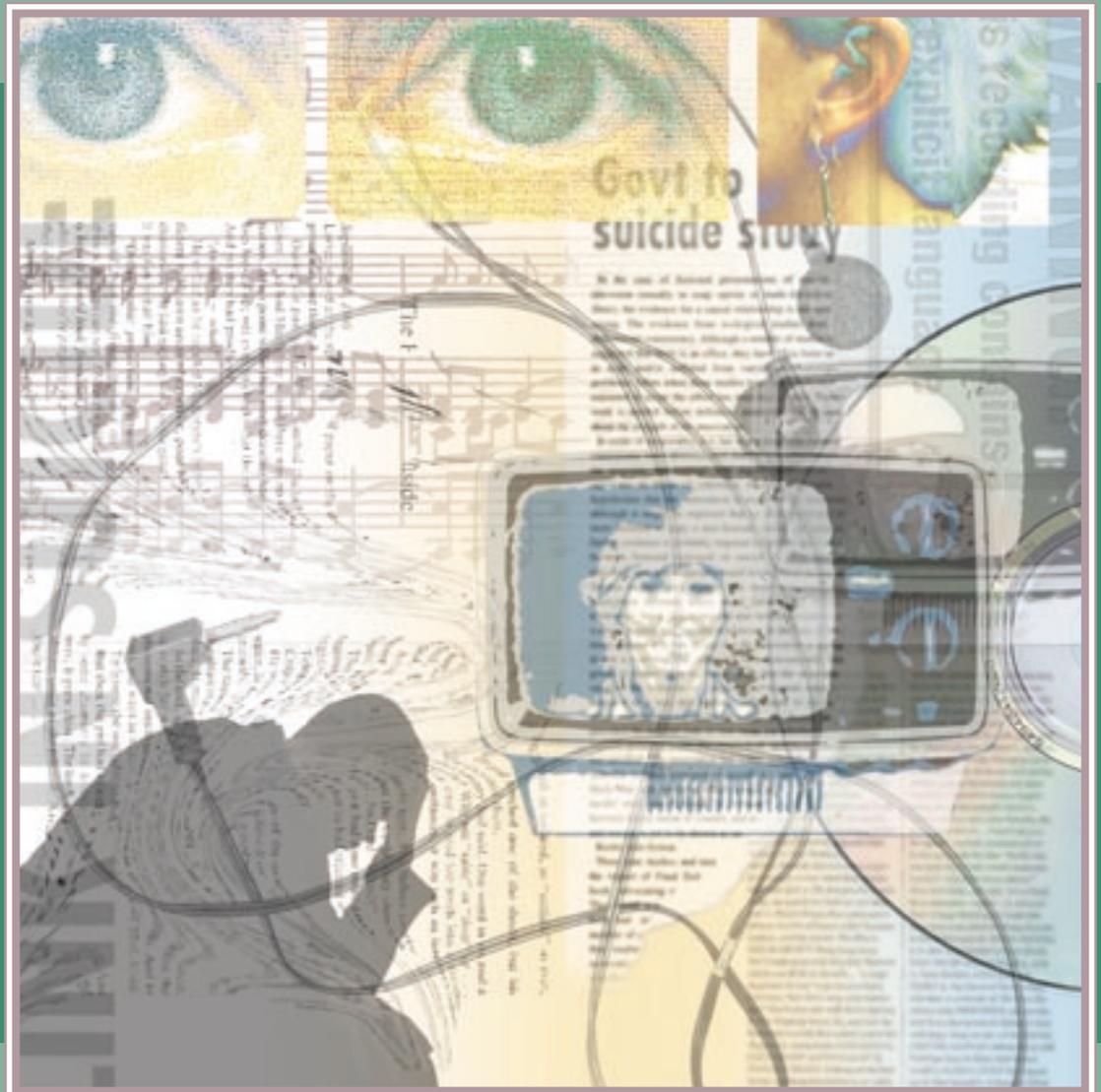


The Media Monitoring Project

A BASELINE DESCRIPTION OF
HOW THE AUSTRALIAN MEDIA REPORT
AND PORTRAY SUICIDE AND MENTAL
HEALTH AND ILLNESS



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of the Centre for Health Program Evaluation, University of Melbourne, and
the School of Professional Communication, University of Canberra

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INTRODUCTION TO THIS VOLUME

THE MEDIA MONITORING PROJECT

A number of international studies have considered the *impact* of media reports of suicide and mental health and illness. Typically, these have suggested that under certain conditions media reporting of suicide can lead to imitation, and that media reporting of mental health and illness can contribute to negative beliefs, stigma and discrimination. Very few relevant studies have been conducted in Australia.

Much less work has looked at the *extent* and *nature* of media reporting of suicide and mental health and illness. The work that has been done has suggested that the media tend to report suicide in a sensationalist fashion and portray mental illness negatively. Once again, few studies have been conducted in Australia.

The Media Monitoring Project: A Baseline Description of How the Australian Media Report and Portray Suicide and Mental Health and Illness was commissioned by the Mental Health Branch of the Commonwealth Department of Health and Aged Care to address some of the gaps in knowledge identified above, particularly with respect to the *extent* and *nature* of the reporting and portrayal of suicide, and mental health and illness, by the Australian media.

THE STUDIES

The Centre for Health Program Evaluation, at the University of Melbourne, was contracted by the federal Department of Health and Aged Care to conduct a *quantitative* study, looking at the extent of reporting of these subjects in the media (J Pirkis et al, *A Quantitative Analysis of the Reporting and Portrayal of Suicide, and Mental Health and Illness, in the Australian Media*).

The School of Professional Communication at the University of Canberra was contracted to conduct a *qualitative* study (RW Blood & P Putnis et al, *A Qualitative Analysis of the Reporting and Portrayal of Suicide, and Mental Health and Illness, in the Australian Media*), looking at the nature of the material provided and how it is characteristically framed.

The two reports of these companion studies have been published together in this volume, and should be read together, and in conjunction with the other publications produced as a result of the Media Monitoring Project:

- J Pirkis and RW Blood, *Suicide and the Media: A Critical Review*, Commonwealth Department of Health and Aged Care, Canberra, 2001.
- C Francis, J Pirkis, D Dunt and RW Blood, *Mental Health and Illness in the Media: A Review of the Literature*, Commonwealth Department of Health and Aged Care, Canberra, 2001;

- RW Blood, C Francis, J Williams, K McCallum and J Pirkis, *Mental Health and Mental Illness in the Media: An Annotated Bibliography of Selected Research Reported in Journals*, Commonwealth Department of Health and Aged Care, Canberra, 2001; and
- RW Blood, P Putnis, T Payne, J Pirkis, C Francis, K McCallum and D Andrew, *How the Australian Media Report and Portray Suicide, and Mental Health and Illness: The Case Studies*, Commonwealth Department of Health and Aged Care, Canberra, 2001.

PROJECT AIMS

The Media Monitoring Project had two specific aims:

- to establish a baseline picture of how the Australian media portray suicide, and mental health and illness; and
- to inform future strategies intended to optimise media reporting of suicide and mental health and illness.

With respect to the latter aim, the Media Monitoring Project was closely aligned to another media initiative of the Promotion and Prevention Section of the Mental Health Branch, Department of Health and Aged Care, a kit known as *Achieving the Balance: A Resource Kit for Australian Media Professionals for the Reporting and Portrayal of Suicide and Mental Illnesses* (Penrose-Wall et al, 1999). *Achieving the Balance* was designed to promote awareness among media professionals of the issues relating to suicide and mental health and illness. Towards the end of the Media Monitoring Project, the department commissioned an evaluation of *Achieving the Balance*, with the aim of producing a revised version of the kit. The Media Monitoring Project was therefore timely, because its findings had the potential to influence the revision of *Achieving the Balance*.

A QUANTITATIVE ANALYSIS OF THE REPORTING AND PORTRAYAL OF SUICIDE, AND MENTAL HEALTH AND ILLNESS, IN THE AUSTRALIAN MEDIA

part of

THE MEDIA MONITORING PROJECT: A BASELINE DESCRIPTION OF HOW THE AUSTRALIAN MEDIA REPORT AND PORTRAY SUICIDE AND MENTAL HEALTH AND ILLNESS



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EXECUTIVE SUMMARY

This quantitative study examined the extent and nature of media reporting and portrayal of suicide, and mental health and illness, in Australia, based on data gathered for the Media Monitoring Project. The results of this study are intended to provide a baseline picture that will inform future strategies to optimise media reporting of suicide and mental health and illness.

METHOD

The Media Monitoring Project collected media items over a 12-month period that began on 1 March 2000, with the assistance of a media retrieval service known as Media Monitors. Media Monitors retrieved all items related to suicide and mental health and illness from all national daily newspapers and Victorian suburban and regional papers, and news and current affairs items related to suicide and mental health and illness from all television and radio networks. For this study, trained coders extracted identifying and descriptive information for all items, and made quality ratings for a randomly selected 10% of items. The quality ratings were based on criteria outlined in *Achieving the Balance: A Resource Kit for Australian Media Professionals for the Reporting and Portrayal of Suicide and Mental Illnesses* (Penrose-Wall et al, 1999), developed by the federal Department of Health and Aged Care.

KEY FINDINGS

THE EXTENT OF MEDIA REPORTING OF SUICIDE AND MENTAL HEALTH AND ILLNESS

The study found that reporting of both suicide and mental health and illness was extensive, retrieving 17 151 items (3762 on suicide alone, 12 338 on mental health and illness alone, and 1051 on suicide and mental health and illness in combination). Radio items outnumbered newspaper and television items in all cases.

For all media, the *extent* of reporting varied by month, with relatively high levels of reporting occurring in months when particular events pertinent to suicide or mental health and illness (such as the suicide of a prominent politician or Mental Health Week) occurred, and relatively low levels occurring in months when other events (such as the Olympics) were prominent.

THE NATURE OF MEDIA REPORTING OF SUICIDE AND MENTAL HEALTH AND ILLNESS

CHARACTERISTICS OF ITEMS

The *nature* of the reporting was highly variable in terms of focus and content. Suicide items tended to be about completed suicide (as opposed to attempted suicide or suicidal ideation), and most commonly involved content related to an individual's experiences, policy or program initiatives, or statistical overviews of suicidality in the population. Mental health and illness items tended to be about policy or program initiatives, causes, symptoms or treatment of mental illness, mental health care or services, research initiatives or an individual's experiences.

Consideration was given to whether particular demographic groups featured prominently in media items. Several groups appeared more frequently than others. Males and young people commonly featured in suicide stories, as did people living in rural areas. This was also the case for psychiatric patients and people in custody, and Aboriginal and Torres Strait Islander people. In the case of items on mental health and illness, young people were consistently given prominence.

QUALITY OF ITEMS

When the quality ratings for each item were combined into a total quality score, the results were variable, with some very high-quality items, some very poor-quality items and a broad range in between. Suicide items, with a median total quality score of 57.1%, emerged as being of generally poorer quality than mental health and illness items, with a median total quality score of 75.0%.

Several factors associated with item content were found to be predictive of quality. The poorest quality suicide items were those that provided a statistical overview of completed suicide in the population, described murder-suicides or mass suicides, or presented legal issues associated with suicide. The poorest quality mental health and illness items were those that described an individual's experience of mental illness, described mental health care or services, or used mental health language inappropriately or out of context.

CONCLUSIONS

The study concluded that the reporting of suicide, and mental health and illness, in Australia is extensive across all media types. The nature of the reporting of these subjects varies considerably, as does the quality. In general, good items outnumber poorer items, particularly in the case of mental health and illness. However, there are still opportunities for improving the way in which the media report and portray suicide and mental health and illness.

CHAPTER 1: INTRODUCTION

BACKGROUND

A number of international studies have considered the *impact* of media reporting of suicide and mental health and illness. In the case of suicide, studies have considered whether news reports of suicide can lead to imitation. Pirkis and Blood (in press a & b; 2001) systematically reviewed studies examining the relationship between the non-fictional presentation of suicide and actual suicides. Non-fictional media included newspapers (see, for example, Phillips, 1974; Wasserman, 1984; Stack, 1987; Stack, 1992; Littmann, 1985; Hills, 1995), television (see, for example, Bollen & Phillips, 1982; Phillips & Carstensen, 1986; Phillips & Carstensen, 1988; Stack, 1989) and books (see, for example, Lavin et al, 1992; Lavin et al, 1993; Land & Gutheil, 1995; Marzuk et al, 1993; Marzuk et al, 1995; Sacks & Kemperman, 1992). Pirkis and Blood concluded that, despite some methodological difficulties, the body of evidence pointed to a causal association.

In the case of mental health and illness, studies have tested the hypothesis that the negative portrayal of mental illness can shape community views about mental illness, leading to stigma and discrimination. Francis et al (2001) reviewed studies that asked participants about their beliefs concerning mental illness, and the sources of those beliefs (Philo, 1996; Philo et al, 1996; National Mental Health Association, 2000; Lopez, 1991; Benkert et al, 1997), and studies in which randomly allocated groups of subjects were presented with media stimuli and then asked questions about their attitudes to mental illness (Thornton & Wahl, 1996). Both types of study found the media to be an important source of negative beliefs, although both also suffer methodologically from a reliance on self-reported data. Very few of the studies on the *impact* of media reporting of suicide, and mental health and illness, were conducted in Australia.

Less attention has been given to the questions of the *extent* and *nature* of media reporting and portrayal of suicide. Pirkis and Blood (in press a & b; 2001) examined the literature on these questions, and found the *extent* of reporting to be highly variable, and the *nature* of such reporting to be sensationalist, as it overemphasised celebrity suicides, suicides by unusual or violent methods, and suicides by young people (see, for example, Lapierre & Labelle, 1999; Keuss & Hatzinger, 1986; Tantalo & Marchiori, 1981; Michel et al, 1995). Francis et al (2001) critically reviewed studies on the *extent* and *nature* of the reporting and portrayal of mental illness, and concluded that the media tend to portray mental illness negatively, often stereotyping people with mental illness as being violent and unpredictable, and reporting the transfer of their care from hospital to community settings unfavourably (Philo, 1996; Philo et al, 1996; Ward, 1997; Allen & Nairn, 1997; Day & Page, 1986; Hazelton, 1997; Matas et al, 1986; Nairn, 1999). Once again, few of these studies were conducted in Australia.

THE MEDIA MONITORING PROJECT

As part of the Media Monitoring Project, the Centre for Health Program Evaluation, at the University of Melbourne, was funded to conduct a *quantitative* study of how the media portray suicide and mental health and illness (looking at the extent and nature of reporting), and this report describes the results of that study. The School of Professional Communication at the University of Canberra conducted a companion study (RW Blood & P Putnis et al, A Qualitative Analysis of the Reporting and Portrayal of Suicide, and Mental Health and Illness, in the Australian Media) that was more *qualitative* in nature (looking at how news and information about the subject areas is characteristically framed). The two reports have been published together in this volume, and should be read together, and in conjunction with the other publications that resulted from the Media Monitoring Project (listed earlier).

PROJECT AIMS

The Media Monitoring Project had two specific aims:

- to establish a baseline picture of how the Australian media portray suicide, and mental health and illness; and
- to inform future strategies intended to optimise media reporting of suicide and mental health and illness.

With respect to the latter aim, the Media Monitoring Project was closely aligned to another media initiative of the Promotion and Prevention Section of the Mental Health Branch, Department of Health and Aged Care, a kit known as *Achieving the Balance: A Resource Kit for Australian Media Professionals for the Reporting and Portrayal of Suicide and Mental Illnesses* (Penrose-Wall et al, 1999). *Achieving the Balance* was designed to promote awareness among media professionals of the issues relating to suicide and mental health and illness. Towards the end of the Media Monitoring Project, the department commissioned an evaluation of *Achieving the Balance*, with the aim of producing a revised version of the kit. The Media Monitoring Project was therefore timely, because its findings had the potential to influence this revision.

STRUCTURE OF THIS REPORT

The remainder of this report describes the way in which this quantitative study of media portrayal of suicide and mental health and illness was conducted, its findings and their relevance. Chapter 2 describes the scope of the study, the method by which media items were retrieved, and the way in which data were handled. Chapter 3 provides a broad overview of the media items, and chapters 4 to 11 present the findings pertinent to particular types of items. Finally, Chapter 12 discusses the findings, making recommendations about ways in which reporting might be optimised, and offering some suggestions for future research directions.

CHAPTER 2: METHOD

The Media Monitoring Project collected media items over a 12-month period that began on 1 March 2000. It was considered important to monitor the media for a full year because of potential seasonal effects on reporting. This chapter describes the way items were retrieved, summarises the data extracted on each item, and details the data analysis undertaken.

ITEM RETRIEVAL

A list of search terms related to suicide and mental illness (see Appendix 1) was provided to Media Monitors, a media retrieval service that identified relevant newspaper, radio and television items for the project. Trained readers, viewers and listeners scanned selected media, retrieving items of relevance on a daily basis.

It was considered crucial that the study examine media coverage broadly. In terms of newspapers, Media Monitors scanned all national metropolitan dailies and all Victorian suburban and regional papers, and worked through the entire newspaper in each case. With radio and television, all national networks were covered, but only news and current affairs programs were retrieved. Appendix 2 provides a complete list of media sources.

Newspaper items were provided to the project team as complete press clippings. Radio and television items were provided as broadcast summaries. The broadcast summaries provided information about the source of the item and a precis of its content. Full transcripts or audio/video tapes were provided for a randomly selected 10% of radio and television items, so that quality ratings could be made (see below).

DATA EXTRACTION

Three trained coders extracted data from each item and entered it into a purpose-designed Access database. To ensure consistency between coders, formal meetings were held to crosscheck their responses and clarify the use of definitions.

The coders extracted three types of information from the items: identifying information, descriptive information, and quality ratings. An overview of each is provided below but, to avoid duplication, more detail is provided in subsequent results-based chapters.

IDENTIFYING INFORMATION

Identifying information was extracted for all items from press clippings and broadcast summaries, and included details such as the type of medium (that is, newspaper, television or radio) and the specific source (for example, the *Australian*, Channel 9 or 2UE).

DESCRIPTIVE INFORMATION

Descriptive information was extracted from press clippings and broadcast summaries for all suicide items and all mental health and illness items, and included, for example, details on the content of the story.

QUALITY RATINGS

Quality ratings were made for the randomly selected 10% of items (stratified by subject and medium). The press clippings provided sufficient information for quality ratings to be made for newspaper items, but the broadcast summaries alone did not allow ratings of quality to be made with confidence for television and radio items. For this reason, full transcripts or audio/video tapes were sought for those broadcast items for which quality ratings were to be made.

The quality of suicide items was rated on a set of nine criteria drawn from the recommendations of the *Achieving the Balance kit*. The quality of mental health and illness items was rated on a separate set of nine dimensions also drawn from that source.

DATA ANALYSIS

Simple frequencies were calculated to provide a baseline picture of the identifying and descriptive data associated with the media items, and to provide an overall impression of quality. Multivariate logistic regression was used to determine whether particular factors were predictive of 'good' quality items. Statistical analyses were carried out with SPSS (version 10) and Stata (version 6) software packages.

CHAPTER 3: OVERVIEW OF MEDIA ITEMS

In total, 17 151 media items were available for analysis. Table 1 provides a breakdown of these items by media type and item content.

Table 1: Media items retrieved, by media type and item content

	Suicide		Mental health/illness		Suicide and mental health/illness		Total
	Frequency	%	Frequency	%	Frequency	%	
Newspaper	565	11.5	3754	76.4	597	12.1	4916
Television	545	30.6	1174	65.9	63	3.5	1782
Radio	2652	25.4	7410	70.9	391	3.7	10 453
Total	3762	21.9	12 338	71.9	1051	6.1	17 151

Newspaper items made up 28.7% of the total, television items 10.4% and radio items 60.9%.

In terms of content, mental health and illness items were the most common, accounting for 71.9% of all items, and suicide items made up a further 21.9%. Just over 6% of items referred to both suicide and mental health and illness.

Newspaper items were significantly less likely than items presented on either of the broadcast media to be about suicide, with only 11.5% falling into this category, as opposed to 30.6% of television items and 25.4% of radio items. Conversely, newspaper items were more likely than items presented on the other two media to be about mental health or illness alone or in conjunction with suicide.

CHAPTER 4: NEWSPAPER ITEMS ON SUICIDE

In total, 1162 newspaper items were concerned with suicide (565 with suicide alone, and 597 with suicide and mental health and illness).

NEWSPAPER TYPE

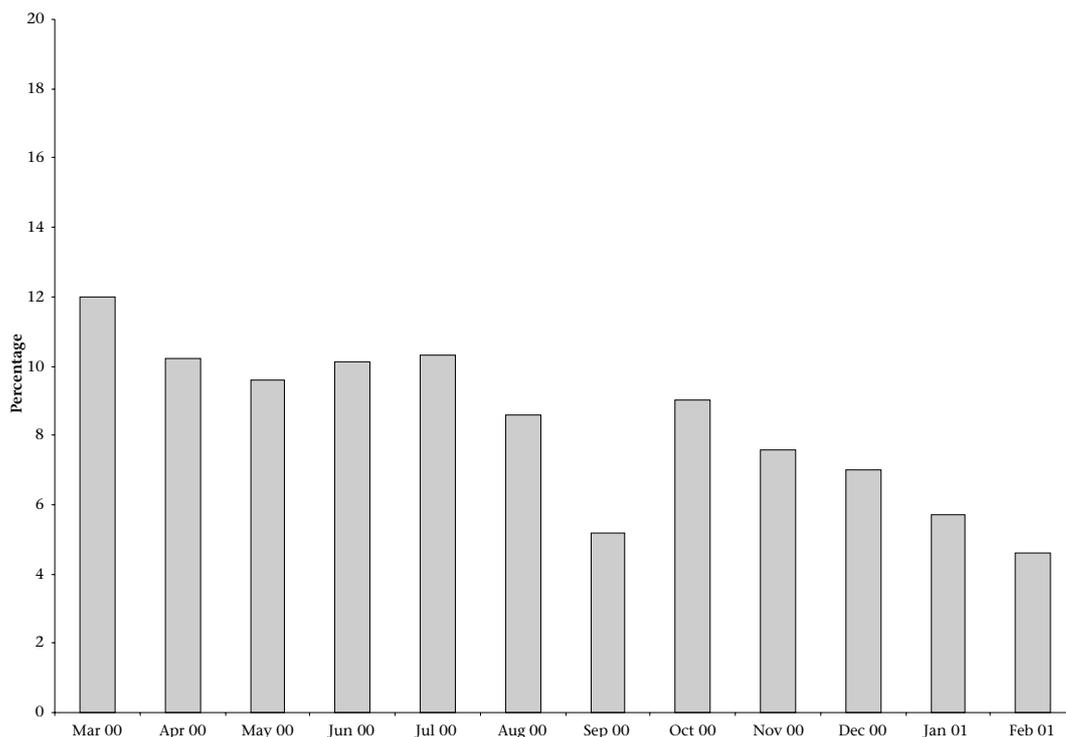
Two-thirds of the items on suicide were reported in metropolitan newspapers, and one-third in suburban or regional newspapers.

MONTH

Figure 1 shows the distribution of newspaper items on suicide by month. The month with the greatest number of suicide items (12.0%) was March 2000, the first month of the project. In this month, there were numerous items about deaths in custody as a potential consequence of mandatory sentencing laws. These items represented a flow-on effect from the suicide in jail of a 15-year-old Aboriginal boy in Darwin in the month before the Media Monitoring Project began.

Other months in which there were relatively high numbers of items about suicide were May (9.6%), June (10.1%) and July 2000 (10.3%). In these months, newspapers followed the story of a prominent federal politician who attempted, and subsequently completed, suicide. These items included discussion of the role of the media in influencing the second act. During these months, there was also a relatively high level of reporting of a coroner's inquest into a series of deaths in custody in Hobart.

Figure 1: Newspaper items on suicide, by month



The months with the fewest items on suicide were the holiday months of December 2000 (7.0%) and January (5.7%) and February 2001 (4.6%). These months are often described as ‘slow news’ periods generally. September 2000 was also a month with an unusually low number of items on suicide (5.2%). This can be explained by the wide media coverage of the Sydney Olympics during that month, which affected coverage of all other topics.

ITEM PLACEMENT

In total, 5.9% of items appeared on the front page of the newspaper. The remainder were placed further into the body of the newspaper.

REPORTER

Table 2 provides information on the reporter responsible for each newspaper item on suicide.

Table 2: Newspaper items on suicide, by reporter*

	Frequency	%
Own reporter	894	76.9
AAP	39	3.4
Reuters	6	0.5
Other	62	5.3
Not known	161	13.9
Total	1162	100.0

* Percentages may not add up to 100% because of rounding. This applies to all tables containing percentages in this document.

In the majority of cases (76.9%), the item was written by the newspaper’s own reporter. Less than 5% of items were sourced from the major agencies, Australian Associated Press (AAP) and Reuters. Just over 5% of items were written by someone classified as ‘other’ — most commonly readers, guest writers/experts or reporters from smaller agencies or international newspapers. In 13.9% of cases, it was not possible to ascertain who the reporter was.

ITEM FOCUS

Table 3 shows the focus of the suicide items, reflecting the fact that suicidal behaviours are frequently considered in a hierarchy ranging from suicidal ideation to completed suicide.

Table 3: Newspaper items on suicide, by item focus

	Frequency	%
Completed suicide only	707	60.8
Attempted suicide only	117	10.1
Suicidal ideation only	103	8.9
Combination of above	235	20.2
Total	1162	100.0

The term 'suicidal ideation' refers to 'thoughts of suicide, which can vary from transient notions about life being meaningless to intense preoccupation with taking one's own life' (Goldney et al, 1989). The term 'attempted suicide' refers to 'a self-inflicted, non-habitual act that has the potential to be fatal, but in actuality is not' (Bille-Brahe et al, 1995; Linehan, 1997). The term 'completed suicide' refers to 'death that is the result of an act perpetrated by the victim, with the intention of achieving this outcome' (Maris, 1991).

The majority of items (60.8%) were about completed suicide only. Just over 10% and just under 9% were about attempted suicide only and suicidal ideation only, respectively. The remainder had as their focus some combination of these three types of suicidal behaviour.

ITEM TYPE

The majority of the newspaper items on suicide (85.1%) could best be described as news items, as shown in table 4. Feature items were also relatively common, accounting for 8.7% of all items. Ten items fell into an undifferentiated 'other' category. These included advertisements and community announcements, opinion pieces, a newspaper survey and a television program review.

Table 4: Newspaper items on suicide, by item type

	Frequency	%
News	989	85.1
Feature	101	8.7
Editorial	10	0.9
Letter	52	4.5
Other	10	0.9
Total	1162	100.0

ITEM CONTENT

Table 5 provides a breakdown of the content of the newspaper items on suicide. It should be noted that a given item might fall into several different content categories, thus allowing for multiple responses. For example, an item might present a statistical overview of suicide in the population as well as a description of an individual's experience of suicide.

Most commonly, items tended to describe a particular instance in which an individual had completed or attempted suicide, or had experienced suicidal ideation. Over 40% of all items fell into this category. Items describing murder-suicides or mass suicide could be regarded as subsets of the stories describing an individual's experience of suicidality, since they are distinguished only by the fact that the suicidal individual took the lives (or tried to take the lives) of others (in the case of murder-suicide) or shared the suicidal act with companions (in the case of mass suicide). Murder-suicide and mass suicide have been enumerated separately in the table, but each accounted for under 2% of all items.

Table 5: Newspaper items on suicide, by item content*

	Frequency	%
Individual's suicide	485	41.7
Murder-suicide	19	1.6
Mass suicide	20	1.7
Statistical overview	272	23.4
Research initiative	120	10.3
Causes of suicide	48	4.1
Policy or program initiative	367	31.6
Opinion piece	99	8.5
Media coverage of suicide	32	2.8
Legal issues	107	9.2
Other	56	4.8

* Multiple responses permitted

Also common were items describing policy or program initiatives. These were defined broadly, and ranged from national level policy (such as the launch of the *Living is for Everyone(LIFE): A Framework for Prevention of Suicide and Self-Harm in Australia* policy framework) to local fundraising events aimed at suicide prevention. Diverse activities such as forums, workshops and local meetings were included in this category. Over 30% of items made reference to some sort of policy or program initiative.

Many items also provided a statistical overview of completed or attempted suicide in the population (23.4%). In some cases, this was the sole focus of the item. For example, when the Australian Bureau of Statistics released its annual figures on completed suicides among the population, this attracted considerable attention in the print media. In other cases, reference was made to suicide statistics in passing, as background to a story on, say, why a particular policy or program had been initiated.

Other relatively common content areas included research initiatives in suicide and legal issues associated with suicide (for example, euthanasia and coronial inquests). Opinion pieces were also comparatively common.

GEOGRAPHICAL REFERENCE

A total of 1075 (92.5%) newspaper items concerned with suicide referred to a story occurring in the Australian context. Of these, 35.8% referred to Victoria, reflecting the oversampling of suburban and regional newspapers from this state. Representation of the other states and territories was much less common: the least commonly cited state or territory was South Australia (referred to in 2.6% of these items), and the most commonly cited after Victoria was Tasmania (referred to in 9.2% of items). The latter finding can be explained by the relatively high number of items referring to a coroner's inquest into several deaths in custody that occurred in Hobart during the study period.

AT-RISK GROUPS

Consideration was given to whether particular demographic groups known to be at increased risk of suicide featured prominently in the newspaper items on suicide. Table 6 shows the results. It should be noted that an individual item might make reference to more than one demographic group, and that many items did not specifically make reference to any group.

Table 6: Newspaper items on suicide, by demographic group featured*

		Frequency	%
Sex	Male	201	17.3
	Female	17	1.5
Age	0–24	191	16.4
	25–64	88	7.6
	65+	17	1.5
Area of residence	Major urban areas	9	0.8
	Other urban areas	16	1.4
	Rural areas	66	5.7

	Remote areas	13	1.1
Ethnicity	Non-English-speaking background	1	0.1
Aboriginality	Aboriginal or Torres Strait Islander people	11	0.9
Psychiatric status	Psychiatric patient	268	23.1
Legal status	In custody	160	13.8
Other	Other	92	7.9

* Multiple responses permitted

Several demographic groups stood out in terms of how frequently they were presented in items. Males and young people commonly featured in suicide stories, as did people living in rural areas, psychiatric patients and people in custody. A number of items featured members of 'other' demographic groups, particularly unmarried individuals, people of low socioeconomic status (including unemployed people), and gay and lesbian people.

SUICIDE METHOD

Table 7 shows the different suicide methods referred to in newspaper items on suicide. Some items referred to more than one method, and others did not refer to any.

Table 7: Newspaper items on suicide, by suicide method*

	Frequency	%
Hanging	130	11.2
Ingestion of substances	50	4.3
Gas	49	4.2
Firearms	45	3.9
High-impact methods	26	2.2
Other	72	6.2

* Multiple responses permitted

Most commonly, reference was made to hanging as a method of suicide. This method featured in 11.2% of items. Ingestion of substances, gas, firearms and high-impact methods (such as jumping from high buildings or jumping in front of trains) were less common, with each featuring in less than 5% of items. Just over 6% of items were classified as describing some 'other' method, most commonly cutting/stabbing/slashing, drowning and self-immolation.

CHAPTER 5: TELEVISION ITEMS ON SUICIDE

In total, 608 television items were concerned with suicide (545 with suicide alone, and 63 with suicide and mental health and illness).

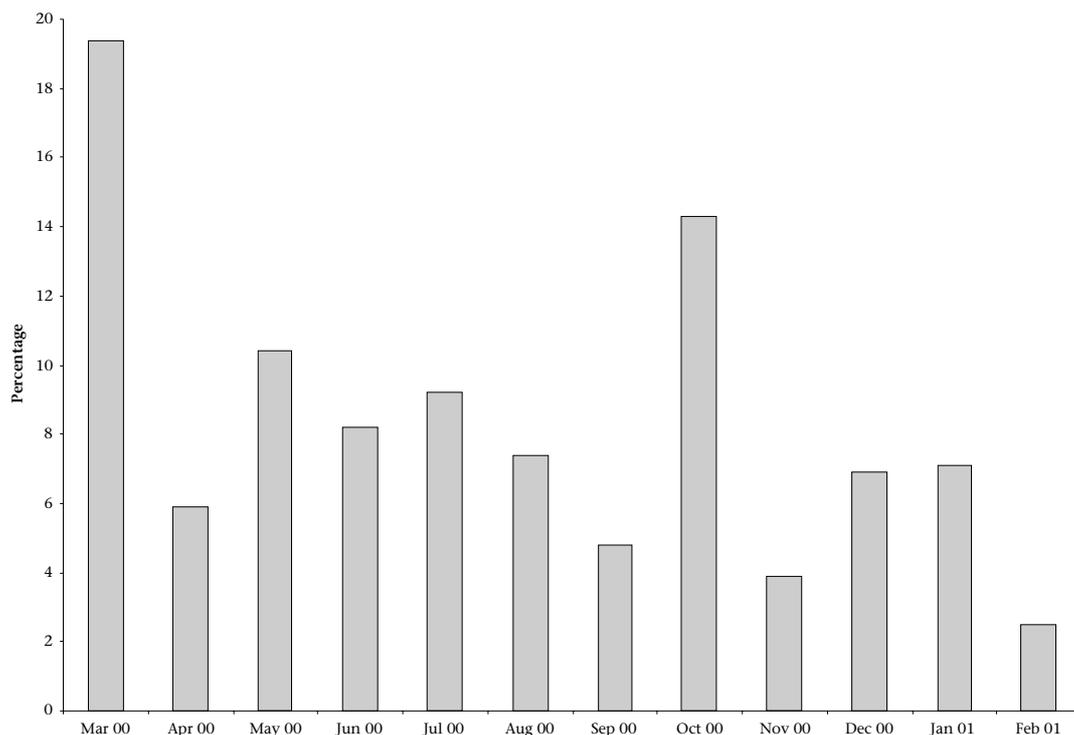
TELEVISION STATION

A total of 103 items (16.9%) appeared on government-funded television stations (that is, on the ABC or on SBS). The remainder appeared on non-government funded stations.

MONTH

Figure 2 shows the distribution of television items on suicide by month. The month with the greatest proportion of suicide items (19.4%) was March 2000. This can be attributed to the large numbers of stories on deaths in custody (flowing from the suicide of a 15-year-old Aboriginal boy in a Darwin jail in the previous month). October 2000 was also a month with a high volume of items (14.3%), many of which discussed suicide in the context of Mental Health Week. May, June and July 2000 also had large numbers of items on suicide (10.4%, 8.2% and 9.2%, respectively), mainly accounted for by the attempted suicide and subsequent suicide of a prominent federal politician, and a coroner's inquest into a series of deaths in custody in Hobart.

Figure 2: Television items on suicide, by month



The high-volume months were immediately followed by low-volume months, suggesting that television reporting of suicide may reach a point of saturation, after which a balance tends to reassert itself. Other months with particularly low numbers of items on suicide were September 2000 (4.8%) and February 2001 (2.6%), which might be explained by media coverage of the Sydney Olympics and the summer holiday period, respectively.

ITEM TIME

Table 8 shows that the vast majority of television items on suicide (85.2%) were screened in the evening (from 5.00 pm onwards). A further 11.8% were screened in the morning (before 12.00 pm), and the remainder were screened in the afternoon.

Table 8: Television items on suicide, by item time

	Frequency	%
Morning	72	11.8
Afternoon	18	3.0
Evening	518	85.2
Total	608	100.0

ITEM DURATION

Television items on suicide ranged in duration from less than a minute to 54 minutes. The median duration was two minutes.

ITEM FOCUS

Table 9 shows that suicide items on television tended to be about completed suicide only (68.7%). Just over 8% were about attempted suicide only, and just over 7% were about suicidal ideation only. The remainder had as their focus some combination of these three types of suicidal behaviour.

Table 9: Television items on suicide, by item focus

	Frequency	%
Completed suicide only	418	68.7
Attempted suicide only	51	8.4
Suicidal ideation only	43	7.1
Combination of above	96	15.8
Total	608	100.0

ITEM TYPE

The majority of the television items on suicide (88.0%) could best be described as news items, as shown in table 10. The remainder were classified as current affairs items, but this term was used fairly broadly.

Table 10: Television items on suicide, by item type

	Frequency	%
News	535	88.0
Current affairs	73	12.0
Total	608	100.0

ITEM CONTENT

Table 11 provides a breakdown of the content of the television items on suicide, allowing for multiple responses.

Table 11: Television items on suicide, by item content*

	Frequency	%
Individual's suicide	233	38.3
Murder-suicide	70	11.5
Mass suicide	95	15.6
Statistical overview	55	9.0
Research initiative	34	5.6
Causes of suicide	10	1.6
Policy or program initiative	152	25.0
Opinion piece	12	2.0
Media coverage of suicide	10	1.6
Legal issues	45	7.4
Other	57	9.4

* Multiple responses permitted

Television items most commonly described a particular instance in which an individual had completed or attempted suicide, or had experienced suicidal ideation. Nearly 40% of all items fell into this category. Relatively high proportions of items were concerned with murder–suicide and mass suicide, both of which can be regarded as subsets of the stories describing an individual’s experience of suicidal behaviour. Murder–suicide and mass suicide accounted for 11.5% and 15.6% of all television items on suicide, respectively.

Items describing policy or program initiatives were also common, with 25% falling into this category. Items providing a statistical overview of suicide or attempted suicide in the general population, and items considering legal issues associated with suicide, were also relatively common.

GEOGRAPHICAL REFERENCE

Stories occurring in the Australian context were referred to by 443 television items on suicide (72.9%). Often the reference was general, but when a geographical reference was state or territory-specific, it was most commonly about Queensland (21.7%) or New South Wales (20.5%). The least commonly cited state or territory was the Northern Territory (referred to in only 1.4% of these items).

AT-RISK GROUPS

Table 12 shows the relative prominence of at-risk groups in television items on suicide, allowing for multiple responses and for the fact that some items did not make specific reference to any demographic group.

Table 12: Television items on suicide, by demographic group featured*

		Frequency	%
Sex	Male	28	4.6
	Female	2	0.3
Age	0–24	81	13.3
	25–64	4	0.7
	65+	6	1.0
Area of residence	Major urban areas	0	0.0
	Other urban areas	1	0.2
	Rural areas	17	2.8
	Remote areas	6	1.0
Ethnicity	Non-English-speaking background	4	0.7
Aboriginality	Aboriginal or Torres Strait Islander people	15	2.5
Psychiatric status	Psychiatric patient	41	6.7
Legal status	In custody	61	10.0
Other	Other	21	3.5

* Multiple responses permitted

Items concerned with young people were common, as were those concerned with people in custody. Psychiatric patients, people living in rural areas and Aboriginal and Torres Strait Islander people also featured relatively prominently. A number of items featured members of 'other' demographic groups, particularly unmarried individuals and gay and lesbian people.

SUICIDE METHOD

Table 13 shows the different methods referred to in television items on suicide, allowing for the fact that some items referred to more than one method and others made no reference to any method.

Table 13: Television items on suicide, by suicide method*

	Frequency	%
Hanging	6	1.0
Ingestion of substances	6	1.0
Gas	18	3.0
Firearms	5	0.8
High-impact methods	5	0.8
Other	56	9.2

* Multiple responses permitted

Most commonly, reference was made to asphyxiation by car exhaust or domestic gas. This was the case for 3% of all television items on suicide. Of note is the high number of items that fell into the 'other' category. They totalled 56, and the majority related to suicide bombing and/or self-immolation, both usually occurring in the context of fighting for a particular cause.

CHAPTER 6: RADIO ITEMS ON SUICIDE

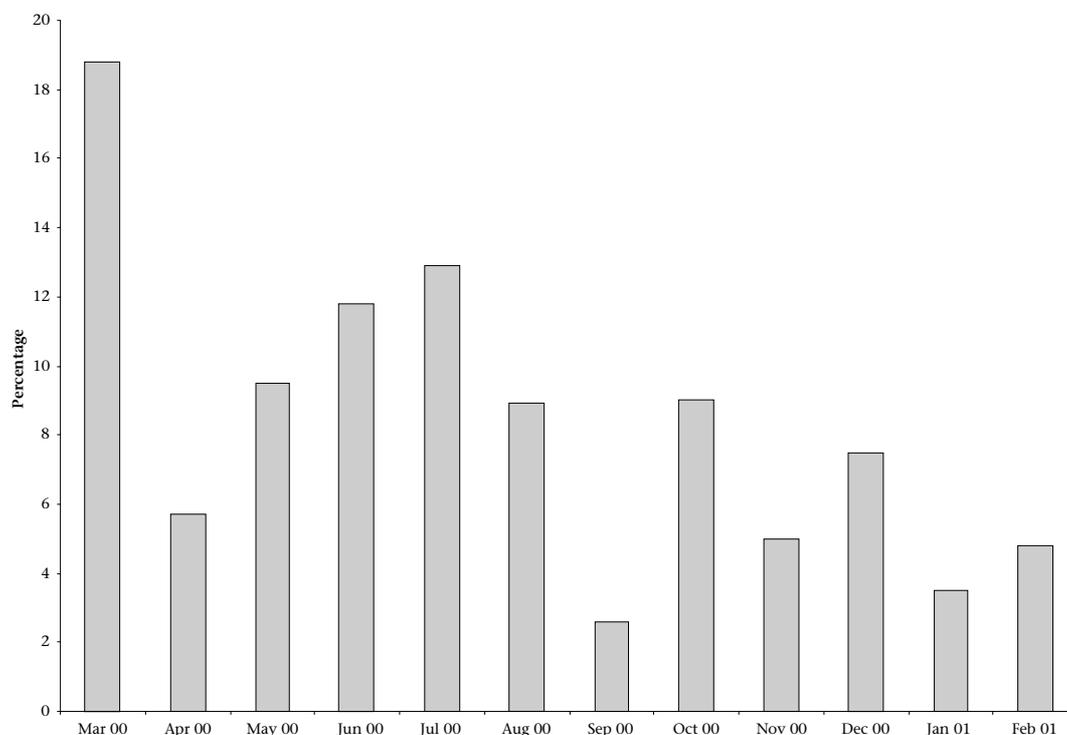
In total, 3043 radio items were concerned with suicide (2652 with suicide alone, and 391 with suicide and mental health and illness).

RADIO STATION

Government-funded radio stations (that is, ABC or SBS) broadcast 834 items (27.4%). The other 2209 items (72.6%) were broadcast on non-government funded stations. The latter group predominantly comprised commercial stations, but also included several independent and community stations.

MONTH

Figure 3 shows the distribution of radio items on suicide by month. There was considerable variability. The month with the greatest number of suicide items (18.8%) was March 2000. Some of these items referred to the launch of the National Depression Initiative, beyondblue, but more focused on issues to do with deaths in custody, following the suicide of a 15-year-old Aboriginal boy in a Darwin jail in the previous month. Other high-volume months were May (9.5%), June (11.8%) and July (12.9%) 2000. During May, a prominent federal politician attempted suicide, in June he completed suicide, and in July there was considerable discussion about the role of the media in influencing suicidal acts, and the need for counselling for politicians. An inquest into a series of deaths in custody in Hobart during this period also contributed to the high volume of reporting during these months.

Figure 3: Radio items on suicide, by month

The month with the fewest items (2.6%) was September 2000, again reflecting the wide media coverage of the Sydney Olympics during that month.

ITEM TIME

Table 14 shows that over half the radio items on suicide (54.1%) were broadcast in the morning (prior to 12.00 noon). A further 27.2% were broadcast in the afternoon (from noon to 4.59 pm), and the remainder were broadcast in the evening (from 5.00 pm onwards).

Table 14: Radio items on suicide, by item time

	Frequency	%
Morning	1647	54.1
Afternoon	829	27.2
Evening	567	18.6
Total	3043	100.0

ITEM DURATION

Radio items on suicide ranged in duration from less than a minute to 53 minutes. The median duration was one minute.

ITEM FOCUS

Table 15 shows that, most commonly, suicide items on radio were about completed suicide only (66.2%). Nearly 7% were about attempted suicide only, and 9% were about suicidal ideation only. The remainder had as their focus some combination of these three types of suicidal behaviour.

Table 15: Radio items on suicide, by item focus

	Frequency	%
Completed suicide only	2013	66.2
Attempted suicide only	200	6.6
Suicidal ideation only	274	9.0
Combination of above	556	18.3
Total	3043	100.0

ITEM TYPE

Almost two-thirds of the radio items on suicide (61.5%) were classified as news items, as shown in table 16. The remainder were classified as current affairs items. Once again, it should be noted that this term was used fairly broadly and included, for example, talkback shows.

Table 16: Radio items on suicide, by item type

	Frequency	%
News	1871	61.5
Current affairs	1171	38.5
Classification missing	1	0.0
Total	3043	100.0

ITEM CONTENT

Table 17 provides a breakdown of the content of the radio items on suicide, allowing for multiple responses.

Table 17: Radio items on suicide, by item content*

	Frequency	%
Individual's suicide	957	31.4
Murder-suicide	246	8.1
Mass suicide	247	8.1
Statistical overview	526	17.3
Research initiative	376	12.4
Causes of suicide	88	2.9
Policy or program initiative	778	25.6
Opinion piece	249	8.2
Media coverage of suicide	122	4.0
Legal issues	91	3.0
Other	163	5.4

* Multiple responses permitted

Items relating the story of an individual's suicide, suicide attempt or suicidal ideation were common, accounting for 31.4% of all items. Relatively high proportions of items were concerned with murder-suicide and mass suicide, both of which can be regarded as subsets of the stories describing an individual's suicide. Each accounted for 8.1% of all radio items on suicide.

Items describing policy or program initiatives also occurred frequently, making up 25.6% of the total. Items providing a statistical overview of suicide or attempted suicide in the general population, and items describing research initiatives into suicide, were also relatively common.

GEOGRAPHICAL REFERENCE

In total, 2599 radio items on suicide (85.4%) referred to a story occurring in the Australian context. When these geographical references were state or territory-specific, they were most commonly about Queensland (14.4%) or New South Wales (13.5%). The least commonly cited state or territory was the Australian Capital Territory (referred to in only 1% of these items).

AT-RISK GROUPS

Table 18 shows the extent to which particular at-risk groups were featured in radio items on suicide, allowing for multiple responses and for the fact that some items did not make reference to any demographic group.

Table 18: Radio items on suicide, by demographic group featured*

		Frequency	%
Sex	Male	378	12.4
	Female	43	1.4
Age	0–24	712	23.4
	25–64	47	1.5
	65+	48	1.6
Area of residence	Major urban areas	1	0.0
	Other urban areas	32	1.1
	Rural areas	149	4.9
	Remote areas	13	0.4
Ethnicity	Non-English-speaking background	42	1.4
Aboriginality	Aboriginal or Torres Strait Islander people	54	1.8
Psychiatric status	Psychiatric patient	230	7.6
Legal status	In custody	183	6.0
Other	Other	257	8.4

* Multiple responses permitted

Items concerned with young people were particularly common, accounting for 23.4% of the total. Males were another demographic group that received particular attention. Psychiatric patients, people in custody and people living in rural areas were also commonly featured. A number of items featured members of ‘other’ demographic groups. A common theme among the items falling into the fairly large ‘other’ category was an emphasis on people who were socially isolated or from disrupted family environments.

SUICIDE METHOD

Table 19 shows the different methods referred to in radio items on suicide, allowing for the fact that some items made reference to more than one method and others did not refer to a method at all.

Table 19: Radio items on suicide, by suicide method*

	Frequency	%
Hanging	39	1.3
Ingestion of substances	15	0.5
Gas	17	0.6
Firearms	40	1.3
High-impact methods	18	0.6
Other	111	3.6

* Multiple responses permitted

In proportional terms, relatively few items referred to specific methods. The most commonly cited methods were hanging and using firearms, and each of these accounted for less than 2% of all items. The 'other' category contained 111 items, with the majority relating to suicide bombing and/or self-immolation.

CHAPTER 7: QUALITY OF SUICIDE ITEMS

In total, 504 suicide items (10.5% of all suicide items) were randomly selected to be rated on nine dimensions of quality developed from criteria in the Media Resource for the Reporting and Portrayal of Suicide, a component of the *Achieving the Balance* kit (Penrose-Wall et al, 1999). It was possible to rate 415 (82.3%) of these (75.4% of television items, 78.0% of radio items and 96.8% of newspaper items selected). The rated items were not split by media type in the following analyses, on the grounds that the observations would have been too few to conduct meaningful analyses.

Table 20: Ratings on dimensions of quality

	Yes or no	Not applicable or don't know	Total	Response rate (%)
Does the item have any examples of inappropriate language?	415	0	415	100
Is the item inappropriately located?	415	0	415	100
Is the word 'suicide' used in the headline?	122	293	415	29
Is a photograph, a diagram or footage depicting the suicide scene, precise location or method used with the item?	96	319	415	23
Is there a detailed discussion of the method used?	232	183	415	56
Is there reference to the fact that the person who died by suicide was a celebrity?	34	381	415	8
Is suicide portrayed as 'merely a social phenomenon' as opposed to 'being related to mental disorder'?	302	113	415	73
Does the item provide information on help services?	415	0	415	100
Are the bereaved interviewed?	183	232	415	44

Ratings were more readily made on some dimensions of quality than on others. Not infrequently, raters were forced to respond 'not applicable' or 'don't know' to given dimensions. Not applicable was used when it was not meaningful to rate the item on a given dimension. Don't know was used when insufficient information was available for the coder to answer the question.

The use of these responses sometimes related to the media type. For example, the question 'Is the word "suicide" used in the headline?' is clearly only relevant to newspaper items. More commonly, the dimensions were more relevant to items about an individual's experience of suicide, attempted suicide or suicidal ideation, than to items with other content (such as those providing a statistical overview of suicide in the general population). For instance, the question 'Are the bereaved interviewed?' is only relevant to the former type of item.

As table 20 shows, the rate of yes or no responses ranged from 100% at the upper end to 8% at the lower end. The remainder of this chapter considers yes or no responses only, but the finding that the response rate was so low for some dimensions is worthy of comment in itself. It suggests that the criteria in the Media Resource for the Reporting and Portrayal of Suicide are somewhat restricted in focus. Consideration might be given to broadening this focus in the planned revision of the kit.

QUALITY OF REPORTING ON INDIVIDUAL DIMENSIONS

The quality of reporting varied according to the particular dimension under consideration. Detail on each is provided below.

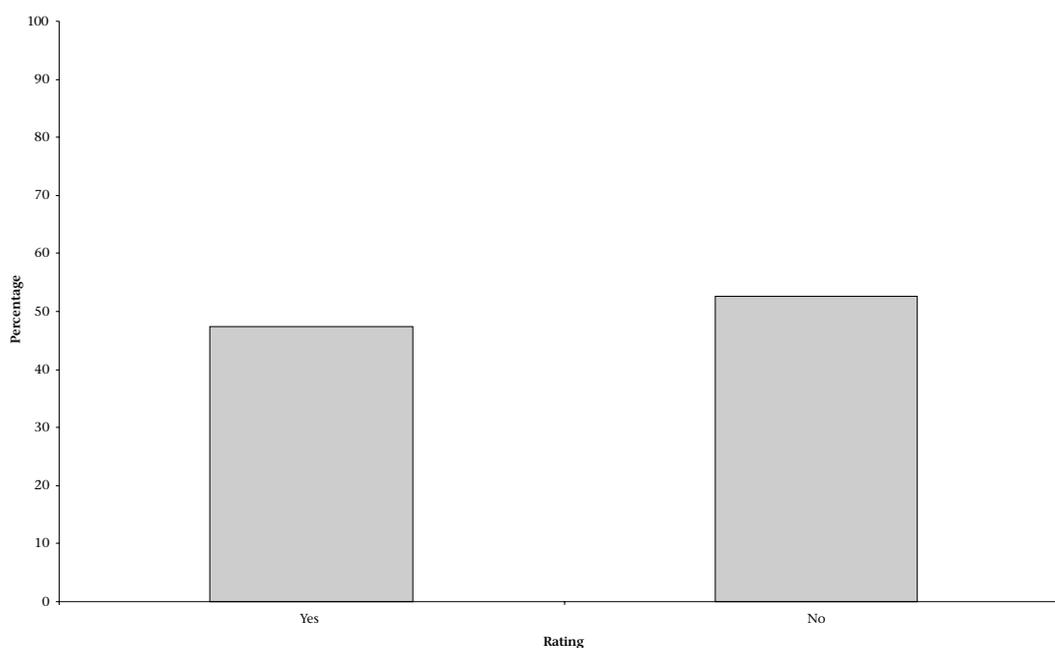
LANGUAGE

The Media Resource for the Reporting and Portrayal of Suicide (Penrose-Wall et al, 1999, p 4) provides several examples of appropriate and inappropriate language regarding suicide. It suggests that:

- 'died by suicide' or 'completed suicide' should be used in preference to 'committed suicide';
- 'his first suicide attempt was non-fatal' should be used in preference to 'his first suicide attempt was unsuccessful';
- 'Mrs Smith is bereaved by the suicide of her daughter, Mary' should be used in preference to 'Mrs Smith's daughter, Mary, was a suicide';
- 'youth suicide is increasing in males' should be used in preference to 'Australia has a youth suicide epidemic'; and
- 'Mr Brown was suffering from depression at the time of his death' should be used in preference to 'Mr Brown was a depressive'.

As figure 4 shows, 58.3% of rated items had no examples of inappropriate language.

Figure 4: Does the item have any examples of inappropriate language? (n=415)



In the remaining 41.7% of items, the examples of inappropriate language were many and varied, including:

- the frequent use of the term 'committed suicide';
- the use of various phrases that suggested that completed suicide was a desirable outcome (for example, 'unsuccessful suicide attempt' 'failed suicide attempt', 'botched suicide pact', 'successful suicide', and 'near-successful suicide bid');
- the use of sensationalist terminology to describe the prevalence of suicide in the community (for example, 'suicide epidemic', 'suicide rates are out of control', 'distressing new trend', 'suicide is at an all-time high', 'the top five nations with a major youth suicide problem', and 'youth suicide rates are frightening'); and
- the frequent use of inappropriate terminology to describe the mental health status of those who completed or attempted suicide (for example, 'a crazed Australian tried to kill himself', 'basket case', 'crazy', 'a suicidal loner . . . is disturbed', 'lunacy', 'lunatic', 'insane', and 'he went mad and shot himself').

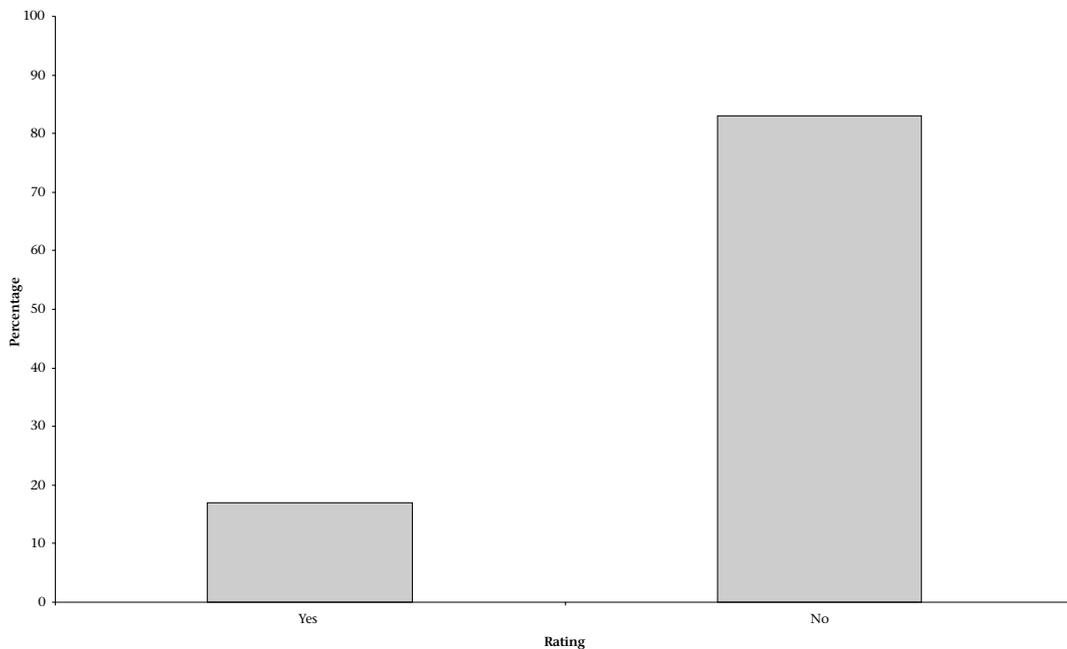
Coders commented that, in some cases, the language was chosen by readers or callers, and not by reporters, journalists, editors or presenters. For example, a caller to a talkback radio show was quoted as saying that her 'son, who was a schizophrenic, had committed suicide'.

LOCATION

The Media Resource for the Reporting and Portrayal of Suicide (p 4) notes that it is preferable to locate newspaper items about suicide inside the paper, rather than on the front page, and that, desirably, broadcast items about suicide should not be presented as the leading item. These recommendations are made on the grounds that giving undue prominence to suicide items may glorify the act for those who are vulnerable, and may be distressing to families bereaved by suicide.

As figure 5 shows, the majority of items (83.1%) were not inappropriately located.

Figure 5: Is the item inappropriately located? (n=415)

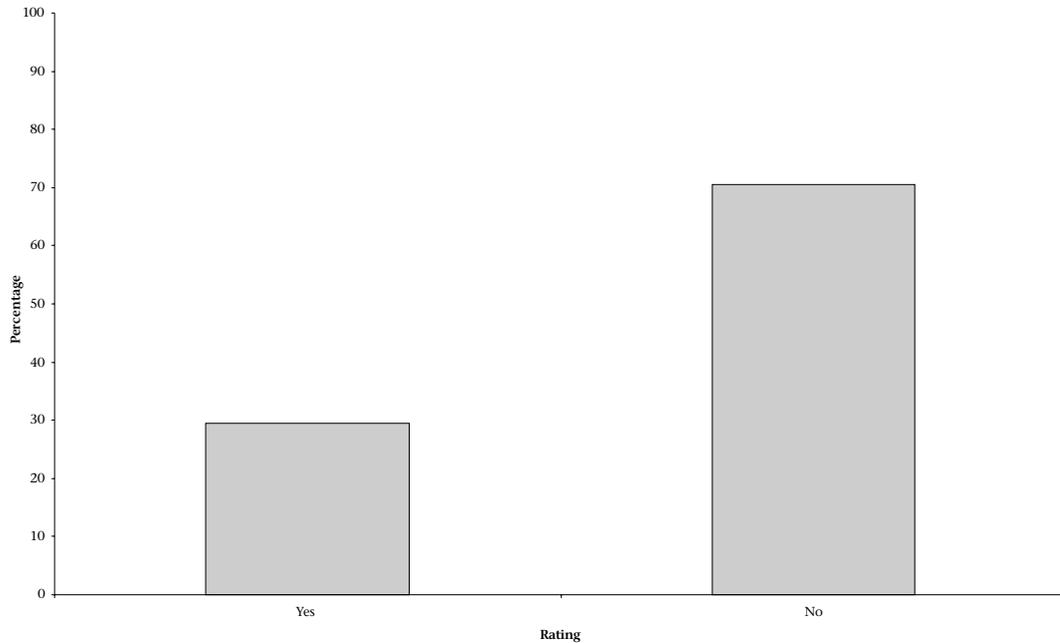


HEADLINES

The Media Resource for the Reporting and Portrayal of Suicide (p 4) suggests that the use of the word suicide in the headline of an item should be avoided, to minimise the risk of sensationalising or normalising the act.

It can be seen from figure 6 that the majority of items (70.5%) did not use suicide in the headline.

Figure 6: Is the word 'suicide' used in the headline? (n=122)

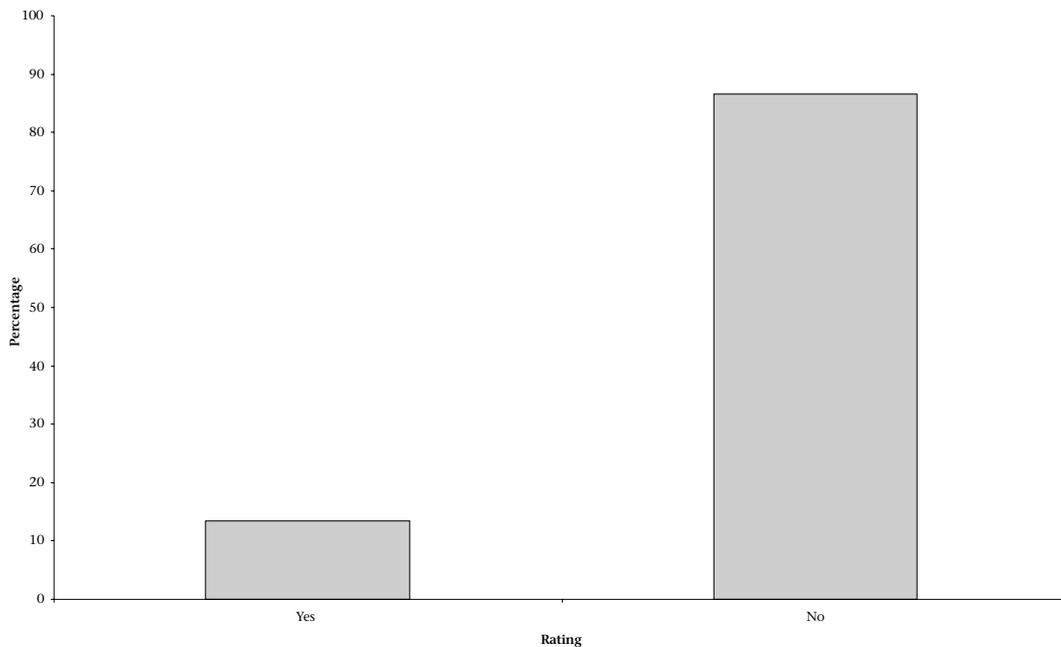


PHOTOGRAPHS/FOOTAGE

The Media Resource for the Reporting and Portrayal of Suicide (p 4) recommends that the practice of using photographs with suicide stories be avoided. Specifically, the resource suggests that photographs should not feature the suicide scene, precise location or method, since doing so may lead to imitative action by already vulnerable individuals. In addition, the resource warns against using photographs of the deceased and his or her family members without permission. In applying this criterion for the purposes of the quality rating exercise, raters included diagrams and television footage with photographs.

Figure 7 shows that the majority of items adhered to the above suggestion, with only 13.5% including a photograph, a diagram or footage related to the suicide.

Figure 7: Is a photograph, a diagram or footage depicting the suicide scene, precise location or method used with the item? (n=96)



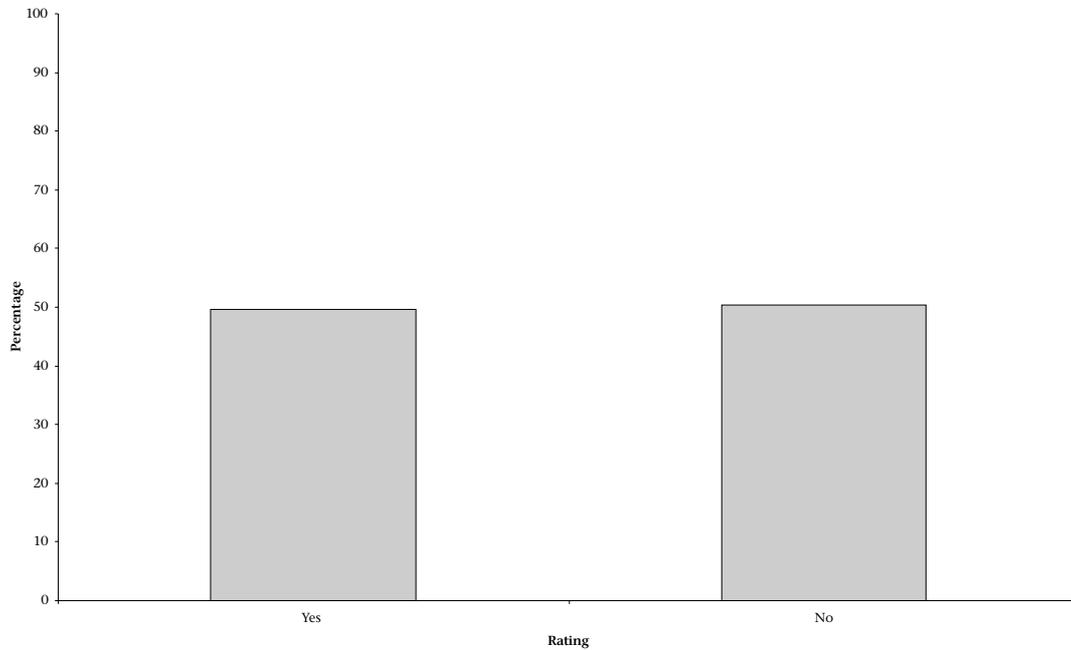
In general, where a photograph or diagram was supplied, or footage was included, it occurred, as may be expected, in the anticipated context, where a suicidal act was being described. In these cases, the visual presentation could have been avoided. One case is of particular interest, however. This occurred in a newspaper item criticising a sensationalist magazine advertisement for using an image of an individual engaging in suicidal behaviour to sell its product. The newspaper reprinted the photograph that was shown in the magazine spread to illustrate its point. It is difficult to see how the item could have argued that the advertisement was inappropriate without describing it pictorially, but in doing so it may have paradoxically reinforced the potentially negative impact of that image.

METHOD OF SELF-HARM

The Media Resource for the Reporting and Portrayal of Suicide (p 4) suggests that reporters should refrain from specifically discussing the method used in suicide or attempted suicide, and instead should refer to the method only by association, for example, by saying 'a firearm was found beside the deceased'. The rationale for this is, once again, that vulnerable individuals may be influenced to imitate methods if details are provided.

Items performed less well against this dimension of quality than against some others. Figure 8 shows that, in 50% of cases, the method of self-harm was described in detail.

Figure 8: Is there a detailed discussion of the method used? (n=232)

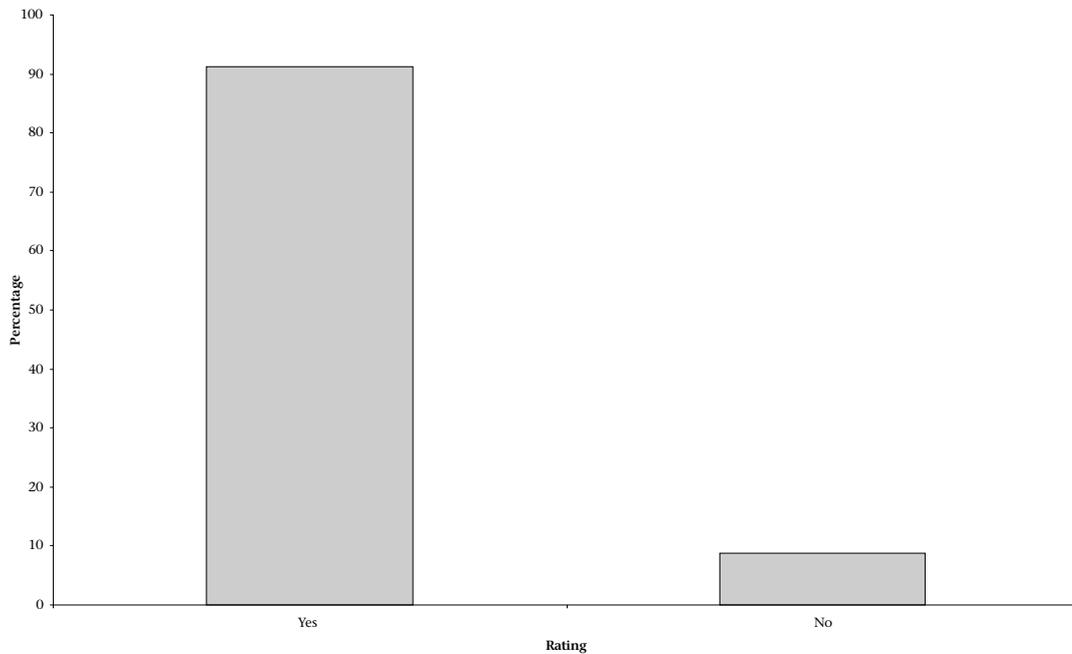


CELEBRITY SUICIDE

The Media Resource for the Reporting and Portrayal of Suicide (p 5) suggests that coverage of celebrity suicides should be minimised, on the grounds that it may encourage copycat behaviours by normalising or glamorising suicide. Media organisations must balance this against the 'public's right to know'.

During the study period, there were relatively few stories about celebrity suicides (34). However, as figure 9 shows, in the majority of these (91.2%), reference was made to the fact that the person who died by suicide or attempted suicide was a celebrity.

**Figure 9: Is there reference to the fact that the person who died by suicide was a celebrity?
(n=34)**

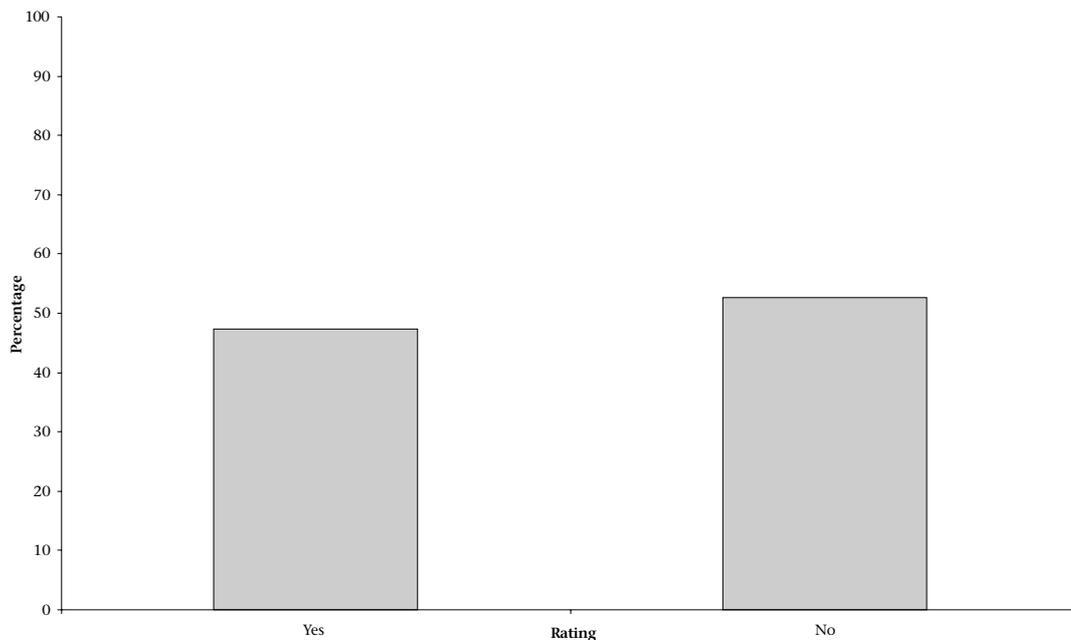


MENTAL HEALTH LITERACY

The media has a role in educating the public about suicide, and this is reflected in the recommendations of the Media Resource for the Reporting and Portrayal of Suicide (p 5) regarding mental health literacy. Specifically, the resource suggests that items in the media should take the opportunity to reinforce the fact that suicide risk is related to mental disorders, and is not merely a social phenomenon. Items on suicide have the potential to increase the public's understanding that, although thoughts of suicide may be quite common, acting on them is not normal.

Figure 10 shows that, in around half of all items, the opportunity was taken to increase mental health literacy, but that in the other half, this opportunity was missed.

Figure 10: Is suicide portrayed as ‘merely a social phenomenon’ as opposed to ‘being related to mental disorder’? (n=302)



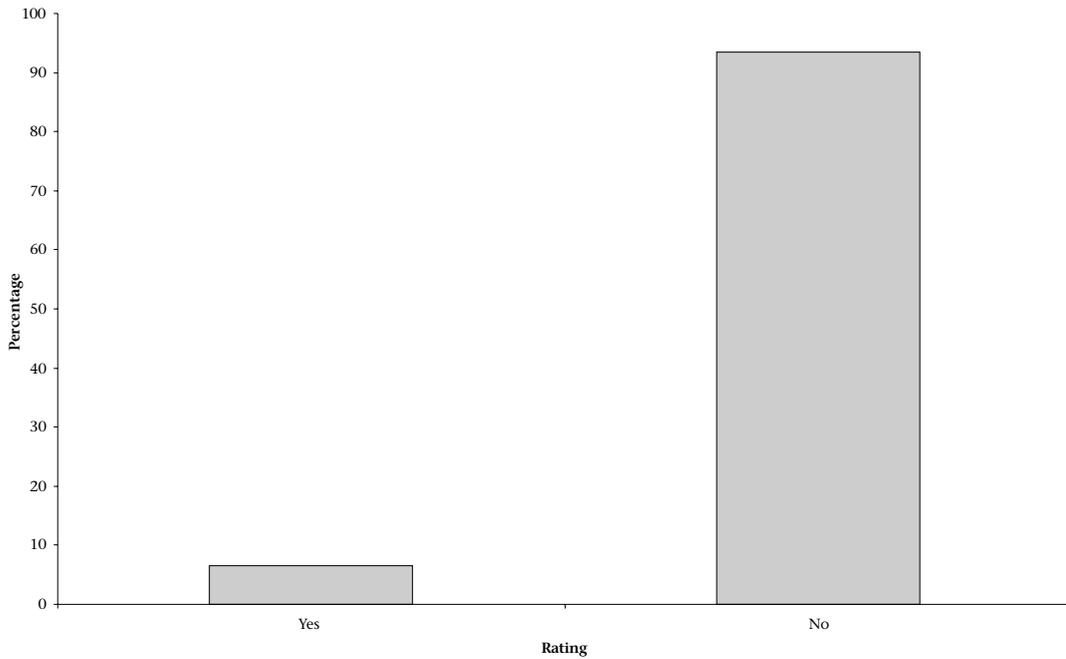
As with the quality dimension relating to language (see above), it was not always the staff of the newspaper or television or radio station that were responsible for providing misinformation about the nature of suicide. In one instance, for example, an item directly quoted a mental health expert as saying that the majority of suicides were copycat acts. The expert made no reference to existing vulnerabilities to suicide associated with mental illness.

SEEKING APPROPRIATE HELP

The Media Resource for the Reporting and Portrayal of Suicide (p 5) recognises that part of the educational role of the media involves promoting help-seeking behaviour among suicidal individuals. Specifically, the resource suggests that items on suicide should inform the public of options for seeking help. Items can inform the public that a common preventive step is seeking professional help from a general practitioner or mental health professional, and can include the contact details of available help services.

Figure 11 shows that only in a minority of items (6.5%) was information on help services provided. This was often only a brief mention.

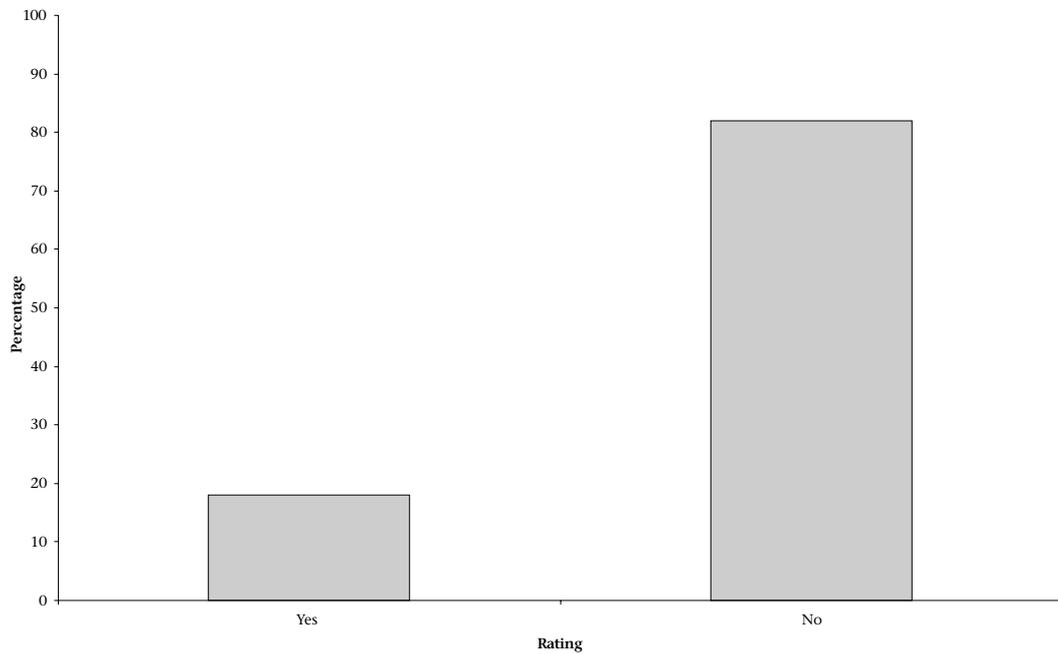
Figure 11: Does the item provide information on help services? (n=415)



INTERVIEWING THE BEREAVED

The Media Resource for the Reporting and Portrayal of Suicide (p 5) makes recommendations about interviewing the bereaved. It suggests that sensitivity should be shown and privacy should be respected, particularly because the bereaved may be at heightened risk of suicide themselves. Figure 12 shows that, in the majority of items (82.0%), the bereaved were not interviewed.

Figure 12: Are the bereaved interviewed? (n=183)



OVERALL QUALITY

By combining the nine dimensions of quality, it was possible to generate a total quality score for each item. Because of the way the questions were worded, a response of 'no' was indicative of good quality on the majority of dimensions, and a response of 'yes' was indicative of poorer quality. A no response was allocated a score of 1 and a yes response was allocated a score of 0. The exception was the dimension that asked, 'Does the item provide information on help services?'. Here, a response of yes was indicative of good quality and a response of no was indicative of poorer quality. In this case, a yes response scored 1 and a no response scored 0. If the response to a given dimension was rated 'don't know' or 'not applicable', the dimension was given a missing value for that item.

The total quality score was calculated by summing all of the actual scores on those dimensions for which a yes or no response was available, dividing this by the sum of all of the potential scores on those dimensions for which a yes or no response was available, and converting the result to a percentage. A high score was indicative of good quality: a low score was indicative of poor quality.

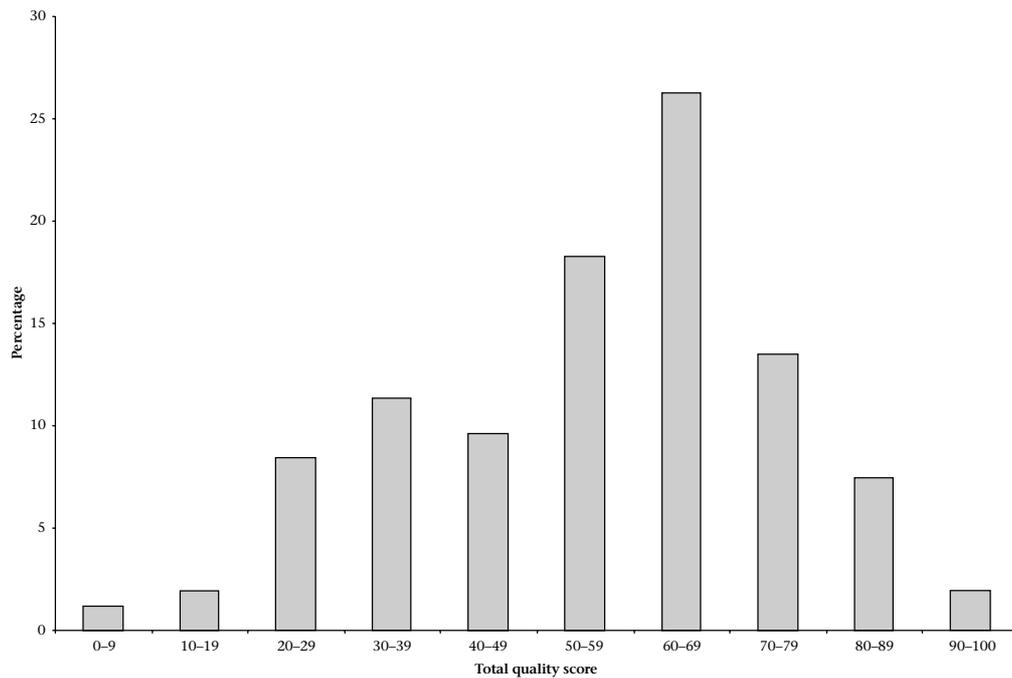
The scoring system can perhaps best be illustrated by a few examples. Table 21 shows five hypothetical items, and their scores on each of the nine dimensions.

Table 21: Generation of a total quality score for five hypothetical items

		Dimension									Total	Score
		1	2	3	4	5	6	7	8	9		
Item A	Actual score	1	1	1	1	1	1	1	1	1	9	9/9 = 100%
	Potential score	1	1	1	1	1	1	1	1	1	9	
Item B	Actual score	0	0	0	0	0	0	0	0	0	0	0/9=0%
	Potential score	1	1	1	1	1	1	1	1	1	9	
Item C	Actual score	1	1	1	1		1	1		1	7	7/7=100
	Potential score	1	1	1	1		1	1		1	7	
Item D	Actual score	0	0			0	0		0		0	0/5=0%
	Potential score	1	1			1	1		1		5	
Item E	Actual score	0	1	1			1	0	0	1	4	4/7=57.1%
	Potential score	1	1	1			1	1	1	1	7	

Calculating total quality scores in this way yielded a picture of variability across items. Total quality scores ranged from 0% (scored by five items) to 100% (scored by eight items). The median was 57.1%. Figure 13 shows the distribution of total quality scores.

Figure 13: Distribution of total quality scores for suicide items (n=415)



PREDICTORS OF QUALITY

Consideration was given to whether particular variables described in the previous three chapters were indicative of good or poor quality. Was quality related to content? For example, were stories about an individual's experience of suicide, attempted suicide or suicidal ideation likely to rate well or poorly in terms of quality? Was quality related to media type? For example, were items in the print media likely to achieve higher or lower total quality scores than items broadcast on television or radio? Or were there other factors that were associated with quality?

Multivariate analysis was used in this assessment. Specifically, a logistic regression model was developed that assessed the strength of the association between a range of potential predictor variables and the quality of the suicide item. For the purposes of this analysis, quality was treated as a binary variable, with a score of less than 50% indicating generally poorer quality, and a score of 50% or more indicating good quality. The logistic regression model permitted the effect of each predictor variable to be assessed while all other variables were held constant, that is, it indicated whether one particular factor had an effect that was independent of any other factors.

A restricted range of predictor variables (see table 22 below) was included in the final logistic regression model. To be included, the variable had to be available for all items. For example, page number was not included, since this was only available for newspaper items and not relevant for television or radio items. In addition, the variable had to be shown to have a significant effect in its own right (this was assessed in a preliminary univariate analysis). The exception to this latter rule was that, if one variable in a set had a significant effect, the others from that set were included.

Table 22 presents the results of the logistic regression. The table presents odds ratios, significance levels (P values) and 95% confidence intervals (CI). Significant associations are shaded. The example of an item being set in the geographical context of Australia can be used to illustrate how these figures should be interpreted. Items of this type are compared with the reference category of items that do not make geographical reference to Australia. The odds ratio of 2.23 means that, compared with items that do not make reference to Australia, those that do are 2.23 times more likely to be of high quality. The P value is less than 0.05, which means that this association is significant (that is, the likelihood of it having occurred by chance is less than 5%). The 95% confidence interval provides a range within which the true odds ratio lies. Although 2.23 is regarded as the best estimate, the 95% confidence interval suggests that the true value lies somewhere between 1.03 and 4.81.

Table 22: Logistic regression model for quality of suicide items

		Odds ratio	95% CI	P
Media type	Television, government-funded	1.00		
	Television, non-government funded	0.67	0.11–4.15	0.664
	Radio, government-funded	0.48	0.08–2.91	0.428
	Radio, non-government funded	0.54	0.10–3.08	0.489
	Newspaper, metropolitan	0.26	0.04–1.56	0.140
	Newspaper, suburban/regional	0.17	0.03–1.15	0.070
Geographical reference	No reference to Australia	1.00		
	Reference to Australia	2.23	1.04–4.81	0.040
Item content (1)	Not item about individual's experience	1.00		
	Item about individual's experience	0.81	0.47–1.41	0.459
Item content (2)	Not item about murder-suicide	1.00		
	Item about murder-suicide	0.23	0.08–0.68	0.008
Item content (3)	Not item about mass suicide	1.00		
	Item about mass suicide	0.15	0.04–0.61	0.008

Item content (4)	Not item about statistical overview	1.00		
	Item about statistical overview	0.48	0.27–0.87	0.015
Item content (5)	Not item about research initiative	1.00		
	Item about research initiative	1.09	0.55–2.17	0.794
Item content (6)	Not item about causes of suicide	1.00		
	Item about causes of suicide	0.52	0.16–1.71	0.283
Item content (7)	Not item about policy or program initiative	1.00		
	Item about policy or program initiative	1.08	0.59–1.96	0.803
Item content (8)	Not opinion piece	1.00		
	Opinion piece	0.56	0.25–1.25	0.157
Item content (9)	Not item about media coverage of suicide	1.00		
	Item about media coverage of suicide	0.62	0.23–1.72	0.364
Item content (10)	Not item about legal issues re suicide	1.00		
	Item about legal issues re suicide	0.38	0.16–0.93	0.034

The table indicates a number of variables that were associated with items of high quality. Apart from an item's being set in the geographical context of Australia, which was discussed above, several other variables were associated with items being of high quality. All of these related to the content of the item, and the association was always negative. Items that provided a statistical overview of completed suicide or suicide attempts were less likely to be of high quality than those that did not provide a statistical overview. Items that described murder-suicides or mass suicides were less likely to be of high quality than those that did not. Items that presented legal issues associated with suicide (such as articles on euthanasia or coroners' inquests) were less likely to be of high quality than those that did not consider these issues.

Media type was not shown to be significantly associated with quality, once the geographical reference point and item content were controlled for. Likewise, there were several types of item content that were not independently associated with quality, namely items focusing on individuals' experiences of completed or attempted suicide, or suicidal ideation, items describing research, or policy or program initiatives, items considering the impact of the media on suicide, and items examining causes of suicide.

CHAPTER 8: NEWSPAPER ITEMS ON MENTAL HEALTH AND ILLNESS

In total, 4351 newspaper items were concerned with mental health and illness (3754 with mental health and illness alone, and 597 with mental health and illness and suicide).

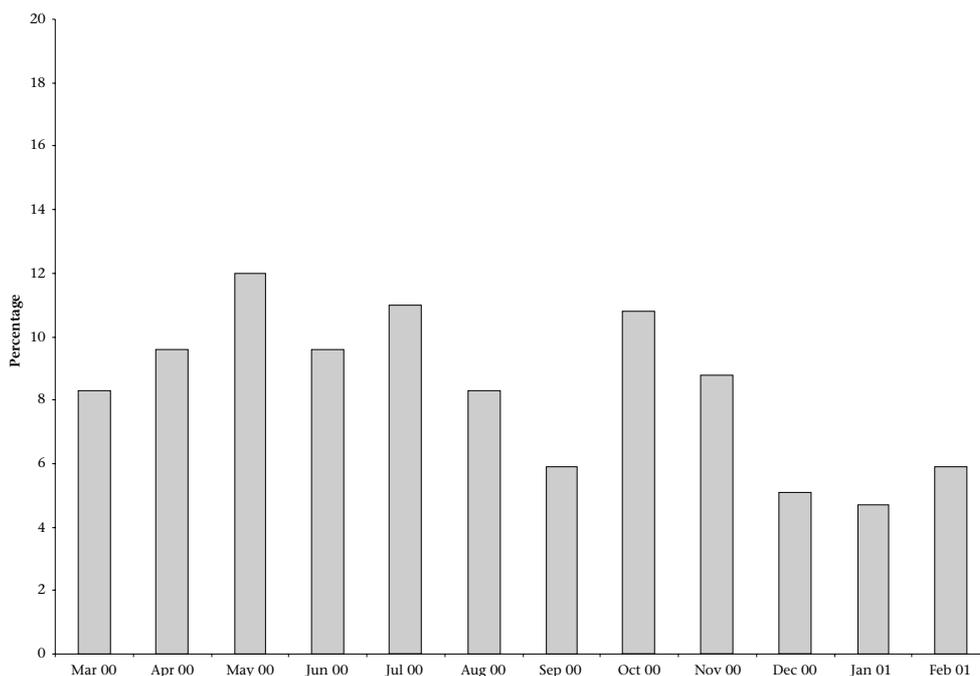
NEWSPAPER TYPE

A total of 2871 items on mental health and illness (66.0%) were reported in metropolitan newspapers, and 1480 (34.0%) in suburban or regional newspapers.

MONTH

Figure 14 shows the distribution of newspaper items on mental health and illness by month. There was some variability by month, although the range was not as great as might have been expected. Proportionally, the month with the greatest number of mental health and illness items was May 2000 (12.0%). During this month, and the two that followed it, there were high levels of reporting about the risk of mental health problems experienced by politicians (following the suicidal acts of a prominent federal politician). At the same time, there was significant coverage of the actions of a psychiatrist in an inquest into the deaths in custody of a series of Hobart offenders with histories of mental health problems. There were also relatively high levels of reporting in October 2000 (10.8%), the month that included Mental Health Week.

Figure 14: Newspaper items on mental health and illness, by month



Months with low levels of reporting were the holiday months of December 2000 (5.1%), and January (4.7%) and February 2001 (5.9%), and the month of the Olympics, September 2000 (5.9%).

ITEM PLACEMENT

In total, 3.8% of items appeared on the front page of the newspaper. The remainder were placed further into the body of the newspaper.

REPORTER

Table 23 provides information on the reporter responsible for each newspaper item on mental health and illness.

Table 23: Newspaper items on mental health and illness, by reporter

	Frequency	%
Own reporter	3348	76.9
AAP	100	2.3
Reuters	14	0.3
Other	296	6.8
Not known	593	13.6
Total	4351	100.0

Most commonly, the item was written by the newspaper's own reporter. Only 2.3% were sourced from AAP and still fewer — only 0.3% — from Reuters. Nearly 7% of items were written by someone classified as 'other', most commonly readers, but also guest writers/experts or reporters from smaller agencies or international newspapers. In 13.6% of cases, it was not possible to ascertain who the reporter was.

ITEM TYPE

Table 24 provides a distribution of the items by type.

Table 24: Newspaper items on mental health and illness, by item type

	Frequency	%
News	3554	81.7
Feature	406	9.3
Editorial	30	0.7
Letter	257	5.9
Other	104	2.4
Total	4351	100.0

The majority (81.7%) were classified as news items. Feature items accounted for a further 9.3% of all items. There were also a number of letters and a few editorials. Over 100 items fell into an undifferentiated 'other' category. These included advertisements and community announcements, opinion pieces, columnists' responses to letters, cartoons and television program reviews.

ITEM CONTENT

Table 25 provides a breakdown of the content of the newspaper items on mental health and illness, allowing for multiple responses.

Table 25: Newspaper items on mental health and illness, by item content*

	Frequency	%
Individual's experience	852	19.6
Causes, symptoms and/or treatment of mental illness	1165	26.8
Statistical overview	455	10.5
Mental health care and/or services	934	21.5
Policy or program initiative	1489	34.2
Research initiative	817	18.8
Opinion piece	466	10.7
Language	18	0.4
Mental health/illness issues associated with the workplace	117	2.7
Mental health/illness issues associated with physical health	89	2.0
Mental health/illness mentioned in the context of suicide	235	5.4
Mental health/illness mentioned in the context of crime	363	8.3
Other	984	22.6

* Multiple responses permitted

Most commonly, items described policy or program initiatives in mental health, with nearly 35% of all items falling into this category. Policy and program initiatives were defined fairly broadly, and ranged from major initiatives (such as the allocation of funding for mental health care) to local efforts (such as small-scale awareness-raising activities conducted as part of Mental Health Week).

Also common were items describing the causes, symptoms or treatment of mental illness. These included, for example, the presentation of findings on the aetiology of particular illnesses, descriptions of the symptoms associated with particular disorders (especially less common disorders) and information on drug and other therapies. The latter included conventional treatments (for example, the prescription of Prozac or the provision of counselling or advice) as well as alternative approaches (for example, the use of St John's Wort).

Many items also provided information on mental health care or services (21.5%). For example, coverage was often given to a new service starting up in a given location.

Research initiatives were described in 18.8% of items. These included items describing proposed or existing research, the results of studies, and funding being provided for particular research projects.

The above four types of item content often occurred together. For example, an item describing allocations of state-based funding for mental health and what it would mean for the provision of specific services in a given local area was coded as having content related to both a policy or program initiative and mental health care or services. Likewise, an item describing the findings of a given study into the aetiology of, say, schizophrenia, was coded as having content related to both a research initiative and the causes, symptoms or treatment of mental illness.

Other relatively common content areas included individuals' experience of mental illness or mental health problems (19.6%), statistical overviews of mental health and illness in the population (10.5%) and opinion pieces (10.7%).

Also worthy of note are items in which mental health and illness were mentioned in the context of suicide (5.4%) or crime (8.3%). In the case of the latter, consideration was given to the type of crime. Most commonly, mental health and illness were mentioned in the context of homicide, followed by other violence and then by property and other miscellaneous crimes.

In 2.7% of cases, mental health and illness issues were mentioned in the context of physical health (for example, anxiety and depression leading to poor physical health), and in 2% of cases they were mentioned in the context of the workplace (for example, mental health problems associated with workplace bullying or other stresses).

A separate category was developed for items that used mental health and illness terminology inappropriately or out of context. Eighteen items (0.4%) fell into this category. Examples included 'perverted predator', 'psychopathic bosses', 'psychotic trucker', 'go insane', 'cybersex compulsive', 'depressed loner', and 'like a mad dog'.

Finally, the 'other' category is worthy of consideration. This accounted for 22.6% of all items, and was very diverse in nature. Examples included items that referred to the impact of the immigration experience on mental health, the association between poverty and mental health, bullying as a precursor to mental health problems, and registration issues to do with mental health professionals.

GEOGRAPHICAL REFERENCE

In general, the geographical reference point for the mental health and illness items considered here was Australia. In total, 3776 items (86.8%) referred to a story occurring in the Australian context. Of these, nearly half (47.7%) referred to Victoria, reflecting the oversampling of suburban and regional newspapers from this state. Next to Victoria, the most common state or territory-based geographical reference point was New South Wales, cited in 8.3% of these items. The least commonly cited state or territory was the Northern Territory (referred to in only 1.2% of these items).

AT-RISK GROUPS

Consideration was given to whether certain demographic groups were given particular prominence in the newspaper items on mental health and illness. The groups were chosen on the basis of the fact that the scientific literature had identified them as being at heightened risk of mental illness or mental health problems. Table 26 shows the results, allowing for the fact that multiple responses were permitted and not all items made reference to any demographic group.

Table 26: Newspaper items on mental health and illness, by demographic group featured*

		Frequency	%
Sex	Male	177	4.1
	Female	115	2.6
Age	0–24	280	6.4
	25–64	102	2.3
	65+	64	1.5
Area of residence	Major urban areas	25	0.6
	Other urban areas	22	0.5
	Rural areas	64	1.5
	Remote areas	8	0.2
Ethnicity	Non-English-speaking background	6	0.1
Aboriginality	Aboriginal or Torres Strait Islander people	8	0.2
Other	Other	216	5.0

* Multiple responses permitted

Young people and males stood out in terms of how frequently they were presented in items. A number of items featured members of 'other' demographic groups. Some of these were subgroups of the existing groups, such as children and women with new babies. Others were additional, and included particular professional groups (for example, artists, health-care staff, athletes, members of the defence force, teachers, academics and politicians), people of low socioeconomic status (including unemployed and homeless people), gay and lesbian people, drug users, people with physical illnesses (such as cancer, heart disease, diabetes and Parkinson's disease) and victims of crime, bullying or abuse.

CHAPTER 9: TELEVISION ITEMS ON MENTAL HEALTH AND ILLNESS

In total, 1237 television items were concerned with mental health and illness (1174 with mental health and illness alone, and 63 with mental health and illness and suicide).

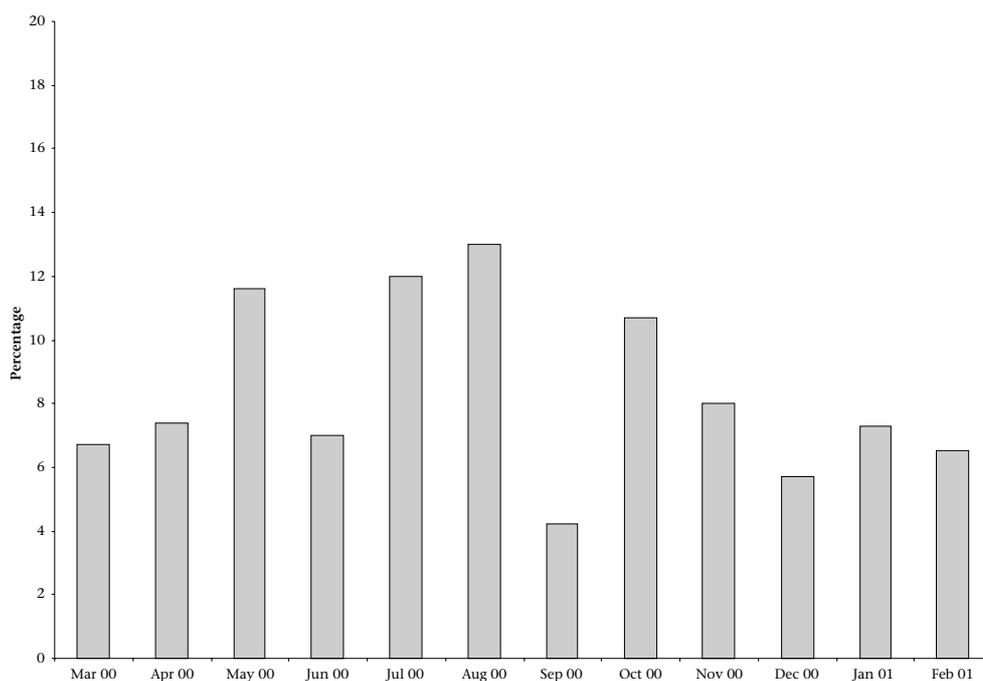
TELEVISION STATION

The ABC or SBS broadcast 177 (14.3%) items and the remainder were broadcast on non-government funded stations.

MONTH

Figure 15 shows the distribution of television items on mental health and illness by month. There was substantial variability in these figures, with the greatest number of mental health and illness items being broadcast in May (11.6%), July (12.0%), August (13.0%) and October (10.7%) 2000. Some of the earlier reporting in these months was associated with the heightened risk of mental health problems experienced by politicians, following the suicidal behaviour of a prominent federal politician, and some was related to the actions of a psychiatrist involved in an inquest into the suicides in custody of several offenders with mental health problems. In the latter month, the high volume was largely the result of news generated by Mental Health Week.

Figure 15: Television items on mental health and illness, by month



The least items were broadcast in September 2000 (4.2%), when such items were competing for airtime with news of the Sydney Olympics.

ITEM TIME

As can be seen from table 27, the vast majority of television items on mental health and illness (89.7%) were broadcast in the evening (from 5.00 pm onwards). A further 8.5% were screened in the morning (before noon), and the remainder were screened in the afternoon.

Table 27: Television items on mental health and illness, by item time

	Frequency	%
Morning	105	8.5
Afternoon	21	1.7
Evening	1110	89.7
Classification missing	1	0.1
Total	1237	100.0

ITEM DURATION

The shortest television items ran for less than a minute (typically items within a news bulletin), but there were also full-length programs on mental health and illness issues that ran for up to 55 minutes. The median duration was two minutes.

ITEM TYPE

Table 28 shows that the majority of the television items on mental health and illness (79.3%) were news items. The remainder were broadly classified as current affairs items.

Table 28: Television items on mental health and illness, by item type

	Frequency	%
News	981	79.3
Current affairs	255	20.6
Classification missing	1	0.1
Total	1237	100.0

ITEM CONTENT

Table 29 provides a breakdown of the content of the television items on mental health and illness, allowing for multiple responses.

Table 29: Television items on mental health and illness, by item content*

	Frequency	%
Individual's experience	187	15.1
Causes, symptoms and/or treatment of mental illness	290	23.4
Statistical overview	101	8.2
Mental health care and/or services	182	14.7
Policy or program initiative	363	29.3
Research initiative	241	19.5
Opinion piece	21	1.7
Language	77	6.2
Mental health/illness issues associated with the workplace	50	4.0
Mental health/illness issues associated with physical health	12	1.0
Mental health/illness mentioned in the context of suicide	16	1.3
Mental health/illness mentioned in the context of crime	81	6.5
Other	146	11.8

* Multiple responses permitted

In terms of content, items describing policy or program initiatives in mental health were the most common, accounting for 29.3% of all items. These were followed by items describing the causes, symptoms or treatment of mental illness (23.4%), and research initiatives (19.5%). Items describing mental health care or services were also relatively frequently broadcast (14.7%). Often, several of these four types of item content occurred in the one item.

Items describing an individual's experience of mental illness or mental health problems (15.1%) were fairly common. So, too, were statistical overviews in which the prevalence of a particular mental disorder in the community was described (8.2%).

Items in which mental health and illness were mentioned in the context of crime also occurred relatively frequently at 6.5%. Most commonly, mental health and illness were mentioned in the context of homicide, followed by other violence and then by property crimes and other miscellaneous crimes.

In 1% of cases, mental health and illness issues were mentioned in the context of physical health, and in 4% of cases they were mentioned in the context of the workplace.

Seventy-seven items (6.2%) were judged to use mental health and illness terminology inappropriately or out of context, potentially perpetuating myths about mental illness. Examples of such language included 'Genome mania', 'Billion dollar lottery payout has people going crazy', 'self-confessed motoring maniac', 'sports mad', 'gun mania', 'lunatic monster truck', 'is a mad house at the best of times', and 'murder suspect . . . obsessed with Freddie Mercury'.

Finally, 11.8% of items fell into the 'other' category. Examples included items that referred to the impact of the immigration experience on mental health and the association between addictions and mental health.

GEOGRAPHICAL REFERENCE

In the main, the mental health and illness items shown on television during the study period were set in Australia (1041, or 84.2%). Many of these were not state or territory-specific, but those that were tended to report on events in New South Wales (18.3%). The least commonly cited state or territory was the Northern Territory (referred to in only 0.5% of these items).

AT-RISK GROUPS

Table 30 provides a breakdown of television items on mental health and illness, by at-risk group. The table allows for multiple responses, and for the fact that some items did not make specific reference to any demographic group.

It was hypothesised that certain demographic groups might be given particular prominence in television items on mental health and illness, given that some groups are known to be at heightened risk of mental illness or mental health problems. However, the majority of groups were not given special attention in the television media. Exceptions were young people and females, who featured in 9.4% and 4.5% of items, respectively. An additional 5.9% of items featured an 'other' demographic group, including children, women with new babies, people with drug, alcohol or gambling addictions, people experiencing stress (especially workplace stress) and war veterans.

Table 30: Television items on mental health and illness, by demographic group featured*

		Frequency	%
Sex	Male	17	1.4
	Female	56	4.5
Age	0–24	116	9.4
	25–64	1	0.1
	65+	14	1.1
Area of residence	Major urban areas	2	0.2
	Other urban areas	4	0.3
	Rural areas	22	1.8
	Remote areas	3	0.2
Ethnicity	Non-English-speaking background	2	0.2
Aboriginality	Aboriginal or Torres Strait Islander people	9	0.7
	Other	73	5.9

* Multiple responses permitted

CHAPTER 10: RADIO ITEMS ON MENTAL HEALTH AND ILLNESS

Altogether, 7801 radio items were concerned with mental health and illness (7410 with mental health and illness alone, and 391 with mental health and illness and suicide).

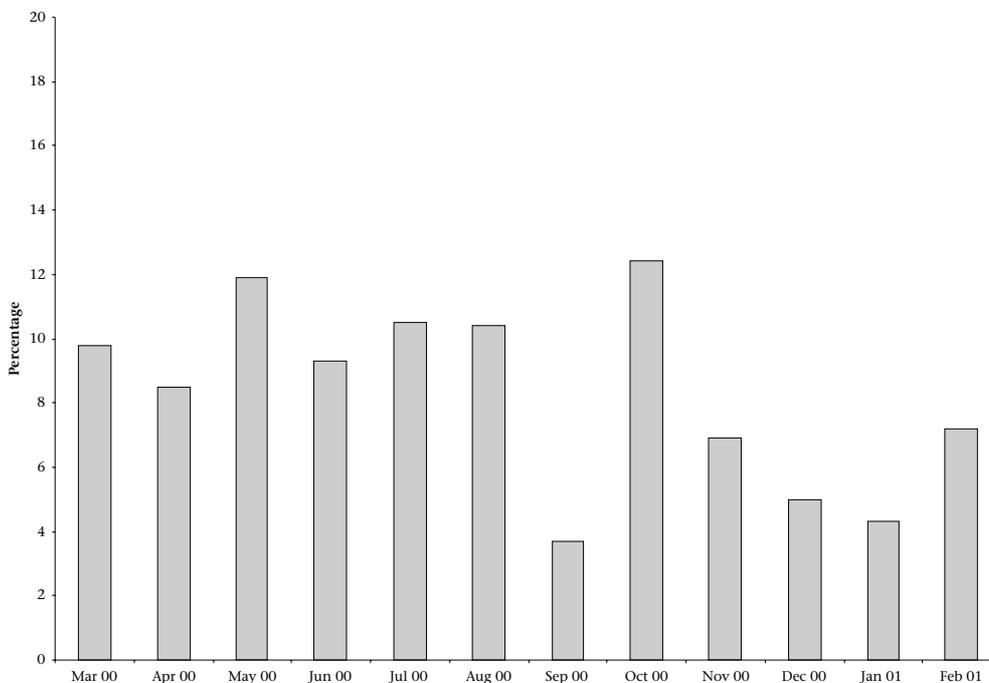
RADIO STATION

Almost one-third (28.1%) of radio items were broadcast on government-funded ABC or SBS stations. The remainder were broadcast on non-government funded stations.

MONTH

Figure 16 provides a breakdown of radio items on mental health and illness by month. The figures for volume by month varied substantially, with the greatest number of mental health and illness items being broadcast in October 2000 (12.4%), which included Mental Health Week. This immediately followed the month of the Sydney Olympics in which the fewest items were broadcast (3.7%).

Figure 16: Radio items on mental health and illness, by month



ITEM TIME

As table 31 shows, about half of all radio items on mental health and illness (53.6%) were broadcast in the morning. Afternoons constituted the next most popular time slot, accounting for a further 29.8% of items. The remaining 16.5% were broadcast in the evening.

Table 31: Radio items on mental health and illness, by item time

	Frequency	%
Morning	4185	53.6
Afternoon	2324	29.8
Evening	1287	16.5
Classification missing	5	0.1
Total	7801	100.0

ITEM DURATION

Items ranged in duration from less than a minute to 57 minutes. The median duration was two minutes.

ITEM TYPE

Table 32 shows that around 40% of the radio items on mental health and illness were news items, and about 60% were current affairs items. The term current affairs was used very broadly, and included a large number of talkback radio shows.

Table 32: Radio items on mental health and illness, by item type

	Frequency	%
News	3133	40.2
Current affairs	4663	59.8
Classification missing	5	0.1
Total	7801	100.0

ITEM CONTENT

Table 33 provides a breakdown of the content of the radio items on mental health and illness, allowing for multiple responses.

Table 33: Radio items on mental health and illness, by item content*

	Frequency	%
Individual's experience	1260	16.2
Causes, symptoms and/or treatment of mental illness	1748	22.4
Statistical overview	379	4.9
Mental health care and/or services	1225	15.7
Policy or program initiative	2036	26.1
Research initiative	1211	15.5
Opinion piece	645	8.3
Language	447	5.7
Mental health/illness issues associated with the workplace	366	4.7
Mental health/illness issues associated with physical health	123	1.6
Mental health/illness mentioned in the context of suicide	90	1.2
Mental health/illness mentioned in the context of crime	305	3.9
Other	889	11.4

* Multiple responses permitted

In terms of their content, items frequently focused on policy or program initiatives in mental health (26.1%), the causes, symptoms or treatment of mental illness (22.4%), mental health care or services (15.7%) and research initiatives (15.5%). Often, several of these four types of item content occurred in the one item.

Items describing an individual's experience of mental illness or mental health problems were also common, accounting for 16.2% of all items.

A relatively large number of items (447, or 5.7%) used mental health and illness terminology inappropriately or out of context, potentially perpetuating the stigma associated with mental illness. Examples of such language included 'the Psycho Psychic', 'Mad Hatters' Crazy Day', 'is slightly insane', 'from the insane to the sane', 'from gentle to mental', 'loopy, nuts and weird', 'going psychotic', 'mad as a cut snake', 'insane and foolhardy', 'crazy old fool', 'that mad old bint from up the coast', '[a celebrity] is paranoid about germs', 'gun crazy', 'people go mad when

there's a full moon', 'the Royal Family are all mad', 'these Kiwis are mad', 'mad as a meat axe', 'bloody crazy', 'he is a maniac', 'he looked silly and almost manic', 'Speight will go nuts and shoot everyone', 'Italians are so relaxed — otherwise they'd all go mad', 'Dr Fruitloop [is a] crazy character', 'murder suspect was obsessed with late Queen singer, Freddie Mercury', and 'the nutty chef who has cooked for the insane has released a cookbook'.

Content relating to statistical overviews, mental health and illness issues associated with physical health or the workplace, and mental health mentioned in the context of suicide or crime was less common. Less than 5% of items fell into each of these categories.

Finally, 11.4% of items fell into the 'other' category. Typically, these items referred to the impact of the media on mental health, the association between addictions and mental health, the association between social disadvantage and mental health, the impact of stress on mental health, the relationship between bullying and abuse and mental health, and problems experienced by those caring for someone with a mental illness.

GEOGRAPHICAL REFERENCE

Most commonly, the geographical reference point for the radio items on mental health and illness was Australia (6449, or 82.7%). Many of these were not state or territory-specific, but those that were most commonly reported on events in New South Wales (19.3%). The least commonly cited state or territory was the Northern Territory (referred to in only 0.4% of these items).

AT-RISK GROUPS

Table 34 considers the radio items on mental health and illness in terms of at-risk groups, allowing for multiple responses and responses that made no specific reference to an at-risk group.

Table 34: Radio items on mental health and illness, by demographic group featured*

		Frequency	%
Sex	Male	166	2.1
	Female	218	2.8
Age	0–24	507	6.5
	25–64	46	0.6
	65+	115	1.5
Area of residence	Major urban areas	29	0.4
	Other urban areas	60	0.8
	Rural areas	174	2.2
	Remote areas	28	0.4
Ethnicity	Non-English-speaking background	16	0.2
Aboriginality	Aboriginal or Torres Strait Islander people	53	0.7
Other	Other	617	7.9

* Multiple responses permitted

The majority of groups known to be at increased risk of mental illness or mental health problems were not given special attention in radio items. The exception was young people, who featured in 6.5% of items. Over 7% of items featured the ‘other’ demographic group, and included:

- children;
- the very old;
- women who are pregnant, have new babies or are going through menopause;
- refugees;
- people from particular occupational groups (such as farmers, hairdressers, health/medical and human service workers, members of the armed forces, journalists, lawyers, athletes, call centre workers, police, sex workers, politicians, bank staff, childcare workers, computer personnel, taxi drivers and teachers);
- unmarried people or those going through relationship difficulties;
- people with drug, alcohol or gambling addictions;
- people with physical health problems (such as diabetes, chronic pain, tinnitus, dietary problems, cold sores, injuries or insomnia); and
- people experiencing stress (especially workplace stress), trauma or abuse, and disadvantaged people (including homeless and unemployed people).

CHAPTER 11: QUALITY OF MENTAL HEALTH OR ILLNESS ITEMS

In total, 1343 mental health and illness items (10% of all mental health and illness items) were randomly selected to be rated on nine dimensions of quality developed from criteria in the Media Resource for the Reporting and Portrayal of Mental Illnesses, a component of the *Achieving the Balance kit* (Penrose-Wall et al, 1999). It was possible to rate 1130 (84.1%) of these (77.6% of television items, 78.7% of radio items, and 96.4% of newspaper items). Mental health and illness items in print and broadcast media were considered together, on the grounds that splitting them by media type would result in samples whose size precluded meaningful analysis.

Table 35: Ratings on dimensions of quality

	Yes or no	Not applicable or don't know	Total	Response rate (%)
Is the headline inaccurate or inconsistent with the focus of the item?	401	729	1130	35
Is the headline or content unnecessarily dramatic or sensationalised?	1128	2	1130	100
Does the item use language that is outdated, negative or inappropriate?	1128	2	1130	100
Is medical terminology used inaccurately or not in the correct context?	1040	90	1130	92
Does the item reinforce negative stereotypes about mental illness?	1031	99	1130	91
Does the item emphasise the illness rather than the person?	732	398	1130	65
Does the item imply that all mental illnesses are the same?	969	161	1130	86
Does the item provide information on help services and mental health referral services?	1127	3	1130	100
Does the item disclose that a particular individual has a mental illness, identifying the person by name?	599	531	1130	53

Some dimensions of quality were relevant to the majority of items; others elicited responses of 'don't know' or 'not applicable' on a number of items. For example, the question 'Is the headline inaccurate or inconsistent with the focus of the item?' is clearly only relevant to newspaper items, and not to television or radio items. Likewise, the question 'Does the item disclose that a particular individual has a mental illness, identifying the person by name?' is relevant to items describing an individual's experience of mental illness, but not to items featuring other types of content. Table 35 shows the nine dimensions, and indicates the rate of yes or no responses for each.

With rounding, three dimensions had 100% response rates ('Is the headline or content unnecessarily dramatic or sensationalised?', 'Does the item use language that is outdated, negative or inappropriate?' and 'Does the item provide information on help services and mental health referral services?'). The lowest response rate was 35%, achieved for the dimension 'Is the headline inaccurate or inconsistent with the focus of the item?'. The remainder of this chapter considers yes or no responses only, but the finding that some dimensions were of restricted relevance is worthy of comment in itself. It suggests that consideration might be given to broadening the focus of the criteria in the Media Resource for the Reporting and Portrayal of Mental Illnesses in the planned revision of the kit.

QUALITY OF REPORTING ON INDIVIDUAL DIMENSIONS

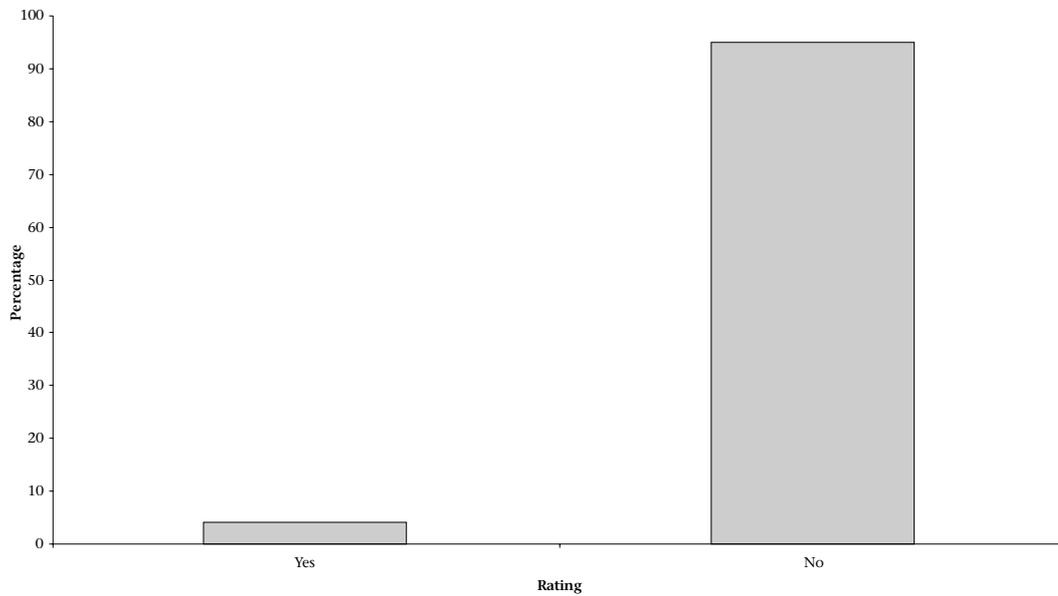
Detail on the quality of reporting on each of the nine dimensions is provided below. There was substantial variability across dimensions.

HEADLINES: ACCURACY AND CONSISTENCY

The Media Resource for the Reporting and Portrayal of Mental Illnesses (p 3) suggests that headlines should make links that are accurate and confirmed. It asks those responsible for headlines to consider whether, if the headline asserts that an individual has a mental illness (either implicitly or explicitly), this is true, is relevant to the story, is being reported with the permission of the person, and does not increase the likelihood that the person will experience stigma and discrimination.

As figure 17 shows, the majority of items (95.8%) did not have headlines that were inaccurate or inconsistent with the focus of the item.

Figure 17: Is the headline inaccurate or inconsistent with the focus of the item? (n=401)

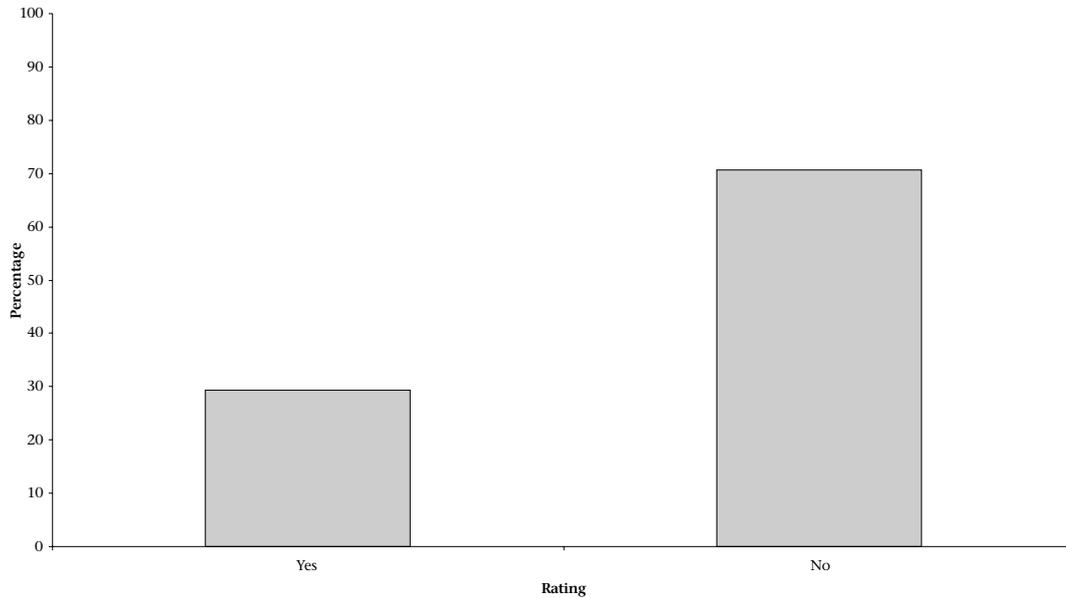


SENSATIONALISM

The Media Resource for the Reporting and Portrayal of Mental Illnesses (p 3) warns against using headlines and content that are exaggerated and sensational, on the grounds that they may reinforce myths and stereotypes, reduce the status of people with mental illnesses, and discourage them from seeking help. For example, it suggests avoiding referring to someone as a 'victim of', 'suffering with' or 'afflicted by' a mental illness, as this sort of terminology sensationalises the issue.

Figure 18 shows that 70.7% of items were judged not to be unnecessarily dramatic or sensationalised, and 29.3% were judged to be so.

Figure 18: Is the headline or content unnecessarily dramatic or sensationalised? (n=1128)



Examples of unnecessarily dramatic or sensational terminology included ‘devastating to suffer from both depression and anxiety’, ‘mental prison’, ‘a dangerous and unpredictable life’, ‘misery of Alzheimer’s’, ‘Satan forced him to kill a woman’, ‘secret agony’, ‘battle against depression’, ‘an awful thing’, ‘trapped in alcoholic despair’, ‘the plight of depression sufferers’, ‘victims of social anxiety disorder’, ‘a threat to society’, and ‘evil, gun-toting sadist’.

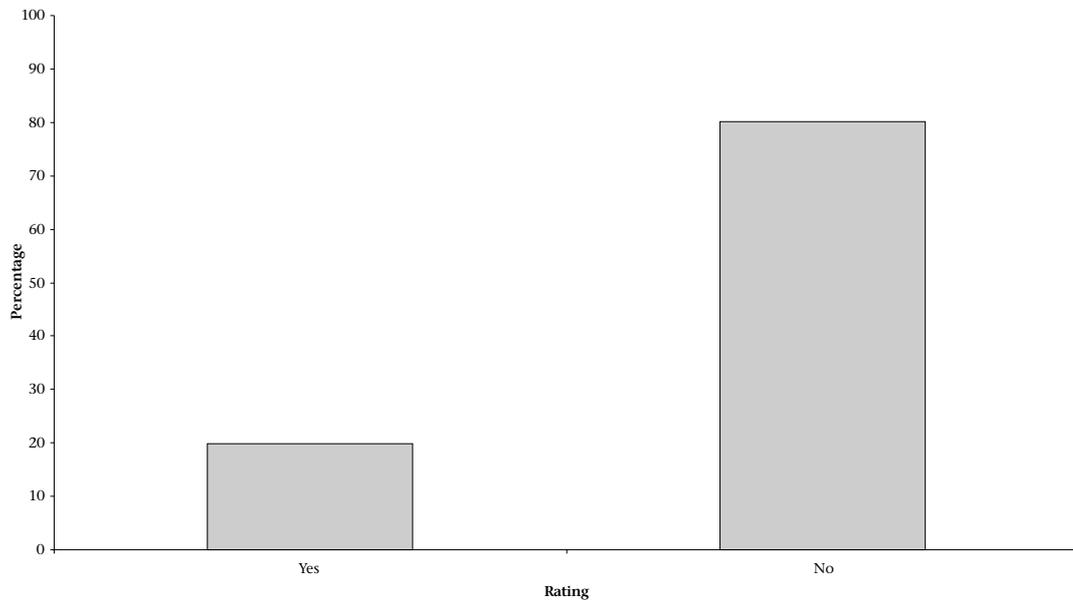
It should be noted that, while the majority of these terms were generated by media professionals, some were direct quotations from readers or callers, some of whom used this sort of terminology to describe their own experiences.

LANGUAGE

The Media Resource for the Reporting and Portrayal of Mental Illnesses (p 4) suggests that the use of outdated, negative or colloquial terms should be avoided, providing examples such as insane, lunatic, schizo, weird, crazies, whacko, maniac, twisted, nuts, looney, psycho, looney bin, mental home and mental patient.

Figure 19 shows that, while the majority of items (80.1%) did not use such terminology, a minority (19.9%) did.

Figure 19: Does the item use language that is outdated, negative or inappropriate? (n=1128)



Examples of outdated, negative or inappropriate terminology included: 'a nervous breakdown', 'cracked up', 'crazy lunatics', 'he went insane', 'lose their marbles', 'madness', 'lunatic asylum', 'mental hospital', 'nutcase', 'something wrong in the head', 'raving lunatics', 'a fruitcake', 'a psycho', 'kooky', and 'you're off your head'.

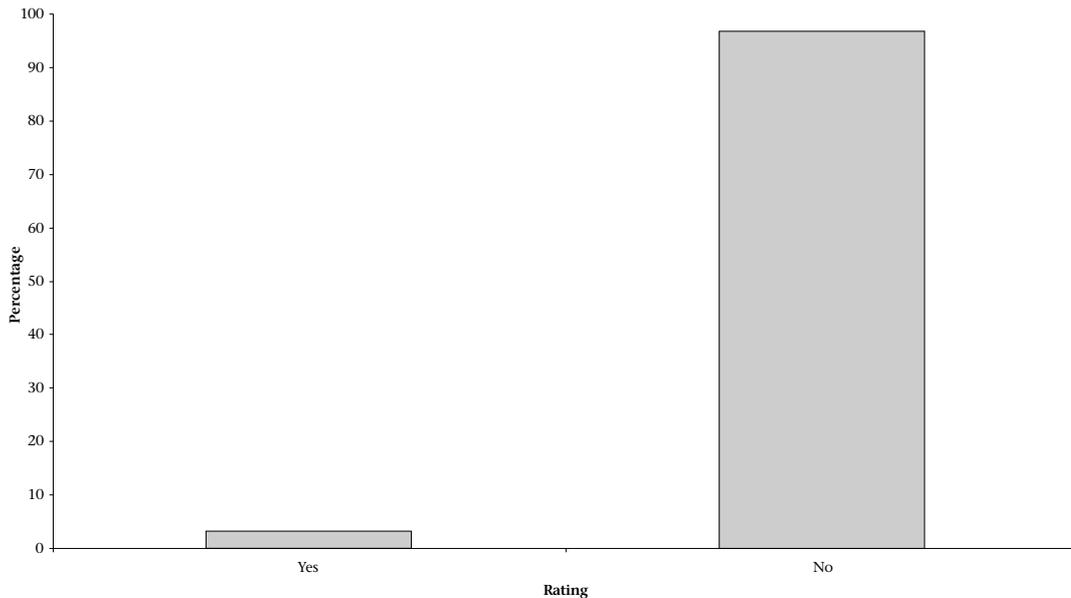
As with the previous dimension, most of this language was generated by media professionals, but some came from readers or callers, some of whom were describing their own experiences.

MEDICAL TERMINOLOGY

The Media Resource for the Reporting and Portrayal of Mental Illnesses (p 4) notes that psychiatric and medical terms have specific meanings, and should not be used inaccurately (for example, labelling someone who is unhappy as clinically depressed) or out of context (for example, describing a city as schizophrenic).

Figure 20 shows that, in the vast majority of items (96.8%), medical terminology was not used inaccurately or out of context.

Figure 20: Is medical terminology used inaccurately or not in the correct context? (n=1040)



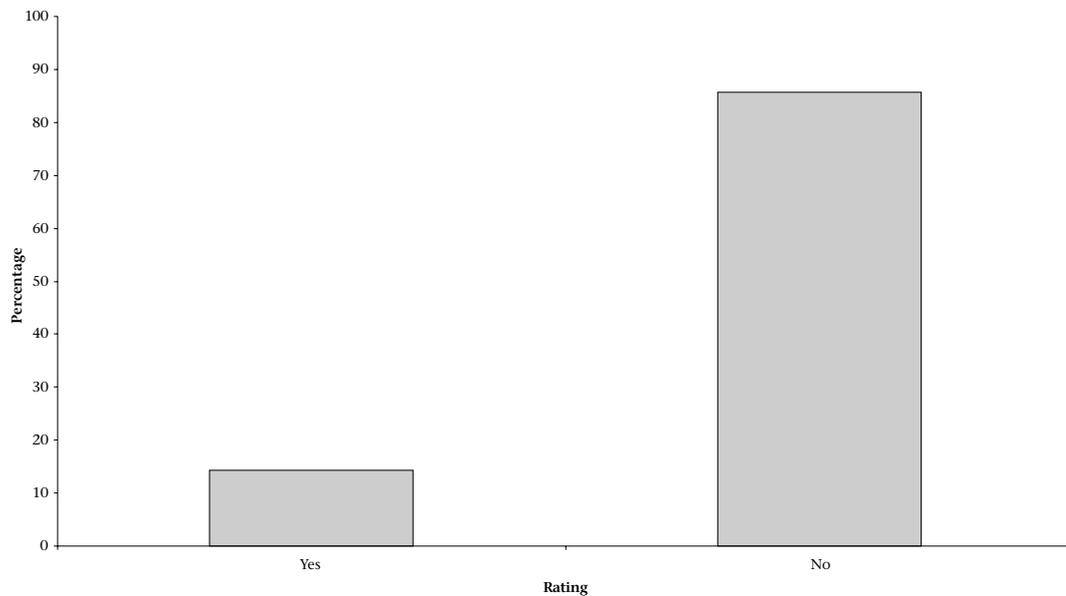
Examples of medical terminology being used inaccurately or not in the correct context included 'everyone is depressed now', 'extremely paranoid', and 'Minister for Depression'.

STEREOTYPING

The Media Resource for the Reporting and Portrayal of Mental Illnesses (p 5) suggests that reporters should avoid stereotyping people with mental illnesses as violent, unpredictable, unable to work, weak and unlikely to get better. Such myths lead to stigma and discrimination.

Figure 21 shows that the majority of items (85.6%) did not reinforce such stereotypes.

Figure 21: Does the item reinforce negative stereotypes about mental illness? (n=1031)



Among the items that reinforced negative stereotypes, there were many references to violence, crime and mental illness. Many made generalisations based on specific references, suggesting that people with mental illnesses ‘should not be let loose in the community’ or ‘allowed to walk the streets’, and using overinclusive terms such as ‘mentally ill offenders’. Others attributed cause in the absence of evidence, as was the case in an item that implied that a woman with schizophrenia who committed a crime did so because of the disorder, even though her condition was not relevant to the facts.

Related to violence was the common theme of unpredictability. Terms like ‘dangerous and unpredictable life’ were frequently used.

Many of these items gave the impression that mental illness equated to human failing, such as one that implied that a person with post-traumatic stress disorder was exhibiting human failings. Many of these items also suggested, implicitly or explicitly, that individuals with mental illnesses are unable to work.

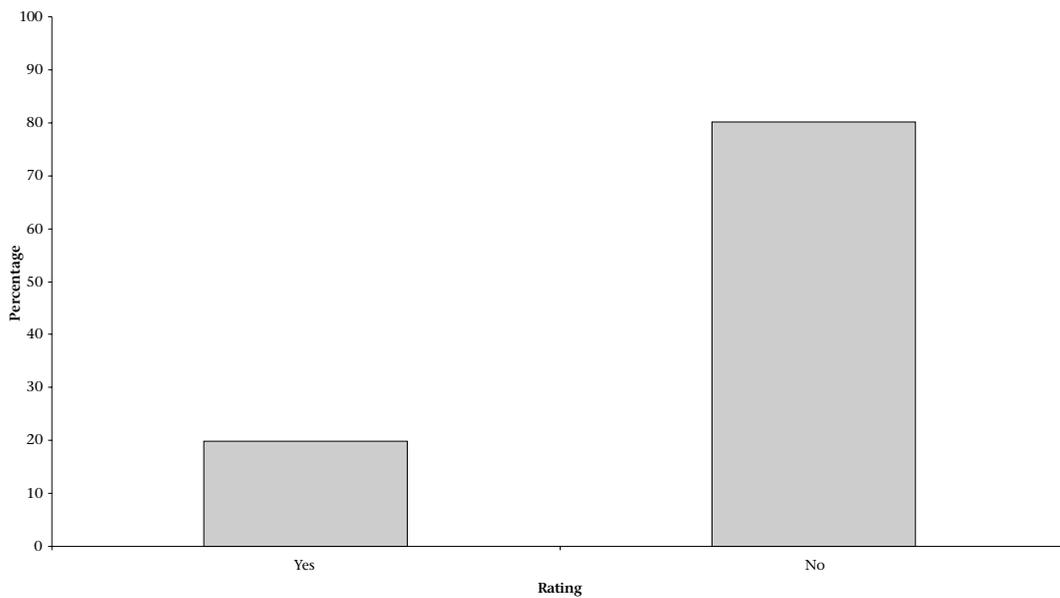
Terminology suggesting a ‘life sentence’ was not uncommon, and is exemplified by the term ‘incurable, degenerative brain disease’.

ILLNESS VERSUS PERSON

The Media Resource for the Reporting and Portrayal of Mental Illnesses (p 5) encourages media professionals to remember that having a mental illness is only one aspect of a person’s life. It argues for using terms such as ‘a person with schizophrenia’, rather than ‘a schizophrenic’. The latter labels the person by his or her diagnosis and implies that the illness is debilitating and permanent, when in fact recovery and management may be possible.

Figure 22 shows that the majority of items (80.1%) did not emphasise the illness rather than the person, but that a minority (19.9%) did.

Figure 22: Does the item emphasise the illness rather than the person? (n=732)



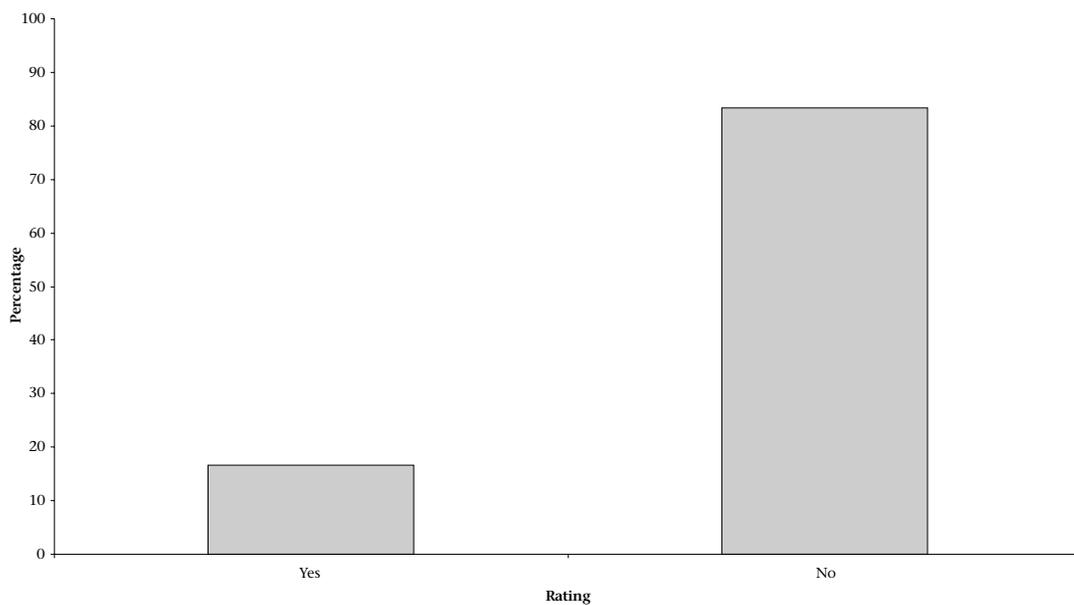
Examples of terminology used in items emphasising the illness rather than the person included 'anorexics', 'the anorexic', 'depressive', 'manic depressive', 'bipolar', 'schizophrenics', 'chronic schizophrenic', 'paranoid schizophrenic', 'psychotic people', 'psychotic girls', 'drug addicted derelict', and 'the hopelessly addicted'.

HOMOGENEITY

The Media Resource for the Reporting and Portrayal of Mental Illnesses (p 4) notes that the term mental illness covers a wide range of conditions that produce a great variety of symptoms and effects on people's lives. Consequently, it warns against suggesting that all people with a mental illness are alike or share the same experiences.

Figure 23 shows that the majority of items (83.4%) did not imply that all mental illnesses are the same.

Figure 23: Does the item imply that all mental illnesses are the same? (n=969)



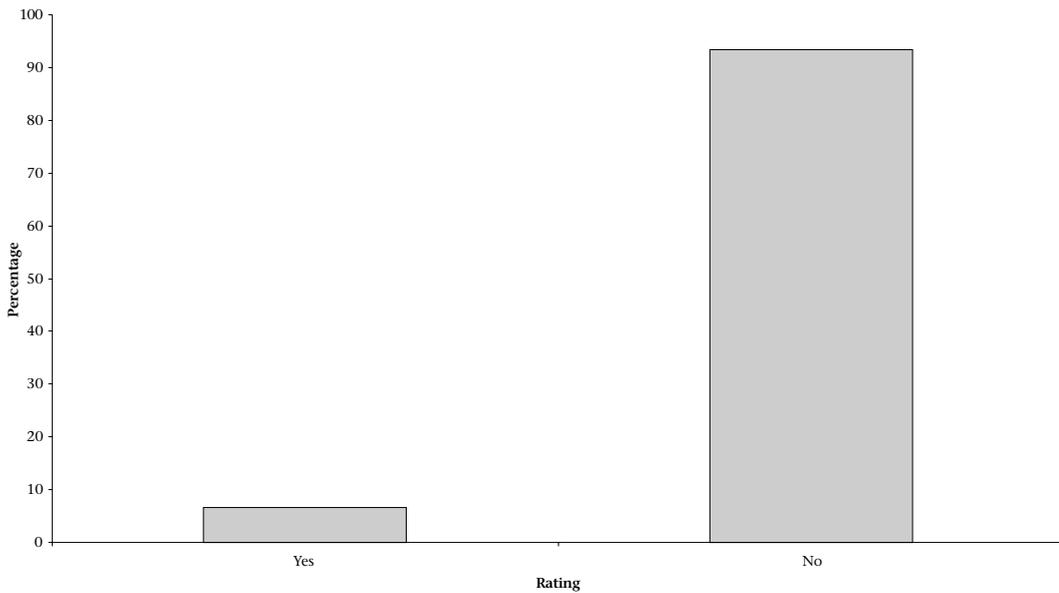
Those that did imply that all mental illnesses were the same tended to use undifferentiated terms such as ‘the mentally ill’.

SEEKING APPROPRIATE HELP

The Media Resource for the Reporting and Portrayal of Mental Illnesses (p 5) recognises that part of the educational role of the media involves promoting help-seeking behaviour among people with a mental illness. Specifically, it suggests that all stories that deal with mental illnesses should provide contact details for help services for those who may wish to seek help. This recognises the fact that the impact of a mental illness can be greatly reduced if assistance and treatment are sought early.

Figure 24 shows that only in a minority of items (6.6%) was information on help services provided.

Figure 24: Does the item provide information on help services and mental health referral services? (n=1127)

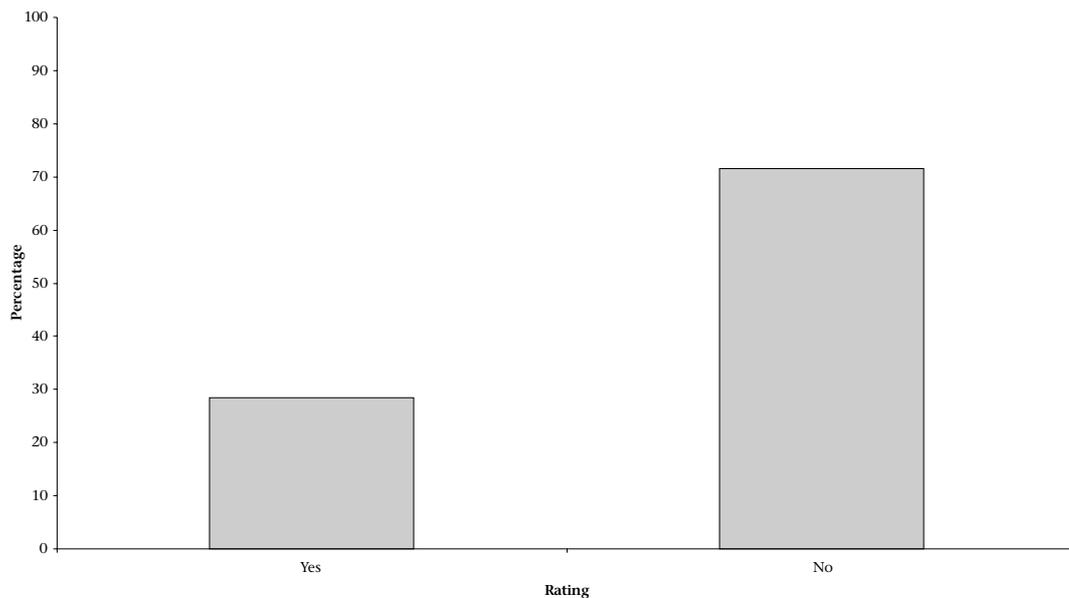


PRIVACY

The Media Resource for the Reporting and Portrayal of Mental Illnesses (p 5) notes that the decision to make public the fact that a person has a mental illness should not be taken lightly. Consideration should be given to whether the person has given permission for this to occur, and the potential impact of disclosure on that person’s life in terms of stigma and discrimination.

Figure 25 shows that just over two-thirds of items (71.5%) did not disclose that a particular individual had a mental illness, or identify him or her by name. However, nearly one-third (28.5%) did.

Figure 25: Does the item disclose that a particular individual has a mental illness, identifying the person by name? (n=599)



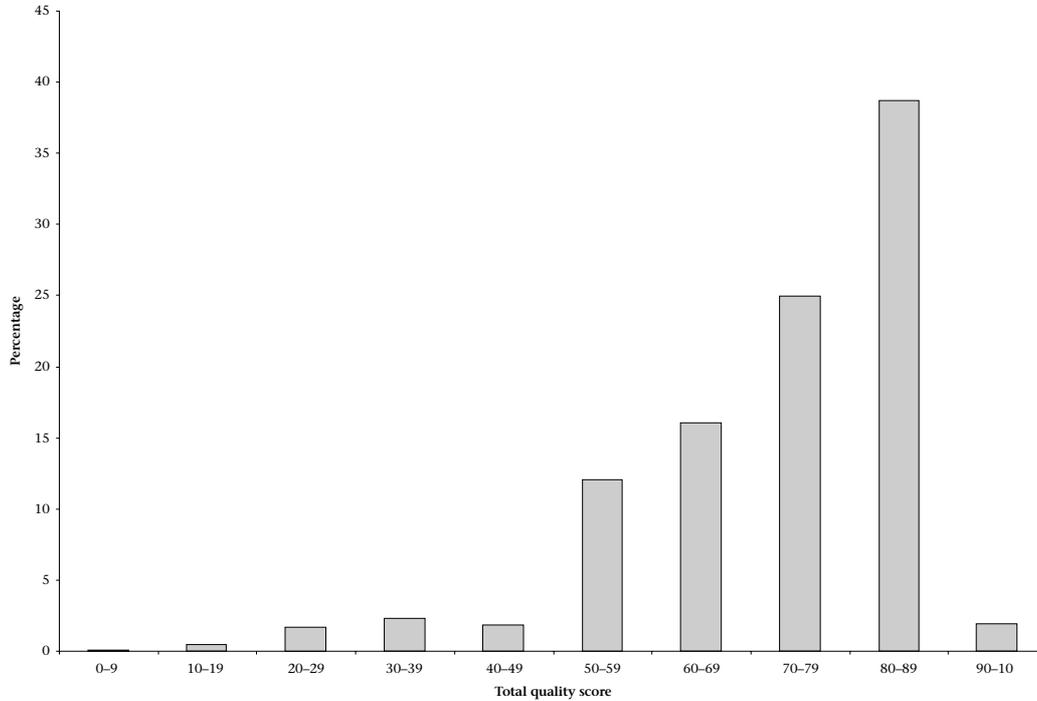
OVERALL QUALITY

In the same way as a total quality score was generated for the suicide items (see Chapter 7), the scores on individual items were combined into a total quality score for the mental health and illness items. As was the case with the suicide items, a response of 'no' on most mental health and illness dimensions was indicative of a good quality item, and a response of 'yes' was indicative of poorer quality. A no response was allocated a score of 1 and a yes response was allocated a score of 0. There was one exception, namely the dimension that asked, 'Does the item provide information on help services and mental health referral services?'. Here, a response of yes was indicative of good quality and a response of no was indicative of poorer quality. In this case, a yes response scored 1 and a no response scored 0. If the response to a given dimension was 'don't know' or 'not applicable', the dimension was given a missing value for that item.

The total quality score was calculated by summing all of the actual scores on those dimensions for which a yes or no response was available, dividing this by the sum of all of the potential scores on those dimensions for which a yes or no response was available, and converting the result to a percentage. A high score was indicative of good quality: a low score was indicative of poor quality.

The total quality scores varied across items, ranging from 0% (scored by one item) to 100% (scored by 22 items). The median was 75.0%. Figure 26 shows the distribution of total quality scores. Both the high mean, and the fact that the graph is highly skewed to one side, indicate that items of good quality outnumbered those of poorer quality.

Figure 26: Distribution of total quality scores for mental health and illness items (n=1130)



PREDICTORS OF QUALITY

A logistic regression model was developed that assessed the strength of the association between some of the potential predictor variables described in the previous three chapters and the total quality score of the mental health and illness items. The total quality was given a binary value, with a score of less than 50% indicating generally poorer quality, and a score of 50% or more indicating good quality. The logistic regression model permitted the effect of each predictor variable to be assessed while all other variables were held constant.

A restricted range of predictor variables was included in the final logistic regression model. To be included, the variable had to be available for all items, and had to be a member of a set of variables in which at least one had a significant effect in a preliminary univariate analysis.

Table 36 presents the results of the logistic regression.

Table 36: Logistic regression model for quality of mental health and illness items

		Odds ratio	95% CI	P
Media type	Television, government-funded	1.00		
	Television, non-government funded	0.77	0.18–3.22	0.718
	Radio, government funded	0.37	0.09–1.51	0.166
	Radio, non-government funded	0.41	0.11–1.55	0.188
	Newspaper, metropolitan	0.77	0.20–2.97	0.703
	Newspaper, suburban/regional	0.51	0.12–2.16	0.362
Item content (1)	Not item about individual's experience	1.00		
	Item about individual's experience	0.58	0.35–0.94	0.026
Item content (2)	Not item about causes, symptoms and/or treatment of mental illness	1.00		
	Item about causes, symptoms and/or treatment of mental illness	1.98	1.09–3.60	0.025
Item content (3)	Not item about mental health care and/or services	1.00		
	Item about mental health care and/or services	0.54	0.33–0.89	0.016
Item content (4)	Not item about statistical overview	1.00		
	Item about statistical overview	2.84	0.86–9.35	0.086
Item content (5)	Not item about policy/program initiative	1.00		
	Item about policy/program initiative	2.61	1.47–4.65	0.001
Item content (6)	Not item about research initiative	1.00		
	Item about research initiative	3.14	1.37–7.20	0.007
Item content (7)	Not opinion piece	1.00		
	Opinion piece	0.87	0.43–1.75	0.694
Item content (8)	Not item about language	1.00		
	Item about language	0.02	0.01–0.06	0.00
Item content (9)	Not item about mental health/illness issues associated with the workplace	1.00		
	Item about mental health/illness issues associated with the workplace	1.94	0.57–6.53	0.288

A number of variables were significantly associated with quality, as indicated by their P (or significance) values being less than 0.05 (see page 45 for an explanation of the terms in table 36). These significant associations are indicated by shading in the table. Items about the causes, symptoms or treatment of mental illness were 1.98 times more likely to be of high quality than those without such content, items about policy or program initiatives were 2.61 times more likely to be of high quality than those without such content, and items about research initiatives were 3.14 times more likely to be of high quality than those without such content.

By contrast, items that described an individual's experience of mental illness were less likely to be of high quality than those that did not (as shown by an odds ratio of 0.57), and items that described mental health care or services (odds ratio of 0.54) were less likely to be of high quality than those that did not. Not surprisingly, items that used mental health language inappropriately or out of context (odds ratio of 0.02) were also less likely to be of high quality than those that did not.

Media type was not significantly associated with quality, once item content was controlled for. Likewise, there were several types of item content that were not independently associated with quality, namely items providing a statistical overview, opinion pieces, and items about mental health and illness issues associated with the workplace.

It should be noted that items about mental health and illness issues associated with physical health, and items in which mental health and illness were mentioned in the context of suicide or crime, were left out of the model, because they predicted failure perfectly in the preliminary univariate analysis. In other words, all items of these types rated poorly in terms of quality. With none rating well, the odds ratio was incalculable.

CHAPTER 12: DISCUSSION

The Media Monitoring Project aimed to provide a baseline picture of how the Australian media reports and portrays suicide, and mental health and illness. Specifically, it set out to describe the *extent* and *nature* of media reporting of these subjects. This chapter summarises and interprets the study's findings, considers their implications for the revision of the *Achieving the Balance* kit (Penrose-Wall et al, 1999), notes some limitations of the study, and suggests directions for new research in this area.

SUMMARY AND INTERPRETATION OF KEY FINDINGS

The Media Monitoring Project provided a comprehensive picture of the *extent* and *nature* of reporting of suicide and mental health and illness in the Australian media.

THE EXTENT OF MEDIA REPORTING OF SUICIDE AND MENTAL HEALTH AND ILLNESS

The study found that reporting of both suicide and mental health and illness was extensive, retrieving 17 151 items from a comprehensive sample of print and broadcast media over a 12-month period (3762 on suicide alone; 12 338 on mental health and illness alone; and 1051 on suicide and mental health and illness in combination). Radio items outnumbered newspaper and television items in all cases.

For all media, the extent of reporting varied by month, with relatively high levels of reporting occurring in months when particular events pertinent to suicide or mental health and illness (such as the suicide of a prominent politician or Mental Health Week) occurred, and relatively low levels occurring in months when other events (such as the Olympics) were prominent. This suggests that items on suicide and mental health and illness do not just vie for space with other health items, but compete against other more general news.

Patterns of reporting varied somewhat for the different media. Newspapers showed the least variability over time. For television, there were peaks in reporting that bore a direct temporal relationship to significant events. For radio, there was often a peak in reporting around a significant event, but there was also commonly a flow-on effect into the next month, reflecting the more discussion-based nature of this medium.

THE NATURE OF MEDIA REPORTING OF SUICIDE AND MENTAL HEALTH AND ILLNESS

CHARACTERISTICS OF ITEMS

The nature of reporting was highly variable in terms of focus and content. Suicide items tended to be about completed suicide (as opposed to attempted suicide or suicidal ideation), and most commonly involved content related to an individual's experiences, policy or program initiatives or statistical overviews of suicidality in the population. Mental health and illness items tended to be about policy or program initiatives; the causes, symptoms or treatment of mental illness; mental health care or services, research initiatives or an individual's experiences.

There were some differences across media types with regard to item content. For example, in the case of both suicide items and mental health and illness items, newspaper articles were more likely to present a statistical overview than were television or radio items, possibly because newspaper articles are best supported by visual information that can be taken in at the pace chosen by the audience.

Consideration was given to whether particular demographic groups featured prominently in media items. Several groups stood out in terms of how frequently they were presented in items. Males and young people commonly featured in suicide stories, as did people living in rural areas, psychiatric patients, people in custody, and Aboriginal and Torres Strait Islander people. In the case of items on mental health and illness, young people were consistently given prominence.

For suicide items, consideration was also given to the different methods of suicide discussed in particular items. Hanging was most commonly mentioned as a method of suicide, often in relation to deaths in custody. A large number of items also mentioned death by suicide bombing and/or self-immolation.

It is interesting to consider this 'mass mediated reality' in the light of the 'official reality'. Fishman and Weimann (1997) coined these terms to describe the situation portrayed by the media and the actual situation, respectively. In some cases, it is fair to say that the mass mediated reality parallels the official reality. For example, young males are known to be at higher risk of suicide, compared with other demographic groups. The steady increase in annual suicide rates in Australia over time has largely been accounted for by an increase in the rate for males aged 20–24 (Burke, 2001). Similarly, psychiatric patients are known to be at higher risk of suicide, with rates up to 25 times higher than those for the general population (Burgess et al, 1999). Mental health and illness items also accurately reflected the official reality in terms of demographic groups, since young people experience the highest prevalence of mental disorders in Australia (Australian Bureau of Statistics, 1998).

There are also instances in which the mass mediated reality diverges from the official reality, however. It is known, for example, that the annual rate of completed suicide in Australia is 13 per 100 000 (Burke, 2001). The annual rates of attempted suicide and suicidal ideation are much higher, at 300 per 100 000 and 2900 per 100 000, respectively (Pirkis et al, 2000), yet the vast majority of items on suicide concern completed suicide. Similarly, the methods of suicide commonly reported did not always reflect official reality. Hanging was the most commonly reported and is the most common method used, but reference was frequently made to quite rare methods, such as self-immolation.

Issues such as newsworthiness and public interest would appear to have a bearing on the extent to which suicide and mental health and illness items reflect the official reality.

QUALITY OF ITEMS

Often, items could not be rated on given dimensions of quality because the dimension assumed that the item was from a particular medium (for example, the question 'Is the word "suicide" used in the headline?' was relevant only to newspaper items) or pertained to a particular type of content (for example, the question 'Are the bereaved interviewed?' was only relevant to items about an individual's experiences).

Where suicide items could be rated for quality on a given dimension, they showed considerable variability across dimensions. The majority of suicide items did not contain examples of inappropriate language, were not inappropriately located, did not use the word suicide in the headline, and did not use explicit photographs, diagrams or footage. However, around half of the suicide items provided a detailed discussion of the method of self-harm and portrayed suicide as 'merely a social phenomenon'. Even more strikingly, over 90% of relevant items made reference to the fact that the person who died by suicide was a celebrity, and failed to provide information on help services.

The mental health and illness items for which quality ratings could be made on given dimensions also showed varied performance, although the majority of items performed well on the majority of dimensions. Most items did not have headlines that were inaccurate or inconsistent with the focus of the item; were not unnecessarily dramatic or sensationalised; did not use terminology that could be described as outdated, negative, inappropriate, inaccurate or out of context; did not reinforce negative stereotypes about mental illness; did not emphasise the illness rather than the person; did not imply that all mental illnesses are the same; and did not disclose that a particular individual had a mental illness. The dimension against which items tended to perform poorly was the promotion of help-seeking behaviour: the majority of items did not provide information on help services and mental health referral services.

When the quality ratings for each item were combined into a total quality score, the results were also variable, with some very high-quality items, some very poor-quality items and a broad range in between. Suicide items emerged as being of generally poorer quality than mental health and illness items. The former had a median total quality score of 57.1% and the latter had a median total quality score of 75.0%. These findings run contrary to those of other studies that tend to suggest that media reporting of suicide is overwhelmingly sensationalist (Lapierre & Labelle, 1999; Kuess & Hatzinger, 1986; Tantalo & Marchiori, 1981; Michel et al, 1995; Shepherd & Barraclough, 1978; Fishman & Weimann, 1997). They are also at odds with several similar studies (Philo, 1996; Philo et al, 1996; Ward, 1997; Allen & Nairn, 1997; Day & Page, 1986; Hazelton, 1997; Matas et al, 1986; Nairn, 1999) that have found that media reporting of mental health and illness is largely negative. These differences might be accounted for by differences in location, since the majority of the above studies were conducted overseas. Alternatively, they might be explained by differences in sampling or methodology. The current study was greater in scope and more comprehensive than previous studies.

Several factors associated with item content were found to be predictive of quality. The poorest quality suicide items were those that provided a statistical overview of completed suicide in the

population, described murder–suicides or mass suicides, or presented legal issues associated with suicide. The poorest quality mental health and illness items were those that described an individual’s experience of mental illness, described mental health care or services, or used mental health language inappropriately or out of context.

IMPLICATIONS OF FINDINGS FOR REVISING *ACHIEVING THE BALANCE*

The findings of the Media Monitoring Project have implications for the revision of the *Achieving the Balance* kit that is currently underway.

The present version of *Achieving the Balance* is targeted at the media as an undifferentiated whole, but presents some recommendations that are implicitly directed at one media type only (for example, recommendations about headline content are only applicable to newspaper items). In addition, although newspapers, radio and television may report and portray suicide and mental health and illness in similar ways, there are also some differences (for example, in terms of typical content of items). While presenting recommendations for the media as a whole is practical and briefer, recommendations targeted at specific media consideration might produce more effective results in some areas.

The majority of recommendations in *Achieving the Balance* are based on items that describe an individual’s experience of suicide or mental health and illness. While this generally seems to be appropriate, the Media Monitoring Project found that many items on suicide and mental health and illness do not fit this description. Those revising the kit should consider the relevance of its recommendations to other types of items, such as those providing statistical overviews of rates of suicide or mental illness in the community.

The media performed extremely well on some dimensions of quality, but less well on others, and the revised *Achieving the Balance* kit might concentrate on the latter. As an example, both the suicide items and the mental health and illness items performed poorly in terms of providing help information. Those revising the kit may find it worthwhile to consult with media professionals about how to improve this situation.

STUDY LIMITATIONS

The Media Monitoring Project was the largest of its kind in Australia, and possibly in the world. Considerable effort was made to ensure that the study was as methodologically rigorous as possible, but the limitations discussed below must be acknowledged.

- Despite the study’s magnitude, it was beyond its scope to consider the entire mass media. It was restricted to three relatively traditional media: newspapers, television and radio. Ideally, it would have included media such as magazines and the Internet, which may be more likely to reach particular demographic groups, such as young people. Even within the three media types under study, some inclusion and exclusion criteria had to be used for reasons of economy. All national daily newspapers were sampled, but suburban and regional newspapers were largely restricted to those in Victoria. In reporting and interpreting the findings, it is assumed that the findings from the latter can be generalised to all Australian suburban and regionals, but this may not be the case. All national

television and radio networks were accessed, but the focus was restricted to news and current affairs programs. Again, it would have been desirable to consider a broader range of program types, but this was beyond the study's scope.

- The study relied on Media Monitors to retrieve all items. Media Monitors is an established media retrieval service, with considerable experience in searching for items of relevance. It has experienced readers, viewers and listeners, who scan print and broadcast media for particular items. They were carefully briefed as to the scope of the task, and provided with a consistent list of terms relating to suicide and mental health and illness. They searched all sources on a daily basis, and provided weekly batches of press clippings and broadcast summaries. In other words, all material was retrieved in a timely fashion and there was no lag. Ad hoc checks were done to ensure that all relevant items were retrieved. Coders scanned several newspapers themselves, and matched the items they retrieved against those retrieved by Media Monitors. Retrieved items were also periodically checked against a list made available by REHAME, an alternative media retrieval service that routinely searches for a limited range of suicide and mental health and illness items on behalf of the federal Department of Health and Aged Care. Media Monitors performed well in these ad hoc checks. Despite this methodological rigour, it is possible that some items were missed.
- The figures assessing the *extent* of media reporting of suicide and mental health and illness are absolute and not relative. It was beyond the scope of the study to consider suicide and mental health and illness items as a proportion of all items.
- It was also beyond the scope of the study to consider the size of the item, either in absolute terms or relative to other items.
- Another limitation with regard to assessing the *extent* of media reporting of suicide and mental health and illness was that it was not possible to record whether a given batch of items was about the same story or different stories. So, for example, two suicide items that described an individual's experience might both describe the same individual's experience, or one might describe the experience of one individual, and the other might describe that of a different individual. To assess this would have required a significantly greater investment of time and resources, and was beyond the scope of the study.
- The identifying and descriptive data, and the quality ratings, all relied on coders' interpretations of media items. Efforts were made to ensure consistency between coders, in that coders were trained in a uniform manner and regular meetings were held to discuss issues of interpretation. Despite this, it is possible that different coders may have interpreted information differently.

- Ten per cent of all items were randomly selected to be rated for quality, but it was only possible to rate about 80% of these. Although this figure is reasonably high, it should be noted that the items that were unavailable were likely to be of a particular kind. In the main, they were television and radio items broadcast on smaller stations. They could not be rated because it was not possible to retrieve full transcripts, or video or audio tapes, of the items. This may have affected the findings.
- In some instances, it was difficult to make judgements regarding quality because information was only available regarding the end product — the item itself — and not the processes that led to it. For example, in responding to the dimension used to assess suicide items that asked, ‘Are the bereaved interviewed?’, the coders could not determine whether the privacy of the individuals concerned was respected. This may have resulted in overestimates of poor quality on some dimensions.

FUTURE RESEARCH

Notwithstanding the above limitations, the Media Monitoring Project has made a considerable contribution to this area of research. Establishing a baseline picture of how the Australian media report and portray suicide and mental health and illness was an important endeavour in its own right. In addition, this study lays the groundwork for at least two future research initiatives, both of which have the potential for further improving media reporting.

- Ideally, a follow-up study would be conducted, using essentially the same methodology as the current study, once the revised *Achieving the Balance* kit has been developed and disseminated. The current study would provide baseline data against which the new study could assess the impact of the revised kit on media reporting and portrayal of these subjects. Attributing any improvement in reporting and portrayal to the recommendations of the revised kit would have to be done cautiously, since other factors might influence changes over time. One way to be more certain about the causal relationship would be to consider whether changes in reporting patterns were greater in newspapers and on television and radio stations that responded positively to the kit (that is, distribute the kit widely among their staff and encourage its use) than in those that responded negatively.
- It would also be useful to take the current data on the *extent* and *nature* of media reporting of suicide and mental health and illness, and consider its *impact*. In the case of suicide, this would involve considering whether poorer quality suicide items were associated with short-term increases in completed and attempted suicide rates in the geographical area in which the item was printed or broadcast, and, conversely, whether better quality suicide items were associated with short-term decreases in rates. Although studies of this kind have been conducted (see, for example, Phillips, 1974; Wasserman, 1984; Stack, 1987; Stack, 1992; Littmann, 1985; Hills, 1995), few have occurred in Australia, none have been conducted on this scale, and none have taken into account the quality of the item. Ideally, an equivalent study would be undertaken that would consider the *impact* of the quality of media reporting of mental health and illness on stigma and discrimination. This would be a larger undertaking, since there are no routinely collected data that could be used. Purpose-designed surveys would need to be developed and administered.

CONCLUSIONS

The Media Monitoring Project has shown that reporting of suicide and mental health and illness is extensive across all media types. There is considerable variability in terms of the nature of suicide and mental health and illness items. There is also considerable variability in terms of the quality of items on these subjects. In general, good items outnumber poorer items, particularly in the case of mental health and illness. This finding contrasts with much of the previous international literature, which creates a bleaker picture. The more positive findings in this study may be a result of methodological differences between this and other studies (for example, this study's sampling techniques, its inclusion of the full range of stories on suicide and mental health and illness and not just those that related to individuals, and the unique way in which it defined quality), but may also reflect genuine differences in reporting between countries. Despite the relatively positive findings in this study, it is clear that there are still opportunities for improving the way in which the Australian media report and portray suicide and mental health and illness.

APPENDIX 1: SEARCH TERMS

- mental health
- psychiatric illness
- mental illness

- organic disorders (related terms: Alzheimer's disease, dementia, demented etc)
- schizophrenia (related terms: schizophrenic, psychosis, psychotic, hallucinations, hallucinating, delusions, deluded, paranoia, paranoid etc)
- mood disorders (related terms: depression, depressed, manic depression, mania, manic, bipolar disorder, breakdown etc)
- anxiety (related terms: phobias, phobic, panic attacks etc)
- obsessive-compulsive disorder (related terms: obsessive, obsessed)
- stress (related terms: stressed)
- eating disorders (related terms: anorexia, anorexic, bulimia, bulimic etc)
- personality disorders (related terms: psychopath, psychopathic, sociopath, sociopathic etc)
- conduct disorders (related terms: attention deficit disorder, hyperactivity, hyperactive etc)
- substance use disorders (related terms: drug addiction, drug addicted, alcoholism, alcoholic etc)

- negative or colloquial terms (for example, insane, lunatic, schizo, mad, weird, crazy, whacko, maniac, twisted, nuts, looney, psycho, looney bin, mental home, mental patient)

- at-risk youth (related terms: at-risk teens, at-risk adolescents, youth risk, teen risk, adolescent risk)

- suicide (related terms: suicide attempt, parasuicide, suicidal etc)

APPENDIX 2: MEDIA SOURCES

Media	Source	State
Television	ABC Channel 2	ACT
Television	Canberra Conference Unit	ACT
Television	CAPITAL TV	ACT
Television	PRIME	ACT
Television	SBS	ACT
Television	WIN	ACT
Television	ABC Channel 2	NATIONAL
Television	Channel 10	NATIONAL
Television	Channel 7	NATIONAL
Television	Channel 9	NATIONAL
Television	Internet	NATIONAL
Television	SBS	NATIONAL
Television	ABC Channel 2	NSW
Television	ABC North Coast NSW	NSW
Television	Channel 10	NSW
Television	Channel 7	NSW
Television	Channel 9	NSW
Television	CNBC Asia	NSW
Television	Foxtel	NSW
Television	NBN	NSW
Television	NSB	NSW
Television	PRIME	NSW
Television	SKY	NSW
Television	WIN	NSW
Television	ABC Channel 6	NT
Television	Channel 8	NT
Television	IMPARJA	NT

Media	Source	State
Television	ABC Central Qld	QLD
Television	ABC Channel 2	QLD
Television	ABC Tropical North	QLD
Television	Channel 10	QLD
Television	Channel 31	QLD
Television	Channel 7	QLD
Television	Channel 9	QLD
Television	PRIME	QLD
Television	QQQ Television	QLD
Television	Sunshine Television	QLD
Television	WIN	QLD
Television	ABC Channel 2	SA
Television	Channel 10	SA
Television	Channel 7	SA
Television	Channel 8	SA
Television	Channel 9	SA
Television	GTS TV	SA
Television	Internet	SA
Television	WIN	SA
Television	ABC Channel 2	TAS
Television	Southern Cross Television	TAS
Television	WIN	TAS
Television	ABC Channel 2	VIC
Television	Channel 10	VIC
Television	Channel 31	VIC
Television	Channel 7	VIC
Television	Channel 9	VIC
Television	SBS	VIC
Television	WIN	VIC

Media	Source	State
Television	ABC Channel 2	WA
Television	ABC North West	WA
Television	Channel 10	WA
Television	Channel 7	WA
Television	Channel 9	WA
Television	GWN	WA
Television	SBS	WA
Radio	106.3 FM	ACT
Radio	2CC	ACT
Radio	ABC 666 2CN	ACT
Radio	ABC Radio National	ACT
Radio	Various	ACT
Radio	ABC Online	NATIONAL
Radio	ABC PNN	NATIONAL
Radio	ABC Radio National	NATIONAL
Radio	Internet	NATIONAL
Radio	JJJ	NATIONAL
Radio	2AY	NSW
Radio	2BH	NSW
Radio	2BS	NSW
Radio	2CS	NSW
Radio	2DAY	NSW
Radio	2EC	NSW
Radio	2GB	NSW
Radio	2GF	NSW
Radio	2GO FM	NSW
Radio	2GZ	NSW
Radio	2HD	NSW
Radio	2KY	NSW

Media	Source	State
Radio	2LF	NSW
Radio	2LM	NSW
Radio	2LT	NSW
Radio	2MC FM	NSW
Radio	2MCE	NSW
Radio	2MIX	NSW
Radio	2MO	NSW
Radio	2NC	NSW
Radio	2NEW	NSW
Radio	2NM	NSW
Radio	2NUR	NSW
Radio	2RE	NSW
Radio	2SER	NSW
Radio	2SM	NSW
Radio	2TM	NSW
Radio	2UE	NSW
Radio	2VM	NSW
Radio	2WEB	NSW
Radio	2WG	NSW
Radio	2WS	NSW
Radio	ABC 2CR Central West	NSW
Radio	ABC 2CR Western Plains	NSW
Radio	ABC 702 2BL	NSW
Radio	ABC Co-FM	NSW
Radio	ABC Far West NSW	NSW
Radio	ABC Illawarra	NSW
Radio	ABC Mid North Coast NSW	NSW
Radio	ABC New England North West	NSW

Media	Source	State
Radio	ABC North Coast NSW	NSW
Radio	ABC NSW Statewide	NSW
Radio	ABC PNN	NSW
Radio	ABC Radio National	NSW
Radio	ABC Riverina	NSW
Radio	ABC South East NSW	NSW
Radio	ABC Upper Hunter	NSW
Radio	EDGE FM	NSW
Radio	i98 FM	NSW
Radio	JJJ	NSW
Radio	KO FM	NSW
Radio	MMM	NSW
Radio	NBN	NSW
Radio	NEW FM	NSW
Radio	POWER FM	NSW
Radio	Radio 97	NSW
Radio	SEA FM	NSW
Radio	SKY	NSW
Radio	STAR FM	NSW
Radio	Sydney Conference Unit	NSW
Radio	The River FM 105.7	NSW
Radio	WAVE FM	NSW
Radio	ZOO FM	NSW
Radio	ZZZ	NSW
Radio	8HA	NT
Radio	ABC Central Australia	NT
Radio	ABC Top End	NT
Radio	KIN FM	NT

Media	Source	State
Radio	TOP FM	NT
Radio	1071 AM	QLD
Radio	4AAA	QLD
Radio	4AM	QLD
Radio	4BC	QLD
Radio	4BH	QLD
Radio	4BU	QLD
Radio	4CA	QLD
Radio	4CC	QLD
Radio	4DB	QLD
Radio	4EB	QLD
Radio	4GR	QLD
Radio	4HI	QLD
Radio	4KG	QLD
Radio	4KQ	QLD
Radio	4LG	QLD
Radio	4LM	QLD
Radio	4MK	QLD
Radio	4QR	QLD
Radio	4QS	QLD
Radio	4RO	QLD
Radio	4SEA	QLD
Radio	4TO	QLD
Radio	4WK	QLD

Media	Source	State
Radio	612 ABC	QLD
Radio	846 FM	QLD
Radio	91.9 SEA FM	QLD
Radio	96.1 The Heat FM	QLD
Radio	98.7 SEA FM	QLD
Radio	ABC 4QS	QLD
Radio	ABC Carpentaria	QLD
Radio	ABC Central Qld	QLD
Radio	ABC Coast FM	QLD
Radio	ABC Far North	QLD
Radio	ABC North Qld	QLD
Radio	ABC Radio National	QLD
Radio	ABC Tropical North	QLD
Radio	ABC Western Qld	QLD
Radio	ABC Wide Bay	QLD
Radio	B105	QLD
Radio	GOLD 92.5 FM	QLD
Radio	HOT FM	QLD
Radio	MMM	QLD
Radio	SEA FM	QLD
Radio	Waringarri Radio	QLD
Radio	5AA	SA
Radio	5AN	SA
Radio	5AU	SA
Radio	5CK	SA
Radio	5DN	SA
Radio	5RM	SA
Radio	5SSA	SA

Media	Source	State
Radio	5UV	SA
Radio	891 ABC	SA
Radio	ABC Eyre Peninsula	SA
Radio	ABC Riverland	SA
Radio	ABC South East SA	SA
Radio	ASA FM	SA
Radio	Internet	SA
Radio	MMM	SA
Radio	SA FM	SA
Radio	SAS7	SA
Radio	YYY FM	SA
Radio	7HO	TAS
Radio	7LA	TAS
Radio	ABC 7NT	TAS
Radio	ABC 7ZR	TAS
Radio	ABC Radio National	TAS
Radio	City Park Radio	TAS
Radio	MAGIC FM	TAS
Radio	TTT FM	TAS
Radio	104.3 GOLD FM	VIC
Radio	3AK	VIC
Radio	3AW	VIC
Radio	3BA FM	VIC
Radio	3BO	VIC
Radio	3CCC	VIC
Radio	3CR	VIC
Radio	3CS	VIC
Radio	3GG	VIC
Radio	3HOT FM	VIC

Media	Source	State
Radio	3LO	VIC
Radio	3MA	VIC
Radio	3NE	VIC
Radio	3RRR	VIC
Radio	3SBS	VIC
Radio	3SR	VIC
Radio	3TR	VIC
Radio	3TTT FM	VIC
Radio	3WM	VIC
Radio	3YB	VIC
Radio	ABC 774 3LO	VIC
Radio	ABC Gippsland	VIC
Radio	ABC Goldfields	VIC
Radio	ABC Oasis FM	VIC
Radio	ABC Radio National	VIC
Radio	ABC Western Vic	VIC
Radio	Bay FM	VIC
Radio	FOX FM	VIC
Radio	GOLD FM	VIC
Radio	JJJ	VIC
Radio	K-ROCK FM	VIC
Radio	MMM	VIC
Radio	ONE FM	VIC
Radio	Sport 927	VIC
Radio	STAR FM	VIC
Radio	6AR	WA
Radio	6KG	WA
Radio	6NR	WA
Radio	6PPM	WA

Media	Source	State
Radio	6PR	WA
Radio	6RTR	WA
Radio	6TZ	WA
Radio	6VA	WA
Radio	6WF	WA
Radio	94.5 FM	WA
Radio	96 FM	WA
Radio	98.5 FM	WA
Radio	99.7 FM	WA
Radio	ABC Goldfields	WA
Radio	ABC Kimberley	WA
Radio	ABC Midwest Wheatbelt	WA
Radio	ABC North West	WA
Radio	ABC Radio National	WA
Radio	ABC South Coast WA	WA
Radio	ABC South West WA	WA
Radio	FARM FM	WA
Radio	HOT FM	WA
Radio	JJJ	WA
Radio	PM FM	WA
Newspaper	<i>Canberra Times/Sunday Canberra Times</i>	ACT
Newspaper	<i>Australian Financial Review</i>	NATIONAL
Newspaper	<i>Australian Jewish News</i>	NATIONAL
Newspaper	<i>Australian/Weekend Australian</i>	NATIONAL
Newspaper	<i>Bulletin</i>	NATIONAL
Newspaper	<i>Daily Telegraph/Sunday Telegraph</i>	NSW
Newspaper	<i>Illawarra Mercury</i>	NSW
Newspaper	<i>Newcastle Herald</i>	NSW
Newspaper	<i>Sun Herald</i>	NSW

Media	Source	State
Newspaper	<i>Sunday Telegraph</i>	NSW
Newspaper	<i>Sydney Morning Herald</i>	NSW
Newspaper	<i>Northern Territory News</i>	NT
Newspaper	<i>Sunday Territorian</i>	NT
Newspaper	<i>Cairns Post</i>	QLD
Newspaper	<i>Courier Mail/Sunday Mail</i>	QLD
Newspaper	<i>Gold Coast Bulletin</i>	QLD
Newspaper	<i>Advertiser/Sunday Mail</i>	SA
Newspaper	<i>Advocate</i>	TAS
Newspaper	<i>Circular Head Chronicle</i>	TAS
Newspaper	<i>Derwent Valley Gazette</i>	TAS
Newspaper	<i>Examiner/Sunday Examiner</i>	TAS
Newspaper	<i>Huon News</i>	TAS
Newspaper	<i>Mercury/Sunday Tasmanian</i>	TAS
Newspaper	<i>Tasmanian Country</i>	TAS
Newspaper	<i>Country Men</i>	UNKNOWN
Newspaper	<i>Metro News</i>	UNKNOWN
Newspaper	<i>Stock and Land</i>	UNKNOWN
Newspaper	<i>Sunday Day</i>	UNKNOWN
Newspaper	<i>Advertiser</i>	UNKNOWN
Newspaper	<i>Unknown</i>	UNKNOWN
Newspaper	<i>Alpine Observer</i>	VIC
Newspaper	<i>Altona-Laverton Mail</i>	VIC
Newspaper	<i>Ararat Advertiser</i>	VIC
Newspaper	<i>Bacchus Marsh Express Telegraph</i>	VIC
Newspaper	<i>Bacchus Marsh Leader</i>	VIC
Newspaper	<i>Bairnsdale Advertiser</i>	VIC
Newspaper	<i>Bairnsdale Courier</i>	VIC
Newspaper	<i>Ballarat Courier</i>	VIC

Media	Source	State
Newspaper	<i>Ballarat News</i>	VIC
Newspaper	<i>Bayside Advertiser</i>	VIC
Newspaper	<i>Bayside Southern Cross</i>	VIC
Newspaper	<i>Benalla Ensign</i>	VIC
Newspaper	<i>Bendigo Advertiser</i>	VIC
Newspaper	<i>Berwick Leader</i>	VIC
Newspaper	<i>Berwick News</i>	VIC
Newspaper	<i>Border Mail</i>	VIC
Newspaper	<i>Brimbank Advocate</i>	VIC
Newspaper	<i>Brimbank Messenger</i>	VIC
Newspaper	<i>Casterton News</i>	VIC
Newspaper	<i>Castlemaine News</i>	VIC
Newspaper	<i>Chelsea Independent</i>	VIC
Newspaper	<i>City Weekly</i>	VIC
Newspaper	<i>Cobden Times</i>	VIC
Newspaper	<i>Cobram Courier</i>	VIC
Newspaper	<i>Colac Herald</i>	VIC
Newspaper	<i>Community News</i>	VIC
Newspaper	<i>Corryong Courier</i>	VIC
Newspaper	<i>Cranbourne Independent</i>	VIC
Newspaper	<i>Cranbourne News</i>	VIC
Newspaper	<i>Cranbourne Sun</i>	VIC
Newspaper	<i>Dandenong Examiner</i>	VIC
Newspaper	<i>Diamond Valley News</i>	VIC
Newspaper	<i>Doncaster/Templestowe News</i>	VIC
Newspaper	<i>East Gippsland News</i>	VIC
Newspaper	<i>Echo</i>	VIC
Newspaper	<i>Emerald Hill Times</i>	VIC
Newspaper	<i>Euroa Gazette</i>	VIC

Media	Source	State
Newspaper	<i>Frankston Hastings Independent</i>	VIC
Newspaper	<i>Frankston Standard</i>	VIC
Newspaper	<i>Free Press</i>	VIC
Newspaper	<i>Geelong Advertiser</i>	VIC
Newspaper	<i>Geelong Independent</i>	VIC
Newspaper	<i>Geelong News</i>	VIC
Newspaper	<i>Gippsland Times and Maffra Spectator</i>	VIC
Newspaper	<i>Hamilton Spectator</i>	VIC
Newspaper	<i>Heidelberg</i>	VIC
Newspaper	<i>Hepburn Shire Advocate</i>	VIC
Newspaper	<i>Herald Sun/Sunday Herald Sun</i>	VIC
Newspaper	<i>Hindmarsh Messenger</i>	VIC
Newspaper	<i>Hobsons Bay Times</i>	VIC
Newspaper	<i>Hume Observer</i>	VIC
Newspaper	<i>Inside Melbourne</i>	VIC
Newspaper	<i>Knox Journal</i>	VIC
Newspaper	<i>Kyabram Free Press</i>	VIC
Newspaper	<i>Latrobe Valley Express</i>	VIC
Newspaper	<i>Lilydale and Yarra Valley Express</i>	VIC
Newspaper	<i>Loddon Times</i>	VIC
Newspaper	<i>Macedon Ranges Regional</i>	VIC
Newspaper	<i>Macedon Ranges Telegraph</i>	VIC
Newspaper	<i>Mansfield Courier</i>	VIC
Newspaper	<i>Maroondah Journal</i>	VIC
Newspaper	<i>Maroondah Mail</i>	VIC
Newspaper	<i>Maryborough Advertiser</i>	VIC
Newspaper	<i>McIvor Times</i>	VIC
Newspaper	<i>Melbourne Express</i>	VIC
Newspaper	<i>Melbourne Leader</i>	VIC

Media	Source	State
Newspaper	<i>Melbourne Times</i>	VIC
Newspaper	<i>Melbourne Weekly</i>	VIC
Newspaper	<i>Melton Express Telegraph</i>	VIC
Newspaper	<i>Melton Leader</i>	VIC
Newspaper	<i>Midland Express</i>	VIC
Newspaper	<i>Mildura Midweek</i>	VIC
Newspaper	<i>Mildura Weekly</i>	VIC
Newspaper	<i>Mirboo North Times</i>	VIC
Newspaper	<i>Mirror</i>	VIC
Newspaper	<i>Monash Journal</i>	VIC
Newspaper	<i>Moonee Valley Gazette</i>	VIC
Newspaper	<i>Moorabbin/Glen Eira Standard</i>	VIC
Newspaper	<i>Moorabbin Standard</i>	VIC
Newspaper	<i>Mordialloc Chelsea News</i>	VIC
Newspaper	<i>Moreland Courier</i>	VIC
Newspaper	<i>Moreland Observer</i>	VIC
Newspaper	<i>Moreland Sentinel</i>	VIC
Newspaper	<i>Mornington Peninsula Mail</i>	VIC
Newspaper	<i>Mornington Peninsula Leader</i>	VIC
Newspaper	<i>Mountain Views Mail</i>	VIC
Newspaper	<i>MX</i>	VIC
Newspaper	<i>North Central News</i>	VIC
Newspaper	<i>Northcote Leader</i>	VIC
Newspaper	<i>North Eastern Advertiser</i>	VIC
Newspaper	<i>Northern Times</i>	VIC
Newspaper	<i>North West Express</i>	VIC
Newspaper	<i>Oakleigh/Monash Times</i>	VIC
Newspaper	<i>Pakenham Berwick Gazette</i>	VIC
Newspaper	<i>Phillip Island and San Remo Advertiser</i>	VIC

Media	Source	State
Newspaper	<i>Port Phillip Advertiser</i>	VIC
Newspaper	<i>Port Phillip Leader</i>	VIC
Newspaper	<i>Portland Observer</i>	VIC
Newspaper	<i>Preston Post Times</i>	VIC
Newspaper	<i>Progress Press</i>	VIC
Newspaper	<i>Pyrenees Advocate</i>	VIC
Newspaper	<i>Ranges Trader</i>	VIC
Newspaper	<i>Riverine Herald</i>	VIC
Newspaper	<i>Shepparton Advertiser</i>	VIC
Newspaper	<i>Shepparton News</i>	VIC
Newspaper	<i>Snowy River Mail</i>	VIC
Newspaper	<i>South Gippsland Sentinel News</i>	VIC
Newspaper	<i>South Gippsland Sentinel Times</i>	VIC
Newspaper	<i>Southern Peninsula Local</i>	VIC
Newspaper	<i>Southern Peninsula Mail</i>	VIC
Newspaper	<i>Springvale Dandenong Times</i>	VIC
Newspaper	<i>Star</i>	VIC
Newspaper	<i>Stawell Times</i>	VIC
Newspaper	<i>Stonnington Leader</i>	VIC
Newspaper	<i>Sunbury Regional</i>	VIC
Newspaper	<i>Sunbury Telegraph</i>	VIC
Newspaper	<i>Sunraysia Daily</i>	VIC
Newspaper	<i>Swan Hill Guardian</i>	VIC
Newspaper	<i>Telegraph</i>	VIC
Newspaper	<i>Advocate</i>	VIC
Newspaper	<i>Age/Sunday Age</i>	VIC
Newspaper	<i>Journal</i>	VIC
Newspaper	<i>Mail</i>	VIC
Newspaper	<i>Upper Yarra Mail</i>	VIC

Media	Source	State
Newspaper	<i>Wangaratta Chronicle</i>	VIC
Newspaper	<i>Warracknabeal Herald</i>	VIC
Newspaper	<i>Warragul Gazette</i>	VIC
Newspaper	<i>Warrnambool Standard</i>	VIC
Newspaper	<i>Waverley Gazette</i>	VIC
Newspaper	<i>Weekly Telegraph</i>	VIC
Newspaper	<i>Weekly Times</i>	VIC
Newspaper	<i>Werribee Banner</i>	VIC
Newspaper	<i>Werribee Times</i>	VIC
Newspaper	<i>West Gippsland Trader</i>	VIC
Newspaper	<i>West Wimmera Advocate</i>	VIC
Newspaper	<i>Western Times</i>	VIC
Newspaper	<i>Whitehorse Gazette</i>	VIC
Newspaper	<i>Whitehorse Journal</i>	VIC
Newspaper	<i>Whittlesea Post</i>	VIC
Newspaper	<i>Williamstown Advertiser</i>	VIC
Newspaper	<i>Wimmera Mail Times</i>	VIC
Newspaper	<i>Wimmera News</i>	VIC
Newspaper	<i>Yarra Leader</i>	VIC
Newspaper	<i>Yarra Ranges Journal</i>	VIC
Newspaper	<i>Yarram Standard News</i>	VIC
Newspaper	<i>Kalgoorlie Miner</i>	WA
Newspaper	<i>Sunday Times</i>	WA
Newspaper	<i>West Australian/Sunday Times</i>	WA

A QUALITATIVE ANALYSIS OF THE REPORTING AND PORTRAYAL OF SUICIDE, AND MENTAL HEALTH AND ILLNESS, IN THE AUSTRALIAN MEDIA

part of

THE MEDIA MONITORING PROJECT: A BASELINE DESCRIPTION OF HOW THE AUSTRALIAN MEDIA REPORT AND PORTRAY SUICIDE AND MENTAL HEALTH AND ILLNESS



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EXECUTIVE SUMMARY

This qualitative study was designed to amplify and elaborate themes and issues identified in the preceding quantitative study. The research examined how news and information about suicide, and mental health and illness, is characteristically framed, especially in different media genres.

METHOD

The Media Monitoring Project collected media items over a 12-month period that began on 1 March 2000, with the assistance of a media retrieval service known as Media Monitors. Media Monitors retrieved all items related to suicide and mental health and illness from all national daily newspapers and Victorian suburban and regional papers, and news and current affairs items related to suicide and mental health and illness from all television and radio networks. For the quantitative study, trained coders extracted identifying and descriptive information for all items, and made quality ratings for a randomly selected ten per cent of them. This qualitative study examined the same data set.

KEY FINDINGS

REPORTING AND PORTRAYING SUICIDE

This study observed that newspaper and broadcast news reports on individual suicides in Australia are relatively uncommon in comparison to the number of actual suicides and attempted suicides. Individual suicide stories resemble other news stories in that they are framed in particular ways. During this study's time frame, the most nationally prominent individual suicide coverage involved the death of member of parliament, Greg Wilton. For a more detailed analysis of this matter, see Case Study 1, and other case studies that were produced to accompany this study (Blood & Putnis et al, 2001).

Many newspaper and broadcast news stories about suicide result from information collected by journalists at courts, coroner's courts or from the police. These stories are the most problematic in terms of following the advice of the federal Department of Health and Aged Care's guidelines, *Achieving the Balance: A Resource Kit for Australian Media Professionals for the Reporting and Portrayal of Suicide and Mental Illnesses* (Penrose-Wall et al, 1999). Common concerns are the use and placement of the word suicide in headlines and broadcast leads, video and photographs of the scene, details of the method of suicide, and the prominence given to the story. Most of the stories feature prominently in newspapers and broadcast coverage, either locally or nationally.

Crime and court information is easily accessed by editors and journalists because it can be planned for and predicted, and is efficiently and effectively monitored. Often crime and court stories involve themes of fear, horror or shock, and much information can be deeply personal and intimate. Crime and court news stories define 'normal' in our society by setting the boundaries of what is good and what is bad or 'deviant'. Sensational or inappropriate language in the headlines or broadcast leads in these types of stories is common.

Many of the stories examined do not focus on suicide per se, but this is not a valid reason to ignore the guidelines provided in *Achieving the Balance*. The frames characteristically chosen by Australian media reports in this study are unnecessarily dramatic and sensational, and this is of particular concern.

These stories do not normally include contacts for audiences about advice, counselling or access to mental health services, so there is an opportunity to enhance news coverage of police rounds and emergency services by including this information. While this may be an unrealistic demand to make of radio news services, where time is limited, it should not be so for radio current affairs or television news and current affairs.

This type of news is produced by journalists based on information from official sources, and their editors will rightly claim that they should be free to report court evidence and police investigations as they see it. Indeed, it could be argued that the deaths in custody issue arrived on the public agenda because of vigorous reporting by key metropolitan newspapers. However, any news report is a condensation of court proceedings and police investigations, and so context is an important concern.

A news feature in the *Sydney Morning Herald* (16 September 2000) on the inquest in Darwin into the death by suicide of a young Aboriginal boy was analysed to illustrate how a story can depart for valid reasons from suggested codes and guidelines. In this case, it is possible that the journalist's good intentions — to draw attention to the seriousness of the specific case, and the national issues involved — made it acceptable to use shocking detail. However, it is possible that vulnerable groups could interpret this report in quite different ways. Can we reasonably expect editors and journalists to take account of all other possible audiences and readings?

Framing devices identified in other types of suicide stories include those involving public interest, national social or political interest, oddity/unusual, prominent person or celebrity devices. Suicide stories that do not fit these dominant frames are rarely reported.

A significant type of news about suicide is coverage of statistical data released by government, health agencies or researchers (for more detail on this aspect of media reporting see Case Study 3 in Blood & Putnis et al, 2001).

Both metropolitan and non-metropolitan media report many stories and features that focused on suicide risk factors, help, advice, and suicide prevention and communication campaigns. Newspapers and broadcast media perform a significant surveillance function for their audiences, and provide useful information about access to mental health services. Much of this coverage in regional areas reflects the concerns of communities, health professionals and government. Unfortunately, many stories, especially in metropolitan newspapers, do not provide their readers with contact information about advice or counselling services.

REPORTING AND PORTRAYING MENTAL HEALTH AND ILLNESS

As is the case with the reporting of suicide, this analysis found that the most problematic type of news coverage of mental illness results from information collected at courts, coroner's courts, or from the police.

News discourse is structured in terms of frames to simplify a complex set of facts and to make it into a coherent story. When the facts do not suggest an obvious single news frame, the journalist may choose between possible frames by taking a particular line, or emphasising one reading of the situation. This choice is usually evident in the newspaper headline and lead, or broadcast lead. Often the choice of frame is guided by the wish to dramatise, that is, to maximise the news value of the story.

Many news stories from the courts or police about mental illness focus on violence, and many include graphic images of violence. These stories relate to specific and relatively rare circumstances, but audiences are likely to draw *generalised* inferences about mentally ill people as a result. The ways in which the public label or categorise individuals or groups are primarily determined by the way events are framed by the media. News stories about extreme or rare cases, such as linking mental illness to violence, tend to stigmatise mental illness, and generate fear of mentally ill people in the community.

Part of the problem is the reality that there have been cases where mental illness has led to violence and even murder. Court proceedings themselves, from which media reports are derived, are testimony to this fact and, clearly, news fulfils an important societal function in bringing these cases onto the public agenda.

However, editors and journalists must strive to achieve a balance, and the critical questions for editors and journalists centre on the relationships between the mental illness and the incident. They should ask themselves whether the mental illness warrants headline or broadcast lead prominence, and whether the mental illness itself actually contributes to the story in a significant way (see Penrose-Wall et al, 1999).

Normally, this type of reporting does not include contact information for audiences seeking information about available mental health services.

Some newspaper and broadcast news about mental illness is framed by its off-beat, curious or bizarre character. These stories have the potential to be particularly offensive to consumers and mental health professionals and carers, especially if they have a demeaning tone, if they trivialise issues, and if they marginalise individuals or groups. Many of these problematic stories become or are made into news precisely because of the off-beat, curious or bizarre frame chosen for the story. It can be argued that some of these stories would not have been judged newsworthy or given as much prominence but for the chosen frame.

Inappropriate language is a central concern in the reporting and portrayal of mental illness, especially in court and police reports. Particular framing devices and inappropriate language may together contribute to the stigma associated with mental illness. Additionally, across a variety of news types (sport, cinema and book reviews, for example), this study identified inappropriate language about mental illness, especially the inappropriate contextual use of the word schizophrenia. These issues are explored in Case Study 5 (in Blood & Putnis et al, 2001).

The principal actor in the news, a celebrity, often frames some mental health and illness coverage. Largely, these stories and features in this study positioned mental health issues in a positive light, in that they offered advice and help by using the celebrity as a role model. This person was often used as part of campaign to destigmatise depression, schizophrenia and other mental illnesses.

Other mental health and illness news reflects national, state or regional issues or concerns. News frames revolve around government funding issues, mental health policy, new research and findings, and new communication programs, new treatments and services and, occasionally, the bush versus the city. Many stories are also framed around the new — new books, new health programs, new discoveries, new statistics or new reports (see Case Study 3, in Blood & Putnis et al, 2001, for more information). Surveillance, and noting what is important, is a dominant frame, especially in regional news media. News media also often provide ‘expert opinion’ in the form of features and help columns, or signal new concerns.

Other mental health stories are framed around themes of conflict, especially over government funding, arguments about government policies on mental health, and fears. Fear was mostly linked to funding cuts or to the lack or shortage of services.

CONCLUSIONS

Overall, this study shows that newspapers and broadcast media have a choice in the way they frame stories about suicide, and mental health and illness. The choice is not an issue of accuracy or objectivity, but it does have serious ramifications for the ways in which audiences may interpret news and information about suicide, and mental health and illness. If the right choices are made, they can help to destigmatise mental illness in our community and improve the lives of many people with mental illnesses.

CHAPTER 1: INTRODUCTION

BACKGROUND

The School of Professional Communication at the University of Canberra was contracted by the federal Department of Health and Aged Care to conduct a study of the Australian media that was *qualitative* in nature, looking at the *nature* of the material provided, and how news and information about the subject areas is characteristically framed. This report describes the results of that study.

The Centre for Health Program Evaluation (CHPE), at the University of Melbourne, was funded to conduct a companion *quantitative* study, which looked at the extent of reporting of these subjects in the media (J Pirkis et al, *A Quantitative Analysis of the Reporting and Portrayal of Suicide, and Mental Health and Illness, in the Australian Media*). The two reports of this Media Monitoring Project have been published together in this volume, and should be read together, and in conjunction with the other publications produced as a result of the project (listed earlier).

This study analysed media framing of the reporting and portrayal of suicide, and mental health and illness, in Australian media. It amplified and elaborated on themes and issues identified in the companion quantitative study. The research examined how news and information about suicide, and mental health and illness, was characteristically framed, especially in different media genres. Newspaper and broadcast content was drawn from the Media Monitors data set also used for the quantitative study, and full details of the collection of these data can be found in the introduction to that report earlier in this volume. Only a proportion of the newspaper and broadcast content provided was examined for this study, because the large amount of available data made it impossible to do more.

THE MEDIA MONITORING PROJECT

The Media Monitoring Project collected media items over a 12-month period that began on 1 March 2000, with the assistance of a media retrieval service known as Media Monitors. Media Monitors retrieved all items related to suicide and mental health and illness from all national daily newspapers and Victorian suburban and regional papers, and news and current affairs items related to suicide and mental health and illness from all television and radio networks. A random selection of ten per cent of all items was then rated for quality.

PROJECT AIMS

The key objectives of this study were to:

- provide practical advice on which the Department of Health and Aged Care can base future communication strategies, and
- suggest ways of monitoring media coverage of suicide, and mental health and illness, in the future.

CHAPTER 2: RESEARCH QUESTIONS

This study examined the Australian media's reporting and portrayal of suicide, and mental health and mental illness, to answer the following research questions:

- What is the nature of this coverage (that is, how is news and information about suicide, and mental health and illness, portrayed)?
- How are suicide, and mental health and illness, news and information portrayed in different media genres (for example, comparing suicide as discussed on talkback radio to straight radio news reporting of suicide)?
- How is news of suicide, and mental health and illness, characteristically framed? What are the dominant frames?
- Who are the prime agents (politicians, policy makers, health and medical experts, journalists, editors, or lay people) setting the agenda of news and information and non-fiction accounts of suicide and mental illness?

CHAPTER 3: MEDIA FRAMING THEORY

Fundamentally, the qualitative research for this project went beyond descriptions of news content using traditional quantitative content analysis. Using the database already described as the departure point, this qualitative research focused on identifying factors that shape news selection and presentation. The approach was underpinned by the research literature on how news is selected and presented — the frame analysis approach.

Research on media framing (Scheufele, 1999) analyses how media content is presented and made understandable to the public. Just as a photographer may frame a photograph, it is reasoned that journalists or producers, constrained by their daily routine practices, the imperatives of their media organisation, and social and cultural influences, frame a story. Colloquially, editors talk of the angle, pitch or play of the story.

The story's frame, often signalled in the headline or broadcast lead, directs the reader to what is in the frame, and to ignore what is excluded. McQuail (1994, p 331) argued that mass media have a strong impact because they construct social reality by 'framing images of reality . . . in a predictable and patterned way'. Subsequent impact on the audience, however, may be limited and constrained by a variety of factors. Gitlin (1980, p 7) argued that, in everyday life, frames allow us to manage and comprehend reality and choose appropriate repertoires of cognition and action:

Media frames, largely unspoken and unacknowledged, organise the world both for journalists who report it and, in some important degree, for us who rely on their reports. Media frames are persistent patterns of cognition, interpretation, and presentation, of selection, emphasis and exclusion, by which symbol handlers routinely organise discourse, whether verbal or visual.

Framing theory examines how media professionals portray information, but it also looks at how information is packaged and received by audiences. For example, Barkin and Gurevitch (1987) examined what they termed themes in news coverage of the unemployment issue in America to analyse how stories were 'framed, explained and understood'. Similarly, Iyengar (1991) distinguished between episodic and thematic frames in an analysis of attitudes toward poverty in America. Thematic frames (in Iyengar's terms) are said to engender a strong sense of societal responsibility, in contrast to episodic frames, which engender a strong sense of individual responsibility. He argued that those news stories focusing on individuals, or on specific groups, may make the public see the issue of poverty as an individual problem and not one requiring social or government action.

In Australia, for example, Putnis and colleagues (Case Study 1 in Blood & Putnis et al, 2001) demonstrated that the media are sites where competing accounts of poverty in Australia are contested. They argued that the media, by privileging specific frames, propagate particular understandings of the poverty issue, which in turn determine perceptions of what needs to be done. For example, the prevalence of negative images of the poor contributes to the political marginalisation of the issue of poverty. Blood and Lee (1997) showed how news about public opinion data (a poll published by a prominent newspaper) was used to frame the Hanson debate about Aboriginality and immigration. Relying upon flawed polling methodology, and editorial perceptions of a divided Australian society, the news report discussed was an example of how one frame can be chosen to represent public opinion, instead of others that could also have been used.

Entman (1993, p 25) offered a detailed explanation of how the media provides audiences with schemas for interpreting events. The essential factors, he said, are selection and salience:

To frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation.

Using a detailed analysis of a prominent newspaper story as an exemplar, Pan and Kosicki (1993) described the structure of news discourse and framing devices. They identified these types of structural dimensions that influence the formation of frames:

- syntactic structures or patterns in the arrangement of words or phrases;
- story structures, reflecting the general newsworthiness of an event or its importance, and the intention to signal that this is news;
- thematic structures, reflecting the tendency of journalists to impose a causal theme on their news stories, either in the form of explicit causal statements, or by linking observations to the direct quotes of a source; and
- rhetorical structures, referring to stylistic choices made by journalists.

Similarly, Entman (1993) examined media frames (as attributes of news) in influencing political decision making and public opinion (see also Scheufele, 1999). In content analyses of American print media and network television news, Entman identified traits of media texts that set a frame of reference and, therefore, have a critical impact on information processing:

- importance judgements;
- agency judgements (or the answer to the question 'Who did it?');
- identification with potential victims;
- categorisation, or choice of labels for incidents; and
- generalisations to a broader national context.

CHAPTER 4: SUICIDE — REPORTING AND PORTRAYAL

PREFERRED MEDIA FRAMES FOR THE REPORTING AND PORTRAYAL OF SUICIDE

Several governments have introduced media resource kits in an attempt to foster responsible reporting of suicide and mental illness. Examples include the Department of Mental Health, World Health Organization, 2000; Michel et al, 2000; New South Wales Health, 1997; New Zealand Youth Prevention Strategy, 1999; The Samaritans, 1998; Etzersdorfer & Sonneck, 1998; Centers for Disease Control and Prevention, 1994; Etzersdorfer et al, 1992; and Sonneck et al, 1994 (for a review, see Norris, 2001).

Research by Michel and his colleagues (2000) suggested that such resources can have an impact on the behaviour of journalists and editors, and the studies by Etzersdorfer and his colleagues (1992, 1998) suggested that this changed behaviour can translate into a positive impact on suicide rates.

In Australia, *Achieving the Balance: A Resource Kit for Australian Media Professionals for the Reporting and Portrayal of Suicide and Mental Illnesses* (Penrose-Wall et al, 1999), published by the Mental Health Branch of the federal Department of Health and Aged Care, provides similar direction to journalists and editors. The Media Resource for the Reporting and Portrayal of Suicide contained in this resource is the focus of this chapter.

There are fundamental similarities across these resource kits; all have the goal of improving news reporting of suicide and mental illness, although some are perhaps a little more prescriptive than others. Some of the kits include the title (or subheading), 'guidelines'.

The federal Department of Health and Aged Care's kit (Penrose-Wall et al, 1999) indicates that a suicide story should be positioned on an inside page of a newspaper, magazine or journal, in the second or third break of television news, or down the order of radio reports, rather than making it a headline, front page or top of the bulletin news story. This advice is based on the reported link between front-page and prominent suicide stories and an increased incidence of copycat suicide (Pirkis & Blood, 2001). Prominently featured stories are said to be more noticeable, and given greater weight in terms of importance or notoriety by audiences, and this can make suicide a more credible course of action to some vulnerable people.

The resource says that constantly repeating stories on suicide, especially on television, may have the effect of normalising suicide for viewers and listeners. The view is that people can become desensitised, as they do to many forms of violence or harm, through constant exposure and repeated messages.

The word suicide should be used with caution and sparingly, the kit says. The suggestion is that suicide reports that are highly emotionally charged, which use sensational headlines, or which overemphasise the word suicide are more likely to encourage imitative suicide.

The kit also warns that overly explicit descriptions, photographs or video of the method and location of the suicide can be particularly dangerous. The suggestion is that a step-by-step description can provide an impetus and a mechanism for some vulnerable people.

Journalists and editors are advised to clearly consider the repercussions of reporting celebrity suicide. This advice is based on research suggesting that reporting of celebrity suicide can influence suicide rates in some cultural contexts and times. The air of tragedy and the almost legendary status of celebrity suicides, it is argued, can add to the perceived glamour and attraction of suicide for some people.

Journalists and editors are urged to consider the bigger picture or context in order to inform and educate their audiences about suicide. For example, stories on the strong relationship between mental illness and suicide risk — for example, depression as a risk factor for suicide — can help to place the situation into context. It can also help people understand that suicide is part of a bigger problem and challenge for society.

The resource also urges journalists and editors to avoid glamorising suicide in dramatic presentations. Most similar resources urge journalists and reporters who are depicting suicide as part of a story-line in a drama to emphasise the devastation following the act, rather than focusing too heavily on the act itself. The Australian kit also argues that journalists and editors should stress the finality and not dramatise the act.

Special consideration should be given to the bereaved. The kit says that the bereaved are often at risk of suicide themselves, and it suggests that journalists and editors look to their own professional codes of practice for advice on contacting the bereaved.

The Australian resource, in common with similar overseas resources, includes suggestions and advice about language in news stories about suicide. For example, instead of referring to a first suicide attempt as unsuccessful, journalists and editors are urged to report that the first suicide attempt was not fatal. Similarly, what an editor or journalist might be tempted to call a suicide epidemic should instead be reported as increasing rates. Rather than reporting that someone is a suicide or a depressive, the kit suggests terms such as died by suicide or ‘the person was depressed at the time of the death’.

Most media resource kits also caution against reporting about the method of suicide. For example, the Australian advice is that instead of saying, ‘the woman died after placing a hose inside her car window’, journalists should simply state that the woman died of asphyxiation.

Dramatic or violent phrases, such as a ‘bizarre suicide pact’, should be replaced by, for example, ‘the deaths were allegedly planned by the couple’.

In addition to providing information about advice hotlines or websites for journalists and editors, most resource kits strongly suggest that suicide stories contain information about how readers can contact mental health services. The Australian resource kit also includes relevant professional contacts for journalists and editors.

In summary, these resources focus on the potential for media imitation or copycat suicide, as does much of the public and media debate. Clearly, such a position is vitally important in any advice for journalists and editors, but there are other central issues in assessing media portrayals of suicide. These issues, as outlined above, widen the debate and the requirements of policy advice

beyond simplistic notions of media effects. The answers to these questions are central to a qualitative assessment of the media coverage of these subjects:

- What is the extent of media coverage of suicide and mental illness, compared to coverage of other health issues, and what is the nature of this coverage?
- How is suicide or mental illness as an event or issue characteristically framed?
- What are the dominant frames imposed by the media (this will help to identify the longer term media picture of suicide and mental illness)?

THE MEDIA ENVIRONMENT

Data collection for the Media Monitoring Project of which this study was a part began in March 2000. Prior to this, two reports of deaths in Western Australia had received national prominence, setting a significant context for this study. In July 1999, a Perth woman killed her five children and then took her own life. About two weeks later, a Perth man killed his four young children and took his own life. *Achieving the Balance* (Penrose-Wall et al, 1999), the federal Department of Health and Aged Care's media guidelines, had been released about two weeks before these deaths in Western Australia.

The *Sunday Times* in Perth (4 July 1999) reported the first July murder–suicide in a front-page story: 'Gas horror. Family of six perish in car'. The following weekend, the story was reported in the same paper as, 'Suicide mum's last letter' (*Sunday Times*, 11 July 1999).

The second murder–suicide was headlined on the front page by the Brisbane *Sunday Mail* (25 July 1999) as, 'How could he? Dad kills kids in "copycat" tragedy'.

The stories were reported nationally, prompting criticism of the front-page treatment by almost all metropolitan newspapers, and sensationalised treatment in lead items on most television network news programs. The Sydney ABC Television news (7.00 pm, 25 July 1999) story, for example, included video of the scene and details of the method of death, so violating the national broadcaster's own code of practice.

The ABC program *Media Watch* (3 August 1999) devoted a segment to assessing the national coverage against the criteria listed in *Achieving the Balance*. The vast majority of newspaper reports, and broadcast news and current affairs reports had not followed the advice offered in the kit. Presenter Richard Ackland focused on widespread use of the word suicide in headlines and broadcast leads, the prominence given to the story (front-page or lead television news item), the use of photographs and video of the exact location and scene, and disclosures of the method of death.

The program also assessed the coverage against individual newspaper codes of practice, the code used by commercial broadcasters, and the Australian Broadcasting Corporation's code. Many stories failed to meet the criteria of responsible reporting in these codes. *Media Watch* also referred to the Australian Press Council's reluctance to accept guidelines for the reporting of suicide, but did point to its discussion on responsible reporting (Australian Press Council, 2000). Ackland concluded that, nationally, the stories had been 'milked for every drop of emotion'.

The headline signalled the frame: a call for an inquest by one of Shannon's former case managers and a questioning of the efficacy of social services. However, as a story of individual suicide, it was also framed as rational or moral inevitability, or the failure of the 'system', which led to her 'inevitable' death, represented in the *Herald's* lead as a *fait accompli*:

Shannon Thompson battled her demons for 17 years. And when the daily struggle to persuade herself that she should live became too much, the State ward did the one thing she felt was in her power — she chose the time she would die.

Shannon's 'demons' resulted from her tragic life — 'a tragic life destroyed' — of sexual abuse by a family friend, self-mutilation, anorexia, bulimia and severe depression and, said the *Herald*, 'an endless parade of counsellors and carers'. The story created its own internal logic as disparate facts (direct quotations from her former case manager) were pieced together to form a narrative to support the dominant frame of 'yet another failure by DOCS'. Predictably, the story ended by saying that the Minister for Community Services would not offer comment until investigations were completed, an understandable response. Note again the headline: it is we, the audience, 'normal society' and DOCS, who may have failed 'a tragic life'.

At one level, the chosen frame may be reasonable, given the circumstances. At another level, this particular news story is not singular: it is an 'instance of something'. Presenting news involves casting new materials in terms of such ongoing themes as crime is on the increase, the economy is in a bad way, unions are in opposition, disaster on the roads, and so on. As Fishman (1978, p 536; 1980, p 63) puts it, 'news makers make incidents meaningful only as instances of themes'.

Newsworthy themes act as framing devices, which construct a particular way of seeing events and issues. These frames cannot be judged as right or wrong but, nevertheless, they can be challenged. They can also extend the media and public debate on suicide beyond media imitation or contagion. The consequences of media framing for public understanding, particularly if a limited range of frames comes to dominate news discourse, need to be assessed.

As a contrast to Shannon's story, the *Frankston Standard*, a regional Victorian newspaper, headlined a report, 'Saved from suicide' (28 February 2000). The story was about 'Sharon', who received counselling when she contemplated suicide. The story's dominant frame was hope, and it detailed, through her words, how Sharon found help and a new life. The lead set the tone, although it did not comply with the usual suicide reporting guidelines, because it described the method of death:

Unlike many people contemplating suicide, by the time 'Sharon' started measuring whether the vacuum cleaner hose would reach her car's rear window so she could gas herself, she realised she needed serious help.

Using Sharon's frank narrative — a constructed narrative — as a structure, the story offered advice on where to get help through Lifeline and the local Frankston hospital. Sharon said, 'There really is hope if seriously depressed people get help'.

Other headlines from the data set begin to tell us about the frames used in individual suicide news stories. Below are ten examples of individual suicide reporting, used to highlight how suicide, or attempted suicide, is portrayed.

In summary, the events in Western Australia set a significant context for this study. In covering what was seen as a national story of public or human interest, most newspapers and broadcast news programs ignored the advice of the then recently published guidelines in *Achieving the Balance*.

Less than six months later, the *Daily Telegraph* (11 December 1999) reported on the death of two boys in Western Australia who had been missing for almost four weeks. The boys were found in a car in a paddock about 90 kilometres from Perth. The *Daily Telegraph's* lead read, 'Teenagers found dead'.

The story was a typical, straightforward account of the police investigation. It was only four paragraphs in length, published on page 18, and quoted police as saying, 'there were no suspicious circumstances'. In contrast, the *Sydney Morning Herald's* report (11 December) was headlined, 'Suicides bewilder families'. The lead read, 'They had everything to live for — caring families, close friends and job offers'. The story gives a brief description of the lives of the two boys, and quotes from the note they left their parents. No information or advice about suicide was included with the story for readers of the newspaper.

These contrasting approaches or news frames for the same story — one a straightforward police report and the other framed as bewilderment — illustrate the focus of this study: how are newspaper and broadcast news items about individual suicide framed?

FRAMING INDIVIDUAL SUICIDE OR ATTEMPTED SUICIDE NEWS

The quantitative companion study (also in this volume) shows that newspaper suicide stories comprised about 11.5 per cent of all suicide and mental illness stories retrieved for analysis, and that 41.7 per cent of all newspaper suicide reports were about individual suicide.

This qualitative study makes the general observation that newspaper reports on individual suicides in the Australian press are relatively uncommon, in comparison to the number of actual suicides and attempted suicides. Individual suicide stories resemble other news stories in that they are framed in particular ways. Both the quantitative and qualitative analyses in this volume challenge the widespread myth that Australian newspapers do not report individual suicide. The pertinent question is: how are these stories portrayed?

In the time frame of the study, the most nationally prominent individual suicide coverage involved the death of a member of parliament, Greg Wilton. These issues are dealt with in Case Study 1 (in Blood & Putnis et al, 2001). Analysis reveals that individual suicide stories are often part of a larger story. The weekend newspaper, the *Sun Herald* (27 February 2000), reported in a headline, 'Inquest call as Shannon succumbs to demons. Did we fail a tragic young life?'

The story detailed the life of a NSW state ward, Shannon, who killed herself in a Department of Community Services flat. The story continued criticism of the beleaguered Department of Community Services, a recurring theme in the press in the previous months. The department had been repeatedly criticised for failing to uphold its duty of care to several children for whom it was responsible.

1. Former top PS chief to probe suicide of intelligence officer
[*Canberra Times*, 2 March 2000]

Our spy left out in the US cold
[*Age*, 12 October 2000]

Defence resists bid for release of suicide report
[*Sunday Age*, 12 November 2000]

Inquiry was a factor in spy's suicide: report
[*Sydney Morning Herald*, 2 December 2000]

Defence, DFAT under fire in report into analyst's death
[*Canberra Times*, 1 November 2000].

These five headlines are typical of the coverage of this story, which involved one of Australia's senior (labelled as 'top') intelligence analysts (labelled as 'spy'). The story was about a senior government defence intelligence analyst, secret information about East Timor, and the analyst's suicide. It may also have been a story about the maladministration of Australia's intelligence services. The frames used (spy suicide, suicide and government bungling, 'out in the cold', government cover-up and so on) appeared reasonable. This directed attention away from the suicide toward the reasons for the death — pressure from within the intelligence establishment — and, as a consequence, it could be argued that this series of ongoing stories was not really about suicide. There was a strong public interest concern running through all of the news reports about this topic, both in newspapers and the broadcast media.

2. High school in mourning: five deaths stun students
[*Daily Telegraph*, 27 March 2000].

Only two of the deaths at the school resulted from suicide, but the events at the school were unusual and departed from the (statistical) norm. The dominant frame in this story is one of 'oddity': 'Why have these events occurred at this school?'

3. Australian threatens suicide in US Congress
[*West Australian*, 19 May 2000].

Clearly, this was an unusual event, and the headline signalled the frame. Suicide or attempted suicide at Australia's Parliament House, or state houses of parliament, would receive similar treatment. It is the place of the attempted suicide or suicide that is prominent in the frame. Capital TV's coverage (6.30 pm, 18 May 2000) on the Ten network, should be noted because of the inappropriate language in the lead:

A crazed Australian living in New York has tried to kill himself at a Congressional hearing in Washington. He burst into the meeting, sparked a wild melee and was arrested.

Of course, all Australian commercial television news programs reported this incident, because they had easy access to video coverage provided by the US Congress, whose hearings are videotaped and often broadcast. It was a dramatic and visual story that was easily captured by the networks.

4. Refugees threaten mass suicide

[*Canberra Times*, 25 May 2000]

Boat people make mass death threat

[*West Australian*, 24 May 2000]

Centre criticised after refugee cut own throat

[*Sunday Age*, 7 January 2001]

Detainee makes new threat

[*Age*, 8 January 2001]

We have lost hope

[*Canberra Times*, 8 January 2001]

Options sought for Iraqi family after suicide bid

[*Canberra Times*, 9 January 2001].

The ongoing story of boat people, asylum seekers and detention centres took on a new significance and meaning when it involved attempted suicide, suicide threats, and in recent times, suicide. (A recent suicide at Parliament House, and the suicide of an asylum seeker in detention, were outside the study's time frame.) However, these stories were not focused on suicide, but were part of a more complex, politically and emotionally charged story about Australia's immigration policies, and procedures for dealing with refugees.

5. Police back suicide theory

[*Courier Mail*, 27 May 2000]

A horrible place to die

[*Courier Mail*, 8 July 2000]

Police are reportedly investigating the possibility that Cairns teenager Angela Mealing committed suicide

[4KQ news (6.00 am, 9 May 2000)].

These headlines and the broadcast lead are typical of the news coverage, mostly in Queensland, of the death of a teenager, Angela Mealing, north of Cairns, in early 2000. At first, the story resonated with a familiar frame for readers and viewers — stories of missing people, particularly young women, have unfortunately been common in this region of Australia. The story was about a mystery. Then the frame changed to one of 'suicide theory'. The second report was a typical crime narrative about an individual suicide made public by the 'mysterious' events. The young woman's parents insisted she had not taken her own life. Broadcast news media also played on the mystery frame.

6. Body horror for students
[*Herald Sun*, third edition, 7 June 2000]

Anger at death site playtime
[*Herald Sun*, first edition, 8 June 2000].

In this case, the suicide of a person in Melbourne was used to frame a story of parental anger: their children were forced to continue to play next to the site. Would the story have been reported so prominently (pages 2 and 3) if parents and teachers had not complained?

7. Bad boy rapper's wife tries suicide
[*Courier Mail*, 12 July 2000]

Rapper's wrist-slasher wife
[*Daily Telegraph*, 12 July 2000].

This was a celebrity suicide story involving American rap singer, Eminem. The headlines are horrific. Are the boundaries of good taste ignored when the incident involves a notorious overseas celebrity?

8. Heart-bypass pioneer surgeon found shot dead
[*Canberra Times*, 31 July 2000]

Dead surgeon 'anguished'
[*Border Mail*, Albury-Wodonga, 1 August 2000].

The death of the Argentinian surgeon, Rene Favaloro, who invented heart bypass surgery, also produced examples of the celebrity suicide report. The stories were straightforward accounts of police investigations into the death of the 77-year-old surgeon, as reported by Agence France Presse, and covered by most metropolitan newspapers and broadcast media.

9. Body of missing local found
[*Queanbeyan Age*, 26 June 2000].

This was a straightforward report of a police investigation. The word suicide does not appear in the story, and police were quoted as saying there were 'no suspicious circumstances', police code words for 'it's a suicide'. The suicide was only made public because the man had previously been reported missing. He was a well-known science teacher and sportsman in the ACT region.

10. A suicide bomb attack in the Sri Lankan capital, Colombo, has left two people dead and 23 injured. Meanwhile Tamil tigers fighters in the north of the country have shot down a Government helicopter gunship. South Asian correspondent, Jonathan Harley reports.
[ABC 702 2BL news, 7.47 am, 20 October 2000]

The carefully planned suicide attack that killed 17 sailors on a US warship in Yemen has raised fears of a widening of the Middle East conflict. An FBI investigation is underway.
[Ten news, Channel 10, 5.00 pm, 14 October 2000].

These broadcast leads are typical of overseas coverage of suicide involving the increasingly familiar language of suicide bomber or suicide attack.

During the time frame of the study, the most prominent overseas story about suicide occurred in Uganda. Most metropolitan newspapers and broadcast media covered this incident.

At least 235 members of a millennium cult are believed to have died by mass suicide in a blazing church in Uganda. The tragedy happened 320 kilometres south west of the capital Kampala.

[Ten news, Channel 10, 5.00 pm, 19 March 2000]

The death toll in Uganda's mass suicide may now be as high as 470. All of the victims were members of a religious cult, the Movement for the Restoration of the Ten Commandments of God. Local authorities believed they locked themselves in a church and then set it ablaze. The BBC's Martin Dawes reports from the scene.

[AM, ABC 702 2BL, 8.00 am, 20 March 2000]

Two days after an apparent mass suicide [*sic*] in a remote part of Uganda police say the death toll could be as high as 470.

[2SM, 8.30 am, 20 March 2000].

This study noted the use of the phrase 'apparent mass suicide' in this story and elsewhere. Commonly used newsroom stylebooks inform journalists not to use the phrase 'apparent suicide'. Did the person die? Yet it seems that even this technical advice about suicide is frequently ignored.

News about religious cults is a familiar theme for audiences and the scale of this tragedy gave it special news value, especially given the group's link to a 'doomsday millennium' cult.

Many newspaper and broadcast news stories about suicide result from information collected by journalists at an official inquiry, or a coronial inquest, or some other court proceeding, or from the police or emergency services. Courts and police stations are routine sites for gathering news, and news organisations invest considerable resources in this type of journalism. These stories are the most problematic in terms of following the advice in *Achieving the Balance* (Penrose-Wall et al, 1999).

Crime and court information is easily accessed by editors and journalists because it can be planned for and predicted, unlike much of the vast amount of information available to news organisations. To a large extent, police and emergency services communications can be efficiently and effectively monitored. The news 'diary' is a common way of planning for the day's coverage, and news agencies provide this service to complement a news organisation's own surveillance. Court proceedings are scheduled, so they and other regular sources of information become part of the regular diary.

The idea of news as predictable may seem paradoxical but, as Park (1940) observed many years ago, news is 'on the whole the accidents and incidents that the public is prepared for . . . the things that one *fears and that one hopes for*' (emphasis added). Galtung and Ruge (1965) highlighted the planned nature of news by succinctly stating that news is 'olds'.

Many researchers have also commented on the over-representation by the news media of crime and deviance in our society (see, for example, McQuail, 1994, p 203). News information selected in the form of direct quotes from court proceedings and testimony is privileged information and can be reported with impunity. Police comment, either direct or indirect, is a valued news source. Often this information involves themes of fear, horror, even shock, and much information can be deeply personal and intimate. Editors and readers see crime reports as offering a snapshot of the dark side of life played out as real-life drama.

In both a personal and societal sense, crime and court news stories define 'normal' in our society by setting the boundaries of what is good and what is bad, 'evil' or 'deviant'. Hartley (2000, p 40) usefully observes that journalistic occupational ideology is founded on violence and conflict: 'truth is violence, reality is war, news is conflict'. The perceived demands of the newspaper readers', or television or radio audiences', notions of journalistic accountability, and the ideal type of journalist, says Hartley, 'all converge in a passion of conflict'.

Women who commit crime can often be framed in news stories as doubly deviant, in that they exceed 'normal' expectations. They commit an offence, but also contravene the dominant media stereotype of femininity (which sees women as gentle and nurturing, and as sex-objects and mothers). Femininity as a concept prescribes passivity and gentleness, so violence is 'unnatural' (Naylor, 1990, p 4).

Radio and television news organisations devote considerable time to reports based in police and emergency services information, with stations competing to be first with the news, and first on the scene with a live report. For radio and television stations, the squawk box in the newsroom, monitoring police and emergency services radio communications, is a vital, even essential, source of local news. Police and emergency services news is quickly transmitted via news agencies, such as Australian Associated Press, and between radio and television stations in a broadcast network. The following six stories are typical of this type of coverage:

1. Police are wanting to hear from anyone with information about the murder-suicide at Morphett Vale at which the couple's children were present. Police say at 45-year-old Burnside man shot his wife, also 45, while she was sitting in a car in the shopping centre carpark, before killing himself.

Amanda Francis, from Police Media, says an argument is believed to have begun some time before, but they're now most concerned for the children's welfare.

[5DN news, 1.00 pm, 11 August 2000]

2. Police are investigating the deaths of an elderly couple at Henley Beach. A relative discovered their bodies in a house on Webb Street last night. Early indications suggest an apparent murder-suicide.

[5DN news, 9.00 am, 28 June 2000]

3. The body of a Brisbane gunman Nigel Parody has been found near where he ambushed three police officers earlier this month. It's believed he committed suicide.

[Southern Cross Television news, 6.00 pm, 21 May 2000]

4. A distressed mother has walked along a train line while holding her 18-month-old baby in her arms overnight as a peak hour Nunawading train approached. Marina Kinnon from Police Media says a man noticed the pair and acted quickly to pull them from the path of the train.
[3TT FM news, 8.00 am, 17 May 2000]
5. The small town of Heathcote is tonight in mourning after the murder–suicide of two popular locals. Police say 65-year-old Vern Scaletti shot his 68-year-old wife, Noreen, in the head early this morning before turning the gun on himself.
[Ten news, Channel 10, 6.00 pm, 3 May 2000]
6. Police in the southern Queensland town of Maryborough are trying to find a motive for a double murder and suicide overnight.
[5AN, 6.00 am, 30 March 2000]

A witness who arrived at the scene shortly after a fatal shooting in Maryborough says the killings have devastated the community. Police say a 26-year-old man entered the Shamrock Hotel last night and was seen arguing with a woman and produced a gun. It's believed he shot a 37-year-old bar attendant trying to shield the woman before chasing the other woman outside, killing her and then himself.
[4BC news, 3.00 pm, 30 March 2000].

In summary, none of the stories above included information about where the audience could obtain advice or counselling. Most of the stories featured prominently in newspapers and broadcast coverage, either locally or nationally. All were stories sourced from the police, or police reports carried by news agencies or a broadcast network. The words suicide, murder–suicide and committed suicide appear frequently in these and similar stories.

The death of a young female police officer in Victoria early in 2001 received significant media coverage. This story is noteworthy because of the omission of the word suicide in the lead and headline, and the ambivalent use of contact advice for readers. The *Herald Sun* in Melbourne headlined the story, 'Young mum's tragic death. Shooting shocks police station' (6 February 2001). The story's frame lies in the headline and the lead: 'The tragic shooting of a policewoman at Kellor Downs has left her young baby motherless'.

Readers do not learn that this death was a suicide until the fifth paragraph when police are quoted as saying the death was not suspicious. The word suicide does not appear in the story. Is it the *Herald Sun* police reporter's relationship with Melbourne police, and sensitivity towards a young police officer, that resulted in this choice? Earlier paragraphs focused on the search for the woman's young child, who was found later at a child-minding centre. We also learned that the woman had just returned from maternity leave. In the sixth paragraph, we learned of the method of death:

Police sources said the junior officer, aged in her 30s, walked to the gun cabinet at about 8 am, signed out a revolver then, in the presence of several colleagues, placed the weapon to her chest and pulled the trigger.

The story read like a police description of the events. Written by the newspaper's chief police reporter, it used police sources, direct and indirect quotes from the police, an account from a nearby witness who heard the gunshot, and several reports about the shock and disbelief experienced by officers at the police station.

The story hinted at a cause in the seventh paragraph: 'Investigators are looking at the possibility that the dead woman . . . may have been suffering from post-natal depression'. Readers were also told that the woman did not live with the baby's father and had no family living in Australia. The story did not include contact information for readers seeking advice or counselling about postnatal depression.

Subsequent stories by the newspaper included, 'PC's brother shattered. Frantic officers rush to break news of the tragedy' (7 February 2001), and 'Policewoman a loving mum' (9 February 2001). Both stories were written by the *Herald Sun's* chief police reporter. The word suicide did not appear in either story. The first story, about the dead officer's brother and family, did not include contact information for readers seeking advice or counselling, but the second story ended with a direct quote from a friend of the dead officer saying that anyone with similar problems should reach out for help. This story did include contact information for Care and Lifeline. Did the interview prompt the inclusion of the contact information?

A story from Risdon Prison in December 2000 is also typical of police reporting. This time, the story was about an attempted suicide involving a well-known person (Hobart *Mercury*, 20 December 2000): 'Bryant suicide bid fails'. The lead read, 'Port Arthur gunman Martin Bryant has slashed himself with a razor blade in another attempt to take his own life'. Written by the newspaper's police reporter, the story continued, 'He had attempted to cut his femoral artery in the groin region, and made several cuts to his inner arms'.

Similarly, in a brief story, the *Sydney Morning Herald* (21 December 2000) reported, 'Martin Bryant tries to kill himself again'. This story also included details of Bryant's self-harm: 'He had tried to cut his femoral artery in the groin region and made several cuts to his inner arms'.

Prison or police investigators probably released these details to the Hobart *Mercury* and Bryant's previous suicide attempts were detailed in both stories. Do readers need to know details of the method of intended self-harm? Neither report included contact information for readers seeking advice or counselling. Presumably, editors of the newspapers would view these stories as focused on Australia's most notorious convicted murderer and not see them as stories primarily about an individual suicide attempt. Most broadcast news media followed the print examples and included details of the injuries. For example, the evening news on 4BC in Brisbane (10.00 pm, 20 December 2000) said:

Reports in a Tasmanian newspaper suggest 33-year-old Bryant was found bleeding from his groin and arms in the special maximum-security wing of Hobart's Risdon Prison at about half past nine last night.

A tragic story from Brisbane, involving a mother, her twin seven-year-old girls and six-year-old boy, was covered nationally by ABC Television news (for example, 7.00 pm, 22 October 2000) with the following lead:

Three children have been gassed to death in an apparent murder–suicide attempt in Brisbane. The bodies of a six-year-old boy and his seven-year-old twin sisters were found in a car alongside their semi-conscious mother early this morning.

The story was prominent in ABC nightly news bulletins nationally. The report included video of the scene of this incident. Once again, the ABC ignored its own code of practice on reporting suicide. In comparison to other reports, however, the ABC coverage was tempered.

The *Courier Mail* (23 October 2000) covered the story in intimate detail the following morning. Two journalists and a photographer were used to report this incident: ‘Tragic widow lives as kids suffocate in car’. The lead paragraphs of this ‘tragic widow’ framed story told readers that the children were ‘gassed to death’, and that ‘their pet dog was beside them, also dead’. The story included comments from neighbours: the woman appeared ‘dazed and confused’, ‘she looked depressed’, ‘no-one suspected yesterday’s tragedy’, ‘This has blown us away. You never expect it in your own little street’, ‘You’d never see a procession of friends come up’, and ‘She loved the kids’. Readers learned that the family lived in a modest home, and that the woman’s husband died last year. There were hints of family troubles.

Photographs were included with this front-page story, which extended across four pages. These included photographs of the undertaker removing one of the children’s bodies, police examining a garden hose taken from the car’s exhaust, the mother’s purse with ‘pictures of the children and their Dad’, the family car ‘which became a death trap for the children and their pet dog’, and the mother being ‘taken semi-conscious to hospital’.

In case readers had not picked up on the emotional tone of the story, there was a separate but related story included in the four-page spread, the headline of which read, ‘Heartbreaking litany of tragedy’ (*Courier Mail*, 23 October, 2000). The adjacent story briefly described six similar incidents involving murder and suicide during the past three years.

In the entire four-page spread, no contact information was given for readers seeking additional information about suicide risk factors, or advice and counselling. In summary, the *Courier Mail*’s coverage, as assessed against the recommendations of *Achieving the Balance*, leaves much to be desired.

Newspapers and broadcast news stories about individual suicide often involve celebrities, but when the media focused on a wealthy celebrity family who were involved in a bitter dispute in court, the case was highly publicised. The continuing coverage in 2000 of what the media labelled the ‘Moran case’ in Sydney illustrates some of the observations made above about court reporting. The story was reported nationally, but the following analysis focuses on coverage in the *Advertiser*, as an example.

Far away from this Sydney family tragedy, in Adelaide, the *Advertiser*’s (24 March 2000) coverage of Greta Moran’s testimony dramatically framed her as a deviant and abnormal mother in the headline: ‘Greta Moran “feels no guilt” over son suicide’. However, the lead paragraph contradicted this:

Greta Moran has told a packed courtroom she would do ‘anything on this earth’ to have her son Brendan alive again. Defending herself over a claim by estranged daughter-in-law that she drove Brendan to suicide, Mrs Moran said she felt no guilt over the tragedy.

The conflict in the framing is noteworthy. The court reporter’s lead framed the story around the theme that the mother (Greta) would do anything to see her son alive. However, the headline promoted a different story: Greta felt no guilt, she was the guiltless mother. This frame resonated with the theme recurring in news reports of the case over the previous months, which was all too familiar to readers. The out-of-context headline, of course, had more dramatic appeal.

Why was this continuing story national news? The ‘events’ involved a rich family: Doug and Greta Moran and their son Peter, and their deceased son Brendan. The media labelled the parents as healthcare tycoons. Their daughter was well known to the media and the public as the leader of the antirepublican movement during the campaign leading up to the recent constitutional referendum. The estranged daughter-in-law, Kristina, sued the family and its companies for their emotional and physical harassment of Brendan Moran, whose suicide occurred in 1995.

The case drew largely on Brendan Moran’s suicide note, which referred to his mother, Greta, as a ‘conniving’ and ‘destructive’ woman. This raw and intimate glimpse of a wealthy and powerful family fighting among themselves is the essential chaff of sensational journalism. It is a real-life television soap-opera played out in court. Note that it was ‘a packed courtroom’ that readers of the *Advertiser* were invited to attend. However, we could ask whether reporting this story was in the public interest? The case was finally settled out of court, and this resolution also received national prominence in the media (*Nightline*, National Nine network, Channel 9, Sydney, 10.00 pm, 28 March 2000):

The protracted and painful airing of the Moran family’s secrets came to a surprise end this morning. For nine weeks allegations of bullying, violence and infidelity have fired back and forth between the Morans and their daughter-in-law, Kristina. But today the case was settled out of court.

During the study’s time frame, news stories on coroner’s inquests accounted for a significant proportion of individual suicide news. Major inquests included:

- Tasmania’s state coroner’s inquiry into the deaths of five prisoners at Risdon Prison,
- Western Australia’s state coroner’s inquiry into the deaths of three psychiatric patients at Graylands hospital, and
- the inquiry into the deaths of five prisoners at Victoria’s Port Phillip Prison.

News from the coroner’s court was clearly important and these inquiries dominated news in each of these three states. In other states, coroner’s inquiries and reports about death in custody were also significant sources of news about suicide. As an example, the headlines that follow, selected from the coverage of the Risdon Prison inquiry by Tasmania’s newspapers, indicate the dominant frames operating. They also reveal something about the framing choices available to journalists and editors.

Inquest told of suicide all-clear [<i>Mercury</i> , Hobart, 28 March 2000]	vs	Prisoner talked of suicide [<i>Examiner</i> , Launceston, 29 March 2000]
Inquest told of drug dose [<i>Mercury</i> , 4 April 2000]	vs	Inmate ‘received maximum dose’ [<i>Examiner</i> , 4 April 2000]
Inquest hears of prisoner’s drug terror [<i>Mercury</i> , 5 April 2000]	vs	Inmate’s plea to stop medication [<i>Examiner</i> , 5 April 2000]
vs		Doctor was ‘killing me’ [<i>Advocate</i> , Burnie, 5 April 2000]
Prison suicide shock for mum [<i>Mercury</i> , 8 April 2000]	vs	Son turned into animal, mum recalls [<i>Examiner</i> , 8 April 2000]
and		Voices ‘plagued’ inmate [<i>Examiner</i> , 8 April 2000]
Inquest ‘a witch-hunt’ [<i>Examiner</i> , 3 May 2000]	vs	Inquest witch-hunt fear [<i>Mercury</i> , 3 May 2000]
Only one applicant for the job [<i>Advocate</i> , 4 May 2000]	vs	Psych boss ‘failed test’ [<i>Examiner</i> , 4 May 2000]
Jager in training on job [<i>Advocate</i> , 19 May 2000]	vs	Jager’s experience ‘limited’ [<i>Examiner</i> , 18 May 2000]
and		Prison doctor a raw recruit [<i>Mercury</i> , 19 May 2000].

Despite the arguably inappropriate language used in some headlines, and the often sensationalised treatments, the main focus of these stories followed the coronial inquest, which was examining why five people in custody killed themselves in Risdon Prison. This was a story about privatisation and the duty of care in our prison system, with wider national ramifications. The examples above neatly illustrate the contesting news frames used to cover this controversial story.

In summary, the genre of court reporting poses particular problems when assessed against the recommendations of *Achieving the Balance*. Often stories depart from the advice and suggested guidelines, and this is commonly signalled by the headline. Descriptions of the method of suicide, or attempts by the journalist to establish causes are common examples. Sensational or inappropriate language in the headline or broadcast lead is common.

However, the stories are, for the most part, accurate accounts of what happened in court, despite the dramatic headlines and frames. Court proceedings and testimony are reported. This news comes from an 'official' source (a coroner), and journalists and their editors will rightly claim that they should be free to report 'evidence' as they see it, within, of course, the constraints of court reporting. Indeed, it can be argued that the deaths in custody issue (concerning Aboriginal and other people) achieved a higher public profile because of vigorous reporting by key metropolitan newspapers.

On the other hand, any news report is a condensation and selection of all the testimony and evidence given in a day, and what happens on one day may be challenged the next. Context is therefore an important issue, especially in long-running inquiries, such as the one concerning Risdon Prison. Editors and journalists do view any ongoing inquiry as *one news story*, but they do construct a frame on the story for each session: it is *their* version of what happened in court that day.

What if the dramatic headline or broadcast lead were used for a very different effect? A news feature — not a news report — in the *Sydney Morning Herald* of 16 September 2000 was about the opening of the Darwin coroner's inquest into the death of a 15-year-old Aboriginal boy. His was the first death in custody following the introduction of the Northern Territory's controversial mandatory sentencing laws.

The story appeared on the front page of the Saturday News Review section, accompanied by a dramatic colour photograph of the boy's grieving relatives at his funeral. The headline read, 'A stolen life'. The lead paragraphs covered testimony in the court proceedings, and it is useful to report this in full:

The death of a 15-year-old boy, in custody and alone, has become a symbol of a bigger tragedy unfolding in the Northern Territory.

It takes surprisingly little time and effort to commit suicide by strangulation. It is not necessary to hang from the ceiling or jump from a chair. If the ligature compresses the most vulnerable part of your neck, the weight of your head alone is enough to cut the blood flow through the jugular veins and/or carotid arteries.

Once that happens, or once your tongue is pressed up and back to block your windpipe, unconsciousness comes in about 10 seconds. Three to five minutes after that, your brain begins to die —the higher parts first, then, more slowly, the brain stem, which controls the vital functions of heartbeat and breathing.

Dr Michael Zillman, forensic pathologist at the Royal Darwin Hospital, detailed it all quite unemotionally, and with the aid of diagrams, on the first day of the inquest into the death of an Aboriginal boy in custody.

It didn't take long for him to die, or for the doctor to explain the immediate cause of his death. Cerebral hypoxia is the medical term.

But the underlying causes of his death are much more complex.

There is no clearer example among the news stories analysed for this study demonstrating a departure from the recommendations of *Achieving the Balance*. Yet this feature story is easily defended if the probable intention of the journalist is examined: that is, if the focus of analysis switches to the social and political context of this feature.

This story was framed around the headline's message — a stolen child (the stolen generation) — and the narrative was constructed with considerable drama, passion and compassion. The phrasing and imagery used in the story underscored reporter Mike Seccombe's ideological position: the child, he wrote, 'cannot be given a name' because of respect for Aboriginal cultural sensitivities. He died 'in custody and alone' and thus it was an 'anonymous tragedy', but a story of 'desperation and possible mental illness' that drew attention to the Northern Territory's mandatory sentencing laws, which 'sent children to jail for the most minor of property offences'.

The story clearly had a wider significance, as it linked the current scene in the courtroom to national issues — the Howard government and internal dissent in the coalition parties, Australia's non-compliance with its human rights obligations, and international criticism. Seccombe is a political reporter and, for him, this was a political story and not a suicide story. It was a 'national embarrassment' and a significant newsworthy event, he wrote.

In detailing the days leading up to the boy's suicide, as related in court, the story highlighted the 'failures' of the Northern Territory legal system, carers, prosecutors and defence lawyers. The writer's empathy with the victim is clear: the offence was described as a 'typical sniffer crime'. 'He was after solvents; these were the actions of an addled addict, not a hardened criminal.' The causes of death in this suicide story, as attributed by the frame, were the law and the Northern Territory government. People involved with the case were 'well-intentioned' and 'doing their best' in the face of no resources and no training. This situation was forced on them by a 'government more concerned with appearing tough on (mostly black) crime than with addressing a problem'. The story concluded:

And you see that problem a hundred times every day in Darwin: in the main street, and right outside the \$100 million pomposity of a Parliament, which sits 30 days a year. Black hopelessness, black drunkenness. Black people begging on the street.

That boy's death was only one small example of a larger tragedy.

In summary, this story exemplifies one central dilemma about any guidelines on reporting suicide. The journalist accurately reported testimony given by Dr Zillman about how the boy died: facts were used for dramatic effect to support the 'stolen life' frame. But when we examine the dramatic effect, which included details of how 'little time and effort' it takes 'to commit suicide by strangulation', the relationship between the journalist and the outcome for particular readers is problematic.

In this case, we might accept the journalist's good intentions in using shocking detail to draw attention to the seriousness of the specific case and the wider issues involved. The court testimony is graphic and horrific. It is possible that most mainstream *Sydney Morning Herald* readers would see the dramatic devices as intended by the journalist and his editor.

However, we might also be concerned about the possibility of quite different readings by vulnerable groups. Journalists, one suspects, write with their mainstream audience in mind or, at least, their perceptions about their mainstream audience in mind. Can we reasonably expect them to take account of all other possible audiences and readings?

This central question is linked to definitions and debate about journalistic objectivity. Media framing theory argues that journalists, at most times unconsciously, include views of society and nation in their output. Journalism resembles other empirical disciplines and professions in its goal of being 'objective' by being free of values and ideology. Journalistic objectivity is derived from fact-gathering methods, which are validated by consensus, much like the scientific method. Objectivity, defined as a matter of intent, demands detachment and, importantly, *the freedom to disregard the implications of news* (Gans, 1979, pp 182–83, 188) (emphasis added).

In the following selection of broadcast news leads it is clear that other issues, often with national ramifications, are central to this type of individual suicide coverage.

A prison inmate who wants to commit suicide will find a way. The Coroner's Court has heard the evidence of a custodial officer during day seventeen of the deaths in custody inquest [Risdon Prison Inquiry].

[Southern Cross Television news, 6.00 pm, 12 April 2000]

Forensic Mental Health nurse Sandra Barwick has denied she fabricated evidence at Hobart's deaths in custody inquest [Risdon Prison Inquiry].

[ABC 7ZR news, 5.00 pm, 17 May 2000]

Hobart Coroner Shan Tennent this afternoon banned publication of evidence given by the State Manager of Mental Health at today's sitting of the deaths in custody inquest [Risdon Prison Inquiry].

[ABC Television news, Channel 2, Hobart, 7.00 pm, 10 May 2000]

A Coronial Inquest has commenced today into the death of a 19-year-old boy who died in Cessnock Jail. The State Coroner is trying to determine if Cessnock Jail was negligent in the death of Trent Lantry who hanged himself in March.

[Prime local news, Newcastle, 6.00 pm, 10 August 2000]

The Ministry of Justice says it is trying to prevent suicide in WA prisons following the eight deaths in custody in the past two months. Acting Justice Ministry Director General, Terry Simpson, says significant changes to the prison system since 1997 reduced the number of deaths last year to four. But, he says, the past eight weeks have forced a rethink.

[6PR news, 7.00 pm, 26 June 2000].

Similarly, individual suicide stories linked to other issues emerge in newspaper coverage of courts. Most of these stories received national media attention.

State Coroner Alastair Hope has criticised the Aboriginal Legal Service in his report on the hanging death of an Aboriginal man in Derby last year.

He also blamed police budget restraints for a lack of surveillance.
[*West Australian*, 18 July 2000]

A 19-year-old prisoner hanged himself within four hours of a senior prison psychologist giving him the all clear to be moved from constant surveillance to his ordinary cell at Cessnock.
[*Sydney Morning Herald*, 8 March 2000]

A coroner yesterday criticised the supervision and treatment of a mentally ill woman who drowned in September 1997.
[*Age*, national edition, 6 April 2000]

Coroner urges more care of suicide-risk prisoners

A prisoner discovered making a noose out of bed linen was declared fit for custody by a Royal Adelaide Hospital doctor — and hanged himself that night.

In an Inquest finding delivered yesterday, Acting Coroner Ted Iullano found the doctor had readily accepted Wayne Gregory Muller's explanation that he had made the noose to annoy police officers.
[*Advertiser*, Adelaide, 14 April 2000]

Perth Coroner Michael McGuire has recommended that prisoners with suicidal cellmates should be told how to deal with people threatening to kill themselves.
[*West Australian*, 2 March 2000].

Individual suicides can also be reported in the media where we least expect this type of news — the traffic report. Clearly, life for commuters in Sydney can be tough going, as Ten newsreaders, Wilson and Rowe, told listeners at 6.00 pm on 24 November 2000:

What a way to end the week for rail commuters! Still plenty of delays after a shut down due to a suicide attempt at Merrylands station this afternoon.

The 'traffic reporter' said a similar thing to compere Mike Jeffreys at 2GB Radio in Sydney just before 5.00 pm:

Interesting situation with the railways this afternoon. We've got all lines, traffic on all lines running about 30 minutes late due to an attempted suicide earlier this afternoon. The worst affected line would appear to be Airport line, Mike.

The *Sydney Morning Herald* (25 November 2000) put some needed perspective into the story in its four-paragraph report the following morning:

Sydney's rail system was thrown into disarray yesterday by a suspected suicide attempt and a chemical spill.

CityRail shut down the western and southern lines after a man armed with a knife threatened to jump onto tracks from an overhead bridge at Merrylands station.

The 45-year-old man gave himself up after one and a half hours with police negotiators.

In summary, the examples used above are typical newspaper and broadcast media stories about individual suicide. The framing devices resemble the framing of other new stories. Common suicide frames involve public interest, national social or political interest, odd or unusual, or prominent person or celebrity devices. Suicide stories that do not fit these dominant frames are rarely reported. Many stories report on court proceedings or are sourced to the police.

Most, if not all, of these stories ignore the advice and suggested guidelines included in *Achieving the Balance* and other similar codes of practice. Often newspapers or broadcast news organisations ignore their own codes.

Common concerns are the use and placement of the word suicide in headlines and broadcast leads, video and photographs of the scene, details of the method of death, and the prominence given to the story.

This study's qualitative analyses show that these types of stories do not commonly include contact information for advice or counselling services for readers, listeners or viewers. Such a view is supported by the companion quantitative study in this volume, which shows that less than ten per cent of all suicide stories contained this advice.

ABC Television's *Media Watch* program, which critiqued the Western Australian murders and suicides, did contain a warning before the program that some viewers may find the content disturbing. The program concluded with graphics showing the Lifeline and Kids' Help Line phone numbers, with a voice-over reading the numbers. Clearly, there is an opportunity to enhance news coverage of police rounds and emergency services by including this information. This may be an unrealistic demand to make of radio news services, where time is limited, but it should not be so for radio current affairs, or television news and current affairs.

The three reports in Melbourne's *Herald Sun* on the death of the young female police officer illustrate important points. The first two stories, 'Young mum's tragic death. Shooting shocks police station' (6 February 2001) and 'PC's brother shattered. Frantic officers rush to break news of the tragedy' (7 February 2001), did not contain contact information. However, the third story, 'Policewoman a loving mum' (9 February 2001), did contain this contact information for readers, probably prompted by the comments of a friend of the officer who was interviewed for the story. This example sets a useful precedent for police reporters.

Coverage of coroner's courts and inquests poses a special problem for suicide coverage, as we have discussed. While many of these stories are not focused on suicide per se, this is not a valid reason

to ignore news organisations' own codes of practice and the advice of *Achieving the Balance*. The choice of frames — often overly dramatic and sensational — is of particular concern.

One other significant type of news about suicide is coverage of statistical data released by government, health agencies or researchers. These data are important sources of news and are discussed in Case Study 3 (in Blood & Putnis et al, 2001).

Suicide issues and individual suicide are also topics reported and portrayed in popular magazines, and this coverage is examined in Case Study 4 (in Blood & Putnis et al, 2001).

SUICIDE HELP AND ADVICE FRAMES

Newspaper and broadcast reports on suicide often focus on a range of help and advice issues, as well as stories about the awareness of risk factors, and suicide prevention and communication campaigns. This is especially true of regional newspapers, and regional broadcast news and current affairs. This focus may reflect a particular concern with suicide among rural community groups. Most local and regional newspapers rarely report individual suicide, unless there is a local identity involved or some other dominant 'public interest' frame.

This study identified a significant number of newspaper and broadcast stories that focus on advice and help for audiences. This type of coverage, especially in smaller rural communities, raises a question: do individual suicides that are not reported (because of an editorial decision by the newspaper) lead to later coverage of suicide risk factors and suicide advice news stories and features? Such a question is difficult to test empirically, but this study did identify one story, a feature on suicide risk factors, that had been prompted by an individual death (see Case Study 3, in Blood & Putnis et al, 2001, for more information).

For the most part, suicide help and advice coverage is non-reactive, in the sense that it reflects what is given as information to newspapers and broadcast news organisations by community, regional or national groups. Usually no work by journalists or their editors is involved. Across many regional and country newspapers, the same basic story is repeated (often almost word for word), reflecting the fact that media releases are the typical source. The media reports that result often signal forthcoming events, or actively promote an event or activity concerned with advice, or discuss a current communication campaign about suicide prevention.

A dominant frame of these reports, especially in regional newspapers, is surveillance: the themes include 'this is an issue', 'this is important' and 'we, as a community, must do something'. In part, this reflects what many scholars have observed about contemporary life. Community fears about natural risks (flood, famine and so on) are being replaced by fears about 'manufactured risks'. In this case, suicide and suicide risk factors are the new focus, and these are linked by news media to concerns about rapidly changing economic conditions, unemployment, family stress, rural decline or urban decay, poverty and crime and so on (see, for example, Lupton, 1999).

Generally, community-based news and current affairs coverage on suicide is about supporting the community. These stories may receive prominence in newspapers, with placement near or on the front page, or as lead items in television and radio news and discussion programs. This signals the

story's newsworthiness to the community and reflects the real concern with the issue. Community news frequently involves a local identity or well-known community or regional group (for example, a local politician or the Country Women's Association). The following headlines are typical of this type of coverage in non-metropolitan regions:

Suicide: recognise the signs
[*Hamilton Spectator*, 19 February 2000]

Workshop to look at suicide issues
[*McIvor Times*, Heathcote, 1 March 2000]

Campaign aims to reduce suicides
[*Sunraysia Daily*, Mildura, 3 April 2000]

Koories train to prevent peer suicide
[*Warrnambool Standard*, 27 April 2000]

Scheme to save a life needs helpers
[*Whittlesea Post*, 3 May 2000]

Programs to focus on suicide: helping youths at risk
[*Maroondah Journal*, 20 June 2000]

War on suicide: CWA to fight tragic toll in rural towns
[*Shepparton News*, 5 April 2000]
[letter to editor]

Don't panic, help's coming
[*Mornington Peninsula Leader*, 16 January 2001].

Non-metropolitan broadcast news about suicide also reports this type of 'positive community support' story. Note the inappropriate phrase 'suicidal people' in the first broadcast lead.

The Lifeforce Suicide Prevention Program will be holding a workshop today at Milton. The training is for friends, family, neighbours and others who face picking up the warning signals that suicidal people send out.
[B105 FM news, 6.00 am, 22 February 2001]

A Mental Health Conference has been told of ways to improve the effectiveness of school-based suicide prevention programs.
[ABC 2CR Western Plains, 6.30 am, 27 November 2000]

Cessnock's suicide prevention team is launching a new campaign to help depressed people access support services.

[2HD news, 6.00 am, 12 October 2000]

A special meeting will be held soon to talk about the growing suicide problem on the Capricorn Coast.

[4CC news, 7.30 am, 18 October 2000].

Metropolitan newspaper coverage on suicide campaigns and advice is normally similar to non-metropolitan coverage. For example:

Campaign urged to cut suicide toll

[*Age*, first edition, 15 March 2000]

Community focus on youth suicide

[*Australian*, first edition, 29 March 2000]

Schools get a chance to learn by example

[*Age*, Victorian edition, 14 June 2000].

Suicide prevention campaigns are also useful talking points on talkback radio, as these examples demonstrate:

Did you know that ninety per cent of people who try to kill themselves — commit suicide — don't really want to succeed? Why? I'm going to find out. This is Suicide Prevention Week and we're going to join forces, if you like, with Lifeforce.

[Howard Sattler, 2SM, 10.00 am, 7 November 2000]

Now a reminder to you, if you would like to see a truly inspiring piece of theatre at the Opera House at a very affordable price, be sure to book tickets for 'Back from Nowhere'. It examines the widespread effects of suicide on our community and as we know, Suicide Prevention Week runs from November 6 through to 10, so we're involved in that very much.

[Grant Goldman, 2SM, 1.13 pm, 7 November 2000].

Similarly, ABC regional radio and Radio National programs (such as *Life Matters*) often include discussions with health professionals and researchers on issues related to suicide and suicide risk factors.

Metropolitan newspaper coverage is framed more directly around social issues and concerns, or focuses on a demographic or social grouping. For the most part, these stories and features provide a valuable service to readers by discussing, sometimes in detail, suicide risk factors, current advice and counselling, or other services available to their audience. Frequently, the stories centre on the release of a new report or research finding.

Nonetheless, these stories can sometimes appear alarmist, especially if they involve the young. The concern is that the news frame — signalled in the headline — may position at-risk groups as ‘outsiders’ or as deviant from the ‘normal’ or accepted state (see Case Study 3 in Blood & Putnis et al, 2001, for further information). For journalists and editors it is a difficult balancing act. The following headlines reveal something of these framing devices:

Young of the lucky country who can find only one way out: suicide syndrome
[*Advertiser*, Adelaide, 15 March 2000]

Worst days of their lives
[*Australian*, 10 April 2000]
[a feature on gay and lesbian pupils at school]

Girls drunk at 12
[*Herald Sun*, 9 May 2000]

Social time bomb: the state of anguished youth
[*Sunday Age*, 14 May 2000]

Rising crime. Rising Suicide. Educational failure. What is wrong with our boys?
[*Daily Telegraph*, 14 June 2000].

The first-mentioned story, from the Adelaide *Advertiser*, is a good example of surveillance: the story alerted readers in a non-alarmist manner to the problem facing South Australia. It went on, ‘Enough young people to fill a classroom will take their own lives in South Australia this year’. The feature was built around the launch of Mission Australia’s youth suicide appeal. Unfortunately, the story omitted contact information for advice or counselling services.

The last mentioned story above, in the *Daily Telegraph*, took its somewhat alarmist headline and lead from the title of a just-released report by the conservative Centre for Independent Studies. Nonetheless, overall this story was non-alarmist and filled with details from the report. Again, however, it is unfortunate that contact information for those seeking advice or counselling was omitted from the story.

Not all news stories about community support are received positively, however, as a letter to the editor of the *Shepparton News* (14 April 2000) demonstrated. Headlined ‘Hurtful message’, the item argued that the headline of 5 April (‘War on suicide’) looked impressive, but ignored the fact that many people show no warning signs of suicide. The letter said:

Statements that ‘there are so many more who don’t (commit suicide) because somebody cared to help them’ are telling your readers that my son would still be alive if we, his parents, and his many friends, cared for him.

It is a life-long trauma for those who are directly affected. We too need understanding and these articles need to focus on helping the community remove the taboos and the stigma, not to foster and encourage their growth.

Metropolitan newspapers also regularly report on suicide, and mental health and illness, in feature stories, and much of the very best coverage of suicide can be found in these stories (for more on this see later in this report). A feature in the *Age* (first edition, 20 March 2000) focused on the elderly, but also examined a difference in opinion on approaches to suicide prevention. The headline to this useful feature read, ‘Dead wood. Youth suicide is a national issue. Suicide among the aged is not. Guess which is more common?’.

The lead set the tone and frame:

We don’t think about feeble, gentle grandfathers in cardigans and slippers killing themselves. Or, more precisely, we don’t think older people are capable of doing very much at all. That’s old age for you . . .

So whenever that taboo word ‘suicide’ is discussed publicly, rarely are the elderly mentioned, for most media, government and health services focus on the appalling youth suicide rate. Fair enough, we must not underestimate the importance of fighting this problem.

But the neglected group that rarely make the headlines are elderly men.

The feature, focused on the elderly, also examined the differing perspectives of Associate Professor Edmond Chia, University of Melbourne, and Professor Diego De Leo, Director of the Australian Institute for Suicide Research and Prevention. The debate was about where to focus suicide prevention campaigns, and the danger of emphasising suicide rates for one age group compared to another (see Case Study 3 in Blood & Putnis et al, 2001, for more information on statistics). Again, no contact information was included with this feature.

Arguably one the most watched television features about suicide during the study’s time frame was a segment on the National Nine network’s *60 Minutes* program, broadcast on 2 April 2000. Headlined, graphically, ‘The restless years’, the lead introduced by reporter Ellen Fanning said:

It’s a secret world, a world of frightened and confused young people and they don’t dare reveal their fears to their parents or to any adult for that matter. Day after day, we see the tragic consequences — teenagers who commit suicide, seemingly without warning. In fact, our youth suicide rate has doubled in the last 30 years. Tonight, we’ll try to answer the hardest question of all — why? With the help of Mission Australia, we brought together a group of 150 diverse young people and I’m sure you will be astonished at their deeply personal stories and their raw courage.

The dominant frame was secrecy, centred on interpersonal relationships and the taboo associated with discussing suicide. Young people ‘don’t dare reveal their fears’ and ‘commit suicide, seemingly without warning’. This frame positioned the program to focus on particular issues, as young people are positioned as ‘different’ and secret about their worst fears. Information supporting this frame was privileged over other information that could have been included in the program.

The format comprised a taped forum with Fanning directing questions at the audience of young people, a format very familiar to *60 Minutes* viewers. The audience included representatives from Mission Australia and the Rose Foundation. Fanning directed the discussion and on a couple of occasions asked the two experts for advice and comment. The entire segment was obviously edited tightly to fit within the dominant frame.

Fanning's questions also supported the frame of secrecy. She asked first about pressures at school and in daily life, homosexuality, what pushes people to suicide, gender differences in talking about suicidal ideation with other young people, why suicide is seen as the solution, and why young people talk mostly to their friends about their thoughts, rather than to parents, teachers and school counsellors. These latter groups, of course, are most likely to be regular watchers of *60 Minutes*, rather than young people.

The issue of betrayal in relationships was highlighted. A young man confided (to a national television audience) that his friend had secretly told him he wanted to kill himself. Should he betray his friend in seeking help?, he seemed to ask. The discussion was interspersed with two short, filmed narratives: the experiences of a young woman who worked on *60 Minutes*, and that of a young man training to be a rap singer.

The questions posed by Fanning, the questions the young people asked of each other in response to her agenda, and the news frame, defined the themes of the program: secrecy, interpersonal relationships, homosexuality and taboo. Toward the end of the segment, a young man revealed his homosexuality to the in-studio audience and Fanning asked whether he wanted this segment broadcast. He said he did, and his revelation was broadcast along with Fanning's request.

Even given the limited time frame, the end result was a somewhat superficial examination of suicide. At no time were suicidal risk factors actually discussed in full. The segment mentioned drugs (in passing) and talking about suicide, but did not indicate the signs to look for to the audience. The segment's concluding graphics included a telephone number for Kid's Help Line.

The companion quantitative analysis that accompanies this study shows that less than one per cent of all newspaper items on suicide comprised editorials, and that about 4.5 per cent of newspaper items were letters to the editor.

Editorials are focused on major issues such as the death of member of parliament Greg Wilton (see Case Study 1, in Blood & Putnis et al, 2001, for more on this topic). Typical editorials analysed such major events as the death of the 15-year-old Aboriginal boy in custody in the Northern Territory ('A cry from a child', *Sydney Morning Herald*, 18 September 2000), or the suicide of the young female police officer in Melbourne, one that focused on postnatal depression ('Don't suffer in silence', *Melbourne Weekly*, 11 February 2001). Statistical trend data on suicide also prompted an editorial (see Case Study 3 in Blood & Putnis et al, 2001, for the details).

Letters to the editor can be deeply personal. For example, a woman whose husband had died by suicide wrote in the *West Australian* (28 July 2000), 'How can anyone fully understand why someone would take their own life?' She continued, 'So many male suicides, females as well, come from broken marriages, custody battles, access visits and maintenance issues. I lost my husband to all of the above'. The headline of the letter read, 'Death was his only option'.

In another letter to the same newspaper, the woman wrote to complain of the term commit suicide (17 May 2000):

I have reluctantly and vividly traced every last step he took that night he left (he looked so handsome that night) and I can only conclude that he was dealing with immense pain . . . I implore the media and the public to reconsider its use of the term 'committed suicide' and replace it with 'died by suicide'. I speak for all of us who have lost loved ones in this way.

A letter from a family in the *Advertiser* in Adelaide (15 April 2000) asked for advice and support following the death of a brother. The newspaper provided information on how to contact advice and support groups, and on suggested reading materials.

In summary, both the metropolitan and non-metropolitan media do report many stories and features that focus on suicide risk factors and on help and advice services, and suicide prevention and communication campaigns. Often the impetus for the story is a report, the release of new data, or the announcement of a forthcoming event or new service for the community. Newspapers and broadcast media are performing a significant surveillance function in this regard.

In regional areas of the country, it appears that much coverage reflects the concerns of communities, health professionals and government. Unfortunately, far too many stories, especially in metropolitan newspapers, do not provide their readers with further information or contact information for advice or counselling services. As indicated above, while it may be unreasonable to expect radio news to include this contact information, it should be included in newspaper and television news, and in radio current affairs and talkback coverage. The demands on radio are taken up in the Conclusions of this study.

CHAPTER 5: MENTAL HEALTH AND ILLNESS — REPORTING AND PORTRAYAL

PREFERRED MENTAL ILLNESS MEDIA FRAMES

Media resource kits on the reporting and portrayal of mental health and illness are not as common as suicide resources. Many resources about reporting suicide also contain information about mental illness issues, as does *Achieving the Balance* (Penrose-Wall et al, 1999). In its Media Resource for the Reporting and Portrayal of Mental Illnesses, it sets out preferred journalistic practices, pointing to appropriate ways of framing news about mental illness.

In a similar manner to guidelines about reporting a person's race, the resource suggests first that editors and producers should ensure the headline makes links that are 'accurate and confirmed'. Editors are asked to consider whether a person's mental illness is so relevant to the story that it deserves a headline focus, and whether the illness contributes to the story in a significant way. These questions are critical to the choice of news media frames, as we have already seen.

Of paramount concern is the use of sensationalism or hype. The resource says that 'sensationalism and mental illness is a bad combination' because sensationalised, inflammatory headlines about mental illness can reinforce myths, and thus reduce the status of people with such illnesses, discouraging them from seeking help. It also advises that the tone of stories should not be unnecessarily dramatic or sensationalist in the use of language. For example, to refer to someone as a victim of mental illness, suffering with or afflicted by a mental illness sensationalises the issue.

Journalists and editors are advised to avoid language that implies mental illness is 'a life sentence'. For example, the resource says, 'to say a person is "schizophrenic" not only labels them but suggests the illness is inevitable, debilitating and permanent, when recovery may be possible'. The preferred description is that the person is currently being treated for schizophrenia (or a mental illness).

The resource advises that editors should use current and appropriate language in describing mental illness, saying 'Unknowingly, people can use language that reinforces stereotypes'. Journalists and editors are advised to refer to a person using a mental health service as a 'consumer' rather than a 'patient', reflecting the active and cooperative nature of treatments and services.

Negative, colloquial or outdated language should be avoided, the resource says. For example, it warns against these words: insane, lunatic, schizo, mad, crazies, maniac, looney bin and the use of mental home and mental patient. Recognising that these words may still be in use, the resource says, 'they perpetuate fear and discrimination when associated with, or when describing, people with a mental illness'.

It is also concerned with context: 'Using psychiatric and medical terminology out of context can create misunderstandings'. The examples given include 'psychotic dog' and 'schizophrenic city'. Such use, the resource says, is inaccurate and creates associations that can be harmful.

Reinforcing and perpetuating myths about mental illness is another concern. The pertinent question is whether a story suggests that people with a mental illness are inherently violent, unable to work, unpredictable, untrustworthy, weak or unable to get well. These are myths and should not be reinforced or perpetuated, the resource advises.

It also contains a warning to journalists and editors about language. Inaccurate and inappropriate reporting and portrayal of mental illness may lead to stigma, which can be 'one of the greatest barriers' for people with a mental illness.

Privacy issues are also important. Editors and journalists are urged to respect a person's right to privacy and ask themselves whether the fact that this person has a mental illness really enhances the story, and what the possible impact of disclosure might be on that person's life.

Editors and journalists are cautioned that not all mental illnesses are the same. Mental illness covers a wide range of conditions with a great variety of symptoms and effects on people's lives. Editors and journalists are told not to suggest that people with a mental illness are all alike or share the same experiences.

Finally, the resource gives advice on interviewing a person with a mental illness and urges editors and journalists to include phone numbers and contact details of local help services, or mental health referral services, at the end of a story. The resource says, 'this is particularly important if the story has distressed them or prompted thoughts of suicide'.

The suggested guidelines are distinctly different to those commonly promoted for the reporting and portrayal of suicide in that the central concern is about media representations over the longer time frame. The issue is that inappropriate and inaccurate reporting, especially inaccurate and negative stereotyping, over the longer term may lead audiences into accepting particular interpretations of mental illness, such as, for example, seeing all people with schizophrenia as violent and dangerous.

FRAMING MENTAL HEALTH AND ILLNESS

The Glasgow Media Group study of mental health in the United Kingdom (Philo, 1996) and research by Hazelton (1997) informs these examinations of mental health and illness in the Australian media. Hazelton examined mental health and mental illness stories in the *Australian* and the *Launceston Examiner* throughout 1994 to determine how media messages are constructed and portrayed in the print media. The study asked: what stories are covered both nationally and regionally, how are stories typically framed, what points of view are canvassed, and what political and social issues are ignored or under-represented?

Hazelton identified several dominant interpretive frames in these stories: the bizarre and curious, medical-scientific marvels, moral tales, disorder, crisis and risk (especially depicting the mentally ill as dangerous others) and lay wisdoms and commonsense remedies. Based on this discourse analysis, Hazelton argued that media coverage tends to conform to a set of readily identifiable framing strategies that draw on standard and predictable narratives, discourses, and preferred images. These dominant framing devices may lead audiences into certain interpretations of mental health and mental illness issues such as, for example, seeing people with schizophrenia as 'dangerous others'.

The companion quantitative study in this volume shows that newspaper coverage of mental health and illness comprised about 77 per cent of all newspaper reports on suicide, mental health and illness. For television, mental health and illness accounted for about 66 per cent and for radio about 71 per cent. Overall, the coverage of mental health and illness is extensive compared to suicide coverage, and to mental health and illness and suicide combined coverage. News reports dominate coverage of mental health and illness: 82 per cent for newspapers, 80 per cent for television, and about 40 per cent for radio. Current affairs coverage is significant for television and for radio. For radio, these data also reflect the greater frequency of news bulletins and the prevalence of various forms of current affairs and talkback programming.

MENTAL ILLNESS AS VIOLENCE: THE POLICE AND THE COURTS

This study shows that the most problematic type of news coverage of mental illness results from information collected at courts and coroner's courts, or from the police. The earlier discussion of journalistic routines and news organisational imperatives in covering suicide also applies to reports on mental illness.

The quantitative study indicates that 'individual experiences' account for about 20 per cent of all mental health and illness newspaper stories. Most of these stories are sourced to the courts, police or emergency services.

Typically, news stories and features are sourced to the newspaper's own reporter, representing investment by the news organisation in covering these 'events'. Crime or police news, and court information, is easily accessible by journalists and editors and can be planned for in advance. As we have already seen, information selected in the form of direct quotes from court testimony is privileged information, and can be reported with impunity despite its often horrific and intimate nature.

The police and emergency services are important sources for most news organisations. Information is accessible and easily captured, timely, often dramatic, and familiar to print and broadcast audiences. A police comment, on or off the record (police source) is authoritative information and a source easily seen as such by audiences. As with suicide coverage, news from courts, coroner's courts, the police and emergency services is viewed as having high human or dramatic interest by editors.

The quantitative study did not categorise most headlines and broadcast leads as sensationalised, but about 29 per cent of all mental illness headlines and story contents were found to be unnecessarily dramatic or containing sensational language. This qualitative study shows that many of these stories can be sourced to police or the courts.

The following story, which appeared in the *Age* (29 April 2000), illustrates the power and ramifications of devices used by the media to frame mental illness. The headline read: 'Unprovoked rage led to death'.

News discourse, as discussed above, is structured in terms of frames, because it involves simplifying a complex set of 'facts' and making it into a coherent story (Ericson et al, 1989). When the facts or

circumstances of an event do not suggest an obvious single frame, the journalist may choose between possible frames by taking a particular line, or emphasising one aspect or reading of the situation. This choice, as we have seen, is usually evident in the headline and lead, or broadcast lead. Often the choice of frame is guided by the wish to dramatise, that is, to maximise the news value of the story. Such an approach can, however, lead to the highlighting of just those aspects of a story that promote community fear of particular groups, such as the mentally ill.

We can see very clear traces of this process, including evidence of decisions made by the journalist about emphasis in this story in the *Age*. It was a story that reported Western Australian court proceedings leading to the conviction and sentencing of Gregory Lee White for murdering his wife. In this case, White had claimed that he had no memory of the brutal murder, and that he had had no control over his actions. However, he had recalled that he had woken on the morning of the murder in an inexplicable, absolute rage such as he had never experienced before.

A psychiatric report was submitted to the court stating that White was suffering from severe depression. White claimed that later he had surmised that he must have committed the murder and that he now feared his own capabilities. He sought a single prison cell saying, '[I] could no longer place anyone else at risk and I couldn't live with the thought that I had killed and I might kill again'.

For the *Age*, the story rated prominent treatment, with 31 paragraphs over three columns. However, more significant than the prominence was the way the *Age* journalist chose to frame the story. Based on evidence in the story itself, it is possible to see that there were at least two ways of framing this story. One frame could emphasise the criminal's sensational account of events, which would lead to a story that played on community fear about uncontrollable violent forces unleashed by mental illness. The second frame could emphasise the summing up of the presiding justice, Justice Murray.

The *Age* chose the first frame and Justice Murray's summing up was relegated to the last two of the 31 paragraphs:

Justice Murray said the victim impact statements showed how such crime destroyed and damaged so many lives.

'Many people have expressed their sense of bewilderment and betrayal as a result of your deceptive portrayal of yourself as an innocent victim', he said.

We were also told that:

Justice Murray rejected White's claim he deserved to be locked up for life to ensure he could not kill again, but said a sentence of strict security life with a minimum of 20 years would reflect the gravity of the case.

Despite Justice Murray's assessment, the *Age* gave massive prominence (and credibility) to White's self-justificatory account. The dual headlines, 'Unprovoked rage led to death' and 'Prisoner in solitary confinement to avoid another tragedy', neither of which, incidentally, was placed in quotation marks to suggest that it represented a particular view, support White's version. The selected frame is even more evident in the opening paragraphs:

Gregory Lee White is happy to be locked in a single prison cell where he knows he cannot kill again. For months before he was arrested he was terrified to sleep in case he woke in an unprovoked rage and struck out again, as he did the night he bashed his wife to death.

The story went on to describe the various stages of the bashing, the weapons used (first a tyre lever and later a 1.8-kilogram wrench) and the injuries inflicted in graphic detail, all still framed within White's appeal for sympathy: 'I killed the only person that I have ever loved'.

A generous interpretation of this framing might suggest that the journalist felt it important that the reader understand White as a mentally ill person but, given Justice Murray's remarks, this would appear disingenuous. It is more likely that the criminal's perspective was simply seen as more newsworthy — more dramatic, of greater human interest and more emotional — than Justice Murray's summation. And, after all, there appeared to be enough in the actual court proceedings to allow such a line, even if a selective reading of that material may have been involved.

Why, one can ask, was the chosen frame so newsworthy? While purporting to show understanding of an individual, the story in fact played on a theme unfortunately all too familiar to readers — community fear of mental illness. In promoting White's characterisation of himself as a victim, while at the same time describing his crimes in the most graphic detail, the story also promoted an association of mental illness and violence in an especially damaging way. The story seemed designed to evoke in the reader a sense of horror and helplessness at the spectre of an irrational world in which uncontrollable, destructive forces can suddenly erupt. This vision is associated with mental illness and depression.

Of course, it is a matter of record that a psychiatric report was submitted to the court stating that White was suffering from depression. Importantly, however, it is the framing and structure of the story itself (that is, the way the story is reported and portrayed, not just the court proceedings as such) that cement the association between depressive illness and a particularly brutal murder. How different would the story have been if it had led with Justice Murray's tempered assessment of the matter?

The *Adelaide Advertiser's* (27 April 2000) framing of this story was clearly signalled in the banner headline: 'Normal bloke who turned killer. Businessman jailed for life over loving wife's killing'. The lead said that Greg (not Gregory) White was a successful businessman, with 'a loving wife' and young son, when 'he turned killer'. White, the story said, was 'suffering from an undiagnosed depressive state'. We learned that he was 'just a normal average bloke who snapped'. He is Greg, a bloke, not Gregory Lee White.

This story did not include Justice Murray's summing up, which was reported in the *Age*, but readers did learn early in the story that White could not 'bear the thought' that he might be capable of another murder and wanted to be kept in a single cell. The headline, lead paragraphs, and the content of the story privileged a particular meaning of the murder and the court proceedings: this was brutal murder, committed by a man with severe depression, who knows he might kill again, and he was just a normal bloke who snapped.

Similarly, the *West Australian* (27 April 2000) headlined its front-page report, 'In cold blood. "I just kept hitting and hitting and could not stop"'. Coverage in the same issue of the newspaper in later pages was headlined, 'Killer happy in single cell' and 'An ideal family . . . until he exploded'.

The lead told readers that White 'bludgeoned his wife to death after he awoke in a violent rage for no apparent reason'. They learned that he used two tyre levers and a heavy wrench in the attack and that he twice made sure she was dead. The newspaper said that the murder was described in court as 'out of the blue and without motive', but a psychiatric report said White was 'suffering from severe depression, which went undiagnosed'. In the follow-up story inside the newspaper, readers were told that White's defence lawyer believed the tragedy might have been averted if White's depression had been recognised and treated. They were also told that Mrs White's injuries included jaw and skull fractures, a crushed larynx, facial cuts and a fracture and bruises to her forearms, and her teeth were knocked out. There was no mention of Justice Murray's summation. The *West Australian* constructed a direct relationship between uncontrollable violence and mental illness with this frame.

The purpose of these analyses has been to demonstrate once again that there is choice in the framing of stories. The choice is not a matter of accuracy or objectivity. In this story the choice involved selecting the news angle or frame that was deemed most newsworthy. In these examples, the chosen frame is also the one most damaging to community understanding of mental illness.

To further illustrate these observations, we examine a New South Wales Supreme Court hearing that attracted national media attention. In July 2000, Justice Graham Barr, in the Supreme Court, decided a case that involved a young woman who had been forced to give up her baby son for adoption because of her parents' strict religious background and family values. She had been diagnosed with depression and postnatal depression. Previously, after a failed relationship with a young Sydney man, she had attempted suicide. Later she found she was pregnant and had tried to hide this from her family.

In February 1999, she kidnapped her son while on an access visit to his foster parents, who were soon to formally adopt the baby. Reportedly, she impulsively stabbed the toddler to death after he called her mummy for the first time. Examples of newspaper headlines for this story during the court proceedings included:

Baby James called woman mummy. Then she killed her son.
[*Daily Telegraph*, 4 July 2000]

Baby killer's parents told her to give up son: lawyer
[*Australian*, 5 July 2000]

Woman killed her son after strict family hid pregnancy
[*West Australian*, 5 July 2000]

Mother forced to give up baby. A pregnancy was kept secret, a court hears.
[*Age*, Victorian edition, 5 July 2000].

The judgement was reported by all metropolitan newspapers, and some regional press, whose headlines included:

Stabbed toddler's mother freed: judge cites life of pain
[*Age*, Victorian edition, 7 July 2000]

Judge lets killer mum walk free
[*Herald Sun*, first edition, 7 July 2000]

Freedom for the mum who killed her son
[*Advertiser*, Adelaide, 7 July 2000]

Mother who killed baby walks free
[*Australian*, first edition, 7 July 2000]

No jail for mother who killed in a state of crisis
[*Sydney Morning Herald*, 7 July 2000]

Suspended sentence after killing son
[*Canberra Times*, 7 July 2000]

Killer mum weeps as judge sets her free

and

Family values that cost a toddler his life
[*Courier Mail*, 7 July 2000]

Judge lets killer mum walk free
[*Mercury*, Hobart, 7 July 2000].

We note that, of the nine headlines reporting on the judgement on 7 July 2000, only three did not choose the 'woman is freed, or walks free', news frame. The *Canberra Times* set its frame by the highlighting 'suspended sentence' and the *Sydney Morning Herald* signalled to its readers 'no jail'. Of the nine headlines, five used a 'killer mum' or 'mother who killed' frame to accompany the 'woman is freed, or walks free' frame. The judgement, of course, did not free the woman; she received a suspended sentence, as the *Canberra Times* and the *Sydney Morning Herald* highlighted. As noted above in discussing another example on individual suicide, this news frame of the deviant, abnormal mother is familiar to audiences. In this case, it is not only a mother who has killed her toddler, but also a mother who has 'walked free', a fact most talkback radio programs highlighted.

Contrary to the dominant news frame of killer mum walks free, Justice Barr, in handing down a two-year suspended sentence, acknowledged the trauma the mother had experienced, the extraordinary relationship with her strict religious parents and family, and the anguish of denying her maternal love when the family forced her to give up her son. On talkback radio, the case and the judgement provoked considerable discussion. For example, in Melbourne, compere Derryn Hinch on 3AW (6 July 2000, 10.30 pm) reinforced the dominant frame in an interview with the woman's defence lawyer:

- [Hinch] The one thing here that still sticks in some people's craw — you're the lawyer and you've been there and been to the whole case — is you've still got to keep in mind that a 15-month-old baby is dead, stabbed to death by his mother, and she has walked free.
- [Lawyer] Oh, now she hasn't walked free. Don't be under any illusion that a suspended jail sentence is walking free.
- [Hinch] But it is virtually. What punishment, what penalty, is there?
- [Lawyer] She still has a suspended jail sentence over her head.
- [Hinch] So well, yeah. So she doesn't have another child to kill?
- [Lawyer] Oh, look, that's a bit harsh. No, she doesn't have another child. And, indeed, if the family had dealt with this a little bit better, and people had recognised her medical condition at the time, we wouldn't be here today — its happened and we must look at these cases with sympathy. What benefit is the community going to get by locking her up?
- [Hinch] Because punishment for a crime has to be seen — and some punishment, rehabilitation, I grant you, is not huge in jail. But suddenly if somebody kills a child, whether it be your client or somebody else, the community expects some form of punishment, and the legal punishment there for this person, with a suspended jail sentence, is virtually non-existent.
- [Lawyer] I don't agree with you.
- [Hinch] I mean, what can she . . . I presume she is home in her bed tonight.
- [Lawyer] I don't know whether she came back.
- [Hinch] Legally that's where she could be, legally she could be.
- [Lawyer] Legally, she can do what she likes.
- [Hinch] That's what I'm saying. So, what punishment is involved in the two-year suspended sentence?
- [Lawyer] Well, here's someone who has been processed by the criminal justice system, as you know so well.
- [Hinch] Yes I do.

[Lawyer] And she has got a penalty hanging over her head for two years.

[Hinch] But in what way does that hurt her in any manner or form? The news tonight is that she's going back to run the newsagency. Her child is dead. What punishment is there hanging over her head?

[Lawyer] You put it too simplistically. This is more a medical case than a legal case.

'Killer mum' and even 'mother killer' are common media labels in some newspapers. Two stories, unrelated to this court judgement, are good examples: 'Mother killer to be freed today' (*Advocate*, Burnie, 15 September 2000) and 'Judge frees killer mum' in the *Hobart Mercury* (15 September 2000). The first case involved a man who killed his mother in 1987 because he believed 'she was an evil goddess'. The latter involved 'a mother who was declared insane two and a half years ago'.

In contrast to this dominant news frame, the *Daily Telegraph* in Sydney told its readers that compassion and justice do mix. In an editorial titled 'Compassion a part of true justice' (7 July 2000), the newspaper said, 'Courts are often criticised for lenient sentences, but in this case the correct decision has been made'.

The next day, the *Sydney Morning Herald* (8 July 2000) set a fascinating precedent by devoting two pages to the judgement. 'Death in the family' was an edited extract from Justice Graham Barr's written decision, which discusses why he did not send the woman to jail. This edited record concluded with a website address to enable readers to access the full judgement report. Extending this precedent to other court reporting could be extremely useful.

The following examples illustrate further the link between mental illness and violence, as evidenced by news frames. All stories were sourced either to court proceedings or the police.

- Man 'too violent' for hospital ward
A man described as being too violent to be held in the psychiatric section of the Albury Base Hospital had escaped just 20 minutes after being taken there on Wednesday evening and later knifed himself in the chest.
[*Border Mail*, Albury-Wodonga, 12 May 2000]
 - Prison for man who killed violent son
A loving father who killed his 31-year-old paranoid schizophrenic son — once the 'apple of his eye' — was jailed yesterday by a Victorian Supreme Court judge for a minimum of four years.
[*Age*, national edition, 13 May 2000]
- Father, 60, jailed for killing his son
A 60-year-old man who stabbed his paranoid schizophrenic son to death was yesterday jailed for a minimum of two years.
[*Herald Sun*, 13 May 2000]

- Family terror
A Croydon family is considering legal action against Maroondah Hospital after months of harassment from a psychiatric patient.
[*Maroondah Mail*, 18 April 2000]
 - Bedding shortage fears for violent patients
Adelaide's hospitals will run out of beds soon for dangerous mental patients, the Australian Nurses Federation has warned.
[*Advertiser*, Adelaide, 14 July 2000]
 - Gunman a psychopath, says top cop: Give yourself up plea to 'Jesse James' after three police shot
Brisbane: Police were searching last night for a gunman who calls himself Jesse James after he shot three police officers.
[*West Australian*, 2 May 2000]
- Psychopath on the rampage: woman officer blasted 12 times
[*Daily Telegraph*, 2 May 2000]
- Family plea to 'lunatic' shooter
[*Australian*, first edition, 2 May 2000]
- Residents on Brisbane's inner northside are trying to go about their business today while heavily-armed police officers scour the area for a man described by Queensland's Police Commissioner as a psychopath. Jason Rawlings reports from the suburb of Chermside, where police are looking for a 32-year-old man wanted in relation to the shooting of three officers this morning.
[4QR news, 2.00 pm, 1 May 2000]
- Cot fire mum 'incapable'
[*West Australian*, 4 May 2000]
- Judge jails fire mum
[*Herald Sun*, 6 May 2000]
- Psychiatric patients accused of drug deals
[*Courier Mail*, 6 May 2000]
 - Killer was on 'drug cocktail'
[*Age*, Victorian edition, 11 May 2000]
 - Patient terrorises workers
Workers locked themselves inside Eastwood offices yesterday when an armed psychiatric patient being chased by police ran into their building.

Wielding scissors, the man charged into the Unilever office block at lunchtime and told workers he was going to make a bomb with cleaning products.

[*Advertiser*, Adelaide, 20 May 2000]

- Police have cordoned off a street in Paralowie in Adelaide’s northern suburbs. They say a man suffering a mental health problem is causing a disturbance in Jessie Street. They say he isn’t a danger to the public, but police want to detain him for medical treatment.
[5AA news, 2.00 pm, 21 August 2000]
- A nursing home and psychiatric hostel supervisor has told a Brisbane inquest that the Princess Alexandria Hospital refused to give relevant histories of patients it wanted to transfer there.

The inquest into the deaths of a 42-year-old schizophrenic at Mount Gravatt’s Green Meadow Court Home has resumed in the Coroner’s Court.

[612 ABC news, Brisbane, noon, 3 August 2000]

- Police are now expecting a woman whose baby daughter died in an attempted murder–suicide at Wyee to remain in hospital for another night. Detectives had been hoping the woman would be released this afternoon so she could be formally interviewed in relation to yesterday’s incident in which a 20-month old girl died.
[2HD, 4.00 pm, 8 February 2001]
- A Warilla teenager accused of murdering a teacher and stabbing her mother has been declared unfit to stand trial. In January of last year, the sixteen-year-old girl is alleged to have pinned her mother to the ground and repeatedly stabbed her. Six months later, it’s alleged she attacked TAFE cooking teacher Scott Bremner, killing him with a stab wound to the back. New South Wales Supreme Court has heard the former State ward was unable to instruct solicitors and would not understand evidence against her and so could not stand trial. She’s been referred on to the Mental Health Tribunal.
[Wave FM news, 7.00 am, 15 November 2000]
- A classic ‘psycho’ devoid of remorse
Convicted child killer and serial rapist Leonard John Fraser had been assessed as a ‘classic psychopath with no conscience’, a psychiatric report reveals.
[*Courier Mail*, 8 September 2000]
- Row over freed mental patients
Health Minister Wendy Edmond has been urged to punish hospital bosses who set free dangerous mental patients who murder, rape and rob after release.
[*Sunday Mail*, Brisbane, 9 July 2000]

The Big Story. A young man with a history of violence, under psychiatric care since he was 13, and in and out of mental hospitals for 10 years, was released back into the community despite pleas — including one from his own father — to keep him locked up. Within months, he had murdered a young mother. Why were the warnings ignored? [Sunday Mail, Brisbane, 9 July 2000].

In summary, all of these stories were treated as separate events with little understanding of the broader context of mental health and illness in Australia. Most stories focused on violence, and many included graphic images of violence. The dominant frames are clearly discernible and echo, in part, the patterns identified by Hazelton (1997) in his discourse analysis, and the themes in the Glasgow Media Group's study (Philo, 1996). Distinctive news frames of violence, horror, alarmist imagery, deviance, risk, fear and crisis can be identified. These framing devices are not only identified in major Australian newspapers and broadcast media, but also appear in regional news.

While news stories emanating from court proceedings and the police relate to specific and relatively rare circumstances, audiences are likely to draw from them general inferences about mentally ill people and the risk that they might pose to the community. The specific ways in which the media label or categorise individuals or groups within our society may have serious ramifications (Lupton, 1999). The labelling or stereotyping process is primarily determined by the way events are framed by the media. In other words, depending upon the framing devices used, specific news stories of extreme or rare cases, such as those linking mental illness to violence, can stigmatise all mental illness as such, and generate fear of mentally ill people in the community.

Part of the problem is the reality that there have been cases where mental illness has led to violence and even murder. Court proceedings themselves, from which media reports are derived, are testimony to this fact and, clearly, news fulfils an important societal function in bringing these cases onto the public agenda.

However, editors and journalists must strive to achieve a balance between societal significance — respecting the public's right to know — and the individual rights of the mentally ill person. The critical questions for editors and journalists, as *Achieving the Balance* advises, centre on the relationships between the mental illness and the incident. Editors must seriously consider whether a person's mental illness is significantly relevant to the story, whether the mental illness warrants headline or broadcast lead prominence, and whether the fact of the mental illness actually contributes to the story in a significant way.

The positions of the editor and the mentally ill person are also relevant considerations, because most mentally ill people do not hold positions of power compared to newspaper or broadcast news editors. Editors and broadcast producers should be aware of the potential for misuse of that power, and of the vulnerability of those who see themselves, or who are, in relatively powerless positions. This may be more important for some metropolitan editors and producers in larger cities, who are more distant from their audiences than regional or country newspaper editors and producers in smaller towns.

Normally, this type of reporting does not include contact details for audiences seeking information about mental health services.

MENTAL ILLNESS AS OFF-BEAT AND BIZARRE

As mentioned, this study identified newspaper and broadcast news that is framed by its off-beat, curious or bizarre character. Such framing devices, of course, have the potential to be particularly offensive to consumers and mental health professionals and carers, especially when they use a demeaning tone, trivialise important issues, or marginalise individuals or groups.

Many of these problematic stories are made into news precisely because of the off-beat, curious and bizarre frame chosen for the story, from all the possible frames that could be applied to the information available to journalists. Many of these stories can also be sourced to the courts or the police. It might be argued that some of these stories would not have been judged newsworthy or, at least, not have been given as much prominence, but for the frame chosen.

For example, Melbourne's *Herald Sun* (second edition, 5 May 2000) inappropriately attempted humour in reporting a neighbourhood dispute in St Kilda that ended up in court. The headline read. 'Fowl play a fine offence'. The lead said,

A neighborhood dispute boiled over when a man annoyed his neighbors by clucking like a chicken at their doors, a court heard.

Fred Hunter, 45, caused a flap among the residents of his St Kilda apartment block after he bothered and scared several neighbors with his fowl behavior.

In the sixth paragraph of the story, readers learned that Mr Hunter was taken by police for psychiatric assessment and, finally, in the second last paragraph, that he suffered from a psychiatric disorder. What public interest is served by this story? On the grounds of decency alone, this story should not have been reported in this manner.

The so-called 'depression case' in Sydney is another example of a situation that received national coverage and prompted much talkback radio discussion. The story involved a masseuse who sued her employer, the Blue Mountains Women's Health Centre, because of depression suffered as a result of her work, and the lack of training she received for dealing with the problem. She complained that her stress resulted from listening to customers who told her of their problems. The headlines signalled the framing devices used, as did their plays on words.

Masseuse found work depressing
[*Herald Sun*, first edition, 26 May 2000]

Pain rubs off: masseuse sues
[*Australian*, 26 May 2000]

Masseuse says sad stories rubbed off on her
[*Sydney Morning Herald*, 26 May 2000]

Masseuse awarded \$26,000
[*Australian*, 20 June 2000]

\$26,000 payout for whingeing: clients depressed masseuse
[*Daily Telegraph*, 20 June 2000]

Whingeing comes at a cost to everyone
The dubious stress counselling industry has been given a giant if depressing boost by Judge Harry Bell.
[Piers Akerman column, *Daily Telegraph*, 20 June 2000].

In contrast, the *Canberra Times* reported the story in its 'In brief' news column in two paragraphs (20 June 2000). The *Australian's* initial coverage of the court proceedings ('Pain rubs off') also contrasted with its straight account of the verdict ('Masseuse awarded \$26,000').

Some stories, usually reported from courts, gain additional prominence, and national attention by news agencies, because of the seemingly bizarre frame, usually taken from court testimony or comments by a judge. For example:

A Central Coast man who believed he was the reincarnation of Jesus has been found not guilty of murdering a four-year-old girl. Thirty-nine-year old William Charles McGarritty was charged with murdering Jessica Gallagher at San Remo earlier this year.

The Sydney Supreme Court judge last week indicated how he would find McGarritty not guilty on the grounds of mental illness, that decision handed down today.
[2GO news, 10.00 am, 21 November 2000].

The *Canberra Times* (18 November 2000) also covered this court proceeding. The headline and lead read:

Mentally ill man 'killed lover's child'
Sydney: A mentally ill man who convinced his lover he was Jesus killed her four-year-old daughter with a sword and scalding bath water, a judge was told yesterday.

The *Herald Sun* in Melbourne reported an intriguing headline in August: 'G-string man on brothel roof (17 August 2000). The story was about a psychiatric nurse who said he suffered panic attacks, who had been charged with 'swiping a sex worker's G-string'. The story says the man denied 'taking off with the saucy souvenir'. The case was adjourned for a hearing the following month. This study could not find any follow-up report by the newspaper.

Another example involved the death of a young boy aged three who was killed by his mother, who was subsequently being treated for her mental illness. The *Herald Sun* (25 May 2000) reported:

Mum killed 'devil' tot in exorcism
A deluded woman who killed her toddler son because she believed he was possessed by the devil has been found not guilty of manslaughter.

A verdict in the New South Wales Supreme Court, involving a man who had killed his father, provided another example of the newsworthiness of the bizarre. The *Age* (national edition, 29 June 2000) offered a straightforward account of the verdict:

Son not guilty of father's murder

A mentally ill man was yesterday found not guilty of the murder of his father and detained in an institution indefinitely.

In a case, described by Justice Greg James in the New South Wales Supreme Court as 'the most appalling tragedy', the man, who believed he was an alien due to be picked by a spaceship, killed his father and his dog by repeatedly stabbing them.

The *Daily Telegraph* (29 June 2000) headlined its story, "'Alien" son kills father. Judge rules man insane'. Similarly, the *West Australian* reported (1 July 2000) that the 'Killer thought he was an alien'. The *Northern Territory News* (29 June 2000) also reported this court proceeding: "'Alien" killed dad and dog'.

Even the *Kalgoorlie Miner* (29 June 2000) picked up the story from a news agency report:

Mentally ill son killed his father and dog

Sydney. A mentally ill man who believed he was an alien due to be picked up by a spaceship killed his father and his faithful dog by repeatedly stabbing them, a judge said yesterday.

The issue is not whether the story should be reported, but whether the frame, and the choice of words in the lead are appropriate. In contrast to these reports, the *Mercury* in Hobart (18 April 2000) made an interesting choice of news frame for another story. It involved a man who assaulted a woman and forced her to drive from Launceston to Lilydale. The man told the woman he was Jesus Christ and he had granted her eternal life. Both the prosecution and the defence agreed that the man should be sentenced under the state's new *Criminal Justice (Mental Impairment) Act 1999*. There were clear choices for the editor and the journalist in framing this story, and the lead read:

Historic sentence for insane assault

A man who assaulted a woman and forced her to drive from Launceston to Lilydale will become the first person in Tasmania sentenced under the Justice Mental Impairment Act 1999.

INAPPROPRIATE LANGUAGE IN DESCRIBING MENTAL ILLNESS

Achieving the Balance (Penrose-Wall et al, 1999) is explicit about the inappropriate use of language. Remember that the resource advises that sensationalised, inflammatory headlines or broadcast leads about mental illness can reinforce myths and thus reduce the status of people with illnesses and discourage them from seeking help. It also advises that the tone of stories should not be unnecessarily dramatic or sensationalist in the use of language. For example, to refer to someone as a victim of mental illness, suffering with or afflicted by a mental illness, sensationalises the issue. It recommends that current and appropriate language be used to describe mental illness. To reflect the 'active and cooperative nature of treatments', it also advises editors and journalists to refer to a person using a mental health service as a consumer rather than a patient.

The resource also says that context is paramount, and journalists and editors should not use psychiatric and medical terminology out of context, such as in the phrases 'psychotic dog' and 'schizophrenic city'. Such use, the resource says, is inaccurate and creates associations that can be harmful.

The examples above, analysing court and police reporting and bizarre frames, clearly identify inappropriate language, and inappropriate contextual use of language. Some examples that might be contested include 'paranoid schizophrenic son', 'dangerous mental patients', 'gunman a psychopath', 'psychopath on the rampage', 'family plea to "lunatic" shooter', 'patient terrorises workers' and '52-year-old schizophrenic'.

The reference to 'gunman a psychopath' was taken from the words of Queensland's Police Commissioner, used in detailing the shooting of three police officers in Brisbane in May 2000. The commissioner was criticised for this usage, and Professor Paul Wilson, Chair of Criminology at Bond University, wrote in his *Courier Mail* column (9 May 2000):

Not all violent criminals are psychopaths and not all psychopaths are criminals. Indeed, there are many psychopaths in business, the law, politics and other professions who may never have committed a crime but have all the characteristics of a psychopathic personality.

Overall, the results of the companion quantitative study suggest that language usage is of concern, but that only about 20 per cent of items on mental illness could be classified as using inappropriate language. This study will explore that further in two ways.

First, much of the inappropriate use of language, and inappropriate contextual usage, involved the reporting and portrayal of mental illness in court proceedings and police investigations. These stories, as noted, tended to receive prominence in the media and often prompted radio talkback discussions, increasing public awareness of the issue and the language associated with it. Additionally, as this study has demonstrated, it was the choice of news frames, coupled with that inappropriate language, which privileged a particular view of the mentally ill as dangerous 'others'.

Second, the companion quantitative study examined only news and information stories about suicide and mental health and illness identified by Media Monitors. Inappropriate language about mental illness can be identified in other types of news and current affairs reporting. To illustrate these observations, this qualitative study identified examples of inappropriate language about mental illness in three highly regarded newspapers: the *Canberra Times*, the *Australian Financial Review*, and the *Sydney Morning Herald*. The following examples illustrate the issues.

A film reviewer for the *Canberra Times* reinforced the stigmatisation of mental illness in Jim Carrey's controversial film, *Me, Myself and Irene*:

Some of Carrey's characters have been living contradictions, a lawyer compelled to tell the truth for a day, a man whose personal life is a television serial, a minor comedian who people loved and loathed, a schizophrenic nice one moment but nasty the next. [*Canberra Times*, 12 February 2001].

A commentary in the same newspaper on the introduction of the then new GST legislation made a similar error and used psychiatric terminology out of context:

I don't know about you, but over the weekend I seemed to have experienced both a remarkable sense of déjà vu and, at the same time, a case of schizophrenia. Watching TV and reading the print media, I found myself reliving the first two days of January 2000, rather than the first two days of July. Instead of Y2K, however, the focus of the media coverage for the weekend was the start of the GST. [*Canberra Times*, 7 May 2000].

In 'Weekend review' in the *Australian Financial Review*, Peter Holbrook wrote about *Elizabeth 1: Collected Works* (and *New Worlds, Lost Worlds: The Rule of the Tudors*) and said, 'Royal propaganda was schizophrenic: her subjects adored her, malcontents abounded (2 March 2001).

In 'Sporting life' in the *Sydney Morning Herald*, writer Alan Kennedy reported that 'Moffett peddles positive message', and said (21 February 2001), 'He is also one of those schizophrenic Sydneysiders who while playing one code of football, maintained an interest in another'. Sebastian Smee, also in the *Sydney Morning Herald*, reported on vacations and travel in Sweden:

Niggling tensions between the Swedes and the Danes have, of course, existed for centuries, although they used to have bloodier outcomes. The rivalry, and a pinch of cultural schizophrenia, can be felt most strongly in the south of Sweden, which has spent most of the past millennium under Danish control. [*Sydney Morning Herald*, 20 January 2001]

Case Study 5 (in Blood & Putnis et al, 2001) examines this issue in a more systematic manner.

In May 2000 there was national news coverage of a study by researchers at the Australian National University (ANU) about memory loss during pregnancy. The *Sunday Telegraph* (28 May 2000) headlined its story, 'Pregnancy memory loss a myth, new test shows'. The story was a straightforward account of the research, which debunks the myth about memory loss during pregnancy. In contrast, the headline in the *Northern Territory News* (25 May 2000) read, 'Pregnant women don't lose their marbles: study'.

The *Canberra Times* (25 May 2000) took a similar frame with its headline, ‘ANU team debunks myth that pregnant women lose marbles’. The *Advertiser* in Adelaide followed the *Sunday Telegraph* in giving readers a straightforward account of the new research, without mentioning the phrase ‘losing their marbles’. Most of the regional press did likewise, and not every story on this research included the following direct quote attributed to Dr Helen Christensen of the ANU’s Centre for Mental Health Research:

It’s good to knock on the head the overriding impression that women lose their marbles when they get pregnant.
[*Northern Territory News*, 25 May 2000, and *Canberra Times*, 25 May 2000].

It would be useful to interview editors about this story and their choice of the news frame.

In summary, inappropriate language is a central concern in the reporting and portrayal of mental illness. Language use in news stories drawn from court proceedings and police reports is of particular concern. Coupled with particular framing devices, inappropriate language may contribute to the stigma associated with mental illness. While a minority of news stories were identified by the companion quantitative study as exhibiting inappropriate language, this study has extended this examination to include stories not centred on suicide, mental health and illness. It is possible to identify inappropriate language about mental illness in a variety of news types, and especially the inappropriate contextual use of the word schizophrenia.

MENTAL ILLNESS AS CELEBRITY ILLNESS

This study has identified a significant number of news stories and features that are framed by the principal actor in the news — a celebrity. For the most part, these stories and features position mental health issues in a positive light, in that the news offers advice and help through the use of the celebrity as a role model. If, for example, nationally known actor Garry McDonald talks publicly about depression, then all of us are encouraged to join in a meaningful discussion.

The celebrity is often used as part of a campaign to destigmatise depression, schizophrenia and other mental illnesses. Newspaper stories, features and broadcast coverage has included:

- former Victorian Premier, Jeff Kennett, especially on his role for the National Depression Initiative;
- the late rugby football player, Peter Jackson;
- actor, Garry McDonald;
- fishing television personality, Rex Hunt, and his wife, Lynne;
- former South African cricket captain, Hansie Cronje;
- singer, Kim Collins; and
- Victorian Australian rules football player, Gary Ablett.

For example, ‘Actor champions depression’ (*Illawarra Mercury*, 10 July 2000) and ‘Actor joins high profile board to fight depression’ (*Geelong Advertiser*, 10 July 2000) reported on actor Garry McDonald’s appointment to the federal government’s National Depression Initiative, beyondblue, headed by former Victorian Premier, Jeff Kennett. Similar stories were reported by metropolitan newspapers. For example:

Star in push to remove stigma of depression
[*Age*, Victorian edition, 10 July 2000]

Stars sign up to battle the blues
[*Australian*, first edition, 10 July 2000]

Stars to tackle anxiety
[*Herald Sun*, 10 July 2000].

The appointment of Jeff Kennett to head beyondblue resulted in national coverage. Initially, comment and some talkback radio discussion focused on Mr Kennett’s salary and expenses. However, the impact of the initiative and its announcement, including the appointment of the beyondblue board, signalled more emphasis on depression in news and features, and talkback discussion. The following examples give an indication of the dominant news frames that operated in these stories.

Kennett on \$1900 a day for health job
[*Age*, Victorian edition, 25 May 2000]

\$1900-a-day Kennett fee the hidden cost of depression
[*Australian*, first edition, 25 May 2000]

Kennett paid \$1900 a day
[*Herald Sun*, first edition, 25 May 2000]

Former Victorian Premier Jeff Kennett says removing the stigma from depression will help more male sufferers come forward to seek treatment. One in five Australians suffer from the illness but fewer than half receives help.
[2UE news, 8.00 pm, 28 February 2001]

Finding a way out of depression
[*Australian Financial Review*, 7 September 2000]

Depression tie to drink, drugs
[*Weekend Australian*, 2 September 2000]

Kennett sees depression tome in every home

A straightforward resource book to help the community understand depression should be distributed to every household, former premier Jeff Kennett said yesterday.

[*Age*, national edition, 8 August 2000]

A new book has been launched to help raise public awareness of depression. The book, *Understanding Depression*, will be sent to health professionals and the federal government is considering distributing it to households.

[612 ABC news, Brisbane, 7.00 pm, 7 August 2000]

Destigmatising depression

[*Advocate*, Burnie, 10 July 2000].

Opportunities do exist in some of these stories to include information for readers about the availability of mental health services in the community, and how to access these services. This point seems especially pertinent for feature stories on depression, most of which do not contain this information.

Often stories featuring celebrities are more revealing. For example:

- Hunt's black mood anguish
Football and fishing guru Rex Hunt has revealed he is seeing a psychiatrist over his wife's manic depression.

Hunt said yesterday he found it hard to cope with wife Lynne's extreme mood swings.

[*Herald Sun*, first edition, 21 March 2000]

- My life's in crisis. Gary Ablett treated at drug and depression centre
Former AFL star Gary Ablett has spent three weeks at a drug and depression rehabilitation clinic.

[*Herald Sun*, first edition, 19 April 2000]

A legend's fall from grace

Former Geelong star Gary Ablett has revealed he wants to spend a year in a rehabilitation clinic. Carmel Egan reports from Melbourne on the downfall of a football legend.

[*Advertiser*, Adelaide, 22 April 2000].

None of these stories contained information for readers about accessing available mental health services. There is also a danger that the focus on the celebrity can become exploitative, in the sense that the revelation that the celebrity has an illness, or the 'exposure', dominates the story (see also Case Study 4, in Blood & Putnis et al, 2001).

In contrast to the three stories above, the renewed focus on depression outside of courts and police reporting has given rise to useful features on the subject. For example, the following two features did both contain useful information and contacts for readers seeking access to mental health services: 'Coping with the blues' (*Advertiser*, Adelaide, 7 February 2001) and 'Kennett's crusade' (*Melbourne Weekly Magazine*, 30 July 2000).

FRAMING OTHER MENTAL HEALTH AND ILLNESS NEWS

In contrast to the problematic coverage of news about court proceedings and police reports, much news about mental health and illness reflects national, state or regional issues or concerns. The quantitative companion study found that about 22 per cent of mental health and illness items were about mental health care or services, and about 34 per cent focused on policy or program initiatives.

The frames for this type of news revolve around government funding issues, mental health policy, new research and findings, and new communication programs, new treatments and services, and occasionally, the bush versus the city. Fear is sometimes linked to funding cuts, or to the lack or shortage of mental health and related services. Some stories are framed along the bush versus city dichotomy: them (the city, with resources) and us (our community, deprived of resources). Typical headlines and broadcast news leads indicated these frames:

Ballarat chance for depression institute
[*Ballarat Courier*, 16 March 2000]

Mental patients turned away
[*Courier Mail*, 16 March 2000]

Access hits rural patients
[*Wimmera Mail-Times*, 24 May 2000]

Unit bed closures
[*Werribee Banner*, 5 April 2000]

Mental health centre fears
[*Dandenong Examiner*, 11 April 2000]

Mental patients miss out
[*Bendigo Advertiser*, 22 May 2000]

Rural medicine in poor health
[*Age*, Victorian edition, 22 May 2000]

Mental health disaster fear
[*Warrnambool Standard*, 19 May 2000]

Mental health fears: report demands shake-up to services
[*Advertiser*, Adelaide, 15 June 2000]

Cuts mooted for Graylands
[*West Australian*, 29 June 2000]

Fewer beds for mentally ill: study
[*Canberra Times*, 1 March 2000]

Health workers have welcomed the State Government's one hundred and seven million dollars boost to mental health services. The funding will be provided over the next three years as part of the government's \$2.1 billion dollar health package.
[2GB news, 3.00 pm, 18 April 2000]

Human Services Minister, Dean Brown, is lobbying for extra resources to be allocated to rural mental health in next month's State budget. As Rebecca Morse reports, it follows claims that suicides in rural areas of the state are out of control.
[5CK news, 7.30 am, 7 April 2000]

Mental health experts are claiming rural schizophrenic patients are missing out on adequate health care and being denied follow-up care.
[ABC Carpentaria regional news, 12.30 pm, 18 May 2000].

As with news about suicide, the sources for this information are usually media releases and news agencies, such as Australian Associated Press. Advice to audiences about access to mental health services is rarely included.

Often mental health and illness stories will signal some forthcoming event — a mental health campaign, or advice session, or other community service. Many stories are also framed around new books, new health programs or new statistics (see Case Study 3, in Blood & Putnis et al, 2001, for more information on the use of statistics). In the regional press, the promotion, prevention, and help news stories are often centred on a local celebrity, or a national celebrity visiting the community. Information on new programs is often sourced to local mental health services. The following headlines and broadcast leads are indicative of the frames used in these types of stories:

Clearer clue to schizophrenia
[*West Australian*, 29 April 2000]

Talk mental health at Forster forum
[*Mirror*, Forster, 27 April 2000]

Depression help
[*Free Press*, Sherbrooke, 3 May 2000]

Coping with the blues. Seminar to lift cloud on a state of mind.
[*Advertiser*, Adelaide, 7 February 2001]

New education kit for mental health
[*Age*, first edition, 31 March 2000]

Mental health services in the southeast have been expanded through a program set up by the welfare arm of the Anglican Church.
[ABC south-east NSW regional news, 8.30 am, 23 January 2001]

A new Australian study shows at least one in four young women has the early symptoms of an eating disorder. The findings were released at the start of a national women's health conference in Adelaide today. It's raised concerns that not enough is being done to foster healthy eating among young women.
[ABC Television news, Channel 2, Sydney, 7.00 pm, 19 February 2001]

Tackling mental illness
[*Border Mail*, Albury-Wodonga, 9 May 2000]

Too often Australians are reluctant to seek help for mental illness. But help is available and more research is now underway.
[Prime local news, Wollongong, 6.00 pm, 20 November 2000]
[television news coverage of Schizophrenia Carer Assessment Program]

Help for sufferers of depression
[*Bendigo Advertiser*, 11 May 2000]

New mental health facilities
[*Colac Herald*, 3 July 2000]

Vision needed on depression
[*Herald Sun*, first edition, 3 June 2000].

A dominant frame, especially in regional news media, centred on surveillance, as it did with suicide. Again, this reflects what many scholars have observed: that our fears about natural risks are being replaced by fears about manufactured risks, such as changing economic conditions, rural decline, poverty and crime. Many scholars also point to rising individualisation in society. Individuals are forced to negotiate their lives around risks, and make their own sense and judgements, rather than relying on tradition and traditional sources of expert opinion. News media often provide 'expert opinion' in the form of features and help columns, or signal new fears:

Conquering anxiety
[*Whittlesea Post*, 23 August 2000]

Struggling with a mental disorder
[*Shepparton News*, 25 April 2000]

Men's pain brought into the open
[*Advertiser*, Adelaide, 1 April 2000]

The truth about schizophrenia
[*Wimmera Mail-Times*, 24 May 2000]

Depression's major cause
[*Daily Telegraph*, 4 May 2000]

Quality time spent with a good friend
[*Age*, Victorian edition, 8 May 2000].

Editorial comment about mental health and illness is relatively frequent, at least compared to suicide issues, and is usually framed around budget and policy issues. Letters to the editors of newspapers are often revealing in that they contain strong personal statements from consumers and health professionals. For example, the following was a response to a somewhat flippant opinion piece on psychiatry and therapy in the United States:

Bad press

I was disappointed to read Robert Lusetich's article, 'You can't beat us so come and join us in the maddening crowd' (9/1). Sadly, this sort of superficial opinion does nothing to help the thousands of Australians who are living with a mental disorder.

Dr Louise Newman, Royal Australian and New Zealand College of Psychiatrists
[*Australian*, 15 January 2001].

Serious discussion about mental health and illness is often found in newspaper features and in specialist broadcast media programming (for example, ABC Radio National's *Life Matters*). These features, primarily in major metropolitan newspapers, portray and frame mental illness in a realistic light by including a lot of contextual information. For example:

Raised on madness
[*Australian*, first edition, 31 March 2000]
[a feature on children of parents with mental illnesses]

Worries with anxiety
[*Herald Sun*, 2 March 2001]
[advice about anxiety]

Darkness unveiled

[*Gold Coast Bulletin*, 21 August 2000]

[a feature on schizophrenia]

Lesson for the boys

[*Age*, 3 November 2000]

[an analysis of issues confronting boys]

Only for whispering

[*Age*, 'Extra', 4 March 2000].

This latter example, a personal account in the *Age* feature 'First person singular', was written by a man diagnosed with schizo-affective disorder:

What is it about the aura of mental hospitals and mental illness that makes them such taboo topics? Even when they are referred to it's usually in a derogatory manner. Slang terms such as 'nuthouse' and 'looney bin' are used for the former, and 'psycho' and 'schizo' for the latter.

Well, I'm writing with the aim of breaking through some of the social inhibitions and misunderstanding of mental illness.

Finally, news about mental illness and health statistics is examined in Case Study 3 (in Blood & Putnis et al, 2001).

CHAPTER 6: CONCLUSIONS

SUICIDE

This study's focus on how news stories are characteristically framed offers one way to identify the power of media portrayals. Individual suicide stories resemble other news stories in that they are framed in particular ways, according to the needs and agendas of media organisations and their perception of their audiences. Journalistic framing choices create a context for newspaper readers, radio listeners and television viewers.

While framing choices do not fully determine audience interpretations, they can have a potentially powerful impact on them. These choices limit the information available to audiences who are trying to make sense of an event they cannot experience. Identifying the nature of Australian news discourse on suicide (and mental health and illness) is therefore an important step in understanding the resources from which public opinion about these issues is constructed (Phalen & Algan, 2001, p 302). The study also shifts attention away from the direct, immediate effects of news and information content on audiences, where the traditional concern centres on copycat or imitation effects. Examining news framing focuses attention on the longer term influences of news discourse on suicide, and the way audiences may learn about the issue.

This study has observed that newspaper and broadcast news reports on individual suicides in Australia are relatively uncommon in comparison to the number of actual suicides and attempted suicides. During this study's time frame, the most nationally prominent individual suicide coverage involved the death of member of parliament Greg Wilton. For a more detailed analysis of this matter, see Case Study 1 (in Blood & Putnis et al, 2001).

Many newspaper and broadcast news stories about suicide result from information collected by journalists at courts or coroner's courts, or from the police, and these often do not follow the advice of *Achieving the Balance* (Penrose-Wall et al, 1999). Common concerns are the use and placement of the word suicide in headlines and broadcast leads, video and photographs of the scene, and details of the method of death, and the prominence given to the story. Most of these stories feature prominently in newspapers and broadcast coverage, either locally or nationally.

Crime and court information is easily accessed by editors and journalists because it can be planned for and predicted, and efficiently and effectively monitored. Often crime and court stories involve themes of fear, horror, or shock, and much information can be deeply personal and intimate. Crime and court news stories define 'normal' in our society by setting the boundaries of what is good and bad, normal and deviant. Sensational or inappropriate language in the headlines or broadcast leads in these types of stories is common.

Many of these stories do not focus on suicide per se, but, as we have observed, this is not a valid reason for media organisations to ignore their own codes of practice and the advice of *Achieving the Balance*. The frames chosen are of particular concern because they are often sensational and dramatic.

These stories do not normally include contacts for audiences about advice, counselling or access to mental health services. News coverage of police rounds and emergency services would be enhanced if this information was included more often. While it is unrealistic to ask this of radio news services, where time is limited, it is possible for radio current affairs, and television news and current affairs programs to do so.

Journalists and their editors claim that they should be free to report court evidence and police investigations as they see it, and some issues have probably emerged on the public agenda simply because key metropolitan newspapers do this. Nevertheless, because all such reports condense and select the information on which they are based, the way they contextualise the story is very important.

For example, this study analysed a news feature in the *Sydney Morning Herald* (16 September 2000) on the inquest in Darwin into the death by suicide of a young Aboriginal boy, to illustrate how a story can depart, for valid reasons, from suggested codes and guidelines. In this case, we could accept that there might be a good reason — gaining attention for the seriousness of the specific case and the national issues involved — for the journalist's use of shocking detail. However, we must also be concerned about the possibility of quite different readings by other more vulnerable groups. As we saw earlier, it is asking a great deal to expect editors and journalists to take account of all other possible audiences and readings.

Framing devices identified in other types of suicide stories include those involving public interest, national social or political interest, oddity/unusual, and prominent person or celebrity devices. Suicide stories that do not fit these dominant frames are rarely reported.

A significant type of news about suicide is coverage of statistical data released by government, health agencies or researchers. These stories are analysed in Case Study 3 (in Blood & Putnis et al, 2001). Suicide issues are also reported and portrayed in popular magazines and these are examined in Case Study 4 (in Blood & Putnis et al, 2001).

Both metropolitan and non-metropolitan media report many stories and features that focus on suicide risk factors, help, advice, and suicide prevention and communication campaigns. Newspapers and broadcast media perform a significant surveillance function for their audiences, and provide useful information about access to mental health services. Much of this coverage in regional areas reflects the concerns of communities, health professionals and government. Unfortunately, many stories, especially in metropolitan newspapers, do not provide their readers with contact information about advice or counselling services.

MENTAL HEALTH AND ILLNESS

Consistent with previous research (Hazelton, 1997; Philo, 1996) this study has shown that the most problematic type of news coverage of mental illness results from information collected at courts or from the police.

We have seen that news discourse uses frames to simplify a complex set of facts and make it into a coherent story. When the facts do not suggest an obvious single news frame, journalists choose

between possible frames by taking a particular line, or emphasising one reading of the situation. This choice is usually evident in the newspaper headline and lead, or broadcast lead. Often the choice of frame is guided by the wish to maximise the news value of the story by dramatising the material.

Many news stories from the courts or police about mental illness focus on violence, and include graphic images of violence. These stories relate to specific and relatively rare circumstances, but audiences are likely to make generalisations about mentally ill people as a result. The ways in which the public label or categorise individuals or groups is primarily determined by the way stories about them are framed by the media. News stories about unusual cases, particularly those that link mental illness to violence, stigmatise mental illness as always being associated with violence, and generate fear of mentally ill people in the community.

Part of the problem is the reality that there have been cases where mental illness has led to violence and even murder. Court proceedings themselves, from which media reports are derived, are testimony to this fact and, clearly, news fulfils an important societal function in bringing these cases onto the public agenda.

However, editors and journalists must strive to achieve a balance between responding to the public's need to know the facts and irresponsible reporting and portrayal of them. The critical questions for editors and journalists centre on the relationships between mental illness and the incident. They must ask whether the mental illness warrants headline or broadcast lead prominence, and whether the fact of the mental illness actually contributes to the story in a significant way, as *Achieving the Balance* suggests. This study and its companion found that, normally, this type of reporting does not include contact information about available mental health services for its audiences.

Some newspaper and broadcast news about mental illness is framed by its off-beat, curious or bizarre character and these stories have the potential to be particularly offensive to consumers and mental health professionals and carers, especially because they can be demeaning, they can trivialise issues, and they can marginalise individuals or groups. Many of these problematic stories only become news because of the off-beat, curious or bizarre frame chosen for the story.

Inappropriate language is a central concern in the reporting and portrayal of mental illness, especially in court and police reports. Particular framing devices and inappropriate language may together contribute to the stigma associated with mental illness. Additionally, across a variety of news types — sport, cinema and book reviews, for example — this study identified inappropriate language about mental illness, especially the inappropriate use of the word schizophrenia.

In contrast to these negative practices, there are many story types that promote positive images of mental health and illness. For example, the principal actor in the news, a celebrity, is often used to frame stories that position mental health issues in a positive light by offering advice and help through the use of the celebrity as a role model. Celebrities are often used in campaigns to destigmatise depression, schizophrenia and other mental illnesses.

Other mental health and illness news examined in this study reflects national, state or regional issues or concerns. Such news frames revolve around government funding issues, mental health

policy, new research and findings, and new communication programs, treatments and services and, occasionally, the bush versus the city. Many stories are also framed around the 'new' — new books, new health programs, new discoveries, new statistics, new reports and so on (see also Case Study 3, in Blood & Putnis et al, 2001). As we have seen, a dominant frame, especially in regional news media, is surveillance, noting what is important, and themes include 'this is an issue', 'this is important', and 'we, as a community, must do something'. News media also often provide 'expert opinion' in the form of features and help columns, or signal new concerns.

Other mental health stories are framed around themes of conflict, especially over government funding, arguments about government policies on mental health, and fears. Fear is mostly linked to funding cuts, or the lack or shortage of services.

In summary, this study has shown that newspapers and broadcast media exercise choice in the way they frame stories about suicide, and mental health and illness. This is not a matter of accuracy or objectivity, but a choice centred on selection and salience. What is included or excluded in a story is critical. As Gitlin (1980, p 45) suggested, excluded information is most likely to be what audiences might find ambiguous, unpredictable or culturally unfamiliar. As we have seen, salience is given to information in the story by placement, repetition and associations with the culturally familiar (Entman, 1993, p 53). These journalistic choices do have serious ramifications for audiences, because they influence how audiences interpret news and information about suicide, and mental health and illness (see also Phalen and Algan, 2001, p 303).

FUTURE MEDIA MONITORING

Finally, it is evident from both the quantitative companion study and this qualitative analysis that future monitoring of media coverage of suicide and mental health and illness might usefully focus on selected media, and on specific genres.

In particular, it would be appropriate to focus on three or four leading metropolitan newspapers as being representative of all Australian metropolitan newspapers, and three or four regional newspapers as being representative of all regional newspapers. The newspaper data might include a tabloid-type newspaper, such as Melbourne's *Herald Sun*. Australian Associated Press should also be included in the data set.

Selected radio talkback programs and specific magazines should also be monitored. Case Study 4 (in Blood & Putnis et al, 2001) suggests magazines that might usefully be monitored. For efficiency, ABC Television news and National Nine news main evening bulletins should be monitored as being representative of television news. Significant local or regional news will be covered by these networks. If Australian Associated Press is included in the data set, researchers working on this study see no need to monitor radio news.

Sampling of newspapers should be avoided, as an examination of a full year of coverage is more valid. These joint analyses suggest that a more complex content analysis frame, which taps some of the dimensions of dominant media frames used in the coverage of suicide and mental illness, is needed for future studies. For example, various dimensions of court and police reporting could be assessed using quantitative content analysis to produce reliable and valid data. In this manner, the 'quality' rating scale used by researchers working on that study could be enhanced.

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