

Case Study 4: High profile attempted suicide

Lecturer notes

A note for lecturers

This case study is designed to give students some practice in considering issues associated with reporting or communicating about mental illness and suicide so they will be better prepared to deal with such a situation, should it arise, when they are working as journalists or public relations practitioners. Mental illness and suicide are very sensitive and complex issues, and it is natural that some people may feel uncomfortable talking about them. Usually, these feelings are temporary and do not cause serious distress. Talking about mental illness or suicide in an educational and supportive environment provides lecturers with an opportunity to advise students about counselling and other services available on campus, and to encourage students experiencing problems to seek professional help by talking to a GP, health professional or call a crisis counselling service such as:

- Kids Helpline 1800 55 1800 (5-25 years)
- Lifeline 13 11 14
- Suicide Call Back Service 1300 659 467

For online information visit: www.headspace.org.au and www.reachout.com

For further information and advice about preparing your class for this case study, you should refer to the document 'Discussing sensitive issues' which can be found on the *Mindframe* for journalism and public relations education website at www.mindframe-media.info

There has been considerable debate about whether media portrayal of suicide leads to imitation or "copycat" suicide. A recent Australian review has concluded that there *is* an association between non-fictional media portrayal of suicide and actual suicide, and in some cases, this association is likely to be causal (Pirkis & Blood, 2009).

This has implications for the way suicide is represented in the media. In particular, it becomes important to consider the potential effect of a report on an emotionally vulnerable individual. People in despair are often unable to identify solutions to their problems and may be influenced by what they read, view, or hear. The effect may be more profound if someone feels able to identify with the person who died, perhaps because they are in the same age group or share similar experiences or ideals.

An explicit report, particularly one that provides details about the method of suicide, may lead those who are vulnerable to take a similar course of action. Suicide is a legitimate topic for serious discussion in the media, like other mental health issues. However, the presentation of suicide should be done with great care. Journalists are urged to consider suicide in the context of a larger problem and emphasise the relationship between mental illness, particularly depression, and suicide risk.

The scenario and stimulus material

Students are invited to critically review three newspaper articles that provide comment on the high profile attempt by former NSW Opposition Leader, John Brogden, to take his life in August 2005. Articles one and two were printed on Thursday 1 September 2005 by *The Age* newspaper.



Article three was printed by *The Daily Telegraph* on Wednesday 31 August 2005. The articles can be downloaded as a PDF in their original format or as transcripts from the *Mindframe* for Universities website. See the documents accompanying these notes titled *Case Study 4: Media articles* and *Case Study 4: Media article transcripts*.

Questions for consideration

When undertaking these tasks, you may ask students to consider the questions outlined below. A discussion of each question is provided in the following pages.

Question 1: Although the media tend not to report on suicide generally, there is an obligation to report on such cases when the person involved is well known. Should the same precautions be taken when reporting an attempted suicide? What can journalists do in these circumstances to minimise the potential for harm?

Question 2: What elements of articles one and two could be considered 'preferred reporting', in terms of the issues to consider when reporting on suicide or mental illness? Is there anything that could have been done better?

Question 3: Consider article three in comparison to the first two reports. How does it differ in content and tone? How could it have been written differently?

Question 4: It is important for journalists to have some knowledge of mental health issues, including suicide, in order to present an accurate and balanced story. What do you think are the common risk factors and protective factors associated with suicide? Which age group in the Australian population is most at risk of taking their own life?

Note: The student notes contain only brief prompts for each question. The information provided in the following pages can be used to facilitate class discussion or to assess students' work. Alternatively, you may decide to provide students with a copy of this information.

Question 1. Although the media tend not to report on suicide generally, there is an obligation to report on such cases when the person involved is well known. Should the same precautions be taken when reporting an attempted suicide? What can journalists do in these circumstances to minimise the potential for harm?

It appears that in the case of a non-fatal suicide attempt, many of the usual considerations that media professionals employ when dealing with a story on suicide are sometimes discarded in favour of a more sensational approach. Although there has been little separate research on the effects of reporting suicide attempts, it may be advisable to err on the side of caution in this area, given the implications for the emotionally fragile person who the story is about, their family, and our vulnerable community members. In promoting ethical journalism, this would mean that media organisations apply the same principles to a news report on a non-fatal suicide attempt, as a completed suicide.

When reporting on the attempted or completed suicide, bear in mind that the effect on a vulnerable person may be more profound if they are able to identify with the person in the report. This can happen in two ways: Because they identify the person as "someone like them" – because they are in the same age group or share similar experiences to the person portrayed; or because the person is "someone I would like to be" – that is, a role model, public figure or celebrity. As such, reporting on a high profile suicide should be handled with caution.

There are a number of reporting issues that journalists can be mindful of when developing their report in order to reduce the potential for harm. In general:

- Avoid language which glamorises and sensationalises the act
- Do not use language that presents suicide as a solution to problems (i.e. use 'nonfatal' rather than 'unsuccessful')
- Do not make the story overly prominent in the newspaper or bulletin
- Avoid descriptions of the method and location, even in an attempt
- Seek comment on the wastefulness of the act where appropriate
- Be sensitive to the person's family and friends, and respect their privacy
- Draw a link between suicide and mental illness or other risk factors
- Highlight that mental illness and mental health problems can be successfully treated
- Provide help line numbers for national and/or local services.

Question 2. What elements of articles one and two could be considered 'preferred reporting', in terms of the issues to consider when reporting on suicide or mental illness? Is there anything that could have been done better?

In general, the content for these two news reports are in accordance with recommendations supported by the *Mindframe* for Universities project for reporting on suicide or mental illness. For instance, there is no use of the word 'suicide' in the headline of either article and only limited use in the body of the documents. This is advisable, as it has been shown that including the word suicide in the headline increases the prominence of the story, possibly attracting vulnerable readers.

The articles also refrain from describing the method used in the attempt. Rather, it is simply noted that Mr Brogden sustained "self-inflicted wounds". Detailed descriptions of the method may prompt a distressed individual in the community to take a similar course of action, particularly when they identify with or admire the person in the news report. As such, omitting specific detail about the method is a simple harm minimisation technique journalists can employ.

These news reports do not sensationalise or glorify the suicide attempt. This is very important as it can make the act of suicide a more appealing option to vulnerable individuals. Nor do the reports use language that suggests Brogden's attempt was a solution to problems, or that his death would have been a favourable outcome (i.e. unsuccessful suicide attempt). Rather, the overall tone of articles one and two offers sympathy and understanding to Brogden, and portrays it as a tragic event.

They do not insinuate a personal flaw or weakness by Brogden, which is critical if community perceptions of people with mental health or emotional problems are to be changed. Note that at the end of article one, help line numbers are made available for those needing assistance. This encourages distressed persons to seek help for their difficulties, and gives them the means by which to begin reaching out for support.

Article two claims that the scathing media coverage of John Brogden's 'fall from grace' influenced his attempt to take his own life. In doing this, the article uses the incident as a platform to highlight a broader issue - that politics is a high-stress occupation which can increase the risk for mental health problems, and further suggests that the media could play a role in reducing this risk by considering the effect on a person's mental health when reporting controversial issues. It was never publicly verified if John Brogden was in fact experiencing depressive symptoms as the time of his attempt, or if he has experienced mental illness previously in his life.

However, it is important that the articles draw a link between extreme stressors in life, and subsequent mental health problems that one may experience. In terms of there being any areas for improvement, it



could be suggested that the word 'breakdown' in the headline of article one is merely a colloquial term that has no medical meaning in Australian psychology. Overall though, these articles may be considered examples of responsible, sensitive and accurate reporting around the issue of suicide.

Article one and two demonstrate that a discussion around suicide and mental health or illness can occur without reinforcing stigmatising views, or placing vulnerable persons in the community at increased risk.

Question 3. Consider article three in comparison to the first two reports. How does it differ in content and tone? How could it have been written differently?

See the discussion notes for Question 1 for an overview of the elements in articles one and two that could be considered 'preferred reporting' of a suicide or mental health issue. Article three goes some way to provide a counterpart to this. This article is from the front page of a national paper, and the headline is written in large, capital, bold lettering, which reads "BROGDEN IN SUICIDE BID". It is usually advised that reports on suicide or attempted suicide not be given undue prominence (i.e. placed on the front page, or use the term suicide in the headlines) as this may inadvertently glorify the act for those who are vulnerable, and may be distressing to the family.

Furthermore, there is a photograph on the front page of Mr Brogden being wheeled away on a stretcher. Is it highly unlikely that the Australian media would provide a photo like this in the case of a completed suicide, so is it appropriate to do so for an attempt? Some may argue that the photograph in article three is in poor taste, is disrespectful to both Mr Brogden and his family, and trivializes the act. Greater sensitivity to both the issue at hand and vulnerable members in the community would be advised. The content of the article follows a similar tone, which is in great contrast to articles one and two. At no point was the attempt linked to mental illness, nor was the intense pressure from the media considered as contributing to these circumstances.

The report failed to provide help line numbers for similarly distressed individuals, and was generally unsympathetic to the seriousness of the issue. With an understanding that Mr Brogden had faced intense media scrutiny in the days leading up to this attempt on his life, the article recaps in detail all of the controversy surrounding his resignation as Liberal Party Leader, and goes on to reveal the details of a "raft of fresh allegations of sexual misconduct that was set to destroy his career".

It would appear that news values won over ethical considerations in this decision to further humiliate an already vulnerable man. In its favour, article three does not provide details of the method used, but rather says "...the 36-year-old, who was unconscious, had harmed himself". However, it does provide other details of how Mr Brogden was found, which are arguably unnecessary to the story and insensitive in nature.

Overall then, this could be considered to be an example of a highly sensationalized report on a high profile suicide attempt. Its prominence maximizes the chance of attracting vulnerable viewers, while it fails to increase community understanding about suicide or encourage help-seeking behaviours (i.e. no help line number). Rather, it sets out to further discredit a man whose actions the night before would suggest he is in currently in an emotionally fragile state. This reporting is not in line with recommendations supported by *Mindframe* for Universities, which encourages the sensitive, accurate and responsible reporting of suicide and mental health or illness.

Question 4. It is important for journalists to have some knowledge of mental health issues, including suicide, in order to present an accurate and balanced story. What do you think are the common risk factors and protective factors associated with suicide? Which age group in the Australian population is most at risk of taking their own life?

If mental health professionals would like the media to provide accurate information to the community about mental health or illness, then it is imperative that this information is made readily available to media professionals. The *Mindframe* for Universities website for journalism students (www.mindframe-media.info.au) is an easily accessible site that provides a wealth of information about suicide and mental illness in the Australian context.

A key piece of information which the community are usually interested in are the risk factors that are associated with suicide. Having an understanding of these factors may assist people in identifying when a friend, family member or colleague may be in need of some additional support and professional assistance. Suicidal behaviour in any person is usually influenced by a number of factors, and each individual's situation is unique. A suicide should not be attributed to any single causal factor in a news report as this may oversimplify the act, which does not improve community understanding of the issues. Below is a very brief overview of some of the **risk factors** associate with suicide. A more detailed overview can be found on the *Mindframe* for Universities website.

- Individual risk factors - male gender, experiencing psychological or emotional problems, psychical health problems, stressful life events;
- Mental illness as a risk factor - major depression, bi-polar disorder, substance use disorder, history of psychiatric care, previous suicidal behaviour;
- Family related risk factors - family breakdown, family conflict or poor communication, child abuse, family history of suicidal behaviour;
- Social risk factors - socio-economic disadvantage, Indigenous communities, school disengagement, unemployment, isolation, rural communities;
- Environmental risk factors - access to the means (e.g. gun ownership), exposure to peers or people in the media who have shown suicidal behaviour.

A number of factors have been identified which seem to reduce the probability of suicidal behaviour. The following **protective factors** have been suggested:

- Connectedness;
- Having a significant other;
- Responsibility for children;
- Personal resilience;
- Spirituality and beliefs;
- Economic security;
- Good health;
- Effective treatment, and restricted access to means.

It is also important that the media have access to updated suicide statistics. The Australian Bureau of Statistics release comprehensive statistics on causes of death in Australia each year. For the most up to date statistics on suicide, refer to the section of the *Mindframe* for Universities website titled *Overview of Suicide in Australia*.