Dr. Aninda Sidhana
National President Mental Health & Psychosocial Wellness Council

PARLIAMENTARY REPRESENTATION

Responsible Reporting and Storytelling on Suicide and Mental Illness

Seeking parliamentary attention and institutional dialogue

Date: 12 August 2026
To
Hon'ble Shri Om Birla
Speaker, Lok Sabha
Parliament of India
New Delhi

Subject: Representation seeking parliamentary attention towards responsible reporting and storytelling on suicide and mental illness as a public-health and human-dignity imperative

Hon'ble Speaker Sir,

On behalf of the **WICCI National Mental Health & Psychosocial Wellness Council**, I respectfully submit this Representation seeking your kind consideration of an issue situated at the intersection of public health, mental-health dignity, media responsibility, digital communication and cultural storytelling.

The Council's accompanying Recommendation and Position Statement identify concerns including sensationalised and repetitive suicide coverage, single-cause narratives, disclosure of methods and locations, graphic imagery, speculative psychiatric labelling, privacy violations, algorithmic amplification of harmful content and romanticised or instructional portrayals in creative media.

At the same time, journalism, cinema and digital storytelling can play a protective role by amplifying narratives of coping, recovery, resilience, help-seeking and accessible support.

Matters for national consideration

- a strengthened and contemporary national framework for responsible communication on suicide and mental illness across print, broadcast, digital, social and creative media;
- periodic sensitisation of journalists, editors, producers, creators and communication professionals;
- integration of responsible mental-health communication into journalism, filmmaking and mass-communication education;
- stronger protection of privacy and dignity, especially for children, adolescents, survivors of violence and people receiving psychiatric care;
- digital-platform responsibility regarding graphic content, virality, harassment and algorithmic amplification;
- encouragement of qualified mental-health consultation for relevant cinema, television and OTT productions; and
- multi-sectoral dialogue among Government, regulatory bodies, media, digital platforms, mental-health professionals, educators, civil society and persons with relevant lived experience.

Request to the Hon'ble Speaker

Dr. Aninda Sidhana
National President Mental Health & Psychosocial Wellness Council

In view of the significant public-health and societal implications, we respectfully seek the Hon'ble Speaker's consideration in facilitating **appropriate parliamentary attention and institutional dialogue**, through such mechanism as may be considered appropriate, on the need to strengthen responsible reporting and storytelling concerning suicide and mental illness in India.

The Council would be honoured to provide its clinical, psychosocial and interdisciplinary expertise to any consultation or dialogue that may arise from this initiative.

> *Responsible reporting is not censorship. Responsible storytelling is not a restriction on creativity. Every headline has an impact, every image carries meaning and every story shapes perception.*

We respectfully submit the enclosed formal Recommendation and supporting annexures for your kind consideration.

With highest regards,

Dr. Aninda Sidhana
National President
WICCI National Mental Health & Psychosocial Wellness Council

Enclosures

- Annexure I - Fully Signed & Endorsed WICCI Position Statement (includes PCI guidelines and references).

- Annexure II - Evidence & Policy Rationale Note on responsible media narratives and mental-health consultation.

Dr. Aninda Sidhana
National President Mental Health & Psychosocial Wellness Council

ANNEXURE I

FULLY SIGNED & ENDORSED POSITION STATEMENT

Responsible Reporting and Storytelling on Suicide and Mental Illness

Original WICCI Position Statement with all endorsement signatures

Includes the Press Council of India guidelines and the Position Statement source references.

Women's Indian Chamber of Commerce and Industry

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National President Mental Health & Psychosocial Wellness Council

WICCI NATIONAL PSYCHOSOCIAL & MENTAL WELLNESS COUNCIL

Responsible Reporting and Storytelling on Suicide and Mental Illness

A Public Health, Human Dignity and Cultural Responsibility Imperative

OFFICIAL POSITION STATEMENT

FINAL DRAFT FOR APPROVAL AND SIGNATURE

Issued by
Office of the National President
WICCI National Psychosocial & Mental Wellness Council

Date: August 2026

This document should be released publicly only after every named signatory and endorser has reviewed and approved the final text and designation.

Dr. Aninda Sidhana
National President Mental Health & Psychosocial Wellness Council

Executive Declaration

The WICCI National Psychosocial & Mental Wellness Council expresses profound concern over the continuing loss of lives to suicide and the ways in which suicide and mental illness are represented across newspapers, television, cinema, streaming platforms, podcasts, digital media, and social networks.

Every suicide is a profound human tragedy. It affects families, friends, workplaces, educational institutions, and entire communities. It must therefore be approached not as spectacle, gossip, or isolated breaking news, but as a complex public health issue requiring accuracy, sensitivity, dignity, and evidence-informed communication.

The Council affirms that the way suicide is reported and portrayed can influence public understanding, stigma, help-seeking behaviour, and risk among vulnerable individuals.

Responsible communication is therefore not only a matter of journalistic or creative ethics. It is an essential component of suicide prevention.

Legal and Ethical Foundation

- The Mental Healthcare Act, 2017;
- The Press Council of India Guidelines on Mental Illness and Reporting on Suicide Cases, issued on 13 September 2019;
- The World Health Organization guidance for media professionals on preventing suicide;
- The principles of privacy, dignity, informed consent, non-stigmatisation, accuracy, and public interest.

The Press Council of India advises that media must not publish photographs or identifying information concerning a person receiving treatment in a mental health establishment without that person's consent.

It further advises newspapers and news agencies, while reporting suicide, not to:

- Give undue prominence to suicide stories or repeat them unnecessarily;
- Use language that sensationalises, normalises, romanticises, or presents suicide as a solution to problems;
- Explicitly describe the method used;
- Provide unnecessary details about the site or location;
- Use sensational headlines;
- Publish photographs, video footage, or social-media material that may compromise dignity or increase harm.

The Council endorses these principles and calls for their consistent implementation across print, broadcast, digital, social, and creative media.

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WICCI Position

1. Suicide must not be reduced to a single cause

Suicide usually emerges from a complex interaction of psychological, biological, social, cultural, economic, relational, and environmental factors. Attributing a death solely to an examination result, relationship conflict, professional setback, financial difficulty, family dispute, public controversy, or isolated incident can misrepresent the person's suffering and create a misleading public narrative. Media reports and public commentary should therefore avoid speculative, simplistic, or unverified explanations.

2. Privacy and dignity must remain central

The identity, photographs, personal messages, medical history, private conversations, suicide notes, and social-media content of the deceased or affected individuals should not be used merely to attract attention or generate engagement. The dignity of the individual and the privacy of the bereaved family must take precedence over public curiosity. Particular caution must be exercised when reporting cases involving children, adolescents, survivors of violence, people receiving psychiatric care, and members of marginalised communities.

3. Methods and locations should not be described

Detailed descriptions of methods, preparations, locations, or circumstances may create avoidable risks for vulnerable audiences. Such details are rarely necessary for public understanding and should ordinarily be excluded. Images, reenactments, diagrams, videos, or visual reconstructions of a suicide method should not be used.

4. Headlines must inform, not sensationalise

Headlines should not dramatise, romanticise, shame, blame, or portray suicide as inevitable, heroic, mysterious, or an act of revenge. Terms that trivialise or sensationalise suicide should be avoided. Language matters: words can deepen distress, reinforce stigma, or create a pathway towards help.

5. Repetition and excessive prominence should be avoided

Continuous visual repetition, breaking-news banners, graphic reconstructions, intrusive interviews, emotional speculation, and prolonged coverage can intensify distress and may unintentionally normalise suicide. Editorial judgment must consider not only news value, but also potential public-health consequences.

6. Mental illness must not be portrayed through stigma

Mental illness should not be equated with weakness, dangerousness, unpredictability, violence, moral failure, or personal inadequacy. Journalists and content creators should avoid casual psychiatric labelling, speculative diagnoses, and language that dehumanises people living with

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influence of narratives that emphasise coping, alternatives, recovery, and help-seeking.

Responsible Storytelling Across Cinema and Creative Media

Responsible communication principles must extend beyond news reporting to cinema, television, streaming platforms, documentaries, podcasts, music videos, theatre, advertising, social media, influencer-led content, and other forms of cultural storytelling.

For many people, creative media becomes their first introduction to mental illness, trauma, suicide, addiction, grief, reproductive mental health, gender, and identity. These portrayals can influence whether individuals seek help, whether families respond with compassion, and whether society reinforces stigma or promotes understanding.

The Council recommends that productions depicting suicide, self-harm, trauma, addiction, psychiatric symptoms, abuse, grief, or recovery should consider:

- Involving qualified mental-health professionals during script development;
- Following evidence-based guidance on depicting suicide and self-harm;
- Avoiding graphic, instructional, romanticised, or glamorised portrayals;
- Consulting people with lived experience where appropriate and ethically undertaken;
- Protecting participants from retraumatisation or exploitation;
- Developing psychologically authentic characters and avoiding harmful stereotypes;
- Showing realistic pathways towards support, treatment, coping, and recovery;
- Including content advisories and support resources where appropriate;
- Recognising that psychological authenticity can strengthen both artistic quality and social impact.

A mental-health advisor is not present to censor creativity. The role is to strengthen psychological authenticity, emotional depth, credibility, and responsible representation.

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Recommendations for Media Organisations

- Develop written editorial protocols for suicide and mental-health reporting.
- Train journalists, editors, anchors, producers, photographers, videographers, and digital teams.
- Consult qualified mental-health professionals when reporting complex cases.
- Avoid speculative psychiatric diagnoses and verify information before publication.
- Respect the privacy and wishes of bereaved families.
- Include appropriate help-seeking information in relevant reports.
- Review headlines, images, thumbnails, captions, and social-media promotions before publication.
- Establish internal mechanisms for correcting harmful or stigmatising content.
- Ensure that public interest is not confused with public curiosity.

Recommendations for Digital Platforms and Content Creators

- Avoid circulating unverified personal details.
- Remove or limit graphic and instructional material.
- Prevent algorithmic amplification of sensational suicide content.
- Promote credible mental-health information and support resources.
- Use content warnings where appropriate.
- Discourage harassment, blame, voyeurism, and public speculation.
- Protect bereaved families from intrusive digital attention.
- Avoid turning tragedy into engagement-driven content.

Recommendations for Educational and Professional Institutions

- Establish accessible counselling and psychosocial-support systems.
- Develop clear crisis-response and postvention protocols.
- Avoid public blame, shaming, or speculative announcements.
- Communicate with students, staff, and families in a trauma-informed manner.
- Strengthen emotional literacy and peer-support systems.
- Train teachers, administrators, and managers to identify warning signs.
- Protect the privacy of affected students, employees, and families.

Recommendations for Policymakers and

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- Expand affordable and accessible mental-health services.
- Strengthen national and state-level suicide-prevention strategies.
- Promote independent research on the impact of media narratives on mental health and behaviour.

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Our Institutional Commitment

- Advance evidence-informed mental-health communication;
- Promote dignity-centred reporting and storytelling;
- Support media sensitisation and capacity-building;
- Develop partnerships with journalists, editors, educators, clinicians, filmmakers, artists, policymakers, and civil-society organisations;
- Encourage narratives of recovery, resilience, empathy, and hope;
- Advocate for psychosocial systems that leave no one behind;
- Support dialogue between mental-health professionals and creative industries;
- Develop educational resources on responsible mental-health communication.

This commitment reflects the Council's vision: Empathy Beyond Genders and Borders, and its guiding principle: Leave No One Behind.

Call to Action

Suicide prevention cannot be delegated to psychiatrists and hospitals alone. It is a shared responsibility of journalists, editors, filmmakers, artists, educators, families, healthcare professionals, digital platforms, policymakers, community leaders, and citizens.

Every headline has an impact. Every image carries meaning. Every story shapes perception. Every word can either reinforce stigma or open a door to support.

Responsible reporting is not censorship. Responsible storytelling is not a restriction on creativity. It is ethical journalism, evidence-informed public health, respect for human dignity, and compassion in action.

Closing Declaration

The measure of responsible journalism is not only how quickly it reports a tragedy, but how carefully it protects those who may be affected by that reporting. The measure of responsible storytelling is not only how powerfully it portrays suffering, but whether it portrays the human being with dignity, complexity, and hope.

Behind every headline is a human life. Behind every statistic is a family. Among every audience may be someone silently struggling.

Let us report and tell stories in ways that preserve dignity, encourage help-seeking, strengthen hope, and contribute to preventing the next tragedy.

Dr. Aninda Sidhana
National President Mental Health & Psychosocial Wellness Council

Leadership, Clinical and Creative Endorsement

The following names and designations are included for review. Publication should occur only after each person has expressly approved the fin be listed.

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Approval Record

Document version	Final Draft - August 2026

Dr. Aninda Sidhana
National President Mental Health & Psychosocial Wellness Council

References and Supporting Materials

- Press Council of India. Guidelines Adopted by PCI on Mental Illness / Reporting on Suicide Cases. Press Release PR/10/19-20-PCI, 13 September 2019.
- Mental Healthcare Act, 2017, Government of India.
- World Health Organization. Preventing Suicide: A Resource for Media Professionals.
- Sidhana, A. From the Werther Effect to the Papageno Effect: Why Cinema Needs Mental Health Advisors. Supporting background paper, 2026.

Source note

The Press Council of India document reproduced in Annexure A is included as an official source document supporting the legal and ethical foundation of this position statement.

The cinema and creative-media recommendations are informed by the supporting paper on the Werther and Papageno effects and the role of mental-health advisors in script development and production.

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Annexure A

Press Council of India Guidelines on Mental Illness and Reporting on Suicide Cases (13 September 2019)

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PRESS RELEASE

PR/10/19-20-PCI **Dated :13.9.2019**

Guidelines Adopted by PCI on mental illness/Reporting on suicide cases

In pursuance of Section 24(1) of Mental Health Care Act, 2017 relating to publication/reporting of the news related to Mental Illness, the Council has adopted norm, which is as follows:

"The media shall not publish photograph or any other information in respect of person undergoing treatment at mental health establishment without the consent of the person with mental illness"

Reporting of suicide cases and presentation of reports

2. The Council has adopted the guidelines in pursuance of World health Organization report on Preventing suicide: a resource for media professionals – 2017 Newspapers and news agencies while reporting the cases of suicide must not :

(i) place stories about suicide prominently and unduly repeat such stories;

(ii) use language which sensationalize or normalizes suicide, or presents it as a constructive solution to problems;

(iii) explicitly describe the method used;

(iv) provide details about the site/location;

(v) use sensational headlines;

(vi) use photographs, videos footage or social media links.

In pursuance of Section 30(a) of the Mental Health Care Act, 2017 the print media shall give wide publicity of the said Act in the print media time to time.

PRESS COUNCIL OF INDIA New Delhi 110003

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National President Mental Health & Psychosocial Wellness Council

ANNEXURE II

EVIDENCE & POLICY RATIONALE NOTE

Responsible Media Narratives, the Werther-Papageno Effects and Mental-Health Consultation in Creative Media

Purpose

This note summarises the evidence-informed rationale underlying the Council's recommendations. It should be read with Annexure I, the fully signed Position Statement, which includes the Press Council of India guidance and source references.

1. Suicide reporting is a public-health issue, not only an editorial issue

The Council's position is that suicide-related communication can influence public understanding, stigma, help-seeking behaviour and risk among vulnerable audiences. This is why accuracy, dignity, privacy, non-sensationalism and evidence-informed communication are treated as suicide-prevention considerations rather than merely matters of style.

2. The Werther and Papageno effects

Werther Effect: the Council uses this term to describe the increased risk that may follow sensationalised or detailed portrayals of suicide, especially when communication gives undue prominence to the death, repeats it excessively, provides method or location details, romanticises the act, or frames suicide as an understandable solution to a problem.

Papageno Effect: the Council uses this term for the potentially protective influence of narratives that emphasise coping, alternatives, recovery, treatment, help-seeking and social support. Such narratives do not erase suffering; they widen the story so that crisis is not presented as the end of all possible pathways.

Policy implication

Responsible communication should minimise avoidable risk while increasing the visibility of coping, treatment, support and recovery. This is the rationale for including credible help-seeking information in relevant reports and for encouraging recovery-oriented narratives across media and creative industries.

3. Why single-cause narratives are problematic

The Position Statement emphasises that suicide usually reflects a complex interaction of psychological, biological, social, cultural, economic, relational and environmental factors. Attributing a death solely to an examination result, relationship breakdown, financial setback, family dispute or another isolated incident can misrepresent the person's suffering and encourage a misleading public narrative.

Policy implication

News reports and public commentary should distinguish verified facts from speculation and avoid simplistic causal attribution or unverified psychiatric diagnosis.

4. Privacy, dignity and trauma-informed communication

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The Council recommends that photographs, private messages, medical information, suicide notes and social-media material should not be used simply because they are available or engagement-generating. Public interest is not the same as public curiosity. Additional caution is warranted for children and adolescents, survivors of violence, people receiving psychiatric care and members of marginalised communities.

Policy implication

Media organisations should create clear internal protocols for consent, identification, use of visual material, interviewing of bereaved families and correction of harmful content.

5. Digital platforms create a distinct amplification problem

The Position Statement identifies the speed, repetition and algorithmic amplification of online content as a distinct concern. Graphic, instructional or sensational material can be repeatedly surfaced through feeds, short-form video, thumbnails and engagement-driven systems, while bereaved families may face intrusive attention, blame or speculation.

Policy implication

Digital guidance should address not only what is published, but how harmful material is amplified, recommended, repeated and monetised. Platforms should promote credible mental-health information and support resources and discourage harassment, voyeurism and engagement-driven exploitation of tragedy.

6. Why creative industries need mental-health consultation

Cinema, television, streaming content, documentaries, podcasts, theatre, advertising and influencer-led content are powerful cultural storytellers. For many audiences, they may become an early source of understanding about trauma, addiction, grief, psychiatric symptoms, suicide, gender and identity.

A qualified mental-health advisor is not proposed as a censor. The role is to strengthen psychological authenticity, emotional depth, credibility and responsible representation; identify avoidable graphic, instructional or stigmatising elements; support realistic depictions of coping and care; and help protect participants from retraumatisation or exploitation where relevant.

Policy implication

Productions dealing substantially with suicide, self-harm, trauma, addiction, psychiatric symptoms, abuse, grief or recovery should be encouraged to consider qualified mental-health consultation during script development and/or production and to use appropriate content advisories and support resources where warranted.

7. Capacity-building and education

The Council recommends periodic training for journalists, editors, anchors, producers, photographers, videographers and digital teams, together with integration of responsible suicide reporting into journalism and mass-communication curricula. The purpose is to make safer practice routine rather than dependent on individual awareness after a crisis occurs.

8. Institutional and national coordination

The issue spans public health, broadcasting, digital systems, education, entertainment and regulation. The Council therefore proposes structured collaboration among relevant Ministries, the Press Council of India, media and

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broadcasting bodies, digital and streaming platforms, mental-health organisations, filmmakers, educators, civil society and people with relevant lived experience.

Core policy proposition

The central proposition is simple: **responsible communication can protect dignity without compromising journalism or creativity.** A modern national framework should reduce sensationalism and avoidable exposure to harmful details while increasing accuracy, psychological authenticity, help-seeking information and narratives of recovery and hope.

Source base

- Mental Healthcare Act, 2017, Government of India.
- Press Council of India Guidelines on Mental Illness / Reporting on Suicide Cases, 13 September 2019.
- World Health Organization guidance for media professionals on preventing suicide.
- WICCI Position Statement: Responsible Reporting and Storytelling on Suicide and Mental Illness, August 2026.
- Sidhana, A. From the Werther Effect to the Papageno Effect: Why Cinema Needs Mental Health Advisors, supporting background paper, 2026.

Prepared by the Office of the National President, WICCI National Mental Health & Psychosocial Wellness Council, for submission with the Formal Recommendation/Representation dated 12 August 2026.