people'.*

- ❖ There is need for media to report and show methods/ mechanisms of preventing a suicide. *Media can achieve this objective in a number of ways.*
  - *Do not sensationalize suicides*
  - *Do not report suicides as heroic acts*
  - *Do not mention details and place of act*
  - *Do not attribute simple unclear reasons for act*
  - *Do not provide vivid descriptions of the act (like a person making all preparations for the act)*
  - *Do not give details of how to commit suicide*

***Instead,***

- *Remove suicides from front or third page to small obituary columns*
- *Avoid explaining celebrity suicides*
- *Inform public as to how individuals with suicidal behaviours can be identified at an early stage (See box item)*
- *Show / write as to how positive coping skills prevented an act*
- *Show / write life stories of individuals who have overcome a thought and crisis*
- *Record interviews of people who did not think of suicide as an option*
- *Inform Government schemes and programmes which would help people across the society*
- *Inform about all helplines in Bangalore regularly*
- *Communicate the address of Counselling agencies in Bangalore*

- *Inform about referral centres and hospitals*
- *Delineate how people can come together after an act and from self-help groups*
- *Reveal as to how media can take up the challenge of reducing suicides by communicating about various organizations working in this area.*

### **List of Bangalore Helplines**

Vanitha Sahaya Vani	1091
Elders Helpline	1090
Makkala Sahayavani	1098
HIV/AIDS Helpline	1097
SAHAI - Suicide Prevention Helpline	5497777
Women's Police Cell	2290028
Women's Voice	2214478
Vimochana	5496934

- ❖ Health professionals and media work independently and not together. Hence, independent reporting or depicting has a negative effect.

*With advances in science-health/ media-journalism, people have easy access to information. There is need for media and health researchers to work together. Coordinated programmes to evolve media guidelines have to be developed along with information sharing and impact assessment. Joint workshops need to be organized regularly to sensitize media people to give them tips on good reporting practices. This should be done separately for print media also.*

- ❖ There is sufficient information on impact of mass media reporting on suicides from developed countries and to a limited extent from India.

*Concerted efforts must be channelised towards conducting research with the objective of finding the association between media reports of suicide and its occurrence among the public. This calls for sociologists, epidemiologists, psychiatrists, social workers and mass media professionals to work together for arriving at an understanding of this issue.*



## Individuals at high risk

*Since suicide is a widespread non-random phenomenon in every society, it is important to develop measures for early identification. While no general symptoms and signs as applicable to other health problems are found, research till date indicates that it is possible to identify people at high risk of suicides. Since these people are all around us, special efforts should be made to identify them and provide timely help. These individuals are those experiencing the following thoughts and ideas.*

### **Thinking and feeling**

- ◆ *repeating that “destiny is calling them”, “hearing words from God”, or “joining a known person in heaven”, “I cannot go on”, “I am planning to die”, “enough of this life”, etc.*
- ◆ *feelings of extreme self-hatred, feeling guilty, worthless or ashamed.*
- ◆ *feeling of loneliness, helplessness, hopelessness and worthlessness.*

### **Behaviours**

- ◆ *complaining of “persistent boredom”, inertia, lethargy and “don’t know what to do” with decreasing interest in hobbies, sex, and other activities which they enjoyed earlier.*
- ◆ *participating in excessive religious activities, significantly more than previously observed or not participating in religious activities in which they were participating earlier.*
- ◆ *expressing loss of confidence, self-esteem and faith, loneliness, anxiety, etc.*
- ◆ *having withdrawn behavior and inability to relate to family and friends.*

### **Changes perceived by self or observed by others**

- ◆ *having conflicts within themselves or with other members of the family on a continual basis, of a non-resolving nature.*

- ◆ *with a history of previous suicidal attempt(s).*
- ◆ *with a change in personality - showing irritability, pessimism, depression, apathy, anger or violence along with a change in their eating or sleeping habits; crying spells, sudden desire to tidy up personal affairs, writing a will etc.; writing suicide notes, songs and stories.*
- ◆ *repeated mention of death or suicide on a regular basis.*

**Situations**

- ◆ *too much pressurized by family for economic and other gains (such as dowry, or high achievement in academics).*
- ◆ *experiencing recent loss of a person due to death, violence, separation or a broken relationship.*
- ◆ *losing their status, jobs and income - suddenly.*
- ◆ *recently discharged from hospitals (and those staying at home), with mental disorders or other terminal illnesses (such as cancer, HIV/AIDS, tuberculosis and congenital health problems, etc.) or those currently suffering from any psychiatric illness - specially depression and alcohol abuse.*
- ◆ *facing sudden economic loss due to migration, crop failure, economic upheaval, loss of day-to-day livelihood, natural disasters and others.*
- ◆ *Experiencing excessive/intolerable physical abuse/sexual abuse/emotional abuse.*
- ◆ *Having sudden failures in life, examinations, severe property losses, etc.*
- ◆ *with a recent family history of suicide.*

**Know more about organizations offering supportive services  
in Suicide Prevention in India.  
(All the agencies offer services through telephone,  
face to face counselling and through postal correspondence)**

**The Samaritans - Sahara**

'Sevaniketan', Sir J.J. Road, Byculla Bridge

**MUMBAI** 400 008

Tel: +91-22-307 3451

**Lifeline Foundation**

2/8 A, Sarat Bose Road

**KOLKATA** 700 020

Tel: +91-33-474 5255 or 474 5886

Website: <http://education.vsnl.com/n4h/>

**Sumaitri**

NDMC Complex 1st floor

48 Babar Road, Nr. Bengali Market

**NEW DELHI** 110 001

Tel: +91-11-371 0763

Website: <http://www.sumaitri.org>

**Maithri**

Vimalalayam Building, Ashir Bhavan Road

Kaceripadi, **KOCHI** 682 018

Tel: +91-484-396 272 or 396 273

### **Sneha**

7, Avvai Shanmugam Lane, (Lloyds Lane), Royapettah

**CHENNAI** 600 014

Tel: +91-44-811 5050

Website: <http://www.webindia.com/np/india/sneha.html>

### **Saath**

B12 Nilamber Complex, H.L. Commerce College Road

Navrangpura, **AHMEDABAD** 380 009

Tel: +91-79-630 5544

### **Aasra**

A-4, Tanwar View, CHS,

Plot NO - 43, Sector 7, Koparkhairane

**NAVI MUMBAI** 400 709

Tel: +91-22-754 6669

### **Maitreyi**

255 Thyagumudali Street

**PONDICHERRY** 605001

Tel: +91-413-339 999

### **Roshni**

70, Paigah Colony, Behind Anand Cinema,

S.P. Road,

**SECUNDERABAD** 500003

Tel: +91 40 790 4646

### **Prerana**

For Suicide Prevention & Crisis Intervention

Om Prakash Villa, Off Devi Dayal Road, Mulund (W),

**MUMBAI** 400 080.

Tel. : 590 5959

## Some organizations working in Bangalore to help individuals with suicidal thoughts and behaviours are:

**Medico Pastoral Association**  
47, Pottery Road, Frazer Town  
Bangalore  
Tel: +91 80 5497777

**Janodaya**  
3, 9<sup>th</sup> Cross, 5<sup>th</sup> Main,  
Jayamahal Extn, Bangalore 46  
Tel: 3332564

**Police Counseling Cell**  
Vanitha Sahaya Vani,  
Police Commissioner's Office,  
Infantry Road, Bangalore 01  
Tel: 1091, 2942865

**APSA**  
Namma Mane, # 34,  
Annasandra Palya, Vimanapura Post  
Bangalore 17  
Tel: 5231719, 5232749

**Parivarthan**  
3310, 8<sup>th</sup> Cross, 13<sup>th</sup> Main,  
HAL II Stage,  
Bangalore 08  
Tel: 5298686

**Vathsalaya Charitable Trust**  
246, 8<sup>th</sup> E Main, HRBR Layout,  
Banaswadi,  
Bangalore 43  
Tel: 5457360, 5452749

**CREST**  
Kasturinagar, 3<sup>rd</sup> D Cross,  
Bangalore 16  
Tel: 5453076

**Karuna Mother Theresa Home**  
2, 2<sup>nd</sup> Cross, Silver Jubilee Park Road,  
Bangalore 02  
Tel: 2217463

**Mahila Dakshata Samithi**  
66/A, Sanjaynagar Main Road,  
Bangalore 94  
Tel: 3410042

**Sumangali Seva Ashram**  
Cholanayakanahalli,  
RT Nagar Post,  
Bangalore 32  
Tel: 3439190

**St. Michael's Convent**  
80 ft Road,  
Indiranagar,  
Bangalore 38  
Tel: 5282811, 5252406

**Banjara Group- Banjara Academy**  
Helping Hand  
418, 1<sup>st</sup> Main 1<sup>st</sup> Block, R.T Nagar,  
Bangalore 32  
Tel: 3535787, 3535766

**Vishwas**  
17<sup>th</sup> Main, HAL 2<sup>nd</sup> Stage  
Indiranagar  
Bangalore  
Tel: 5272705

**Richmond Fellowship Society of India**  
Asha, 501, 47<sup>th</sup> Cross, 9<sup>th</sup> Main  
V Block, Jayanagar, Bangalore 41  
Tel: 6645583, 6346734

## Psychiatry Departments of Major Hospitals and Contact Persons

### **St. Martha's Hospital**

Nrupathunga Road

Bangalore-5600 01

Ph.2275081

(Contact person: Dr. Ajit Bhide)

### **Dr. B.R. Ambedkar Medical**

**College and Hospital**

Kadurgondanahalli

Bangalore-560045.

(Contact person: Dr. Hiremath)

### **Kempegowda Institute of Medical Sciences**

K.R. Road, V.V. Puram

Bangalore-560004

(Contact person: Dr.Ashalatha)

### **Bangalore Baptist Hospital**

Bellary Road, Hebbal

Bangalore-560024

Ph: 3330321

(Contact person: Dr. Meera Balraj)

### **Victoria Hospital**

Bangalore Medical College

Fort, Near Market

Bangalore-560 002

(Contact persons: Dr. Chandrashekar,  
Dr. Prashanth)

### **St. John's Medical College and Hospital**

Sarjapur Road

Bangalore-560034

(Contact persons: Dr. Prakash Appaiah,  
Dr. Sheila Daniel and Dr. Manohari)

### **M.S. Ramaiah Medical College and Hospital**

New BEL Road

Bangalore-560054

(Contact person: Dr. Ghorpade)

### **National Institute of Mental Health and Neuro Sciences**

Hosur Road, Bangalore 560 029

Ph: 6995000

(Contact person: Dr. C.R. Chandrashekar)

## Know more about research - prevention - policy issues from:

### **National Crime Record Bureau**

Ministry of Home Affairs  
Government of India  
East Block - 7, RK Puram  
**New Delhi** 110 066  
Tel: 6172324, 6177427  
Email: [ncrb@nda.vsnl.net.in](mailto:ncrb@nda.vsnl.net.in)  
Website: [www.ncrbindia.org](http://www.ncrbindia.org)

### **National Institute of Mental Health And Neuro Sciences**

Hosur Road  
PO Box No. 2290, Bangalore 560 029  
**Karnataka**  
Website: [www.nimhans.kar.nic.in](http://www.nimhans.kar.nic.in)

### **Institute of Human Behaviour and Allied Sciences**

GT Road, Dilshad Garden,  
PO Box 9520  
**New Delhi** 110 095  
Website: <http://delhigovt.nic.in/dept/health/healfr.htm?ihbas.htm>

### **Indian Council of Medical Research**

V. Ramalingaswami Bhawan,  
Ansari Nagar,  
**New Delhi** - 110 029, India  
Website: [icmrhqds@sansad.nic.in](mailto:icmrhqds@sansad.nic.in)  
Tel: 6963980, 6962794, 6962895, 6560707, 6560234  
Fax: 6868662, 6856713

### **Thrani Center for Crisis Control**

Thiruvananthapuram, **Kerala**, India - 695 037  
Cell: ++91-98461-35003 Tel: ++91-471-300333 / 300334  
Email: [thrani@yahoo.com](mailto:thrani@yahoo.com)  
Website: <http://www.geocities.com/thrani/article.htm>

## International Organizations working in the area of Suicide Prevention

### **American Foundation for Suicide Prevention**

120 Wall Street, 22nd Floor  
New York, New York 10005

#### **United States of America**

TOLL-FREE: 888-333-AFSP

Tel: (212) 363-3500

Email: [inquiry@afsp.org](mailto:inquiry@afsp.org)

Website: [www.afsp.org](http://www.afsp.org)

### **American Association of Suicidology**

4201 Connecticut Ave., NW  
Suite 408, Washington, DC 20008

#### **United States of America**

Tel: (202) 237-2280

Website: [www.suicidology.org](http://www.suicidology.org)

### **Befrienders International**

26/27 Market Place  
Kingston upon Thames  
Surrey KT1 1JH

#### **United Kingdom**

Tel: +44(0) 20 8541 4949

Website: [www.befrienders.org](http://www.befrienders.org)

### **International Association for Suicide Prevention**

I.A.S.P. Central Administrative Office  
Le Barade, F-32330 Gondrin

#### **France**

Tel: +33 562 29 11 42

Email: [iasp@aol.com](mailto:iasp@aol.com)

Website: [www.iasp1960.org](http://www.iasp1960.org)

### **Samaritans**

The Upper Mill, Kingston Road  
Ewel, Surrey  
KT17 2AF

#### **United Kingdom**

Tel: 020 8394 8300

Email: [admin@samaritans.org](mailto:admin@samaritans.org)

Website: [www.samaritans.org](http://www.samaritans.org)

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**Australian Institute for Suicide Research and Prevention**

Griffith University - Mt Gravatt Campus  
Brisbane - Queensland 4111

**Australia**

Website: <http://www.gu.edu.au/school/psy/aisrap/>

**Universitäts Nervenlinik, University of Wuerzburg**

Füchsleinstr.15, 97080 Würzburg

**Germany**

Tel: +49-(0)931-203-248

Email: [clips-psychiatry@mail.uni-wuerzburg.de](mailto:clips-psychiatry@mail.uni-wuerzburg.de)

Website: <http://www.uni-wuerzburg.de/IASR/>

**World Health Organization**

Avenue Appia 20, 1211 Geneva 27

**Switzerland**

Tel: (+ 41 22) 791 21 11

Website: [www.who.int](http://www.who.int)

**World Health Organization: South East Asia Regional Office**

Nirman Bhawan, Room 534, 'A' Wing

Maulana Azad Road

**New Delhi** 110011

Tel: +91 (11) 23370804/ 23370809

Website: [www.whosea.org](http://www.whosea.org)

**Canadian Association for Suicide Prevention**

c/o The Support Network

#301, 11456 Jasper Avenue

Edmonton, Alberta T5K 0M1

**Canada**

Tel: (780) 482-0198

Email: [casp@suicideprevention.ca](mailto:casp@suicideprevention.ca)

**Centre for Suicide Research**

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**Report of the Workshop on  
“Suicide Prevention - Capacity Building Strategies”  
For Media Professionals in Bangalore**

**Held on February 1<sup>st</sup>, 2003**

**At National Institute of Mental Health and Neuro Sciences, Bangalore - 29**

The workshop for Media Professionals, the seventh in the workshop series of “Suicide prevention – capacity building strategies” was held at the Convention Centre, National Institute of Mental Health and Neuro Sciences on Saturday, 1<sup>st</sup> February, 2003. The 75 participants were representatives from the print, electronic and mass media. Some participants also represented organisations who directly interact with the media for issues and concerns about suicide and related issues. The resource persons on the workshop were identified from amongst those who were held in great esteem by the public and also known for their thinking / influencing ability. The objectives of the workshop included examining the problem and trends of suicides in Bangalore, the role of media professionals in suicide prevention and identifying specific activities that could be initiated. The interaction was designed to understand, appreciate and take action for the problem and develop collaborative activities for preventing suicides in Bangalore.

The workshop deliberation was inaugurated by Sri Ramesh Kumar, former Speaker of Karnataka Legislative Assembly and a tele-artiste. After releasing the WHO report on Violence and Health, he affirmatively commented on the role of media and said the question, which needs to be addressed is the ways and means that could be adopted by the media in prevention of suicides. Stressing on the fact that suicide is a universal problem, he said that it cuts across all classes, age groups, religions and both genders. Discrimination, social and economic order, political system along with the changes in the institution of marriage have largely contributed to the problem, he said. In his address, he also dwelt at length on the aspects of sensationalising practices in the media, the impact of films on the minds of people, the problem of student community, role of religion and that suicide was an ailment

and certainly not a crime and that all of us are responsible either directly or indirectly for a suicide either by prompting or by design.

Prof. D. Nagaraja, Director and Vice-Chancellor, NIMHANS, in his presidential address alluded that suicide was a major public health problem with the media reaching out to less than 1% of the entire problem. If suicide can be seen as a social behaviour under stress, it can be used effectively by media to prevent suicides. "It has to be kept in mind that undue condemning or reinforcing that the act was wrong....might work detrimentally". He stressed on the importance of family system, which should be strengthened in these times of crisis. He exhorted that media should promote positive mental health and demote the occurrence of suicides.

Dr. Mohan K. Isaac, Professor, Dept of Psychiatry, welcomed the gathering and spoke about the intentions of the endeavour and in particular the objectives of the day's deliberations. Later Dr. Gururaj G, Professor and Head of Epidemiology placed in context the deliberations and gave an overview of the problems of suicide. He shared in particular the ongoing research work in the Institute related to prevention of suicides and also gave examples about the media reporting of suicides.

The day long deliberations included presentations by different representatives from the silver screen, television, print media and radio, which was followed by a panel discussion and an open house session.

The review of the depiction of suicides in films and television was led by Sri Prakash Belawadi, noted director of films and television programmes. He recalled at length the germinal thoughts of the nature and intent of suicide depiction on the silver screen and small screen. He brought forth the debate "Suicides on the silver screen – is there a silver lining?". Continuing the debate Sri T.S. Nagabharana, Director of popular and award winning films, mooted the question whether the society is influenced by cinema (media) or is media influenced by the society. He said social habits / ways take shape from the beliefs held by the common man and it should be noted that cinema is but a technology to

be utilised: the main object (of cinema) being entertainment and income generation. The director and/or producer should try their best in inculcating values through the media of cinema to the society at large; but (it should be remembered that) people's tastes are different. The public tends to see more films, which depict violence, sex, thrills and sensation. Cinemas which are made with lofty values and art are not seen by many. He lamented that if films do not reach the society or the common man, the producer is bound to end up in loss, which may in turn deter him/her from producing any good films.

Joining voices, Ms. Aparna, noted artist, implored that there is an urgent need for a public debate on the depiction of suicides in the media. Recalling the role of the Ms. Sarita, the heroine of the film "Mugila Mallige" where she commits suicide, which has been glorified to an extent that anyone would tend to get an idea or feeling that it is an ideal way of committing suicide. This impact is indeed long lasting. From this angle, she said, the media stands guilty in term of encouraging suicide. Media can play a positive role in suicide prevention. The sense of inferiority, which pervades larger sections of the society, needs to be squarely addressed. "What we have to convey also becomes very important". In this context, "a public debate is necessary" she said.

Sri Nagesh Hegde, the noted science writer in Kannada, shared his experiences in the context of his writing, the constraints and restraints which had to be exercised so as to delicately balance providing information vis-a-vis the provoking or inciting passions in a very sensitive matter. Reinstating the official policy of the Government of India regarding reporting of suicides and murders in the All India Radio, Sri Krishna Murthy, the former Station Manager, All India Radio, Bangalore, said suicides are not generally reported in the 'Akashvani'. Keeping in the spirit of the day's discussion, he went to elucidate how the medium of radio was successfully utilised in furthering green revolution in the country; in as much one particular strain of grain came to be commonly recognised as the radio strain. Sri K C N Chandrashekar, Producer of films opined that both the films and TV media should take the responsibility for 50% of today's violence and suicides: exhibition of violence will have long-term impact on their (peoples') minds. However, we should not forget that the environment and circumstances within which we are living also play a major role in occurrence

of suicides. More positive things like women's education, occupation / profession, etc., appear almost at the end of the pages in the print media instead of prominently publishing them in the front pages. The various helplines (available facilities and services) are not being utilized as much as they are expected to. In all, he desired that it should become a people's movement.

These presentations were followed by a panel discussion moderated by Ms. Shylaja Santosh. The panelists included Sri Srinivasa Prabhu, Dr. Vijaya, Smt. Laxmi Chandrashekar, Prof. Lohitashwa, Prof. Ashok Kumar, and Dr. Gururaj. The lively and thought provoking discussions lasted for more than 90 minutes.

Dr. C. J. John, Consultant Psychiatrist at the Medical Trust Hospital, Ernakulam, representing the growing movement of preventing suicides in the city of Cochin "Jeevanamaithri", shared his experiences of working along with the media to positively reflect the "cry for help". The key lesson learnt, he said was that the potential of the media needs to be tapped giving them newsworthy scientific data / stories with a preventive potential and the message that living works. "A lot of innovative thinking has to be done".

The open house witnessed a healthy discussion with different points of view being expressed as to how the reporting in the media should be and the expectations of those present. The workshop participants expressed the need for bringing out some specific guidelines for media professionals to correct the existing imbalances and for positive role of media in suicide and violence prevention activities, some of which are as follows:

1. The need for changing the reporting system in media was felt by all participants. Non-sensationalisation of the suicides and reporting suicides in the regular obituary column instead of as a main news item was thought to be a good option. Suicides could be reported in the third page of the newspapers instead of in the first page without describing the place, method or the obvious false reasons.
2. Media tend to report suicides in a very detailed and gory manner, which need to be avoided.
3. Advertisements on radio and television were to be more precise and not

give false signals in terms of instigating emotions of the people, especially of the youth, as they are the ones who are easily affected by the media.

4. A good interaction had to be established between the media personnel and researchers. Programmes could be developed in coordination. Case studies could be analysed by researchers and given to the news desk in order to make it more readable. Also, the preventive aspects of suicides could be highlighted in the print as well as electronic media.
5. Presently, as Radiocity is very popular not only among the youth, but also among the elders, messages on suicide prevention could be given out, so that it reaches out a large number of the population.
6. Media should not concentrate merely on entertainment or on income generation. As the media reach out to a large fraction of the population, it is important that they take on the responsibility of creating social awareness.
7. Media should provide more clear information on agencies, which work in the area of preventing suicides like helplines, counselling agencies and medical services.
8. Media reports suicides and do not follow up with its impact on the families and society. It is important to maintain continuity in analysis of suicides and reporting practices.
9. Interviews of persons who attempted suicides, survivors of suicide, those who faced difficult situations in life, overcame their problems and are successful in life today should be published, telecasted or broadcasted.
10. The need for regular workshops for both the print and visual media separately was strongly felt as the methods of reporting vary in both.
11. Materials in the form of posters, film shows, documentaries have to be developed for school and college students in order to educate them on effective handling of crisis situations and also, about suicides and the negative impact it creates on family and society.

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# Know more about suicide research and prevention initiatives in Bangalore

- ♣ Gururaj G & Issac MK, Epidemiology of Suicides in Bangalore, NIMHANS, Bangalore. Publication No. 43, 2001
- ♣ Gururaj G & Isaac MK, Suicides .... beyond numbers, NIMHANS, Bangalore Publication No. 44, 2001
- ♣ Gururaj G, Ahsan MN, Isaac MK, et al., Celebrate life: Suicide Prevention- Emerging from darkness. World Health Organization: Regional Office for South East Asia, New Delhi, 2001
- ♣ Report of the project: "Identification of risk factors and capacity building measures for prevention of suicides" funded by World Health Organization, Regional Office for South East Asia, New Delhi
- ♣ Reports of the workshops on "Suicide Prevention- capacity building strategies" - 7 information book series:
  - Information for Health Professionals
  - Information for Non-Governmental Organizations
  - Information for Educational Institutions
  - Information for Family Physicians
  - Information for Police Personnel
  - Information for Woman and Child Development Organizations
  - Information for Media Professionals

## SAHAI - Suicide Prevention Helpline



LIFE. YOU'RE WORTH IT

5497777



## If you are a media professional, you should not

- ▶▶ Print/Show suicidal acts in captivating/sensational terms
- ▶▶ Write about suicides in front pages of newspapers/magazines
- ▶▶ Ascribe simple reasons for complex events like suicide
- ▶▶ Depict celebrity suicides in big/bold letters
- ▶▶ Mention place and method of act
- ▶▶ Write/show suicides based on 'hear say' evidence
- ▶▶ Describe the suicidal act in gory details
- ▶▶ Give details of how the act was committed
- ▶▶ Write once and forget about the same
- ▶▶ Ignore the feelings of your own society

## Instead, you can

- ❖ Mention suicide as unnatural/untimely death in the obituary column
- ❖ Investigate and write in detail
- ❖ Inform about referral hospitals/counselling agencies
- ❖ Communicate to public on specific helplines
- ❖ Let the public know as to how people have overcome suicidal thoughts
- ❖ Inform family/friends to offer help to high risk people
- ❖ Motivate people to form self-help groups
- ❖ Suggest tips on how to identify people at risk
- ❖ Communicate to society about Government schemes and programmes
- ❖ Be a source of help for the needy
- ❖ Influence politicians and policymakers to do right things for society through advocacy, lobbying and networking