



**“DEVELOPMENT OF AN INSTRUMENT TO EVALUATE
FIDELITY OF PRINT MEDIA TO SUICIDE REPORTING
GUIDELINES”**

A

Thesis

Submitted To The

***D. Y. Patil Education Society, Kolhapur
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For the Degree of

DOCTOR OF PHILOSOPHY

IN

PSYCHIATRY

By

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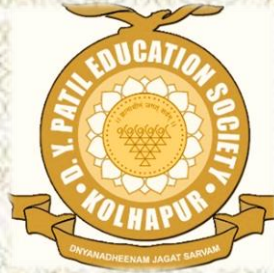
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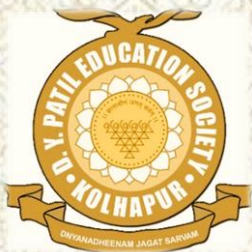


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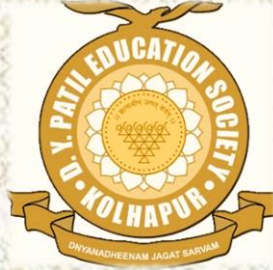
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CONFERENCES ATTENDE: PAPER / POSTER PRESENTATION

1. Annual CME of Deccan Psychiatric Association, DPA CME. December 2022: Karad. Attended as faculty. Delivered a lecture on “ECG changes with psychotropics”.
2. Annual CME of Deccan Psychiatric Association, DPA CME. December 2021: Kolhapur. Attended as faculty. Delivered a lecture on “Big brother watching:”.
3. Annual DPA CME 2020: Bagalkot. Attended as a delegate.
4. Annual DPA CME 2019: Sangli. Attended as a faculty. Delivered a lecture on Recent Advanced in Psychiatric Genetics.
5. Annual DPA CME 2018: Ratnagiri. Attended as a delegate
6. Annual DPA CME 2017: Solapur. Attended as a delegate
7. Annual DPA CME 2016: Pune. Attended as a faculty. Delivered a session on Recent Advances in Psychiatry.
8. 53rd WZACIPS: Goa; Oct 2022. Attended as a faculty and quiz master.
9. 52nd WZACIPS: Pune. Oct 2021. Attended as a delagate.
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11. SMARTT Update: Pune. 2022. Attended as faculty: Delivered a lecture on: Advanced Directives in MHCA 2017.

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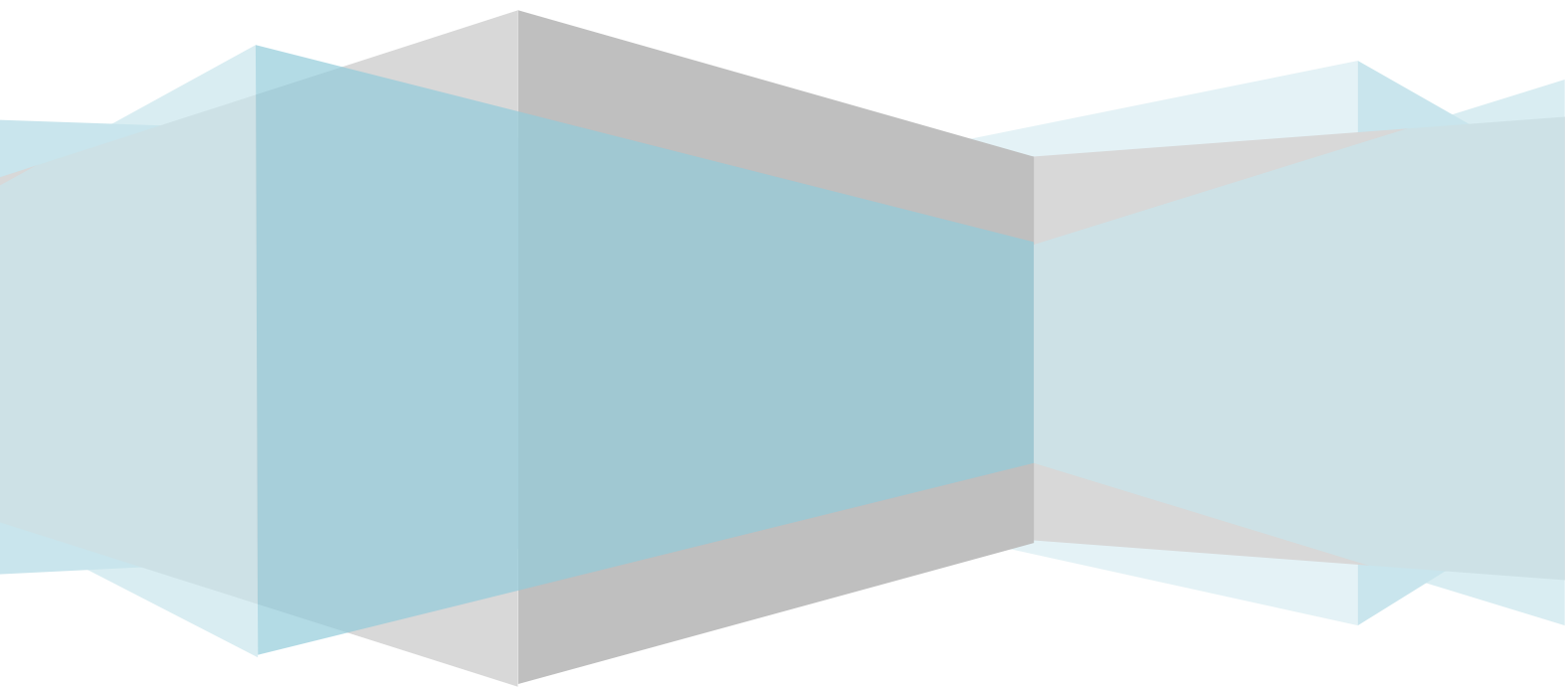
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CHAPTER-I INTRODUCTION



INTRODUCTION

Suicide represents a multifaceted bio-psycho-social phenomenon with profound implications for public health, mental health, legal systems, government policies, and health determinants. India carries a significant burden of global suicides, accounting for nearly one in seven suicides worldwide.^[1] Furthermore, India has witnessed a notable increase in suicide rates, even surpassing those of neighboring countries within the South Asian Association for Regional Cooperation (SAARC) region. The COVID-19 pandemic has further exacerbated this trend, leading to a nearly 10% surge in suicide rates in 2020.^[2]

Suicide rarely occurs as a result of a single factor. Instead, it involves the dynamic interaction of numerous factors contributing to the final outcome. These factors encompass a range of biological and genetic vulnerabilities^[3,4], psychological and personality-related traits^[5,6], the co-occurrence of severe psychiatric disorders such as schizophrenia, depression, and substance use^[7-9], and ongoing environmental, social, and familial stressors, including debt, illness, and bereavement^[10,11]. The presence of these factors, which are largely beyond individual control, raises the question of whether there are feasible strategies for preventing and alleviating this substantial health burden.

Intriguingly, scholars in Europe raised a similar question in 1774 following the publication of Goethe's "The Sorrows of Young Werther." The novel, depicting the tragic story of Werther's failed love affair and subsequent suicide, sparked a wave of imitative

suicides across the continent. Suspecting a potential "kindling effect" induced by the book, authorities in Germany, Italy, and Denmark banned its publication ^[12]. This phenomenon, known as the "Werther Effect," not only left an indelible mark on the literary world but also gained recognition in scientific circles. Further evidence of the impact of literary materials on suicide rates can be seen in recent incidents, such as the nearly three-fold increase in asphyxiation-related deaths in New York, where a copy of a book mentioning asphyxiation as a means of suicide was found in nearly one-third of cases involving terminally ill individuals ^[13]. Studies have demonstrated that specific characteristics in literary works, including the portrayal of suicide as a rapid and painless means of relieving stress and burden, the suggestion that suicidal thoughts can be easily overcome, the depiction of novel suicide methods, and the indication of rewards after suicide, can contribute to an increase in suicides following their publication ^[14-16]. Conversely, a positive description and portrayal of individuals navigating suicidal thoughts and ideations can help mitigate suicide rates.

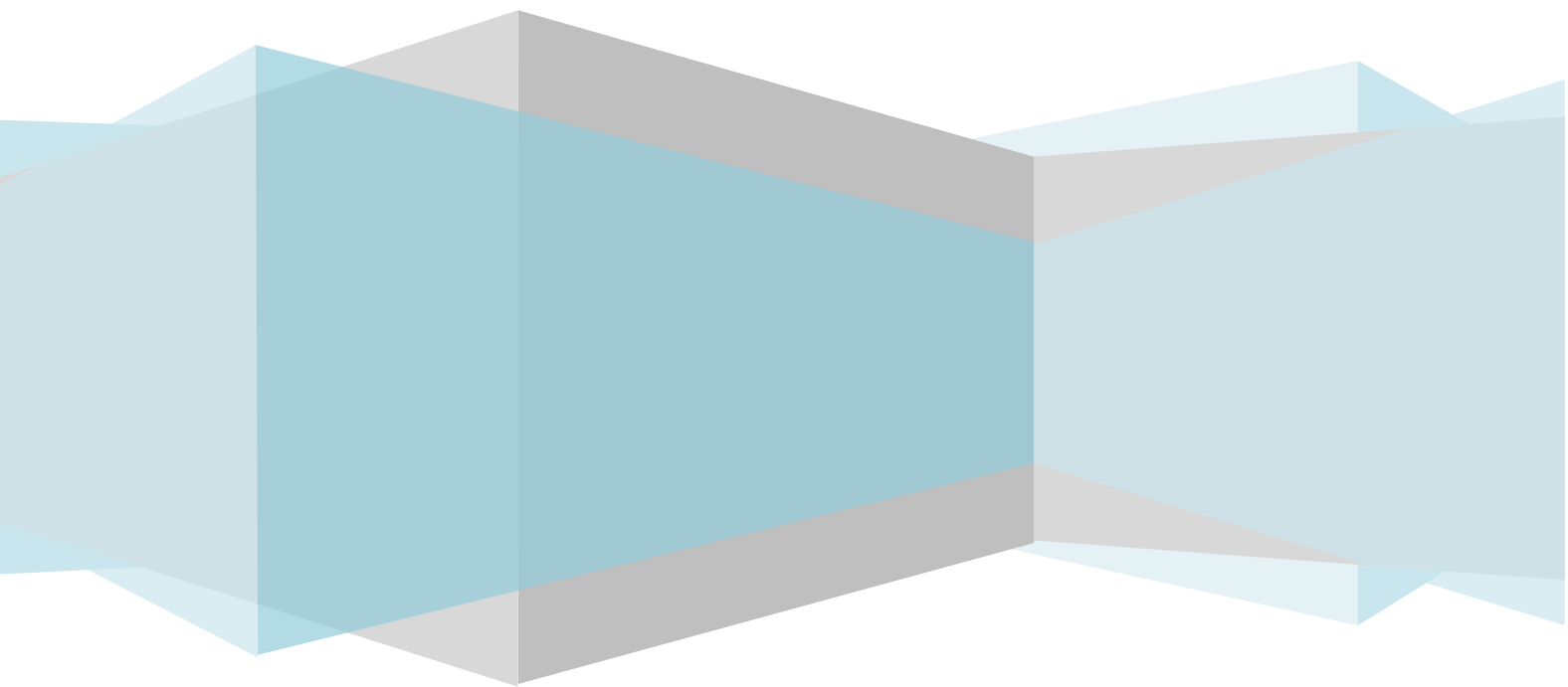
Considering the question of whether there should be censorship of published books to curb rising suicide rates, the answer is a resounding negative. In a free and law-bound society, it is virtually impossible to impose censorship solely on health-related books. Moreover, the advent of virtual platforms, social media, and digital publishing renders the idea of such censorship obsolete.

Meanwhile, researchers have turned their attention to another form of literature that is widely published, widely distributed, and avidly consumed across diverse socio-economic and geopolitical

backgrounds: the daily newspaper. The rise of sensationalized reporting in the media has become a major concern ^[17,18]. Coupled with the susceptibility of vulnerable groups to negative and sensationalized portrayals of suicide, this highlights the significance of daily newspapers in the context of suicide prevention ^[19,20]. Therefore, it is crucial to educate and inform media personnel about their potential role in suicide prevention. To achieve this effectively, an objective and comprehensive assessment tool is required to quantitatively evaluate the adherence to suicide reporting guidelines in print media.

CHAPTER-II

AIM AND OBJECTIVES



AIM AND OBJECTIVES

AIM

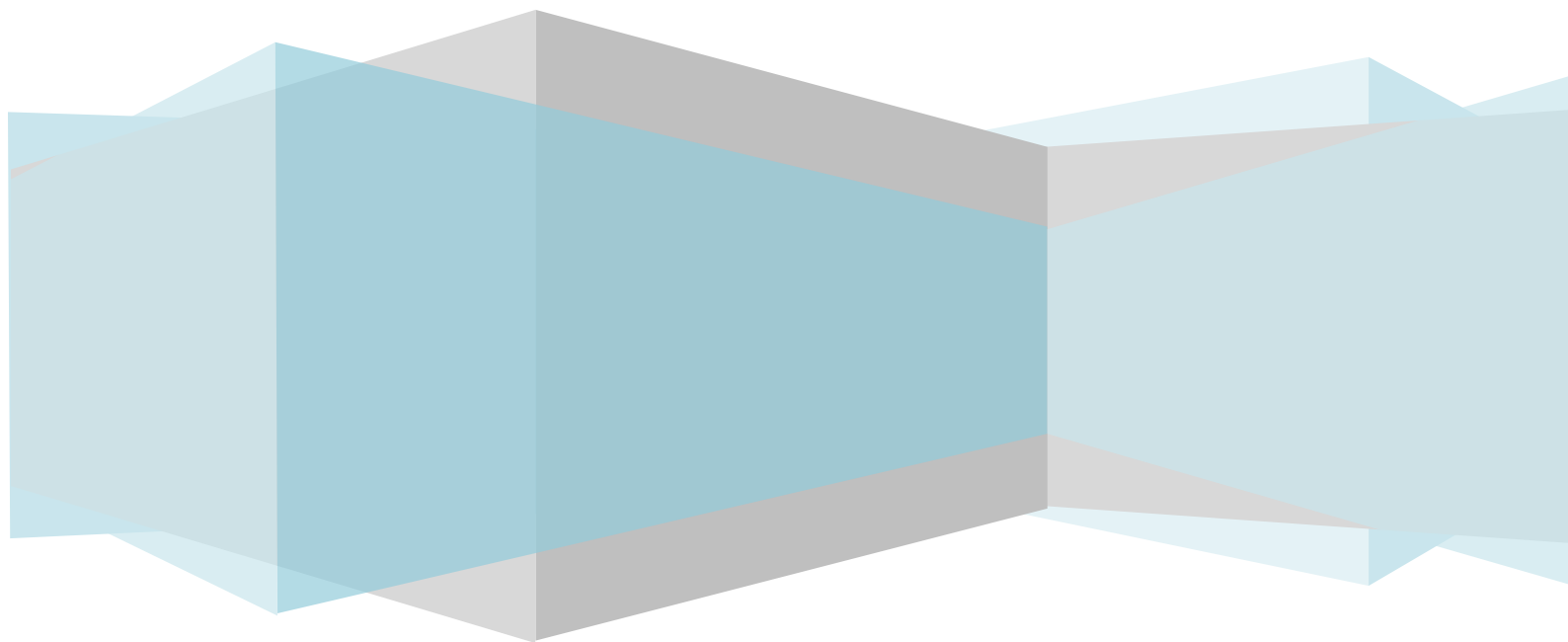
To develop an instrument for assessing newspapers' fidelity to suicide reporting guidelines.

OBJECTIVES

1. To study in detail, the suicide reporting guidelines for media issued by the World Health Organization, Indian Psychiatric Society and various other governing bodies.
2. To enlist various headings and subheadings under which, suicide reporting by media can be judged.
3. To develop individual items under each subheading by discussing in detail various sets of guidelines.
4. To test the reliability and validity of the developed instrument by testing it in the field.

CHAPTER-III

REVIEW OF LITERATURE



REVIEW OF LITERATURE

C.1. Suicide Portrayal In Media And Suicide Rates: Is There A link?

Any policy about healthcare, or health promotion must be based on a strong evidence base. Therefore, it must be explored whether newspaper portrayal of suicide is in anyway linked to suicide rates in the community. This is a minefield filled with challenges across various domains, first and foremost being the feasibility of such a study; as most of the population is well versed with a particular daily newspaper in circulation for years altogether, whether it is possible to analyse a cause-effect relationship between suicide portrayal and suicide rates in the community? It is noteworthy that, in a short span of time, this line of enquiry into the sociological perspective on suicide has garnered a significant bit of attention amongst researchers, and the hypothesis has been examined and assessed more than 150 times in last 3 decades alone. [21-32] Despite these findings, before assigning any causal attribution or blame to media reporting on suicide rates, first it needs to be examined how media reports would affect an individual in his or her risk of engaging in suicidal behaviour or ideations. In the world where information overload is a challenge, an individual may get influenced by any external stimulus or inputs. The key question then would be, how he or she reacts to that input based on his or her innate strengths, weaknesses and vulnerabilities. Therefore, before holding newspapers accountable for their potential role in suicides, a detailed review of social and psychological models of suicide is warranted.

C.2 A sociological perspective on suicide.

C.2.1 Social integration, connectedness and belonging.

Emile Durkheim's seminal contribution to the field of suicidology ^[33] highlighted the significance of social and societal factors in influencing suicide rates, emphasizing their role over personal, biological, and psychological factors. Durkheim argued that variations in suicide rates among different genders, family settings, and religious beliefs could be attributed to the level of an individual's integration into society and adherence to social norms. This perspective finds partial support in certain observations, such as the decrease in suicide rates during celebratory events like the Super Bowl Sunday ^[34].

Interestingly, recent research has demonstrated that individuals' perception of belongingness ^[35] or connectedness ^[36] to their community can serve as a proxy for Durkheim's concept of social integration, which remains relevant in today's era of social media influencers and celebrities. However, an intriguing aspect of this theory emerged when high rates of suicide were observed in tightly-knit communities bound by a closely woven fabric of cultural and moral codes of ethics and conduct ^[37-40]. It was hypothesized that such close-knit communities may limit individuals' freedom of decision-making in certain situations, thereby validating suicidal behavior as "good for the cause."

Therefore, while connectedness, integration, and regulation can be regarded as protective factors against suicide, it is crucial to acknowledge that their efficacy depends on not exceeding a certain personal or societal threshold.

C.2.2. Social Networks Theory

This theory posits that societies, even those that are closely knit, are not unitary entities but rather comprise numerous "networks" that form strong interwoven relationships between them [41,42]. Although this approach bears similarities to Durkheim's concept of social integration, there are two vital distinctions:

- A) Social network theory acknowledges the influence of the external world on an individual but emphasizes a realistic dimension over an idealistic one. It asserts that counter-productive or negative bonds and relations within a network exert a stronger impact on an individual and their behaviour [42,43].
- B) It argues that integration and regulation within a society are not necessarily mutually exclusive. In contrast to Durkheim's rigid model of the four typologies of suicide and their origins, this model highlights a dynamic relationship between the two constructs, with their interplay determining an individual's vulnerability to suicide.

This theory has gained significant attention, particularly in the current geopolitical and socio-economic climate following the COVID-19 pandemic and economic recovery. Studies have demonstrated that individuals tend to seek attachment and derive a sense of safety from those who share similar circumstances [44]. When societal vulnerability to suicide or distress is low, such as in day-to-day minor stressful experiences within an employee-friendly industry, individuals may manage with minimal or even no societal support. However, in situations where there are substantial gaps in

the societal safety net due to a collectively experienced stressor (e.g., widespread job loss during the pandemic), both societal and individual vulnerabilities to suicide increase, emphasizing the critical role of societal structures and networks as vital supports during times of distress ^[45].

In summary, during times of distress, individuals may derive supportive inputs from society if their integration and regulation within that society align with their current needs. The effectiveness of this societal effect is contingent upon various factors, including the type and structure of the society, embedded networks, and societal vulnerability to distress and suicide. These interactions between society and the individual are hypothesized to arise from: 1) the perceived strength of an individual's place and identity in society ^[46], 2) the emotional attachment of the individual to their societal identity ^[47], 3) the extent of effective influence that societal members exert on the individual, and 4) in the absence of strong societal bonds and attachments, the degree of desirable cultural regulations and practices.

C.3. Internal factors and suicide: an overview.

It is evident and apparent from the available data that not all individuals facing similar situations succumb to suicide ^[1]. People exhibit diverse coping mechanisms when confronted with stress and stressors, which can vary over time and are influenced by a multitude of factors. Consequently, there exists the potential for a combination of internal and interpersonal factors that, following an interaction with societal factors, determine the likelihood of suicide risk in an individual.

Theoretical frameworks propose that suicidal thoughts arise when an individual perceives themselves as 1) excessively burdensome to others and 2) disconnected from a specific group or community ^[48]. It is important to differentiate this perspective from the societal or external model of suicide, as it encompasses the individual's perception of their bond with society, which may or may not align with reality to varying degrees of accuracy. Furthermore, evidence indicates that the progression from suicidal thoughts to actual suicidal attempts requires additional contributing factors.

Specific emotional triggers, such as feelings of entrapment, a diminished fear of death, and impulsivity, have been identified as catalysts for the transition from suicidal thoughts to actual attempts ^[49]. Moreover, studies have demonstrated that personality factors can influence suicidal behavior and attempts, even in the absence of psychiatric disorders ^[50,51]. Therefore, interpersonal factors have the potential to precipitate vulnerability in an individual, regardless of their societal position or the presence of psychiatric illnesses.

C.4 Role of stress and stressful life events.

A cursory examination of nearly every media report on suicide reveals the significance attributed by the media to this factor in understanding suicidal behavior. It is understandable to assume that individuals undergoing immense pain, suffering, or hardships may contemplate suicide. This assumption is reinforced whenever the media simplifies suicide causation by attributing it to a single factor in their narratives. This raises questions when stories like "Mom takes away mobile, boy hangs self" are disseminated and discussed ^[52]. This sparks a debate about the central factor in suicide

causation because, as previously discussed, 1) the presence of a common stressor does not lead to suicidal thoughts in all individuals within a group, 2) the salience of a stressor can vary from person to person (e.g., achieving 85% marks may provide relief to a struggling student but may act as a stressor for a top-ranking student), and 3) the same stressor at different time points can elicit diverse behavioral and emotional responses. This has given rise to the Stress-Diathesis model of suicide ^[53].

The term "diathesis" implies an inner vulnerability or predisposition that extends beyond genetic, biological, or metabolic factors and may encompass cognitive and developmental vulnerabilities ^[54]. Stress-Diathesis models (SDM) exhibit certain variations: 1) "all or none" (either an individual has a diathesis or does not), and 2) "degree of diathesis" (everyone possesses the same diathesis, but the degree of its presence and the severity of stress may determine the outcome). The stress component in SDM can arise from psychiatric disorders and environmental stressors ^[55], while the diathesis may stem from genetic and epigenetic mechanisms, as well as childhood adversities ^[56-60]. Diathesis models also explore the cognitive constructs of how individuals with inherent diatheses approach stressful situations and how signs and indicators of diatheses persistently manifest throughout an individual's life, not merely preceding an actual suicide attempt ^[55]. Attempts have also been made to establish a neurobiological connection to suicidal thoughts and ideations ^[61].

In summary, the SDM suggests that while stressful life events are ubiquitous and experienced by everyone, an individual's

response to these events stems from their internal makeup and the degree of inherent diathesis. A diathesis may determine how an individual responds to a stressful life event and whether they take the step towards a suicide attempt. There are other theories of suicide as well, such as the strain theory, which posits that suicide results from strain or discrepancies between different sets of values, expectations, and coping skills ^[62].

To recapitulate, theoretical efforts to elucidate suicidal behavior have evolved significantly, with early works by Durkheim focusing more on the role of society and societal factors, and modern theories exploring pragmatic and dynamic stress-diathesis models and frameworks. Therefore, it is oversimplistic to conclude that suicide occurs solely due to the interaction between stress and diathesis. While these models shed light on how individuals respond to stressful life events or adversities, it is not always feasible or practical to rectify or avoid every stressor, adversity, or challenge. Correcting a diathesis, which is often developmental or biological in nature, is also not always possible. Hence, from a suicide-prevention perspective, these factors may not be highly utilitarian or practical in terms of immediate or short-term suicide prevention. Consequently, there may be a need for a model that attempts to explain when an individual may react to life stressors in a manner that leads to suicidal behavior.

C.5 Role of exposure to attempted or completed suicides.

Explanatory frameworks for understanding behaviors, such as alcohol dependence, have emphasized the significance of both exposure and the stress-diathesis model in the development and

progression of these behavioral patterns ^[63,64]. Consequently, it is imperative to investigate the impact of exposure to suicide and suicide-related content on the emergence of suicidal thoughts, as well as suicidal ideations or attempts.

As previously discussed, the hypothetical association between exposure to media and content depicting suicide attempts and completions and subsequent suicides in the community has been mentioned as early as the 1780s, although without concrete evidence ^[1]. It is essential to acknowledge the significant methodological and practical challenges that arise when attempting to establish a cause-effect relationship between media portrayal and suicide rates.

Firstly, in many communities, there is a limited number of widely printed and circulated newspapers that have been in existence for a considerable period of time. Consequently, the community is already exposed to a specific newspaper and its journalism, making it difficult to isolate the impact of media exposure on suicide rates.

Secondly, reading newspapers is ingrained as a daily habit or societal norm in many communities, thus distinguishing it from luxury or entertainment items such as television or movies. This habitual nature of newspaper reading further complicates the assessment of its influence on suicide rates.

Lastly, newspapers function as emergency services and operate continuously throughout the year, without any breaks. This continuous presence of newspapers in the community makes it challenging to evaluate a cause-effect relationship between their

content and suicide rates due to the lack of periods without exposure.

In light of these methodological and practical challenges, it becomes crucial to exercise caution when drawing conclusions about the causal link between media exposure, particularly newspaper content, and suicide rates in the community.

Fortuitously, an unprecedented opportunity presented itself in 1967 in Detroit, USA, when all local newspapers ceased publication for a record-breaking period of 268 days, providing a unique circumstance to examine the impact of media blackout on suicide rates. Motto ^[21] capitalized on this fortuitous event and demonstrated significant declines in suicide rates across various gender and age groups during the blackout period compared to the preceding four years. While Motto's study did not establish a definitive cause-effect relationship due to design and methodological limitations, it did highlight the correlation between reduced newspaper circulation and lower suicide rates, particularly among women.

In another study conducted in the 1970s ^[65], researchers analyzed monthly suicide rates and front-page stories of a New York newspaper over a span of 20 years. Their findings revealed that after 25 out of the 33 front-page stories, there was a subsequent increase in suicide rates in the preceding months. Over the past three decades, numerous researchers across different regions and time periods have consistently argued for an association between media portrayal of suicide and suicide rates in the community ^[66-79].

Given the variability in methodologies and contemporary social contexts employed in these studies, a comprehensive pooled analysis of the existing literature is necessary to determine the extent of the influence that media portrayal has on suicide rates in a community^[80]. Niederkrotenthaler et al.^[80] conducted such an analysis by examining 31 studies that utilized a before-and-after design to investigate the relationship between media reports and community suicide rates. Their analysis revealed that within 28 days following a celebrity death by suicide (CDS), there was a 13% increased risk of suicide in the general population, while the risk of suicide using the same method as the CDS increased by 30%. Hypothesized mechanisms underlying this phenomenon include identification by vulnerable individuals with the victim, extensive media reporting that may trivialize or normalize suicide as a response to adversity, and the influence of specific details regarding the suicide method on the acceptance of that method by individuals. This notion is supported by existing literature, which indicates that CDS reporting not only elevates suicides in the immediate community but also has distinct effects on demographic factors such as age and gender^[81,82].

In a study conducted by Niederkrotenthaler and colleagues^[83], the effect of portraying a fictional suicide on the target audience was examined. The findings revealed a significant increase in suicides ranging from 9% to 27%. The authors suggested that identification with the protagonist and their suicidal behavior may serve as a potential causal factor for the rise in suicides following such portrayals.

Another meta-analysis by Niederkrotenthaler et al. ^[84] further investigated the impact of celebrity death by suicide (CDS) reports on suicide rates. The study demonstrated a 25% increase in suicide rates within one month following a CDS report. Additionally, the analysis explored whether the fame and popularity of the celebrity influenced the findings. The authors reported that effect sizes were greater for studies focusing on CDS by highly renowned entertainers within the celebrity groups. They also observed that the level of popularity, the type of celebrity (entertainers, sportsmen, politicians), and geographical proximity influenced the magnitude of the effect on community suicide rates. This further supports the notion that vulnerable individuals tend to identify with suicide victims, particularly when they are celebrities.

Despite some variability in the results of various meta-analyses, the consensus among these studies is that the evidence is "instructive," indicating that it should be considered actionable. Almost all studies have recommended guidelines for print media regarding the reporting of suicide-related news. The Stress-Diathesis Model has already highlighted the dynamic interplay between stressors, diathesis in suicidal behavior, and now it is crucial to reassess the interaction with the third factor, exposure to suicide news in the media, to arrive at more generalizable conclusions

C.6 Stress-Diathesis-Exposure-Vulnerability Axis.

Not everyone who is exposed to a stressor, experiences a mental illness, or encounters suicide-related news will necessarily die by suicide. Many individuals are able to navigate their stressors,

cope with challenging situations, and maintain a healthy work-life balance despite facing multiple disadvantages. Consequently, the definition and scope of the term "diathesis" appear overly broad and encompassing, making it challenging to distill it into something noticeable and applicable in day-to-day life.

Research has highlighted the involvement of serotonin ^[85], its receptors ^[86], and metabolites ^[87] in suicidal behavior and ideations. However, considering the impracticality and financial constraints associated with widespread screening for these factors to assess individuals' vulnerability to suicide, the identification of a proxy marker or behavioral trait becomes crucial. Such a marker should provide insights into an inherent biological or psychological diathesis or vulnerability, thereby aiding in the isolation of the vulnerable population. Existing evidence suggests that impulsivity could serve as a viable trait marker. ^[88]

Multiple studies have demonstrated that individuals with high impulsivity face a heightened risk of suicidal behavior, even in the absence of a psychiatric diagnosis ^[89]. Additionally, individuals with a history of suicide attempts or ideations are at a greater risk of suicide compared to those without such a history ^[88]. In the context of teenagers and adolescents, impulsivity holds particular significance in relation to suicide, as a significant proportion of suicides within this demographic are attributed to suicide contagion and impulsivity ^[90]. The impact of triggers that incite suicidal behavior is evident in the aftermath of the release of a fictional TV show centered on teen suicide, where not only internet searches ^[91] but also admissions of suicide attempts ^[92] significantly increased

among teenagers. Thus, it can be inferred that exposure to content involving suicides, whether real or fictional, may not pose a direct causal threat but instead acts as a trigger for suicide in vulnerable individuals ^[93].

C.7 Does positive or healthy reporting of suicides help?

Efforts to educate and guide media professionals in promoting a healthy portrayal of suicide have been underway for a considerable period of time. One of the earliest sets of guidelines in this regard was released by the Austrian Association for Suicide Prevention in 1987. However, it was observed by Sonneck et al. that newspapers did not make significant changes to their reporting practices, such as reducing the average length of articles or avoiding front-page publishing ^[94]. Nonetheless, their study spanning from 1986 to 1990 showed a noteworthy 19.5% reduction in subway suicide rates [94]. Further analysis extending until 2005 revealed an annual reduction of 81 suicides, demonstrating a consistent improvement in the style of suicide reporting in local print media ^[95].

Michael et al. conducted a study in Switzerland, analyzing the reporting style of 74 newspapers before and after the release of suicide reporting guidelines over a span of three years ^[96]. The researchers found significant reductions in various qualitative aspects of reporting following the implementation of the guidelines. While the authors exercise caution in attributing this change solely to the guidelines and media education, they recount their experiences of personal interactions with editors, noting a noticeable shift in their perspective on suicide and its reporting ^[96].

In a study by Niederkrotenthaler et al., 11 national newspapers in Austria were examined for six months in June to evaluate the quality and style of suicide reporting ^[97]. This study encompassed not only quantitative measurements but also considered qualitative factors such as the use of trigger words and sensationalized language. The findings of the study put forth a refreshing and encouraging hypothesis that media portrayal of suicide can contribute to suicide prevention. Notably, the research demonstrated a reduction in suicide rates associated with stories that reported suicidal ideation without subsequent suicide or para-suicide attempts. The authors hypothesize that reporting on individuals with suicidal ideation who continue to live allows readers, including those who may be vulnerable, to identify with the individual and connect with the notion of choosing to live on ^[97].

C.8 Worldwide efforts to improve media reporting of suicide

Even prior to the availability of robust evidence concerning the relationship between suicide reporting and suicide rates, guidelines were published for media professionals as early as the 1980s. Subsequently, extensive efforts were made to train media professionals, editors, and publishers on the importance and necessity of adhering to these guidelines. These initiatives have yielded significant improvements in both qualitative and quantitative aspects of suicide reporting. (Table-1)

Guidelines Issuing Organisations	
World Health Organisation ^[165]	Mindframe Guidelines
Indian Psychiatric Society ^[163]	National Suicide Prevention Lifeline ^[166]
Canadian Mental Health Association	Ministry Of Health, Govt Of New Zealand ^[167]
Canadian Psychiatric Association ^[161,162]	New Zealand Youth Suicide Prevention ^[168]
Centre For Disease Control ^[164]	Royal Australia and New Zealand College Of Psychiatry
The Hong Kong Jockey Club ^[170]	Govt Of Australia
Media Roundtable	Govt Of Austria
Press Council Of India ^[171]	

Sonneck et al. conducted a study in Austria and demonstrated that adherence to the guidelines resulted in a significant reduction in the length and positioning of suicide stories over the following five years ^[94]. Similar findings were reported by Michael et al. in Switzerland, Collings and Kemp in New Zealand, Pirkis et al. in Australia, and Fu and Yip in China ^[96, 98-100].

Furthermore, these guidelines have not only enhanced the quality of media reports but have also brought about a substantial

attitudinal change among media professionals regarding suicide reporting. While some journalists initially exhibited skepticism regarding the link between suicide reporting and suicide rates, they eventually recognized their responsibility to report on suicides in a healthy and positive manner ^[98]. Although senior members of the media initially perceived these guidelines as a form of media censorship, they ultimately modified their reporting style to become more responsible in their coverage of suicides ^[98]. In certain studies, many media professionals expressed a lack of awareness about these guidelines but expressed a willingness to receive training from subject experts, highlighting their openness to learning and improving their practices ^[101].

These significant outcomes, among others, have prompted governing bodies, governments, and professional organizations worldwide to publish their own sets of guidelines regarding the media reporting of suicide. The recognition of the impact of responsible reporting on suicide has spurred a global effort to ensure that media professionals handle this sensitive topic in a manner that prioritizes public health and safety.

A prevalent aspect shared by all suicide reporting guidelines is the formulation of a set of recommendations and restrictions for the coverage of suicide in print media. It is important to note that the majority of these guidelines were established prior to the emergence of social media and digital publications, hence they primarily focus on these two forms of media.

Under the "do's" category, the guidelines emphasize the importance of portraying suicide in a responsible manner. This entails including information about available support resources, acknowledging the potential role of mental illness in suicides, and providing contact details for emergency helplines ^[1]. Conversely, the "don'ts" column advises against giving excessive prominence to suicide stories, sensationalizing the events, and providing explicit step-by-step details of the incident, among other recommendations ^[1].

New Zealand took an additional step towards implementing a regulatory framework for suicide prevention by enacting the Coroner's Act in 2006 ^[102]. This legislation imposes stringent regulations on the disclosure of public details pertaining to deaths by suicide.

C.9 Need for this study

There has been a notable opposition and reluctance within a specific segment of the media regarding the implementation of guidelines and regulations in suicide reporting ^[103]. This resistance stems from a lack of comprehensive understanding of the link between media reporting and suicide rates, as well as the argument that regulating press freedom constitutes censorship and is not a progressive step forward. Supporters of this viewpoint contend that reporters and media outlets have a responsibility to present information as it is, rather than how it is expected to be ^[103].

Challenging this argument without substantial scientific evidence is indeed a formidable task. However, some qualitative

studies conducted by media professionals have shed light on the factors that make suicide stories newsworthy, such as the victim's celebrity status or when the suicide occurs in a public setting ^[104]. Furthermore, studies have demonstrated that despite the existence of guidelines, adherence to them in print media is minimal and, in some instances, practically nonexistent.

To accurately assess the extent of the issue and establish a problem statement, there is a need for an objective assessment tool or instrument that can measure the fidelity of print media to suicide reporting guidelines. Previous studies in this area have employed self-created checklists based on multiple guidelines, resulting in instruments with significant overlap but lacking a comprehensive assessment of the problem. Nutt and Matthews ^[105] conducted an extensive review of over 15 such instruments and developed their own tool called the Reporting of Suicide Inventory (RISc). However, RISc itself has limitations, particularly in the context of India, as it fails to account for the criminalization of suicide, which significantly influences how suicide is perceived by the Indian media and judiciary.

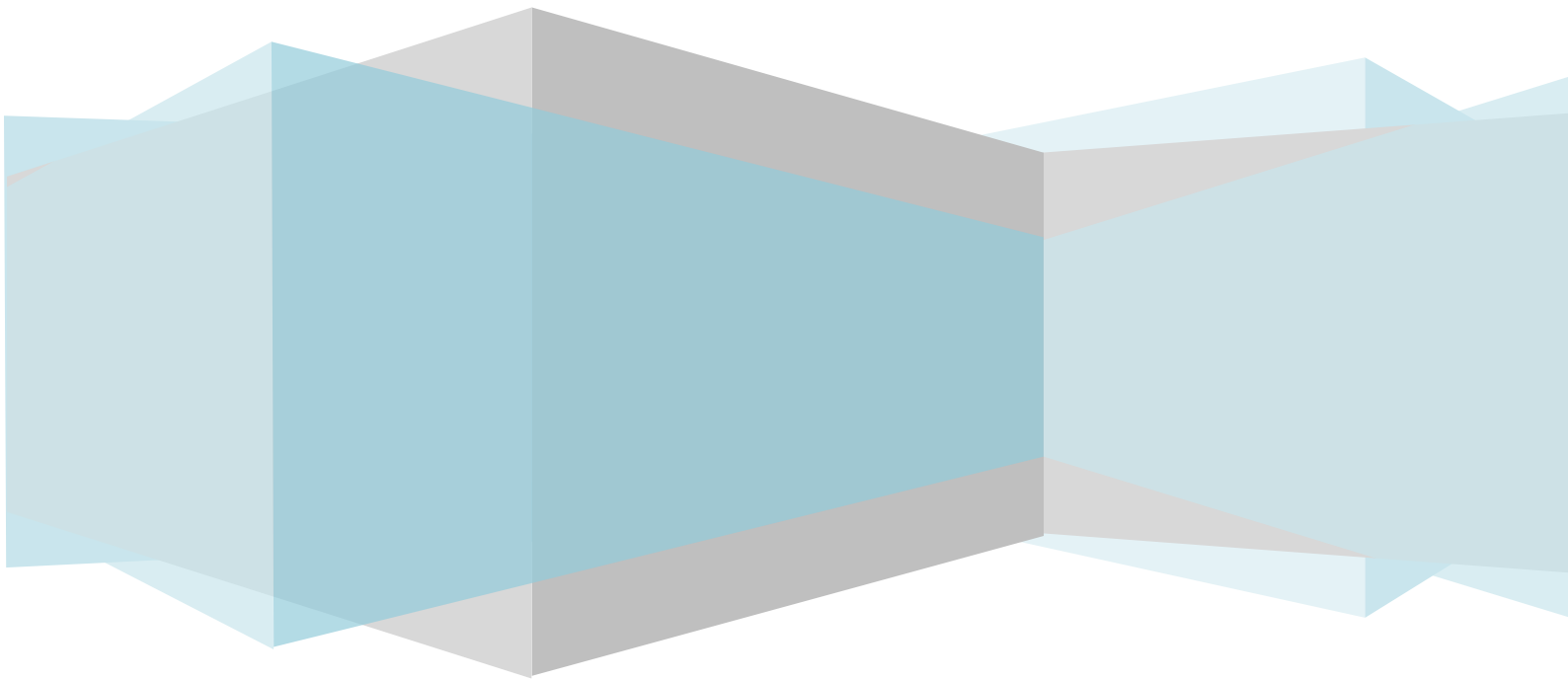
This indicates the necessity for an analytical instrument that not only evaluates the qualitative aspects of a suicide story but also allows for a comparative analysis with another story, employing measurable metrics to gauge the extent to which the reporting adheres to expert recommendations and guidelines. The new instrument should encompass the key principles outlined in relevant guidelines while remaining adaptable to the dynamic nature of time and geopolitical conditions.

C.10 Research question

Is it possible to design an instrument to assess fidelity of print media to suicide reporting guidelines that is valid in India?

CHAPTER-IV

MATERIALS AND METHODS



MATERIALS AND METHODS

D.1 Ethical concerns & funding.

The research protocol after its formulation was subjected to approval from the Institutional Research Committee (IRC) and the Institutional Ethics Committee (IEC). This research is self-funded. We would like to state that, all data that has been analysed in this research is available in public domain, and does not include any personal or confidential information on any individual. We adhered to the pillars of biomedical research ethics while conducting this research as per ICMR guidelines for biomedical research ^[173]

D.2 Item generation

D.2.1 Resource review.

A systematic review was conducted of the literature existent on the subject, and, of the guidelines issued by various governing bodies and agencies. We collated all the instruments, scales and measurement tools in published literature and analysed them. The team also analysed the guidelines issued on media reporting of suicide. Principles laid down by Coombs ^[106], and Dawes & Smith ^[107] were utilised in list generation namely:

Ascertaining which phenomena to observe.

Ascertaining a value system based on worth from a relevance and utility point of view to certain variables and

Designing a formal system to operationalise the relationship between those factors and phenomena.

The purpose of this step was to ascertain various domains which will be assessed in the project, and, to examine any other existing instruments and their limitations, which can be addressed and avoided. To achieve this, we used the deductive method & classification from above approach.

D.2.2 Operationalising definitions:

As numerous guidelines have emphasized the importance of journalistic discretion and prerogative in reporting on suicide, our research team endeavoured to operationalize the definitions of key elements through a consensus-building process. We conducted focused group discussions and employed qualitative interviews involving stakeholders, including representatives from print media organizations, to establish clear definitions for terms such as "sensationalized language" and "trivialization."

Given that a considerable amount of discretion would still rest with the reporter in charge, we decided to construct a Likert-type scale during this phase, rather than employing a visual analog type instrument. While a Likert scale with five or seven rating levels is generally more sensitive ^[108], the nature of the guidelines did not allow for the use of a five- or seven-point rating system. Consequently, we opted to include a three-point Likert rating scale, comprising two options: "Present" and "Absent."

For the analysis of the scale items, we utilized the QUAID (Quantitative Analysis of Inferred Derivatives) tool developed by the University of Memphis, which is available for online use at (<http://quaid.cohmetrix.com/>). This tool examines the questions or

items within a scale and, based on expected responses and context, identifies potentially unfamiliar terms, verbs, or phrases that may appear alien to the target population. Some verbs, such as "trivialization" and "sensationalization," were flagged as "scientific" by the tool. As these terms were integral to the instrument and could not be replaced or rephrased, we provided operational definitions at the end of the instrument to ensure that readers understood their intended meanings.

As previously discussed, we selected the Likert design and Thurstone scaling approach for developing the response scales. Each item was classified within its respective domain and scored on a three-point scale, ranging from "can't say" (0) to "partially agree" (1) and "completely agree" (2). Items representing positive and preventive aspects of suicide were scored as is, while items representing negative elements and potential facilitation of suicide were scored negatively, with "can't say" (0), "partially agree" (-1), and "completely agree" (-2) options.

D.3 Content validation

Content validation examines whether an instrument measures what it is supposed to measure. We used the five principles laid down by Guion ^[109] in this study and proceeded with content validation accordingly.

D.3.1 Evaluation by subject experts: Qualitative Phase

This study emphasizes the importance of involving both expert judges and target audience judges in the evaluation process, aiming to develop a scale with broad applicability across various stakeholders, including psychiatrists, researchers, psychologists, media professionals, and mental health social workers.^[110] Considering the logistical challenges of including all stakeholders in a single panel, a diverse group of expert judges consisting of 11 individuals was selected, including 3 psychiatrists, 3 psychologists, 3 medical students, and 2 media professionals. The expert judges were tasked with examining a formalized draft of the instrument to assess its content validity. Qualitative feedback was solicited, focusing on the relevance, universality, objectivity, and validity of the instrument's items. Any items found to be duplicative, vaguely worded, subject to interpretation, or displaying variation were either excluded or subject to rewording and revision.

D.3.2 Evaluation by subject experts: Quantitative Phase

To assess quantitative content validity, a randomly selected sample of 2 raters, comprising one medical student and one media professional, was employed. The Cohen's Coefficient Kappa was calculated to determine the level of agreement between the raters. The expert group also discussed the inclusion of certain quantitative variables, such as word count and the space occupied by the article on the page, as employed in previous studies ^[105]. However, the group deemed it imprudent to rely solely on square inch space, as its allocation often depends more on the newsworthiness of a story

rather than its merit or public interest. Notably, stories are sometimes split into multiple parts and published separately within the same paper. Merely considering the square inch space occupied could lead to inaccurate representations, especially when large photographs or graphic images with minimal accompanying text occupy the space. Furthermore, the subject experts emphasized that sensationalization can be achieved through concise wording and impactful imagery, underscoring the potential influence of minimal text and visual elements.

D.4 Face validation and pre-testing.

This study employed cognitive interviews to assess the face validity of a proposed instrument by engaging a sample of 10 experts from various fields, including psychologists, media professionals, students, and researchers.

The objective of these interviews was to evaluate:

- (A) The extent to which the questions truly assess the domain under study, and
- (B) Whether the answers provided to those questions generate valid measures.

Participants were asked to articulate their thought processes while responding to the instrument's questions. Two rounds of interviews were conducted, and it was observed that participant insights reached a saturation point after the second round. This outcome was anticipated, as guidelines issued by governing bodies often leave little room for interpretation and subjective analysis.

D.5 Instrument administration

This study utilized a pooled sample comprising psychiatrists, psychologists, medical teachers, postgraduate residents, undergraduate residents, and support staff at a hospital who were subscribers to English daily newspapers. An open invitation was sent to potential participants through official contact details, inviting them to join the study via a provided link. Participation in the study was voluntary. The participants were requested to rate a representative news story published in the Times of India Mumbai edition during the study period, and their responses were recorded and analyzed. Since there was no "right" or "wrong" answer to evaluate, measures such as the Item Discriminatory Index (IDI) were not applicable for differentiating between the raters.

Subsequently, the instrument scale scores were determined. The decision was made regarding whether to adopt a weighted or unweighted factor structure. In this study, an unweighted factor structure was chosen, whereby the total scale score was derived from the sum of all individual item scores or subdomain scores.

D.6 Assessment of reliability

D.6.1: Internal consistency

This tests how reliable a particular item is in testing given parameter, across different situations. We used the Cronbach's Alpha to test the reliability of our instrument. Cronbach's alpha ranges from 0 to 1, with 0 indicating null internal consistency and 1 with an absolute internal consistency. A value of 0.70 or higher is

accepted degree of consistency as per existing literature, and that is the standard we accepted.^[111]

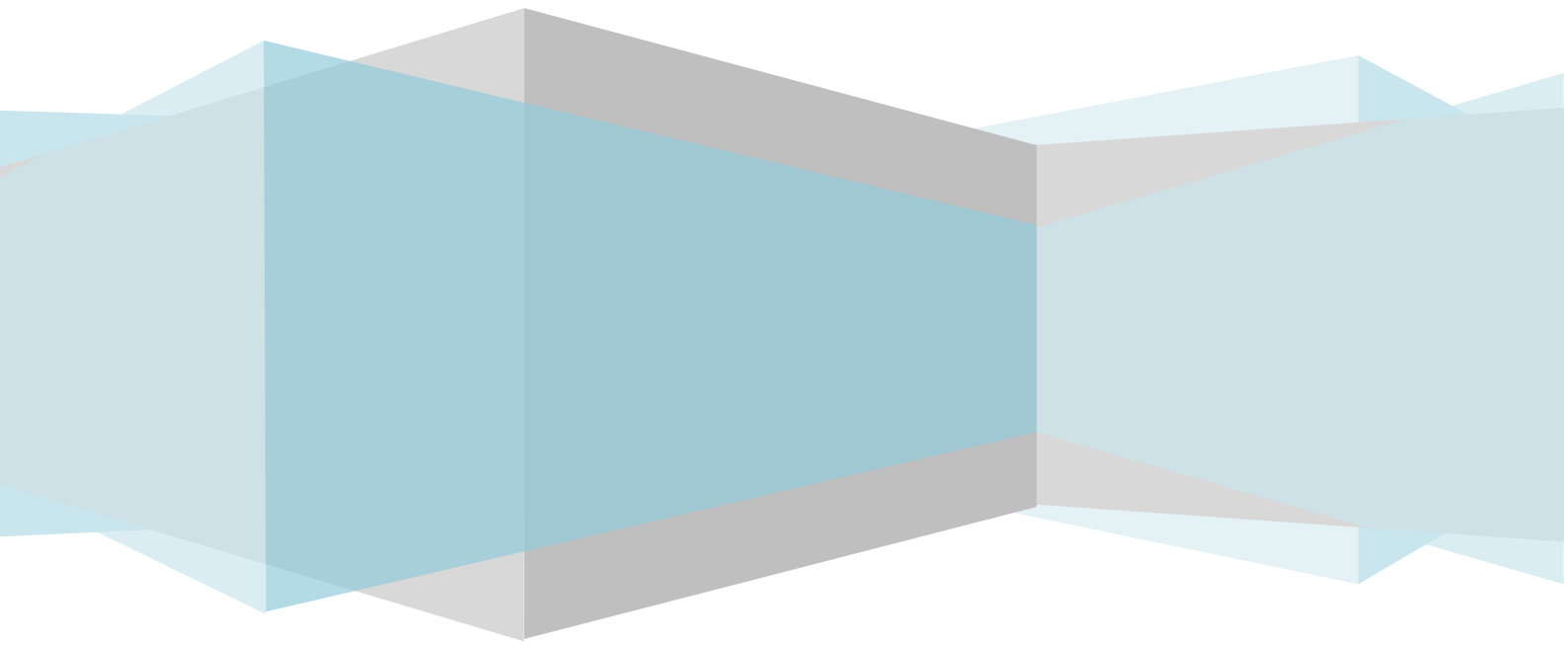
D.7 Assessment of validity

D.7.1 Construct validity

The instrument was examined for construct validity with correlation matrix and values higher than 0.5 were considered as acceptable correlation. This was due to the fact, that the scale assesses different aspects of a news story, which may not have a significant correlation with one another. For eg: a news story may score well in terms of sensationalization of the story, but may still score a 0 in terms of providing adequate help related information for the readers.

CHAPTER-V

RESULTS AND DISCUSSION



RESULTS AND DISCUSSION

E.1 Item and domain generation

After a detailed literature review, list generation and qualitative feedback from subject experts, a first draft list of items across following domains was generated. Detailed qualitative and cognitive interviews showed that, the questions were worded precisely and conveyed the intended meaning to participants and raters.

No	Domains & Items
	Prominence given to the news (Prominence)
1	Word suicide in the headline
2	News printed on the first page
3	News printed inside a box
4	News headline printed in coloured text.
	Providing excessive details about the victim (Detailing)
5	Mention of method of suicide in headline
6	Method described in a step-by-step manner
7	Reference to other suicides from that location
8	Reference to prior suicide attempts by the victim
	Sensationalization or trivialization of the issue
9	Using a catchphrase to describe the suicide
10	Photograph of the victim
11	Photograph of the location
12	Mention of a suicide note
13	Citing or quoting the suicide note

- 14 Graphical illustration to depict the attempt
- 15 Blame placed on someone/environment
- 16 Suicide portrayed as an eminent consequence
- 17 Temporal causation implied between a stressor and
- 18 suicide
- 19 Using the phrase succeeded/failed Using a judgemental tone: talking about wasting a precious life.
- Promotion of mental health & awareness about illness/stress**
- 20 Warning signs for suicide attempt/behaviour
- 21 Pain/grief of survivors mentioned
- 22 Mention of mental illness in suicide causality
- 23 Mention of bio-psycho-social model*
- 24 Mention of treatments for mental illness
- 25 Mention of help resources such as helplines
- 26 Stories/anecdotes of overcoming suicidal thoughts/ideations
- 27 Mention of weaknesses in victim or challenges faced by him along with positive aspects. *
- De-criminalization of suicide***
- 28 Using the phrase “committed suicide”
- 29 Quoting police officials
- 30 Mention of decriminalization of suicide as per MHCA-17
- 31 Placement of the story next to crime section

* Items marked with an asterisk were added after the qualitative interviews and discussions with the expert panel.

A discrepancy arose within the expert panel regarding the inclusion of item number 27 and its relevance. Media professionals argued that it would be inappropriate to make negative comments about an individual who has recently passed away. On the other hand, mental health professionals emphasized that the objective was not to speak negatively about the victim, but rather to present a comprehensive depiction of the individual, encompassing both strengths and weaknesses. Mental health professionals supported their standpoint by referencing guidelines issued by the Ministry of Health, Government of New Zealand ^[167,168]. The panel also advised to categorise the items across 5 domains or subscales.

Upon conducting a thorough literature review, we observed that most guidelines, particularly those established by developed countries such as Australia, New Zealand, England, the United States of America, and Canada, did not address the decriminalization of suicide. This absence was primarily because these countries had already decriminalized suicide attempts long ago. However, it is important to note that India recently decriminalized suicide attempts, a development that has not yet been reflected in media coverage of suicide cases. Consequently, all members of the expert panel proposed the addition of an entire domain focused on the decriminalization of suicide and suicide attempts. This may explain why previous instruments developed for evaluating the portrayal of suicide in the media ^[105] did not include a specific "Decriminalization" domain.

Table 1 – Cohen’s Kappa statistics between two raters of items generated after quantitative and qualitative interviews.

Sr No	Factor	Cohen’ Kappa	95% CI	P value
	Prominence			
1	Word suicide mentioned in the headline	0.662	0.346-0.978	P<0.001
2	News printed on the first page	1.000	-	P<0.001
3	News printed in a box	1.000	-	P<0.001
4	News headline printed in a coloured text	1.000	-	P<0.001
	Detailing			
5	Mention of method of suicide in headline	1.000	-	P<0.001
6	Method described in a step by step manner	0.662	0.346-0.978	P<0.001
7	Reference to other suicides in similar fashion	0.492	0.186-0.798	P<0.001
8	Reference to prior suicide attempts by victim	0.795	0.595-0.995	P<0.001
	Sensationalization- Trivialization			
9	Use of a catchphrase to describe suicide	0.852	0.706-0.998	P<0.001
10	Using photograph of the victim	1.000	-	P<0.001

11	Using photograph of the location	1.000	-	P<0.001
12	Mentioning suicide note	0.662	0.346-0.978	P<0.001
13	Quoting from the suicide note if found	0.884	0.769-0.999	P<0.001
14	Graphical representation of the attempt	0.492	0.186-0.798	P<0.001
15	Blame placed on an external stressor/factor	0.852	0.706-0.998	P<0.001
16	Causation between stressor and attempt mentioned	0.656	0.429-0.883	P<0.001
17	Suicide justified as an eminent consequence after the stressor	0.740	0.563-0.917	P<0.001
18	Using the phrase “succeeded” or “failed” to describe the outcome.	1.000	-	P<0.001
19	Surmonizing: talking about wasting a precious life.	0.852	0.706-0.998	P<0.001
	Awareness			
20	Mentioning warning signs for suicidal thoughts / ideations	0.795	0.595-0.995	P<0.001
21	Mention of pain/grief experienced by survivors	1.000	-	P<0.001
22	Mention of shock by survivors.	0.795	0.595-0.995	P<0.001

23	Mention of role of mental illness in suicidal thoughts / ideations	1.000	-	P<0.001
24	Mention of the bio-psycho-social model of mental health / suicide.	0.662	0.346-0.978	P<0.001
25	Mention of treatments for mental illness, or, possibility of overcoming suicidal thoughts.	1.000	-	P<0.001
26	Mention of help resources and details of contact for helplines and information sources.	1.000	-	P<0.001
27	Stories of individuals overcoming suicidal ideations / thoughts.	0.795	0.595-0.995	P<0.001
28	Mention of weaknesses / character flaws in victim, not just positive aspects.	0.492	0.186-0.798	P<0.001
	Decriminalization			
29	Using the phrase “committed suicide”	1.000	-	P<0.001
30	Quoting investigating police officers.	1.000	-	P<0.001
31	Placing the story next to the crime section.	1.000	-	P<0.001

32	Mention of “decriminalization of suicide” as per the Mental Healthcare Act-17	1.000	-	P<0.001
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This shows that nearly half (15/32, 46.87%) showed a Kappa value of 1.00 which indicates that there was complete agreement between the two raters on that rating. This could be due to the nature of those items, which do not have much room for interpretation. For eg: there cannot be two views on whether the word “suicide” is included in the headline or not. There were only three items in the list which had a Kappa score of less than 0.500, namely 1) graphical representation of the item, 2) mention of earlier suicides in similar fashion and 3) mention of weaknesses/character flaws in the victim. Some items, which we thought would show a complete agreement between raters, showed some difference in ratings. For eg; we thought that, there would be complete agreement for the item “mentioning from the suicide note”, which did not turn out as we expected, with the Kappa value for that item ended up being 0.662. When this was explored with the raters, they reported that “mentioning suicide note” was interpreted as:

Mention of the fact that the victim had or had not left a suicide note. For eg; “Police found a suicide note next to the body”. Mention of the fact that victims of suicide often leave a suicide note, which was present/absent in this case. For eg: “Victim’s family members suspect foul play as she had left no suicide note behind”.

E.2 Test of reliability

Table 2 - Reliability Statistics (Cronbach's Alpha) statistic:

Sr No	Factor	Cronbach's Alpha If Item Deleted	Scale Mean If item deleted	Scale variance if item deleted
	Prominence			
1	Word suicide mentioned in the headline	0.814	56.63	13.56
2	News printed on the first page	0.811	56.44	13.79
3	News printed in a box	0.804	56.42	13.41
4	News headline printed in a coloured text	0.806	56.36	13.74
	Detailing			
5	Mention of method of suicide in headline	0.802	56.40	13.37
6	Method described in a step by step manner	0.803	56.32	13.76
7	Reference to other suicides in similar fashion	0.801	56.37	13.55
8	Reference to prior suicide attempts by victim	0.801	56.36	13.46
	Sensationalization-Trivialization			
9	Use of a catchphrase to describe suicide	0.802	56.33	13.55
10	Using photograph of the victim	0.814	56.44	13.24
11	Using photograph of the location	0.793	56.48	13.88
12	Mentioning suicide note	0.792	56.47	12.70
13	Quoting from the suicide note if found	0.795	56.36	12.95
14	Graphical representation of the attempt	0.792	56.36	13.16
15	Blame placed on an	0.793	56.55	12.42

	external stressor/factor			
16	Causation between stressor and attempt mentioned	0.791	56.40	12.87
17	Suicide justified as an eminent consequence after the stressor	0.790	56.37	12.85
18	Using the phrase “succeeded” or “failed” to describe the outcome.	0.789	56.36	12.84
19	Surmonizing: talking about wasting a precious life.	0.790	56.47	12.46
	Awareness			
20	Mentioning warning signs for suicidal thoughts/ideations	0.795	56.42	12.67
21	Mention of pain/grief experienced by survivors	0.793	56.32	13.26
22	Mention of shock by survivors.	0.794	56.33	13.16
23	Mention of role of mental illness in suicidal thoughts/ideations	0.795	56.32	13.22
24	Mention of the bio-psycho-social model of mental health/suicide.	0.790	56.32	13.25
25	Mention of treatments for mental illness, or, possibility of overcoming suicidal thoughts.	0.792	56.40	12.74
26	Mention of help resources and details of contact for helplines and information sources.	0.793	56.46	12.65
27	Stories of individuals overcoming suicidal ideations/thoughts.	0.792	56.33	13.11
28	Mention of weaknesses/character flaws in victim, not just	0.793	56.32	13.17

	positive aspects.			
	Decriminalization			
29	Using the phrase “committed suicide”	0.794	56.33	13.20
30	Quoting investigating police officers.	0.794	56.40	12.69
31	Placing the story next to the crime section.	0.789	56.46	12.59
32	Mention of “decriminalization of suicide” as per the Mental Healthcare Act-17	0.791	56.21	12.89

As stated earlier, Cronbach’s Alpha was used to explore reliability of the instrument. All of the chosen items in the instrument scored above 0.750 showing high reliability between items. Although there is a debate on the acceptable threshold cut-off value for Alpha, it is generally considered to be high when observed between 0.73 and 0.95.^[112] Cronbach’s Alpha is vital in development of rating scales and instruments in which, a composite score is obtained by adding up all scores to responses to individual items.

E.3 Subscale scores and discussion on “Prominence” subscale

Sub-Scale Mean and Standard Deviations For Individual Responses.

Table 3 – Mean And standard deviations for Prominence Subscale

Sr No	Factor	Mean (SD)
1	Word Suicide In Headline	1.64(0.47)
2	News Printed on First Page	1.83 (0.37)
3	News Printed Inside A Box	1.85 (0.35)
4	Headline Printed In Coloured Text	1.94 (0.22)
5	Sub-Scale Mean	7.28 (0.84)

4 items were included in the prominence subscale. And our results show that, all of them had mean scores higher than 1.5. This indicated that, all items in this subscale had a score higher than 1, and some almost close to 2 on the likert scale hinting at significant negative portrayal of the news on all 4 items.

When it comes to publicizing something, what matters most is the location. For a newspaper, the most sought after location is its front page. That is why, most newspapers publish page long ads across its front page for a commercial product or service. Newspapers use a variety of factors to determine which news to publish on the front page, including newsworthiness, relevance, and impact. Newsrooms consider the impact, timeliness, and significance of stories when determining front page content ^[113]

Prominent placement of news stories can impact credibility and recall. A study published in the Journal of Advertising found that readers who saw an ad in a more prominent location were more

likely to recall the brand and perceive it as credible ^[114]. This highlights the importance of strategic placement in advertising and news coverage to maximize brand impact.

It must be remembered that, prominence is not only about placement, but also about how the content is presented. Just like a shopkeeper highlights his most valued inventory with bright lights and attracts consumers there, newspapers use highlighting techniques such as: 1) printing the news inside a box, 2) using different font styles and colours to grab the attention of the reader. The use of coloured headlines and different fonts can impact readers' attention, memory, and comprehension of news content. According to a study by Kim and Kim ^[115], headlines in colour can capture readers' attention and increase their memory recall of news stories. Similarly, the use of varied fonts can help differentiate different sections of the news and provide visual interest, potentially increasing reader engagement ^[116]. Apart from obvious design elements, subtle factors such as print layout can affect readers' perception, attitude and belief in the story presented as well. ^[120] However, the use of these design elements should not overshadow the content itself and should be used judiciously. Overall, strategic design elements can enhance readers' experience and comprehension of news content.

Apart from design elements and highlighting, the content of the news also matters to grab the reader's attention. The instrument addresses this issue with the item "Using the word suicide in the headline". It has been demonstrated that, headlines are often framed in such a way that they will be partisan towards one side over the other. ^[117] This means that, every headline usually will have a subtle

or an apparent cue to guide the reader to make up his/her mind even before they have read the complete story. Studies also show that, readers are more likely to choose or read stories that reflect their attitudes on the matter being discussed ^[118-119]. This therefore will lead to formation of attitudes, choices and biases or reconfirm the existing preconceived notions about suicides in the readers' minds.

Our findings of reliability and consistency showed high values of Cohen's Kappa and Cronbach's Alpha for all four items in the prominence subscale of the instrument.

Various guidelines, such as the Canadian Psychiatric Association (CPA) guidelines ^[161], CPA guidelines 2017 update ^[162] and Indian Psychiatric Society ^[163] and the Press Council of India ^[171,172] recommend avoiding prominence given to suicide coverage as well.

To summarise, prominence of a news story helps grab the attention of the reader, a headline that includes news-cues slightly nudges the reader to start making up his/her mind while reading the news leading to attitudinal change or bias.

E.4 Subscale scores and discussion of “Detailing” subscale

Table 4 – Mean And standard deviations for Detailing Subscale

Sr No	Factor	Mean (SD)
1	Method Mentioned In Headline	1.94 (0.28)
2	Method Described in Step-By-Step Manner	1.90 (0.28)
3	References to other suicides at that location.	1.91 (0.28)
4	Mention of prior attempts by victim	1.94 (0.22)
5	Sub-Scale Mean	7.68 (0.66)

Our study showed that, in the sample analysis, all four items in the Detailing subscale scored very high towards the negative reporting end of the spectrum (higher than 1.90).

The Detailing subscale focussed on how excessive information was provided in the news story, which, was not actually necessary for the present instance or event. As discussed earlier, suicide is often the result of multitude of factors, most important of those being 1) Stress-Diathesis Model (SDM), 2) Exposure to suicide related news and literature and 3) identification with a suicide. It is obvious that every individual is experiencing some or other form of stress in life and therefore is vulnerable under the SDM. Due to widespread reach of the print media, everyone’s exposure to the news is also the same more or less. What is the clincher here is the tendency to identify with the act of suicide or its victim or the act. This process is validated by the three step theory of suicide presented by Klonsky & May ^[121]. (Fig-1)

Awareness About Suicide

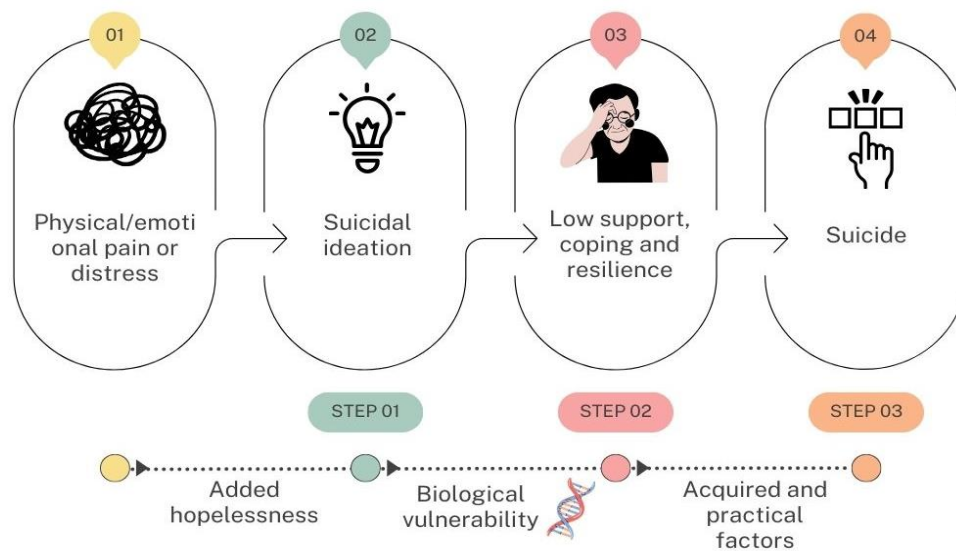


Fig1 – Showing Steps from Suicide Ideation to Completion: Three Step Theory.

As apparent from this model, the first two steps in suicide I.e. 1) Generation of suicidal ideation and 2) Strengthening the suicidal ideation up to the point of hopelessness are often internal, and have already taken place without anyone's notice. Preventing such ideations is also a motive for appropriate media reporting of suicide, however that is always not possible due to factors mentioned earlier. It is however possible to prevent the third step by reducing the likelihood of the victim asking the question "Are you capable of dying by suicide" Avoiding pain and distress is an innate biological tendency in humans.^[122] Therefore, choosing to end one's life is an extremely distressing and painful decision, plagued with various doubts and questions. Providing detailed information about the suicide attempt in a news story [Table-] allows the sufferer to

various options and paths to access means to end his or her life.

These details allow the reader to judge:

Whether a particular method of suicide is practical or easier based on the means?

Whether a particular method of suicide is a certain way to end life?

And

Whether other sufferers have chosen the same method consistently?

This has been validated in the literature ^[80,83,84], vulnerable individuals identify with the 1) victim, 2) a celebrity victim, 3) a particular method of suicide and 4) even a fictional character in literature. Even our results show high values for Cronbach's Alpha for items of this subscale. Guidelines issued by the Canadian Psychiatric Association (CPA) ^[161,162], Indian Psychiatric Society ^[163], Centre for Disease Control ^[164] recommend to avoid providing excessive details about the method used for suicide.

In brief, the Detailing subscale assesses whether news coverage of a suicide attempt includes superfluous information about the victim and the method employed. This level of detail may facilitate two processes in the reader. Firstly, it may foster identification with the victim and the act of suicide, thus increasing the likelihood of suicidal ideation. Secondly, it may encourage the reader to contemplate the suitability, ease, practicality, and certainty of the method of suicide, particularly if the reader is contemplating ending their own life. These considerations are of great importance in the media coverage of suicide attempts, as they may have significant effects on public health outcomes. Therefore, it is crucial that news outlets exercise caution in their reporting, avoiding unnecessary details that may lead to negative health outcomes.

E.5 Subscale scores and discussion of “Sensationalization-Trivialization Subscale”

Table 5 – Mean And standard deviations for Sensationalization - Trivialization Subscale

Sr No	Factor	Mean (SD)
1	Catchphrase used to describe suicide	1.79 (0.40)
2	Running a photograph of the victim	1.80 (0.39)
3	Running a photograph of the location	1.91 (0.27)
4	Mentioning a suicide note	1.87 (0.32)
5	Quoting from the suicide note	1.96 (0.19)
6	Graphical illustration used	1.92 (0.27)
7	Blame placed on enviroment	1.72 (0.44)
8	Suicide justified as a coping mechanism	1.72 (0.44)
9	Using the phrase “successful/failure”	1.95 (0.21)
10	Surmonizing on value of life	1.87 (0.32)
11	Sub-scale mean	20.44 (1.87)

The sensationalization subscale examined the practice of presenting information in a manner that amplifies emotional responses, often at the expense of accuracy and objectivity, leading to a distorted representation of reality. We found that even on this subscale, raters scored high rating (more than 1.50) for all items, and to some items, higher than 1.95 out of a possible 2.

The sensationalization of news can amplify emotional responses by tapping into people's fears, anxieties, and prejudices. According to Hess, Senecal, and Newman ^[123], emotional content is more memorable and engaging than neutral information, activating

the brain's reward system and generating a stronger emotional response. The effect is consistent across different media platforms and cultures. There is evidence that print media has also engaged in sensationalism to attract readership. A study by Rayner and Waller^[124] found that sensationalism was widespread in UK national newspapers, particularly in headlines and lead paragraphs, with political and crime stories being the most sensationalized. The birth and rise of social media have led to a overt sensationalization , as it generates more clicks, views, and engagement. Some media outlets resort to exaggeration, fear-mongering, and emotional manipulation to attract attention and compete for audience share.^[125]

Sensational news can have a significant impact on readers' attitudes and beliefs, often leading to distorted perceptions of reality and increased anxiety. One reason for this is the "availability heuristic," a cognitive bias in which people judge the likelihood of events based on how easily they can be recalled from memory. Sensational news stories, with their dramatic headlines and graphic images, are more likely to stick in people's minds and shape their perceptions of the world. Furthermore, sensationalism can lead to a "mean world syndrome," in which people become more fearful and pessimistic about the world around them^[126].

Research has also shown that exposure to sensational news can increase anxiety and stress levels among readers^[127]. This is especially true for vulnerable populations, such as children and adolescents, who may have difficulty processing and contextualizing sensational information^[128]. Moreover, sensationalism can erode

public trust in media, leading to increased polarization and decreased engagement with civic life ^[129].

Keeping this in mind, various guidelines on suicide reporting issued by the Indian Psychiatric Society ^[163], the World Health Organization ^[165] and National Suicide Prevention Lifeline ^[166] do recommend not to include sensationalised language, media or content in the news covering suicides.

In a gist, sensationalization of a news story, aims to incite the reader to have an emotional reaction post reading, rather than a rational thought. This leads to the story getting more attention, reads and is more likely to stay with the reader for the long time due to its emotional cues. A story such remembered, is more likely to be recalled more readily at a relevant time in life or by a similar emotional state. A vulnerable and distressed individual who has read about a teen suicide after bad exam result, may recall the same story when he experiences failure in his life if it hits all the notes from a sensationalisation point of view.

Trivialization:

We also examined trivialization of a news story with the same subscale. Of the 11 items on the subscale, three, namely 1) justifying suicide as an obvious coping mechanism in a particular situation, 2) placing the causal blame for the suicide on external factors and environment and 3) using the phrase “succeeded/failed” to describe the outcome of suicide. All three items scored higher than 1.50 indicating high scores.

Trivialization of an issue in media can negatively affect public attitudes towards important social, political, and health issues.

Studies have demonstrated that when issues are presented in a simplified, entertaining, and often sensational manner, people become less engaged and concerned, more skeptical, and feel a decreased sense of personal responsibility. For example, Golan ^[130] found that trivialized coverage of health issues led to decreased concern and engagement among the public. Similarly, Iyengar ^[131] showed that sensationalized news stories led to increased skepticism among viewers. Kitzinger ^[132] also found that trivialization can result in the issue being downplayed or overlooked by the public. Sarcinelli ^[133] suggested that media plays a powerful role in shaping public perceptions and attitudes, and that responsible journalism is needed to accurately convey the complexity and seriousness of issues.

Anyone will seek help or take action only if they see an issue as important, urgent or relevant. Trivialization of suicide with headlines such as “Boy fails in exam: hangs self” convey a message that, ending one’s life is an expected and acceptable outcome after failure, or, anyone who fails in an exam or in life, will have an inevitable end that is ending one’s life.

Trivialisation has been included in the lists to avoid by existing guidelines from the New Zealand Ministry of Health ^{[167,} ^{168]}, Indian Psychiatric Society ^[163] and others as well.

To summarize, sensationalization and trivialization of suicide act as a double-edged sword. Sensationalizing news ensures that readers will read, focus, and click on it, as well as have a better chance of remembering it in similar situations. However, trivializing suicide conditions readers to accept it as an obvious coping mechanism when things don’t go our way. This will significantly

affect the likelihood of seeking or offering help when someone is in a situation contemplating suicide or self-harm due to factors such as severity of their symptoms, maladaptive coping ^[136], or due to affected problem solving skills due to mental and emotional distress.^[137]

E.6 Subscales scores and discussion of “Awareness” subscale.

Table 6 – Mean And standard deviations for Awareness Subscale

Sr No	Factor	Mean (SD)
1	Warning signs mentioned	1.90 (0.29)
2	Pain of survivors mentioned	1.91 (0.28)
3	Mention of shock in survivors	1.95 (0.20)
4	Mention of mental illness	1.80 (0.39)
5	Mention of Bio Psychosocial Model	1.94 (0.22)
6	Mention of availability of treatment/help	1.85 (0.34)
7	Mention of details of suicide helplines	1.95 (0.21)
8	Stories of overcoming suicidal thoughts	1.96 (0.19)
9	Mention of weakness or character flaws	1.81 (0.38)
11	Sub-scale mean	15.20 (1.39)

We included an “Awareness” subscale in the instrument as well, which examined the degree and domains of awareness the news article tried to generate about suicide, self-harm, mental health and healthy coping with resilience.

It is a well-known and documented fact that suicides are preventable, although suicidal ideation may not be! The Papageno effect, also known as the "life-saving effect of contact," is a phenomenon in suicide prevention that refers to the power of

supportive communication and intervention to prevent suicidal behavior. The concept takes its name from a character in Mozart's opera "The Magic Flute," who was saved from taking his own life by three spirits who appeared and offered him hope.

Studies have shown that the Papageno effect can be a powerful tool in preventing suicide. It has been found that receiving social support, such as talking to friends or family, reduced suicidal ideation in individuals who had attempted suicide in the past.^[134] Another study published in the Journal of Consulting and Clinical Psychology found that individuals who received crisis intervention services, such as a suicide hotline, were less likely to attempt suicide again in the future.

Making readers aware about the mental health aspect of suicide is potentially lifesaving. In a systematic review by Hom et al [135], utilisation of mental health services by individuals having suicidal ideations was 29%. Factors responsible for such low utilisation were, 1) not felt need for such services, 2) fear and misconceptions about treatments and hospitals among other practical factors as well. These concerns can be addressed by mentioning the bio-psycho-social model and the Stress-Diathesis model of suicide, providing helpline numbers for mental health and suicide prevention and getting quotes from field experts and workers who work regularly with individuals having suicidal ideations. This is vital because having past experience with a mental health intervention for suicidal ideation has been linked to better help seeking in times of crisis.^[142]

Studies have shown that, positive attitudes about suicide prevention resources and help to be a correlate of help seeking behaviour among the vulnerable.^[138] Another important factor propagating help seeking in individuals with suicidal ideation is encouragement from friends and family.^[138, 139] As friends and family members often act as gatekeepers for venting distressing thoughts including suicidal ideation,^[140,141] addressing their level of awareness, busting myths, providing resources and empowerment to intervene form the heart of suicide prevention efforts.

It has been seen that, training gatekeepers to identify, screen and refer individuals in distress for intervention bears fruits. Irrespective of their qualifications, credentials and experience, community members such as clergy^[143] and college teachers, student advisors^[144] can act as gatekeepers for early detection of suicidal ideations. Various intervention modules such as QPR (Question, Persuade, Refer) have been proposed^[145] and shown some efficacy^[146] in suicide prevention when employed at a community level.

It is often observed in news items reporting suicides is “glorification” or a heroic quality being attributed to the victim. This involves offering martyrdom, describing the victim with all positive epithets such as “strong”, “smart/clever/hardworking” or “likable/adored by many” etc. There is nothing wrong in mourning for the dead. What is not appropriate is, describing only one side of an individual hiding his/her distress, pain and limitations.^[147] That is why, various governing bodies [IPS, NZ] have advised to paint a balanced picture of the victim, I.e. while talking about his strengths, skills and positive attributes, discussing his distress, pain, challenges

and weaknesses. This allows the reader to:

Form a balanced image of the victim in his mind. To accept the fact that no one is perfect.

Understand that success or achievements in one domain of life are not life-encompassing. Life can still be unfair and challenging.

Another factor that needs to be addressed while reporting suicide is the impact on suicide survivors. In most stories, survivors are given a passing mention, or, they are quoted out of context displaying their shock or disappointment. Such coverage is usually a sermon about “precious life” and “wasted opportunities” whereas it should be about “pain, sorrow, sadness and acceptance.” Therefore, it has been proposed that, while reporting a suicide, survivor’s state of mind be portrayed in a balanced and non-dramatized manner. It has been demonstrated that, feelings and thoughts of family and children is a strong protective factor against suicidal attempts in vulnerable individuals.^[148]

Since positive reporting helps in actually lowering suicide rates, most guidelines ^[161-68] mention the need to include information about awareness on suicides. A positive way to include awareness is demonstrated in Figure:

Fig 2 – Positive coverage of suicide based on mental health awareness domain.

Positive Coverage Focussed on Awareness



To summarise, while reporting suicides, stressing on awareness about suicide and mental health allows for the readers to 1) understand that suicides are not unifactorial, but often a result of the BPS or the SDM model, 2) understand that people are not perfect, and can have limitations or even flaws. The story should also provide readers with resources for readily accessible help in case of distress and pain. Mentioning caregiver reaction, pain and suffering after a suicide will allow the readers, especially vulnerable individuals.

E.7 Subscale scores and discussion of “Criminalization” subscale.

Table 7 – Mean and standard deviations for Criminalization Subscale

Sr No	Factor	Mean (SD)
1	Using the phrase “committed suicide”	1.88 (0.32)
2	Quoting investigating police officers.	1.81 (0.38)
3	Placing the story next to the crime section.	1.95 (0.21)
4	Mention of “decriminalization of suicide” as per the Mental Healthcare Act-17	1.95 (0.21)
5	Sub-Scale Mean	7.60 (0.76)

As stated earlier, one of the key requirements of this instrument was its relevance to India. Although literature is abundant on qualitative analysis of media reporting of suicide, few have progressed to formalize their method of assessment in the form of a structured assessment tool or instrument. Among those instruments, most have not addressed criminalization of suicide as a domain, because in most developed countries, and even countries in the LMIC group, suicides have been decriminalized some time ago.

This led us to include a “Criminalization” subscale to the instrument. Our findings show that, on all four items from the subscale, the sample news was rated high on the negative spectrum (higher than 1.80) by the raters.

Table 8 - Various countries and year in which they decriminalized suicide

Sr No	Country	Year of decriminalization
1	Norway	1886
2	Italy	1890
3	Sweden	1944
4	United Kingdom	1961
5	New Zealand	1961
6	United States of America	1963
7	Canada	1972
8	Ireland	1993
9	Australia	1995
10	India	2017
11	France	2019
12	Finland	2019

First, it is pertinent to discuss the context of criminalization of suicide to understand the implications of these results.

Criminalization of suicide is largely based on cultural and religious doctrines.^[149] In India, as recently as 2017, suicide or suicide attempt was a criminal offense under section 309 of the Indian Penal Code (IPC). India shared a company with only 25 countries across the globe till 2013 that criminalized suicide, the list that included Guyana, Ghana, Nigeria, Kenya, Pakistan, Somalia, Sudan, South Sudan, Tanzania and Uganda.^[150,151]

Efforts to decriminalize suicide in India have been ongoing since 1970. Through challenges on legal, judicial, medical and practical fronts, finally the government passed the Mental Healthcare Act 2017, which in its section 115 decriminalized suicide and suicide attempts. Reasons for decriminalization were 1) ignorance of the fact that people who attempt or die by suicide are suffering from mental distress or illness and 2) unlike other criminal offences, someone attempting suicide is not hurting or affecting others directly (although they do affect the suicide survivors emotionally). It was also noticed that placing a criminal tag on suicide or suicide attempts had a significant negative impact on help seeking and added stigma and religious burden on victims and survivors.^[152]

Criminalization of suicide involves the judiciary and legal machinery in the health delivery system and complicates the pathway of care. This is evident from the finding by Khamis et al.^[153] who showed nearly a 50% reduction in healthcare compliance in those who were prosecuted for a suicide attempt. Criminalization is also associated with higher national suicide rates.^[150]

The most worrying effect criminalization imparts are on the survivor attitude and approach to suicides.

In the earlier section, we discussed that caregivers and survivors experience sadness, sorrow, anger, or guilt, which are emotional reactions. Studies show that suicide survivors also experience stigma on a much larger scale than survivors of a death

by natural cause or trauma.^[151] Criminalization of suicide also can shape community outlook on suicide.^[154]

It has been shown that survivors of suicide receive significantly less social and psychological support in the community as compared to survivors of natural deaths.^[154, 155] Community, irrespective of gender, age, occupation, exposure and even belonging to healthcare sector harbour negative attitudes toward suicides and suicide attempts^[155-160] which may make help seeking and following the QPR (Question, Persuade, Refer) difficult.

Positive Coverage Focussed on Decriminalization

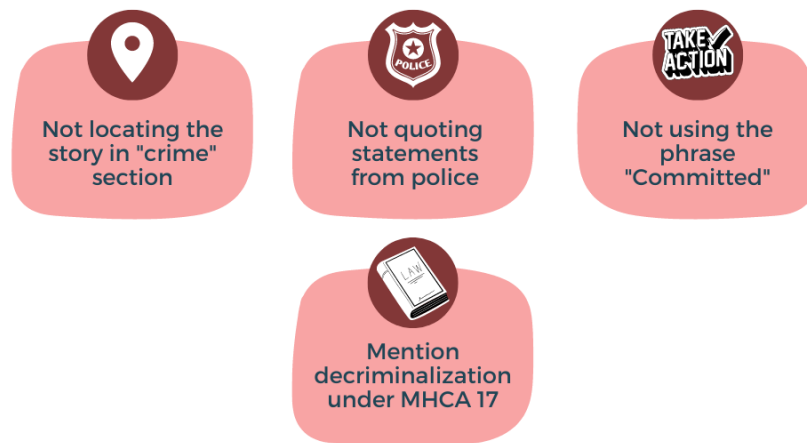


Fig 3: positive suicide coverage focused on decriminalization

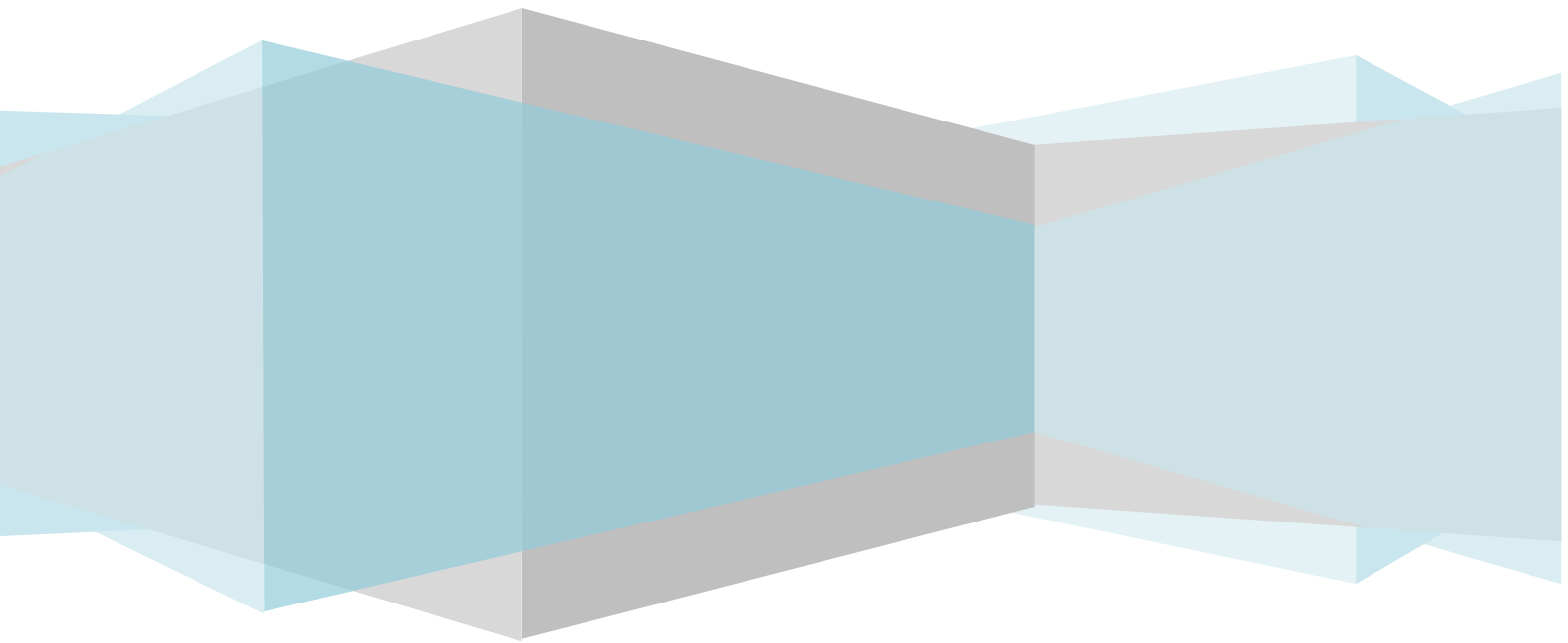
Surprisingly, this recommendation is not a part of many published guidelines. Guidelines issued by National Suicide Prevention Helpline ^[166] recommend to not report suicide on same lines as a crime. Guidelines by WHO ^[165], Canadian Mental Health Association ^[169] and CDC-NIMH ^[164] mention not using the word “committed suicide” as it implies criminality. A probable reason for so few guidelines talking about decriminalization may be the fact that in most of the developing countries suicide is already decriminalized and therefore not an issue.

To summarise, criminalization of suicide makes the reader compare suicide with all other crimes, which affect others and are against the society or members of the society, which is not a fair comparison at all. This increases the guilt in the victim, as well as the survivor about the instance. Community too looks at a suicide attempt as a criminal act and therefore it affects their attitude and behaviour with the victim and survivors. All this affects the discourse, sentiment, conscience and attitudes of the community on the topic, affecting healthcare access, help seeking, policymaking and other aspects of this complex issue.

CHAPTER-VII

SUMMARY AND

CONCLUSIONS



SUMMARY AND CONCLUSIONS

F.1 Chapter 1: Introduction

This article delves into the intricate nature of suicides, highlighting the multifactorial causal factors associated with them. The discussion encompasses an analysis of the escalating suicide rates worldwide, with a specific focus on India in comparison to its neighboring countries in the SAARC region. The chapter also raises important questions regarding the limitations of suicide prevention efforts, particularly in relation to the inadequate evidence surrounding the control and prevention of both biological and environmental factors influencing suicide.

Furthermore, this section elucidates the potential impact of publicly distributed literature on the mindset, attitudes, and ultimately the suicide rates within a community. Recognizing the influence of media in shaping public perceptions, the role of newspapers as a prominent medium for disseminating information is explored. By examining the power of newspaper coverage as a potentially protective factor against suicide propagation, this chapter aims to shed light on an innovative approach to suicide prevention.

F.2 Chapter 2: Literature Review

We aim to address the necessity of developing an assessment tool to evaluate the adherence of media outlets to suicide reporting guidelines. Our investigation commences by addressing the fundamental question: Is there a correlation between media coverage of suicide and its potential to propagate such behavior? We

meticulously examine the biopsychosocial model, emphasizing the intricate interplay between society, perceived social connections, internalized factors, the influence of stressful life events, and the stress-diathesis model (SDM). Furthermore, we explore the impact of exposure to suicide-related news and literature.

Moving forward, we critically evaluate the significance of investigating this topic. Specifically, we scrutinize the potential of positive suicide coverage to genuinely contribute to global efforts and improvements in suicide rates. To conclude this section, we provide a comprehensive analysis of diverse media guidelines, considering their strengths and limitations in achieving the desired objective.

Finally, we dedicate a section to discuss existing assessment instruments, their respective strengths, limitations, and their applicability within the context of India.

F.3 Chapter 3: Methodology

We present the methodology adapted for this study which consists of 5 important steps; A) list generation, B) Content validation, C) Face validation and pre testing, D) Administration, E) Reliability & Validity.

Methodology used for developing the instrument includes both qualitative as well as quantitative methods used at different stages of instrument development.

F.4 Chapter 4: Results & Discussion

We present results of all phases. First, we present data from the list generation phase. We include details about some discussion that took place amongst the members of the focussed group on certain items of the scale. We then present the Cohen's Kappa statistic for each item in the scale followed by the reliability statistic Cronbach's Alpha.

We then present each subscale of the instrument, its mean and standard deviation scores along with a brief discussion why it needs to be a part of the instrument along with evidence from existing literature on the topic and its lacunae if any.

We notice in our results that, in the representative news, most items did score negatively indicating a poorer and negative portrayal of suicide. We also noticed a high value for Cronbach's Alpha for almost all items, indicating good reliability statistic.

We then discuss how each subscale and various factors in it interact, and affect the reader's mind about suicide and seeking help for suicides. This manuscript stresses on decriminalization, which is in its nascent stages in India and how it has the potential to have a paradigm changing effect on suicide prevention efforts.

G. Conclusions:

- 1) Media portrayal of suicides can affect the reader's beliefs, attitudes and even memory about an attempted or completed suicide based on the quality of reporting.
- 2) Appropriate, or positive media coverage of suicides is associated with an improvement (reduction) in suicide rates in the community.
- 3) There are only a handful structured instruments available for examining media adherence to suicides.
- 4) As there is a significant overlap in guidelines issued on media portrayal of suicide, instruments are often checklists, which miss out on many items, and may not be relevant globally.
- 5) Most instruments and guidelines do not cover "criminalization" of suicide, as it is no longer an issue of relevance to many countries around the world. This is a major limitation as far as India is concerned, because as late as 2018, India looked at a suicide as a criminal offence.
- 6) The instrument thus developed has good statistical values for consistency and reliability and stood the scrutiny of face and peer validation.

H. Strengths and limitations

This study has certain strengths. As stated earlier, there is a lot of research available on media portrayal of suicide, but most of it, is based on self-devised checklists, which are based on guidelines by certain governing bodies or professional organizations. Those checklists therefore are not globally applicable or relevant, nor are they structured and validated instruments. We have made an attempt to construct an instrument which addresses most qualitative aspects of media portrayal of suicides, by categorically excluding the quantitative variables and including globally relevant, but often missed themes such as decriminalization.

This study certainly has its limitations. Our language of instruction and review was English. We focused our analysis on English newspapers. Channeling this enquiry towards other languages may yield different results. This study was initiated around the time, the Mental Healthcare Act 2017 had just passed by the Indian Parliament and was in its nascent stages of implementation. A few years down the line, when provisions such as decriminalization of suicide take full effect, this instrument may need to be revised.

Lastly, although a significant number of individuals still prefer print media, emergence of social media, social media news outlets and its effects are not considered in this project due to the design limitations and operational needs of this project.

I. Future directions:

Looking at the domains and items generated in this scale, we would like to translate and validate this scale in other regional languages as well since this version is only useful for English daily newspapers. We would also like to undertake studies comparing quality of newspaper reporting of suicide among various regions of India and whether the difference in reporting is associated in any way with the suicide rates in that region. We hope our data and findings will be of help to governing bodies and future guidelines on the topic. Our secondary aim will also be to share the data with press directly with an educational approach to urge them to incorporate this guidelines in their coverage and reporting of suicides.

Apart from publishing this work, we feel it may serve a bigger purpose. As stated earlier, a quantifiable instrument to measure a newspaper's fidelity to reporting guidelines suited to Indian socio-political climate does not exist yet. Therefore, it is difficult to estimate the extent of adherence to guidelines and quality of suicide reporting in print media in India. We also plan to translate this instrument in different regional languages, as each regional language has a set of newspapers available locally.

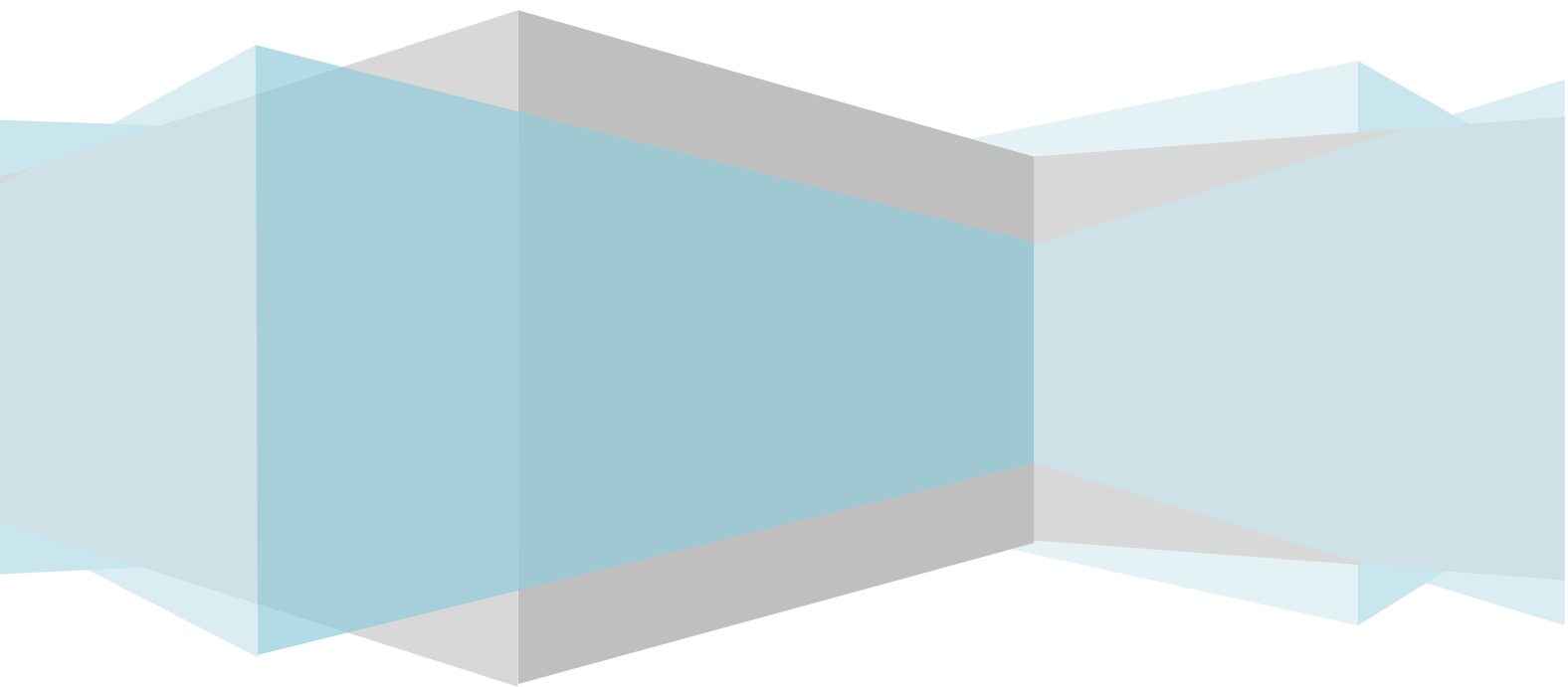
We feel this work may also help in suicide reporting advocacy to the governing agencies or government bodies dealing with media and journalism. As mentioned in the manuscript, across the globe, there is seen a significant ignorance and unwillingness on part of journalists to abide by these guidelines citing journalistic freedom. This instrument may help in generating evidence about quality of media reporting of suicides in India or any country where there is

readership for newspapers published in English. It will help newspapers gauge the gravity of the situation and the efforts needed by them to remedy it. ^[173,174]

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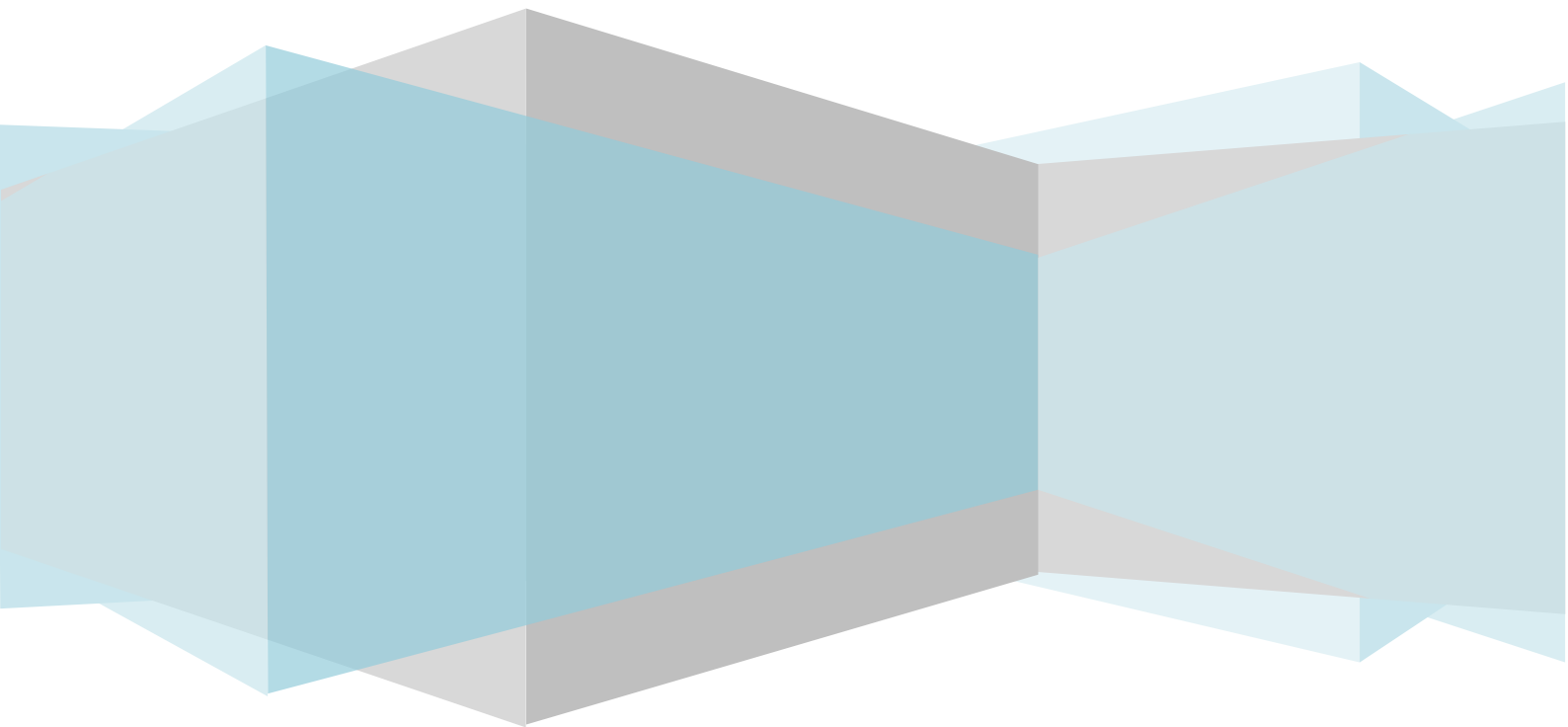
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175. The media must recognise the power it has in preventing suicide ([https:// times of india indiatimes. com/blogs/developing-contemporary-india/the-media-must-recognise-the-power-it-has-in-preventing-suicide/](https://timesofindia.indiatimes.com/blogs/developing-contemporary-india/the-media-must-recognise-the-power-it-has-in-preventing-suicide/))

ANNEXURE



ANNEXURE-I
GUIDE CONTINUATION LETTER



D. Y. PATIL EDUCATION SOCIETY, KOLHAPUR
(Deemed to be University)

(Declared u/s 3 of the UGC Act 1956 vide Notification No. F.9-26/2004-U.3 dt. 01-09-2005 of the GOI)

Reaccredited by NAAC with 'A' Grade

869, 'E', D. Y. Patil Vidyanagar, Kolhapur-416 006

Phone No. : (0231) 2601235-36, Fax: (0231) 2601595

Web: www.dypatilunikop.org, E-mail: info@dypatilkolhapur.org

Dr. V.V. Bhosale
Registrar

No. DYPES/DU/Ph.D/1013

07.06.2019

To,
Dr. Devvrat Harshe
Assist. Professor
Dept. of Psychiatry

Subject: **Ph.D. Guide.**

Sir,

This is in connection with your application; the University has decided you will continue to work under the guidance of Dr. Prakash B.Behere, Former Vice-Chancellor.

"Good Luck!"

Yours Faithfully,


Registrar

ANNEXURE-II**ETHICAL COMMITTEE APPROVAL LETTER**

D. Y. PATIL EDUCATION SOCIETY, KOLHAPUR
(Deemed to be University)

(Declared u/s 3 of the UGC Act 1956 vide Notification No. F.9-26/2004-U.3 dt. 01-09-2005 of the GOI)

Reaccredited by NAAC with 'A' Grade

869, 'E', D. Y. Patil Vidyanagar, Kolhapur-416 006
 Phone No. : (0231) 2601235-36, Fax: (0231) 2601595

Web: www.dypatilunikop.org, E-mail: info@dypatilkolhapur.org

No. DYPEU/DU/Ph.D./2019/1097

Date: 18.06.2019

To,
Dr. Harshe Devavrat Gurudas,
 Shree, Plot No.43, Unit No.2,
 Ambai Defence Colony, Sagarmal,
 Kolhapur

Sub: Approval to the Ph.D. Research Topic.

Ref.: Letter No. DYP/Ph.D./2016/1107 Date: 12.07.2016

Dear Student,

In continuation to the letter under reference and your application and research proposal/synopsis which were placed before the Research & Recognition Committee in its meetings held on Friday, 27.04.2018, I am to inform you that the Committee has approved research topic as follows:

"Development of an Instrument to Evaluate Fidelity of Print Media to Suicide Reporting Guidelines"

Subject area: Psychiatry

You will work under the guidance of Dr. Prakash B. Behere, Department of Psychiatry, D. Y. Patil Education Society, Deemed to be University, Kolhapur.

Registrar

Copy to: *Concerned Ph.D. Supervisor*

ANNEXURE-III**INFORMED CONSENT FORM**

I,Mr/Mrs/Ms.....Gender.....
Age.....

Residing at

.....d
o hereby confirm that:

- I. I have been asked by the student /researcher of D Y Patil Medical College, hospital and Research Centre, Kolhapur (“the Medical College”) whether I wish that my son/daughter to participate in a study (research) under the aegis of the Medical College.
- II. Development Of An Instrument To Evaluate Fidelity Of Print Media To Suicide Reporting Guidelines
- III. Study conducted from December 2016 on wards.
- IV. Any alternate procedure or treatment should be informed
- V. The nature of the study being undertaken by the student/ researcher ,as well as the extent of my participation in it , have been duly explained to me in a language that I understand ;
- VI. The potential risk and consequences associated with this study have also been duly explained to me in a language that I understand;
- VII. I also understand that my participation in this study is only for the benefit of advancement in the field of medical research and that at no point in time is my participation being solicited for any pecuniary gain by the researcher or the Medical College;
- VIII. I have also been explained that I am in no way obliged to participate in the study and that ,once I have agreed to participate in the study , I am still free to withdraw from participation in the study at any point in time upon notifying the Medical College in writing in the prescribed form without assigning any reason;
- IX. There will be no financial transition between myself, the researcher and /or the D Y Patil Medical College for my participation in that study;
- X. I have been explained that any data collected out of my participation in the study will only be used for academic purposes and /or for further medical research;
- XI. I have also been reassured that any publication of the data collected during the course of the study or any publication of conclusions , shall be done on a ‘no name use ‘basis and shall under no circumstances reveal my son /daughter’s personal identity in any personal details likely

to reveal my participations personal identity shall at all times remain confidential.

XII. I understand that if any accident or undesirable medical complication arises out of a procedure or treatment done solely for the purpose of research, my son/daughter, will be offered treatment, free of cost, by the researcher.

By affixing my signature / thumb print here to; I am therefore freely and voluntarily signifying my consent, intent and willingness to participate in the study of the student researcher for the purposes of the postgraduate dissertation under the egis of the Medical College. I also certify that my right to privacy has not been infringed in any manner.

{SIGNATURE / THUMB PRINT OF PARTICIPATION}

DATE:

WITNESSED BY:

<p>1)NAME:</p> <p>TITLE /CAPACITY :</p> <p>SIGNATURE :</p>	<p>2)NAME:</p> <p>TITLE /CAPACITY :</p> <p>SIGNATURE</p>
---	---

Name of Project investigator:

Address: Contact Number:

Signature of investigator:

Address: Contact Number:

Signature of investigator:

Helpline Numbers:

Contact Details of Member Secretary:

Institutional Ethics Committee:

रूग्ण संमती पत्र

डॉ. डी वाय. पाटील मेडीकल कॉलेज आपण डॉ.डी.वाय पाटील हॉस्पिटल व
रिसर्च इन्स्टिट्यूट, कोल्हापूर

मी.श्री./सौ./कु/श्रीमती लिंग.....

...वय..... राहणार.....

..... या पत्राद्वारे खात्री देते/देतो की,

१.मला डी.वाय.पाटील मेडीकल कॉलेजच्या द मेडीकल कॉलेज वैद्यकीय डॉक्टर संशोधक यांच्याकडून विचारले गेले की, मेडिकल कॉलेजच्या सहकार्याखाली संशोधन अभ्यासात मला भाग घेऊ देण्याची इच्छा आहे का?

२.वैद्यकीय डॉक्टर संशोधक यांच्याकडून केल्या जाणाऱ्या संशोधन अभ्यासाचे स्वरूप व त्यामध्ये माझ्या सहभागाचा कालावधी या विषयी व्यवस्थितपणे मला समजणाऱ्या भाषेत सांगितले आहे.

३.संशोधन अभ्यासा दरम्यान उद्भवणारे धोके आणि त्यांचे परिणाम मला समजावून व समजणाऱ्या भाषेत सांगितले आहेत.

४.मला हे सुध्दा माहित आहे की, माझ्या मुलाला अथवा मुलीला भाग घेऊ देण्याची अभ्यासातील सहभाग हा फक्त वैद्यकीय संशोधन क्षेत्राच्या प्रगतीकरिता फायदा होण्यासाठी आहे, ना की मेडिकल कॉलेज किंवा संशोधन कर्त्याकडून पैश्याच्या फायद्याकरिता.

५.मला याची पण कल्पना दिली आहे की, मी कोणत्याही स्थितीत सहभागासाठी बांधील नाही आणि एकदा मी अभ्यासात सहभागासाठी सहमती दिली तरी मी माझा अभ्यासातील सहभाग कोणत्याही वेळी विहित नमुन्यात मेडिकल कॉलेज ला लेखी अर्ज करून कोणतेही कारण न देता रद्द करू शकतो.

६.माझ्यामध्ये आणि संशोधनकर्ते आणि किंवा डी.वाय.पाटील मेडिकल कॉलेज यांच्यात अभ्यासात सहभागासाठी कोणताही आर्थिक व्यवहार असणार नाही.

७.मला याची पण कल्पना दिली आहे की, मला भाग घेऊ देण्याची अभ्यासातील सहभागातून जी काही माहिती गोळा केली जाईल त्याचा वापर फक्त शैक्षणिक हेतू आणि किंवा पुढील वैद्यकिय संशोधनाकरिताच होईल.

८.मला याची पण खात्री दिली आहे की, अभ्यासाच्या काळात गोळा केलेल्या माहितीचे सार्वजनिक प्रसारण किंवा त्यांचा परिणामांचे सार्वजनिक प्रसारण नाव न जाहिर करता केले जाईल. कोणत्याही परिस्थितीत माझी भाग घेऊ देण्याची ओळख दाखवली जाणार नाही. कोणतीही वैयक्तिक माहिती माझ्या मुलाची अथवा मुलीची वैयक्तिक ओळख दाखवण्याची शक्यता असेल तर नेहमीच गुप्त राखली जाईल.

९.मला माहित आहे की, संशोधनाच्या हेतूकरिता केला जाणाऱ्या एखाद्या उपचार किंवा तपासणीमधून जर एखादा अपघात किंवा काही अनपेक्षित वैद्यकिय गुंतागुंत निर्माण झाली तर, वैद्यकिय संशोधक यांच्या कडून त्यावर मोफत उपचार करण्यात येईल.

१०.या समंती पत्रातील मजकूर आणि त्याचा परिणाम मला समजणाऱ्या भाषेत व्यवस्थित समजावून सांगितलं आहे.

रूग्णाचे पालक

नाव व पत्ता

.....

साक्षीदार

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ANNEXURE-IV

PLAGIARISM REPORT

Topic: Development of an Instrument to Evaluate Fidelity of Print Media to Suicide Reporting Guidelines

ORIGINALITY REPORT			
1 %	1 %	0 %	0 %
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
1	wiredspace.wits.ac.za Internet Source	<1 %	
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