Mental Health Reporting: A Toolkit for Media Professionals in Nigeria

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About

Mental Health KAFE

Mental Health KAFE (MHKAFE) is a non-profit organisation dedicated to championing change in the mental health narrative and landscape in Africa through catalytic collaborations. As an organisation, we envision a continent dedicated and equipped to nurture the mental health of all persons now and in the future. The organisation aims to unite efforts to promote mental health in Africa by creating sustainable multi-sectoral partnerships and employing multi-level strategies that result in community engagement, capacity building, and systems strengthening. The work of MHKAFE hinges on the four following pillars chosen to reflect the contextual and cultural factors in Africa: knowledge, acceptance, faith, and empowerment.

CJID

The Centre for Journalism Innovation and Development (CJID), is a West African media innovation and development think (and do) tank. Founded in 2014 as a non-governmental organisation in Nigeria, the Centre has been a leader in investigative journalism, civic technology, open data, verification, the promotion of journalist welfare and safety, elections and the freedom of information and expression. Over the last couple of years, the Centre has expanded its footprints beyond Nigeria to Ghana, Sierra Leone, Liberia and The Gambia. CJID is the NGO and think-tank arm of Premium Times, founded in 2011.

APN

Association of Psychiatrists in Nigeria (APN) is an umbrella body of Nigerian Psychiatrists within and outside Nigeria. APN was established in 1969. The Association is committed to holistic care for persons with mental illness and the promotion of positive mental health. APN’s membership and reach include specialists and trainees in public and private spheres of clinical and academic activities.
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Mental health is an important issue in Nigeria, and journalists play a vital role in raising awareness and promoting understanding of mental health conditions. However, there are many challenges to reporting on mental health in Nigeria, including the stigma associated with mental illness, the lack of accurate information about mental health, and the lack of training for journalists on how to report on mental health issues.

This toolkit is designed to help journalists report on mental health in Nigeria in a responsible and accurate way. It provides information on the different types of mental health conditions, the signs and symptoms of mental illness, the treatment options for mental health conditions, and the stigma associated with mental illness. The handbook also provides tips on how to interview people with mental health conditions, how to write about mental health issues, and how to avoid perpetuating stigma.

It is estimated that one in four Nigerians will experience a mental health condition at some point in their lives. Yet, mental health conditions are often stigmatized in Nigeria, and many people with mental health conditions do not seek treatment. This can lead to serious consequences, including social isolation, unemployment, and even suicide.

At CJID, our mission is to strengthen West Africa’s journalism sector to promote democratic accountability in the service of inclusive and sustainable development. We believe that journalists can play a vital role in raising awareness of mental health conditions and promoting understanding of mental health. By reporting on mental health issues in a responsible and accurate way, journalists can help to reduce stigma and encourage people with mental health conditions to seek treatment. This will in turn impact public health outcomes, as a crucial element of sustainable development.

This toolkit provides a number of tips for journalists who are reporting on mental health. Here are some of these life-saving tips:

- Do your research. Before you start reporting on mental health, it is important to do your research and learn as much as you can about mental health conditions. This will help you to report on mental health issues in a way that is accurate and informative.
- Be respectful. When you are reporting on mental health, it is important to be respectful
of the people you are interviewing. This means avoiding language that is stigmatizing or offensive.

- **Use accurate language.** When you are reporting on mental health, it is important to use accurate language. This means avoiding terms that are outdated or inaccurate.

- **Get help from experts.** If you are not sure how to report on mental health, you can get help from experts. There are a number of organizations, such as the Mental Health KAFE and the Association of Psychiatrists in Nigeria, that can provide journalists with training and resources on how to report on mental health.

Reporting on mental health is an important task, and this handbook provides journalists with the information and tools they need to report on mental health in Nigeria in a responsible and accurate way. By following the tips in this toolkit, journalists can help to reduce stigma and encourage people with mental health conditions to seek treatment.

I would like to thank Deborah Adenikinju, the team at Mental Health KAFE, the Association of Psychiatrists in Nigeria, and the Health team at CJID for their leadership and support in the development of this handbook.

Thank you for reading this toolkit. We hope that you find it helpful.

**Dr Tobi Oluwatola**  
Executive Director, CJID
Foreword

Mental Health, being a state of well-being where an individual is able to realize his/her potential, cope with normal stresses of life, work productively and fruitfully and able to contribute to his/her community, is a dynamic state and never static. Like a pendulum, oscillating in its state of rest, can be acted upon by any external force, so also can the state of mental health equilibrium that each person operates can be acted upon by many factors (operating from within and without). The Mental Health of an individual is an interplay between the neuronal milieu and the environmental milieu. Anyone can experience mental health condition based on the outcome of these exchanges. Hence, we are all said to be at risk of developing any mental health condition. Hence, caution is necessary in our choice of words when addressing those with Mental Health Condition.

In reporting issues relating to mental health and mental health conditions, media practitioners needed to be well-equipped with adequate, relevant information. Therefore, responsible, empathetic and universally acceptable reportage are expected in any good clime. Use of stigmatizing, discriminatory and condescending words or phrases are not encouraged and should therefore be avoided. Such words or phrases are known to affect people with mental health condition and their carers. Hence, many are hidden, taken far away from people’s glare and are kept at obscure locations with traditional healers until it is rather late. Late presentation are often fraught with poor outcome. The way some mental health conditions (like suicide) are reported have also been documented to increase the incidence of suicide and attempted suicide especially amongst the young and vulnerable e.g. in Copycat suicide.

This informed the enthusiasm with which the Association of Psychiatrists in Nigeria (APN) welcomed the initiative of Mental Health KAFE to develop a toolkit for media practitioners in understanding and responsibly reporting mental health and mental health conditions. The Association worked closely with Mental Health KAFE (MHKAFE) and the Centre for Journalism Innovation & Development (CJID) in developing this well-researched and excellently written tool-kit for Media Practitioners in Nigeria. The process of arriving at the final output was rigorous and engaging. Many mental Health professionals were engaged in developing the questionnaire and reviewing the outcome of the initial survey. What you have can be described as well-refined product which would stand the test of time.

With a goal of expanding the knowledge base and capacity of media practitioners for the effective, responsible and ethical reporting of mental health in Nigeria to the objectives of increasing media engagement on mental health topics in Nigeria and increasing community-level mental health awareness and stigma reduction, the stage was set for a new dawn in mental health reportage.
The toolkit addresses myths and facts about mental illness; engages readers to understand that “word matters” in reporting; and ‘positionality’ and ethical considerations before writing, editing and publishing any report. There were also special considerations like reportage on suicide, women, girls and minors. A separate section is dedicated to the Self-care of Media Professionals.

To crown it all, provided in the toolkit are contacts of Mental Health Professional Bodies in Nigeria. The list included contacts at the Federal Ministry of Health and various associations of mental health professionals for easy access by the media practitioners. Oftentimes, one does not know who to reach out to for assistance on some news items, interviews and special focus. Some local, regional and global educational resource materials are also provided for easy referencing.

I hereby commend the Mental Health KAFE (MHKAKE) led by Deborah Adenikinju, the Center for Journalism, Innovation and Development (CJID) and Association of Psychiatrists in Nigeria (APN) for this collaborative work. This couldn’t have come at a better time.

I have no doubt that this toolkit would serve as an excellent addition to the mental health care awareness and advocacy space and will fill the lacuna existing in the mental health reporting.

Taiwo James OBINDO M.B.Ch.B.(Ife); FWACP (Psychiatry)
Professor of Psychiatry and Honorary Consultant Psychiatrists
President, Association of Psychiatrists in Nigeria (APN)
Dear Reader,

Welcome to this transformative journey of empowering media professionals in Nigeria with the essential skills and knowledge they need to report on mental health topics with accuracy, sensitivity, and compassion. As the founder of Mental Health KAFE, I am deeply honoured to introduce this ground-breaking toolkit, developed in collaboration with the Centre for Journalism Innovation and Development (CJID) and the Association of Psychiatrists in Nigeria (APN).

In a society where stigma and misconceptions still shroud mental health, the need for accurate and compassionate reporting has never been more critical. The media has a profound impact on shaping public perceptions, and through this toolkit, we aim to drive positive change in how mental health is portrayed and understood across Nigeria. This toolkit is a culmination of the collective efforts of passionate mental health professionals and esteemed media professionals, who recognise the vital role of the media in influencing attitudes toward mental health. With the expert guidance of CJID and the APN, we have meticulously curated this resource to provide media professionals with the necessary tools to bridge the gap between mental health reporting, public understanding, and acceptance.

The impact of this toolkit on the media and mental health landscape in Nigeria cannot be underestimated. As media professionals across the nation equip themselves with the knowledge within these pages, we envision a seismic shift in the narrative surrounding mental health in our nation. Gone will be the days of sensationalism and misinformation; instead, we will usher in a new era of accuracy, acceptance, and respect for individuals with mental health conditions. Through compelling storytelling, well-researched facts, and compassionate reporting, this toolkit will enable the media to be agents of positive change. By shedding light on the lived experiences of those with mental health conditions and sharing stories of resilience and recovery, we can reshape public attitudes, dismantle stigma, and foster a culture of understanding and support.

To the media professionals in Nigeria, I encourage you to embrace this toolkit with open hearts and minds. Your dedication to ethical reporting and accurate portrayal of mental health matters is more important than you might ordinarily think it is. I hope that this toolkit inspires you to tell stories that will make a difference in the lives of all Nigerians. As we embark on this shared mission, let us remember that every word written has the potential to change a life. Together, we will build a nation where mental health is a priority and no one suffers in shame or silence. Let’s make a difference, one story at a time.

With hope and gratitude,
Deborah Adeninkinju
Founder, Mental Health KAFE
Executive Summary

Mental disorders have been on the rise globally, with an estimated 970 million people worldwide living with one form of mental disorder or the other, making it a leading cause of disability worldwide. Nigeria is no exception to this concerning trend, as the evolving political, economic, environmental, and sociocultural determinants continue to contribute to the burden of the disability in the country. The complex interplay of these determinants necessitates a comprehensive approach to addressing the growing mental health crisis in the country. Notably, the sociocultural determinants in Nigeria play a crucial role in shaping mental health outcomes. Misconceptions and disinformation surrounding mental health in the country has led to widespread stigma, discrimination, delayed treatment seeking, and underutilisation of mental health services. Given the current mental health landscape in Nigeria, it is essential to recognise the immense potential of utilising the media to shape public perceptions and attitudes toward mental health. Media professionals can be powerful allies in addressing stigma and promoting mental health awareness through their role as trusted communicators and bridges between expert knowledge and the general population.

To address this need, Mental Health KAFE partnered with the Centre for Journalism Innovation and Development (CJID) and the Association of Psychiatrists in Nigeria to create a mental health reporting toolkit for media professionals in Nigeria. The goal is to reduce stigma and increase awareness by building the capacity of media professionals for effective, responsible, and ethical mental health reporting in Nigeria. The toolkit was informed by a comprehensive literature search and a survey anonymously completed by dozens of media professionals across the country. The survey provided valuable insight into the current state of mental health reporting in Nigeria and informed the selection of topics included in the toolkit to address the current gaps. Local leaders in the media and mental health field provided their expert reviews to ensure the toolkit’s effectiveness and practicality in advancing mental health reporting in Nigeria.

This toolkit offers a wide range of tools to enhance mental health reporting. It equips media professionals with resources that delve into the ethical considerations associated with mental health reporting, best practices for reporting on sensitive mental health topics, strategies for working with vulnerable populations, and recommendations for self-care. To further support media professionals, additional resources are included to allow readers build on their knowledge of the topics and facilitate connections with mental health experts in Nigeria.
Introduction

Mental health conditions are highly prevalent in Nigeria, yet mental health remains an overlooked issue in the country. Given the current political and socioeconomic climate in the country, Nigerians are at a high risk of mental health disorders. Unfortunately, Nigeria’s mental health system is disjointed, underfunded, and ill-equipped to handle the mental health needs of its citizens. An estimated 80% of individuals with severe mental health disorders in Nigeria have no access to care, and of the 20% who receive treatment, only 10% get adequate support. Factors contributing to the treatment gap include a shortage of trained mental health professionals (300 psychiatrists and a ratio of 0.15 psychiatrists per 100,000 people), infrastructure (only eight mental health hospitals), and mental health financing (0.041% of total government health expenditure).

Given the dearth of mental health resources and the rising prevalence of mental health disorders, it is imperative that a comprehensive approach is prioritised to achieve mental health promotion in Nigeria. A strong focus should be placed on encouraging awareness and increasing mental health education. The limited understanding of mental health issues, coupled with cultural beliefs, have led to various myths about the aetiology of mental disorders, including witchcraft, possession by spirits, and punishment for sins. Misconceptions and stigmatisation impede help-seeking behaviour and utilisation of mental health services, thereby further exacerbating the mental health burden in the country. Increased awareness and education can positively impact mental health outcomes at both the individual and population levels. The media possesses considerable influence in shaping public understanding and perceptions.

The most influential media outlets are those that recognise their reach and impact, as well as the role of strategic messaging and communication on social outcomes. Combating stigma and enabling mental health promotion in Nigeria underscores the role of the media in mitigating the harmful effects of misinformation. Given the proliferation of infodemics globally and locally, media professionals in Nigeria can play a pivotal role in breaking down misconceptions, increasing mental health awareness, destigmatising mental health disorders, and ultimately leading to improved mental outcomes in the country. By prioritising responsible reporting on mental health topics, media professionals in Nigeria can encourage open dialogue, educate the public on mental health, heighten empathy, and advocate for change.

Goal: To reduce stigma and increase awareness by building the capacity of media professionals for effective, responsible, and ethical mental health reporting in Nigeria.

Objectives
1. To equip media professionals with knowledge and skills for accurate and balanced reporting on mental health topics in Nigeria.
2. To educate media professionals on mental health and the mental health landscape in Nigeria.
3. To enhance and prioritise reporting on the mental health experiences of vulnerable populations in Nigeria.
4. To support the mental well-being of media professionals in Nigeria.
Literature Review

Country Profile

Nigeria, popularly known as the "Giant of Africa", is the most populous country in Africa, having approximately 213.4 million people. The nation is brimming with a youthful demography, with more than 40% of the population under the age of 14. The population is spread across 36 states and the Federal Capital Territory, Abuja. Nigeria is home to a large ethnic diversity, comprising over 200 ethnic groups and more than 300 spoken languages. The largest ethnic groups include the Igbo, Yoruba, and Hausa people. The ethnic and linguistic diversity of the country is accompanied by a range of practised religions, which include Islam, Christianity, and indigenous religious traditions.

Nigeria is a multi-party democracy based on English common law, in which the President is both the head of the state, as well as leader of the federal government. The country’s judicial branch recognises three distinct systems of law: the common law, customary law, and Sharia law. The nation has the largest economy in Africa, driven to a great extent by crude oil exports. Despite the country’s resources, the political, economic and socio-cultural climate in Nigeria can be treacherous to navigate and often results in adverse outcomes. The country has the second lowest life expectancy in West Africa. More than half of its population live below the poverty line and the number is expected to grow by 13 million people by 2035. In Nigeria, rural areas, in comparison to the urban centres that are characterised by modern infrastructure and economic opportunities, experience higher poverty rates and limited access to services like education and healthcare.

The government is responsible for the health care and well-being of citizens and residents, by ensuring access to and availability of essential commodities. The healthcare system in Nigeria consists of public and private institutions, which are faced with persistent challenges pertaining to sustainable financing, poor infrastructure for critical services, and a shortage of specialised practitioners for prevalent and underreported conditions like cancer and mental health issues. A crucial aspect of a nation’s health is often defined by the wellbeing of its women and
The Media Landscape in Nigeria

The media landscape in Nigeria has undergone significant transformations in recent years, driven by technological advancements, regulatory frameworks, and societal shifts. This section provides an in-depth analysis of the Nigerian media landscape, exploring its historical background, major players, regulatory mechanisms, challenges, and the impact of digital media. Additionally, it discusses the role of journalism, social media, and the prospects for the future. Through this examination, a nuanced understanding of the complexities and dynamics of the Nigerian media landscape will be achieved.

The Nigerian media has a rich historical background that dates back to the pre-independence era. Traditional media forms such as storytelling, oral communication, and town criers played significant roles in disseminating information in the past. With the advent of colonial rule, the emergence of the newspaper served as a major platform for political and social mobilisation. Post-independence Nigeria witnessed a surge in the number of media outlets that were established, including newspapers, radio and television stations. The government played a dominant role in the media, leading to limited freedom of expression. However, the media landscape gradually diversified with the liberalisation of broadcasting and the emergence of privately-owned media houses in the 1990s.

Scope: The Nigerian media landscape encompasses a variety of media types, including print, broadcast, and digital platforms.
Print: Once a go-to source of news, the print media have waned in popularity in recent decades (in line with global trends), however surveys show that roughly a third of those polled still access news weekly via print sources. Prominent print publications in Nigeria include *ThisDay*, *The Guardian*, and *Vanguard*.

Broadcast
TV: In the broadcast sector, television has a wide reach, particularly in urban areas. The number of households with television services have increased within the last decade, to an estimated five million households today (ref). The leading television stations in the country include the *Nigerian Television Authority* (NTA) and *Channels TV*, *Arise Television*, Africa Independent Television (*AIT*), *Silverbird TV*, *CNN* and *BBC*.

Radio: The expansive influence of radio is marked by the existence of at least one government-owned and private radio station in each of Nigeria's 36 states, with the *Federal Radio Corporation of Nigeria* (FRCN) operating a network of radio stations across the country. Radio may be considered the country’s largest means of information dissemination, as it remains readily accessible (despite economics or geography), in comparison to other means of communication. Roughly 77% of Nigerians listen to the radio for news at least weekly. Private radio stations like *Cool FM* and *Wazobia FM* are among the most popular stations in the country.

Digital: According to Data Reportal, the internet penetration in Nigeria is over 55%, and there are approximately 122 million internet users. With rising revenue options online, it became important for print media to begin republishing some of their stories online. Some newspapers have even shifted completely to online modes of delivery. Gone are the days when print newspapers were deemed the only true reliable sources of information. Today reputable news media professionals utilise both print and online media to inform the public. Noteworthy and trusted bastions of online media include *Premium Times*, *SaharaReporters*, and *The Cable*.

Traditional Modes of Communication:
Despite the decrease in their use, traditional forms of communication still hold deep cultural relevance for a diverse group of Nigerians. It is particularly important for media professionals to consider how to maintain the integration of these communication forms in order to expand the reach of messaging to broader audiences. Various traditional forms of communication include the Town Crier (also known as Onye Ogene, Mai Shela, or ghohun-gbohun across different groups), the Open Market, and the talking drum.

Regulatory Framework: The media industry in Nigeria is regulated by various government bodies. The *Nigerian Broadcasting Corporation* (NBC) oversees the broadcast sector, ensuring compliance with broadcasting standards, approving licensing, and content regulations. The *Nigerian Press Council* (NPC) is responsible for regulating print media and promoting ethical practices of journalism. However, concerns have been raised about the independence and transparency of these regulatory bodies.

Challenges and Limitations: Media professionals in Nigeria face numerous challenges and limitations in the pursuit of their work. Censorship, intimidation, and harassment are persistent issues, with cases of journalists being arrested or attacked for their critical reporting. Legal restrictions, such as the *Cybercrime Act* and the *Terrorism Prevention Act*, have also been used to suppress media freedom. Cumulatively, from 2010 to 2023, a
total of 466 attacks on media professionals have been recorded, according to the press attack tracker. Additionally, the lack of adequate training and infrastructure hinders the quality of journalism. Low salaries, delayed payments, and precarious working conditions further undermine the profession. These challenges contribute to self-censorship and a reduction in investigative journalism.

Role of Journalism and Impactful Media Campaigns: Despite the challenges, Nigerian media professionals have played a crucial role in shaping public opinion and holding power to account. Investigative journalism has uncovered corruption scandals, leading to public outcry and policy changes. Notable media campaigns, such as the “Bring Back Our Girls” movement, have raised awareness of social issues and prompted government action. The rise of social media platforms has revolutionised the media landscape in Nigeria. Twitter, in particular, has become a powerful tool for citizen journalism, activism, and public discourse. Hashtags (e.g. #EndSARS) have facilitated conversations on social issues, providing a platform for marginalised voices. However, the government’s attempts to regulate social media usage have raised concerns about freedom of expression.

Media Literacy and Consumption Patterns: Media literacy levels in Nigeria vary, with urban areas displaying higher digital literacy rates. Many Nigerians rely on a mix of traditional and digital media sources for news consumption. However, misinformation and fake news remain pervasive challenges, requiring efforts to enhance media literacy and critical thinking skills among the population. The Nigerian media landscape is a dynamic and evolving space shaped by historical, political, and technological factors. While there are significant challenges and limitations, the media continues to play a crucial role in informing and engaging the Nigerian populace. By addressing the existing challenges and promoting media freedom, Nigeria can nurture a more vibrant and inclusive media landscape in the future.

The Mental Health Landscape

1 in 6
Nigerian youth aged 15-24 reported feeling depressed or anxious

Prevalence: On the global level, the World Health Organisation (WHO) states that at least one in eight people are living with a mental disorder and one in five children and adolescents suffer from mental illness. While the exact prevalence of mental illness in Nigeria is unknown due to challenges in data collection, it is recognised that factors
exist within the country that make individuals more susceptible to mental health conditions. These include, but are not limited to, socioeconomic challenges, cultural influences, disease comorbidities, limited access to timely and quality mental health services, and exposure to trauma and violence. Among the various mental health conditions, depressive disorders are reported as the most prevalent in Nigeria, followed by anxiety disorders, which have higher rates among Nigerian women and youth. Suicide is a significant concern, as it represents a tragic outcome resulting from untreated or inadequately addressed mental health conditions. In Nigeria, the suicide rate stands at 6.87 per 100,000 people. (Mental Health Atlas, 2020).

**Burden and Barriers:** Mental health disorders have a profound impact on individuals and the Nigerian society as a whole. Poor mental health can negatively impact personal relationships, work productivity, educational attainment, overall quality of life, and in some cases it can lead to the devastating loss of life through suicide or drug overdose. As referenced earlier, a variety of factors can place Nigerians at a higher risk of experiencing mental health problems, such as socioeconomic status, cultural influences, mental health stigma, exposure to trauma and violence, available mental health care, and mental health laws and policies.

**Socioeconomic Status:** Individuals with low incomes are 1.5 to 3 times more likely to experience depression or anxiety than those with high incomes. This is important to consider in Nigeria where 40.1% of the population live in extreme poverty. Hardships associated with poverty can adversely impact a person’s quality of life and mental health. On the resource level, individuals living in poverty may have difficulty affording proper mental healthcare services, which can then lead to worsening symptoms. In addition to this, dealing with stress that comes with financial instability, food insecurity, inadequate housing conditions, and educational attainment challenges that limit employment opportunities, their knowledge of the mental health resources available to them, can contribute to feelings of hopelessness.

**Cultural Influences and Mental Health Stigma:** Cultural norms play a large role in shaping attitudes and beliefs, with perspectives on mental health being no exception. Findings from a survey conducted by EpiAFRIC and the Africa Polling Institute on mental health in Nigeria revealed that there were some misconceptions regarding what mental illness is. While many study participants classified it as a "sickness of the mind" (60%), others thought it was "possession by evil spirits" (54%) or a "result of God’s punishment" (23%). With religion being a key part of the lives of many Nigerians, this is understandable. It may lead to religion being used to explain the source of mental illness, but with negative connotations, such as evil spirits and punishment. The stigma that then becomes associated with mental illness may hinder individuals from seeking help or disclosing their struggles. It can also impact the type of treatment they are recommended or which they receive. For instance, when participants were asked what they should do when they learn about someone’s mental illness, a majority said they will quickly take the person to the hospital (65%), but some said they would take the person to a prayer house for deliverance (18%), while others will take the person to a traditional medicine healer (8%), lock the person up (4%), and beat the disease out of the person (2%). Without understanding the true cause of mental illness, the actions taken or not taken can endanger the lives of individuals already at high risk.
This lack of genuine understanding of mental health issues is also evident in Nigeria’s existing anti-suicide law. Section 327 of the Criminal Code Act states that anyone who attempts suicide is liable to one year in jail. Labelling suicidality as a criminal offence, rather than a mental health issue, is dangerous, considering that many individuals facing such thoughts are motivated by poor health, poverty and family problems, poor coping capabilities, and challenges with resilience.

**Exposure to Trauma and Violence:** In Nigeria, unfolding events have profound and traumatic impacts on the people. These events include, but are not limited to, the violence and fear spread by Boko Haram, the ongoing challenges posed by the COVID-19 pandemic, and the contentious opposition to a life-changing presidential election results. The extremist Islamist group based in north-eastern Nigeria, Boko Haram, has plagued Nigeria for fourteen long years. Targeting schools and civilians, the group has been responsible for extreme violence, including bombings, kidnappings, and mass abductions. As a consequence, the nation has witnessed the tragic loss of lives, displacement of communities, and rise in religious conflicts, all in addition to the aforementioned vices. Living through these puts many Nigerians at risk of post-traumatic stress disorder (PTSD), anxiety, depression, and other mental health disorders, as can be found in several conflict-affected areas where one in five people have some form of mental health conditions.

Widespread fear and anxiety, along with the isolating conditions arising from the COVID-19 pandemic, brought about considerable mental distress among Nigerians. With so many questions about the virus and its potential effects, people were naturally distraught about the news of the pandemic and many were highly affected following the loss of their loved ones. In addition to this, the social distancing and lockdown measures caused problems for numerous people, who depended on churches, schools, workplaces and clubs for their social support. The trauma people experienced during the pandemic does not simply disappear with decreasing COVID cases, so it is something that still needs to be addressed in discussions on mental health.

**Available Mental Healthcare:** Due to a limited number of mental health professionals, institutions, and low funding for mental health issues, there is a challenge for people who want care to access it. According to the Nigerian Medical Association (NMA), there are only 350 psychiatrists serving 200 million people in Nigeria, which places a heavy burden on these professionals to meet the demand for mental health care. Lack of funding also results in this treatment gap, with only 3.3% of Nigeria’s health budget going to specialist neuropsychiatric facilities. Also, the majority of Nigerians have to pay out of pocket for their health services, creating another challenge in receiving help for their mental health issues.

**Mental Health Policies and Legislation:**

These have taken on several forms in Nigeria over the past century, beginning in 1916 with the introduction of the Lunacy Ordinance. After the revised version of the Lunacy Ordinance was passed in 1958 (renamed The Lunacy Act), few advancements in mental health policy were made until after the turn of the new millennium. In 2003, the National Assembly of Nigeria introduced a mental health bill to address the shortcomings of the previous law, however the bill was withdrawn in 2009 due to little support for it. The bill was reintroduced in 2013 but once again, received scant support. In 2019, The Discrimination against Persons with Disabilities (Prohibition) Act was signed into law and in 2023.
the National Mental Health Act, 2021 (Mental Health Bill 2021) was similarly signed into law, which was a major accomplishment and step towards mental health promotion in Nigeria. In addition to local policies and legislation, Nigeria signed and ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Optional Protocol in 2007 and 2010 respectively.

Advancements: While there are many obstacles contributing to the mental health crises in Nigeria, there has been notable progress made in addressing this situation, such as through private-sector initiatives to destigmatise mental health issues and improve mental health outcomes in Nigeria and West-Africa in general. Furthermore, the COVID-19 pandemic led to advancements in telemedicine, from a time when that was the safest option. With the utilisation of phone calls in place of some in-person visits, healthcare professionals were able to assist their patients without them needing to travel to hospitals and clinics. By implementing this beyond the pandemic, the benefits of telemedicine can assist those actively looking for help for mental health problems through increased access to care, reduction in cost, and improved delivery of care. Nigerians are also making sure their voices are heard on issues that matter to them but which may not be reflected in laws. For instance, through a petition to decriminalise attempted suicide, with over 3,500 signatures.

Mental Health Bill: The passing of the National Mental Health Act by the National Assembly in late 2022, followed by the assent to it by President Muhammadu Buhari in January 2023, is a promising step forward in addressing the inequities relating to the provision of mental health services and the availability of such services to the public. This landmark law replaces the outdated Lunacy Act of 1958 and holds the potential to enhance support for individuals with mental illness through its aims to diminish stigma, enhance awareness of mental health, and elevate the quality of mental health services.
CORE ELEMENTS OF THE NATIONAL MENTAL HEALTH ACT

1. Provide direction for a coherent, rational and unified response to the delivery of mental health services in Nigeria.

2. Promote and protect the fundamental human rights and freedom of all persons with mental health conditions and ensure that the rights are guaranteed.

3. Ensure a better quality of life through access to integrated, well-planned, effectively organised and efficiently delivered mental health care services in Nigeria.

4. Promote the implementation of approved national minimum standards for mental health services in Nigeria.

5. Promote recovery from mental health conditions and enhance rehabilitation and integration of persons with mental health conditions into the community.

6. Facilitate the adoption of a community-based approach to the provision of mental health care services; and

7. Facilitate the coordination of mental health services delivery in Nigeria.

**Department of Mental Health Services:**

The Department of Mental Health Services will be developed within the Federal Ministry of Health that will be responsible for ensuring the effective implementation of the Act. It will also work with the Mental Health Assessment Committee to ensure quality services, protection of rights, and the address of legal issues.

**Mental Health Fund:**

A Mental Health Fund will be established to provide financial resources for the Act’s implementation, demonstrating the government’s commitment to prioritising mental health services. Adequate resources are essential for successful initiatives and accountability.

**Human Rights Provisions:**

The Act promotes and protects the human rights of persons with mental health conditions, addressing stigma, discrimination, and abuses. This safeguards the rights of the individual to access social services, voluntary admission, and treatment, while criminalising the violations of these rights through a one-year imprisonment or N500,000 fine.
Mental Health Reporting in Nigeria

This can be defined as reporting on mental health-related topics such as policies, research endeavours, or the situations of individuals with mental health disorders, within the context of Nigeria’s cultural and social dynamics. There is need for more caution when reporting on such topics, when compared to physical health problems, due to the necessity of avoiding stigmatisation and re-traumatisation. A reporter can promote stigma and negative stereotypes through the language used and questions asked interviewees – whether consciously or as refracted through biases – thereby encouraging a climate that considers those with mental health disorders as some sort of social anomaly with less than or low priority issues. Such language use can portray those with mental health disorders as dangerous, while sensationalising stories such that rare cases then seem common to readers and viewers, in addition to distributing stories that lack empathy, and consequently discouraging people with mental health disorders from sharing their experiences with reporters. Furthermore, stigma may lead some reporters to describe certain topics as taboo, hence missing out on the opportunity to spread awareness on mental health topics and the chance to influence policymakers to prioritise mental health issues in public policy and funding decisions. These factors can all lead people suffering from mental health conditions to keep their problems to themselves and risk having their issues worsening, without proper assistance and support.

Although there is growing recognition of mental health as a critical public health issue and efforts by some media outlets to destigmatise mental health disorders, limitations persist, such as insufficient training for journalists on mental health reporting, the lack of standardised guidelines, and varying levels of commitment from media organisations to prioritise mental health topics. To standardise guidelines, a reference resource with international best practices and advice for mental health reporting needs to be provided to reporters in Nigeria. Currently, organisations such as the Global Protection Cluster, the Carter Center, and WHO have resources available on mental health reporting, but none of these has been adapted to reflect the contextual situations and factors in Nigeria. For instance, these resources provide reporting advice on specific topics like suicide, without including advice on reporting on other mental health topics and considerations that need to be made when looking at the cultural landscape and existing mental health resources in Nigeria. Some of these tools also fail to take into account the toll that mental health reporting may take on media professionals who are researching and sharing the information. While reasons for the foregoing gaps could be ascribed to the fact of these resources not being specifically designed for a location like Nigeria, it thus creates the need for a comprehensive toolkit that addresses these gaps and meets the needs of Nigerian media professionals.
Survey

A comprehensive literature search informed the design of a 37-question survey to better understand the state of mental health reporting in Nigeria. The survey included questions on individual mental health awareness, perspectives on the role and capacity of the media in Nigeria (individual and organisational) for effective mental health reporting, barriers and facilitators, and the perceived relevance and acceptability of a mental health reporting toolkit and training. The survey was disseminated to media professionals in Nigeria through word of mouth and media professional networks. Results were collected over a 15-day period. A thematic analysis was applied to identify the key findings used to guide the development of the mental health reporting toolkit.

The survey was completed by 50 participants, representing 18 states in Nigeria. There was an equal divide between males (50%) and females (50%), with the majority of respondents being between the ages of 25 and 34 (61.4%). Most of respondents had either one to four years of experience (45.5%) or five to ten years of experience (40.9%) as media professionals. Respondents who participated in the survey included editors, news managers, reporters, research analysts, principal correspondents, and freelance journalists.

95% of respondents are not provided relevant training on mental health reporting.
The survey findings indicate a strong consensus among respondents regarding the importance of reporting on mental health and the media's role in raising awareness in Nigeria. However, despite this recognition, the data revealed significant dissatisfaction with the current state of mental health coverage in the media. An overwhelming majority (97.7%) of respondents do not think there is a satisfactory amount of mental health coverage in the media. Furthermore, 86.4% of respondents say there is not enough constructive coverage of mental health in the media. The lack of satisfactory and constructive coverage could be attributed to the barriers that media professionals face when reporting on mental health issues. The lack of awareness and knowledge about mental health resources among media professionals in Nigeria emerged as a prevalent issue among 88.6% of the respondents. The finding equally suggests a lack of relevant resources, contributing to low levels of awareness and knowledge about mental health and its importance, therefore potentially leading to limited coverage and attention in the media. This indicates a crucial need for the improved dissemination of information regarding available support services.

Is there the need for a toolkit? Data from the survey indicates that media professionals in Nigeria believe a mental health reporting toolkit will play a significant role in increasing engagement and building capacity for accurate and sensitive reporting of mental health issues in the country. The survey findings highlight the need for a toolkit that is practical, reinforces ethical and quality practices, and supports media professionals when reporting on mental health. Respondents provided insight into what topics they would want included in the mental health reporting toolkit. Examples of responses include how to manage trauma, stress management, and the ethics guiding mental health reporting.
Key Findings:

These provided valuable insights into perceptions, current practices, key challenges, and opportunities for improved (quantity and quality) mental health reporting in Nigeria. A thematic analysis of the survey generated the following key findings:

01

There is limited understanding of mental health and mental health disorders in Nigeria.

- “Madness.”
- “It’s not properly defined. Everyone thinks the next solution is to go to a prayer house.”
- “Running mad, expressing schizophrenic tendencies, being suicidal.”

02

The media can play a vital role in mental health promotion in Nigeria.

- “By ensuring in-depth reportage and widespread public awareness of mental health issues in the country.”
- “The situation right now is abysmal, journalists need to do better to bring mental health to the limelight.”
- “…There is indeed an urgent need for society to address these issues. And only the media can…”
03
There is a need for appropriate education and training of media professionals on mental health reporting in Nigeria.

“I simply think more awareness should be created and journalists should receive more training on mental health in Nigeria.”

“Provide the training and you will see improved reports on mental health.”

“...A media training on mental health will be very resourceful and serve as a wake up call on the media to beam its searchlight on mental health issues and make it a subject of importance...”

04
There is interest in reporting on mental health topics and gaining the necessary skills and knowledge for effective and ethical mental health reporting.

“...I really look forward to learning and being on the field reporting mental health issues and beyond.”

“Mental health is a serious issue, yet it’s not given the matching attention. We often trivialise and shove it off. It’s time to give it the needed attention.”

“I would wish we have medical experts among the facilitators who can provide insights on mental health from the medical perspective.”
Mental Health Reporting Toolkit

The previous sections detail the mental health and media landscapes in Nigeria and outline the need for effective and accurate reporting on mental health issues in the country. Given the mental health landscape in Nigeria and the power of the media to shape public perspectives and perceptions, it is critical that media professionals are adequately equipped to use their positions for the promotion of mental health issues in the country. The accurate and sensitive portrayal of mental health issues in Nigeria can help curb the misinformation that fuels prejudice, combat stigma and discrimination, and guide citizens to appropriate and effective resources. The following information and resources can be used by media professionals at different stages of the reporting process, towards crafting stories that will create positive impacts within communities in Nigeria.

This toolkit is designed to provide guidance and resources to journalists, healthcare professionals and other stakeholders, as a way of helping them report on mental health issues in a responsible and effective way, and to inform their reviews of mental health policies, including the bill. Through the provision of advice on ethical and sensitive reporting practices, this toolkit would guide reporters in presenting information on mental health topics in a way that is respectful to those it speaks about and those who relate to the issues at hand, towards reducing the burden of stigma and encouraging change. Since there is currently no widely available and comprehensive mental health reporting toolkit in Nigeria, the hope is that this toolkit can address the existing gap through the offering of best practices in mental health reporting and resources that promote the wellbeing of media professionals.

How to Use this Toolkit

(i) Getting acquainted with the toolkit/identifying key aspects for specific needs: Get acquainted with the toolkit by reviewing each of its modules and understanding the resources embedded in each section. To enhance strategic and effective communication and reporting on mental health in Nigeria, it is recommended to identify the key aspects of the toolkit that align with your specific needs. Pinpointing key toolkit aspects that meet your specific needs will likely improve how effectively and efficiently you utilise the content outlined.

(ii) Integrating the content into practice and workflow: Integrate the content within the toolkit into your practice and workflow. The toolkit contains various resources, including guidelines for reporting on mental health [example 2, 3, 4...n]. Use these resources to inform your reporting and ensure that you write on mental health issues accurately and responsibly.
(iii) **Consideration of socio-cultural factors:** While integrating the content within this toolkit into your work, it is vitally important to consider socio-cultural factors contributing to the complexity of mental health issues, as well as those concerning general community perceptions, which cannot be overemphasised.

(iv) **Resource identification:** Identify the resources your organisation has made available. If mental health specialists are included, it would be helpful to involve these experts in decision-making when reporting on mental health issues.

(v) **Prioritising safety and confidentiality:** Given the context in which media professionals find themselves working, it is important to prioritise safety and confidentiality. Implementing key concepts and competencies in this toolkit in your work should be done through the lens of safety and confidentiality.

(vi) **Respect for right and dignity:** For the media professionals and the community being reported on, respecting the rights and dignity of individuals with mental health conditions is important, as well as engaging with a "do no harm" mindset when reporting. Finally, this toolkit is meant to be the catalyst, not the final step, in the reporting process. Utilising this toolkit in conjunction with other resources is important to supplement and reinforce the strategies necessary for reporting on mental health. The toolkit will assist in the calibration of your reporting of mental health to contribute to the reduction of stigma and increase of mental health awareness.
Fair and Accurate Coverage Matters

“Is mental illness relevant to the story?” The inclusion of mental illness or substance use in a story should be based on verifiable information rooted in facts that are relevant to the context. Media professionals should avoid making generalisations about communities, and tailor their story to the unique aspects of all the parties involved. The additional benefit of tying the story to evidence-based, factual information also increases the awareness of the issue and challenges pre-existing myths and stereotypes. Establishing if mental illness is relevant to the story requires the fair inclusion of a diverse set of perspectives and experiences, which serves the purpose of ensuring that the story is an accurate representation of the mental disorders within the population.

“What is your source of the mental illness diagnosis?” Media professionals must consider the accuracy, reliability, and credibility of the information received and delivered when reporting on mental health. Particularly in sensitive cases, there is need for proper vetting of the source to ensure that they have the authority to share information about the person or community in focus. Being thorough when ensuring the validity of a source reduces the probability of misinformation, reinforces privacy and confidentiality, and provides a level of accountability typically in line with the ethical and moral principles that an organisation promotes. Where possible, seek the consultation of a mental health professional. It is crucial to rely on the diagnosis provided by a mental health professional, which should be based on comprehensive testing using psychiatric or psychological tools, rather than jumping to conclusions about a person’s mental health without a thorough evaluation.

What is the most accurate language to use? Stereotypes, misconceptions, and discrimination are perpetuated by offensive, derogatory, and inaccurate language. Culturally insensitive language can have a profound effect on reinforcing stigma within a community. Language has the ability to empower an audience, foster self-awareness, and encourage positive health/help-seeking behaviours.
## Myths Versus Facts

Fair and accurate coverage of mental health issues requires that media professionals do not feed into the myths about mental health conditions, as this can increase negative perceptions. Below are some common myths on the origins and treatments of mental health issues in Nigeria. This list is not exhaustive but can be used as a starting point in evaluating preconceptions specific to target populations or individuals with intersecting identities.

<table>
<thead>
<tr>
<th>Myths</th>
<th>Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Origin:</strong></td>
<td>Mental health conditions are typically a combination of several biological and environmental factors, rather than a single factor.</td>
</tr>
<tr>
<td>- Mental health conditions have a single cause.</td>
<td></td>
</tr>
<tr>
<td>- Mental health conditions have a spiritual cause.</td>
<td></td>
</tr>
<tr>
<td><strong>Duration:</strong></td>
<td>Mental health conditions can vary in duration and intensity, with some symptoms lasting for short durations and being effectively reduced through appropriate treatment and support.</td>
</tr>
<tr>
<td>- All mental health conditions are lifelong.</td>
<td></td>
</tr>
<tr>
<td>- Mental health conditions always get worse over time.</td>
<td></td>
</tr>
<tr>
<td><strong>Behaviour:</strong></td>
<td>Most individuals with mental health conditions are not violent and do not commit crimes, even if the opposite is also true. Equally, mental health conditions can affect motivation levels but do not reflect a person’s character.</td>
</tr>
<tr>
<td>- Individuals with mental health conditions are violent and criminal.</td>
<td></td>
</tr>
<tr>
<td>- People with mental health conditions are lazy and unmotivated.</td>
<td></td>
</tr>
<tr>
<td><strong>Transmission:</strong></td>
<td>Mental health conditions are not infectious diseases that can be transmitted through social interaction or physical proximity, so individuals should not be stigmatised or isolated on the basis of their conditions.</td>
</tr>
<tr>
<td>- Mental health conditions are contagious and individuals must be ostracised from their communities.</td>
<td></td>
</tr>
<tr>
<td><strong>Competency:</strong></td>
<td>While mental health conditions can pose additional challenges, individuals with these conditions can develop effective skills through therapy and coping strategies.</td>
</tr>
<tr>
<td>- Individuals with mental health conditions are not skilled and cannot contribute to society.</td>
<td></td>
</tr>
<tr>
<td>- People with mental health conditions lack problem-solving skills.</td>
<td></td>
</tr>
<tr>
<td><strong>Treatment:</strong></td>
<td>Most symptoms of mental health disorders can be effectively managed and improved through evidence-based approaches, such as therapy, medication, lifestyle changes, and support systems.</td>
</tr>
<tr>
<td>- Mental health conditions have no treatment.</td>
<td></td>
</tr>
<tr>
<td>- All mental health conditions can only be cured through spiritual means.</td>
<td></td>
</tr>
</tbody>
</table>
Words Matter

Fair and accurate coverage of mental health issues requires that media professionals do not feed into the myths about mental health conditions, as this can increase negative perceptions. Below are some common myths on the origins and treatments of mental health issues in Nigeria. This list is not exhaustive but can be used as a starting point in evaluating preconceptions specific to target populations or individuals with intersecting identities.

<table>
<thead>
<tr>
<th>Instead of This</th>
<th>Say This</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentally ill</td>
<td>&quot;A person with _____&quot; [a mental illness diagnosis].</td>
</tr>
<tr>
<td>Kolomental</td>
<td></td>
</tr>
<tr>
<td>Lunatic</td>
<td></td>
</tr>
<tr>
<td><strong>Ko gbadun</strong></td>
<td></td>
</tr>
<tr>
<td><strong>O sinwi</strong></td>
<td></td>
</tr>
<tr>
<td>Onye isi mgbaka</td>
<td></td>
</tr>
<tr>
<td>Onye isi mebiri</td>
<td></td>
</tr>
<tr>
<td>Wacko</td>
<td>&quot;A person is _____&quot; [disoriented, depressed, delusional, paranoid, hallucinating, etc.].</td>
</tr>
<tr>
<td>Mad</td>
<td></td>
</tr>
<tr>
<td>Crazy</td>
<td></td>
</tr>
<tr>
<td>Nuts/Daft</td>
<td></td>
</tr>
<tr>
<td><strong>Oni sekuse</strong></td>
<td></td>
</tr>
<tr>
<td>Addict</td>
<td>&quot;A person with a substance use disorder.&quot;</td>
</tr>
<tr>
<td>Drunkard</td>
<td>&quot;A person who has a/an _____ use disorder&quot; [drugs, alcohol, etc.].</td>
</tr>
<tr>
<td>Drinker</td>
<td></td>
</tr>
<tr>
<td>Alcoholic</td>
<td></td>
</tr>
<tr>
<td>Dumb</td>
<td>A person living with an intellectual or developmental disability/one who is neurodivergent.</td>
</tr>
<tr>
<td>Mumu</td>
<td></td>
</tr>
<tr>
<td><strong>Oponu</strong></td>
<td></td>
</tr>
<tr>
<td>Brainless</td>
<td></td>
</tr>
<tr>
<td>Mentally retarded or retard.</td>
<td></td>
</tr>
<tr>
<td>Crazy/Nutty/Insane/deranged</td>
<td>A person experiencing a mental health condition/challenge.</td>
</tr>
<tr>
<td><strong>Were</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mahaukacin mutum</strong></td>
<td>&quot;A person identified with mental illness.&quot;</td>
</tr>
<tr>
<td><strong>Onye ara</strong></td>
<td></td>
</tr>
<tr>
<td>Committed suicide</td>
<td>&quot;Died by suicide.&quot;</td>
</tr>
<tr>
<td>&quot;Cry for help&quot;</td>
<td>&quot;Call for support.&quot;</td>
</tr>
<tr>
<td>Eye service</td>
<td>&quot;Seeking support.&quot;</td>
</tr>
<tr>
<td>Attention seeker</td>
<td></td>
</tr>
<tr>
<td>Failed suicide attempt</td>
<td>&quot;Survived a suicide attempt.&quot;</td>
</tr>
<tr>
<td>He/ She is depressive/ depressed</td>
<td>A person who suffers from depression.</td>
</tr>
</tbody>
</table>

**words bolded and in italics are in Yoruba, Igbo or Hausa language**
Trauma-Informed Reporting Practices

Background: Trauma is characterised by an exposure to life-threatening or distressing events that overwhelm one’s coping capacities. Trauma shatters one’s sense of security and place in the world, overwhelms resilience and capabilities for coping, and leaves people debilitated and vulnerable. While traumatic reactions may decrease without intervention, some people need more structured interventions for healing to occur, such as social support, positive/self-affirming cultural practices, progressive safe exposure, or emotional processing in a safe, supportive context. For media professionals reporting on mental health among those who have experienced varying levels of trauma, it is important to have an understanding of how to handle potentially triggering topics in a way that transcends re-traumatisation.

The Approach: To be trauma-informed means to recognise and acknowledge that trauma is a widespread occurrence, and understanding that individuals may have endured significant traumatic events in their lives. This involves making people’s safety a priority, while fostering an environment that supports their well-being and recovery. By adopting a trauma-informed perspective, media professionals can cultivate trustworthiness and transparency, thereby creating opportunities for better support within the community and space for people to feel empowered in their stories.

REALISE

RECOGNISE

RESPOND

RESIST

“In the field of journalism, this approach can be implemented during the interview and writing stages by taking into account the following considerations:
BEFORE:

- Be aware of potential traumatic topics including, but not limited to: abuse, war and conflict, natural disasters, the loss of a loved one, medical trauma, discrimination, family separation, and displacement.
- Clearly define the purpose of your story and when appropriate, consult with trauma experts or individuals with lived experiences to ensure accuracy and sensitivity in your work.
- Let survivors pick the place of interview.
- Don’t be afraid to try new strategies that give the interviewees more control, such as allowing them to see the questions beforehand and have a say in which ones they are willing to answer.
- Do research on the specific trauma you are addressing, how it can affect people, and how it can manifest differently for everyone.

DURING:

- Create a safe and comfortable environment for the interviewee.
- Actively listen to the interviewee and validate his/her experience through reflective statements or paraphrasing, to show understanding and empathy.
- Explain specific terms of journalism that the everyday person may not be completely conversant with, such as “on the record” or “on background.”
- Treat interview subjects with compassion (e.g. allow breaks from questioning when the interviewee seems distressed).
- Inform the participants that they are not under any obligation to respond to questions that make them feel uncomfortable.
- Start with questions like:
  “Where would you like to begin?”
  “Would you tell me what you are able to remember about your experience?”
- Don’t ask the harder questions first and do not rush to extract answers from the interviewee.
- Instead of asking “how do you feel”, ask “How are you now?” or “How did you experience that?” or “What do you think about ..?”

AFTER:

- Follow up with the persons to check in on them, not only when you would like to request more information.
- Give your sources the opportunity to review your work before it goes public, thereby allowing them to decide if they wish to change their minds about a particular quote or being featured at all.
- When presenting the news, consider your audience and avoid triggering language or graphic descriptions.
- Offer resources and support to your sources, readers, viewers, or listeners, such as suicide prevention helplines or domestic violence helplines, after reporting on a related story.
- Don’t neglect your own wellbeing and remember to engage in self-care practices.
Positionality and Accurate Reporting

As a media professional, it is important to consider your positionality and its influences when covering topics related to mental health. Positionality pertains to an individual’s placement in relation to his/her diverse social identities, which encompass gender, race, class, religion, ethnicity, ability, political views, geographical location and more. The combination of these identities, along with their intersections, influence our perceptions, knowledge, perspectives, and teaching approaches, thereby shaping our understanding and interactions with the world. Your positionality could impact how you choose to investigate and report mental health issues. Whilst certain aspects of an individual’s positionality can be viewed as fixed (e.g. gender and tribe), others are fluid and contextual (e.g. religious and political views). To ensure accurate reporting at all times, it is essential that media professionals are constantly aware of and acknowledge their positionality and its effect on all stages of the reporting process and organisational goals. The following approaches can be employed by media professionals to practise reflexivity as an ongoing process to identify, understand and critique their positionality.

Who, How, What

<table>
<thead>
<tr>
<th>Who am I in relation to this mental health topic?</th>
<th>How will my &quot;who&quot; affect how I approach this topic?</th>
<th>What can I do to account and mitigate my influence?</th>
</tr>
</thead>
</table>

1. Understanding WHO you are sets the stage for bringing awareness to your positionality as a media professional and the possible influences. We all have various intersecting identities and it is important to identify the existing and prevailing identities that define you. Fill out the following self-identity questions based on your positionality:

1. What is my social status?
2. What is my religious status?
3. What is political status?
4. What is my economic status?
5. What is my gender/sexual status?
6. What is my cultural/ethnic status?
7. What is my educational status?

2. Awareness of who you are should be followed by an assessment of HOW these identities shape your worldview and consequently influence your reporting process. The following questions can guide you in reflecting on your positionality and its impact throughout the process:

- What are your beliefs and assumptions regarding the mental health issue?
- What are your beliefs and assumptions about participants?
- How did you interact with the participants?
- How are you responding to the accounts of the participants?
- How are you interpreting the accounts of the participants?
- What do I hope to get out of this report?
An understanding of the how and why should lead you to the WHAT, which includes actionable steps for mitigating the influences of your positionality. Below is a list of practices to employ for this stage:

- Take field notes and other forms of reflection (written or recorded) to bring attention to your viewpoints and assumptions at play in the reporting process.
- Collaborate with a diverse team to uncover your blind spots.
- Maintain transparency: Be open and honest about what you know and don’t know.
- Constantly learn skills to improve on your objectivity and balance through relevant education and training.

**Positionality statement:** A strong positionality statement includes your description (media professional’s perspective, including your theoretical beliefs, philosophical beliefs, religious beliefs, political beliefs, social class, race, tribe etc., which is the lens through which work is conducted. Sample Positionality Statement: “I acknowledge that my positionality influences this project to some extent…” (State your personal positions that may have influenced how you make meaning of the mental health issue).

- I acknowledge that my social class may shape my perspective on mental health topics and influence how I interpret and present information.
- I acknowledge that my religious beliefs may impact my understanding and portrayal of mental health issues, and I strive to maintain objectivity while respecting diverse religious and spiritual perspectives.
- I acknowledge that my political stance might affect my analysis and presentation of mental health related matters. I aim to ensure that my reporting remains balanced and unbiased, while being sensitive to the potential impact of political factors on mental health discourse.
- I acknowledge that my tribal affiliation and cultural upbringing can shape my worldview, including how I perceive mental health. I am committed to promoting cultural sensitivity and avoiding stereotypes or cultural biases in my reporting.

**Ethical Considerations**

Vulnerable populations or groups can be defined as comprising individuals who are physically, mentally, economically, and socially disadvantaged and who may be unable to meet their basic needs. These also include the decision-making capacity and communicative autonomy. Ethical considerations for media professionals when working and reporting on mental health include the use of appropriate language, respect, informed consent, privacy and confidentiality, engaging within the frame of the do no harm clause, and being sensitive to moral distress. This section is intended to highlight ethical considerations when working with vulnerable groups and the recommended best practices to compassionately and ethically engage with mental health issues. Media professionals should exercise the core principles of ethics, human rights, as well as compassionate reporting to avoid harm and promote the dignified treatment of all persons.
### Bioethical Principles

**Beneficence:** Emphasises the obligation to act in ways that promote the well-being and best interests of others.

**Non-maleficence:** Focuses on the duty to avoid causing harm or inflicting unnecessary suffering upon others.

**Autonomy:** Recognises the right of individuals to make independent decisions and have control over their lives and bodies.

**Justice:** Ensures the fair and equitable distribution of resources, benefits, and burdens in society, while certifying that everyone is treated fairly and impartially.

**Conflicts of Interest:** Identifying and acting on any conflicts of interest early and swiftly to avoid damaging the integrity of the media professional’s work.

### Language

**Use trauma informed language:**

- Trauma informed language promotes **safe and supportive environments** for individuals who have experienced mental health challenges.
- Media professionals can exercise trauma informed practices by **providing listening ears that are free from judgement**.
- Allowing individuals to speak about their experiences **without force or coercion**.

### Respect

**Discrimination:**
This is classified as any form of unjust treatment to individuals’ on the basis of ethnicity, sexual orientation, physical or mental disability, or age. Various forms of discrimination may arise in the face of mental health stigma. This includes elitism, sexism, and tribalism.

Media professionals can combat discrimination by educating themselves and others about mental illness.

- Be self-aware of your own bias, attitudes, and behaviours surrounding mental health.
- Be inclusive of everyone in mental health de-stigmatisation.

**Stereotyping:**
Culture or traditional beliefs can sometimes enforce damaging narratives about individuals experiencing mental health challenges.

- Media professionals should always be factual when speaking about mental health.
- They should avoid shaming and blaming individuals.
- They should desist from tribal othering practices (e.g. applying stereotypical beliefs to one group, thus creating in-group/out-group dynamics).
- They should refrain from fear-mongering or scaremongering. This includes:
  - Unverified information sharing.
  - Defamation of character.
  - Rumour making and spreading.
  - Othering.
- They should understand that mental health stigma is a barrier to accessing proper care, which significantly impacts treatment outcomes.
<table>
<thead>
<tr>
<th>Ethical Considerations</th>
<th>Best Practices</th>
</tr>
</thead>
</table>
| Informed consent            | • Media professionals should safeguard individuals experiencing mental health challenges by first and foremost obtaining written or verbal consents and ensuring that individuals understand that they are operating on a volunteer basis and are free to change their minds at any point without repercussions.  
  • They should engage in dignified photography of individuals they are involved with.  
    - Media professionals should seek informed consent for photo usage and only represent individuals in a respectful and humanistic light.  
    - Only use images where individuals have given consent in teaching tools, reports, and awareness raising materials.  
    - Ensure individuals understand where their photos will be used and disclose their rights. |
| Privacy & Confidentiality   | • Ensure that the identities, personal information, or beliefs/responses of the individuals they are engaged with are not disclosed to anyone outside the immediate team of engagement.  
  • Use discernment when reporting sensitive information shared by those persons with diminished decision-making autonomy. |
| Do no harm                   | Should unintended consequences arise, apologies must be swiftly made in order not disturb trust-building and creating more damage among already vulnerable groups.  
  • Avoid exacerbating inequalities.  
  • Maintain digital responsibility.  
  • Avoid any form of corruption. |
| Moral Distress               | Moral distress has been described as the psychological anguish of being in a situation in which one is constrained from taking action on what one knows to be right, particularly on issues rooted in social determinants of mental health.  
  Media professionals can employ the 4 A's strategy to prevent and reduce moral distress:  
  • **Ask**: Make sure you are aware of the exact nature of the problem causing distress.  
  • **Affirm**: Certify your distress and commit to taking action or seeking guidance on your professional obligations.  
  • **Assess**: Identify the sources of your distress and analyse potential risks and benefits.  
  • **Act**: Preserve your integrity and authenticity by taking action to ensure your professional and personal values are not in conflict. Anticipate and manage setbacks by repeating the 4 A’s to resolve moral distress. |
Special Considerations

## Reporting on Suicide

**Background:** Suicide is a deeply distressing and complex issue that calls for a compassionate approach to engaging with it. While the present law in Nigeria does not endorse this perspective by criminalising attempted suicide, media professionals should approach this sensitive subject with caution, while reporting responsibly and empathetically on it.

Below are some guidelines for responsible reporting:

### Prioritise Privacy and Confidentiality

<table>
<thead>
<tr>
<th>Why:</th>
<th>How:</th>
</tr>
</thead>
</table>
| This helps create an environment where those affected by suicide are not subjected to unnecessary harm or distress from the public knowledge of their situations. Also, with the legal implications of attempted suicide, it is important to avoid sharing any information that could potentially contribute to stigmatising an individual's actions. | • Respect people's privacy by refraining from sharing their personal information or identifiers, particularly for those who are not public figures.  
• Exercise caution when speaking with grieving families or friends, to ensure their privacy and emotional well-being are respected.  
• Do not include specific details on memorials or funerals in reports. |

### Avoid Sensationalising Suicide Stories

<table>
<thead>
<tr>
<th>Why:</th>
<th>How:</th>
</tr>
</thead>
</table>
| Sensationalised and explicitly detailed stories can lead to copycat behaviours where vulnerable individuals may imitate the suicidal behavior. Furthermore, attention-grabbing stories can perpetuate stigma surrounding mental health and suicide by contributing to misconceptions, fear, and the lack of understanding. | • Avoid using sensational wordings or language that normalises suicide.  
• Be hyper-careful in how you describe stories on celebrity suicides.  
• Exercise caution by refraining from prominently featuring and needlessly reiterating stories about suicide.  
• Be mindful that media professionals may be impacted by these stories and take necessary steps to provide support and self-care for journalists covering such sensitive topics.  
• Include an advisory message before the story starts, when published or broadcasted. |

### Be Cautious in Explicitly Detailing Suicides

<table>
<thead>
<tr>
<th>Why:</th>
<th>How:</th>
</tr>
</thead>
</table>
| This can lead to copycat behaviour, especially by younger people who are impressionable and heavily impacted by the media, and who are more likely to model the behaviour if the story is about someone with similar demographics or is a celebrity/idol. Drawing attention to the specific details can also take away from the message of how tragic the suicide is by focusing on the steps. | • Do not include information on the location or site.  
• Do not provide explicit details about the method used.  
• Avoid the inclusion of visuals, such as photos or videos of the incident.  
• If a suicide note was left, do not provide details on what was said in it. |
End With Providing Help and Resources

Why:
This provides individuals who may be struggling with their mental health or have been affected by suicide with an avenue to seek help, while encouraging them to reach out for assistance. By doing this, you would be engaging in responsible reporting that not only raises awareness about the issue but also gives people hope.

How:
- Include information on where individuals can seek help for mental health and access to supportive services.
- Inform readers on the realities of suicide and suicide prevention.
- Don’t only report on suicides, also report on stories about coping with stress and suicidal thoughts.
- Report on stories that showcase resilience.
- Consult with mental health professionals and people with lived experiences on the issue.
- Provide resources for the relations, friends and colleagues of the bereaved.

The Sunshine Wellness 112 Helpline (FCT only)
- info@thesunshineseriesng.com
- +234 909 625 0384
- www.thesunshineseriesng.com

MANI (Mentally Aware Nigeria Initiative):
- support@nigeriasuicideprevention.com
- 0806 488 8643; 0903 241 9184; 0813 677 0508
- https://mentallyaware.org/

Nigeria Suicide Prevention:
- support@nigeriasuicideprevention.com
- +234 191 251 06
- https://nigeriasuicideprevention.com

JUTH SUICIDE PREVENTION AND RESPONSE TEAM
- 080140752897 | 07054029791
JUTH ANTISUICIDE RESPONSE TEAM

SURPIN Helpline Nigeria
- +234 807 7748; +234-814-224-1007 (HAUSA)
- https://www.surpinng.com/

Suicide Prevention Resources

Ethical Considerations:

- **Language:** Be careful with your word choice when describing suicide. Use person centered language that avoids dehumanizing or stigmatizing labels, such as “individual who died by suicide” instead of “suicide victim”.

- **Consent:** Due to the sensitivity of this topic, get approval from the people impacted by the suicide before reporting on it.

- **Do No Harm:** If a story posted leads to subsequent self harm or distress to a family, take ownership and assume responsibility for the unintended harm.

- **Respect:** Do not report on stories in a way that shames individuals for committing suicide.
Reporting on the Mental Health of Women and Girls in Nigeria

Existing socio-cultural factors and the resultant political and economic implications play a vital role in the mental health experiences of women and girls in Nigeria. The patriarchal system and stigmatisation make women and girls more vulnerable to experiencing mental health issues than men and boys. Media professionals possess the power to provide a holistic picture of the issues faced and possibilities for change by reporting on the nexus between mental health and the experiences of women and girls in Nigeria. Accurate reporting enables a more nuanced examination of the factors that influence mental health outcomes, while also opening up discussions around policy and practise toward improved mental health support and gender equality. By adhering to the guidelines provided below, media professionals can foster greater understanding, empathy, and accuracy in their reporting on the mental health of women and girls in Nigeria.

General Guidelines:

• Embrace diversity by highlighting intersecting identities and showcasing a robust representation of the experiences of women and girls from various ethnic, economic, and religious backgrounds.
• Create authentic narratives on the mental health experiences of women and girls to combat myths and misconceptions.
• Approach stories and subjects with sensitivity and compassion. Promote understanding, support and empowerment, while avoiding sensationalism.
• Amplify socioeconomic variables that exacerbate disparities and influence mental health outcomes for women and girls, such as education, unemployment, workplace discrimination.
• Discuss the impact of sociocultural factors on mental health, such as societal norms, cultural and religious beliefs, unequal gender roles, sexism, and violence.
• Collaborate with experts and activists and continuously seek out information and training on gender-inclusive reporting practices.
• Investigate issues at the intersection of gender, mental health and human rights.
• Create safe and accessible channels for women and girls for expression and dialogue.
• Clearly condemn specific cultural practices that compromise the dignity and health (both physical and mental) of women and the girl child, such as:
  • Cruel widowhood practices.
  • Female genital mutilation.
  • Forced marriage of girl children.
  • Refraining from considering girls as inferior to boys.
Reporting on Gender-Based Violence (GBV):

In addition to the aforementioned general principles on reporting on the mental health experiences of women and girls in Nigeria, media professionals must be mindful when reporting on gender-based violence. While we acknowledge that men and boys experience gender-based violence also, this section focuses on the experience of women and girls due to the reality of gender inequality and societal norms in Nigeria. Gender-based violence is not limited to physical forms of abuse but can also include verbal, psychological and economic violence. All forms of violence have short and long term consequences on the mental health of survivors. Media professionals can serve as agents of change by bringing attention to these issues, challenging a culture of silence, influencing policy and promoting action. These efforts must be based on a compassionate and socially-responsible approach throughout the reporting process. We have outlined some helpful guidelines below:

### Guidelines for Reporting on Gender-Based Violence:

<table>
<thead>
<tr>
<th>Interviewing the Survivor</th>
<th>Reporting About the Survivor</th>
<th>Reporting About the Perpetrator</th>
<th>Reporting About the Crime</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prioritise the interest, protection, and rights of survivors in your report. This must be valued above all else.</td>
<td>• Do not include personal information that could put the survivor at risk. This includes names, photographs or other identifying details.</td>
<td>• Avoid making the perpetrator invisible by highlighting only the actions that ensued.</td>
<td>• Use the active, instead of passive, voice when constructing narratives.</td>
</tr>
<tr>
<td>• Ensure a secure private setting.</td>
<td>• Avoid judgmental language and “victim-blaming”. It is recommended to avoid words like “accuser” or “alleged”.</td>
<td>• Provide individuals accused of GBV the opportunity to respond, in order to maintain balance in reporting.</td>
<td>• Use appropriate words and avoid euphemisms that oversimplify or minimise the crimes committed.</td>
</tr>
<tr>
<td>• Be aware of triggers and have a plan in place to provide psychological support before, during and after the media engagement.</td>
<td></td>
<td></td>
<td>• Avoid sensationalising the crime by detailing the violent acts that occurred during the crime.</td>
</tr>
<tr>
<td>• Let the survivors know that they are not under compulsion to answer questions or accept the information being provided, and never push for more information than is volunteered.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Do not use language that puts blame on the victims (e.g. what did you do?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Show empathy: approach with care, respect and kindness.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***Provide calls-to-action, including information for locally available support services***
Society often neglects to recognise minors as whole persons worthy of respect, dignity, and care. Nigeria signed and ratified the Convention on the Rights of the Child (CRC), committing to uphold and protect the rights of children within the country. The CRC is one of the most widely accepted international human rights treaties adopted by the United Nations General Assembly. By ratifying the Convention on the Rights of the Child, Nigeria has pledged to promote and safeguard the fundamental rights and well-being of all children, thereby ensuring their protection and development. This section serves as a reference for media professionals as they navigate reporting on traditionally sensitive topics with minors. In the context of Nigeria, minors are those below the age of 18.

General Principles: When reporting on the mental health of minors, it is important for media professionals to avoid harm or other adverse outcomes, not only for the children but also for their parents/guardian(s), and surrounding communities. In instances of ambiguity or uncertainty on whether and/or how to report on minors, media professionals should be conservative. The primary goal is to retain the dignity and human rights of minors, even in instances in which the objective is to advance mental health and children’s rights. It is important to ensure that proper practices are followed, as media professionals learn more about the minors and their stories. The primary aim is to get detailed and all-encompassing pictures of the stories, without causing harm, stress, or potential re-traumatisation of the minors.
Guidelines for Interviewing Minors

- Be sure to properly identify yourself and your affiliations.

- Ensure that consent is received from the parents/guardians and minors prior to the interviews. When available, these consents should be in writing, however be cognisant of the relevant literacy levels, languages, and other relevant contextual factors when making these decisions. The interviewees and their guardians should be made aware of how the information being gathered could be used in the future.

- Be cognisant of your tone, questions, and comments. Make sure you keep a neutral and welcoming demeanour, which is not judgemental or confrontational.

- Language: Maintain simple and age-appropriate language. Where possible, utilise the languages that the minors involved use most often.

- Be considerate of where the interviews are being conducted. Try to avoid instances in which the minors may feel pressured to respond in certain ways due to the presence of their parents/guardians, friends, neighbours, etc.

- Be aware of when and how you take photographs, videos, and/or audio recordings. Showcasing the home or communities of the children may endanger their wellbeing and those of their families. Also, consider what sort of messages these types of materials may convey to the audience.

Guidelines for Reporting about Minors

- Provide contextual background information pertaining to the children involved and their stories, as well as other relevant mental health information.

- Avoid further stigmatising information and language.

- In some instances, sensitive or criminal information is revealed in the context of mental health circumstances. In these instances, change the names and obscure other identifiable information (in images, video, etc.) about the minors involved.

- Do not include graphic or descriptive details, videos, photos, or audio of crimes committed against minors in your reporting.

- Stories including traumatic events should include warnings in their beginnings.

- Ensure that there are no blames placed on the children or parents/guardians involved.

- The materials should maintain neutral and sympathetic tones.

- Confirm information obtained by minors, either with other children or adults for accuracy.

- Ultimately, if you are unsure about the potential harm to minors, avoid reporting specifics on them and recounting the general issues that pertain to them.
Checklist - Essential Questions to Ask Yourself:

This list is intended to provide media professionals with core questions to ask themselves prior to engaging with minors. Questions are rooted in the guidelines and principles mentioned above. This list is by no means exhaustive, but rather meant to serve as a springboard to ensure media professionals are approaching the reporting on minors thoughtfully and respectfully.

<table>
<thead>
<tr>
<th>Ethical Consideration</th>
<th>Checklist - Essential Questions to Ask Yourself:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do No Harm: It’s important to thoughtfully consider how you interview and report on minors. As a vulnerable population, maintaining the dignity and accuracy of information pertaining to them is paramount. Consider how reported information may impact the minor now and in the future.</td>
<td>• Is it necessary to reveal the children’s identities and am I sure that revealing their identities will not cause harm? Despite parental or guardian consent, it is important to recognise that media professionals may be privy to how reported information may impact the child, even if the parents/guardians are not fully aware of this. It is your duty to weigh the potential impacts.</td>
</tr>
<tr>
<td>Sensitive Information: Minors may be more forthcoming in disclosing sensitive information about themselves or others close to them. Unless they (and their parents/guardians) have consented, refrain from reporting such information. Regardless, always avoid details and identify information in these instances.</td>
<td>• Am I confident that reported materials will not cause further stigmatisation, shame or discomfort for the minors, now and in the future? It is important to reflect on how this information may impact the children, especially young children, as they grow and become more aware of how information about them has been reported.</td>
</tr>
<tr>
<td>Consent: Consent must be obtained from both the minors and their parents/guardians in ways that are both thorough and understandable.</td>
<td>• Have I considered how this information may be received not only by the children, but by their surrounding communities?</td>
</tr>
<tr>
<td>Respect: Although still developing, minors have their own perspectives, emotions, and challenges. Be mindful how you speak and interact with them. Always maintain respect.</td>
<td>• Am I reporting the materials in fair and holistic ways, ensuring that potential challenges or circumstances faced by the minors are not painted from one-dimensional angles?</td>
</tr>
<tr>
<td></td>
<td>• Have I obtained the consent of the parents or guardians for their direct participations in and/or on reporting about their children? This pertains to not only text materials, but also images, videos, and other content produced in the children’s likeness.</td>
</tr>
<tr>
<td></td>
<td>• Do the reporting materials respect the dignity and human rights of the minors?</td>
</tr>
<tr>
<td></td>
<td>• Have I taken into consideration the ethnic, cultural, social, and economic backgrounds of the minors in order to ensure that I am using the proper languages and respect when reporting on them?</td>
</tr>
<tr>
<td></td>
<td>• Have I explained to the children in understandable ways the purpose of our communication and how they may be featured in reported materials?</td>
</tr>
</tbody>
</table>
Self-Care for Media Professionals

Taking a holistic approach to health care will help media professionals learn how to prioritise their mental health in the midst of their busy schedules. Self-care is crucial in this situation. In the context of mental health, self-care involves developing mental management skills, asking for assistance when necessary, engaging their brains and establishing firm boundaries. Self-care aims at promoting the overall mental health and wellbeing of professionals.

Here are some mental self-care tips for media professionals:

- **Maintaining a work-life balance**: Find ways to de-stress on busy days. This could involve listening to music, or podcasts, reading novels or even watching movies. They should ensure that they obtain sufficient sleep, both in terms of quality and quantity, aiming for six to eight hours of uninterrupted rest.

- **Engaging in exercise regularly**: Exercise helps to relieve stress and anxiety through the release of endorphins. They should start with five to 10 minutes of exercise daily and gradually increase the time if new to exercising or concerned about their busy journalistic schedules.

- **Engaging in recreational/creative activities**: Devote time to participating in activities (e.g., sports, painting) that aid in self-expression and the exploration of emotions.

- **Engaging in mindfulness activities**: Add activities such as deep breathing exercises, meditation, gratitude journaling, and yoga into routines. Free guided meditation resources are available on YouTube and Spotify.

- **Balancing the 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. Avoid the use of psychoactive drugs.

- **Staying hydrated**: Drink water to help prevent dehydration and give the body the fluids it requires.

- **Spending time with Family and Friends**: Cultivate relationships with family and friends, as these can also offer emotional support.

- **Learning 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.

- **Seeking professional mental health care/therapy**: When dealing with factors that could negatively impact mental health, it is recommended that media professionals should speak with trained mental health professionals for prevention and care.

- **Prioritising the self**: Learn to delegate responsibility when necessary and avoid burnout.

---

Media organisations can also play roles in the mental health of their employees by:

- Creating atmospheres that utilise positive language that is supportive of individuals with mental health conditions;
- Integrating regular trainings within work periods to teach about mental health hygiene;
- Employing in-house or periodically engaging with mental health professionals;
- Providing funding for mental health services; and
- Supporting those suspected to have mental health challenges to seek help.
Educational Resources

- A New Era for Mental Health Care in Nigeria (2023)
- Mental Health in Nigeria: A Neglected Issue in Public Health (2021)
- Perceptions, Attitudes and Cultural Understandings of Mental Health in Nigeria: a Scoping Review of Published Literature (2020)
- Mental Health in Nigeria Survey Report (2020)
- Five Facts About Mental Health in Nigeria (2019)
- Nigerian Media and Mental Health Challenges (2018)
- Mental Health Bill 2021

- Mental Health: Experts Appeal to Media to Report Effectively (2023)
- Investing in Community Mental Health Advocacy (2023)
- Humanise Mental Health Reporting (2021)

- Style Guide: Reporting on Mental Health (2023)
- World Mental Health Report (2022)
- How a New Tool Can Help the Media Responsibly Report on Suicide (2022)
- How to Report: From Interviews to Signposts: How to Cover Mental Health Responsibly (2021)
- Reporting on Mental Health Difficulties, Mental Illness and Suicide: Journalists’ Accounts of the Challenges (2021)
- Reporting on Mental Health Difficulties, Mental Illness and Suicide: Journalists’ Accounts of the Challenges (2021)
- Why the Language We Use to Describe Mental Health Matters (2019)
- Occupational Distress in Factual TV (2019)
- How Journalists’ Jobs Affect their Mental Health: A Research Roundup (2019)
- 5 Tips for Journalists Covering Mental and Behavioral Health (2018)
- Mental Health and the Media: its Role, Responsibilities and the Key Challenges (2017)
- Ethical Reporting on Traumatised People (2014)
# Mental Health Professional Bodies in Nigeria

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
<th>Link</th>
</tr>
</thead>
</table>
| Mental Health Programme, Department of Public Health, Federal Ministry of Health (FMoH) | Email: nmhp.fmoh@gmail.com
Phone: (+234) 806 282 4344                                                  | [https://www.health.gov.ng/](https://www.health.gov.ng/) |
| Association of Psychiatrists in Nigeria (APN)                         | Email: hello@apn.org.ng
Phone: (+234) 803 452 0136
| Nigerian Association of Clinical Psychologists (NACP)                | Email: secretariat@nACP.com.ng
Phone: (+234) 805 506 5741                                             | [https://nACP.com.ng](https://nACP.com.ng) |
| Nigerian Psychological Association (NPA)                             | Email: ask@npass.org.ng
Phone: (+234) 803 467 6352                                              | [https://npass.org.ng](https://npass.org.ng) |
| Nigerian Association of Industrial and Organisational Psychologists (NAIOP) | Email: jibojournal@gmail.com
Phone: (+234) 803 786 7406                                              | [https://www.naiop.org.ng](https://www.naiop.org.ng) |
| Association of Nigerian Educational Psychologists (ANEPI)            | Email: info@anep.com.ng
Phone: (+234) 814 002 8703                                              | [https://anep.com.ng](https://anep.com.ng) |
| Counselling Association of Nigeria (CASSON)                          | Email: info@cassonnigeria.org
Phone: (+234) 803 247 2347                                              | [https://www.cassonnigeria.org](https://www.cassonnigeria.org) |
| Positive Psychology Association of Nigeria (POPAN)                   | Email: info2popannetwork.org;
positivepopan@gmail.com
Mobile: (+234) 811 206 8963                                             | [https://popannetwork.org](https://popannetwork.org) |
| Nigeria Association of Social Workers (NASoW)                        | Email: info@nasow.org
Phone: (+234) 813 804 4276
Phone 2: (+234) 803 504 6929                                           | [https://www.nasow.org](https://www.nasow.org) |
| Joint National Association of Persons with Disability (JONAPWD)      | Email: info@jonapwd.org
Phone: (+234) 806 947 1618
(+234) 906 002 6565                                                   | [https://www.jonapwd.org](https://www.jonapwd.org) |
| Occupational Therapist Association of Nigeria (OTAN)                 | Email: info@otan.com.ng
Phone: (+234) 803 380 8880                                             | [https://otan.com.ng](https://otan.com.ng) |
| Association for Child and Adolescent Psychiatry and allied professionals in Nigeria (ACAPAN) | Email: acapan.info@gmail.com                                              | [https://www.acapan.apn.org.ng/#welcome](https://www.acapan.apn.org.ng/#welcome) |
### Pre-Reporting Worksheet

#### Background Research and Contextual Assessment

- Have you gained a comprehensive understanding of the mental health topic you’re covering (including beliefs and attitudes)?

- Have you familiarized yourself with relevant terminology, symptoms, and treatment options?

- Have you identified reputable sources and experts to provide accurate information and expert insights?

- Have you conducted in-depth research on the specific mental health issues prevalent in Nigeria?

- Have you identified the factors contributing to mental health challenges, such as social, economic, or political issues?

- Do you have an understanding of the local mental health system, including available resources, services, and treatment options?

- Do you understand the cultural nuances about how this mental health topic has been shared and received previously?

#### Ethical and Moral Considerations

- Have you reflected on your own biases and stereotypes about mental health to ensure fair and unbiased reporting?

- Are you respecting the privacy and dignity of individuals with mental health conditions?

- Are you obtaining informed consent from sources before sharing their personal stories or images?

- Have you identified any restrictions or guidelines related to privacy, consent, and reporting on specific mental health conditions?

#### Language

- Have you updated and corrected any inaccurate or stigmatising language used in previous reporting?

- Are you using the person-first language and avoiding stigmatising or derogatory terms?

- Have you considered the potential impact of your language and tone on individuals with mental health conditions?

- Have you consulted with mental health professionals or advocacy groups to ensure your reporting is respectful and accurate?

#### Safety Measures

- Have you developed a plan to handle potential crises or emergencies that may arise during the reporting process?

- Have you established contact with local mental health services or helplines to provide immediate support if needed?

- Have you considered the emotional impact of the topic on yourself and your team, and are you prepared for self-care and debriefing?

- Have you considered the potential risks and safety concerns when reporting on sensitive mental health issues?
### During Reporting Worksheet

#### Interviewing with compassion

- Are you actively listening and showing sensitivity to the experiences of those you are reporting on?

- Did you create a safe and non-judgmental space for individuals to share their stories?

- Did you ask open-ended questions that encouraged depth and understanding?

#### Balanced and Accurate Reporting:

- Did you provide a balanced view of mental health issues, considering different perspectives and potential solutions?

- Did you verify information and cross-reference sources to ensure accuracy in your reporting?

- Did you fact-check statistics and research findings before presenting them in your coverage?

#### Responsible Imagery and Content:

- Did you use discretion when selecting visual elements, avoiding graphic or triggering images?

- Did you consider using symbols or illustrations to represent mental health topics when appropriate?

- Did you avoid sensationalism and ensure that images and headlines aligned with the content and tone of your reporting?

- Did you include relevant mental health resources, such as helpline numbers, websites, and support organisations?

- Did you provide information on available treatment options and strategies for maintaining mental well-being?

- Did you educate your audience about self-care practices and encourage seeking professional help when needed?
# After Reporting Worksheet

## Debriefing and Self Care
- Have debriefing sessions been held with the team to process any emotional impact from the reporting process?
- Have self-care activities been encouraged, and have resources been provided to support the well-being of team members?
- Have media professionals been encouraged to seek counselling or support if necessary to address any personal challenges arising from the reporting?

## Feedback and Engagement
- Have media professionals encouraged feedback from the audience and been open to addressing questions or concerns?
- Have inquiries been responded to providing additional resources or clarifications, as needed?
- Has ongoing engagement with the audience been fostered through follow up stories or related content?

## Evaluation and Learning
- Has the impact of the reporting on mental health awareness and stigma reduction been assessed?
- Have media professionals reflected on the strengths and weaknesses of the reporting, seeking opportunities for improvement?
- Have media professionals stayed informed about advancements in mental health research and best practices in reporting?
- Have you considered long-term effects and implications of your reporting on mental health topics by examining the impact of coverage on public understanding, policy changes and stigma reduction?

## Continued Coverage
- Has the consideration of providing ongoing coverage of mental health topics been made to maintain awareness and foster dialogue?
- Have media professionals explored different angles, including stories of recovery, prevention, and community initiatives?
- Have media professionals collaborated with mental health experts and advocacy groups to create impactful and accurate content?
Self-Care for Media Professionals

1. What progress or success have I made?

2. What have I done today just for me?

3. What have I learned?

4. Where do I need to be kinder to myself?
What, if anything, triggered or bothered me?

How will I make tomorrow better?

RATE PHYSICAL HEALTH

RATE YOUR MENTAL HEALTH

MY GO TO PERSON FOR HELP

Name:
Email:
Phone number:
Relationship:

MY THOUGHTS

Please remember to fill out the checklist on the next page weekly.
# Weekly Self-Care Checklist

<table>
<thead>
<tr>
<th>Did I engage in recreational activities?</th>
<th>Did I spend quality time with Friends and Family?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have I meditated?</td>
<td>Did I take regular scheduled breaks?</td>
</tr>
<tr>
<td>Did I eat healthy, balanced meals?</td>
<td>Did I maintain a proper work-life balance?</td>
</tr>
<tr>
<td>Did I stay hydrated?</td>
<td>Did I engage in creative outlet?</td>
</tr>
<tr>
<td>Did I monitor my screen time?</td>
<td>Did I properly take care of my mental health?</td>
</tr>
<tr>
<td>Did I consistently exercise?</td>
<td>Was I consistently present?</td>
</tr>
<tr>
<td>Weekly Self-Care Checklist</td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>How did I maintain my balance through the week?</td>
<td></td>
</tr>
<tr>
<td>How can I best prepare for the week ahead?</td>
<td></td>
</tr>
<tr>
<td>How will I best incorporate exercise in my schedule?</td>
<td></td>
</tr>
<tr>
<td>What is my vision for the week?</td>
<td></td>
</tr>
<tr>
<td>What will I reward myself with this week?</td>
<td></td>
</tr>
<tr>
<td>How am I regulating burnout?</td>
<td></td>
</tr>
<tr>
<td>What pitfalls should I be aware of this week?</td>
<td></td>
</tr>
<tr>
<td>What will I achieve/accomplish?</td>
<td></td>
</tr>
<tr>
<td>My signs of burnout?</td>
<td></td>
</tr>
<tr>
<td>Stress relievers?</td>
<td></td>
</tr>
<tr>
<td>Did I maintain an average of 5-8 hours of sleep?</td>
<td></td>
</tr>
<tr>
<td>People in support?</td>
<td></td>
</tr>
<tr>
<td>Helpful reminders?</td>
<td></td>
</tr>
</tbody>
</table>
AFFIRMATIONS!

I AM WORTHY OF GREATNESS

I LOVE MYSELF

I AM PROUD OF MYSELF AND EVERYTHING I CAN ACCOMPLISH TODAY

I AM UNIQUE AND IN CHARGE OF MY OWN HAPPINESS

I AM FOCUSED AND WILL WALK THROUGH MY FEARs TODAY

MY EXISTENCE ALONE MAKE THE WORLD A BETTER PLACE
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorders</td>
<td>Mental health conditions involving excessive worry and fear, leading to avoidance behaviours.</td>
</tr>
<tr>
<td>Cultural Sensitivity</td>
<td>The awareness and consideration of cultural differences when reporting on mental health topics. It involves avoiding stereotypes, respecting diverse beliefs, and promoting inclusive language and representations.</td>
</tr>
<tr>
<td>Depressive Disorders</td>
<td>Mental health conditions characterised by persistent sadness and loss of interest in activities.</td>
</tr>
<tr>
<td>“Do No Harm” Mindset</td>
<td>An ethical approach that prioritises the avoidance of harm or negative consequences when reporting on sensitive topics.</td>
</tr>
<tr>
<td>Ethical Considerations</td>
<td>The principles and practices that guide responsible and compassionate reporting, including emphasising the need for privacy, confidentiality, avoidance of harm, and respecting the dignity and rights of individuals, particularly those from vulnerable demographics.</td>
</tr>
<tr>
<td>Gender-Based Violence (GBV)</td>
<td>Acts of violence that specifically target women and girls on the basis of their gender, including physical, psychological, and economic abuse.</td>
</tr>
<tr>
<td>Infodemic</td>
<td>The rapid spread of misinformation, often facilitated by digital communication technologies and social media.</td>
</tr>
<tr>
<td>Informed Consent</td>
<td>The voluntary and knowledgeable agreement of an individual to participate in an activity or provide information after being fully informed about its purpose, risks, benefits, and other alternatives.</td>
</tr>
<tr>
<td>Intersecting Identities</td>
<td>The overlapping and interconnected aspects of an individual’s identity, such as gender, ethnicity, religion, and economic status, which can impact their mental health experiences.</td>
</tr>
<tr>
<td>Mental Health Disorders</td>
<td>A wide range of conditions affecting mental and emotional well-being, including depression, anxiety, bipolar disorder, and schizophrenia.</td>
</tr>
<tr>
<td>Mental Health Helplines</td>
<td>Phone lines and support services that provide immediate assistance and counselling to individuals experiencing mental health crises or distress.</td>
</tr>
<tr>
<td><strong>Positionality</strong></td>
<td>The various aspects of an individual’s identity, including gender, religious, political, and cultural views, beliefs, and assumptions, which can influence his/her perspective and approach when reporting on topics such as mental health.</td>
</tr>
<tr>
<td><strong>Post-Traumatic Stress Disorder (PTSD)</strong></td>
<td>A mental health condition resulting from exposure to trauma or extreme stress.</td>
</tr>
<tr>
<td><strong>Privacy and Confidentiality</strong></td>
<td>Respecting the right to privacy and safeguarding personal information when reporting on sensitive mental health issues.</td>
</tr>
<tr>
<td><strong>Resilience</strong></td>
<td>The ability of individuals or communities to adapt, cope, and recover from challenges and adversities, including mental health issues.</td>
</tr>
<tr>
<td><strong>Sensationalism</strong></td>
<td>The practice of presenting news or stories in an exaggerated or dramatic manner to attract attention and increase audience engagement, potentially negatively impacting mental health reporting.</td>
</tr>
<tr>
<td><strong>Socio-Cultural Factors</strong></td>
<td>Societal and cultural influences that impact the beliefs, feelings, behaviours, and ultimately health outcomes within a specific community.</td>
</tr>
<tr>
<td><strong>Stigma</strong></td>
<td>Negative attitudes, beliefs, and stereotypes associated with mental health conditions that can lead to discrimination and social exclusion.</td>
</tr>
<tr>
<td><strong>Telemedicine</strong></td>
<td>The use of technology, such as phone calls or video conferencing, to provide healthcare services remotely.</td>
</tr>
<tr>
<td><strong>Trauma</strong></td>
<td>The emotional and psychological response to a distressing event that overwhelms an individual’s ability to cope, leaving him/her feeling overwhelmed and vulnerable.</td>
</tr>
<tr>
<td><strong>Trauma Informed</strong></td>
<td>An approach that prioritises safety, trust, and empowerment when working with individuals who have experienced trauma. In media reporting, it involves using sensitive language, minimising harm, and providing resources for those affected by traumatic topics.</td>
</tr>
<tr>
<td><strong>Vulnerable Populations</strong></td>
<td>Groups or individuals who may be at a higher risk of experiencing mental health challenges due to various factors, such as socioeconomic status or exposure to trauma.</td>
</tr>
<tr>
<td><strong>Work-Life Balance</strong></td>
<td>Striking a healthy equilibrium between work commitments and personal life, allowing time for rest, hobbies, and leisure activities.</td>
</tr>
</tbody>
</table>
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Contact Us

Mental Health KAFE (MHKAFe)
Info@mentalhealthkafe.org
www.mentalhealthkafe.org

Centre for Journalism Innovation & Development (CJID)
info@CJID.org
www.cjid.org

Association of Psychiatrists in Nigeria (APN)
hello@apn.org.ng
http://www.apn.org.ng/

For additional resources on mental health reporting in Nigeria, please visit the MHKAFe knowledge hub HERE!
Mental Health Reporting:
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