

## Case Study 2: Mental illness and community attitudes

### Transcripts of interviews

#### Interview 1: Mothers protesting

*Three women are gathered at the steel security gate of a suburban home. They are carrying a sign that reads "SAVE OUR CHILDREN". This shot locates the story and the interviewees as "eye witnesses". Do these women have any useful information to offer? Are they credible? Why?*

REPORTER: Good-morning. James Anthony from the Chronicle. Could you ladies fill me in on the problem here?

WOMAN 1: Well, it's like this. We've all got our kids at this day care centre and we've just found out they're all mentally ill.

*How have the women obtained this information?*

*Has a medical diagnosis actually been made or are people using the term inappropriately?*

REPORTER: Who's mentally ill?

WOMAN 2: The family that run this place! Joan Smith and her daughter.

WOMAN 1: Old Granny Smith, that's what the kids call her.

WOMAN 2: Now it turns out that they're all bloody mad!

WOMAN 1: Worse than that, she's tried to put our kids into the care of her schizo daughter, without anyone knowing.

*Is it appropriate to use terms such as "mad" and "schizo", even as quotes? What is the effect of using these terms?*

REPORTER: Do you mean Debbie Smith? She's been helping her mother here for some time hasn't she?

WOMAN 2: That's right. She has been left alone with our kids for hours at a time. Now it turns out she's got schizophrenia, and she's had it all this time.

*Does the term "schizophrenia" give the journalist a better understanding than "mentally ill"? Why?*

WOMAN 1: It's outrageous that we weren't told about it.

*Which is more important, the individual's right to privacy and freedom from discrimination, or the community's right to know?*



WOMAN 2: Community Welfare must have known about this when they first said Granny could run a day care. Leaving our kids with someone like that. We only found out because she's tried to sign the business over to Debbie. God knows what could have happened all these years!

WOMAN 3: Be fair now. I mean Debbie's always been great with the kids. She's always polite, and the kids really love her. She's a real sweetie. I can't imagine her hurting anyone. And it's the same with old Mrs Smith, the kids love coming here.

***What assumptions are the women making about mental illness and schizophrenia? Does their experience with Debbie support their fears? What are they basing their assumptions on?***

WOMAN 2: That's not the point. I feel for Granny, I really do, but we have to put our kids first. I've never had any trouble with Debbie either but you know what they're like, they can turn without warning.

WOMAN 1: That's right. It's just that we should have been told. We should have known about her so that we could decide whether or not we're going to risk it.

REPORTER: Risk what?

WOMAN 1: You know, something happening. She could get violent and hurt someone. Old Granny's getting old now and I'm not sure whether she'd be able to control her.

WOMAN 3: Debbie's not dangerous, I don't think so anyway. But if she's sick, shouldn't she be in a hospital or something, rather than hanging out with a bunch of preschoolers?

***What are the facts about mental illness and violence?***

REPORTER: Well, thank you everybody for your time.

WOMAN 1: Hey, when this gonna be on the news?

WOMAN 2: It's Community Welfare you should be talking to.

## **Interview 2: Granny Smith**

***The reporter is waiting at the closed security door of the house. Mrs Smith, comes to the door but doesn't open it. The reporter speaks to her through the door.***

REPORTER: Mrs Smith? I'm a reporter from the Chronicle. I'd like to talk to you about your family day care service.

***What are the issues attached to using footage from an interview conducted through a door?***

MRS SMITH: What do you want? Why don't you leave us alone?

***Does Mrs Smith's demeanour affect her credibility?***

REPORTER: Please Mrs Smith, we're just trying to get your side of the story. We've been told that residents are protesting about your daughter taking over.

MRS SMITH: Those people are sick. Twenty years I've been here, twenty years and nothing but praise. Now they cross the street when they see me. People are so cruel.

***This quote, taken out of context, could be very inflammatory within the local community. What useful purpose, if any, would be served by including it?***

REPORTER: What about Debbie? How's she taking all this?

MRS SMITH: You leave Debbie out of it. She's never hurt anyone. She's the real victim here, you know. Those do-gooders from Community Welfare don't know the harm they're doing!

***This quote illustrates Mrs Smith's anger at the authorities that brought the matter to public attention. Should it be included in the report? What news values does this prioritise?***

REPORTER: What did Welfare do?

MRS SMITH: You don't know? You must be the only person who doesn't. They went all around the neighbourhood telling everyone about Debbie's schizophrenia. Now they must have known how people would react. And they didn't even warn us.

REPORTER: It must be very difficult dealing with someone with schizophrenia.

***What is the effect of the reporter describing Debbie as "a person with schizophrenia" instead of "a schizophrenic"?***

MRS SMITH: Oh, it's a terrible illness. But she's been getting help and hasn't had any problems in years. And she's been helping me in the day care for the last 10 years and everybody loves her. Or they used to. But now they treat her like some kind of monster. It breaks my heart!

***How does this relate to the parents' view of Debbie?***

REPORTER: What are the symptoms of Debbie's illness, Mrs Smith?

MRS SMITH: It's like I told you, she hasn't had any problems for years. She takes tablets to stop her getting sick a takes good care of herself. And she's got a marvellous doctor just down the road who she really trusts.

REPORTER: You mean she only sees a GP, she doesn't need to see a psychiatrist?

***The journalist may be tempted to frame the story based on this information (e.g. "schizophrenic childcarer doesn't see psychiatrist"). What might be the impact of such a frame?***



MRS SMITH: No, she does not! And I'm not gonna tell you anything else for you to twist around and tell other people. It's none of your business and none of their business. Now go away and leave us alone. People like you have done enough damage already!

***What would be the effect of including this attack on the media in the report? Is it justified?***

### **Interview 3: Community Welfare**

#### ***In the office of the Director of Community Welfare***

MS ANDERSON: Hello James, do sit down. You're very punctual today. Would you like a tea or coffee?

REPORTER: No thanks, I'm fine.

MS ANDERSON: Now, before we go "on the record", I'd just like to clarify what it is we're talking about today. Now, you know I can't divulge any confidential information.

REPORTER: I want to ask you why the Department has given approval for a mentally ill person to run a family day

***What is the journalist implying about people with mental care service? illness?***

MS ANDERSON: Oh, that's the problem is it, the new application for the Smith Day Care Service? Well, as you know, though I am the spokesperson for the Department, I am not able to give you any confidential information about our day to day operations. I can confirm that we have received an application from an individual in relation to the day care service presently operated by Mrs Joan Smith. All I can say that at the moment, is that no decision has been made.

REPORTER: So you have received an application from a person with schizophrenia? What do you intend to do about it?

MS ANDERSON: As I said previously, I cannot comment on any confidential matters. I can only advise that at the moment, no decision's been made.

REPORTER: The public are very interested to know the sort of checks and safeguards in place to ensure the safety of their children.

***Authorised speakers for institutions in society are often very formal in their dealings with journalists. A reticence on the part of such an interviewee can easily be construed as aloofness or a lack of concern for individuals affected by an issue.***

MS ANDERSON: Of course. Our priority is to ensure that any children in services we approve, are safe. That's why we screen all applicants very carefully.

REPORTER 2: But isn't it true that a person with schizophrenia has been working in a day care service for some years now, and that the parents who use the service had no idea about her mental illness?

***This statement has the potential to be used to substantiate both a positive and a negative spin on the story. How it is used depends on the context and the statements before and after this grab.***

MS ANDERSON: I can assure you, and the public, that we take any risk to children's safety very seriously. The Department would never allow someone who was unsuitable to run a child care service. That's why we screen all applicants very carefully. However, we don't screen those who assist in family day care services, only those who actually apply to run them.

***This statement could be used either to support the actions of Community Welfare or to accuse them of discrimination.***

REPORTER: OK, so she hasn't actually been running the service, but she has been working there without people knowing her history. And so far, you haven't rejected her application, so she could actually be running the service in the future.

MS ANDERSON: I can only say that we consider all applications very seriously.

***Depending on the context created around these quotes, they could be used as an admission by Welfare that the situation was kept secret.***

REPORTER: You must know that the parents who use the service are very angry that they haven't been told about this woman's history.

MS ANDERSON: Yes, look, I can sympathise with them, and I understand why they might be angry, but I can't do anything about it, it's the way the system works!

***This quote, especially if prefaced with the question, could be construed as an inflammatory statement and admission by Welfare that the situation was mishandled.***

REPORTER: I understand, but looking at it from a slightly different viewpoint. You said before that neither yourself, nor your department can divulge any confidential information. Yet, members of your department are talking to parents. They're advising them about Debbie Smith's mental illness. Now doesn't this constitute discrimination against the individual concerned?

MS ANDERSON: I am aware that some such conversations took place. Look, It is our policy to talk to the people whenever there is a proposed change that might affect them. That's why we were talking to the parents of the children. I can assure you that we take any risk to children's safety very seriously.

***What does this imply about confidentiality of information and the individual's right to privacy?***

REPORTER: Ms Anderson, thank you for your time.



#### **Interview 4: Psychiatrist**

REPORTER: Dr Phillips, in your professional opinion, can a person with schizophrenia be trusted to run a family day care service?

DR PHILLIPS: That's a very difficult question to answer without knowing the individual. Schizophrenia is a very complex and serious illness, which affects many people in different ways.

REPORTER: Can schizophrenia be cured?

DR PHILLIPS: Schizophrenia can't be cured. But people can recover and lead reasonably normal lives. In fact, between 25 and 40 percent of people who have a psychotic episode recover and never have another one. There are some people who, without proper care, can be seriously ill.

REPORTER: In what ways? What are the symptoms?

#### ***Does this support or contradict prior information about Debbie?***

DR PHILLIPS: Well, the most common symptoms of schizophrenia are hallucinations, hearing or seeing things that aren't there, and very confusing thoughts. This can be very frightening for the person and they can react in ways which seem strange for other people.

#### ***This may be an important quote to include if the aim is to increase understanding about the reality of schizophrenia.***

REPORTER: Is there a risk of violence when somebody becomes so confused?

DR PHILLIPS: There is a slight increased risk of violence. But, there's more risk of violence with drug or alcohol abuse than mental illness. People with schizophrenia are more likely to harm themselves than anyone else.

#### ***Based on this information, is there any basis for the parents' fears?***

REPORTER: If they were to harm themselves, this would be very distressing for anybody nearby wouldn't it, especially children?

DR PHILLIPS: Oh yes, very distressing, but you have to remember that schizophrenia can be treated by medication and community support. People with proper care are unlikely to harm themselves.

REPORTER: Can you guarantee that a person with schizophrenia will not become violent?

DR PHILLIPS: No, I can't. But you have to remember we can't predict violent behaviour in anyone, whether they have a mental illness or not.

#### ***The first part of this answer and the question preceding it, taken out of context could be used to substantiate the idea that people with schizophrenia are inherently violent.***