

## Ghana Guidelines for Appropriate Media Reporting of Suicide

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

### Preliminary Checks

- 1]. Confirm suicide story.
- 2]. Think first: is the story newsworthy?
- 3]. Provide a caution (e.g., Please note that this story could be upsetting for viewers, listeners and readers).

DOs	
✓	Protect the identity of the victim and survivors of suicide and relatives.
✓	Include comments from [mental] health professionals or suicide prevention experts, and multi-source experts [in the absence of a mental health expert, consult verified suicide resources (Online) such as <a href="https://www.iasp.info/suicidalthoughts/">https://www.iasp.info/suicidalthoughts/</a> ; <a href="https://www.who.int/health-topics/suicide#tab=tab_1">https://www.who.int/health-topics/suicide#tab=tab_1</a> ].
✓	Use appropriate terminologies and language.
✓	Provide help-seeking information [e.g., you may consider including the Ghana Mental Health Psychosocial support toll-free helpline, 0800678678, or email the Association for Suicide Prevention Ghana through, <a href="mailto:suicideprevention.ghana@gmail.com">suicideprevention.ghana@gmail.com</a> ]
✓	Demystify the myths about suicide with evidence-based facts about suicide.
✓	Be informed and educated about the legal framework for covering stories on suicide.
✓	Exercise caution and circumspection in interviewing bereaved family members, loved ones, friends or persons with lived and living experiences of suicide.
✓	Apply particular caution when reporting celebrity suicide or suicide by influential people, as this could increase the risk of imitative (copycat) suicide in vulnerable readers, listeners or viewers.
✓	Treat murder-suicide with care [a murder-suicide is when a person kills members of their family before taking their own life, or where an individual murders a number of people in a public place, such as a school, before taking their life. Murder-suicides are rare but can attract exceptional levels of media attention. The circumstances of these deaths can be dramatic and disturbing and reporting them should adhere to the general Media Guidelines for Reporting Suicide. Caution is required since imitative behaviour also applies to murder-suicide].

DON'Ts	
✗	Don't use criminalising language that presents suicide as a crime or sin [e.g., "commit/committed suicide"]. Avoid referring to a suicide as "successful", "unsuccessful attempt" or "failed attempt" in the news report.
✗	Don't use sensational language in headlines, and as much as possible avoid using the word "suicide" in a headline (except where the article is about "suicide prevention" where the word "prevention" is used in the headline). Instead of "suicide", you can consider saying "ended his/her life", "taken/took his/her life", etc.
✗	Don't attribute the cause of suicide to a single reason or factor.
✗	Don't use prejudicial, condemnatory, pejorative, sarcastic, stigmatising or inflammatory comments about the suicidal person.
✗	Don't describe the methods used.
✗	Don't draw religious interpretations and condemnations of the suicidal person or relatives.
✗	Don't publish suicide notes, text messages, or social media posts of the deceased.
✗	Don't name or provide specific details about the specific site and location of the suicide.
✗	Don't use photographs [including images of the victims or graphics or illustrations showing methods/detailed descriptions of the suicide], video footages, audio recordings, or digital or social media links.
✗	Don't give prominence to suicide and suicide-related stories, and don't unduly repeat such stories.
✗	Don't allow caller commentaries and deactivate reader comment functions.
✗	With digital media do not provide links to other suicide stories and disable the comment section.

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## GUIDELINES FOR REPORTING CHILD AND ADOLESCENT SUICIDE

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- 1]. Avoid describing a suicide or suicide attempts (i.e. how, when, why, etc.).
- 2]. Avoid sharing videos, images, and illustrations in the suicide story.
- 3]. Avoid reporting suicide as a trivial issue.
- 4]. Avoid words or phrases that support suicide as an option to dealing with challenges.
- 5]. The story should be focused on suicide prevention.
- 6]. Share hopeful stories about (young) persons who have overcome suicidal thoughts, feelings, or attempts.
- 7]. Spread in-depth awareness about mental health, resilience, and suicide prevention.
- 8]. Respect the privacy of the bereaved family while reporting on suicide.
- 9]. Children and adolescent suicide related stories should have disabled comment sections [for all platforms].
- 10]. Provide helpline numbers, chatlines and email addresses of child and adolescent mental health services and encourage help-seeking behaviours.
- 11]. Suicide is a complex phenomenon, therefore, involve a mental health expert in your reportage [in the absence of a mental health expert, consult verified suicide resources (Online) such as <https://www.iasp.info/suicidalthoughts/>; [https://www.who.int/health-topics/suicide#tab=tab\\_1](https://www.who.int/health-topics/suicide#tab=tab_1)
- 12]. Ensure Value-free reportage [the report should be free of value statements [e.g. crazy, mental and personal sentiments].

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## GUIDELINES FOR REPORTING SUICIDE ON DIGITAL MEDIA PLATFORMS

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### 1]. Be cautious when referring to online sources on suicide news or reports.

- i]. Ensure that your source is credible and reliable.
- ii]. Take caution and be culturally sensitive in the reportage.
- iii]. Ensure that the use of hyperlinks leads to suicide-preventive material or supportive information.
- iv]. Avoid hyperlinking of suicidal contents in social media that lead to video, pictures or audio footage or online links to the method or location/site of a suicide.

### 2]. Moderate inappropriate comments on website forums.

- i]. Managers and owners of various platforms [including bloggers, social media influencers] should put in place measures or mechanisms to ensure that comments in response to suicide reports do not promote or encourage suicide. Mechanisms should include moderating or delaying comment display on the platform or delete comment [Further measures of moderation could include deleting unsavoury comments, disable comments, inviting social media influencers to make good comments to set the agenda, delay comments].
- ii]. Ensure that users accessing the platform/page are provided with suicide literacy and what constitutes appropriate material worth sharing.
- iii]. Moderators of website forums should provide evidence-based feedback to reader concerns, questions, and comments.
- iv]. Be familiar with and follow directives of the Data Protection Act, 2012 [Act 843].

### 3]. Social media platforms should include features for managing suicidal content and preventing suicides.

- i]. Provide for a reporting mechanism [e.g., a clickable button] for users to report if they are concerned about a person who is vulnerable and/or at risk of suicide based on the information presented on their social media accounts.
- ii]. Conduct regular workshops for owners and managers of social media websites, organisations, content managers, creators of social media content etc. on implementing the guidelines for suicide reporting in the media.
- iii]. Provide a reliable helpline/contact which directs people to an expert [e.g., consider including the Ghana Mental Health Psychosocial support toll-free helpline, 0800678678, or email the Association for Suicide Prevention Ghana through, [suicideprevention.ghana@gmail.com](mailto:suicideprevention.ghana@gmail.com), or verified suicide resources (Online) such as <https://www.iasp.info/suicidalthoughts/>; [https://www.who.int/health-topics/suicide#tab=tab\\_1](https://www.who.int/health-topics/suicide#tab=tab_1)].

### 4]. Livestream programmes on social media should be moderated.

- i]. All live programmes on mental health should include a licensed mental health professional.
- ii]. Owners of websites/pages should moderate comments on livestream programmes e.g. promptly correct misconceptions and comments that are insensitive.
- iii]. Viewers on livestream who refuse to abide by the moderator's rules of conduct during programmes should be removed.
- iv]. There should be disclaimers and rules before the start of livestream programmes or content.
- v]. The moderator of live stream content should use every negative comment as pointers for suicide literacy and further education.

**SELF-CARE AND ORGANISATIONAL SUPPORT FOR MEDIA PROFESSIONALS**

<b>INDIVIDUAL SELF-CARE</b>	
<b>1].</b>	Prioritise the self: Learn to delegate responsibility when necessary and avoid burnout.
<b>2].</b>	Maintain work-life balance: <ul style="list-style-type: none"> <li>i]. Find ways to de-stress on busy days. This could involve listening to music, or podcasts, reading novels or even watching movies.</li> <li>ii]. Obtain sufficient sleep, both in terms of quality and quantity, aiming for six to eight hours of uninterrupted rest.</li> <li>iii]. Spending time with family and friends - cultivate relationships with family and friends, as these can also offer emotional support.</li> <li>iv]. Learn to take breaks: be intentional about taking breaks from work. This is important. In addition to short breaks, consider longer breaks like taking annual leaves.</li> <li>v]. Engage in physical exercise, recreational/creative and mindfulness activities regularly (exercising helps to relieve stress and anxiety through the release of endorphins).</li> </ul>
<b>3].</b>	Healthy lifestyle: <ul style="list-style-type: none"> <li>i]. Eating balanced diet: include fruits and vegetables in meal plans and make efforts to eat three healthy meals per day to give the body the energy it needs to function.</li> <li>ii]. Restrict/avoid the use of psychoactive drugs and substances.</li> <li>iii]. Staying hydrated: drink water to help dehydration and give the body the fluids it requires.</li> </ul>
<b>4].</b>	Seek professional mental health care/therapy: when dealing with factors that could negatively impact mental health, it is recommended that media professionals consider speaking with trained mental health professionals for prevention and care.

<b>ORGANISATIONAL SUPPORT</b>	
<b>1].</b>	Incorporate mental health Employee Assisted Programmes (EAP) into organisations: <ul style="list-style-type: none"> <li>i]. Create atmospheres that utilise positive language that is supportive of individuals with mental health conditions.</li> <li>ii]. Integrate regular trainings within work periods to teach about mental health hygiene.</li> <li>iii]. Employ in-house or periodically engaging with mental health professionals.</li> <li>iv]. Include mental health services in the company's health insurance cover, and</li> <li>v]. Support those suspected to have mental health challenges to seek help.</li> </ul>
<b>2].</b>	Media organisations can also ensure support measures in the form of <ul style="list-style-type: none"> <li>i]. Staff mentorship.</li> <li>ii]. Ensuring briefing/debriefing when reporting on suicide deaths.</li> <li>iii]. Maintaining regular contact during the period of story development.</li> <li>iv]. Providing support around leadership and development.</li> <li>v]. Offering emotional support and encouraging professional help seeking.</li> <li>vi]. Training on psychological first aid to facilitate peer support and self-care.</li> </ul>



**Declaration:** The project that led to the development of this media resource received funding by the World Health Organization (WHO, Ghana Country Office). WHO 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 the Project Research Team, Key Stakeholders, Groups, and Collaborators in Ghana and not necessarily those of WHO.



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