

# Reasons for attempting suicide: An exploratory study in Ghana

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## Abstract

This study examined the reasons for suicide attempts among patients in Ghana. Semi-structured interviews were conducted among 30 informants who had been hospitalized for attempted suicide. Interpretative Phenomenological Analysis (IPA) was used to analyse the transcribed narratives, and five main themes emerged: 1) lack of support; 2) abandonment; 3) shame; 4) existential struggles; and 5) supernatural reasons. There were gender differences with abandonment reported by only women and shame associated with economic difficulties reported only by men. Findings are discussed within the context of a socio-cultural theory of suicide behaviour, and implications for the prevention of suicide and care of suicidal persons are suggested.

## Keywords

explanations, gender differences, Ghana, reasons, suicide attempt, suicide behaviour

## Introduction

In Ghana, suicidal behaviour is socially proscribed and attempted suicide is criminalized. The 1960 Criminal Code, Act 29, Section 57 states that: “Whoever

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attempts to commit suicide shall be guilty of a misdemeanour.” There are also reports of criminal prosecutions of suicide attempters in the country (Adinkrah, 2012; Hjelmeland et al., 2008; Osafo, Hjelmeland, Akotia, & Knizek, 2011a). The consequence of such stigma and criminalization of attempted suicide in Ghana presents a serious challenge to the health care system leading to underreporting and poor recording (Adinkrah, 2010, 2012).

Though many countries have responded to the World Health Organization’s (WHO) call to implement suicide prevention programmes, many low and middle income countries (LMICs) have not yet done so (WHO, 2012). This may be due to the common belief that the suicide rate is low in such countries (Khan, 2005). This perception may be held because of the high number of deaths caused by communicable diseases and malnutrition compared to suicide, which may be underreported in LMICs (Vijayakumar, Pirkis, & Whiteford, 2005). However, data from the WHO mortality database indicate that most suicides occur in LMICs (WHO, 2014). In spite of this, our understanding about suicidal behaviour is based mainly on information from high-income countries, making it uncertain which particular factors influence suicide in LMICs (Mars, Burrows, Hjelmeland & Gunnell, 2014; Randall, Doku, Wilson & Peltzer, 2014). Unlike Western data, which present psychiatric disorders as risk factors for suicide, research in LMICs suggests that social, economic, political, and cultural factors are significant precipitants of suicide (Manoranjitham et al., 2009; Randall et al., 2014). For example, Zhang (2010) reported low rates of mental disorders in suicides by young married women in rural China and argued that marriage limited a young woman’s social interactions and increased the risk for suicide. Studies in Ethiopia (Alem, Jacobsson, Kebede, & Kullgren, 1999), Benin (Randall et al., 2014; Vijayakumar, John, Pirkis, & Whiteford, 2005), and Asia (Chen, Wu, Yousuf & Yip, 2011; Chen, Wu & Yip, 2011) have revealed similar trends, with sociocultural factors such as acute life stress, interpersonal difficulties, family disputes, and socio-economic difficulties playing an important role. In a recent systematic review that sought to understand the association between suicidality and economic poverty in LMICs, the results showed a consistent trend at the individual level implicating poverty (especially in the form of worse economic status, diminished wealth, and unemployment) as associated with suicidality (Iemmi et al., 2016). The role of psychiatric factors in suicidality in LMICs cannot be denied, but the connection between suicide and mental disorder emphasized in the West does not sufficiently recognize the role of social factors identified by studies in LMICs.

Suicide research in Ghana has burgeoned in recent years but there are still no accurate statistics available (Knizek, Akotia, & Hjelmeland, 2010; Osafo et al., 2015b; Osafo et al., 2011a; Osafo, Knizek, Akotia, & Hjelmeland, 2011b). It is important to understand the reasons for engaging in suicidal behaviour as well as to explore the nature of the precipitating factors (chronic and acute) to facilitate the planning of suicide prevention programmes in the country.

Previous studies in Ghana have largely focused on attitudes toward suicide in student populations (e.g., Eshun, 2003; Hjelmeland et al., 2008; Knizek et al., 2010;

Osafo et al., 2011a), psychologists and nurses (Osafo, Knizek, Akotia, & Hjelmeland, 2012), and lay persons (Osafo et al., 2011b). However, only a few studies have examined suicide from the suicide attempters' perspective (e.g., Akotia, Knizek, Kinyanda, & Hjelmeland, 2013; Osafo, Akotia, Andoh-Arthur, & Quarshie, 2015b). Considering that a previous history of attempted suicide is one of the most important precursors to suicide (WHO, 2014), further studies of the reasons for such acts are important in any efforts to prevent suicide. The purpose of this study therefore was to investigate the reasons for attempting suicide as expressed by people who have attempted suicide in Ghana.

We defined attempted suicide in line with De Leo, Burgis, Bertolote, Kerkhof, and Bille-Brahe (2006) as "a nonhabitual act with nonfatal outcome that the individual, expecting to, or taking the risk to die or to inflict bodily harm, initiated and carried out with the purpose of bringing about wanted changes" (p. 14). The terms "motives," "reasons," and "intention" are used interchangeably in the literature and this creates much conceptual confusion (Hjelmeland & Knizek, 1999; Hjelmeland & Hawton, 2004). The present study did not set out to resolve such conceptual issues but rather focused on factors that may have influenced a person to engage in suicidal behaviour. We chose the term "reasons" and not "causes" to represent this (Hjelmeland & Knizek, 1999) because we focused on participants' own explanations of their actions.

## Method

### *Setting*

This study was conducted in Accra, the capital city of Ghana. Mental health care in the country is largely underfunded despite a great demand for it in recent years (Read, Adiibokah, & Nyame, 2009; Roberts, 2001). There are also very few mental health professionals and few mental health facilities in Ghana, with most of them concentrated in the capital.

### *Participants and procedure*

Thirty persons (12 men and 18 women; age range 18–46) who had attempted suicide and were admitted to one of five hospitals in Accra participated in the study, which forms part of a larger research project on suicide in the cultural contexts of Norway, Ghana, and Uganda. To protect anonymity, other details of demographics were not reported due to the sensitive nature of the topic in Ghana.

Data were gathered by means of narrative interviews. We used open-ended narratives because we wanted to understand how people who engage in suicidal behaviour themselves explain their actions (Hjelmeland & Knizek, 2010). Three major questions were asked: "What actually happened?"; "What led to the suicidal behaviour?"; and "How did those around you react to your behaviour?" This paper focuses on the responses to "What led to the suicidal behaviour?"

Emergency room nurses were informed about the study and invited to contact the first author anytime a potential informant was admitted. Inclusion criteria were: all patients age 18 or older, who attempted to kill themselves (e.g., by drinking something harmful such as poison, detergent, acid, etc. or injuring themselves) with the intention to die, and were brought to the emergency unit of the hospitals for medical attention. Exclusion criteria included: below 18 years of age and lack of suicidal intent (i.e., those who indicated they had accidentally swallowed or ingested something harmful). Within a week of referral, consent was sought from participants and interviews were conducted at their convenience. Informants had all been brought to the hospitals or clinic after their suicidal act by an immediate family member or a neighbour. The majority had either ingested some form of poison or taken a drug overdose. At the time of the interviews, none of the informants had received any diagnosis of a medical or mental condition, and no one indicated that he or she was suffering from any known medical or mental condition when he or she was admitted. All informants indicated that what had led them to be admitted was their suicide attempt. All interviews were conducted by the first author (a native Ghanaian psychologist) in a private office in the emergency departments of the hospitals. With permission from the informants, the interviews were audio-taped and later transcribed verbatim. The interviews lasted from 30 to 40 minutes with one exception, where it lasted for only 15 minutes due to the participant's distress. Attempts to re-schedule the interview failed. Interviews were mostly conducted in English except for three interviews where informants spoke in Twi (the predominant local language). These local language interviews were translated verbatim by a native speaker proficient in English. The translations were cross-checked by the native authors of the paper for conceptual corrections.

The study was approved by the Noguchi Memorial Institute for Medical Research Institutional Review Board (NMIMR-IRB) at the University of Ghana and by a Regional Research Ethics Committee in Norway. Informants gave informed consent prior to the interview. For reasons of anonymity and confidentiality, only the informant's age and sex were recorded. Participants were also assured that the study was solely for research purposes and would not be used to prosecute them. We also informed participants of the availability of a psychologist/counselor should they require help following the interview. None of the informants, however, expressed the need for psychological help, nor did any opt out of the study.

### *Data analysis*

Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2008) was employed in analysing the data. The IPA provides a set of flexible guidelines that can be adapted by individual researchers in light of their research aims (Smith & Osborn, 2008). The procedure of analysis in this study was as follows: the first author read through the transcripts several times in order to become familiarized with the data, while noting what is interesting and significant about

the participants' narration. Meaning units were then extracted and comments assigned for each unit (Smith & Osborn, 2008). A higher level of abstraction was then obtained, where recurrent themes were selected to represent the emergent themes. This higher level allowed theoretical and logical connections to be made within and across the interviews (Smith & Osborn, 2008). All co-authors read the interview transcripts and these were discussed in meetings before actual analysis began. Each interpretation went through a rigorous process where all members of the research team played very active roles in taking turns to critically scrutinize the themes identified by the first author. Further, during interviews, summaries and clarifications of narratives were sought from participants. Such steps were taken to minimize bias and subjectivity and improve the trustworthiness of the analysis as suggested by Steinke (2004).

## Findings

The reasons given for suicide attempts were categorized into five broad themes: *Lack of Support*; *Abandonment*; *Shame*; *Existential Struggles*; and *Supernatural Reasons*. There were some striking gender differences in the reasons given for the suicide attempt and are discussed below along with the main themes.

### *Lack of support*

For a majority of the women, the reasons for the suicide attempt related to lack of social support:

My parents are not here...I cannot call on them...I call my mum on the phone...and she says she is tired of me and my calls...so if someone tells you she is tired of your calls, anytime I have a breakdown, I can't call her again. So I end up being by myself, in my room. (Woman, 31)

This informant clearly expressed her need of a close and supportive relationship. She sometimes "breaks down" and cannot depend on her family for support. In Ghana, social arrangements involve pervasive interdependence, and people tend to expect social support in such contexts where there is a strong social ethic (Gyekye, 1995, 1996). When this seems to have failed the meaning of life itself may be threatened. The importance of social support as a key resource for strengthening coping and well-being has been discussed by Compton, Thompson, and Kaslow (2005) who found, in a study of African Americans, that lower reported levels of both social embeddedness and social support increased the relative rate of suicide attempts. In a cultural context like Ghana, where there is a high level of cohesiveness and interdependence, a good social support system is essential for subjective well-being (Triandis, 2000). Any lack therefore of such support could be detrimental to the survival of its members.

However, with regard to the men who participated in the study, their expectation of support seemed more of a material nature and appeared to be based on demand. Therefore, they viewed support from their relatives as a right and an obligation. This strong sense of social ethics places responsibility on everyone to create a social network in which help is available to persons in need. When relatives failed to support them, they resolved to attempt suicide. One example came from a young man who expected to receive financial help from his siblings but did not receive it:

My brothers did not help me. I am their last born... Asking them to give me small amount of money to manage my life over here in Ghana has become a bone of contention. But when I die, they will wish to spend money on me. That was why I did what I did. (Man, 44)

Apparently, this informant counted on his older siblings to help him establish himself financially but did not receive any such help. He alluded to his family's readiness to lavish money on his funeral should he die, and yet they were not willing to help him out of the financial crises he faced. Such thinking is consistent with the pervasive adage in Ghana that "*abusua do funu*," literally translated as "the family cherishes the corpse," a sarcastic statement that is often meant to criticize the propensity of Ghanaian families for grand funerals when a member dies as a means of enhancing their social image (de Witte, 2003). By implication, the informant found that attitude illogical and unacceptable. His reason for the suicidal act appeared to be reinforced by this thought, vestiges of which he might have found in his brothers' unwillingness to help him during crisis. Thus, in contrast to the women, who were in despair because of a lack of social support, this man was aggressively soliciting what he viewed as a right, more than a sheer act of benevolence from his brothers, and consequently saw the act of suicide as a retribution.

### *Abandonment*

In a recent study of suicide among men in Ghana, loss of economic control was reported to create a sense of abandonment (Andoh-Arthur, Knizek, Osafo, & Hjelmeland, 2018). In the present study, however, only women expressed abandonment as a reason for their suicide attempt and this was predominantly related to difficulties in romantic relationships. In Ghana, where many women are economically dependent on men, disappointment from their male partners is likely to affect not only their self-esteem but their financial survival and result in serious consequences such as suicide:

Ever since I started dating this man, I have had two ectopic pregnancies and my womb and ovaries have been removed, and today he is telling me it's over between the two of us... where am I going to start from? He has destroyed my life. (Woman, 28)

This woman blamed her boyfriend for sustaining serious health problems. She might have thought that the experience of such health debilities would deepen the man's commitment to her. On the contrary, her boyfriend abandoned her and she felt exploited and perhaps abused. The decision from the man, she reasoned, amounted to destroying her life since the potential for conception and motherhood appeared permanently lost. She saw death as an escape from the ridicule she is likely to face (as a barren woman) in a culture that strongly endorses feminine fertility. Children are valuable because they bring prestige to the lineage and most often are also considered important economic assets (Adomako Ampofo, 2001; Gyekye, 2003). There is therefore a high expectation that a woman who is married brings forth children. Among some sub-cultures, a husband usually bestows special public honour to his wife for producing a child (Adomako Ampofo, 2001). In contrast, a married woman who is not able to bear children suffers humiliation and sometimes ridicule or abuse (Gyekye, 2003). In Ghanaian traditional culture, children are perceived as social security in old age. Inability to bear children thus also means that the person's *social security* is threatened. Hence, for this informant, the reality of the loss of key reproductive organs can lead to a feeling of uselessness in society and this informant will face the full consequences of childlessness.

### Shame

The theme of shame was only cited by men as a reason for attempting suicide. This involved situations that participants perceived as disparaging to their social standing or image because they were considered to carry consequences of shame, embarrassment, and/or disgrace. The situations participants considered as leading to shame included *financial issues* and *marital infidelity*.

*Financial challenges* were mainly due to difficulties in repaying a loan, suspicion of forging company documents, and loss of a business. In a context where men are expected to provide economically for their families, they might go miles to fulfil this expected role by seeking financial help from several sources. One such source is taking loans from banks or credit groups. For example, in the voice of one informant:

I took a loan from Barclays [Bank] and one other from Ghanafin, a private financial institution that deals with loans... So, Barclays takes from my salary and Ghanafin too... so I went to the bank on Monday thinking I will get something small to take and they said my account has been closed!... I blame myself for all these... I feel ending my life will resolve all these... my creditors will soon start chasing me... the shame and all that... Man, 34.

This informant agonized over the social consequences of the loan he could not repay. He entertained the nightmare of a loss of dignity if he was discovered and thus resolved that death could provide an escape from the impending shame. In Ghanaian society, successful masculinity is measured by the ability to meet the economic needs of one's family (Adinkrah, 2010). A man who is financially strained and

unable to provide for his family faces social stigma (Adomako Ampofo & Boateng, 2007). Thus, some financial security is needed for smooth interpersonal and familial relationships, and in a low-income country like Ghana, economic difficulty could push a person to the extreme and result in negative consequences such as suicide. A similar result was found by Alem et al. (1999) and by Knizek, Kinyanda, Owens, and Hjelmeland (2011) among Ethiopian and Ugandan men, respectively. In our study, the majority of men who reported financial crises as the reason for their suicide attempts often expected access to money as a means of achieving the social standing that protects and facilitates their social image.

In a few cases, shame resulted from false accusation. For example, a young man narrated:

I know I am innocent about what is happening. I don't understand why they have to suspect me of something that I don't know anything about. I just made my mind of taking my life instead of sitting down to be disgraced or anything of that sort . . . There is a treasurer at the place I have been teaching. Someone has signed the treasurer's signature to cash money from the bank and because of that, me being I am a new person, just over there, they thought that I knew something about the cheques. They think that I am responsible. It was unbearable. (Man, 29)

Issues of perceived *marital infidelity* were also a cause of shame for a few men:

I was feeling very sad, very sad that this has happened to me. Me! . . . for someone to be sleeping with my wife? I was so down and I thought the best is to end it all. In this case, I will not see or hear anything again . . . the humiliation . . . it's painful, you know. (Man, 28)

We can infer that this informant perceived the act of his wife as damaging his self-esteem. In Ghana, though society is quite permissive towards men who engage in extramarital affairs, it frowns upon married women who engage in similar behaviours. According to Adinkrah (2010), infidelity by one's wife could be construed as testament to a husband's inability to satisfy his wife's sexual and material needs (Adinkrah, 2010). Thus, in a society where male virility, sexual prowess, and economic success define one's status, infidelity on the part of a wife could be humiliating to the husband (Adinkrah, 2010). The thought of having lost face is unbearable to the extent that this informant decided to try to kill himself.

### *Existential struggles*

Some of our informants had lost faith, either in themselves or in God, which led to the suicide attempt. It is noteworthy that only men raised such existential struggles as among the reasons for their suicide attempts. *Loss of faith in themselves* describes a general feeling of inadequacy or sense of failure in life as a central reason for the suicide attempt. For example,

I don't have any sense . . . I shouldn't have been where I am today because I completed school in 2003 and I started getting salary. I have messed up my life! Sometimes, what I see in life is that I sometimes put the cart before the horse! (Man, 34)

We can glean from the above quote that this informant struggled with self-worth and failed ambition. He clearly indicated that he had not achieved much in life and, though he could have done better, he seemed to feel that he had "misused" his life. Consequently, he seemed disappointed in himself for not having achieved much despite having had opportunities. His low self-esteem was indicated by his personal evaluation that he had made consistent mistakes in life choices. His self-evaluation appeared to be very negative. In Ghana, where social expectations pressure men to provide for their families, internalizing such views of the self may amplify feelings of failure, inadequacy, and distress. This was also highlighted in a recent study of suicide among men in the country (Andoh-Arthur et al., 2018).

*Loss of faith in God* emerged as an existential struggle for some of our informants. Having religious faith and hope is found to enhance coping capacity in times of distress and thus the loss of it can leave the individual very vulnerable (Koenig, 2010). This was depicted by some of our informants. For example, one young man said:

. . . I bought the drug because I was thinking that for me, who has given my life to God, some things should not be happening in my life, everyday . . . I wanted to end it all. All the things happening to me, I believe God should have fought for me but that did not happen. (Man, 28)

This informant seemed to have invested his hope in God and expected God to save him from his challenges, but this did not happen. A sense of magical thinking seemed to undergird his expectation that God should intervene in every negative situation in his life. This created inner conflicts or spiritual crises as his beliefs in a divine support were met with repeated disappointment. Generally, having faith in one's religion may help individuals cope with stress in challenging situations (Folkman & Moskowitz, 2004; Pargament, 1997). However, in this case, the informant's faith failed him and exacerbated his suffering.

### *Supernatural reasons*

A few male informants claimed that supernatural forces beyond their control pushed them to kill themselves. For one informant, "It was like a spirit entered me to do it" (Man, 46), while another accuses a fetish priest of being responsible for his attempt:

She came to my home one day with a fetish priest. When the fetish priest came to me with her, she told me "I will see." From then, I started feeling uneasy and always felt like killing myself . . . [sighs!] I then run to the station and . . . I then opened one of the cars and drank the battery water. (Man, 35)

These men denied responsibility for their action and put the blame on a powerful external force. Generally, many Ghanaians believe in supernatural powers such as magic, witchcraft and sorcery, to the extent that the causes of their problems are blamed on supernatural forces (Nukunya, 2003). Considering the Ghanaian social context, where men are expected to be brave and face challenges in life (Adinkrah, 2010), denying responsibility and blaming external forces for their action perhaps saves them from ridicule.

## **Discussion**

This study aimed to explore the reasons for suicide attempts as expressed by the suicide attempters themselves. The findings indicate that the reasons for attempting suicide cut across a variety of problems such as lack of support, shame, abandonment, existential struggles, and supernatural reasons. The reasons were also chronic in nature, which is to say that they represent crises the attempters have struggled with over a long periods of time (Morrow, Bryan, & Appolonio, 2010).

Generally, our findings point to the socio-cultural context within which our informants live as influencing the reasons for suicide attempts. Researchers in other LMICs have had similar findings (e.g., Alem et al., 1999; Gunathileke, 2001; Khan, 2005; Kinyanda, Hjelmeland, & Musisi, 2004; Knizek et al., 2010; Knizek et al., 2011). In an interdependent society, such as Ghana, the importance of cohesive values and good social support systems cannot be overemphasized (Triandis, 2000). In light of this, social disconnection, loss of meaning, a deep sense of despair and a host of other sociocultural factors can lead to serious consequences, including suicidal behaviour.

We found some gender differences in the reasons for attempting suicide. For example, only men said they resorted to suicidal behaviour when faced with shame, existential struggles, and supernatural reasons. Women, on the other hand, expressed that they tried to kill themselves when they felt they lacked social support or faced abandonment. In an extensive review by Canetto (2008) of the cultural analysis of the meanings of suicide around the world, she argued that gender-based cultural meanings of suicide are socially constructed. For example, studies indicate that female suicidal behaviour is more often believed to result from interpersonal problems such as arguments with another person or the end of a romantic relationship as compared to male suicidal behaviour, which is thought to be a reaction to challenges related to male role expectations such as financial problems (McAndrew & Garrison, 2007). Some studies in Uganda, however, appear to blur this sharp contrast between male and female perceptions of suicide depending on the context (Knizek et al., 2011). Contextualizing our findings, we can assert that suicide may be ascribed to different reasons for men and women, mirroring their roles in the society. In Ghana, for example, for women, abandonment means loss of future in terms of security, and becoming outcasts in society. On the other hand, for men, economic difficulties mean loss of self-worth, lack of recognition and respect from society, equally becoming outcasts (Andoh-Arthur et al., 2018).

We can use the socio-cultural theory of behaviour that focuses on how behaviours and attitudes are shaped by social and cultural influences to explain some of the findings. Individuals are viewed as active meaning-makers in their various contexts (Markus & Hamadani, 2007). Thus, individuals are not separate from their social contexts, and contexts do not exist apart from, and outside of, people. Factors such as culture, religion, gender, age, status, ideas and practices intersect to influence people's varied reactions towards the same context. By implication, people are born into a socio-cultural matrix that shapes their ideas, attitudes, and the meanings they have about suicide (Shneidman, 1985). In our study, cultural expectations, social arrangements, and traditional practices are factors that seem to influence suicidal behaviour. Women are viewed as dependent on others, while men are supposed to be more independent. Masculinity in Ghana is constructed in a way that creates the expectation that a man should be able to work and provide for his family (Adinkrah, 2010; Adomako Ampofo, 2001) and any deviation might cause shame. In interdependent societies, shame is of central importance when social relationships are considered (Ahuvia, 2002; Tang, Wang, Qian, Gao, & Zhang, 2008), and some of our men explained the reason for attempting suicide as shame. It is evident from our findings that not being able to provide for one's family as a man in this socio-cultural context is grave enough to push some men into suicidal crises. For women, seeming to lose one's status as a "true Ghanaian woman," someone who is socially expected to be married and have children, was a contributing factor to their suicidal behaviour.

A finding in this study that is consistent with other studies is the relationship between spiritual struggles and suicidality (Hill & Pargament, 2003; Pargament, Murray-Swank, Magyar, & Ano, 2005; Rosmarin, Pargament, & Flannelly, 2009). These are situations in which people experience distress, intrapsychic conflict, or interpersonal disagreements related to religious or spiritual issues, and the purpose and meaning of life (Bryant & Astin, 2008; Exline & Bright, 2011).

Other studies in Africa have reported that suicidal behaviour along with other mental health problems may be attributed to supernatural or diabolical influences. The African cosmology is suffused with supernatural beliefs about the involvement of spiritual forces in people's mental life and in most cases influences health-seeking behaviours (Kpanake, 2018; Osafo, Agyapong, & Asamoah, 2015a). In the present study, some informants did claim such diabolical influences which may have affected their readiness to seek early help. Providing psychoeducation might be helpful in addressing the health-seeking implications for such beliefs.

## Conclusion

In conclusion, the reasons for suicide attempts provided by participants in our study were consistent with literature that suggests that reasons for suicide in LMICs appear to be largely social and cultural (Vijayakumar, Pirkis, et al., 2005). Considering that persons who have attempted suicide are at risk of repeated attempts and of death by suicide (Morgan & Hawton, 2004), it is important to address the psychosocial issues

faced by these patients during their hospital stay. There is evidence that emergency ward nurses' negative attitudes towards suicidal persons in Ghana affect the quality of care they provide for such patients (Osafo, Knizek, Akotia, & Hjelmeland, 2013). Therefore, receiving appropriate care at the hospital is a critical issue that must engage the attention of health professionals. However, in a low-income country like Ghana, with limited mental health resources, health para-professionals (such as religious leaders) should be trained to help provide care for persons who attempt suicide upon discharge. The Ghana Mental Health Act 846 and Health Professionals Act 857 (Part 5 of which establishes the Ghana Psychological Council) encourage collaboration with non-professionals or para-health professionals to help improve mental health services in the country.

Prevention strategies that focus solely on the identification and treatment of mental illnesses may not be compatible with local understandings and reasons for suicide attempts (Li, Phillips, & Cohen, 2012). Rather, mental health workers generally need to conduct a holistic assessment of the suicidal person in context, looking for potential social and cultural issues that may be contributing to their distress. This means we should exercise caution not to overemphasize psychiatric conditions (thought to be common precipitants to suicide) over the prevailing sociocultural conditions leading to psychological distress in the general population. Cultural competence that recognizes the importance of social and cultural contexts in suicide, and how to manage them effectively, is therefore an important issue (Fernando, 2003).

Lack of social support was a major reason for the suicidal act. This may reflect some overall level of social disconnection in the lives of the informants (and potentially other people in the general population). Community-based suicide prevention programmes such as support groups or self-help groups could facilitate social relations and connectivity among individuals in the community and reduce the potential for suicidal crisis. Such broad-based community-wide programmes that aim to empower individuals in communities have worked in other LMICs and must be encouraged in Ghana (Chen et al., 2011). This is especially relevant due to the workforce crisis in LMICs (Saraceno et al., 2007).

Finally, in terms of primary prevention, public education is needed to address potentially adverse cultural beliefs that promote death rather than resilience during times of crisis. For example, there is a popular Akan saying that expresses cessation of crisis after death: "crises are over when one is dead" (*wo wu a n'asa*). This belief could undermine help-seeking behaviour and reinforce the likelihood of acting on impulse during suicidal crisis. Promoting positive mental health and creating awareness to reduce stigma may also be helpful in reducing suicide attempts in the country.

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