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NOTICE OF RETRACTION

Retraction: The princess of polka dots: Using art as a medium to cope with hallucinations



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The depressed boy who accepted "Blue Whale Challenge"

Sir,

The "Blue Whale Challenge" has received a lot of media attention in India and rest of the world, but it was considered a hype as there was lack of any mention in the medical literature until Balhara et. al.[1] reported the first case where they mentioned about an adolescent boy who after downloading an application in his mobile started playing the game. This game was named by its creator, a Russian psychologist, who thought that a person with "no value" should commit suicide as does the whale which "strands" itself. When an individual or a group of marine mammals are washed ashore or in shallow water and cannot return itself, it is known as "stranding" which is believed to cause by disorientation due to naval use of sonars or naturally by earth's magnetic field. Many views "stranding" as a suicidal behavior and this is the basis of the name of the "Blue Whale Challenge." This game consists of different tasks/challenges which has to be completed within 50 days and is monitored by an administrator. With completion of each task, subsequent task becomes more dangerous and the final challenge is to commit suicide.[3]

This report is about the first patient relating to "Blue Whale Challenge" reported to the psychiatry outpatient

department, Gauhati Medical College Hospital, Guwahati, Assam, India, and possibly, the first reported case from Northeast India where the patient got an invitation while using the social media site "Facebook."

XY is a 17-year-old boy of 11th standard. His class teacher noted a scar depicting a fish on his left forearm. The teacher reported the school authority who called the father and advised him to take the student for psychiatric assessment. There was a history of persistent low mood, low self-esteem, and loss of concentration for the last 4 years along with disturbed sleep. Father noted for the last 1 year that his son was irritable and would spend most of the time alone with his mobile. Patient reported that he was feeling ending up his life since the result of the last examination, which he failed, was announced and was exploring ways online to end up his life. When he came to know about the Blue Whale Challenge through social media site Facebook, he happily accepted the Challenge thinking that it will help him to commit suicide peacefully. According to the patient till date, he has accepted 40 challenges of the game, which included watching horror movies in the wee hours of the morning and making cut marks on his body with a sharp instrument. He accepted that completion of each challenge made him feel better and so he continued. On mental status examination, depressive cognition and suicidal ideation were found. Physical examination findings were within normal limits except figure of blue whale inscribed on the volar aspect of left forearm along with numerous visible healed scar marks of self-inflicted wounds on the surrounding skin. Diagnosis was severe depressive episode without psychotic symptoms as per ICD-10.^[4] He was admitted and prescribed mirtazapine and clonazepam considering available literature showing their efficacy.^[5,6] Blood investigations were within normal limits. Cognitive behavioral therapy and eclectic family therapy were also started.

There is an emerging phenomenon of "cybersuicide," and the youths are particularly at high risk. "Cybersuicide" refers to the use of the Internet for matters relating to suicide and its ideation. Vulnerable youths are lured by these websites. Thereby, they acquire different ways of intentionally harming self.^[7] The recent phenomenon of the Blue Whale Challenge is only one of them.

Although any adolescent may attempt to explore the challenge out of a sense of curiosity or adventure, those with underlying depressive episode or other psychiatric morbidity are at the maximum risk of engaging actively in it. Children grown up in abusive environment or dysfunctional families, where attachment and appreciation are lacking, may be prone to such addictive games. It is important to note that along with physical hygiene, gadget hygiene needs to be ensured. Mental healthcare providers should counsel patients, particularly adolescents, and their guardians, about the immediate steps at the time of crisis: removal of the gadget, exploring alternatives to surfing the web and providing an understanding attitude. Help may also be available by calling crisis lines, friends, or family members. Clinical treatment for the psychiatric morbidity should be initiated without delay.

Restriction in one method of suicide does not necessarily lead the attempters to try another.^[8] Therefore, awareness among clinicians about this new method of suicide as well as involving the family members in the treatment team can go a long way in preventing suicide in the vulnerable young population.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understand that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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