Ghana Suicide Reporting Scorecard [GSRS]

This media resource has been developed in collaboration with: Association for Suicide Prevention Ghana [GASP], Centre for Suicide and Violence Research [CSVR], National Media Commission [NMC], Mental Health Authority [MHA], Ghana Health Service [GHS], Ghana Journalists Association (GJA), Ghana Independent Broadcasters Association [GIBA], Private Newspaper Publishers Association of Ghana [PRINPAG], Department of Psychology–University of Ghana, School of Public Health–University of Ghana, Ghana Psychological Association [GPA], Department of Journalism–University of Media, Arts and Communication [UniMAC], Key Advocates, Persons and Families with lived and living experience of [attempted] suicide, Key Journalists, and Leading representatives of the three main religious bodies in Ghana [African Traditional Religion, Christianity, and Islam].

POSITIVE SCORECARD

№	Criterion	Description	Absent [0] / Present [1] / Not Applicable [N/A]
1	Identity protection	The article protects the identity of victims and their family. The story does not provide information such as name, photos, and location of the victim.	
2	Up-to-date and operational help-seeking information.	The report provides information on national-level support services that includes suicide prevention centres, emergency units in hospitals, 24/7 crisis helplines, self-help groups, mental health professionals, general physicians, community resources, or rehabilitation centres. The information and contact details provided should be accurate, reliable, active, and operational.	
3	Links to poor mental health	The report establishes a link between suicidal behaviour and a mental illness, by making a clear reference to the individual's struggle with a mental illness, its effect on their mental state. Inappropriate language such as "crazy" or "mental" is avoided, neither are mood qualifiers like "stressed", "unhappy" etc. Acceptable terms that qualify include "depressed", "anxious", "panic", "trauma", "disturbed", "distraught" or names of specific mental disorders.	
4	Comments from mental health and suicide prevention experts	The article contains a quote or comment from a mental health professional or suicide prevention expert [or in the absence of a mental health expert, the report has consulted verified suicide resources (Online) such as https://www.iasp.info/suicidalthoughts/; https://www.who.int/health-topics/suicide#tab=tab_1].	
5	Reduces stigma and highlights that suicides are preventable	The article highlights that suicides are preventable by taking preventive measures and identifying risks in time and contains information that reduces stigma around talking about suicide and mental health concerns.	
6	Credible population-level suicide statistics and/ or other research findings	The article reports on suicide-related statistical data from approved and verifiable sources. It may also provide findings on suicide and suicide prevention research.	
7	Verified information and facts from official source	Information and facts are verified by official sources that include police officers, healthcare professionals or a government authority in the area. It must be from a specific source: if it simply says "sources", that does not qualify. It could be likely that the information in the report is from an official source, but it may have not been acknowledged. It is important that reported information is corroborated, the absence of which may fuel speculation surrounding the story which in turn increases the likelihood of sensationalising the report.	
8	Challenges popular myths	The report challenges popular myths and reinforces their false nature. Examples of myths are (1) talking about suicide will lead to and encourage suicide; (2) people who talk about suicide do not mean to do it; (3) there are no preceding warning signs; and (4) there is nothing you can do to prevent suicide.	
9	Links to helpful stories	The report [on media online portal] may have links to or snippets of reports that contain hopeful stories of people who have overcome suicidal thoughts and feelings.	
10	Exercises caution in reporting celebrity suicide or suicide by an influential person.	Reports exercises extreme caution in reporting celebrity suicide by, for example, avoiding glamourising the suicide.	
		Total Score	

NEGATIVE SCORECARD

№	Criterion	Description	Absent [1] / Present [0] / Not Applicable [N/A]
1	Sensational/Attention-grabbing headlines	Report uses sensational language in the headline, including the word "suicide" [particularly when the article is not about "suicide prevention"], the method or the reason for the suicide	
2	Use of criminalising, prejudicial, condemnatory, pejorative, sarcastic, stigmatising, inflammatory, or trivialising comments	The report contains comments or phrases that are criminalising, prejudicial, condemnatory, pejorative, sarcastic, stigmatising, inflammatory, or trivialising about the act and/or the suicidal victim, e.g., 'committed suicide'.	
3	Method of suicide or attempted suicide is mentioned in the article	The article mentions the method (and/means) of the suicide or attempted suicide.	
4	Describes method in detail	The article provides at least two specific details about the suicide / attempted suicide method. The detail may include specific substances or objects used in the suicide.	
5	Discloses details of the suicide site	The report provides enough information to clearly identify the specific site and it is somewhat accessible to at least some members of the public.	
6	Reduces causes, reasons to a single factor or event	The article clearly articulates that the suicide incident had just one reason, motive, cause, or trigger. It over-simplifies the complex realities of suicide by reducing it to a single factor. The causal relationship is NOT subject to speculation. Speculation about the cause is indicated by phrases such as 'the reason may be', 'some uncertainties about the cause remain'.	
7	Accompanying photos/video footages/audio recordings	The report publishes photographs or video footage of the deceased, audio of the voice of deceased, bereaved members, the location of the suicide and the method as well as other dramatic/ emotional images (e.g., a noose, slit wrists, person standing on the ledge, etc.).	
8	Contains information on grieving persons	The article reports on the effects of a suicide on bereaved persons or contains interview with bereaved persons. Relatives, friends of the victim and other private persons involved in the suicidal act or affected by the suicide are defined as bereaved persons.	
9	Publishes note or text	The report publishes suicide notes, text messages, SMS, social media posts or emails of the deceased person, attempt survivor and/or their family members, friends or loved ones.	
10	Prominence on suicide, suicide-related stories and undue repeat of stories.	The article is published on the first page, centre spread or back page. This also includes reports that begin on the first page and are then continued in later pages and publishes other stories to accentuate the current one. On radio or TV, the story is lead news item and is unduly repeated.	
		Total Score	

Declaration: The project that led to the development of this media resource received funding by LifeLine International [LLI]. LLI had no role in the project design and key stakeholder consultative meetings leading up to the development of this resource. The views expressed in this resource are those of GASP and Key Stakeholders Groups and Collaborators in Ghana and not necessarily those of LLI.

Ghana Suicide Reporting Scorecard [GSRS] © 2024 by The Association for Suicide Prevention Ghana [GASP] is licensed under CC BY-NC-SA 4.0. To view a copy of this license, visit https://creativecommons.org/licenses/by-nc-sa/4.0/