Suicide prevention in Bangladesh: the role of police

Suicide is a public health problem in Bangladesh,[1] yet suicide prevention is hindered by low-quality death registration data, the criminal legal status of suicide, the absence of suicide surveillance (eg, a reporting database, or measures to record events and follow-up), lack of precise estimates of the number of people displaying suicidal behaviours, and no national suicide prevention programme.[2] Police and law enforcement agencies are potential, but under-prioritised, stakeholders in suicide prevention. In Bangladesh, suicide is declared by the police or law enforcement agencies, supported by forensic experts, and laboratory analysis of viscera and body fluids.[2] When a person dies by suicide in a domestic setting, police are the first responders; a police officer visits the scene of death, sets up a formal inquest, and arranges a post mortem. When a death by suicide occurs in hospital, the body is handed over to the police. Any death in police custody that is suspected to be due to suicide is investigated by a magistrate. Such procedures are often obstructed by family members or legal guardians of the deceased reporting a death by suicide as an accidental death and asking for a post mortem to not be performed, which can be due to the criminal status of suicide and to avoid disfigurement of the deceased.

Suicide attempt is a criminal offence and thus frequently not reported.[2] People who self-harm, take poison, or take a drug overdose are usually referred to public hospitals, where they are labelled—with a stamp on their treatment file—as a police case, which creates humiliation and increases stigma, resulting in reduced treatment seeking for suicide attempts.

The 2018 Mental Health Act does not cover suicide prevention. The National Mental Health Policy, formulated in 2022, highlights the need for additional research on suicide, improvement of data quality, creating awareness in the general population, understanding of the risk factors for suicide, and suicide prevention programmes.[1] The National Mental Health Strategic Plan 2020–2030 aims to reduce suicide by raising awareness through mass media and education, to increase help-seeking behaviours and reduce stigma.[3] The Strategic Plan also aims to start a national suicide prevention programme, restrict access to pesticides, decriminalise suicide (which would change treatment-seeking behaviour and reduce stigma[4]), establish helplines (a national emergency telephone line [999] was launched on 12 December, 2017), create a national registry of self-harm, integrate mental health care into primary health-care services, and promote responsible media reporting. However, neither the Act, the Policy, nor the Strategic Plan address the provision of practical support for the police.

Improving knowledge about suicide and suicide prevention among the police could improve accuracy in the reporting of nature of death and save lives when responding to suicide attempts. Police should be properly trained regarding the risk factors for suicide and the available preventive measures. A mandatory online course on suicide and suicide prevention could serve the purpose, and be simple and feasible.[5] Enduring collaboration among all stakeholders, especially between mental health services and law enforcement agencies, would save lives and reduce the burden of suicide in Bangladesh.

I declare no competing interests.

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For more on the **Bangladesh national emergency helpline** see https://www.police.gov.bd/en/hot_line_number

The most important aims of psychotherapy: to love, to work, and to find meaning

In the January issue of *The Lancet Psychiatry*, Michaela Ladmanová and colleagues[1] published a qualitative meta-analysis on client-reported psychotherapy outcomes. Their analysis revealed nine clusters of outcomes attributed to therapy that clients value beyond symptom relief. We found these nine outcome clusters remarkably consistent with the aims of existing psychotherapies and wondered whether they could be more parsimoniously organised to better reflect those aims.

To examine this hypothesis, we employed Latent Dirichlet Allocation, a natural language processing method that can reveal semantic similarities, known as sentiments, across clusters of phrases (by tracking common words across them).[2] We applied Latent Dirichlet Allocation on the meta-analytic phrases that Ladmanová and colleagues used to characterise their nine outcome clusters (omitting the tenth cluster, as the authors did, because it represented "Outcomes not specifically related to psychotherapy").[1]

For more on the **Bangladesh's 2018 Mental Health Act** see http://bdlaws.minlaw.gov.bd/act-1273.html

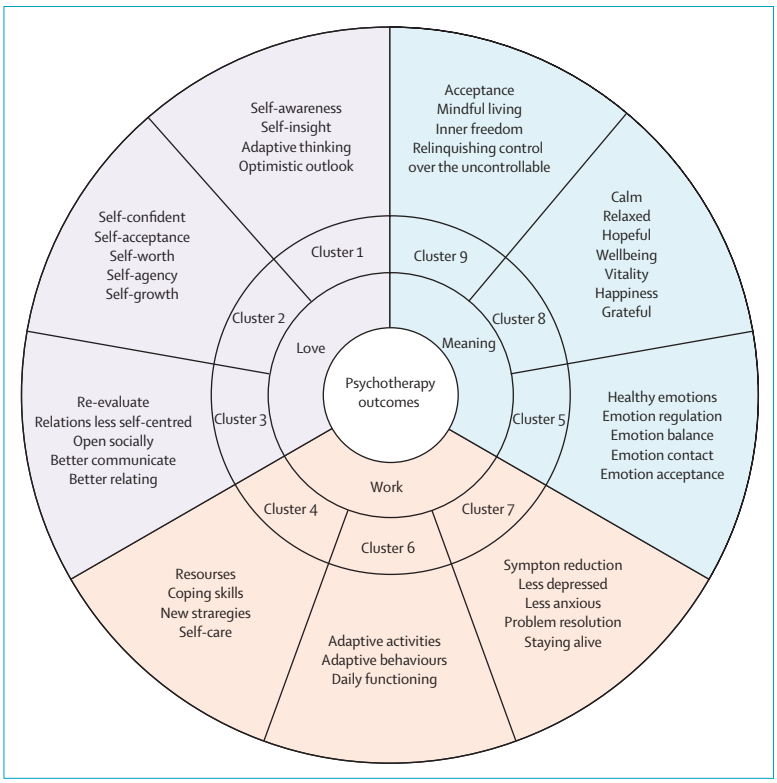

Figure: **Visualisation of the three sentiments that distil Ladmanová and colleagues' clusters[1]**

We focused on five to ten phrases per cluster and omitted conjunction words, sub-thematic descriptions, and illustrative quotes. Our code for these analyses is available online.

For more on the **analyses code** see https://osf.io/ya2r9/

We found evidence for three sentiments (figure). The first sentiment combined clusters 1–3 showing that their core similarity is relational functioning. This sentiment is remarkably consistent with psychodynamic and systems psychotherapies, which focus on improving how patients perceive and relate to themselves (clusters 1 and 2) and others (cluster 3).[3] We chose to name this sentiment love, highlighting the clinical observation that various mental health problems stem from a difficulty of understanding and thereby appreciating oneself or others.[3]

The second sentiment combined clusters 4, 6, and 7, showing that they reflect the capacity to cope in more adaptive ways. This sentiment is consistent with cognitive-behavioural interventions, which tend to focus on skills training (clusters 4 and 6) and symptom relief (cluster 7).[4] We chose to name this sentiment work, highlighting that a crucial aspect of psychotherapy might include adopting more productive ways of being.[4]

The final sentiment combined clusters 5, 8, and 9, indicating that they typify emotional stability and meaning in life. This sentiment appears to be consistent with existential (cluster 8) and mindfulness-based (cluster 9) psychotherapies, which focus on stabilising emotions with the use of acceptance principles (cluster 5).[5] We chose to name this sentiment meaning, highlighting that acceptance and mindful living could bring more meaning in life.[5]

We believe these sentiments could better translate to clinical contexts by highlighting that patient preferences already converge with the aims of various psychotherapies. Nonetheless, we also acknowledge that these sentiments are conceptually limited as they only reflect what is common across clusters, possibly obscuring their nuances.[2] Accordingly, to successfully move beyond symptom-based research, future work might wish to examine patient preferences at multiple levels of analysis: from the more general level of sentiments (that represents abstract psychological variables) to the more granular level of clusters (that represents concrete life goals).

PF is a Senior Clinical Advisor of the National Health Service Children and Young People's Mental Health Programme. OZ and PL declare no competing interests.

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India needs a national social media policy for children, adolescents, and young adults

In India, as elsewhere, the lives of young people are increasingly becoming enmeshed with social media, with platforms such as Instagram, YouTube Shorts, and other forms of rapid, engaging content occupying substantial parts of their daily lives.[1] As internet connectivity rapidly expands in the world's most