Network is calling on Hollywood studios and their parent companies to self-regulate and keep smoking out of youth-rated movies. Hollywood is also banned from accepting paid brand product placement under the 1998 Master Settlement Agreement between tobacco companies and the US government.

The Indian film industry is the largest producer of films in the world, with over 900 films per year. Its viewership extends not only to India but to many other countries across all inhabited continents. The virtual elimination of tobacco from Indian films will send a powerful message to society against the greatest killer of the modern era, which is expected to claim one billion lives in the twenty-first century.

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Towards a National Strategy to Reduce Suicide in India

Suicide is a major public health problem in many developing countries.[1] Suicide is a medical issue; but it also has economic, social, moral and political dimensions. Consequently, the prevention of suicide has medical, social, psychological, economic and political implications. The high mortality has led to many western nations employing national strategies to reduce suicide.[2,3] We briefly highlight the complex reality of suicide in India and demand the need for a national strategy for its reduction.

Magnitude of the problem

Several investigators have studied suicide in different parts of India and have reported suicide rates varying from 6.8 to 58.3 per 100 000.[4] However, nearly all studies used data collected from police records, which tend to underreport suicides. The families of suicide victims usually do not want post-mortems because of fear of mutilation of the body of the deceased, the time-consuming nature of the process and the stigma attached. They prefer not to get involved with police investigations. Consequently, death by suicide is often reported as being due to illness or an accident.

The low base rate of suicide is the main hindrance to research.[2,3] In addition, inefficient civil registration systems, non-reporting of deaths, variable standards in certifying death, and the legal and social consequences of suicide are major obstacles to investigating suicide in India.[4,5]

Recent reports from Vellore suggest that suicide rates in India are grossly underreported.[5–8] These studies employed a population base of about 100 000 of a comprehensive community health programme and used verbal autopsies[9] to ascertain the cause of death. The average annual suicide rate was 95 per 100 000 during 1994–99. These rates are 8–10 times higher than the reported national average and 2–3 times that reported in recent studies. The study focusing on the adolescent population reported a rate of 148/100 000 and 58/100 000 for women and men, respectively.[6] A suicide rate of 189/100 000 was reported among people over 55 years of age.[8]

Populations at risk

Western data suggest that suicide is more common in men, the elderly, those with poor social support, people with mental illness, those living alone, the unemployed and people under stress.[2,3] These characteristics have also been traditionally considered as risk factors for suicide in India. However, the studies from Vellore have shown a narrowed men-to-women ratio and have documented the fact that many young women kill themselves.[5,6] Recent adverse life events,[10] interpersonal stress and relationship difficulties,[11] severe financial distress, the use of alcohol[12] and a lack of religious faith[12] as risk factors for suicide have also been reported.

Data from India on the contribution of mental illness to suicide rates is limited. A study from Chennai reported a higher risk of mental disorder among people who commit suicide compared to controls.[10] However, other studies suggest the presence of chronic stress and precipitating life events rather than possible severe mental disorders as the major risk factors for suicide.[7] The commonly reported stress factors include marital and sexual conflicts, alcohol use (including its use by the spouse), financial problems, and failure in examinations and in love.

The need for a national strategy

The high suicide rates reported suggest the need for a national strategy for suicide prevention that is comprehensive in its approach and encompasses the promotion, coordination and support of activities that will be implemented across the country at national, regional and community levels. Developing a national strategy provides an opportunity to enlist support across a wide spectrum of disciplines and institutions, as well as to bring together many sectors of society—government, public health, education, religion, non-governmental organizations (NGOs), advocacy groups and the private sector.

Goals and programmes of a national strategy

Programmes for suicide prevention in India will have to be designed, implemented and evaluated on a mass scale. Such an effort will need to be coordinated at the regional, state and national levels.[13] The development and coordination of cooperation between the academic and clinical professions, and partnerships between public and private enterprises, the government and NGOs will be cardinal to the success of suicide prevention. Organizations working in the areas of health, education, social welfare, the police and the judiciary will have to be involved in the planning and organization of such policy and services. Changes in the law would require

legislative and judicial support. The programmes will have to develop interdisciplinary support to evolve a broad-based approach for suicide prevention and research. Developing a sustainable and functional operating structure for partners, with authority, funding, responsibility and accountability for the development and implementation of the national strategy to reduce suicide will also be necessary.

The organizational and policy challenges would include:

1. Establishing national and regional coordination organizations that monitor suicide trends, study risk factors, coordinate resources, suggest policy and interventions to reduce suicide, as well as evaluate programmes;
2. Establishing a national conceptual framework to understand suicide and its prevention employing a multidisciplinary approach, which also examines the cultural context, and social and legal issues;
3. A review of existing knowledge of suicidal behaviour in Indian society related to definition, rates, methods employed, available services and cultural attitudes;
4. Establishing a national data collection system for information related to suicide and attempted suicide;
5. Developing training programmes and providing information kits for professionals who are in contact with people at high risk;
6. Mapping the existing resources within communities and developing mechanisms to improve access to counselling and treatment facilities for those at risk, those who have attempted suicide and to the families of suicide victims;
7. Lobbying, petitioning and influencing government policy on issues related to suicide;
8. Developing tools for the evaluation of specific programmes and interventions;
9. Planning strategies to generate financial and other resources by involving the government and NGOs, public and private partnerships, academic, service providers and user groups.

The interdisciplinary field of prevention science has the Universal, Selective and Indicated (USI) prevention model,[2] which focuses attention on defined populations—the general population, specific at-risk groups and individuals at high risk for suicide. Strategies that need to be considered and adopted to the local context include community interventions, interventions at the levels of institutions and organizations, and interventions at the individual level. These are briefly mentioned:

Community interventions

Increasing public awareness. The high suicide rates, the common warning signals and the help available need to be highlighted by the mass media. It will not only help people in distress but will sensitize the community, the medical profession, NGOs and even big businesses.

Campaign to reduce stigma. Combating stigma[14] and demystifying mental illness and suicide and their treatment will help in seeking early psychiatric intervention and in retaining people with serious mental illness in treatment programmes.

Guidelines for the mass media. Guidelines for reporting suicide in the news media and of suicide portrayal in the entertainment media will be an important area of concern. Such a strategy has been shown to be successful in Chennai where the reduction of sensational and detailed reporting in the media of suicides by students following failure in the examinations had an impact on the suicide rate in this group.[15]

Regulating formulations, packaging and sale of pesticides. Organophosphorus pesticides are commonly employed to commit suicide in India. The regulation of the sale of such pesticides, banning the more lethal compounds and introducing formulations that are less toxic will help in reducing fatalities after impulsive suicidal attempts. [16]

Regulation of over-the-counter medication. The restriction of pack sizes for certain commonly employed over-the-counter medications, as attempted in the UK,[17] may prove useful.

Gender-related legislation and action. Developing policies for gender justice in society with a specific focus on young women would be crucial in redressing problems and may prove beneficial in the long term.

Legal issues related to suicide attempts. Suicidal behaviour is not detailed under the Mental Health Act, 1987,[18] although such behaviour is common among people with mental illness. Attempted suicide is an offence under Section 309 of the Indian Penal Code (IPC) with simple imprisonment for a term which may extend to 1 year and/or payment of a fine. The majority of people who attempt suicide will be prosecuted if the law is strictly applied. Decriminalizing suicidal behaviour and providing medical and social support to such people will go a long way in helping them return to normal lives.

Interventions at institutional and organizational levels

Establishing sentinel centres and developing an information system. The problems in accurate documentation of rates mandate the need to set up sentinel surveillance centres across the country to study and monitor suicide.[5-8] These centres should also study the risk factors and develop innovative strategies for monitoring and intervention.

Training of personnel working in high risk settings. Training gatekeepers (e.g. teachers, primary care physicians, medical nursing personnel in the emergency and casualty departments, staff of correctional facilities, traditional healers, priests, etc.) to recognize the early warning signs of suicide and in its management will help in prevention.

Establishing crisis intervention and counselling centres and telephone hotlines. Many Indian cities have suicide prevention and crisis intervention centres and telephone hotlines run by organizations affiliated to Befrienders International/ Samaritans.[19] Counselling centres will also need to be set up in rural areas.

Increase in specific clinical training programmes for lay counsellors. The magnitude of the task of preventing suicide in India suggests the need to train lay counsellors in the science and art of suicide prevention.

Redesigning the curriculum for medical and nursing personnel. The limited psychiatric training currently available for medical and nursing students in India needs to be expanded by redesigning the curriculum so that issues relevant to primary care are highlighted.[20]

Intervention programmes for high schools. Failure in high school examinations is a common reason for suicide among young people in India. Training teachers as gatekeepers and innovative methods of examination will also help. For example, changes in the examination regulations in Tamil Nadu, allowing students who have failed in a single subject to reappear for the examination within a month, have helped.[15]

Interventions at the individual level

Suicide prevention programmes will have to strengthen interventions aimed at people with a high risk for suicide and those who present with early warning signs. While many people will benefit from counselling, those with mental illness will require a combination of psychotropic medication and psychotherapy to maximize benefit.[2,3] Antidepressants, lithium and clozapine, which are helpful in reducing suicide,[2,3] are routinely employed in patients with mental illness in India. Similarly, psychological techniques using problem-solving, cognitive and supportive therapy are also available in cities. However, the relatively small number of mental health professionals in relation to the population makes care relatively inaccessible. The need for increased human resources will have to be met.

Development and evaluation of programmes

Diverse approaches to prevention of suicide have been attempted in the West. The success of such programmes has been variable. The need to adapt interventions to the local reality, and assess the feasibility, efficacy and effectiveness of such programmes in the Indian setting will need careful planning. The evaluation of these programmes

will require the use of specific and sensitive measures of change in suicide and suicidal behaviour. While the assessment and management of individuals with high suicidal risk is well established, strategies for the reduction of the population at risk are not well understood and poorly developed.[2,3] While interventions have shown a reduction in method-specific or site-specific rates, there is no firm evidence to suggest an overall reduction in suicide rates. From the available evidence it is obvious that there is no single or simple solution to reduce the suicide rates for populations. Many diverse approaches will have to be implemented simultaneously in order to produce any major reduction in suicide rates for populations. A national strategy encompassing diverse approaches needs to be in place to achieve any degree of success in suicide prevention.

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