THE MEDIA MONITORING PROJECT
Changes in media reporting of suicide and mental health and illness in Australia: 2000/01–2006/07

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Acknowledgements

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Disclaimer

The opinions expressed in this document are those of the authors and are not necessarily those of the Australian Government. This document is designed to provide information to assist policy and program development in government and non-government organisations.
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<td></td>
<td>References</td>
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Quantitative review of changes in media reporting of suicide and mental health and illness in Australia: 2000/01–2006/07
CHAPTER 1: 
Introduction

Internationally, concerns have been expressed about the potential negative consequences of irresponsible reporting of suicide and mental health/illness. Numerous studies have shown that reports of suicide can lead to imitation acts, particularly when the report is prominent, glamorises or sensationalises suicide and/or describes the method of suicide in detail[1, 2]. Similarly, a number of studies have demonstrated that the media strongly influences community beliefs about mental illness, suggesting that inappropriate reports may contribute to stigma and discrimination.

In 1999, such concerns led the Australian Government to introduce the Mindframe National Media Initiative, in an effort to encourage responsible, accurate and sensitive media portrayal of suicide and mental illness. A key component of this initiative is a resource entitled Reporting Suicide and Mental Illness[3], released in 2002 and designed to provide guidance to media professionals reporting in these areas. This resource was modified from an earlier version known as Achieving the Balance[4], produced in 1999.

Around the world, a number of other similar resources have been produced, although most focus exclusively on suicide rather than on suicide and mental health/illness. The majority of these resources have similar content, recommending, for example, that journalists should avoid providing specific detail about a suicide, and should provide help/support information for vulnerable readers or viewers. They differ, however, in terms of the ways in which they have been developed and distributed to media professionals. Reporting Suicide and Mental Illness[3] has stood out internationally because of the involvement of the media in its development, and because of the process by which it has been promoted to the media. The resource has been disseminated via the Mindframe Media and Mental Health Project, which has been managed by the Hunter Institute of Mental Health in partnership with SANE Australia, Auseinet (the Australian Network for Promotion, Prevention and Early Intervention for Mental Health) and Multicultural Mental Health Australia. Project staff have supported media organisations in their use of the resource by conducting face-to-face briefings and drop-in visits, offering ad hoc advice, distributing hard and soft copies of the resource and supporting materials, and providing ongoing follow-up. They have also conducted evaluations of the reach and impact of the resource, following organisations up several months after briefings and/or receipt of materials.

The current study, known as the Media Monitoring Project, involved a systematic investigation of whether there have been changes in the extent, nature and quality of reporting of suicide and mental health/illness during the life of Reporting Suicide and Mental Illness[3]. The Media Monitoring Project collected media items on suicide and mental illness over two 12-month periods, one prior to the introduction of Reporting Suicide and Mental Illness[3] (2000/01), and one subsequent to its introduction and dissemination (2006/07). It did this with the aim of answering the following research questions:

a) How does the Australian media report and portray suicide and mental health/illness in 2006/07?

b) Does this differ from how the Australian media reported and portrayed suicide and mental health/illness in 2000/01?
c) Are any apparent differences in reporting and portrayal of suicide and mental health/illness between 2000/01 and 2006/07 associated with *Reporting Suicide and Mental Illness*?

The Media Monitoring Project has two components, one quantitative and one qualitative. This section of the report describes the way in which the quantitative study was conducted, its findings and their meaning. Chapter 2 describes the scope of the study, the method by which media items were identified and retrieved, and the way in which the data were handled. Chapter 3 provides a broad overview of the media items retrieved in 2000/01 and 2006/07, and Chapters 4 to 11 present the comparative findings as they relate to particular types of media items. Finally, Chapter 12 summarises the findings in relation to the research questions, outlines some study limitations, offers an interpretation of the results and makes some recommendations regarding future directions. The qualitative results of the study are presented in the second part of this volume.
CHAPTER 2: Method

Two data sources were used to answer the three research questions outlined in Chapter 1. The primary data source involved data on the extent, nature and quality of media reporting on suicide and mental health/illness, explicitly collected through the Media Monitoring Project. Supplementary data on exposure to Reporting Suicide and Mental Illness[3] by individual media sources were made available by the Hunter Institute of Mental Health via the Mindframe Media and Mental Health Project. Each of these data sources is described in more detail below.

Data on the extent, nature and quality of media reporting on suicide and mental health/illness

The Media Monitoring Project collected media items on suicide and mental illness over two 12-month periods, one prior to the introduction of Reporting Suicide and Mental Illness[3], and one subsequent to its introduction and dissemination. The baseline period began on 1 March 2000 and ended on 28 February 2001, and the follow-up period began on 1 September 2006 and ended on 31 August 2007. It was considered important to monitor the media for a full year at both baseline and follow-up because of potential seasonal effects on reporting.

Data collection

In both years of the Media Monitoring Project, a list of search terms related to suicide and mental illness (see Appendix 1) was provided to Media Monitors Australia, a media retrieval service that identifies relevant newspaper, radio and television items for the project. Trained ‘readers’, ‘viewers’ and ‘listeners’ scanned selected media on a daily basis, retrieving items of relevance and providing them to the Media Monitoring Project team.1

It was considered crucial that the Media Monitoring Project should capture broad media coverage. Media Monitors Australia scanned all national metropolitan daily newspapers, all Victorian suburban and regional newspapers, and a sample of suburban and regional newspapers from other states/territories. Media Monitors Australia also retrieved relevant items from all national television and radio networks, but the retrieval was restricted to news and current affairs programs. In total, 632 media sources were searched. Appendix 2 provides a complete list of media sources.

In both years, newspaper items were provided to the project team as complete press clippings. Television and radio items were provided as ‘broadcast summaries’ which detailed the source of the item, and provided a précis of its content. For a randomly-selected sample of television and radio items, full transcripts or audio/video tapes/files were requested in order that quality ratings could be made (see below). In 2000/01, the press clippings and broadcast summaries

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1 The list of search terms provided to Media Monitors Australia was identical in each year. However, just over one month into the 2006/07 data collection period it became apparent that the inclusion of media items on suicide bombings were contributing to an unmanagably large volume of items, and would potentially have skewed the sample. There were very few items on suicide bombings in 2000/01, because this data collection period preceded the bombing of the World Trade Center and the international events that followed it. For this reason, a decision was made to exclude items on suicide bombings from the 2006/07 data collection period. The last suicide bombing items provided to the project team were dated 13 October 2006.
were provided in hard copy, and audio/video tapes were provided in analogue format. In 2006/07, the press clippings were provided in hard copy, but the broadcast summaries and audio/video tapes were made available in digital form, via a web-based media portal.

Data extraction and coding
In both years, trained coders extracted information from each item and entered it into a purpose-designed Access database. In 2000/01 there were three coders; in 2006/07 there were 13. To ensure consistency between coders, formal meetings were held to crosscheck their responses and clarify their operationalisation of definitions.

In both years, coders extracted three types of information from media 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 media type (i.e., newspaper, television or radio) and the specific media source (e.g., The Australian, Channel 9, 2UE).

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

Quality ratings
In each year, quality ratings were made for a randomly-selected sample of items (stratified by suicide and mental health/illness, and by newspaper, television and radio). In 2000/01, 10% of all items were randomly selected to be rated for quality. In 2006/07, resource constraints led to a decision to restrict the random sample to 5% of all items.

The press clippings provided sufficient information for these 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 files were purchased for those broadcast items for which quality ratings were to be made.

The quality of suicide items was rated on a set of nine dimensions that operationalised criteria in Achieving the Balance[4], the Australian Government resource that preceded Reporting Suicide and Mental Illness[3]. The quality of mental health/illness items was rated on a separate set of nine dimensions that also drew on criteria from Achieving the Balance[4]. As examples, one of the dimensions of quality for the suicide items was ‘Is there a detailed discussion of the method used?’ and one of the dimensions of quality for the mental health/illness items was ‘Does the item reinforce negative stereotypes about mental illness?’.
Data on exposure to *Reporting Suicide and Mental Illness* by individual media sources

As noted in Chapter 1, *Reporting Suicide and Mental Illness*[3] has been disseminated via the Mindframe Media and Mental Health Project, which has been managed by the Hunter Institute of Mental Health in partnership with SANE Australia, Auseinet (the Australian Network for Promotion, Prevention and Early Intervention for Mental Health) and Multicultural Mental Health Australia. The Hunter Institute of Mental Health has held briefings and drop-in visits with staff of individual media sources (i.e., newspapers, television stations and radio stations). Between 3 February 2003 and 2 August 2007, the Hunter Institute conducted 277 visits to 125 media sources. In total, 106 media sources received one visit, 14 received two, three received five, one received six and one received seven (see Appendix 3). In disseminating the resource, the Hunter Institute has kept records of all briefings and drop-in visits held. The records identify each visit by media source and date. These records were made available to the Media Monitoring Project team, and combined with the above data on media items in order to ascertain the degree of prior exposure to *Reporting Suicide and Mental Illness*[3] by the particular media source responsible for any given item.

Data analysis

The analysis was undertaken in three stages, each designed to address one of the three research questions outlined in Chapter 1.

(a) How does the Australian media report and portray suicide and mental health/illness in 2006/07?

Simple frequencies and percentages were calculated to provide a picture of the identifying and descriptive data associated with the media items retrieved in 2006/07, and to provide an overall impression of quality.

(b) Does this differ from how the Australian media reported and portrayed suicide and mental health/illness in 2000/01?

The differences between the above results and those from the baseline year of the Media Monitoring Project were examined, in order to determine whether there were changes in the extent, nature and/or quality of reporting over time. The difference in the number of items retrieved (overall, and for each media type) was considered. The difference between the percentages of items with, for example, particular content, was also examined. Consideration was also given to the difference in magnitude of quality ratings, in terms of both individual dimensions and total quality scores. Chi square tests were performed to assess the statistical significance of any differences in quality ratings.

(c) Are any apparent differences in reporting and portrayal of suicide and mental health/illness between 2000/01 and 2006/07 associated with *Reporting Suicide and Mental Illness*?

Using the combined Media Monitoring Project and Mindframe Media and Mental Health Project dataset, it was possible to examine whether the mean ratings for the nine individual
dimensions of quality and the total quality score varied as a function of number of prior visits to the given media source. Simple descriptive analyses were undertaken, in which the mean quality ratings were plotted against the number of prior visits.
### Table 1: Media items retrieved, by media type, item content and Media Monitoring Project year

<table>
<thead>
<tr>
<th></th>
<th>Suicide</th>
<th>Mental health/illness</th>
<th>Suicide and mental health/illness</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>2000/01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newspaper</td>
<td>565</td>
<td>11.5</td>
<td>3,754</td>
<td>76.4</td>
</tr>
<tr>
<td>Television</td>
<td>545</td>
<td>30.6</td>
<td>1,174</td>
<td>65.9</td>
</tr>
<tr>
<td>Radio</td>
<td>2,652</td>
<td>25.4</td>
<td>7,410</td>
<td>70.9</td>
</tr>
<tr>
<td>Total</td>
<td>3,762</td>
<td>21.9</td>
<td>12,338</td>
<td>71.9</td>
</tr>
<tr>
<td>2006/07</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newspaper</td>
<td>2,240</td>
<td>11.5</td>
<td>15,252</td>
<td>78.0</td>
</tr>
<tr>
<td>Television</td>
<td>418</td>
<td>14.8</td>
<td>2,217</td>
<td>78.7</td>
</tr>
<tr>
<td>Radio</td>
<td>2,302</td>
<td>11.9</td>
<td>15,881</td>
<td>82.1</td>
</tr>
<tr>
<td>Total</td>
<td>4,960</td>
<td>11.9</td>
<td>33,350</td>
<td>80.0</td>
</tr>
</tbody>
</table>

In 2000/01, newspaper items made up 28.7% of the total, television items 10.4% and radio items 60.9%. In 2006/07, the proportion of newspaper items had increased to 46.8% and the proportion of radio items had reduced to 46.3%. The proportion of television items had also dropped slightly to 6.9%.

In terms of content, mental health/illness items were the most common in both years, although they accounted for a greater proportion of all items in 2006/07 (80.0%) than in 2000/01 (71.9%). There was a commensurate drop in the proportion of suicide items from 2000/01 (21.9%) to 2006/07 (11.9%). Less than 10% of all media items referred to both suicide and mental illness in both years.

Item content was more consistent across media types in 2006/07 than it was in 2000/01. For example, in the earlier period 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. In the later period, the corresponding figures for newspapers, television and radio were 11.5%, 14.8% and 11.9%, respectively.
CHAPTER 4:
Newspaper items on suicide

In 2000/01, 1,162 newspaper items were concerned with suicide (565 with suicide alone, and 597 with suicide and mental health/illness). In 2006/07 there was almost a four-fold increase in items of this type, with 4,296 newspaper items focusing on suicide (2,240 on suicide alone, and 2,056 on suicide and mental health/illness).

Month

Figure 1 shows the distribution of newspaper items on suicide by month and Media Monitoring Project year. As noted in Chapter 2, data collection began and ended in different months in the baseline and follow-up years. In the baseline year, data collection began in March 2000 and ended in February 2001 and, in the follow-up year, data collection began in September 2006 and ended in August 2007. This should be borne in mind in interpreting the chronology of Figure 1.

Figure 1: Newspaper items on suicide by month and Media Monitoring Project year
In both years of data collection, January, February and December were among the months with the fewest newspaper items on suicide. These holiday months are often described as ‘slow news’ periods generally.

Beyond this, there was little pattern to the monthly volume of newspaper reporting of suicide, indicating that such reporting is fairly event-driven. In 2000/01, March was the month with the greatest number of newspaper items on suicide (12.0%). In this month, there were numerous items about deaths in custody as a potential consequence of mandatory sentencing laws, following the highly-publicised case of a 15-year-old Aboriginal boy in Darwin. There were also relatively high numbers of items about suicide in May (9.6%), June (10.1%) and July 2000 (10.3%), when newspapers followed the story of a prominent federal politician who attempted, and subsequently completed, suicide. 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.

In 2006/07, the month with the greatest number of newspaper items about suicide was September 2006 (15.0%). This month presents a somewhat skewed picture, because it included newspaper items on suicide bombings. The number of similar items in September 2000 was negligible, because it preceded the bombing of the World Trade Centre buildings in New York and subsequent international events. In September 2006 these items were prevalent, and in fact a decision was made to exclude them from the following months of data collection for methodological reasons (i.e., because they would have ‘swamped’ the 2006/07 dataset and rendered comparisons with 2000/01 problematic) and for reasons associated with the cost of their retrieval and coding. Having said this, even without the suicide bombing items, September 2006 was a high-volume month due to reportage on World Suicide Prevention Day, which occurred on the 8th of the month. World Suicide Prevention Day was not observed during the baseline data collection period, as it was initiated in 2004.

Other months in the 2006/07 period with high volumes of newspaper reporting on suicide were October 2006 (9.6%), June 2007 (10.1%), April 2007 (8.9%) and May 2007 (8.9%). In October 2006 there were still some residual newspaper items on suicide bombings, including some reportage of the anniversary of the 2002 Bali bombings. There was also an incident in the US in which a man shot and killed a number of Amish schoolchildren, and then took his own life. However, the most significant contribution to the high level of reporting in October was a focus on suicide rates in rural and regional communities, linked to the ongoing drought in Australia. In June 2007 there were several items that contributed to the volume of items. Firstly, there was substantial reporting of the Australian Government’s intervention with Indigenous communities in the Northern Territory, some of which included discussion of suicide in these communities. Secondly, there was significant reporting of the trial of Gordon Wood, who was accused of murdering his then girlfriend Caroline Byrne by throwing her from a cliff in Sydney. Wood’s defence argued that Byrne had taken her own life. Finally, there was some reporting of the role of the workplace in self-harm. Two Telstra employees had died by suicide, and their families cited workplace stressors as the cause. The high levels of reporting in April and May 2007 were attributable to widespread coverage of a suicide pact by two teenage girls who sought information on suicide methods from the internet and posted a suicide note on MySpace.
**Item placement**

In 2000/01, 5.9% of items appeared on the front page of the newspaper, and the remainder were placed further into the body of the newspaper. In 2006/07, fewer items (3.8%) were located on the front page.

**Reporter**

Table 2 provides information on the reporter responsible for each newspaper item on suicide for the baseline and follow-up years of the Media Monitoring Project. In the majority of cases in both years (76.9% and 81.8%, respectively), the item was written by the newspaper’s own reporter. Only about 5% of items in both years were sourced from the major agencies, Australian Associated Press (AAP) and Reuters. A little over 5% of items in both years 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 in 2000/01 it was not possible to ascertain who the reporter was; in 2006/07 this figure was 6.5%.

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Own reporter</td>
<td>894</td>
<td>76.9</td>
</tr>
<tr>
<td>AAP</td>
<td>39</td>
<td>3.4</td>
</tr>
<tr>
<td>Reuters</td>
<td>6</td>
<td>0.5</td>
</tr>
<tr>
<td>Other</td>
<td>62</td>
<td>5.3</td>
</tr>
<tr>
<td>Not known</td>
<td>161</td>
<td>13.9</td>
</tr>
<tr>
<td>Total</td>
<td>1,162</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**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. 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’. [5] The term ‘attempted suicide’ refers to ‘a self-inflicted, potentially injurious behaviour with a non-fatal outcome for which there is evidence (either explicit or implicit) of intent to die’. [6, 7] 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’. [8]

Almost two-thirds of newspaper items on suicide in both years of the Media Monitoring Project referred to completed suicide only (60.8% in 2000/01; 62.3% in 2006/07). In 2006/07, the remainder of items were split fairly evenly between those about attempted suicide only, those about suicidal ideation only and those representing a combination of the above. This represented a slight increase in items with the single focus of attempted suicide or suicidal ideation, and a decrease in items with a combined focus.
Table 3: Newspaper items on suicide, by item focus and Media Monitoring Project year

<table>
<thead>
<tr>
<th>Item Focus</th>
<th>2000/01 Frequency</th>
<th>2000/01 %</th>
<th>2006/07 Frequency</th>
<th>2006/07 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed suicide only</td>
<td>707</td>
<td>60.8</td>
<td>2,675</td>
<td>62.3</td>
</tr>
<tr>
<td>Attempted suicide only</td>
<td>117</td>
<td>10.1</td>
<td>609</td>
<td>14.2</td>
</tr>
<tr>
<td>Suicidal ideation only</td>
<td>103</td>
<td>8.9</td>
<td>518</td>
<td>12.1</td>
</tr>
<tr>
<td>Combination of above</td>
<td>235</td>
<td>20.2</td>
<td>494</td>
<td>11.5</td>
</tr>
<tr>
<td>Total</td>
<td>1,162</td>
<td>100.0</td>
<td>4,296</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Item type

Table 4 shows the type of items on suicide presented in newspapers during the two Media Monitoring Project years. In both the baseline and follow-up years, the majority of items could best be described as news items (85.1% in 2000/01 and 79.9% in 2006/07). Feature items were consistently the next most common, accounting for 8.7% of all newspaper items on suicide in 2000/01 and 8.4% in 2006/07. A further 4.5% and 6.1% of items were accounted for by letters in 2000/01 and 2006/07, respectively. A greater proportion of newspaper items fell into an undifferentiated ‘other’ category in 2006/07 (3.8%) than in 2000/01 (0.9%), but the kinds of items in this category were similar across the two periods (e.g., advertisements and community announcements, opinion pieces, obituaries, regular columns, and literature and arts previews and reviews).

Table 4: Newspaper items on suicide, by item type and Media Monitoring Project year

<table>
<thead>
<tr>
<th>Item Type</th>
<th>2000/01 Frequency</th>
<th>2000/01 %</th>
<th>2006/07 Frequency</th>
<th>2006/07 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>News</td>
<td>989</td>
<td>85.1</td>
<td>3,434</td>
<td>79.9</td>
</tr>
<tr>
<td>Feature</td>
<td>101</td>
<td>8.7</td>
<td>363</td>
<td>8.4</td>
</tr>
<tr>
<td>Editorial</td>
<td>10</td>
<td>0.9</td>
<td>75</td>
<td>1.7</td>
</tr>
<tr>
<td>Letter</td>
<td>52</td>
<td>4.5</td>
<td>262</td>
<td>6.1</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>0.9</td>
<td>162</td>
<td>3.8</td>
</tr>
<tr>
<td>Total</td>
<td>1,162</td>
<td>100.0</td>
<td>4,296</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Item content

Table 5 provides a breakdown of the content of newspaper items on suicide, focusing on categories of content that were common in 2000/01. 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.
In 2000/01, items most commonly tended to describe a particular instance in which an individual had completed or attempted suicide, or had experienced suicidal ideation, with 41.7% of items falling into this category in the baseline year. In 2006/07, such items were even more common at 49.1%. In 2000/01, items featuring policy or program initiatives were the next most frequent at 31.6%, but in 2006/07 such content received much less emphasis, at least in proportional terms (9.8%). There were also reductions in the proportion of items that presented statistical overviews of suicide in the community (23.4% to 17.2%) and suicide research (10.3% to 3.8%).

Geographical reference

In 2000/01, a total of 1,075 newspaper items concerned with suicide (92.5%) referred to a story occurring in the Australian context. In 2006/07, 3,259 did so, reflecting a drop to 75.9%. In both years, substantial proportions of these items referred to Victoria (35.8% in 2000/01; 27.3% in 2006/07), reflecting the oversampling of suburban and regional newspapers from this state. Representation of the other states/territories was much less common. Tasmania was the next most commonly referenced in 2000/01 (9.2%), and New South Wales was the next most commonly referenced in 2006/07 (18.3%).

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 during the two years of the Media Monitoring Project. 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 and Media Monitoring Project year

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>201</td>
<td>17.3</td>
<td>1,762</td>
<td>41</td>
</tr>
<tr>
<td>Female</td>
<td>17</td>
<td>1.5</td>
<td>887</td>
<td>20.6</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–24</td>
<td>191</td>
<td>16.4</td>
<td>906</td>
<td>21.1</td>
</tr>
<tr>
<td>25–64</td>
<td>88</td>
<td>7.6</td>
<td>994</td>
<td>23.1</td>
</tr>
<tr>
<td>65+</td>
<td>17</td>
<td>1.5</td>
<td>180</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Area of residence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major urban</td>
<td>9</td>
<td>0.8</td>
<td>966</td>
<td>22.5</td>
</tr>
<tr>
<td>Other urban</td>
<td>16</td>
<td>1.4</td>
<td>342</td>
<td>8</td>
</tr>
<tr>
<td>Rural</td>
<td>66</td>
<td>5.7</td>
<td>512</td>
<td>11.9</td>
</tr>
<tr>
<td>Remote</td>
<td>13</td>
<td>1.1</td>
<td>176</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-English speaking background</td>
<td>1</td>
<td>0.1</td>
<td>144</td>
<td>3.4</td>
</tr>
<tr>
<td>Aboriginality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
<td>11</td>
<td>0.9</td>
<td>156</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>Psychiatric status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric patient</td>
<td>268</td>
<td>23.1</td>
<td>639</td>
<td>14.9</td>
</tr>
<tr>
<td><strong>Legal status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In custody</td>
<td>160</td>
<td>13.8</td>
<td>208</td>
<td>4.8</td>
</tr>
<tr>
<td>Other</td>
<td>92</td>
<td>7.9</td>
<td>114</td>
<td>2.7</td>
</tr>
</tbody>
</table>

* Multiple responses permitted

In general, at-risk groups were more commonly presented in items in 2006/07 than they were in 2000/01. As an example, although males and young people commonly featured in suicide stories in the earlier year, they were even more frequently represented in the later period. Similarly, different areas of residence were more frequently linked to suicide risk in 2006/07, with stories often citing particular aspects of urban or rural living as risky (e.g., career stresses in urban areas, drought in rural areas). The only at-risk groups which were mentioned less frequently in 2006/07 than in 2000/01 were psychiatric patients and people in custody. In part, this may reflect an increased awareness on the part of journalists about some of the factors which predispose individuals to risk of suicide. Some caution should be exercised in interpreting these findings in this way, however, because there may also have been some differences in the coding practices of the coders in the two different years. The earlier coders may have been more cautious about classifying a story as presenting a particular at-risk group unless it explicitly attributed an increased level of risk to that group; the later coders may have interpreted the notion of at-risk groups more liberally.
**Suicide method**

Table 7 shows the different suicide methods referred to in newspaper items on suicide, by Media Monitoring Project year. Some items referred to more than one method; others did not refer to any.

<table>
<thead>
<tr>
<th>Method</th>
<th>2000/01 Frequency</th>
<th>2000/01 %</th>
<th>2006/07 Frequency</th>
<th>2006/07 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanging</td>
<td>130</td>
<td>11.2</td>
<td>222</td>
<td>5.2</td>
</tr>
<tr>
<td>Ingestion of substances</td>
<td>50</td>
<td>4.3</td>
<td>232</td>
<td>5.4</td>
</tr>
<tr>
<td>Gas</td>
<td>49</td>
<td>4.2</td>
<td>26</td>
<td>0.6</td>
</tr>
<tr>
<td>Firearms</td>
<td>45</td>
<td>3.9</td>
<td>229</td>
<td>5.3</td>
</tr>
<tr>
<td>High impact methods</td>
<td>26</td>
<td>2.2</td>
<td>165</td>
<td>3.8</td>
</tr>
<tr>
<td>Other</td>
<td>72</td>
<td>6.2</td>
<td>379</td>
<td>8.8</td>
</tr>
</tbody>
</table>

*Multiple responses permitted*

In 2000/01, hanging was the most frequently mentioned method of suicide, featuring in 11.2% of newspaper items on suicide. In 2006/07, less than half this percentage of media items mentioned hanging as a method. There was a slight increase in mentions of suicide by all other methods in the later period (ingestion of substances, gas, firearms and high impact methods). In this case, “high impact methods” refers to, for example, jumping from a great height, driving a car into a hard surface. There was also a slight increase in mentions of suicide by ‘other’ methods, although these tended to be similar in nature and most commonly included cutting/stabbing/slashing, drowning and self-immolation.
CHAPTER 5: Television items on suicide

In 2000/01, there were 608 television items concerned with suicide (545 with suicide alone, and 63 with suicide and mental health/illness). In 2006/07 there were 599 items of this type (418 on suicide alone, and 181 on suicide and mental health/illness).

Month

Figure 2 shows the distribution of television items on suicide by month and Media Monitoring Project year. Again, it should be noted that data collection began and ended in different months in the baseline and follow-up years, and this should be borne in mind in interpreting the chronology of Figure 2.

Figure 2: Television items on suicide by month and Media Monitoring Project year
As with the newspaper reports on suicide, there was little pattern to the monthly volume of television reporting of suicide, again suggesting that such reporting is event-driven. In 2000/01, the month with the greatest proportion of suicide items (19.4%) was March 2000. This can be attributed to the large number 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 completed suicide of a prominent federal politician and a coroner’s inquest into a series of deaths in custody in Hobart.

In 2006/07, April 2007 was the month with the highest volume of items on suicide (13.8%). This was accounted for by wide coverage of a suicide pact by two teenage girls who sought information on suicide methods from the internet and posted a suicide note on MySpace. This story and discussion around it flowed on into May 2007, which was also a relatively high-volume month (11.3%). November 2006 and January 2007 also accounted for large proportions of television items on suicide (13.0% and 11.8%, respectively). November 2006 was characterised by reportage of the attempted suicide of a New South Wales Member of Parliament and reporting of the impact of the drought on rural and regional communities (including a discussion of the rate of suicide among farmers). January 2007 was also dominated by reportage of the negative emotional impact of the drought and the bushfire season. In addition, there were two suspected murder-suicides, one in Perth and one in Brisbane. These occurred within a day of each other, generating significant reporting.

In both 2000/01 and 2006/07, isolated or sequential high-volume months were often followed by particularly low-volume months, suggesting that television reporting of suicide may reach a point of saturation, after which a balance tends to reassert itself.

**Item time**

Table 8 shows that in both years of the Media Monitoring Project the majority of items were screened in the evening (from 5.00 pm onwards), although the majority was somewhat greater in 2000/01 (85.2%) than it was in 2006/07 (65.3%).

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Morning</td>
<td>72</td>
<td>11.8</td>
<td>166</td>
<td>27.9</td>
</tr>
<tr>
<td>Afternoon</td>
<td>18</td>
<td>3.0</td>
<td>40</td>
<td>6.7</td>
</tr>
<tr>
<td>Evening</td>
<td>518</td>
<td>85.2</td>
<td>388</td>
<td>65.3</td>
</tr>
<tr>
<td>Total</td>
<td>608</td>
<td>100.0</td>
<td>594</td>
<td>100.0</td>
</tr>
</tbody>
</table>
**Item duration**

Television items on suicide varied in length in both years of the Media Monitoring Project. As Table 9 shows, relatively few (around one-tenth in each year) were over four minutes long. More commonly, these items were less than two minutes long (46.1% in 2000/01 and 65.4% in 2006/07).

<p>| Table 9: Television items on suicide, by item duration and Media Monitoring Project year |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|</p>
<table>
<thead>
<tr>
<th>Item Duration</th>
<th>2000/01</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2 minutes</td>
<td>280</td>
<td>392</td>
</tr>
<tr>
<td></td>
<td>46.1</td>
<td>65.4</td>
</tr>
<tr>
<td>2–4 minutes</td>
<td>263</td>
<td>130</td>
</tr>
<tr>
<td></td>
<td>43.3</td>
<td>21.7</td>
</tr>
<tr>
<td>&gt;4 minutes</td>
<td>65</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>10.7</td>
<td>12.9</td>
</tr>
<tr>
<td>Total</td>
<td>608</td>
<td>599</td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Item focus**

Table 10 shows that, in both years of the Media Monitoring Project, television items on suicide tended to be about completed suicide only (68.8% in 2000/01 and 67.9% in 2006/07). A greater proportion of television items on suicide concerned attempted suicide only in 2006/07 than in 2000/01 (18.2% versus 8.4%) and, conversely, there was a greater percentage of ‘combination’ items in 2000/01 than there was in 2006/07 (15.8% versus 4.0%).

| Table 10: Television items on suicide, by item focus and Media Monitoring Project year |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Item Focus                       | 2000/01                         | 2006/07                         |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Completed suicide only           | 418                             | 407                             |
|                                  | 68.8                             | 67.9                             |
| Attempted suicide only           | 51                              | 109                             |
|                                  | 8.4                              | 18.2                             |
| Suicidal ideation only           | 43                              | 59                              |
|                                  | 7.1                              | 9.8                              |
| Combination of above             | 96                              | 24                              |
|                                  | 15.8                             | 4.0                              |
| Total                            | 608                             | 599                             |
|                                  | 100.0                            | 100.0                            |

**Item type**

In both Media Monitoring Project years, the majority of television items on suicide could best be described as news items, although the figure was somewhat greater in 2000/01 (88.0%) than it was in 2006/07 (75.4%) (see Table 11). The remainder of the items in both years were generally classified as current affairs items.
Table 11: Television items on suicide, by item type and Media Monitoring Project year

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>News</td>
<td>535</td>
<td>88.0</td>
<td>448</td>
<td>75.4</td>
</tr>
<tr>
<td>Current affairs</td>
<td>73</td>
<td>12.0</td>
<td>141</td>
<td>23.7</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>5</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>608</td>
<td>100.0</td>
<td>594</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Item content

Table 12 provides a breakdown of the content of newspaper items on suicide, focusing on categories of content that were common in 2000/01 and allowing for multiple responses.

Table 12: Television items on suicide, by selected item content and Media Monitoring Project year*

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Individual’s suicide</td>
<td>233</td>
<td>38.3</td>
<td>313</td>
<td>52.3</td>
</tr>
<tr>
<td>Statistical overview</td>
<td>55</td>
<td>9.0</td>
<td>92</td>
<td>15.4</td>
</tr>
<tr>
<td>Suicide research</td>
<td>34</td>
<td>5.6</td>
<td>16</td>
<td>2.7</td>
</tr>
<tr>
<td>Policy or program initiative</td>
<td>152</td>
<td>25.0</td>
<td>82</td>
<td>13.7</td>
</tr>
<tr>
<td>Suicide opinion piece</td>
<td>12</td>
<td>2.0</td>
<td>49</td>
<td>8.2</td>
</tr>
</tbody>
</table>

* Multiple responses permitted

In 2000/01, television items most commonly described a particular instance in which an individual had completed or attempted suicide, or had experienced suicidal ideation (38.3%), and in 2006/07 these items were even more common (52.3%). In 2000/01, the next most common category of item content related to policy or program initiatives to prevent suicide. Such content featured in 25.0% of items. In 2006/07, this figure had reduced to 13.7%. There was also a drop in items presenting information about suicide research (5.6% to 2.7%), and there were increases in the proportion of items presenting statistics on suicide (9.0% to 15.4%) and opinion pieces (2.0% to 8.2%).

Geographical reference

In 2000/01, stories occurring in the Australian context were referred to by 443 television items on suicide (72.9%). In 2006/07, the equivalent figure was 473 (79.0%). In both years, the reference was typically general, and did not involve any particular state/territory. In 2000/01 when a geographical reference was state/territory-specific, it was most commonly about Queensland (14.4%) or New South Wales (13.5%). In 2006/07, the most commonly-referenced states were New South Wales (21.2%) and Victoria (11.0%).
At-risk groups

Table 13 shows the relative prominence of at-risk groups in television items on suicide, allowing for multiple responses and the fact that some items did not make specific reference to any demographic groups.

Table 13: Television items on suicide, by demographic group featured and Media Monitoring Project year*

<table>
<thead>
<tr>
<th>Demographic Group</th>
<th>2000/01 Frequency</th>
<th>2000/01 %</th>
<th>2006/07 Frequency</th>
<th>2006/07 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>4.6</td>
<td>221</td>
<td>36.9</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>0.3</td>
<td>88</td>
<td>14.7</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–24</td>
<td>81</td>
<td>13.3</td>
<td>84</td>
<td>14.0</td>
</tr>
<tr>
<td>25–64</td>
<td>4</td>
<td>0.7</td>
<td>30</td>
<td>5.0</td>
</tr>
<tr>
<td>65+</td>
<td>6</td>
<td>1.0</td>
<td>14</td>
<td>2.3</td>
</tr>
<tr>
<td>Area of residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major urban</td>
<td>0</td>
<td>0.0</td>
<td>81</td>
<td>13.5</td>
</tr>
<tr>
<td>Other urban</td>
<td>1</td>
<td>0.2</td>
<td>51</td>
<td>8.5</td>
</tr>
<tr>
<td>Rural</td>
<td>17</td>
<td>2.8</td>
<td>67</td>
<td>11.2</td>
</tr>
<tr>
<td>Remote</td>
<td>6</td>
<td>1.0</td>
<td>31</td>
<td>5.2</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-English speaking background</td>
<td>4</td>
<td>0.7</td>
<td>11</td>
<td>1.8</td>
</tr>
<tr>
<td>Aboriginality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
<td>15</td>
<td>2.5</td>
<td>5</td>
<td>0.8</td>
</tr>
<tr>
<td>Psychiatric status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric patient</td>
<td>41</td>
<td>6.7</td>
<td>50</td>
<td>8.3</td>
</tr>
<tr>
<td>Legal status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In custody</td>
<td>61</td>
<td>10.0</td>
<td>31</td>
<td>5.2</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>3.5</td>
<td>45</td>
<td>7.5</td>
</tr>
</tbody>
</table>

* Multiple responses permitted

As with newspaper items on suicide, at-risk groups were more commonly presented in television items on suicide in 2006/07 than they were in 2000/01. For example, although males were commonly featured in suicide stories in the earlier year, they were even more frequently represented in the later period. Similarly, different areas of residence were more frequently linked to suicide risk in 2006/07. The only at-risk groups which were mentioned less frequently in 2006/07 than in 2000/01 were Aboriginal and Torres Strait Islander peoples and people in custody, and some groupings (e.g., young people aged 0–24) were mentioned with around the same level of frequency. Again, some caution should be exercised in interpreting this finding. It may reflect genuine differences in reporting, with a greater emphasis being given to some of the factors that predispose individuals to suicide. However, it may also reflect differences in the coding practices of coders involved in the two different years of the Media Monitoring Project.
Suicide method

Table 14 shows the different methods referred to in television items on suicide, allowing for the fact that some referred to more than one method and others made no reference to any method.

In 2000/01, reference was most commonly made to asphyxiation by car exhaust or domestic gas (3.0%). In 2006/07, reference was most commonly made to firearms. Of note is the high number of items that fell into the ‘other’ category in both years. These included a number of references to suicide bombing and/or self-immolation (both usually occurring in the context of fighting for a particular cause) and cutting/stabbing/slashing.

Table 14: Television items on suicide, by suicide method and Media Monitoring Project year*

<table>
<thead>
<tr>
<th>Method</th>
<th>2000/01</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
</tr>
<tr>
<td>Hanging</td>
<td>6</td>
<td>1.0</td>
</tr>
<tr>
<td>Ingestion of substances</td>
<td>6</td>
<td>1.0</td>
</tr>
<tr>
<td>Gas</td>
<td>18</td>
<td>3.0</td>
</tr>
<tr>
<td>Firearms</td>
<td>5</td>
<td>0.8</td>
</tr>
<tr>
<td>High impact methods</td>
<td>5</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>56</td>
<td>9.2</td>
</tr>
</tbody>
</table>

* Multiple responses permitted
CHAPTER 6:
Radio items on suicide

In 2000/01, there were 3,043 radio items concerned with suicide (2,652 with suicide alone, and 391 with suicide and mental health/illness). In 2006/07 there were 3,468 items of this type (2,302 on suicide alone, and 1,166 on suicide and mental health/illness).

Month

Figure 3 shows the distribution of radio items on suicide by month and Media Monitoring Project year. Once again, it should be noted that data collection began and ended in different months in the baseline and follow-up years, and this should be borne in mind in interpreting the chronology of Figure 3.

Figure 3: Radio items on suicide by month and Media Monitoring Project year

In both years, there was considerable variability in the month-by-month volume of reporting. In 2000/01, the month with the greatest number of suicide items (18.8%) was March 2000. Some of these items referred to the launch of 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 died by suicide. 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.

In 2006/07, April 2007 was the month with the highest volume of items on suicide (13.8%). Much of this radio coverage related to the story of two teenage girls who carried out a suicide pact after seeking information on suicide methods from pro-suicide websites and posting a suicide note on MySpace. September 2006 was also a relatively high-volume month (13.3%), partly because it included media items on suicide bombings (prior to a decision being made not to retrieve these items) and partly due to coverage of World Suicide Prevention Day, which occurred on the 8th of the month.

Item time

Table 15 shows the distributions of radio items on suicide in terms of time for both years of the Media Monitoring Project. The distributions are similar, with over half of all items being broadcast in the morning in both years, about a quarter going to air in the afternoon, and the remainder being transmitted in the evening.

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Morning</td>
<td>1,647</td>
<td>54.1</td>
</tr>
<tr>
<td>Afternoon</td>
<td>829</td>
<td>27.2</td>
</tr>
<tr>
<td>Evening</td>
<td>567</td>
<td>18.6</td>
</tr>
<tr>
<td>Total</td>
<td>3,043</td>
<td>100</td>
</tr>
</tbody>
</table>

Item duration

Radio items on suicide varied in length in both years of the Media Monitoring Project. As Table 16 shows, the majority of items were less than two minutes long (58.4% in 2000/01 and 62.0% in 2006/07). Many of these items were accounted for by brief calls on talkback shows.

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>&lt;2 minutes</td>
<td>1,777</td>
<td>58.4</td>
</tr>
<tr>
<td>2–4 minutes</td>
<td>619</td>
<td>20.3</td>
</tr>
<tr>
<td>&gt;4 minutes</td>
<td>647</td>
<td>21.3</td>
</tr>
<tr>
<td>Total</td>
<td>3,043</td>
<td>100</td>
</tr>
</tbody>
</table>
**Item focus**

Table 17 shows that, in both years of the Media Monitoring Project, radio items on suicide tended to be about completed suicide only (66.2% in 2000/01 and 66.2% in 2006/07). A greater proportion of radio items on suicide concerned attempted suicide only in 2006/07 than in 2000/01 (15.1% versus 6.6%) and, conversely, there was a greater percentage of ‘combination’ items in 2000/01 than there was in 2006/07 (18.3% versus 7.5%).

**Table 17: Radio items on suicide, by item focus and Media Monitoring Project year**

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Completed suicide only</td>
<td>2,013</td>
<td>66.2</td>
<td>2,295</td>
<td>66.2</td>
</tr>
<tr>
<td>Attempted suicide only</td>
<td>200</td>
<td>6.6</td>
<td>523</td>
<td>15.1</td>
</tr>
<tr>
<td>Suicidal ideation only</td>
<td>274</td>
<td>9.0</td>
<td>391</td>
<td>11.3</td>
</tr>
<tr>
<td>Combination of above</td>
<td>556</td>
<td>18.3</td>
<td>259</td>
<td>7.5</td>
</tr>
<tr>
<td>Total</td>
<td>3,043</td>
<td>100.0</td>
<td>3,468</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Item type**

In both Media Monitoring Project years, the majority of radio items on suicide could best be described as news items, although the figure was somewhat greater in 2000/01 (61.5%) than it was in 2006/07 (54.2%). The remainder of the items in both years were generally classified as current affairs items.

**Table 18: Radio items on suicide, by item type and Media Monitoring Project year**

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>News</td>
<td>1,871</td>
<td>61.5</td>
<td>1,866</td>
<td>54.2</td>
</tr>
<tr>
<td>Current affairs</td>
<td>1,171</td>
<td>38.5</td>
<td>1,520</td>
<td>44.1</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>57</td>
<td>1.7</td>
</tr>
<tr>
<td>Total</td>
<td>3,042</td>
<td>100.0</td>
<td>3,443</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Item content

Table 19 provides a breakdown of the content of radio items on suicide, focusing on categories of content that were common in 2000/01 and allowing for multiple responses.

Table 19: Radio items on suicide, by selected item content and Media Monitoring Project year*

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Individual's suicide</td>
<td>957</td>
<td>31.4</td>
<td>1,669</td>
<td>48.1</td>
</tr>
<tr>
<td>Statistical overview</td>
<td>526</td>
<td>17.3</td>
<td>684</td>
<td>19.7</td>
</tr>
<tr>
<td>Suicide research</td>
<td>376</td>
<td>12.4</td>
<td>105</td>
<td>3.0</td>
</tr>
<tr>
<td>Policy or program initiative</td>
<td>778</td>
<td>25.6</td>
<td>518</td>
<td>14.9</td>
</tr>
<tr>
<td>Suicide opinion piece</td>
<td>249</td>
<td>8.2</td>
<td>587</td>
<td>16.9</td>
</tr>
</tbody>
</table>

* Multiple responses permitted

In 2000/01, radio items most commonly described a particular instance in which an individual had completed or attempted suicide, or had experienced suicidal ideation (31.4%), and in 2006/07 these items were even more common (48.1%). In 2000/01, the next most common category of item content related to policy or program initiatives to prevent suicide. Such content featured in 25.6% of items. In 2006/07, this figure had reduced to 14.9%. There was also a drop in items presenting information about suicide research (12.4% to 3.0%), and there was an increase in the proportion of opinion pieces (8.2% to 16.9%).

Geographical reference

In 2000/01, 2,599 radio items on suicide (85.4%) referred to a story occurring in the Australian context. In 2006/07, the equivalent figure was 2,764 (79.7%). In both years, the reference was often general. In 2000/01 when a geographical reference was state/territory-specific, it was most commonly about Queensland (21.7%) or New South Wales (20.5%). In 2006/07, the most common references were to Victoria and New South Wales (both 15.6%).

At-risk groups

Table 20 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 20: Radio items on suicide, by demographic group featured and Media Monitoring Project year*

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>378</td>
<td>12.4</td>
<td>1,121</td>
<td>32.5</td>
</tr>
<tr>
<td>Female</td>
<td>43</td>
<td>1.4</td>
<td>461</td>
<td>13.3</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–24</td>
<td>712</td>
<td>23.4</td>
<td>545</td>
<td>15.7</td>
</tr>
<tr>
<td>25–64</td>
<td>47</td>
<td>1.5</td>
<td>137</td>
<td>4.0</td>
</tr>
<tr>
<td>65+</td>
<td>48</td>
<td>1.6</td>
<td>35</td>
<td>1.0</td>
</tr>
<tr>
<td>Area of residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major urban</td>
<td>1</td>
<td>0.0</td>
<td>384</td>
<td>11.1</td>
</tr>
<tr>
<td>Other urban</td>
<td>32</td>
<td>1.1</td>
<td>193</td>
<td>5.6</td>
</tr>
<tr>
<td>Rural</td>
<td>149</td>
<td>4.9</td>
<td>434</td>
<td>12.5</td>
</tr>
<tr>
<td>Remote</td>
<td>13</td>
<td>0.4</td>
<td>162</td>
<td>4.7</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-English speaking</td>
<td>42</td>
<td>1.4</td>
<td>41</td>
<td>1.2</td>
</tr>
<tr>
<td>background</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal or Torres</td>
<td>54</td>
<td>1.8</td>
<td>85</td>
<td>2.5</td>
</tr>
<tr>
<td>Strait Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric patient</td>
<td>230</td>
<td>7.6</td>
<td>345</td>
<td>9.9</td>
</tr>
<tr>
<td>Legal status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In custody</td>
<td>183</td>
<td>6.0</td>
<td>163</td>
<td>4.7</td>
</tr>
<tr>
<td>Other</td>
<td>257</td>
<td>8.4</td>
<td>315</td>
<td>9.1</td>
</tr>
</tbody>
</table>

* Multiple responses permitted

As with newspaper and television items on suicide, at-risk groups were more commonly presented in radio items on suicide in 2006/07 than they were in 2000/01. For example, although males commonly featured in suicide stories in the earlier year, they were even more frequently represented in the later period. Similarly, different areas of residence were more frequently linked to suicide risk in 2006/07. The only at-risk groups which were mentioned considerably less frequently in 2006/07 than they were in 2000/01 were young people and people in custody. Again, some caution should be exercised in interpreting this finding. It may reflect genuine differences in reporting, but it may be an artefact of differences in the coding practices of coders involved in the two different years of the Media Monitoring Project.

**Suicide method**

Table 21 shows the different methods referred to in radio items on suicide during the two years of the Media Monitoring Project, allowing for the fact that some referred to more than one method and others made no reference to any method.
Table 21: Radio items on suicide, by suicide method and Media Monitoring Project year*

<table>
<thead>
<tr>
<th>Method</th>
<th>2000/01 Frequency</th>
<th>%</th>
<th>2006/07 Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanging</td>
<td>39</td>
<td>1.3</td>
<td>42</td>
<td>1.2</td>
</tr>
<tr>
<td>Ingestion of substances</td>
<td>15</td>
<td>0.5</td>
<td>77</td>
<td>2.2</td>
</tr>
<tr>
<td>Gas</td>
<td>17</td>
<td>0.6</td>
<td>11</td>
<td>0.3</td>
</tr>
<tr>
<td>Firearms</td>
<td>40</td>
<td>1.3</td>
<td>160</td>
<td>4.6</td>
</tr>
<tr>
<td>High impact methods</td>
<td>18</td>
<td>0.6</td>
<td>94</td>
<td>2.7</td>
</tr>
<tr>
<td>Other</td>
<td>111</td>
<td>3.6</td>
<td>254</td>
<td>7.3</td>
</tr>
</tbody>
</table>

* Multiple responses permitted

In proportional terms, relatively few items referred to specific methods in either year. In 2000/01, the most commonly cited methods were hanging and using firearms, and each of these accounted for less than 2% of all items. In 2006/07, the use of firearms remained the most commonly cited method, but it still accounted for less than 5% of all items. Other relatively highly mentioned methods in 2006/07 were high impact methods and ingestion of substances. The ‘other’ category contained relatively more items in 2000/01, and included such methods as suicide bombing, self-immolation, and cutting/stabbing/slashing.
CHAPTER 7: Quality of suicide items

Completeness and comprehensiveness of quality ratings

In 2000/01, just over 10% of all suicide items were randomly selected to be rated on nine dimensions of quality developed from criteria in Achieving the Balance[4]. This yielded 504 suicide items, 415 (82.3%) of which could actually be rated for quality. In 2006/07, cost and resource constraints resulted in a decision to limit the random sample to 5% of all media items. In total, 421 suicide items were selected to be rated for quality and 401 (95.2%) were subsequently rated.

In both years, coders were asked to respond ‘Yes’, ‘No’, ‘Not applicable’ or ‘Don’t know’ to each of the questions that operationalised the dimensions of quality. Ratings were more readily made on some dimensions of quality than on others. Not infrequently, coders 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?’ was clearly only relevant to newspaper items. On other occasions, the use of these responses related to the item’s content. For example, a dimension like ‘Are the bereaved interviewed?’ was only relevant to items about an individual’s experience of suicide, and not to, say, items providing a statistical overview of suicide in the general population.

Table 22 shows that the range of response rates was greater in 2000/01 (8%–100%) than it was in 2006/07 (49%–87%). ‘Is there reference to the fact that the person who died by suicide?’ was least frequently able to be rated in both years and ‘Does the item have any examples of inappropriate language?’ was most frequently able to be rated. The remainder of this chapter considers ‘Yes’ or ‘No’ responses only. The findings are not disaggregated by media type, on the grounds that the observations would have been too few to conduct meaningful analyses.
<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th></th>
<th>2006/07</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>'Yes' or 'No'</td>
<td>'Not applicable' or 'Don't know'</td>
<td>Total</td>
<td>Response rate (%)</td>
<td>'Yes' or 'No'</td>
<td>'Not applicable' or 'Don't know'</td>
</tr>
<tr>
<td>Does the item have any examples of inappropriate language?</td>
<td>415 0 415 100</td>
<td></td>
<td></td>
<td></td>
<td>347 54 401 87</td>
<td></td>
</tr>
<tr>
<td>Is the item appropriately located?</td>
<td>415 0 415 100</td>
<td></td>
<td></td>
<td></td>
<td>205 196 401 51</td>
<td></td>
</tr>
<tr>
<td>Is the word 'suicide' used in the headline?</td>
<td>122 293 415 29</td>
<td></td>
<td></td>
<td></td>
<td>198 203 401 49</td>
<td></td>
</tr>
<tr>
<td>Is a photograph, a diagram or footage depicting the suicide scene, precise location or method used with the item?</td>
<td>96 319 415 23</td>
<td></td>
<td></td>
<td></td>
<td>197 204 401 49</td>
<td></td>
</tr>
<tr>
<td>Is there a detailed discussion of the method used?</td>
<td>232 183 415 56</td>
<td></td>
<td></td>
<td></td>
<td>264 137 401 66</td>
<td></td>
</tr>
<tr>
<td>Is there reference to the fact that the person who died by suicide was a celebrity?</td>
<td>34 381 415 8</td>
<td></td>
<td></td>
<td></td>
<td>204 197 401 51</td>
<td></td>
</tr>
<tr>
<td>Is suicide portrayed as ‘merely a social phenomenon’ as opposed to ‘being related to mental disorder’?</td>
<td>302 113 415 73</td>
<td></td>
<td></td>
<td></td>
<td>216 185 401 54</td>
<td></td>
</tr>
<tr>
<td>Does the item provide information on help services?</td>
<td>415 0 415 100</td>
<td></td>
<td></td>
<td></td>
<td>334 67 401 83</td>
<td></td>
</tr>
<tr>
<td>Are the bereaved interviewed?</td>
<td>183 232 415 44</td>
<td></td>
<td></td>
<td></td>
<td>213 188 401 53</td>
<td></td>
</tr>
</tbody>
</table>
Quality of reporting on individual dimensions

The quality of reporting varied according to the particular dimension under consideration, but generally improved from the baseline year of the Media Monitoring Project to the follow-up year. Detail on the quality of individual dimensions, by year, is provided below.

Language

*Reporting Suicide and Mental Illness*[3] provides several examples of appropriate and inappropriate language regarding suicide. It suggests that journalists should check that the language they use does not glamorise or sensationalise suicide, or present suicide as a solution to problems. Specifically, it advises journalists to:

- use ‘non-fatal’ not ‘unsuccessful’, and ‘increasing rates’ rather than ‘suicide epidemic’
- use ‘died by suicide’ or ‘experienced depression’ rather than describing a person as a ‘suicide’ or a ‘depressive’
- use the term ‘suicide’ sparingly, and avoid gratuitous use of ‘suicide’ (e.g., ‘suicide mission’ or ‘political suicide’) when other terms are more appropriate.

Figure 4 shows that there was a significant improvement on this dimension of quality from 2000/01 to 2006/07. In the earlier period, 41.7% of rated items had examples of inappropriate language, whereas in the later period only 6.1% did ($\chi^2=126.45$, df=1, p=0.000).

*Figure 4: Does the item have any examples of inappropriate language? (2000/01 n=415; 2006/07 n=347)*
Location

*Reporting Suicide and Mental Illness*[^3] notes that there is evidence that prominent placement of suicide stories can lead to ‘copycat’ behaviours. It therefore recommends that print journalists locate a suicide story on the inside pages of a newspaper, rather than on the front page. Similarly, it suggests that broadcasters should present an item about suicide in the second or third break of television news or further down the order of radio reports, rather than as a lead item.

Figure 5 shows that the proportion of inappropriately located items was relatively low in 2000/01 at 16.9%, and did not change significantly by 2006/07 when they accounted for 22.9% of rated items ($\chi^2=3.29$, df=1, p=0.070). It should be noted that this judgement was easier to make for newspaper items than it was for television and radio items, and proportionally more of the latter were excluded from the analysis in 2006/07.

![Figure 5: Is the item inappropriately located? (2000/01 n=415; 2006/07 n=205)](chart)

Headlines

*Reporting Suicide and Mental Illness*[^3] warns that use of the word ‘suicide’ in a headline can contribute to glamorising or normalising suicide, and should therefore be avoided.

Figure 6 shows that there was a small drop in the proportion of rated items that used the word ‘suicide’ in the headline between 2000/01 and 2006/07 (29.5% to 21.2%). This decrease was not significant ($\chi^2=2.82$, df=1, p=0.930).
Photographs/footage

*Reporting Suicide and Mental Illness* alerts photo editors and other relevant media personnel to the fact that photographs and footage of the scene, location and method of suicide can lead to imitative action by people who are vulnerable, and therefore should not be used. It also recommends avoiding using photographs of an individual who has died by suicide unless express permission has been given by family members, and suggests that if they are used, photographs should not be prominently placed.

Figure 7: Is a photograph, a diagram or footage depicting the suicide scene, precise location or method used with the item? (2000/01 n=96; 2006/07 n=197)
Figure 7 shows that, although in 2000/01 the majority of items were consistent with the above recommendation, in 2006/07 there was further, statistically significant improvement. In 2000/01, 13.5% of rated items included a photograph, a diagram or footage related to the suicide. By 2006/07, this figure had dropped further to 4.1% ($\chi^2=8.72$, df=1, $p=0.003$).

**Method of self-harm**

*Reporting Suicide and Mental Illness*[3] suggests that reporters should refrain from specifically discussing the method used in a completed or attempted suicide, warning that a step-by-step description can prompt some vulnerable people to emulate the act.

In 2000/01, items performed less well against this dimension of quality than against some others, with the method of self-harm being described in detail in 49.6% of cases. Figure 8 shows that by 2006/07 there was significant improvement in reporting practices in this area, with only 14.0% of rated items containing an explicit description of the suicide method ($\chi^2=73.44$, df=1, $p=0.000$).

![Figure 8: Is there a detailed discussion of the method used? (2000/01 n=232; 2006/07 n=264)](chart)

**Celebrity suicide**

*Reporting Suicide and Mental Illness*[3] makes particular recommendations with respect to handling celebrity suicide. It acknowledges that celebrity suicide is often reported where it is considered to be in the public interest, but warns that coverage of celebrity suicide can glamorise and normalise suicide, and can prompt imitation suicide. It suggests that reports of celebrity suicide should not contain descriptions of the method of suicide, and should include comment on the wastefulness of the act.
Figure 9 suggests that there was a significant improvement in reportage of celebrity suicides between 2000/01 and 2006/07. In the former period, 91.2% of stories about celebrity suicide made explicit reference to the fact that the person who died by suicide or attempted suicide was a celebrity. In the latter, only 13.7% did (χ²=93.76, df=1, p=0.000). Some caution should be exercised in interpreting this finding, due to the substantially higher number of stories selected to be rated against this dimension in 2006/07. In 2000/01, coders identified only 34 stories that were about celebrity suicides, and then made a judgement about the extent to which the person’s celebrity status was emphasised. In 2006/07, coders identified far more stories (204) as being relevant to this dimension of quality, raising the question as to whether they were all applicable. If some were not, this would bias the finding downwards.

**Figure 9:** Is there reference to the fact that the person who died by suicide was a celebrity? (2000/01 n=34; 2006/07 n=204)

**Mental health literacy**

The media has a role in educating the public about suicide, and this is reflected in the recommendations of *Reporting Suicide and Mental Illness* [3] about mental health literacy. Specifically, the resource notes that many people who suicide have a mental disorder or a drug-related illness and that, where this is the case, reporting the underlying causes of suicide can help dispel myths that suicide is not related to a person’s mental state. According to the resource, discussing the risk factors also promotes a better understanding of suicide as part of a wider issue and a challenge for society.
Figure 10: Is suicide portrayed as ‘merely a social phenomenon’ as opposed to ‘being related to mental disorder’? (2000/01 n=302; 2006/07 n=216)

Figure 10 shows that, in 2000/01, 47.4% of items rated against this dimension were found to portray suicide as ‘merely a social phenomenon’, rather than ‘being related to mental disorder. In 2006/07, this figure had significantly decreased to 23.6% ($\chi^2=30.30$, df=1, $p=0.000$), indicating an improvement in the opportunities taken by journalists to improve the public’s mental health literacy.

Promoting help-seeking behaviour

Reporting Suicide and Mental Illness[3] recognises that part of the educational role of the media involves promoting help-seeking behaviour among suicidal individuals. Specifically, the resource notes that including helpline numbers, and information about the options for seeking help—such as visiting a GP or health professional—provides immediate support for those who may be distressed, or prompted to act, by a given suicide story.

Figure 11 shows that in 2000/01 only a minority of items (6.5%) provided information on help services. By 2006/07, the figure had risen significantly to 17.7% ($\chi^2=22.67$, df=1, $p=0.000$).
Interviewing the bereaved

*Reporting Suicide and Mental Illness* [3] makes recommendations about interviewing people who have been bereaved by a suicide, suggesting that sensitivity should be shown, particularly because the bereaved may be at heightened risk of suicide themselves. The resource suggests that journalists should follow media codes of practice on privacy, grief and trauma when reporting personal tragedy. As an example, it advises against interviewing the bereaved on the anniversary of a suicide death, since this can be very distressing for them.

Figure 12 shows that the proportion of rated items in which the bereaved were interviewed remained relatively stable across the two years of the Media Monitoring Project. In 2000/01, 18.0% of items included an interview with bereaved relatives or friends; in 2006/07, 15.0% did so ($\chi^2=0.65$, df=1, p=0.420).
Overall quality

By combining the nine dimensions of quality, it was possible to generate a total quality score for each item across both years of the Media Monitoring Project. 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 the potential scores on those dimensions for which a ‘Yes’ or ‘No’ response was available, and converting the result to a percentage. A score of 100% indicated the highest possible quality; a score of 0% indicated the lowest possible quality.

A total quality score could be calculated for 415 suicide items from 2000/01 and 388 from 2006/07. The total quality scores ranged from 0 to 100 in both years, but the median score increased from 57.1% in 2000/01 to 75.0% in 2006/07. Figure 13 shows the distribution of total quality scores for each year, demonstrating graphically that overall quality of reporting of suicide improved significantly during the life of the Media Monitoring Project ($\chi^2=189.88$, df=9, p<0.000).
The relationship between quality and exposure to *Reporting Suicide and Mental Illness*

Exploratory analyses were conducted to examine the relationship between quality of reporting of suicide items and exposure to *Reporting Suicide and Mental Illness*.[3]

As noted in Chapter 2, exposure to the resource was ascertained via data collected by the Hunter Institute of Mental Health on briefings and drop-in visits they conducted as part of the Mindframe Media and Mental Health Project to inform newspaper, radio and television staff about *Reporting Suicide and Mental Illness*.[3] The Hunter Institute kept records of each visit, identifying it by media source (e.g., *Sydney Morning Herald*, 2TM) and date.

Because each media item in the Media Monitoring Project dataset was also identified by media source and date, it was possible to combine the data into a single dataset and determine for each media item whether or not the media source responsible for it had previously received one or more visits from the Hunter Institute. Prior dates on which no visit had occurred were given the value 0; prior dates on which a visit had occurred were given the value 1. An assumption was made that a visit would have a half-life of six months. To account for this, the time (in years) from the date of the visit to the date of the media item was calculated, and then the exposure from the visit was multiplied by a ‘decay effect’, using an exponential decay formula. The result of this was that if the time between the visit and the story was very short, then the ‘quantum’ of exposure was essentially unchanged, but if the time was longer then the effect was reduced (e.g., at one year, the effect was reduced to 25% of its original value). These ‘weighted’ effects were cumulated for each item.
Simple descriptive analyses were conducted where the mean ratings for the nine individual dimensions of quality were plotted against the number of prior visits. The results are shown in Figure 14. It can be seen that for the majority of the individual dimensions of quality, there was an increase in the mean rating from 0 visits to 1 visit (but some fluctuation in the mean rating beyond 1 visit). The exception was the item related to help-seeking, which showed a decrease from 0 to 1 visit, consistent with its reverse scoring. This is positive, in that it indicates an improvement associated with the introduction and dissemination of *Reporting Suicide and Mental Illness*.[3] However, because of the fact that all media items in the 2000/01 year scored a 0, the opportunity for demonstrating an association at the specific media source level was reduced. A dose-response effect whereby a greater number of visits was associated with further improvements in the mean rating would have provided further support for the association being causally related to visits, but the number of media sources receiving more than one visit was low. This accounts for the previously-mentioned fluctuations in the mean quality ratings associated with 2–7 visits, and restricts the conclusions that can be drawn.

Figure 14: Mean ratings on individual dimensions of quality (suicide) as a function of number of visits by the Hunter Institute of Mental Health

LEGEND: QLANG—Does the item have any examples of inappropriate language? QLOC—Is the item inappropriately located? QHEAD—Is the word ‘suicide’ used in the headline? QPHOT—Is a photograph, a diagram or footage depicting the suicide scene, precise location or method used with the item? QMETH—Is there a detailed discussion of the method used? QCCEL—Is there reference to the fact that the person who died by suicide was a celebrity? QLIT—Is suicide portrayed as ‘merely a social phenomenon’ as opposed to ‘being related to mental disorder’? QHELP—Does the item provide information on help services? QINT—Are the bereaved interviewed?
A similar descriptive analysis was conducted to establish the relationship between the mean total quality score and number of prior visits (see Figure 15). Again, there was an increase from 0 visits to 1 visit, but this was largely an artefact of the overall improvement in media reporting of suicide from the first year of the Media Monitoring Project when no visits occurred. The mean total quality rating showed no consistent pattern beyond the first visit, rendering it difficult to make definitive statements about the effect of the Hunter Institute's dissemination efforts on specific media sources.

Figure 15: Mean total quality ratings (mental health/illness) as a function of the number of visits by the Hunter Institute of Mental Health
CHAPTER 8:  
Newspaper items on mental health/illness

In 2000/01, there were 4,351 newspaper items concerned with mental health and/or illness (3,754 with mental health/illness alone, and 597 with mental health/illness and suicide). By 2006/07, there was almost a four-fold increase in newspaper items of this kind, with 17,308 in total (15,252 concerned with mental health/illness alone, and 2,056 concerned with mental illness and suicide).

Month

Figure 16 shows the distribution of newspaper items on mental health/illness by month and Media Monitoring Project year. As noted earlier, data collection began and ended in different months in the baseline and follow-up years. In the baseline year, data collection began in March 2000 and ended in February 2001 and, in the follow-up year, data collection began in September 2006 and ended in August 2007. This should be borne in mind in interpreting the chronology of Figure 16.

Figure 16: Newspaper items on mental health/illness by month and Media Monitoring Project year.
Within and across years, there was some variability by month, although arguably not as much as might have been expected. In 2000/01, the month with the greatest number of mental health/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.

In 2006/07, the month with the highest level of reporting was October 2006 (11.1%), again reflecting considerable coverage around Mental Health Week. Reporting in other months in the follow-up year was relatively evenly spread, sitting around 7.0–9.0%.

**Item placement**

In 2000/01, 3.8% of items appeared on the front page of the newspaper, and the remainder were located in the body of the newspaper. In 2006/07, 2.6% of items were placed on the front page.

**Reporter**

Table 23 provides information on the reporter responsible for each newspaper item on mental health/illness for both phases of the Media Monitoring Project. In the majority of cases in both years (76.9% and 86%, respectively), the item was written by the newspaper’s own reporter. Only about 3% of items in both years were sourced from the major agencies, Australian Associated Press (AAP) and Reuters. Between 5% and 7% of items in both years were written by someone classified as ‘other’—most commonly readers, guest writers/experts or reporters from smaller agencies or international newspapers. In 13.6% of cases in 2000/01 it was not possible to ascertain who the reporter was; in 2006/07 this figure was 5.8%.

**Table 23: Newspaper items on mental health/illness, by reporter and Media Monitoring Project year**

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Own reporter</td>
<td>3,348</td>
<td>76.9</td>
</tr>
<tr>
<td>AAP</td>
<td>100</td>
<td>2.3</td>
</tr>
<tr>
<td>Reuters</td>
<td>14</td>
<td>0.3</td>
</tr>
<tr>
<td>Other</td>
<td>296</td>
<td>6.8</td>
</tr>
<tr>
<td>Not known</td>
<td>593</td>
<td>13.6</td>
</tr>
<tr>
<td>Total</td>
<td>4,351</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Item type**

Table 24 shows the type of items on mental health/illness presented in newspapers during the two Media Monitoring Project years. In both the baseline and follow-up years, the most
common item type was news items (81.7% in 2000/01 and 78.9% in 2006/07), followed by feature items (9.3% in 2000/01 and 8.1% in 2006/07). A further 5.9% and 5.0% of items were accounted for by letters in 2000/01 and 2006/07, respectively. A greater proportion of newspaper items fell into an undifferentiated ‘other’ category in 2006/07 (6.3%) than in 2000/01 (2.4%), but the kinds of items in this category were similar across the two periods (e.g., advertisements and community announcements, opinion pieces, regular columns, cartoons and arts/entertainment/literature reviews).

### Table 24: Newspaper items on mental health/illness, by item type and Media Monitoring Project year

<table>
<thead>
<tr>
<th>Item Type</th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>News</td>
<td>3,554</td>
<td>81.7</td>
<td>13,650</td>
<td>78.9</td>
</tr>
<tr>
<td>Feature</td>
<td>406</td>
<td>9.3</td>
<td>1,397</td>
<td>8.1</td>
</tr>
<tr>
<td>Editorial</td>
<td>30</td>
<td>0.7</td>
<td>297</td>
<td>1.7</td>
</tr>
<tr>
<td>Letter</td>
<td>257</td>
<td>5.9</td>
<td>865</td>
<td>5.0</td>
</tr>
<tr>
<td>Other</td>
<td>104</td>
<td>2.4</td>
<td>1,099</td>
<td>6.3</td>
</tr>
<tr>
<td>Total</td>
<td>4,351</td>
<td>100.0</td>
<td>17,308</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Item content

Table 25 provides a breakdown of the content of newspaper items on mental health/illness in 2000/01 and 2006/07, focusing on those that were common in the baseline year and allowing for multiple responses.

### Table 25: Newspaper items on mental health/illness, by selected item content and Media Monitoring Project year*

<table>
<thead>
<tr>
<th>Item Content</th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Individual’s experience</td>
<td>852</td>
<td>19.6</td>
<td>4,702</td>
<td>27.2</td>
</tr>
<tr>
<td>Causes, symptoms and/or treatment of mental illness</td>
<td>1,165</td>
<td>26.8</td>
<td>4,645</td>
<td>26.8</td>
</tr>
<tr>
<td>Mental health care and/or services</td>
<td>934</td>
<td>21.5</td>
<td>4,464</td>
<td>25.8</td>
</tr>
<tr>
<td>Statistical overview</td>
<td>455</td>
<td>10.5</td>
<td>1,690</td>
<td>9.8</td>
</tr>
<tr>
<td>Policy or program initiative</td>
<td>1,489</td>
<td>34.2</td>
<td>2,149</td>
<td>12.4</td>
</tr>
<tr>
<td>Research initiative</td>
<td>817</td>
<td>18.8</td>
<td>2,079</td>
<td>12.0</td>
</tr>
<tr>
<td>Opinion piece</td>
<td>466</td>
<td>10.7</td>
<td>2,005</td>
<td>11.6</td>
</tr>
<tr>
<td>Mental health/illness mentioned in the context of suicide</td>
<td>235</td>
<td>5.4</td>
<td>610</td>
<td>3.5</td>
</tr>
<tr>
<td>Mental health/illness mentioned in the context of crime</td>
<td>363</td>
<td>8.3</td>
<td>1,171</td>
<td>6.8</td>
</tr>
</tbody>
</table>

*Multiple responses permitted
There were some changes in item content between 2000/01 and 2006/07. Perhaps most marked was a decrease in reference to policy/program initiatives (34.2% in 2000/01 to 12.4% in 2006/07). 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). In 2000/01, there was considerable coverage related to the establishment and early work of *beyondblue*. In 2006/07, there were other major policy/program events (e.g., the Council of Australian Governments committing $1.9 billion for mental health care reform) and, although these received considerable coverage in absolute terms, in relative terms their coverage was comparatively less.

Alongside this proportional decrease in items on policy/program initiatives was an increase in items on individuals’ experiences. In 2000/01, 19.6% of items described the experience of an individual with mental health problems; in 2006/07, 27.2% did so. To some extent at least, this may be associated with a gradual decrease in the stigma associated with having a mental illness. Newspaper reports that describe individuals’ experiences may reflect—and contribute to—changing community attitudes about mental illness.

Items about causes, symptoms and/or treatment of mental illness were consistently common in both 2000/01 and 2006/07, accounting for around one-quarter of all items in both years. 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 pharmacological and non-pharmacological therapies. The latter included conventional treatments (e.g., the prescription of Prozac or the provision of counselling for depression) as well as alternative approaches (e.g., the use of St John’s Wort for the same condition).

Items about mental health care or services were also common in both years, again accounting for around one-quarter of items in both years. Typically, these items were about new or novel services, or a failure of the mental health system.

The ‘other’ category is worthy of consideration. In 2000/01, 15.0% of items fell into this category; in 2006/07, 34.0% did. These items were very diverse in nature, and included items that referred to a range of issues related to mental health such as 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 pressures on celebrities.

**Geographical reference**

In 2000/01, a total of 3,776 newspaper items concerned with mental health/illness (86.8%) referred to a story occurring in the Australian context. In 2006/07, 13,865 (80.1%) did so. In both years, substantial proportions of these items referred to Victoria (47.7% in 2000/01; 31.8% in 2006/07), reflecting the oversampling of suburban and regional newspapers from this state. Representation of the other states/territories was much less common. New South Wales was the next most commonly referenced in 2000/01 (8.3%), and in 2006/07 (15.9%).
**At-risk groups**

Consideration was given to whether particular demographic groups known to be at increased risk of mental health/illness featured prominently in the newspaper items on mental health/illness during the two years of the Media Monitoring Project. Table 26 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>
<thead>
<tr>
<th>Table 26: Newspaper items on mental health/illness, by demographic group featured and Media Monitoring Project year*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>0–24</td>
</tr>
<tr>
<td>25–64</td>
</tr>
<tr>
<td>65+</td>
</tr>
<tr>
<td><strong>Area of residence</strong></td>
</tr>
<tr>
<td>Major urban</td>
</tr>
<tr>
<td>Other urban</td>
</tr>
<tr>
<td>Rural</td>
</tr>
<tr>
<td>Remote</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
</tr>
<tr>
<td>Non-English speaking background</td>
</tr>
<tr>
<td><strong>Aboriginality</strong></td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
</tbody>
</table>

* Multiple responses permitted

In general, at-risk groups were more commonly presented in items in 2006/07 than they were in 2000/01. For example, in 2006/07, around 20% of all items presented males, females and those living in major urban areas as at-risk groups; in 2000/01 less than 5% did so. Only the ‘other’ category saw a drop. It is possible that this finding represents an increased awareness on the part of media professionals regarding the importance of various factors that may predispose people to mental health problems. However, the magnitude of the difference in most cases suggests that different coding practices across the two years may be at least partly responsible for the finding. The earlier coders may have classified a story as presenting a particular at-risk group only if it explicitly attributed an increased level of risk to that group; the later coders may have used a broader definition of at-risk groups.
In 2000/01, there were 1,237 television items concerned with mental health/illness (1,174 with mental health/illness alone, and 63 with mental health/illness and suicide). In 2006/07 there were 2,398 items of this type (2,217 with mental health/illness alone, and 181 with mental health/illness and suicide).

**Month**

Figure 17 shows the distribution of television items on mental health/illness by month and Media Monitoring Project year. Again, it should be noted that data collection began and ended in different months in the baseline and follow-up years, and this should be borne in mind in interpreting the chronology of Figure 17.

In 2000/01, the greatest number of mental health/illness items were 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 attempted and then completed suicide 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.

In 2006/07, the greatest number of mental health/illness items went to air in August 2007 (12.7%), followed by May 2007 (11.6%) and October 2006 (11.1%). The high level of reporting in August 2007 was accounted for by considerable commentary about the depression experienced by an Australian Football League player. In addition, Missing Persons Week was held in August 2007, generating substantial comment from police and others about the rate of mental illness among people reported missing. Other significant reporting events in August 2007 included discussion of mental health issues in relation to the attempted suicide of a Hollywood actor, the confession of regular drug use by a National Rugby League player, and wide coverage of new research indicating a causal link between high levels of alcohol consumption and subsequent brain damage. In May 2007, the state of mental health and wellbeing of New South Wales police officers received considerable attention, following the attempted suicide of one officer and the completed suicide of another. There was also considerable coverage of the announcement that former New South Wales opposition leader, John Brogden, had become the new patron of Lifeline, following his management of his own mental health issues. The impact of the drought on rural and regional communities' mental health and wellbeing was also mentioned, as was childhood and early adult obesity and eating disorders, treatment and support for elderly people with dementia, diagnosis and management of depression in the general community, and the management of attention deficit hyperactivity disorder (ADHD). In October 2006, the high level of reporting was largely related to Mental Health Week.

**Item time**

Table 27 shows that in both years of the Media Monitoring Project the majority of items were screened in the evening (from 5.00 pm onwards). Having said this, the majority was smaller in 2006/07 (70.6%) than it was in 2000/01 (89.8%). Commensurately, a larger proportion of items were screened in the morning in the later year (23.7%) than in the earlier one (8.5%).

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Morning</td>
<td>105</td>
<td>8.5</td>
<td>566</td>
<td>23.7</td>
</tr>
<tr>
<td>Afternoon</td>
<td>21</td>
<td>1.7</td>
<td>135</td>
<td>5.7</td>
</tr>
<tr>
<td>Evening</td>
<td>1,110</td>
<td>89.8</td>
<td>1,687</td>
<td>70.6</td>
</tr>
<tr>
<td>Total</td>
<td>1,236</td>
<td>100.0</td>
<td>2,388</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 27: Television items on mental health/illness, by item time and Media Monitoring Project year
Item duration

The duration of television items on mental health/illness was variable within and between years of the Media Monitoring Project. As Table 28 shows, in 2000/01, the most common item duration was 2–4 minutes (48.5%), whereas in 2006/07 shorter items of less than two minutes accounted for the majority (64.0%).

Table 28: Television items on mental health/illness, by item duration and Media Monitoring Project year

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>&lt;2 minutes</td>
<td>441</td>
<td>35.7</td>
<td>1,535</td>
<td>64.0</td>
</tr>
<tr>
<td>2–4 minutes</td>
<td>600</td>
<td>48.5</td>
<td>546</td>
<td>22.8</td>
</tr>
<tr>
<td>&gt;4 minutes</td>
<td>196</td>
<td>15.8</td>
<td>317</td>
<td>13.2</td>
</tr>
<tr>
<td>Total</td>
<td>1,237</td>
<td>100.0</td>
<td>2,398</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Item type

In both Media Monitoring Project years, the majority of television items on mental health/illness were news items, with roughly similar figures in 2000/01 (79.4%) and 2006/07 (72.2%) (see Table 29). The remainder of the items in both years were generally classified as current affairs items.

Table 29: Television items on mental health/illness, by item type and Media Monitoring Project year

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th></th>
<th>2006/07</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>News</td>
<td>981</td>
<td>79.4</td>
<td>1,722</td>
<td>72.2</td>
</tr>
<tr>
<td>Current affairs</td>
<td>254</td>
<td>20.6</td>
<td>631</td>
<td>26.4</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.1</td>
<td>33</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>1,236</td>
<td>100.0</td>
<td>2,386</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Item content

Table 30 provides a breakdown of the content of television items on mental health/illness in 2000/01 and 2006/07, focusing on those that were relatively common in the baseline year and allowing for multiple responses.
Table 30: Television items on mental health/illness, by selected item content and Media Monitoring Project year*

<table>
<thead>
<tr>
<th>Item Description</th>
<th>2000/01 Frequency</th>
<th>2000/01 %</th>
<th>2006/07 Frequency</th>
<th>2006/07 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual’s experience</td>
<td>187</td>
<td>15.1</td>
<td>798</td>
<td>33.3</td>
</tr>
<tr>
<td>Causes, symptoms and/or treatment of mental illness</td>
<td>290</td>
<td>23.4</td>
<td>564</td>
<td>23.5</td>
</tr>
<tr>
<td>Mental health care and/or services</td>
<td>182</td>
<td>14.7</td>
<td>824</td>
<td>34.4</td>
</tr>
<tr>
<td>Statistical overview</td>
<td>101</td>
<td>8.2</td>
<td>226</td>
<td>9.4</td>
</tr>
<tr>
<td>Policy or program initiative</td>
<td>363</td>
<td>29.3</td>
<td>494</td>
<td>20.6</td>
</tr>
<tr>
<td>Research initiative</td>
<td>241</td>
<td>19.5</td>
<td>337</td>
<td>14.1</td>
</tr>
<tr>
<td>Opinion piece</td>
<td>21</td>
<td>1.7</td>
<td>291</td>
<td>12.1</td>
</tr>
<tr>
<td>Mental health/illness mentioned in the context of suicide</td>
<td>16</td>
<td>1.3</td>
<td>60</td>
<td>2.5</td>
</tr>
<tr>
<td>Mental health/illness mentioned in the context of crime</td>
<td>81</td>
<td>6.5</td>
<td>219</td>
<td>9.1</td>
</tr>
</tbody>
</table>

* Multiple responses permitted

In terms of item content, the profiles of television items on mental health/illness were fairly similar across the two years of the Media Monitoring Project. There were some exceptions, however. Most notably, the proportion of items describing an individual’s experience of mental health/illness doubled (15.1% in 2000/01 to 33.3% in 2006/07), as did the proportions of items discussing mental health care and/or services (14.7% in 2000/01 to 34.4% in 2006/07). There was also an increase in opinion pieces (1.7% in 2000/01 to 12.1% in 2006/07). Proportionally, somewhat less emphasis was given to policy or program initiatives in items in 2006/07 (20.6%) than in 2000/01 (29.3%). This pattern of change is similar to that reported in Chapter 8 for newspaper items on mental health/illness, and may perhaps be explained by an increased community acceptance of mental health problems leading to a greater propensity for the media to report on people’s ‘lived experiences’ and on service-related issues, and by the significant media attention that was given to beyondblue during its first year of operation (2000).

Geographical reference

In 2000/01, stories occurring in the Australian context were referred to by 1,041 television items on mental health/illness (84.2%). In 2006/07, the equivalent figure was 1,994 (83.2%). In both years, the reference was typically general, and did not involve any particular state/territory. In 2000/01 when a geographical reference was state/territory-specific, it tended to involve New South Wales (18.3%). In 2006/07, the most commonly-referenced state was also New South Wales (17.0%).
At-risk groups

Table 31 shows the relative prominence of at-risk groups in television items on mental health/illness, allowing for multiple responses and the fact that some items did not make specific reference to any demographic groups.

Table 31: Television items on mental health/illness, by demographic group featured and Media Monitoring Project year*

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>1.4</td>
</tr>
<tr>
<td>Female</td>
<td>56</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–24</td>
<td>116</td>
<td>9.4</td>
</tr>
<tr>
<td>25–64</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>65+</td>
<td>14</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Area of residence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major urban</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>Other urban</td>
<td>4</td>
<td>0.3</td>
</tr>
<tr>
<td>Rural</td>
<td>22</td>
<td>1.8</td>
</tr>
<tr>
<td>Remote</td>
<td>3</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-English speaking background</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Aboriginality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
<td>9</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>73</td>
<td>5.9</td>
</tr>
</tbody>
</table>

* Multiple responses permitted

As with newspaper items on mental health/illness, at-risk groups were more commonly presented in television items on mental health/illness in 2006/07 than they were in 2000/01. For example, there were substantial increases in the proportion of items that made reference to the heightened risk of mental health problems associated with particular gender and age groupings and with living in particular areas. Again, some caution should be exercised in interpreting this finding. It may reflect a genuine increase in reporting of at-risk groups, but may also be influenced by changes in coding practices across time.
CHAPTER 10:
Radio items on mental health/illness

In 2000/01, there were 7,801 radio items concerned with mental health/illness (7,410 with mental health/illness alone, and 391 with mental health/illness and suicide). In 2006/07 there were 17,047 items of this type (15,881 on mental health/illness alone, and 1,166 on mental health/illness and suicide).

Month

Figure 18 shows the distribution of radio items on mental health/illness by month and Media Monitoring Project year. Once again, it should be noted that data collection began and ended in different months in the baseline and follow-up years, and this should be borne in mind in interpreting the chronology of Figure 18.

Figure 18: Radio items on mental health/illness by month and Media Monitoring Project year

In 2000/01, the figures for volume by month varied substantially, with the greatest number of mental health/illness items being broadcast in October 2000 (12.4%), which included Mental Health Week. Other high-volume months were May, July and August 2000 (11.9%, 10.5%...
and 10.4%, respectively), which reflected media interest in the suicidal actions of a prominent federal politician and the legal proceedings taken against a psychiatrist involved in the care of several offenders with mental health problems who died in custody.

In 2006/07, October 2006 was the highest volume month, accounting for 13.4% of all radio items on mental health/illness. Again, this is largely explained by the occurrence of Mental Health Week in that month. The next highest volume month was May, which accounted for a further 11.6% of items, largely due to discussion about New South Wales police officers’ mental health and wellbeing, the announcement that former New South Wales opposition leader, John Brogden, had become the new patron of Lifeline, and the mental health impact of the drought. General discussion of a range of specific disorders also contributed to the volume in this month. In October 2006, the high level of reporting was largely related to Mental Health Week.

**Item time**

Table 32 shows the distributions of radio items on mental health/illness in terms of time for both years of the Media Monitoring Project. The distributions are similar, with just over half of all items being broadcast in the morning in both years, close to 30% going to air in the afternoon, and the remainder being transmitted in the evening.

<table>
<thead>
<tr>
<th>Time</th>
<th>2000/01</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Morning</td>
<td>4,185</td>
<td>53.7</td>
</tr>
<tr>
<td>Afternoon</td>
<td>2,324</td>
<td>29.8</td>
</tr>
<tr>
<td>Evening</td>
<td>1,287</td>
<td>16.5</td>
</tr>
<tr>
<td>Total</td>
<td>7,796</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Item duration**

Radio items on mental health/illness varied in length in both years of the Media Monitoring Project (see Table 33). In both years, the greatest proportion of items were less than two minutes long, although the overall proportion was greater in 2006/07 than in 2000/01 (42.7% versus 58.2%). Many of these items were accounted for by brief calls on talkback shows.

<table>
<thead>
<tr>
<th>Duration</th>
<th>2000/01</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>&lt;2 minutes</td>
<td>3,331</td>
<td>42.7</td>
</tr>
<tr>
<td>2–4 minutes</td>
<td>1,978</td>
<td>25.4</td>
</tr>
<tr>
<td>&gt;4 minutes</td>
<td>2,492</td>
<td>31.9</td>
</tr>
<tr>
<td>Total</td>
<td>7,801</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Item type
Table 34 provides a breakdown of the radio items on mental health/illness by item type and Media Monitoring Project year. In 2000/01, almost 60% of items were classified as current affairs items, and just over 40% as news items. In 2006/07, the split was closer to 50/50.

Table 34: Radio items on mental health/illness, by item type and Media Monitoring Project year

<table>
<thead>
<tr>
<th>Item Type</th>
<th>2000/01 Frequency</th>
<th>2000/01 %</th>
<th>2006/07 Frequency</th>
<th>2006/07 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>News</td>
<td>3,133</td>
<td>40.2</td>
<td>8,238</td>
<td>48.6</td>
</tr>
<tr>
<td>Current affairs</td>
<td>4,658</td>
<td>59.7</td>
<td>8,359</td>
<td>49.3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>0.1</td>
<td>367</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>7,796</td>
<td>100.0</td>
<td>16,964</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Item content
Table 35 provides a breakdown of the content of radio items on mental health/illness in 2000/01 and 2006/07, focusing on those that were common in the former year and allowing for multiple responses.

Table 35: Radio items on mental health/illness, by selected item content and Media Monitoring Project year*

<table>
<thead>
<tr>
<th>Item Content</th>
<th>2000/01 Frequency</th>
<th>2000/01 %</th>
<th>2006/07 Frequency</th>
<th>2006/07 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual's experience</td>
<td>1,260</td>
<td>16.2</td>
<td>4,289</td>
<td>25.2</td>
</tr>
<tr>
<td>Causes, symptoms and/or treatment of mental illness</td>
<td>1,748</td>
<td>22.4</td>
<td>4,225</td>
<td>24.8</td>
</tr>
<tr>
<td>Mental health care and/or services</td>
<td>1,225</td>
<td>15.7</td>
<td>6,254</td>
<td>36.7</td>
</tr>
<tr>
<td>Statistical overview</td>
<td>379</td>
<td>4.9</td>
<td>1,749</td>
<td>10.3</td>
</tr>
<tr>
<td>Policy or program initiative</td>
<td>2,036</td>
<td>26.1</td>
<td>3,689</td>
<td>21.6</td>
</tr>
<tr>
<td>Research initiative</td>
<td>1,211</td>
<td>15.5</td>
<td>1,948</td>
<td>11.4</td>
</tr>
<tr>
<td>Opinion piece</td>
<td>645</td>
<td>8.3</td>
<td>3,921</td>
<td>23.0</td>
</tr>
<tr>
<td>Mental health/illness mentioned in the context of suicide</td>
<td>90</td>
<td>1.2</td>
<td>422</td>
<td>2.5</td>
</tr>
<tr>
<td>Mental health/illness mentioned in the context of crime</td>
<td>305</td>
<td>3.9</td>
<td>1,031</td>
<td>6.0</td>
</tr>
<tr>
<td>* Multiple responses permitted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the main, the profile of radio item content showed similar changes to television item content (and, to a lesser extent, newspaper item content) over time. There was an increase in items describing an individual’s experience of mental health/illness (16.2% in 2000/01
to 25.2% in 2006/07), and items discussing mental health care and/or services (15.7% in 2000/01 to 36.7% in 2006/07). There was also a proportional increase in opinion pieces (8.3% in 2000/01 to 23.0% in 2006/07). In addition, there was a proportional drop in items describing policy and program initiatives (26.1% in 2000/01 to 21.6% in 2006/07). Again, this pattern of change may be accounted for by improved ‘mental health literacy’ on the part of the community and the media, and the significant media focus on beyondblue during its first year of operation (2000).

Geographical reference

In 2000/01, stories occurring in the Australian context were referred to by 82.7% of radio items on mental health/illness. In 2006/07, the proportion remained almost unchanged at 83.9%. In both years, the reference was typically general, and did not involve any particular state/territory, but when it did the reference was most commonly to New South Wales (19.3% in 2000/01; 19.7% in 2006/07).

At-risk groups

Table 36 shows the relative prominence of at-risk groups in radio items on mental health/illness, allowing for multiple responses and the fact that some items did not make specific reference to any demographic groups.

Table 36: Radio items on mental health/illness, by demographic group featured and Media Monitoring Project year*

<table>
<thead>
<tr>
<th>Demographic Group</th>
<th>2000/01 Frequency</th>
<th>2000/01 %</th>
<th>2006/07 Frequency</th>
<th>2006/07 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>166</td>
<td>2.1</td>
<td>3,388</td>
<td>19.9</td>
</tr>
<tr>
<td>Female</td>
<td>218</td>
<td>2.8</td>
<td>2,024</td>
<td>11.9</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–24</td>
<td>507</td>
<td>6.5</td>
<td>2,044</td>
<td>12.0</td>
</tr>
<tr>
<td>25–64</td>
<td>46</td>
<td>0.6</td>
<td>619</td>
<td>3.6</td>
</tr>
<tr>
<td>65+</td>
<td>115</td>
<td>1.5</td>
<td>408</td>
<td>2.4</td>
</tr>
<tr>
<td>Area of residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major urban</td>
<td>29</td>
<td>0.4</td>
<td>1,163</td>
<td>6.8</td>
</tr>
<tr>
<td>Other urban</td>
<td>60</td>
<td>0.8</td>
<td>887</td>
<td>5.2</td>
</tr>
<tr>
<td>Rural</td>
<td>174</td>
<td>2.2</td>
<td>1,993</td>
<td>11.7</td>
</tr>
<tr>
<td>Remote</td>
<td>28</td>
<td>0.4</td>
<td>636</td>
<td>3.7</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-English speaking background</td>
<td>16</td>
<td>0.2</td>
<td>64</td>
<td>0.4</td>
</tr>
<tr>
<td>Aboriginality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
<td>53</td>
<td>0.7</td>
<td>295</td>
<td>1.7</td>
</tr>
<tr>
<td>Other</td>
<td>617</td>
<td>7.9</td>
<td>704</td>
<td>4.1</td>
</tr>
</tbody>
</table>

* Multiple responses permitted
As with newspaper and television items on mental health/illness, at-risk groups were more commonly presented in radio items on mental health/illness in 2006/07 than they were in 2000/01. This was true almost across the board, but was most noticeable for gender-, age- and area of residence-related groupings. Again, some caution should be exercised in interpreting this finding. It may reflect genuine differences in media attention to at-risk groups, differences related to coding practices, or some combination of the two.
CHAPTER 11:
Quality of mental health/illness items

Completeness and comprehensiveness of quality ratings

In 2000/01, 10% of all items on mental health/illness—or 1,343—were randomly selected to be rated on nine dimensions of quality developed from criteria in Achieving the Balance[4]. Of these, 1,130 (84.1%) were able to be rated for quality. In 2006/07, the random sample was limited to 5% of all media items, yielding a total of 1,798. It was possible to rate 1,697 (94.4%) of these.

Coders responded ‘Yes’, ‘No’, ‘Not applicable’ or ‘Don’t know’ to each of the questions that operationalised the dimensions of quality. The use of the latter two response categories sometimes related to the media type. For example, the question ‘Is the headline inaccurate or inconsistent with the focus of the item?’ was clearly only relevant to newspaper items. On other occasions, the use of these responses related to the item’s content. For example, a dimension like ‘Does the item disclose that a particular individual has a mental illness, identifying the person by name?’ was only relevant to items describing an individual’s experience of mental illness, and not to items featuring other types of content.

Table 37 shows that the range of response rates was greater in 2000/01 (35%–100%) than it was in 2006/07 (43%–90%). There was, however, some consistency to the pattern in that ‘Is the headline inaccurate or inconsistent with the focus of the item?’ was least frequently able to be rated in both years and ‘Does the item use language that is outdated, negative or inappropriate?’ was most frequently able to be rated. The remainder of this chapter considers ‘Yes’ or ‘No’ responses only. Mental health/illness items in print and broadcast media are considered together, on the grounds that splitting them by media type would result in samples too small for meaningful analysis.
Table 37: Ratings on dimensions of quality

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>‘Yes’ or ‘No’</td>
<td>‘Not applicable’ or ‘Don’t know’</td>
</tr>
<tr>
<td>Is the headline inaccurate or inconsistent with the focus of the item?</td>
<td>401</td>
<td>729</td>
</tr>
<tr>
<td>Is the headline or content unnecessarily dramatic or sensationalised?</td>
<td>1,128</td>
<td>2</td>
</tr>
<tr>
<td>Does the item use language that is outdated, negative or inappropriate?</td>
<td>1,128</td>
<td>2</td>
</tr>
<tr>
<td>Is medical terminology used inaccurately or not in the correct context?</td>
<td>1,040</td>
<td>90</td>
</tr>
<tr>
<td>Does the item reinforce negative stereotypes about mental illness?</td>
<td>1,031</td>
<td>99</td>
</tr>
<tr>
<td>Does the item emphasise the illness rather than the person?</td>
<td>732</td>
<td>398</td>
</tr>
<tr>
<td>Does the item imply that all mental illnesses are the same?</td>
<td>969</td>
<td>161</td>
</tr>
<tr>
<td>Does the item provide information on help services and mental health referral services?</td>
<td>1,127</td>
<td>3</td>
</tr>
<tr>
<td>Does the item disclose that a particular individual has a mental illness, identifying the person by name?</td>
<td>599</td>
<td>531</td>
</tr>
</tbody>
</table>
Quality of reporting on individual dimensions

The quality of reporting varied by dimension, but the majority of dimensions showed improvement from the baseline year of the Media Monitoring Project to the follow-up year. Detail on the quality of individual dimensions, by Media Monitoring Project year, is provided below.

Headlines: Accuracy and consistency

*Reporting Suicide and Mental Illness*[3] suggests that headlines should make links that are accurate and confirmed. For example, it asks those responsible for headlines to consider whether the headline exaggerates the person’s illness or the impact mental illness has on their behaviour.

Figure 19 shows that there was some deterioration on this dimension of quality from 2000/01 to 2006/07. In the earlier period, only 4.2% of rated items had examples of inappropriate language, whereas in the later period 8.2% did. This difference reached statistical significance at the 0.05 level ($\chi^2=6.51$, df=1, p=0.011).

Figure 19: Is the headline inaccurate or inconsistent with the focus of the item? (2000/01 n=401; 2006/07 n=729)
**Sensationalism**

*Reporting Suicide and Mental Illness*[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 illness, and discourage them from seeking help. For example, it suggests that referring to someone with a mental illness as ‘a victim’, ‘suffering with’ or ‘afflicted by’ a mental illness is outdated and sensationalises the issue.

Figure 20 shows that there was significant improvement on this dimension during the life of the Media Monitoring Project. In 2000/01, 29.3% of rated items were judged to be unnecessarily dramatic or sensationalised. In 2006/07, the figure was 6.8% ($\chi^2=233.75$, df=1, $p=0.000$).

![Figure 20: Is the headline or content unnecessarily dramatic or sensationalised? (2000/01 n=1,128; 2006/07 n=1,459)](image)

**Language**

*Reporting Suicide and Mental Illness*[3] suggests that outdated, negative or colloquial terms should be avoided, providing examples such as ‘cracked up’, ‘nutcase’, ‘psycho’ and ‘lunatic asylum’.

Figure 21 reveals that there was significant improvement on this dimension of quality. In 2000/01, 19.9% of rated items used outdated, negative or inappropriate language, whereas in 2006/07 only 5.8% did ($\chi^2=122.47$, df=1, $p=0.000$).
Medical terminology

*Reporting Suicide and Mental Illness* [3] emphasises that medical terms have specific meanings, and should not be used inaccurately (e.g., labelling someone who is unhappy as clinically depressed) or out of context (e.g., describing a dog as psychotic or a city as schizophrenic).
Figure 22 shows that in 2000/01, only 3.2% of rated items used medical terminology inaccurately or out of context. In 2006/07, a similarly low proportion (3.8%) did so ($\chi^2=0.75$, df=1, $p=0.386$).

**Stereotyping**

*Reporting Suicide and Mental Illness*[3] suggests that reporters should avoid stereotyping people with mental illness as inherently violent, unable to work, unpredictable, untrustworthy, weak or unable to get well. Such myths lead to stigma and discrimination.

Figure 23 shows that there was statistically significant improvement on this dimension during the Media Monitoring Project. In 2000/01, 14.3% of rated items were judged to reinforce negative stereotypes about mental illness in some way. By 2006/07, the proportion had reduced to 10.6% ($\chi^2=7.83$, df=1, $p=0.005$).

**Figure 23: Does the item reinforce negative stereotypes about mental illness?**

(2000/01 n=1,031; 2006/07 n=1,468)

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**Illness versus person**

*Reporting Suicide and Mental Illness*[3] encourages media professionals to remember that having a mental illness is only one aspect of a person’s life. It argues that language that implies that mental illness is a life sentence should be avoided—e.g., a person is not ‘a schizophrenic’, they are currently experiencing or being treated for schizophrenia. The former terminology labels a person by his or her diagnosis and implies that the illness is debilitating and permanent, whereas in fact recovery and management may be possible.

Figure 24 shows that there was improvement on this dimension of quality from 2000/01 to 2006/07. In the former year, 20.0% of rated items emphasised the illness rather than the person; in the latter year, 16.2% did so. This difference reached significance at the 0.05 level ($\chi^2=4.42$, df=1, $p=0.036$).
Homogeneity

*Reporting Suicide and Mental Illness*[3] 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 suggests that care should be taken not to imply that all mental illnesses are the same.

Figure 25 indicates that there was a statistically significant improvement on this dimension of quality over time. In 2000/01, 16.6% of rated items implicitly suggested that all mental illnesses are the same. In 2006/07, the proportion had dropped to 3.4% ($\chi^2=118.90, \text{df}=1, p=0.000$).
Seeking appropriate help

Reporting Suicide and Mental Illness[3] 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 stories that deal with mental illness should provide helpline numbers and information about the options for seeking help (e.g., visiting a GP or other health professional), in an effort to provide immediate support for anyone who may be distressed by the story.

Figure 26 shows that, in 2000/01, only 6.6% of rated items provided information on help services. By 2006/07, this figure had risen to 19.8%. While still sub-optimal, this represents a statistically significant improvement over time ($\chi^2=91.53$, df=1, $p=0.000$).

Figure 26: Does the item provide information on help services and mental health referral services? (2000/01 n=1,127; 2006/07 n=1,489)

Privacy

Reporting Suicide and Mental Illness[3] observes that the decision to make public the fact that a person has a mental illness should not be taken lightly. Specifically, it notes that the person should not be identified by name in the story unless he or she has expressly given permission.

Figure 27 shows that, in the two years of the Media Monitoring Project, almost identical proportions of rated items disclosed that a particular individual had a mental illness, identifying him or her by name. In 2000/01, the figure was 28.6%; in 2006/07, it was 28.9% ($\chi^2=0.02$, df=1, $p=0.887$).
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/illness items. As was the case with the suicide items, a response of ‘No’ on most mental health/illness dimensions was indicative of a good quality item, and a response of ‘Yes’ was indicative of a poorer quality item. 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, the scoring was reversed. 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.

A total quality score could be calculated for 1,135 mental health/illness items from 2000/01 and 1,651 from 2006/07. The total quality scores ranged from 0 to 100 in both years, but the median score increased from 75.0% in 2000/01 to 80.0% in 2006/07. Figure 28 shows the distribution of total quality scores for each year, demonstrating graphically that overall quality of reporting of suicide improved significantly during the life of the Media Monitoring Project ($\chi^2=258.41, \text{df}=9, p<0.000$).
The relationship between quality and exposure to *Reporting Suicide and Mental Illness*

Exploratory analyses were conducted to examine the relationship between quality of reporting of mental health/illness items and exposure to *Reporting Suicide and Mental Illness* [3].

The logic was the same as for the suicide items (see Chapter 7). Exposure to the resource was ascertained via data collected by the Hunter Institute of Mental Health on briefings and drop-in visits, which identified each visit by media source and date. Because each media item in the Media Monitoring Project dataset was also identified by media source and date, it was possible to combine the data into a single dataset and determine for each media item whether or not the media source responsible for it had previously received one or more visits from the Hunter Institute. Prior dates on which no visit had occurred were given the value 0; prior dates on which a visit had occurred were given the value 1. An assumption was made that a visit would have a half-life of six months. To account for this, the time (in years) from the date of the visit to the date of the media item was calculated, and then the exposure from the visit was multiplied by a ‘decay effect’, using an exponential decay formula. The result of this was that if the time between the visit and the story was very short, then the ‘quantum’ of exposure was essentially unchanged, but if the time was longer then the effect was reduced (e.g., at one year, the effect was reduced to 25% of its original value). These ‘weighted’ effects were cumulated for each item.
Simple descriptive analyses were conducted where the mean ratings for the nine individual dimensions of quality and the total quality score were plotted against the number of prior visits (see Figures 29 and 30, respectively). It can be seen that for the majority of individual dimensions of quality, results were as expected, with an improvement in the mean rating from 0 visits to 1 visit (but some fluctuation in the mean rating beyond 1 visit). The same was true for the total quality score. These improvements were smaller and less consistent than those observed for the suicide items, and can probably be attributed to a ceiling effect whereby the majority of mental health/illness dimensions scored quite well in 2000/01, leaving little room for improvement. As with the suicide quality ratings, the conclusions that can be drawn from these data are limited. The results are consistent with the overall improvement in quality demonstrated earlier in this chapter, but do not allow definitive statements to be made about the extent to which exposure to Reporting Suicide and Mental Illness[3] at an individual media source level explains this effect.

Figure 29: Mean ratings on individual dimensions of quality (mental health/illness) as a function of number of visits by the Hunter Institute of Mental Health

LEGEND: QHEAD—Is the headline inaccurate or inconsistent with the focus of the item? QSENS—Is the headline or content unnecessarily dramatic or sensationalised? QLANG—Does the item use language that is outdated, negative or inappropriate? QTERM—Is medical terminology used inaccurately or not in the correct context? QNEG—Does the item reinforce negative stereotypes about mental illness? QEMPH—Does the item emphasise the illness rather than the person? QACC—Does the item imply that all mental illnesses are the same? QHELP—Does the item provide information on help services and mental health referral services? QPRIV—Does the item disclose that a particular individual has a mental illness, identifying the person by name?
Figure 30: Mean total quality ratings (mental health/illness) as a function of the number of visits by the Hunter Institute of Mental Health
CHAPTER 12: Discussion

The Media Monitoring Project involved a systematic investigation of whether there have been changes in the extent, nature and quality of reporting of suicide and mental health/illness by the Australian media during the life of Reporting Suicide and Mental Illness[3]. Specifically, it set out to answer the following research questions:

a) How does the Australian media report and portray suicide and mental health/illness in 2006/07?

b) Does this differ from how the Australian media reported and portrayed suicide and mental health/illness in 2000/01?

c) Are any apparent differences in reporting and portrayal of suicide and mental health/illness between 2000/01 and 2006/07 associated with Reporting Suicide and Mental Illness?

This chapter summarises and interprets the study’s key findings, notes some limitations of the study, and suggests directions for future research in this area.

Summary of key findings

The extent of media reporting of suicide and mental health/illness

There was a 2.5-fold increase in the volume of media items on suicide and mental health/illness between 2000/01 and 2006/07 (17,151 to 42,013). Mental health/illness items dominated, particularly in the latter year. Radio items outnumbered newspaper and television items in both years, which is not surprising given the nature of the medium (e.g., its regular repetition of items). There was considerable month-by-month variation in terms of volume both within and across years, indicating that reporting is event-dependent.

The nature of media reporting of suicide and mental health/illness

The nature of media reporting of suicide showed some variability in terms of focus and content across the two years of the Media Monitoring Project. In 2000/01, 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. In 2006/07, suicide items still tended to be about completed suicide, but the content emphasis had shifted somewhat—there was an even greater prevalence of items about an individual’s experience of suicide, and, proportionally at least, a reduced emphasis on items reporting on policy or program initiatives. Where a suicide method was mentioned, it was typically hanging. Mentions of firearms and ingestion of substances had equalled or exceeded hanging, depending on the media type.
The profile of reporting of mental health/illness also changed somewhat with time. Although these items tended to be about policy or program initiatives, the causes, symptoms or treatment of mental illness, mental health care or services or individuals’ experiences in both years, the relative weighting of these content areas changed over time. There was a proportional decrease in reference to policy/program initiatives, and a proportional increase in items concerning individuals’ experiences and items discussing mental health care and/or services. Emphasis on the causes, symptoms or treatment of mental illness remained similar across time.

The quality of media reporting of suicide and mental health/illness

Perhaps most striking were the data on the quality of media items. Using criteria from the precursor to Reporting Suicide and Mental Illness[3], Achieving the Balance[4], stratified random samples of suicide items and mental health/illness items were each rated for quality in 2000/01 and 2006/07. Almost without exception, there was significant improvement (or at least no change) on individual dimensions of quality. Total quality scores also showed significant improvement.

Study limitations

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

• **Sampling frame:** It was necessary to restrict the study to three relatively traditional media. Ideally, it would have been desirable to include media like magazines and the internet. Even within the three media types under study, some inclusion/exclusion criteria had to be used for reasons of economy. In addition, changes in media sources between 2000/01 and 2000/06 (e.g., a radio station closing down, one newspaper splitting into three) meant that, although there was considerable overlap between media sources across the two years, there were differences at the margins.

• **Reliance on an external media retrieval service:** The study relied on Media Monitors to retrieve all items. Media Monitors is an established media retrieval service, whose experienced readers, viewers and listeners were carefully briefed as to the scope of the task, were provided with a consistent list of terms relating to suicide and mental health/illness, and retrieved material in a timely fashion. They performed well in ad hoc checks designed to ensure comprehensiveness. Despite this, it is possible that some items were missed.

• **Completeness of broadcast items:** As noted in Chapter 2, newspaper items were provided as full press clippings, whereas television and radio items were provided as broadcast summaries unless they were randomly selected to be rated for quality (in which case, full transcripts or audio/video files were requested). For this reason, it was sometimes easier for coders to make judgements about newspaper items than it was for them to do so about television and radio items.
• **Inter-coder reliability:** The identifying and descriptive data, and the quality ratings, all relied on coders’ interpretation of media items. Efforts were made to ensure consistency between coders both within and across years, 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 certain information differently. This has particular implications for comparisons made across time, because the greater volume of media items in 2006/07 resulted in the involvement of a greater number of coders (13 compared with three). In the main, the judgements required of coders were relatively straightforward, and unlikely to be prone to inconsistencies. However, there was greater potential for error when there were nuances to consider. For example, there is some suggestion that judgements about whether items made reference to particular at-risk groups may have differed across time. The earlier coders may have been more cautious about classifying a story as presenting a particular at-risk group unless it explicitly attributed an increased level of risk to that group; the later coders may have interpreted the notion of at-risk groups more liberally.

• **Restricted sample of media items on which quality ratings were made:** For reasons described in Chapter 2, it was not possible to rate all items for quality. Instead, stratified random samples of 10% and 5% of all items were drawn for quality rating in 2000/01 and 2006/07, respectively. In each year, it was possible to rate the majority of these items, but it should be noted that those 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 were unable to be rated because it was not possible to retrieve full transcripts or audio/video tapes/files of the items. This differential effect may have introduced some biases.

• **Information on which quality ratings were made:** In some instances, it was difficult for coders 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 their privacy was respected. This may have resulted in overestimates of poor quality on some dimensions, although it should be noted that this would not have been expected to have a differential effect over time.

• **Difficulty with ascertaining exposure to Reporting Suicide and Mental illness:** The measure of exposure to Reporting Suicide and Mental Illness[3] was relatively ‘blunt’. Firstly, it only picked up one part of the Mindframe Media and Mental Health Project, namely the briefings and drop-in visits conducted by the Hunter Institute of Mental Health. Hunter Institute staff also attended media conferences, worked with peak media bodies, and promoted the project’s website (including an electronic version of the resource) to about 5,000 journalists via email and regular mail. Secondly, the measure of exposure did not capture any of the activities of associated Mindframe projects such as ResponseAbility (which has incorporated issues outlined in Reporting Suicide and Mental Illness[3] into tertiary journalism course curricula) and SANE’s StigmaWatch program (which follows up negative and positive media reports of suicide and mental/health illness). Finally, the measure of exposure could not cater for the high levels of movement of journalists between media sources.
**Interpreting the findings**

Notwithstanding the above limitations, the Media Monitoring Project has demonstrated positive findings. Most notably, changes in the quality of reporting of suicide and mental health/illness tend to suggest that Australian media sources are reporting these topics in a more sensitive and appropriate manner than they were seven years ago.

It is worth noting here that the Australian media were not starting from a particularly low baseline. By 2000/01, the predecessor to *Reporting Suicide and Mental Illness*[3] had already been introduced. *Achieving the Balance*[4] was similar in content to its replacement, and many of the changes involved updating the rationale and making the resource more visually appealing to busy media professionals. This might have created a ceiling effect, where any additional gains were marginal. However, the findings suggest that, collectively, media professionals have risen to the challenge of improving reporting still further.

Given the similarity in content between the old resource and the new, a plausible explanation for the continued improvement on the part of the media is that the way in which *Reporting Suicide and Mental Illness*[3] has been disseminated has had an impact in its own right. Through the Mindframe Media and Mental Health Project, the Hunter Institute of Mental Health has risen to the challenge of familiarising media professionals with the resource, and has worked tirelessly in this endeavour. Although this study was not able to demonstrate that improvements in reporting by a given media source were directly related to briefings or drop-in visits provided to that source, this does not suggest that such an effect does not exist. Rather, it highlights some of the limitations associated with the data available. The restricted samples of media items for which quality ratings were made meant that many of the media sources that were visited by the Hunter Institute for Mental Health did not have sufficient data points to be able to demonstrate an improvement in quality.

The above findings are consistent with the limited number of other evaluation studies that have been conducted internationally in this area. Studies in Switzerland and the United States have considered the impact of media guidelines on journalists’ reporting practices, and have demonstrated that the implementation of guidelines on the reporting of suicide has led to less sensational and higher quality reporting[9, 10]. Work in Austria has demonstrated that the implementation of guidelines on the reporting of subway suicides led to a reduction in the reporting of suicides and, in turn, a decrease in the overall and subway suicide rate[11–13]. There are suggestions that these impacts can be sustained, but only with ongoing collaboration with participating media sources and continued reinforcement of the value of the guidelines[14, 15].

**Future directions**

The Media Monitoring Project provides evidence for the value of *Reporting Suicide and Mental Illness*[3]. There is a question about whether the resource should again be updated. It is unlikely that its overall thrust would change, but the body of evidence that underpins the resource has expanded, and it might be worth modifying some of the text to reflect this.

Irrespective of whether *Reporting Suicide and Mental Illness*[3] is updated or not, ongoing support should be provided for the Mindframe Media and Mental Health Project to continue its dissemination efforts. The Hunter Institute of Mental Health has established strong relationships with media professionals, and is regarded as a trusted source of information.
Given that the above evidence from overseas suggests that repeated promotion of media guidelines is necessary for them to remain in the forefront of media professionals’ minds[14, 15], it would seem to make sense to capitalise on the existing relationships that the Hunter Institute has developed.

**Conclusions**

Considering the findings from the Media Monitoring Project in terms of the three original research questions, the following statements can be made. Reporting of suicide and mental health/illness by the Australian media in 2006/07 was more extensive than it was in 2000/01, and the nature and quality of reporting had changed for the better, bringing it more in line with *Reporting Suicide and Mental Illness*[3]. These findings are extremely positive, although there are still clearly some opportunities for improving the way in which the media report and portray suicide and mental health/illness. In order to maintain the current standard, or perhaps even improve upon it, continued support should be provided for the Mindframe Media and Mental Health Project’s dissemination efforts.
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 (e.g., insane, lunatic, schizo, mad, weird, crazy, whacko, maniac, twisted, nuts, loony, psycho, loony 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**

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Qualitative analyses of selected Australian news media coverage of suicide, mental health and mental illness

Professor R Warwick Blood
Senior Research Assistant: Kate E Holland

With: Andrew Dare, Associate Professor Jane Pirkis, Nikki Hogan, and Dr Sonja Chandler

News Research Group
The University of Canberra
CHAPTER 1: Introduction

In 2000, the Commonwealth Department of Health & Ageing commissioned the University of Melbourne and the University of Canberra to undertake the Media Monitoring Project. This empirical study, consisting of qualitative and quantitative components, compiled baseline data of how the Australian news media report and portray suicide and mental health/illness.

To examine changes in news media reporting and portrayal since 2000/01, the Media Monitoring Project conducted a follow-up phase. This follow-up phase monitored Australian news media from September 2006 to September 2007.

The Baseline Media Monitoring Project (2000/01)

The baseline phase of the Media Monitoring Project concluded that reporting of suicide and mental health/illness is extensive across all Australian media types and genres. Overall, the study showed that newspapers and broadcast media have a choice in the way they frame stories about suicide and mental health/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/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[16].

Main findings from the qualitative study of suicide reporting included:

- Newspaper and broadcast news reports on individual suicides in Australia were relatively uncommon in comparison to the number of actual suicides and attempted suicides.

- Many newspaper and broadcast news stories about suicide resulted from information collected by journalists at courts, coroner’s courts or from the police. These stories were the most problematic in terms of the Commonwealth’s suggested guidelines on reporting and portraying suicide and mental illness. Common concerns were 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 featured prominently in newspapers and broadcast coverage, either locally or nationally.

- Most police and court reports did not normally include contacts for audiences about advice, counselling or access to mental health services.

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

- A significant type of news about suicide was coverage of statistical data released by government, health agencies or researchers. In some reports, longer-term trends were noticeably absent with the item lacking contextual information by focusing on the just released data.
• Both metropolitan and non-metropolitan media reported many stories and features that focused on suicide risk factors, help, advice, and suicide prevention and communication campaigns. Newspapers and broadcast media performed a significant surveillance function for their audiences, and provided useful information about access to mental health services.

• Much of this coverage in regional areas reflected the concerns of communities, health professionals and government. Unfortunately, many stories, especially in metropolitan newspapers, did not provide their readers with contact information about advice or counselling services.

Main findings from the qualitative study of mental illness reporting included:

• The most problematic type of news coverage of mental illness resulted from information collected at courts, coroner’s courts, or from the police.

• Many news stories from the courts or police about mental illness focused on violence, and many included graphic images of violence. These stories related to specific and relatively rare circumstances, but audiences were likely to draw generalised inferences about people diagnosed with mental illnesses as a result. The ways in which the public label or categorise individuals or groups are primarily determined by the ways the media frames those events. News stories about extreme or rare cases, such as linking mental illness to violence, tend to stigmatise mental illness, and generate fear of people diagnosed with mental illnesses in the community.

• Normally, this type of court or police reporting did not include contact information for audiences seeking information about available mental health services.

• Some newspaper and broadcast news about mental illness was framed by its offbeat, curious or bizarre character. These stories had the potential to be particularly offensive to consumers and mental health professionals and carers, especially if the items had a demeaning tone, if they trivialised issues, and if they marginalised individuals or groups.

• It was argued that many of these problematic stories become or were made into news precisely because of the offbeat, curious or bizarre frame chosen for the story. It was argued that some of these stories would not have been judged newsworthy or given as much prominence but for the chosen frame.

• Inappropriate language was 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.

• Across a variety of news types (sport, cinema and book reviews, for example), the study identified inappropriate language about mental illness, especially the inappropriate contextual use of the word schizophrenia.

• The principal actor in the news, a celebrity, often framed some mental health and illness coverage. Largely, these stories and features 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 a campaign to destigmatise depression, schizophrenia and other mental illnesses.
• Other mental health and illness news reflected national, state or regional issues or concerns. News frames revolved 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 were also framed around the new—new books, new health programs, new discoveries, new statistics or new reports. Surveillance, and noting what is important, is a dominant frame, especially in regional news media. News media also often provided ‘expert opinion’ in the form of features and help columns, or signalled new concerns.

• Other mental health stories were 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.

The Follow-up Media Monitoring Project (2006/07)

This qualitative component of the follow-up phase, using textual analyses, investigates selected suicide news items and selected mental illness news items in Australian metropolitan and regional newspapers for a 12-month period from September 2006 to September 2007. Broadcast news items on suicide, mental illness and mental health are also examined but the qualitative component is constrained by the availability of data retrieved for the quantitative component of the study. Only a five per cent random sample of radio and television items were retrieved for quantitative analyses and it is from this sample that items were selected for qualitative analyses.

Retrieved items are evaluated against the Commonwealth’s media resource kit, Reporting Suicide and Mental Illness[3], which was released in 2002. The study also refers to other similar resources: the media guidelines or codes promoted by the Australian Press Council, Australian commercial television broadcasters, and the guidelines of the World Health Organization.
CHAPTER 2:
Media resources & guidelines on suicide & mental illness

Australian government resources on reporting suicide & mental illness

Internationally, several governments have introduced media resource kits to promote responsible, accurate and ethical reporting of suicide and mental illness. For a recent review of these guidelines and resource kits see Pirkis, Blood, Beautrais, Burgess and Skehan[17].

In Australia, the first resource, published in 1999, Achieving the Balance: A Resource Kit for Australian Media Professionals for the Reporting and Portrayal of Suicide and Mental Illnesses[4] formed the framework for the assessment of Australian news media coverage in the baseline project.

The latest resource, Reporting Suicide and Mental Illness[3], was published in 2002. The resource contains lists of issues for editors, journalists and broadcast news producers to consider when deciding whether to cover a suicide or mental illness story, and issues about the nature and extent of such coverage. The analyses discussed in this report primarily focus on these issues that, taken together, are viewed as the preferred news frames for reporting suicide and mental illness.

Suicide

Suicide items, the resource says, should be positioned on an inside page of a newspaper, or magazine, in the second or third break of television news, or down the order of radio reports—instead of giving prominence to the item in headlines, the front page or the lead item in a radio or television news bulletin. The reported causal link between front-page and prominent suicide stories and an increased incidence of ‘copycat’ suicide[1] underpins this advice. The concern is that prominently featured news items are more noticeable and given greater weight in terms of importance or notoriety by audiences. This could make suicide a more credible course of action to some vulnerable people[1].

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 through constant exposure and repeated messages.

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

The method and location of the death by suicide are important issues to consider. The resource warns that overly explicit descriptions, photographs or video of the method and location of the suicide can be dangerous. The concern is that a step-by-step description can provide an impetus and a mechanism for some vulnerable people. Language is also critical. For example, the resource says that instead of saying, ‘the woman died after placing a hose inside her car window’, the news item should simply state that the woman died of asphyxiation[18].
Qualitative analyses of selected Australian news media coverage of suicide, mental health and mental illness

The death by suicide by celebrities warrants special consideration in news coverage. Research suggests that reporting of celebrity suicide can influence suicide rates in some cultural contexts and times, most notably when an ‘air of tragedy and the almost legendary status of a celebrity’ potentially adds to a perceived glamour and attraction of suicide for some people.

The resource also urges journalists and editors to stress the finality of suicide and not dramatise the death. 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 specifically on the act itself.

Journalists, editors and broadcast producers are urged to consider the broader context of death by suicide in order to inform and educate their audiences. For example, items on the strong relationship between mental illness and suicide risk—such as the evidence of depression as a suicide risk factor—can help to place the suicide into a proper context. Such contextual information can also help audiences understand that suicide is part of a bigger problem and challenge for society.

The bereaved are also mentioned in the resource. The resource says journalists, editors and broadcast news producers should rely upon their own professional codes of practice for advice on contacting and interviewing the bereaved.

The correct and appropriate use of language is also a concern. 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, the use of the term suicide epidemic should be avoided, with reference instead to the increasing rate of suicide. 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. Dramatic or violent phrases, such as a ‘bizarre suicide pact’, should be replaced by, for example, ‘the deaths were allegedly planned by the couple’.

The resource strongly suggests that news items about suicide should provide information for audiences about how readers can contact mental health services. The resource kit also includes relevant professional contacts for journalists, editors and broadcast producers.

Mental illness

Resource kits or guidelines for the media on the accurate, responsible and ethical reporting of mental illness are not as common as resources on suicide reporting, although the latter often include advice about mental illness. The Commonwealth’s resource kit does contain a separate set of issues for journalists, editors and broadcast news producers to consider when reporting and depicting mental illness.

News workers are asked first 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 may be critical to the editorial choice of news media frames. The resource suggests first that editors and news producers should ensure the headline or broadcast lead makes links that are ‘accurate and confirmed’.

The resource specifically mentions media sensationalism: ‘sensationalism and mental illness is a bad combination’ because sensationalised, inflammatory headlines about mental illness can
reinforce myths and reduce the status of people with such illnesses, discouraging them from seeking help. The resource advises that the tone of news items should not be unnecessarily dramatic or sensationalist in the use of language, and gives the examples of referring to someone as ‘a victim of mental illness, suffering with or afflicted by a mental illness’. Such media labels sensationalise the issues, the resource kit says.

Equally, care should be taken in news items to avoid language that implies mental illness is ‘a life sentence’. The resource says, for example, ‘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 use of current and appropriate language in describing mental illness is advocated:

Remember people with a mental illness are not inherently violent, unable to work, unpredictable, untrustworthy, weak or unable to get well.

Additionally, the resource says that improper or inappropriate language use can reinforce stereotypes. People using a mental health service should be referred to as consumers rather than patients, reflecting the active and cooperative nature of treatments and services. Terms such as lunatic, schizo, crazies, manic and looney bin stigmatise mental illness and perpetuate discrimination, the resource kit says.

Editors, journalists and broadcast news producers 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 advised 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 news workers 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 ‘provides immediate support for those who may have been distressed by your story’.

**Australian Press Council Code**

The Australian Press Council[19] has a long-established set of guidelines on reporting suicide. In contrast to the Commonwealth’s resource Reporting Suicide and Mental Illness[3] and World Health Organization (WHO) Guidelines[20], the Press Council argues that there is no conclusive evidence showing that the reporting of suicide leads to an increase in occurrences of suicide.

Nonetheless, the Press Council calls upon the Australian press to exercise care and responsibility in reporting matters of suicide and mental illness. The guidelines state that the Press Council believes ‘most papers are aware of the desirability of treating suicide with restraint, and of avoiding:

- adding to the pain of relatives and friends of the deceased;
- any reporting which might encourage copycat suicides or self harm;
- unnecessary reference to details of method or place of a suicide;
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- language or presentation which trivialises, romanticises, or glorifies suicide, particularly in papers which target a youth readership;
- loose or slang use of terms to describe various forms of mental illness, and the risk of stigmatising vulnerable people that may accompany such labels'.[19]

The Press Council also urges its members to include ‘reference to the counselling services available to people in emotional distress and to their families, with contact addresses and phone numbers’. [19]

The guidelines also explicitly state that these desirable aims may be outweighed by the pressure of news and public interest:

Precise rules or guidelines, as advocated by some groups, cannot take adequate account of such exceptions. Instead, the Press Council prefers to encourage responsible approaches in the industry to the reporting of suicide and mental illness, and consultation with reputable associations, research centres, counselling services and health authorities when seeking comment for articles on these issues.[19]

**Australian Commercial Television Industry Code of Practice & Commercial Radio Australia Codes of Practice & Guidelines**

The Australian Commercial Television Industry Code of Practice[21] refers directly to acceptable ways of portraying death by suicide in television programming content. The code ties acceptable standards to program classification: general viewing, parental guidance, adult, etc. While news, commentary and current affairs programming are generally permitted in the more general viewing classifications, content must be presented with appropriate sensitivity. For example, for the Parental Guidance Recommended (PG) Classification, the code says:

Visual depiction of and verbal reference to suicide or attempted suicide must be inexplicit and restrained, and mild in impact. It must not be presented as the means of achieving a desired result or as an appropriate response to stress, depression or other problems.[21]

For the Mature (M) and Mature Audience (MA) classifications, the code says that suicide must not be promoted or encouraged by the program, and the method of suicide must not be shown in realistic detail.

The Commercial Radio Australia[22] code also has specific reference to suicide and directs radio broadcasters to the Commonwealth’s resource, *Reporting Suicide and Mental Illness*[3] and SANE Australia. The code says that broadcasters should check that language used does not glamorise or sensationalise suicide, or present death by suicide as a solution to problems. Broadcasters are warned about glamorising or sensationalising death by suicide by celebrities, and in all reports should avoid giving explicit details of the method. In portraying mental illness, the code says that certain derogatory terminology should be avoided. In line with the Commonwealth’s advice, the code also says that people diagnosed with mental illnesses are not inherently violent, unable to work, or unable to get well.
The World Health Organization (WHO)

The World Health Organization has a long-established resource, *Preventing Suicide: A Resource for Media Professionals* [20], which includes suggested guidelines for journalists, editors and broadcast producers on reporting suicide and related issues.

The resource recognises that the reporting of suicides in newspapers and television is associated with actual suicides:

> There is enough evidence to suggest that some forms of non-fictional newspaper and television coverage of suicide are associated with a statistically significant excess of suicides; the impact appears to be strongest among young people. [20]

The WHO resource says, however, that most suicides are not reported in the media but that when an editorial decision is made to cover suicide it usually involves a particular person, method or place. The resource acknowledges that the media have an opportunity and obligation to help prevent suicide. They emphasise this responsibility with a call to action, centred on their guidelines.

In reporting suicide in general, the WHO resource says:

- ‘Statistics should be interpreted carefully and correctly.
- Authentic and reliable sources should be used.
- Impromptu comments should be handled correctly in spite of time pressures.
- Generalisations based on small figures require particular attention, and expressions such as “suicide epidemic” or “the place with the highest suicide rate in the world” should be avoided.
- Reporting suicidal behaviour as an understandable response to social or cultural change or degradation should be resisted’. [20]

In reporting individual suicide, the WHO resource says that ‘sensational coverage of suicide should be assiduously avoided, particularly when a celebrity is involved. The coverage should be minimized to the extent possible’. [20]

The resource warns against including detailed descriptions of the method of death by suicide. Suicide should not be reported, the resource says, ‘as unexplainable or in a simplistic way. Suicide is never the result of a single factor or event’. [20]

Suicide should not be reported as a way of coping with personal problems, the resource says, and coverage should take account of the impact of the death on families and other survivors in terms of both stigma and psychological distress. [20]

The WHO resource also warns against glorifying suicide because such reporting ‘may suggest to susceptible persons that their society honours suicidal behaviour. Instead, the emphasis should be on mourning the person’s death’. The resource says describing the consequences of non-fatal suicide attempts may act as a deterrent. [20]
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The WHO resource says the media can play a proactive role by publishing information about mental health services and helplines, offering information about support for survivors, listing the ‘warning signs of suicide’, stating that depression is often associated with suicide, and that depression can be treated.[20]

The ‘guidelines’ in perspective

The media resources on reporting suicide, which contain guidelines, primarily reflect the potential for imitation or copycat suicide. Most researchers recognise that for some audiences there is a causal relationship between the reporting of suicide and actual suicide[1, 2, 23]. This concern is played out in much public and media debate and is vitally important in informing guidelines for news media workers. But there are other issues that are also important. These issues widen the debate and the requirements of policy advice beyond notions of media effect that is implicit in the posited causal relationship between suicide reporting and suicidal behaviour.

At a theoretical level[24], the concern is that the almost exclusive focus of the international research program is to collect evidence to support a causal relationship between exposure to mass media content and suicide rates (or similar indicators). A stimulus-response model underpins the theoretical framework. But the capacity of diverse audiences to make meaning out of news information, or to misinterpret messages, or to resist messages, is not explored in this research. Equally, media content is not adequately assessed; content is taken as a given and viewed as a ‘stimulus’. Little attempt is made to analyse the range of meanings available in media portrayals of suicide, mental illness and related issues[25]. From a policy perspective, the focus on research projects designed to support or question relationships between media coverage of suicide and the prevalence of suicidal behaviours is an overly narrow framework for evaluating news content and could lead to a very limited conception of news workers’ responsibilities.

The resource kits, including suggested guidelines, for reporting mental illness are distinctly different to those commonly promoted for the reporting and portrayal of suicide. The central concern is about media representations of mental illnesses and people diagnosed with mental illness[26, 27]. The issue is that inappropriate and inaccurate reporting, especially inaccurate and negative stereotyping, over the longer term may lead audiences to accept particular interpretations of mental illness, such as, for example, seeing all people with schizophrenia as violent and dangerous.

It is also clear that many journalists, editors and broadcast news producers contest the guidelines, despite the fact they were mostly developed in close consultation with news professionals and news organisations. Evidence of the contest over meaning can be seen in daily journalistic reporting practice, as documented in the baseline Media Monitoring Project[28]. It is also reflected in the Australian Press Council’s response to research on the causal relationship between reported suicides and actual suicidal behaviours that underpins the guidelines. The council [29] dismisses Hassan’s [30] Australian evidence of such a causal relationship as ‘tenuous at best’. While actively promoting responsible and sensitive coverage, the council has argued that resource kits or guidelines should not be prescriptive or start from a presumption of harmful effects. Given the paucity of Australian evidence, this is a legitimate position to hold.
Overall it is clear that the longer-term picture that the news media presents of suicide and mental illness should also be a focus in addition to potential short-term imitative media effects. In addition, many questions arise from the clash between the imperatives of news organisations, and the imperatives of government and health professional initiatives concerning the reporting of suicide and mental illness. It is also important to distinguish between demonstrable effects and beliefs about effects. Irrespective of whether specific media effects of suicide reporting (on knowledge, attitudes or behaviours) can be demonstrated, various groups—health and medical experts, journalists and editors, lay people, and at-risk groups—perceive that the media does have influence. Thus, the focus on media effects at the expense of other equally important research questions limits the way research can inform current news media practices and future health communication strategies. The qualitative analyses reported in the baseline and follow-up phases of the Media Monitoring Project attempt to address these limitations.
CHAPTER 3:
The approach

A news frame approach underpins these qualitative analyses. News framing is a dynamic cultural process that reflects decisions made by journalists, editors and broadcast news producers about what is newsworthy. Gamson[31] argues that journalists’ sense of news and socio-cultural values leads them to present issues within certain frames, often reflecting broader cultural themes and narratives that help define ideas available to audiences as they talk about and think about the issue. Thus, how a news item is structured and what is given prominence, what is down-played, or what is omitted in the item signals to audiences what is at stake.

The newsroom organisation and its routines, and the cultural assumptions editors and journalists make about their audiences within a system of often competing and changing worldviews [32, 33], are important factors in journalistic decisions about how to frame a news item.

Reese defines news frames as ‘organizing principles that are socially shared and persistent over time, that work symbolically to meaningfully structure the social world’. [34] This definition has its roots in the work of Goffman [35], Gitlin [36], Gamson [37], and Gamson and Modigliani [38]. Thus, a frame’s organisation of information, the underlying abstract principles that support the chosen frame—and not potential competing frames—its persistence over time, and its symbolic nature, are seen as essential attributes.

The news media play a key role in framing health information—including information about suicide and mental health—to diverse audiences, and in re-framing the messages they receive from interest groups and stakeholders—including medical and health professionals, consumers and lay publics[39]. Identifying news frames involves analysis of news texts but also an understanding of the social and cultural environment in which news is planned, gathered, selected and presented[40].

Entman[41] identified five traits of media texts that impact upon framing: importance judgements; agency; identification with potential victims; categorisations and generalisations. Framing is ‘dependent on a series of media decisions about what constitutes news, news space and reader interests’[39]. Fox argues:

Framing is the making sense of otherwise meaningless patterns of signs—it is the gestalt which imposes meaning and privileges certain interpretations over others.[42]

Terkildsen, Schnell and Ling [39] alert us to the observation that all news frames are often contested. Journalism’s desire to seek balance or impartiality normally means that the news story is structured to include opposing or counter-views. This balancing or issue-dualism often emphasises conflict, a prevalent value in much news discourse. The imposition of dualism may also serve to structure a complex event with many competing viewpoints in terms of what is seen by the editor or producer and journalist as the dominant view and the dominant counter-view[39]. To every frame, there is the potentiality of a counter frame.

News frames also create expectations that serve to organise and help produce relationships as new information is added to news discourse[43, 44]. Additionally, frames tend to suggest to
audiences who or what is accountable. Ienygar [45] demonstrated that specific framing makes responsible certain actors in public issues. Most news, he argued, involves episodic frames that illustrate social issues through a focus on individuals and their stories rather than thematic frames that tend toward the abstract issue itself.

**Suicide & mental illness news as risk information**

News about suicide or mental illness is positioned in this study as news about risk. In this model, communication about the risk is seen as a dynamic, often-changing struggle over different discursive constructions—in the news media by editors, producers and journalists, by medical and health professionals, consumers, and by audiences dealing with these issues in everyday experience[46].

Kitzinger [47] identifies key factors that can influence the way risk is reported by the news media. The nature of the risk, the size, time scale, novelty and ‘human face’ are all factors that determine what risks the news media report. Risks that impact upon a large number of people at one time, for example, are more likely to be reported by the media than risks with a cumulative effect. Similarly, unusual risks are more newsworthy than common risks; personal accounts are often favoured; risk stories tend to be event- rather than issue-oriented; and findings of risk are more newsworthy than no evidence of risk.

The ‘logic of risk news’[48] is intimately connected to news values, the professional and institutional routines that characterise media organisations, and editors’ and journalists’ perceptions of their audiences[47]. Price, Tewksbury and Powers [49] identify ‘conflict’, ‘human interest’ and ‘consequence’ as primary values in the news media’s attention to risk. For example, risks are likely to be deemed more newsworthy if they are associated with overt conflict between stakeholders, or if there is a perception of a government vested interest, or secrecy about the risk, or if there is the potential to blame someone or an entity. Journalists also tend to favour sources that have firm opinions rather than reporting on the ambivalence associated with much scientific, technical or medical risk assessment[47].

Organisational factors and journalistic routines also impact upon risk news reporting. Cultural or geographical proximity of the risk to journalists and their perceived audiences (and identification by editors and journalists with the risk) are significant factors in the decision to report risk to news audiences[47].

Exclusivity—an important news value—is also a decision factor. Previous news investments to cover a risk (both in devoted resources and extent of coverage), whether the risk has already been reported by other news organisations, and the potential for ‘story fatigue’, have been identified by Kitzinger[47]. How a news item fits with the existing news agenda may also be important.

Risk is about uncertainty and, as a consequence, the role of news sources, especially when information is contested, is important to assess. What sources are chosen, and how are their contributions to a news story portrayed? As Terkildsen, Schnell and Ling argue, ‘alterations in message structure, rhetoric, and source cues are made by the media somewhere along the way’[39]. With many available perspectives and news sources from which to approach reporting risk, the way the news media reduce complex, often contested, information to easily accessible ‘stories’—or, how they frame the event—has long been of interest to media researchers.
Suicide, mental health & illness, & news

Media studies examining suicide and mental illness tend to be primarily focused on questions of media effect. That is, does the news cause imitative or ‘copycat’ suicidal effects (ideation, attempted suicide or suicide), or increase (or reinforce) community stigma of people diagnosed with mental illnesses[1, 11, 12, 16, 23, 30]? This international research program is extremely significant in assessing news coverage and underpins the continuing development of media resources and guidelines for the accurate, responsible and ethical reporting of suicide and mental illness.

Nonetheless, the research program’s methodology and underlying assumptions pay little attention to the longer-term picture of what various audiences learn from news coverage, and how those audiences—particularly those who might be deemed to be ‘at risk’—manage this mediated information in their everyday lives. Thus, the research program gives little recognition to contemporary reception theory[50, 51]. Little attempt is made to analyse the range of meanings available to audiences in media portrayals of suicide and mental illness.

Potentially stigmatising portrayals in news reports about mental illness have long been subjects of study by media and medical/health researchers[26]. In contrast to the international research program, the Glasgow Media Group’s research on UK mental health[52] set an important agenda for both research and policy-making. The study investigated the way mental illness was portrayed in the British tabloid press, television and magazines in a sample month in 1993. Although not focused on news frames, the research[53] documents how the British media primarily portrayed mental illness as ‘violence to others’.

Newspaper research in New Zealand showed how discursive resources enabled depictions of mental illness as ‘dangerous to others’. These news stories were commonly sourced to police investigations or the courts [54–56].

Australian research by Hazelton[57] identified several dominant interpretive frames: 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. He argued that media coverage tended to conform to a set of readily identifiable framing strategies that drew on standard and predictable narratives, discourses, and preferred images. These framing devices, he argued, may lead audiences into specific interpretations of mental health and mental illness issues such as, for example, seeing people with schizophrenia as ‘dangerous others’.

Using data from the 2000/01 phase of the Media Monitoring Project, Blood, Putnis and Pirkis [58], documented how editors and journalists routinely used news frames of violence, alarmist imagery, deviance, risk and fear to report on mental illness. News stories were about specific and relatively rare circumstances but reports were generalised to all people diagnosed with mental illness. Audiences, they argued, were likely to draw from these news reports an increasing fear of people diagnosed with mental illnesses and a heightened sense of risk that they might pose to the community.

Wearing’s [59] study of Sydney newspapers showed how media narratives of the ‘violently insane’ are ‘catalogued in public consciousness and their elements replayed for maximum audience appeal in later stories of killing’. 
Similarly, Sieff’s review showed that media frames of mental illness were usually negative:

There is considerable inertia in frames. The continuous reinforcement of negative frames of mental illness that exist in the media and build on past messages permits negative attitudes to persist.[60]

Olstead’s [61] discourse analysis showed that linkages between mental illness and criminality in Canadian newspapers were primarily achieved through the use of ideological, polarised talk between ‘us’ and ‘them’, and by the creation of a hierarchy of mental illness (the mentally ill criminal, the passive patient, and class-based illness depictions).

Wahl [62] was among the first to investigate how American newspapers portrayed schizophrenia. His research showed that news of schizophrenia was less prominent than news of other illnesses such as cancer or diabetes. Schizophrenia appeared most frequently in news stories linked to crime and violence, or linked to controversy (debates about prescription medications). (See also Wahl, 2003, 1995)[63, 64].

Duckworth, Halpern, Schutt and Gillespie[65] examined news of schizophrenia in American newspapers from 1996 to 1997. They reported that schizophrenia was far more likely to be portrayed in a metaphorical way—that is, news stories used metaphorical devices to construct schizophrenia as ‘split personality’. Duckworth, Halpern, Schutt and Gillespie [65] argued that inaccurate media metaphors about schizophrenia contribute to ongoing stigma and misunderstandings of psychotic illnesses.

Francis, Pirkis, Blood, Burgess and Dunt’s[27] re-analysis of the Media Monitoring Project’s baseline data reported that a substantial proportion of items on schizophrenia explicitly linked the disorder to violence and crime. Yet only a small proportion of items on depression and other mental disorders were similarly framed. In the case studies that accompanied the baseline phase, Blood, Putnis, Payne, Pirkis, Francis and McCallum[66] found that more than a quarter of a sample of Australian metropolitan newspaper items used ‘schizophrenia’ in inappropriate or non-medical contexts. Business and finance news most frequently misused ‘schizophrenic’ in non-medical contexts, and inappropriate usage appeared as frequently in news items as it did in review articles on film, television, theatre, arts or books.

Blood and Holland[25] investigated newspaper coverage of the separate ‘escapes’ from hospitals of two Australian forensic psychiatric patients, both diagnosed with schizophrenia, who had previously murdered. The study demonstrated how specific circumstances were generalised to all people diagnosed with mental illnesses via an enduring news frame[34] that directly linked schizophrenia to violence, murder and community fear. As Cross observes, these ‘stories’ have a long tradition in our collective societal memory:

The assumption that violence and madness are intertwined has over time helped form a public register of violently insane people that prevents media images of the mentally ill becoming ‘too much like us’. [67]

Following Gamson and Modigliani[38], in this study we examine news discourse and public opinion as parallel sites of meaning and avoid making causal assumptions. Media discourse interacts with public opinion and vice versa. In this framework, audiences construct meanings from media discourses but within the context of other cultural and social factors. Public opinion and the wider social and cultural environment is also part of the process by which journalists and their editors or producers develop an understanding of audiences and the appropriateness of a chosen news frame.
CHAPTER 4:
Research methodology

Research questions

The key research questions are:

- What is the nature of Australian media coverage of suicide and mental health/illness—
  that is, how is information portrayed?

- How is suicide and mental illness treated in different media genres? For example, suicide
  on ‘talk radio’ compared to ‘straight’ radio news reporting of suicide?

- How is suicide or mental illness as an event or issue characteristically framed? What are
  the dominant frames? And what information is excluded?

- Who are the prime agents (politicians, policy-makers, health and medical experts,
  journalists, editors, or lay-people) setting the agenda of news and information of suicide
  and mental illness?

Data sources

In parallel with the quantitative content analysis[68], all suicide and mental illness items
identified by the commercial monitoring company, Media Monitors Australia, were examined

Media Monitors Australia extracted all newspaper items that mentioned: mental health,
psychiatric illness, mental illness, organic disorders (related terms: Alzheimer’s disease,
dementia, demented etc.), schizophrenia (related terms: schizophrenic, psychoschotic,
hallucinations, hallucinating, delusions, deluded, paranoia, paranoid etc.), mood disorders
(related terms: depression, depressed, manic depression, mania, manic, bi-polar 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 (e.g. 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.), suicide bomb, suicide bomber, suicide bombing, and
‘Headspace, Youth Mental Health Foundation’.

The complete listing of newspapers, radio and television stations included in the dataset for
the follow-up phase can be found in Appendix 2 of the quantitative report [68].

Broadcast items identified and retrieved for the quantitative content analysis were available for
the qualitative analyses but, as indicated in the introductory sections of this section, this meant
that the qualitative component of the follow-up phase was constrained by the availability of data. For the quantitative analyses, only a five per cent random sample of all radio and television items were retrieved and then made available for further qualitative analyses. All newspaper items, however, were available for qualitative analyses.

**Selecting examples & exemplars**

Any qualitative textual analysis of the type reported here is open to criticism because of its selective and interpretive nature. News items have been selected by the research team to illustrate significant themes or issues and characteristic ways in which news about suicide and mental health and illness are framed. The research team has selected items to elaborate the findings reported in the quantitative content analyses for the follow-up phase [68]. Additionally, other items have been selected for qualitative analyses that illustrate either characteristic or emerging themes identified by the research team.

In this type of research there often is a tendency to choose items for analysis that are negative; that is, items that depart significantly from the guidelines suggested in *Reporting Suicide and Mental Illness* [3]. We have attempted to counter this tendency by choosing exemplars that represent characteristic modes of news reporting rather than isolated instances of reporting, by focusing on news events where news coverage can be investigated over time as a story unfolds, and differences or similarities can be observed across differing media and genres. The research team has also selected items that serve as models of journalistic ‘best practice’ as determined by the Commonwealth’s resource.

Much public and media debate on suicide and mental illness news centres on what is deemed to be in the public interest. The critical questions are: What is the ‘public interest’, or the publics’ right to know, and why are some events reported in our daily press and news broadcasts and not others? Equally, contentious news coverage often attracts complaints from health and medical professionals and their associations, consumer groups, and other key stakeholders. The research team has also chosen items for analyses that begin to explore these complex issues.

As indicated above, these analyses are also constrained by access to broadcast news and current affairs items about suicide and mental illness because of the nature of the five per cent sample used for the quantitative content analysis.

In qualitatively sorting news items for analysis, one clear finding emerged. In comparison to the baseline phase, there were many more items recounting individual experiences in reporting both suicide and mental illness. This finding was echoed in the quantitative analyses.

In summary, in these analyses, the research team has strived to present a fair picture of the range of meanings available to newspaper and broadcast audiences in typical news about suicide and mental health and illness. What is missing, however, from these analyses is the ways in which various diverse audiences might interpret, misinterpret, ignore or resist this mediated information. As media audience researchers ourselves, we are not implying that actual audiences necessarily adopt either alternative or consolidated meanings. We do, however, offer theoretical suggestions as to how this may occur by focusing on the range of meanings available to audiences and the dominant and characteristic ways in which news about suicide and mental illness is framed.
CHAPTER 5:

Deaths by suicide of two Melbourne girls

A news story involving two deaths by suicide featured prominently in national and local news coverage in April 2007. During the study's time-frame, this tragic event resulted in more news coverage—and follow-up news coverage—than any other single event.

As the quantitative components of both phases of the Media Monitoring Project documented, news coverage of individual suicide is uncommon in Australia unless there are compelling news values that promote the story onto the news agenda. Normally, these news values include the status of the person (well-known local, national or international person, political or business leader, or celebrity), the location of the death, the unusual or bizarre nature of the death, or the editorial decision that publishing the story is in the public interest[69].

This tragic event captured media and public attention because of the young ages of the girls, the suggestion that the internet was linked to their deaths, parental responsibilities in policing their children's use of the internet, the fear that the deaths were part of an internet-inspired suicide pact, and the fear associated with youth subcultures. Nonetheless, as will be argued in the Conclusions (Chapter 30), editorial consideration of other news values may have resulted in a far more measured and cautious approach to this news coverage.

This analysis is restricted to mainstream news media—newspapers, radio and television—and does not examine information accessible on the internet. This issue is also discussed in the Conclusions to this report.

On Sunday 15 April, two 16-year-old girls from Belgrave in Melbourne's outer-east were reported missing. One week later (22 April) the bodies of the girls were discovered by a passer-by in the Dandenong Ranges National Park and subsequently identified as Jodie Gater and Stephanie Gestier. Reportedly, both girls had been adherents to the 'emo' youth subculture (or 'emotive' after the style of emotional music) and had posted messages about their life and the subculture on the internet. The girls had hanged themselves.

Differing news frames were used to report the event itself, as well as to discuss possible reasons for the suicides. These were reported in general news, opinion pieces, features, letters to the editor, and editorials. The event was widely reported in the news media for the two days following the discovery of the girls' bodies and peaked again on the following Saturday with the publication of predominantly feature-length newspaper articles that attempted to analyse the event and give it context. The deaths were also the subject of much talkback radio discussion, and television news and public affairs coverage. A segment on the Nine Network 60 Minutes program was devoted to the event. A range of media labels and metaphors were used within this period to describe youth culture, the internet, and the two girls themselves.

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1 Analyses of newspaper coverage of this event are based on research completed by Andrew Dare for his PhD project, The University of Melbourne.
**Initial newspaper reports**

Early media reports on the 23 and 24 April, based on five Australian Associated Press reports (AAP) outlined a range of events around the deaths by suicide, including the initial search for the two girls by relatives and the police, the place and method of the deaths, interviews with the bereaved and, significantly, details of messages posted by each of the girls on their MySpace websites shortly before their disappearance. These messages were described in some reports as ‘odes to suicide’ (Canberra Times; Courier Mail; Daily Telegraph; Newcastle Herald).

The first reports of the deaths appeared on Monday 23 April in all eastern metropolitan newspapers. The headlines in the Age, Herald Sun, Canberra Times, Launceston Examiner and the Border Mail framed the story as a tragic discovery following the week-long search for the missing girls:

- Teens found dead (2007, 23 April, Herald Sun, p. 6).
- Missing teenage girls found dead in bushland (2007, 23 April, Age, p. 2).
- Bodies of girls found in bush (2007, 23 April, Canberra Times, p. 4).
- Two teenage girls found dead (2007, 23 April, Launceston Examiner, p. 11).
- Police find girls’ bodies (2007, 23 April, Border Mail, p. 11).

Although prominently featured, none of these news stories appeared on the front-page and none included ‘suicide’ in the headline.

The Age story reported that ‘police say there are no suspicious circumstances’—news media and police code for death by suicide. The Herald Sun reported factually that both girls had taken their own lives. The Canberra Times, Border Mail and Launceston Examiner reported that it was understood that the girls had been found hanging from tree branches in bushland.

With the exception of the brief report in the Border Mail, all of these newspapers included helpline information for readers, including Lifeline, Kids Help Line, beyondblue, Mensline and Victorian Statewide Suicide Help.

Both the Age and Herald Sun news stories included reference to MySpace on the internet that had been used by the girls to post messages to friends. The Age story also reported in paragraph eight of an 18 paragraph story that the two girls were part of the ‘emo’ subculture and said ‘fans are classified as introverted, sensitive, moody and alienated and are derided by other subcultures for self-pitying poetry commonly posted on the MySpace website.

Other initial metropolitan newspaper reports used very different news frames:

- ‘Freedom bid’ girls found hanged in bush (2007, 23 April, Australian, p. 3).
- Let us be free: web clues to teen death pact (2007, 23 April, Sydney Morning Herald, p. 5).
- Two teenage girls in bush suicide pact (2007, 23 April, Daily Telegraph, p. 2).

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2 The Australian Associated Press is referred to as AAP for the remainder of this report.
The Australian played up the MySpace website angle and used a posting from one of the girls, Jodie Gater, as the lead paragraph—to support the headline and the chosen ‘internet fear frame’:

One of the two girls found hanged in bushland east of Melbourne yesterday had written on her website: ‘Let Steph n me be free’.

Thus, the method of death was signalled to readers in the first sentence of the story. The report included helplines for Lifeline, Kids Help Line and Suicide Prevention Crisis Line.

Sydney’s Daily Telegraph framed their coverage as a ‘suicide pact’ as revealed in the headline. But it is not until the 11th paragraph of this 13 paragraph story that readers learnt of the MySpace website posting by Jodie Gater about wanting to ‘be free’. The items did not include helpline information for readers. The Telegraph’s broadsheet morning competitor, the Sydney Morning Herald, was more explicit in coverage with a lead paragraph that supported the dominant frame of ‘suicide pact’ linked to the internet:

At just 16 Jodie Gater and Stephanie Gestier appear to have made an unimaginable pact. On her MySpace web page, Jodie had written: ‘let Steph and me b free’

The second paragraph of the item told readers that ‘it was understood that Jodie and Stephanie had hanged themselves, after posting apparent farewell messages on the internet’. The story continued with reference to the ‘emo’ subculture. The Sydney Morning Herald story did not include helpline information.

**Re-framing the deaths**

The following day metropolitan newspapers re-framed the story more explicitly around agency; that is, in the sense of who was to blame for the deaths.

- Teenage girl wrote poetry on her suicidal thoughts (2007, 24 April, Canberra Times, p. 4).
- Teen cries for help lost in cyberspace (2007, 24 April, Courier Mail, p. 4).
- ‘It’s over for me, I can’t take it’—tragic last words of MySpace suicide girls (2007, 24 April, Sydney Morning Herald, p. 1).

The Sydney Morning Herald headline with the phrase ‘The MySpace suicide girls’ was, perhaps, the most demeaning label used in coverage by the print media. These initial newspaper items emphasised the ‘human interest’ angle of the suicides by detailing highly emotional MySpace messages. Messages posted on the site by family and friends of the girls following their deaths were also reported in detail in several newspapers, and usually included photographs of the girls that they had posted of themselves onto MySpace sites.

There was no reference, or even suggestion, that the two girls might have been depressed, despite evidence that identifies depression as a major risk factor for suicide. Reporting Suicide and Mental Illness[3] asks journalists and editors to consider the context of suicide in order to inform and educate their audiences. Recognising the strong relationship between mental
illness and suicide risk—such as the evidence of depression as a suicide risk factor—can help to place the suicide into a proper context that may assist audiences to understand that suicide is part of a complex challenge for society.

More specifically, mental health expert opinion appeared only twice in the initial AAP Newswire reports. But this opinion was neglected in the initial newspaper coverage on 23 April. An initial AAP newswire report was headlined:

Teenage pair’s friends now at risk: psychologist (2007, 23 April, AAP).

Psychologist Dr Michael Carr-Gregg, an ambassador for beyondblue, was quoted as telling Southern Cross Broadcasting:

We know that having someone close to you commit suicide is a risk factor in and of itself.

Later in the AAP report, Dr Carr-Greg was quoted as saying that a joint suicide pact between girls was rare and it was unusual for girls to kill themselves. He also noted that the method of death was unusual for girls: ‘So my only conclusion is that they must have been depressed’, he told AAP. But this alternative news counter-frame did not appear in initial metropolitan newspaper coverage.

In this case, one could argue that it was reasonable for journalists to interview the parents of the dead girls, despite the caution about adhering to codes of professional practice advocated in Reporting Suicide and Mental Illness[3] and the risk to the bereaved. The parents had been interviewed by the news media when the girls had disappeared. But the interviews did support the dominant framing of the initial newspaper coverage—the involvement of the internet, and the girls not displaying any symptoms of mental illness. On the contrary, there was an emphasis on the girls displaying patterns of normal teenage lifestyle and behaviour:

... Mr Gater said she had shown no signs that anything might be wrong. (2007, 23 April, Herald Sun, p. 8).

Mr Gater said last week his daughter had been happy when she left home to go shopping (2007, 23 April, Australian, p. 3).

Police said at the time it was believed the girls had set out to meet friends. Neither girl had gone missing before (2007, 23 April, Canberra Times, p. 4).

Family can’t explain their tragic loss (2007, 24 April, Herald Sun, p. 3).

The ‘internet fear frame’ was coupled with a predictable frame that resonated easily with audience knowledge and understandings—the fear of youth subcultures; in this case the ‘emo’ subculture. The internet was positioned as a conduit for young people—seen as ‘high risk’—who themselves could influence others to self-harm or suicide—that is, as a source of suicide contagion.

‘He [Mr Gater] feared the internet could hold a key to their disappearance’ (2007, 23 April, Herald-Sun, p. 6).

‘Love the kids, give them a great big hug every now and then and do family things with them’, he [Mr Gater] warned parents. ‘Don’t let them get bottled up in a room that has a computer in it so that you don’t see them for eight hours a day or something’ (2007, 24 April).
The ‘internet fear’ frame coupled with the ‘youth at risk subculture’ was plainly evident in the Age’s treatment of the story on 24 April. The front-page story in the Age was headlined:

Lost in cyberspace: Fears that new networks are breeding grounds for real-life tragedies (2007, 24 April, Age, p. 1).

The lead paragraph directly supported the frame:

The deaths of two teenage girls in an apparent suicide pact has raised fears of copycat self-harming behaviour, influenced by youth subcultures and their use of on-line networking.

The story quoted Dr Michael Carr-Greg as stating the girls’ suicides can act as a catalyst. In the 5th paragraph of this 15 paragraph story—accompanied by photographs of the girls taken from their MySpace web postings—George Patton, Professor of Adolescent Health at Melbourne’s Royal Children’s Hospital, was quoted as saying that ‘the internet intensified the risk of suicide contagion’. Interestingly, the story refers to the banning of Goethe’s 1774 novel, The Sorrows of Young Werther, in which the hero killed himself because his love was unattainable. The novel was banned in several European countries because of alleged copycat suicidal behaviours by young men. Phillips [70] coined the term the ‘Werther effect’ in his examinations of the posited causal relationship between media reports of suicide and actual suicidal behaviours. It is evidence for this effect that the Australian Press Council has dismissed as inconclusive.

In the 12th paragraph of this 15 paragraph story there is a direct link between suicide contagion and the ‘emo’ youth subculture. The story states that:

Self-harm, a risk factor for suicide, has become common among adolescents, particularly girls in emo and goth cliques (2007, 24 April, Age, p. 1).

Professor Patton is quoted as saying that between one in 10 and one in 20 girls aged about 14 and 15 engaged in forms of self-harm. This generalised statement is presented in the context of the risk of youth subcultures represented in internet websites such as MySpace.

But a competing frame is buried later in the story. In the second last paragraph, Dr Carr-Gregg was quoted as saying that it ‘was simplistic to blame suicide on the subcultures …’ (2007, 24 April, Age, p. 1 & 2). The final paragraph stated that both experts agreed that parents need to communicate with their teenage children but Dr Carr-Gregg is quoted as saying that the internet is a significant risk factor: ‘Don’t let them disappear behind this emotional firewall called MSN’ (2007, 24 April, Age, p. 1). This privileges the news frame of the ‘internet as risk’ coupled with the risks of youth subcultures.

The Age’s stablemate in Sydney on 24 April also devoted considerable space to a range of items analysing the suicides. The Sydney Morning Herald’s front page story was headlined:


Often quoting unsourced statistics, the report said that internet suicide pacts were rare but that ‘the disturbing trend has increased dramatically since the first known case in Japan in 2000’ (2007, 24 April, Sydney Morning Herald, p. 2). In this news item, it is ‘internet suicide pact’ that is used as the dominant frame—a clear signal to readers. Direct reference is also made to ‘emo’ and goth youth subcultures in the 7th paragraph. The story said that friends—
‘many of them members of the same goth and emo subcultures as the two Melbourne girls’—had flooded MySpace when South Australian teenager Carly Ryan was found dead earlier in the year. But Ms Ryan was murdered. In continuing the dominant news framing of the event—internet suicide pact and the risk of youth subcultures—the Sydney Morning Herald’s continuation of the story later in the paper was insensitively headlined:

Last words of the MySpace suicide girls.

The newspaper also published some personally intimate photographs of Jodie Gater kissing her boyfriend Allan with the copy ‘I luv you sooo soo much Allan’ and a sign ‘RIP Jodie & Steph’ that included a heart symbol. Both the sign and photograph had been posted on the girl’s MySpace website before their deaths. No helpline or other information about how to access mental health services was included with the story.

Similar treatment to the story was given by other newspapers on 24 April:

A mother’s despair: Outpouring of grief on suicide daughter’s website (2007, 24 April, Daily Telegraph, p. 5).

Teen death pact poem: School friends wrote on website: it’s all over (2007, 24 April, Daily Telegraph, p. 11).

Teen posts odes to suicide on internet (2007, 24 April, Courier Mail, p. 4).

Teenage girl wrote poetry on her suicidal thoughts (2007, 24 April, Canberra Times, p. 4).

Web clues posted by dead teen (2007, 24 April, Border Mail, p. 10).

Teen posted suicide letters on website (2007, 24 April, Bendigo Advertiser, p. 3).


Suicidal poems on Internet before deaths (2007, 24 April, Ballarat Courier, p. 5).

Suicide teens were missing for a week (2007, 24 April, Mercury, p. 2).

Teenage girls die in suspected suicide (2007, 24 April, Launceston Examiner, p. 13).

The Tasmanian coverage was brief and did not play up the internet suicide pact and youth subculture frames. But the news stories in the Hobart Mercury and the Launceston Examiner did not include helpline information for readers.

No helpline information was provided to readers in the Courier Mail, Bendigo Advertiser, Newcastle Herald reports; this information was provided by Sydney's Daily Telegraph, the Canberra Times, Shepparton News, and the Ballarat Courier.

Most of the reports included photographs of the girls taken from the MySpace internet site. The report in the Canberra Times also included the RIP message and heart symbol but the accompanying photographs were not as intimate as those published in the Sydney Morning Herald.
In contrast to the frames set in the *Age* and the *Sydney Morning Herald* and other newspapers, Australia’s largest circulation newspaper, Melbourne’s *Herald Sun* covered the story on 24 April with a competing news frame. The newspaper’s headline reported:

**Family can’t explain their tragic loss (2007, 24 April, *Herald Sun*, p. 3).**

The story was framed by the ‘unexplained tragic loss’ and is noteworthy for two observations. First, by reporting messages posted by friends of the dead girls the report challenged the widely reported ‘emo’ or emotional music subculture membership by the dead girls. Secondly, two other reports gave significant context to the event.

A page three report, headlined ‘Stay close and watchful’ (2007, 24 April, p. 3), frames the story as ‘how to help’. A separate box tells readers that ‘If you are worried about someone committing suicide, take these steps’. Warning signs, the complex context of suicide, and what parents and friends can do are detailed in the report and summarised in dot-point style in the separate ‘help’ box that details access to helplines, and to websites for SANE Australia, beyondblue and the depression advice site ‘ybblue’. Clearly, in response to the two girls’ deaths by suicide an editorial decision was made to provide readers—presumably, especially parents of school-aged children—with information on how to access appropriate medical and counselling advice. We note that across a range of news reports and features on suicide and mental illness the *Herald Sun* consistently provides this type of advice. The last line of the report promotes the ‘Expert’s view’ published later in the newspaper.

The ‘Expert’s View’ was a report, headlined ‘Suicide Syndrome’ (2007, 24 April, *Herald Sun*, p. 19), written by adolescent psychologist Dr Michael Carr-Gregg that detailed research evidence about risk factors for suicidal ideation and how to recognise them in a young person. The report directly challenged the ‘fear of youth subculture’ frame:

**Despite media speculation focusing on teenage subcultures, social networking sites on the internet and even a rare syndrome of psychosis known as folie a deux, suicide is a behavioural outcome. It is a process in which social, psychological, neuro-biological and cultural variables all contribute to produce the end result.**

A similar feature was carried by the *West Australian* (2007, 1 May, p. 47) with the headline:

**Websites held clue to teenage suicides. Parents are urged to know what their children are doing on the internet after girls posted RIP messages.**

Helpline information was provided for readers.
The local press coverage

An important component of this analysis is a comparison between the metropolitan and regional press coverage and the coverage by local newspapers in the area where the two girls lived.

Both the Ferntree Gully Mail and the Yarra Ranges Journal reported front-page news items on the deaths on 24 April. The Ferntree Gully Mail, part of the independent Yarra Valley Newspapers group, has an audited circulation of more than 9,500[71]. The newspaper (2007, 24 April, p. 1) headlined the report:

School mourns tragedy: Nobody expected it to turn out the way it did.

The lead paragraph reported that Upwey High School students were mourning the tragic deaths of the girls. The 3rd paragraph of this 26 paragraph story explicitly reports the method of the deaths: ‘found the pair hanging from a tree’. But the dominant frame is one of ‘tragic loss and mourning’. The message posted on the MySpace website by Jodie Gater was mentioned in the 10th paragraph as was reference to the ‘emo’ subculture in the 16th and 17th paragraphs. The report detailed messages left on MySpace by school friends subsequent to the deaths.

A competing news frame was evident in the last two paragraphs where a spokesperson for Suicide Helpline Victoria was quoted as saying that he was concerned the deaths may have a modelling or imitative effect on other students. The item did contain helpline information.

The larger circulation newspaper in the local region (audited more than 68,900[71]), the Yarra Ranges Journal, is part of Fairfax Regional and Community Newspapers. The newspaper headlined its report:


The chosen news frame is similar to that used by the Ferntree Gully Mail—‘tragic loss and mourning’—but unlike that newspaper, the Yarra Ranges Journal did not detail the method of deaths, opting instead to quote police as saying there were no suspicious circumstances. Reference was made to the MySpace postings by the two girls with the comment that the ‘same websites give a disturbing insight into an “emo” subculture characterised by self-pity, moodiness and rejection of the mainstream’. The report also included expert medical comment that suicide pacts were uncommon in Australia and that the deaths may have a ‘ripple effect’. But the school principal is quoted as saying that counsellors were working to support both staff and students. This quote appeared directly above helpline information for readers.

The Free Press Leader on 26 April in a page three news story reported briefly on the girls’ deaths. The newspaper is part of the News Limited Group and has an audited circulation of more than 17,600[71]. The story was framed as ‘tragic loss’ and did not play up the roles of the internet or the ‘emo’ subculture. The item stated that counselling would be provided to students at Upwey High School. Helpline information was also provided.

Editorials

Editorials were an important element component of the reporting of this tragic event. As the quantitative components of both phases of the Media Monitoring Project documented,
newspaper editorials about suicide are not commonly published. Two days after the event became public, Sydney's Daily Telegraph published an editorial with the headline:


This editorial was framed as ‘adolescence danger’—with adolescence positioned as a time of negative experiences and as an ‘ordeal’. The editorial said that rather than a time of self-discovery and fun, adolescence could be a time of ‘unrelenting anguish and pain’. This assertion was then directly linked to youth suicide:

And every year, the number of teenagers who take their own lives appears to escalate.

This statement is factually incorrect. Teenage suicide—that is, people between the ages of 13 and 19 years—is relatively uncommon in Australia. Rates for both females and males from 15 to 24 years of age have fallen in recent years. This information is easily accessible in the Commonwealth’s resource, Reporting Suicide and Mental Illness[3], as are up-to-date contacts for providers of statistical information.

The Sydney Morning Herald’s editorial, headlined ‘The flowers of the forest’, was published three days after the deaths were made public. At one level, the editorial is a departure from the way the newspaper had framed the event when the story unfolded. Comment is made about the dangers to some of adolescence and how those dangers can be magnified by sharing experiences of suicidal ideation on the internet. The internet is positioned, following comments by adolescent psychologist Dr Michael Carr-Gregg, as creating a new generation of young people who rely more upon advice from other young people via the internet rather than on family or other social ties. The editorial says:

Some rock music plays a role, too, in glamorising gloom.

But, importantly, the editorial recognises that mental illness is also a key factor:

Yet those who study teenage suicides say almost all have been the result of some form of mental illness, usually depression.

This information had not been given prominence in the newspaper’s previous coverage. No suicide rate data was included with the editorial. No helpline information was included.

The headline for the editorial in the Herald Sun on 26 April sets the frame:


The editorial positions the deaths of the two girls as ‘a wake-up call for parents’ and reports the comments of one of the dead girls’ father’s about ‘the influence on children of the other world of the internet’. The 2nd paragraph of this brief editorial says that outwardly the girls were normal and faced problems no different to those that all teenagers must confront. There is no mention of mental illness and suicide. The editorial’s conclusion is that parents must be vigilant in policing their children’s use of the internet. No statistical or suicide rate information about Australian teenagers was included nor was there any helpline information.

The Bendigo Advertiser took a very different line of argument in an editorial published one day after the news of the deaths became public. The headline framed the editorial in terms of
consequence—‘Consider the aftermath of suicides’ (2007, 24 April, *Bendigo Advertiser*, p. 10). Quoting extensively from the message posted by Jill Gestier—the mother of one of the dead girls—the editorial argued that those who take their own lives do not consider the pain caused to loved ones:

_Hopefully, Jill’s brave words might encourage those with suicidal tendencies to properly consider the consequences of their actions._

The editorial included helpline information.

On the following weekend, the *Sunday Herald Sun* published an editorial about parenting that featured photographs of the two dead girls:


The editorial began with humour about parenting but then set the frame—parenting is life’s greatest challenge. The newspaper says of the tragic events last weekend that:

_Their deaths in an apparent suicide pact were bizarre, the reasons buried in the bleakness of a subculture incomprehensible to parents, so no blame can be attached to those who brought them up with love and encouragement. Parenting is tough._

Thus, the Sunday version of the newspaper revived the ‘suicide pact frame’ and the ‘dangerous youth subculture’ frame despite reporting in the *Herald Sun* in the previous week.

The *Gold Coast Bulletin* published an editorial that used the deaths of the two girls and other deaths by suicide as a premise to discuss suicide in Australian society. The editorial was headlined:


The editorial claimed in the lead paragraph that there was a ‘disconnection’ between the mentally ill—including those with suicidal thoughts—and society at large. In the 3rd paragraph, the editorial pointed to the recent suicides of the two Melbourne girls, federal police assistant commissioner Audrey Fagan (see Chapter 8 of this report) and the police shooting of a young man in Maryborough diagnosed with a mental illness (see Chapter 9). The young man was said to be part of an increasing trend of ‘death-by-cop suicides’ by people diagnosed with mental illness—‘often suffering from schizophrenia’. The trend is unacknowledged by the court system, the editorial contended. The editorial's key points were that there is a ‘secret epidemic’ of deaths by suicide that is not discussed in Australian society, and that government claims that suicide rates are falling are not contested ‘even when many deaths caused by suicide are not recognised as such’. While the editorial acknowledges that it had ‘no cure’ for the ‘epidemic’ it stated:

... but we do know that the code of silence forced upon the media has been so thorough in recent decades that we have a generation of reporters reluctant to report on suicide.

The editorial did not elaborate on the ‘code of silence’ or reluctance of journalists to report on suicide. But we do note that this editorial uses language that is considered inappropriate by *Reporting Suicide and Mental Illness*[3]—including ‘suicide epidemic’, and ‘suffering from schizophrenia’. This is one of the opinion pieces identified during the study's time-frame that can be said to be critical of media resource kits or guidelines for the reporting and portrayal of suicide and mental illness.
Newspaper features

In addition to the Gold Coast Bulletin’s editorial—which used the girl’s deaths as a way of discussing Australian society and suicide—many follow-up newspaper feature items were published on the weekend (28 and 29 April, 2007) following the initial news coverage of the Melbourne tragedy. Issues previously canvassed were again examined in longer news features: the internet as a source of danger, parental responsibilities and the internet, the internet and potential suicide contagion. But adolescence as intrinsically a time of high-risk of mental illness, self-harm and suicide appeared to become more prominent in these weekend features. Discussion on the internet was overwhelmingly about ‘teenager danger’ rather than the competing—and frequently reported on the news—‘stranger danger’. The items included:

Teenagers’ secret world. An adolescent subculture and the net have been focus of blame after an apparent suicide pact involving two 16 year old girls. But is such finger pointing justified (2007, 28 April, Age, p. 3).

Logging into children’s lives (2007, 28 April, Courier Mail, p. 36).

Planet Girl is in crisis (2007, 28 April, Courier Mail, p. 52).

Good days, bad days warning (2007, 28 April, Courier Mail, p. 53).

Watching for the signs of trouble (2007, 28 April, Courier Mail, p. 53).

Inside the minds of teens (2007, 28 April, Herald Sun, p. 27).

The MO on Emos (2007, 28 April, Herald Sun, p. 89).

When a kid shuts down (2007, 28 April, Herald Sun, p. 113).

School bullies on girls’ sad road to oblivion (2007, 28 April, Sydney Morning Herald, p. 1).

Finding the silver lining beneath the black eye shadow (2007, 28 April, Sydney Morning Herald, p. 13).

Future uncertain: the hard road to independence (2007, 29 April, Sunday Age, p. 12).

‘I tried to talk them out of it’ (2007, 29 April, Sunday Herald Sun, p. 8).

It’s not us who suck, it’s the world (2007, 29 April, Sun Herald, p. 53).

Some of these news features used the tragic event of the previous week to raise a number of issues surrounding the deaths and the circumstances leading up to the deaths. For many of the features, the underling frame was seeking to understand why the two girls had taken their own lives, and the nature of the lives they led. As exemplars, we focus on the following features.

‘Teenagers’ secret world. An adolescent subculture and the net have been focus of blame after an apparent suicide pact involving two 16 year old girls. But is such finger pointing justified’ (2007, 28 April, Age, p. 3).

This news directly challenged—on the surface, at least—the dominant news frames of the previous week. Quoting statistics that more than 2,100 Australians die by suicide each year,
the feature said that most are dealt with in anonymous grief by their families. The feature asks why the deaths of two teenage girls from apparently normal, middle class families have ‘shoved aside the veil of secrecy’. To answer the question, Dr Michael Carr-Gregg’s earlier comment was repeated; it is very unusual for girls to kill themselves and ‘particularly kill themselves in this way’. The feature continued:

Neat answers were demanded; two symbiotic culprits were found. The spotlight was quick to fall on the girls’ supposed identification with the ‘emo’ youth subculture, along with the bogeyman of the internet as a conduit to the dark recesses of teenagers’ brains.

The feature discussed the ‘emo’ subculture and quotes Dr Carr-Gregg as stating it is ‘a huge stretch of the imagination’ to say that followers are at risk of suicide. The feature suggested that the opposite may be true; teenagers experiencing suicidal ideation may be attracted to such youth subcultures. But the message is ambivalent because the feature quotes adolescent psychologist Professor George Patton that young people who identify with gothic youth subcultures have high rates of self-harming behaviour—an identified risk factor for suicide.

Despite the headline, sub-headline, and the reference to the ‘bogeyman of the internet’, the feature is also ambivalent about the internet. Professor Patton is quoted as saying that ‘the internet is a powerful new medium’ that allows marginalised young people who are at risk of suicide to come in contact with similar young people. Overseas experience from the US and from Japan of suicide and the internet is detailed. The feature concludes with a warning to parents to police their children’s use of the internet.

Helpline information is included with the feature. But other than the information provided by Professor Patton about self-harming behaviour, no other information about the link between mental illness and suicide is provided.

A feature in the Canberra Times set a firm news frame:

Internet ‘not to blame’ for deaths (2007, 28 April, Canberra Times, p. 12).

The question was posed: following the deaths by suicides many parents were left wondering about the potential dangers of the internet. Dr Michael Carr-Gregg was quoted as stating ‘the internet bore no blame for deaths’. Rather, ‘the girls’ dark cyber musings were warning signs that went undetected’.

Most of the feature centred on the risk of the internet to vulnerable young people, the potential of the internet to provide warning signs of self-harm or suicidal ideation among vulnerable young people, and on suicide risk factors. Dr Carr-Gregg was quoted as stating:

I think the moment they [the two girls] got depressed and the moment they were undiagnosed the die was cast

This direct quote imposes a somewhat simplistic medical diagnosis on what was obviously a complex set of circumstances. But Dr Carr-Gregg did urge parents to seek advice on safe internet use by young people, and to increase parental monitoring of young people’s internet use.
Qualitative analyses of selected Australian news media coverage of suicide, mental health and mental illness

The *Sydney Morning Herald* published a page one feature, which had an obvious new frame as signalled in the headline:

**School bullies on girls’ sad road to oblivion.**

The feature challenged the ‘emo’ subculture reasoning of the past week—the ‘youth subculture danger’ frame—with a quote from a University of Melbourne Professor Patrick McGorry, who studies mental health and young people:

**It’s an adult generated fear rather than based in reality.**

The feature was considered and drew upon expert medical advice with a discussion of risk factors for adolescent mental illness, self-harm and suicide, including bullying—which the newspaper says, in quoting a PhD researcher on school bullying, has given rise to the Japanese use of the term ‘bullycide’. In a direct challenge to the internet fears—and set frame of the recent week—Professor McGorry is quoted as stating that we do not know how suicides have been prevented by the internet. The news feature included photographs of the two girls but no helpline information for readers.

The *Courier Mail* published one news story and three features on Saturday 28 April:

- Logging into children’s lives (p. 36).
- Planet Girl is in crisis: Why didn’t you just come home? The suicide of two teenage girls highlights every parent’s nightmare (p. 52).
- Watching for signs of trouble (p. 53).
- Good days, bad days warning (p. 53).

The first opinion piece—written by ‘On Saturday’ columnist, Madonna King—perpetuated the internet scare frame and stated that the girls’ deaths resulted from an ‘internet suicide pact’. The main argument was that parents should police their children’s use of the internet. There are no helplines included with the item, although the piece does point to the other three items in the Focus section later in the newspaper on pages 52 and 53 where extensive helpline information is published.

‘Watching for the signs of trouble’ was a brief feature based on an interview with psychologist Paula Burnett who detailed indicators of depression in adolescents.

‘Good days, bad days warning’ was a news story based on an interview with the Chief Executive Office of World Vision, Tim Costello, who had been meeting with Brisbane school students.

‘Planet Girl in crisis’ was the longest of the news features and began with the now familiar ‘internet suicide pact’ frame:

**What could have caused them to kill themselves in a pact after posting suicide messages on the internet?**

But the feature detailed statistical information that stated suicide among teenage girls was rare, and then moved to the most likely cause. Dr Michael Carr-Gregg was quoted as stating the internet postings were signs of depression. Dr Carr-Gregg linked depression (and other mental
illnesses) to teenage suicide and warned that depression was often unnoticed and therefore untreated. In that context, he believed parents should monitor their children’s internet use. The accompanying item, as indicated, contained helpline information for readers.

**Subsequent coverage**

Subsequent coverage in the first week of May included:

- **Giving kids some space** (2007, 1 May, *Canberra Times*, p. 2)
  – an opinion piece shifting blame away from MySpace and the internet towards the pressures faced by some teenagers.
- **Internet provides warning signals** (2007, 1 May, *Bendigo Advertiser*, p. 11)
  – interview with Dr Michael Carr-Gregg saying the internet can provide signs of suicidal ideation but that it was not the cause of the girl's deaths.
- **A subcultural stereotype** (2007, 10 May, *Warrnambool Standard*, p. 4)
  – a news report dispelling the commonly held myths about ‘emo’ subculture.
  ‘It’s one of the worst stereotypes—they think we’re all depressed and cutting ourselves … just because we wear black’.
  – a piece challenging some common myths about the subculture.

But the most significant reports emerged in late May from the television program *60 Minutes* and AAP that again blamed the internet as the causal agent in the deaths of the two girls, and put the story back onto the news agenda:

- **Suicide pact teen’s parents sickened by website** (2007, 20 May, AAP).

The report was based on an interview with Jodie Gater’s parents’ broadcast nationally on the National Nine Network *60 Minutes* program (See below). The AAP report said the parents were ‘sickened’ by the fact that their daughter was able to get explicit information—‘step-by-step instructions’—about how to kill herself from the internet. The report contained helpline information for Lifeline, Kid’s Help Line, and Suicide Prevention Crisis Line. Newspaper coverage the next day included:

- **Suicide heartbreak** (2007, 21 May, *Canberra Times*, p. 2).

Only the reports in the *Ballarat Courier* and the *Geelong Advertiser* published helpline information for readers—despite their inclusion in the original AAP Newswire report.
60 Minutes—National Nine Network

As indicated above, the National Nine Network’s 60 Minutes program included a segment on the two girls’ deaths by suicide. The segment, titled ‘Web of Darkness’, was broadcast on 20 May at 7.30 pm nationally.

The segment began with a general warning to viewers that ‘parental guidance is strongly recommended’ and involved telling the tragic story through the voices of Jodie Gater’s parents.

A key feature of the program was the role the internet played in the girl’s deaths. Jodie’s father and the 60 Minutes reporter, Liam Bartlett, made details of the method of the suicides explicit with verbal and visual descriptions. Visuals showed the scene of the deaths and the tree used by the two girls to kill themselves. Mr Gater said that the branch where they died was ‘… leaning out over, over that tiny little bank’. Reporter Liam Bartlett said:

Police say they fashioned two nooses at the ends of a single length of rope. They drank heavily before embracing each other for the final time and hanging themselves together.

Whether viewers could identify the internet site that the girls had used to get information about how to end their lives is open to question. But the details of the method of suicide were explicit. The tree and the internet site, however, were understandably portrayed by the father in terms of anger; he chopped down the tree branch, and was ‘sickened’ by the internet site.

The details about the method of the suicide, the visualisation of the scene, the lack of appropriate viewer warning, and the central interview with the bereaved parents, led the Hunter Institute of Mental Health, SANE Australia, the Mental Health Council of Australia, the Australian Network for Promotion Prevention and Early Intervention for Mental Health (Auseinet), depressioNet, Australian College of Mental Health Nurses (NSW Branch), the Queensland Alliance of Mental Illness & Psychiatric Disability Groups Inc., and the Mental Health Coordinating Council to lodge a formal complaint to the Australian Communications and Media Authority. The complaint was subsequently investigated by the Australian Communications and Media Authority and it was determined that the licensee of TCN, Channel Nine Pty Ltd, breached clause 2.25 (Warnings Before Certain News, Current Affairs and Other Programs), and clause 4.3.9 (News and Current Affairs Programs—reporting of suicide) of the Commercial Television Industry Code of Practice (July 2004).

The program also advanced several ideas about why the two girls had taken their own lives—bullying at school, the marriage break-up of parents, and being ‘drawn to the dark image of emo subculture’. But the role of mental illness was not highlighted as had been done in some newspaper coverage of the event.

One aspect of the program that was also problematic was an interview with friends of the two deceased girls. These friends admitted to 60 Minutes that they had not been vigilant and the girls would have not killed themselves if they had taken more notice and care. In most respects, this particular interview could be positioned as a gross invasion of privacy of two younger people at a time of extreme distress—at least in comparison to the central interview with the parents who had a message to tell and had consented to being interviewed on national television.
Radio coverage

Given the extensive media coverage in newspapers and television news of the deaths of the two girls, radio, and especially talkback radio, devoted much time to analysing the event. Much of this material was unavailable to us because of the limitations of the quantitative data gathering. But the following examples were identified that provide some idea of the range of coverage.

In Sydney on 2UE Breakfast with Mike Carlton and Peter Fitzsimmons (2UE, 2007, April) the initial focus was on the ‘emo’ subculture, and the presenter Mike Carlton told listeners that the two girls had ‘hanged themselves’ in remote bushland. But the segment quickly took another angle with an interview with Dr Michael Carr-Gregg from beyondblue. While the ‘emo’ subculture was high on the presenters’ agenda, Carr-Gregg emphasised ‘external factors’ and depression as likely triggers for the girls’ deaths. He also raised the issue that the two girls should not ‘become larger in death than in life’ among their school peers and other teenagers and suggested ways of countering these messages. No helpline information for listeners followed this coverage.

ABC’s Radio National breakfast program (2007, 23 April), with presenter Fran Kelly, also discussed the deaths by suicides by the two girls. The segment was framed around the effects of depression with Fran Kelly interviewing beyondblue’s Jeff Kennett. Jeff Kennett added considerable context to the discussion by pointing to the relative low suicide rate among Australian teenagers compared to deaths by suicides of older males. He expressed that male rates of suicide might rise among drought-stricken farmers. He also talked about increase access to psychologists and other mental health services for people in distress. Kennett also expressed concern for the girls’ school peers and said that the school they attended needed support:

My greatest fear, and I think this is true, that young people are talking about suicide more than ever before.

No helpline information was provided for listeners, although several mentions of beyondblue services were mentioned, including the internet site.

NOVA 106.9 (2007, 23 April) in Brisbane, like many other music FM radio stations, had a brief discussion among the presenters (Meshel, Ash, Kip and Luttsy) about the deaths in Melbourne. For most of the segment discussion focused on the ‘emo’ subculture with one presenter saying that this group was badly misunderstood and had been misrepresented in media reports and comment following the deaths. At the end of the segment, one presenter gave details for Lifeline, Kid’s Helpline and Suicide Prevention Line.

While we did not have access to the extensive radio talkback discussion of the deaths, the following from local ABC radio Melbourne was included in the sample. A woman caller to morning ABC Radio 774 in Melbourne (2007, 23 April), with presenter Kelly Higgins-Devine, said she was Sarah and lived with her daughter in the Dandenong Ranges—close to where the two girls took their own lives. She was very concerned at the sensationalist media coverage, especially on television news. She said that television news reports and current affairs had given the method of the deaths before the girls had been identified. She said:

The reporting of the manner of the deaths is distressing to all of us ... there are images I do not need to know.
She was particularly concerned for her own daughter and had visited and discussed the MySpace website with her. The segment concluded with the presenter giving helpline information for listeners.

Melbourne’s well-known radio presenter Neil Mitchell (3AW, 2007, 23 April) also covered the deaths in his morning radio program. He began by stating that suicide was normally something people do not talk about, and the media did not report it for fear of copycat or imitation. But he said this approach, ‘was not working as a method’. He expressed concerns about MySpace and the internet and the ‘emo’ subculture and said he hoped that the girls’ MySpace sites would be closed down in respect of the parents and family. Yet he then revealed personal details from the sites including the last posting, ‘Let Steph n me be free’. He ended the segment by saying that he hoped the girls ‘didn’t become heroes’. No helpline information was included with the segment.

Local Canberra radio presenter, Louise Maher, in her afternoon drive program on ABC 666 (2007, 23 April) used the deaths by suicide only as a ‘news peg’. The ensuing discussion centred on a new support service for Canberra people and included helpline information and ways to access mental health services.
CHAPTER 6:
Teenage suicide—‘special’ newspaper feature

The Sunday Age (2007, 4 February, p. 6) published what it referred to as a ‘Special report on
teen suicide’ headlined:

Every fortnight: a life lost, just begun.

The lead paragraph said:

If only they could read their own files—the précis of their short lives: what they
were like as toddlers, who their friends were at school, what they wanted to do
with their lives.

The feature story was based on the Victorian Coroner’s findings into cases of teenage death
by suicide between January 2004 and May 2005. The newspaper was granted access to the
report ‘on the condition the children remained anonymous’.

The feature reported on the range of special circumstances of the 36 cases examined, which
included bullying, stress, relationship breakdown and drug abuse. It provided a snapshot of
statistics and reported in the 7th paragraph that:

Mr Johnstone [the State Coroner] said he had released the files to The Sunday Age
to encourage debate about how to cut the suicide rate.

The story included comments from the coroner who attested to the importance of creating
awareness that many suicides are preventable. The story also reported that:

He applauded the creation of mental health organisation beyondblue, saying it
had been an important breakthrough in educating society about depression.

The feature also probed the claims that there is a strong correlation between bullying and
mental health problems and that some young women who self-harmed took their own lives by
mistake. The story was accompanied by information sourced to SANE Australia and the Centre
for Adolescent Health about signs of suicidal intentions to look for and what to do. Helpline
details were also provided.

Presumably, the documents that the Sunday Age were granted access to would have included
details about the method of the teenage suicides. Referring to these in this news story would
have, perhaps, made for more dramatic and sensational reading and, thus, it is significant that
the newspaper responsibly chose to focus on the factors that impinged upon the deaths of
these young people. Creating awareness about these factors is likely to do more to prevent
suicide than gratuitously describing the method of the suicides.

The feature story was also accompanied by another report that provided the human face of
those bereaved by suicide, which was headlined:

A parent’s journey out of crippling despair

The primary source for this story was Rod Kindred whose son Travis took his own life more
than ten years ago. The story reported that Rod experienced a ‘fog of depression’ after his
son’s death and even contemplated suicide himself. The story reported that Kindred takes antidepressants and has had extensive counselling after his son’s death:

Now he crusades in Travis’ name, through self-help group the Compassionate Friends, to help others come to terms with losing a child by any means and at any stage.

The website address for Compassionate Friends Victoria was provided.
CHAPTER 7:
Opinion features about the news reporting of suicide

Issues related to the reporting of suicide were the topic of newspaper items published in Adelaide's *Advertiser* and the *Gold Coast Bulletin* in 2007. The feature, published in the ‘Saturday Magazine’ section of the *Advertiser*, referred directly to the Mindframe initiative and the media resource *Reporting Suicide and Mental Illness*[3]. The *Gold Coast Bulletin*’s two opinion pieces did not directly mention the resource but both implied awareness and addressed some of the problematic features of any guidelines.

Public debate about suicide news reporting

Adelaide’s the *Advertiser*’s news feature was headlined:

*It’s all about context* (2007, 8 September, p. W07).

The lead paragraph set the frame of ‘reporting restraint’ by referring to a brief story run by the newspaper (‘Parents warned of the dangers of the internet age’, 2006, 14 November, p. 2) that told of police analysis of data contained on computers belonging to three female students at two eastern suburbs secondary schools who had died by suicide. At that time, the newspaper said, police and mental health authorities had appealed to the media not to report the deaths for fear of the impact on vulnerable youth, especially those in the same communities who used the internet. In the 3rd paragraph the newspaper reported:

*Even though the deaths had been discussed on the internet by hundreds of students from various schools, the *Advertiser* agreed to the request and no other reports appeared.*

The newspaper supported its editorial decision with reference to the Commonwealth’s resource kit and the Mindframe project, and the remainder of the feature was centred on an interview with Jaelea Skehan from the NSW Hunter Institute of Mental Health who detailed suicide rates, celebrity suicide and the responsible and accurate news reporting of suicide.

The news coverage of the deaths by suicide by the two Melbourne girls was positioned as a poor example of reporting. Ms Skehan is quoted as saying that she was concerned at the impact on vulnerable young people. The newspaper reported in the 13th paragraph that she said:

*The rationale frequently put forward for writing suicide stories, that is raising awareness of the issue and so preventing suicide, in her opinion didn’t hold water in that particular case.*

*If you were doing a story about suicide prevention you would do it about men between 25 and 45, who’ve had the highest rate of suicide in this country for the past five to ten years.*

This news feature did not contain helplines but the original news story of the deaths by suicide of young girls in Adelaide did contain helplines and information about internet use.
The Advertiser published a feature in September 2007:

Tom Hales would have just turned 26, but in February he took his own life, one of more than 2000 Australians to do so each year. Most, we won’t hear about (2007, 8 September, p. W05).

The item told the story of Tom Hales of Adelaide who had been diagnosed with bi-polar disorder and later hospitalised at Royal Adelaide Hospital following an attempted suicide. He left the hospital and took his own life. The opinion piece posed the question about how best to talk about suicide, and whether to talk about it at all:

In our tell-all age, when the media has become a confessional for celebrities and those eager to seek their 15 minutes of fame, there’s a sense that full and open disclosure is the route to healing. Secrecy, on the other hand, is deemed bad, as it is when it allows concealment of a crime or prevents someone from acknowledging illness and so seeking help.

The journalist, Deborah Bogle, said talking about depression was regarded as acceptable but talking about suicide was not, especially in the media:

Reporting of suicide has been significantly constrained since the introduction of media industry reporting guidelines a decade ago.

There is a perception, voiced from time to time, that an unwillingness to discuss suicide hampers efforts to prevent it. The figures don’t support that perception, but the Australian Bureau of Statistics reports that the suicide rate fell by 30 per cent between 1997 and 2005.

The items included several helpline contacts and data about the suicide rate in Tasmania. The item was reprinted in Hobart (2007, 15 September, Mercury, p. B2) under the headline: ‘Suicide: It’s time to talk’.

In September 2007, the Gold Coast Bulletin published an opinion piece, which was headlined:


This 41 paragraph long item began with the journalist describing an experience he had while researching the piece. He reported that he rang four suicide helplines and had trouble getting a response. In the 5th paragraph he wrote:

While I was in no danger of immediate self-harm, I wondered what the reaction might have been of a severely depressed person contemplating suicide, who was desperately seeking help only to be confronted by a machine, or nothing.

Significantly, the news media had covered inadequate funding for the Lifeline telephone counselling service (See Chapter 10 below). The journalist posed the question: what it is about society that ‘we cannot bring ourselves to be open and frank about suicide?’

In the 12th and 13th paragraphs a range of suicide methods were detailed including people throwing themselves in front of trains, hanging, shooting death, and death by abuse of prescription drugs. There was a discussion of the bereaved in general terms and information about suicide rates was detailed. The piece concluded with the argument that more awareness needs to be created about risk factors:
If that means confronting people on a daily basis with the awful stories of people taking their own lives and keeping a tally just as we do with road statistics, then I, for one, am all for it.

On the one hand, criticism might be made about the detail of the methods of suicide in this opinion piece. Yet, on the other hand, the opinion piece does discuss some of the recommendations found in the resource kit and guidelines. For example, the journalist noted that the next Monday was World Suicide Awareness Day. The piece included comments from the coordinator of the Salvation Army community outreach on the Gold Coast who runs a group called ‘Bereaved by suicide’. Comments from Professor Diego de Leo from the Australian Institute for Suicide Research and Prevention were included and he provided statistics on suicide. The column also included comments from the founder of Care for Life Suicide Prevention Association and comments from a psychologist about the need to educate people about the patterns and signs of depression and mental illness that can lead to suicide. In the final paragraph the journalist comments on the need to create awareness.

This is a widely-researched column that does not glamorise or sensationalise suicide and that generally complies with the Commonwealth’s guidelines by referring to risk factors such as depression and mental illness. Methods of death by suicide are listed but not sensationalised. The journalist asks:

Do we somehow think that by not mentioning it when it happens or by not talking about it as an issue that it is going to go away?

Or are we frightened that if we bring it out into the open—the fact that young people and the elderly are increasingly taking their own lives—we may encourage others to follow suit?

The methods are also referred to in the context of the impact that they can have on those who find the deceased, and the police and emergency services ‘who have to remove their bodies and clean up the scene’.

The story was accompanied by a photograph of the back of a girl who is standing at a window looking out. The caption reads: ‘The tragedy that is suicide … young people are increasingly taking their own lives’.

There were no helpline details published with this opinion piece. Clearly, the inclusion of helplines would have well-suited the themes of the opinion piece and been potentially useful, not only for those who were feeling distressed but also for those who were bereaved by suicide.

Opinion on responsible reporting of celebrity death by suicide

The Gold Coast Bulletin in its regular ‘Crossfire’ opinion column by journalist Robyn Wuth published an alternative perspective on talking about suicide:


In this 35 paragraph item, the journalist argued that reporting suicides could be dangerous if they are sensationalised. She referred to research that showed a link between reporting of suicide and increased rates of actual suicide. She also referred to recent coverage of celebrity Owen Wilson’s suicide attempt, particularly on the internet, and said she has not seen one
report that carried a warning or was tagged with a suicide helpline. (See Chapter 11 below.) She wrote that the media has to take great care not to contribute to the suicide rate.

This column did not refer directly to reporting guidelines but it did demonstrate a familiarity with them. However, of Owen Wilson’s suicide attempt, she wrote:

Under the guise of ‘celebrity’ and the public’s ‘right to know’, we now know the comic reportedly slashed his wrists and took a cocktail of pills, apparently devastated over his break-up with actress Kate Hudson.

She then raised the question of whether these reports benefit or titillate the public, before going on to refer to the hundreds of pages on the internet about the suicide attempt.

This was a significant opinion piece because it raises the issue of the limitations of the media resource kits and guidelines on the reporting and portrayal of suicide. The Commonwealth’s resource may encourage Australian news media to report accurately, responsibly and ethically, and to include helpline details, but that does not apply to the internet—a universal phenomenon. What media are the most vulnerable members of society—for which media reporting guidelines are primarily concerned—most likely to access and be affected by?

The potential impact of reporting celebrity suicide was discussed and reference was made to evidence that ‘the way suicide is reported can reduce suicide rates’. The columnist cited media coverage that was critical of Kurt Cobain’s decision to suicide as being linked to a fall in suicide rates among 15–24-year-olds and added that:

There are those who would scoff at such statistics and claim it is rubbish, but it is the vulnerable who are most at risk (para. 29).

She said that depression and bipolar disorder were often linked to suicide and that it was the main cause of premature death among people with mental illness. In the final paragraph she said:

More than 2,000 Australians die from suicide every year. The media cannot be careful enough not to add to that figure.

The story was accompanied by a headshot of Kurt Cobain. Significantly, despite the journalists’ criticisms of the lack of helpline information on the internet with reports about the attempted suicide of Owen Wilson, this story did not provide helpline information—in common with the opinion piece the day before. The Gold Coast Bulletin is well aware of Reporting Suicide and Mental Illness[3] having been visited by professional staff from the NSW Hunter Institute of Mental Health evaluating Mindframe, and by the lead author of this report as part of another research project.
CHAPTER 8:
The death by suicide of ACT Chief Police Officer Audrey Fagan

News media coverage of the death by suicide of Audrey Fagan, ACT Chief Police Officer, in April 2007, was a prominent national news story. Understandably, the death received extensive coverage in the *Canberra Times*. As indicated in Chapter 9, individual deaths by suicide are not commonly reported by the Australian media unless there are some other compelling news values that deem the story newsworthy (see Pirkis, Burgess, Blood, Francis, 2007). Clearly, the prominence of the person involved and the public interest were paramount in this case.

The news coverage is also noteworthy because of the way one metropolitan newspaper framed the local newspaper, the *Canberra Times*, as partially responsible for the death.

The news coverage is analysed to highlight the way in which suicide and mental health issues are addressed in relation to risk reporting, and investigates the potential reasoning for the media’s portrayal. The news media play a pertinent role in this case study and demonstrate a range of themes identified by Kitzinger (1999), including the role of news and social values and the visible ‘risk issue’ of suicide.

Canberra and national news media covering the story of Ms Fagan’s death are examined for the period Friday 20 April to 2 May 2007. The analysis refers to the public debate led by Jack Waterford, Editor at Large at the *Canberra Times*, who questioned the performance, ability and integrity of ACT policing before Ms Fagan’s death. But these comments are not analysed in this report.

Audrey Fagan died on Friday 20 April 2007 while on holiday in Queensland. Her death shocked Canberra and policing communities across the nation. The death was reported on ABC television and radio that same day. The ABC reported Ms Fagan had been found dead in her Queensland hotel room and that:

> Police are investigating, but say there are no suspicious circumstances.

Jeff Kennett of beyondblue, the National Depression Initiative, was interviewed on local ABC radio (2007, 21 April, ABC Radio 666, *Morning*) the following morning. He called upon emergency services Australia-wide to recognise the stresses that their employees faced and to take the matter seriously. He said beyondblue was working with Victoria Police in providing mental health services.

Most metropolitan newspapers reported the death that morning of 21 April. The *Canberra Times* ran the story on its front page with the headline:

> Police chief dead. Tributes flow for Audrey Fagan.

In the 2nd paragraph the news story reported ‘it was believed there were no suspicious circumstances around the 44-year-old’s sudden death’. The story did not mention death by suicide. Similar coverage and framing was evident in the national press:

With the exception of the longer front page *Canberra Times* story, these news reports were brief and stated there were no suspicious circumstances surrounding the death—including the report in the *Gold Coast Bulletin*, despite its news frame and headline. The word ‘suicide’ was not included and no helpline information was reported in these news reports. The news reports followed a media release by the Australian Federal Police (AFP, April 20) on the previous Friday evening. The *Canberra Times* also reported on 21 April a ‘Background’ feature, ‘From the beat to ACT’s top cop’ adjacent to its prominently displayed front-page story of the death. The news items were accompanied by a photograph of a uniformed Ms Fagan taken at a past news conference.

The AAP also reported on 21 April that Ms Fagan had been under media scrutiny for poor police media management before her death. The 12th paragraph of this 13 paragraph news story reported that the death ‘is not considered suspicious’. The word suicide was not used in the item. Most of the news story is framed around the ‘media scrutiny’ by the *Canberra Times* with the 3rd paragraph reporting:

> Earlier this month the *Canberra Times*’ editor-at-large Jack Waterford had criticised the ACT police department as ‘a complacent and unaccountable organisation of no great competence which is wide open to and may have already been percolated by corruption’.

Sydney’s *Sun-Herald* was far less cautious in reporting the death the next day, Sunday, with the method of suicide in the headline:

> ACT police chief found hanged on holiday island (2007, 22 April, *Sun Herald*, p. 4).

The 3rd paragraph reported:

> It is believed the mother-of-one died by hanging. Queensland police said there were no suspicious circumstances.

The newspaper provided no helpline information for its weekend readers. Other news reports and features on the Sunday included:

> Probe into police chief’s holiday death (2007, 22 April, *Sunday Mail*, p. 29).


The *Sunday Telegraph* also referred to the *Canberra Times*’ ‘scathing article’ by editor-at-large Jack Waterford and quoted Australian Federal Police Commissioner Mick Keelty as saying ‘he could not comment on whether she (Ms Fagan) had committed suicide’. But the newspaper did report that the Queensland police were treating the case as suicide. In Perth, the *Sunday
Times reported a similar story:

Chief under fire (2007, 22 April, Sunday Times, p. 12).

The entire front-page of the Canberra Sunday Times was devoted to covering the story:

Fagan under stress: Police chief received professional support before her death (2007, Canberra Sunday Times, 22 April, p. 1).

The story did not mention the word ‘suicide’ but reported in the 2nd paragraph that Ms Fagan was found dead at the Hayman Island Resort and ‘police have confirmed no foul play was involved’.

Pages two through seven of the Sunday newspaper were devoted to the story:

Page 2: Media review was in place (News story).
Hard worker in a hard culture (Opinion, Jack Waterford).

Page 3: Fagan felt pressure of criticism, Keelty says: Police chief was in counselling (News story).

Page 4: Tributes flow for ‘pin-up girl’ (News story).

Page 5: Vanstone pays tribute (News story).
Stefaniak remembers a true friend: ‘She exuded warmth’ (News story).


Page 7: Praise for a ‘fine police officer’ ‘Her loss ... immense’ (News story).

No other news items appeared on pages one through seven. With the exception of the reference to ‘no foul play’ in the front page news story, all other items did not mention the nature or the method of death. No helpline information was provided with the front-page report. The Canberra Sunday Times also published an editorial in the same Sunday edition:


The editorial praised Ms Fagan for her achievements and what she had promised in her role as police chief. The editorial referred to the criticisms about media relations and policing made by the Canberra Times, which it labelled as ‘one, but only one’ of the pressures Ms Fagan faced:

Sad though we feel for her and her family, we do not resile from the criticisms we made, many of which were about problems which had been there long before she took charge.

The dominant news values of ‘conflict’ and the search for ‘blame’ were evident in coverage on the following Monday. The Sydney Morning Herald reported:

Pressured police chief left notes before death (2007, 23 April, p. 6).

The lead set a dominant news frame of ‘stress resulting in suicide’:

The federal police assistant commissioner Audrey Fagan left two notes before her apparent suicide amid speculation that persistent criticism of her ability to manage law and order in the ACT contributed to her death.
But the story referred to calls by the Australian Police Association for better support for those in executive office. The story also reported that a two-year study of ACT police released in 2006 had been critical of crime clearance rates, response times and the lack of money and staff. This news story was the only newspaper story in the national coverage of Ms Fagan’s death that included helpline information for readers.

The *Australian* (2007, 23 April, p. 1) played up the conflict angle between the *Canberra Times* and Ms Fagan, and their front page headline sets the dominant news frame:

**Criticism weighed heavily on officer.**

Written in a ‘non-inverted pyramid’ style, the lead paragraph sets the scene for tragedy:

The prospect of two weeks in the idyllic Whitsunday Islands off the central coast of Queensland had not been far from Audrey Fagan’s mind over the past month.

The 2nd paragraph told readers of talks between Ms Fagan and Australian Federal Police Commissioner Mick Keelty and reported (in the 3rd paragraph) that Mr Keelty said she was looking forward to the holiday. The 4th paragraph detailed that Mr Keelty had offered counselling but wanted a resolution to the media attacks on ACT Police’s failure to inform the public of serious crimes. The two were due to meet the following week. But the 5th paragraph of the story told readers:

The meeting will never take place, with Queensland police now investigating Ms Fagan’s apparent suicide last week at the Hayman Island resort.

The story then reported briefly on the forthcoming autopsy, comments from Commissioner Keelty, and problems Ms Fagan had faced, including criticisms by the *Canberra Times*. Commissioner Keelty was also reported as saying Ms Fagan was sensitive to criticism from the media: ‘we’re all sensitive to it. I’m sensitive to it’.

The 18th, 19th and 20th paragraphs of the story included comments from the *Canberra Times* editor-at-large, Jack Waterford. The newspaper reported that Mr Waterford had told *The Australian* that he had been accused privately of ‘having blood on his hands’ but echoed the *Sunday Canberra Times* editorial that he did not resile from what he had written:

I don’t think there is any doubt that it was a significant part of the pressure that was on her,’ he said.

Perhaps with retrospect I wish I was more kind but I don’t really resile from the things that I said.

The story did not offer readers helpline information or ways of accessing mental health services.

The *Australian*’s report the next day had a direct headline with an obvious news frame:

**Media blamed for cop’s death (2007, 24 April, *Australian*, p. 6).**

But it was not until the 7th paragraph of this 21 paragraph news story that readers learned that Australian Federal Police Commissioner Mick Keelty had warned about the dangers of media attacks on senior public servants. In the 8th paragraph the story reported that Mr Keelty warned that ‘public servants were not punching bags’:
He said the impact of media reporting was sometimes underestimated in a reference to criticism of Ms Fagan by The Canberra Times.

But the next paragraph reported that the commissioner had changed focus:

I’m not criticising anyone in particular here, Mr Keelty said yesterday.

The news story directed readers to a news feature later in the newspaper that followed up the conflict between Ms Fagan and the Canberra Times and detailed the achievements of Ms Fagan’s career:

Thin blue line (2007, 24 April, Australian, p. 13).

While most other metropolitan newspapers were reporting on plans for Ms Fagan’s funeral, the Australian again followed up the story with an item on the day before the funeral service:


The lead paragraphs set the news frame—‘The Canberra Times was to blame’. The story reported it was ‘a soul searching time’ for the Canberra Times because of the extended campaign against Ms Fagan for alleged failings, and criticism by Australia’s ‘top cop’ (Australian Federal Police Commissioner, Mick Keelty). In the 3rd paragraph readers were told that the Canberra Times had been ‘coy about how she died’. The 4th paragraph reported:

That’s the scenario facing The Canberra Times following the suicide last week of the ACT’s Chief Police Officer, Audrey Fagan.

The next paragraph reported the method of death—‘found hanged in the bathroom’—and much of the remainder of the story focused on what the Canberra Times reported about ACT policing and comments from the Times’ editor-at-large Jack Waterford. The story concluded:

The Canberra Times has told its readers there were no suspicious circumstances surrounding Ms Fagan’s death—usually read as code for suicide.

But, while The Australian was confident enough to openly report the cause of death as suicide, the editor of the Canberra broadsheet, Mark Baker, yesterday said his newspaper would withhold attributing the cause until officially confirmed.

The story did not contain helpline information for readers.

It is not the task of this analysis to judge the comments made by the Canberra Times about Ms Fagan and ACT policing, or to assess the accuracy or appropriateness of these comments. But what is pertinent to our analysis is the news framing of the Canberra Times (and by implication, its highly respected editor-at-large, Jack Waterford) by the Australian and, equally significantly, the context both newspapers offered readers about Ms Fagan’s death by suicide.

As Kitzinger[47] notes, there is no simple set of rules that explain how information is transformed by the news media but ‘conflict and blame’ are key news values that draw news media attention to risk. On the one hand, the Canberra Times went to lengths not to mention that the death was by suicide—or to use the word ‘suicide’—preferring instead to report there were no suspicious circumstances about the death. On 25 April, the Canberra Times reported that ‘the cause of Ms Fagan’s death has not been made public’ and ‘it is believed the coroner will make the findings public but the process could take several months’. But does this treatment excuse the newspaper
from following the suggestions in the Commonwealth’s media resource *Reporting Suicide and Mental Illness*\(^3\) about including helpline information for readers? Equally, the newspaper focused only on some of Ms Fagan’s alleged stressors. The newspaper defended its role in the conflict between Ms Fagan and the newspaper—in news stories, an opinion piece, and in an editorial. On the other hand, the *Australian’s* coverage placed the *Canberra Times* squarely within the ‘blame’ frame. The *Australian* portrayed the *Canberra Times* as a ‘guilty accomplice’, ‘prompted by their [the *Canberra Times*] bitter attack’. The highly public debate between the ACT police and the ACT media, led by the *Canberra Times*, reinforced the news values of conflict and blame. Kitzinger\(^{47}\) observes that news interest will be stimulated by overt conflict between stakeholders—in this case, between two respected metropolitan newspapers who are daily competitors in the Canberra regional market.

But what is missing from both newspapers’ coverage of the death is context—exemplified by the failure to provide readers with suicide helpline information or information about how to access mental health services. *Reporting Suicide and Mental Illness*\(^3\) tells editors and journalists that many people who die by suicide have underlying mental illnesses. In this case, a simplistic ‘blame game’ overrode more complex causes and issues behind the phenomenon of death by suicide. There was little, if any, print media coverage of the issues raised by Jeff Kennett from *beyondblue*, or the concerns raised about stress and depression by the Australian Police Association, when news of the death first became public.

This report does not dispute that Ms Fagan’s death was not newsworthy; clearly it was in the public interest to report her death because of her prominent status as a senior police officer. But, for the most part, news items in the metropolitan press did not address issues of mental health and depression and, as such, omitted any references to helplines or counselling, as suggested by the Commonwealth’s media resource kit. In parallel with the reporting of the deaths by suicide of the two Melbourne girls (Chapter 5 above), it was more than a week later with the reporting of another incident and a media release by NSW Police Commissioner Ken Moroney that the story gained significant context.

The ABC’s radio current affairs program, *The World Today* (2007, 1 May, ABC Radio National) reported that mental health initiatives were high on Mr Moroney’s agenda following news that a Sydney police officer had threatened to take his own life the day before, and the news the previous week of the death of Assistant Commissioner Fagan. The program interviewed Dr Nicole Hightet, Deputy Chief Executive Officer for *beyondblue*, who said there were higher rates of depression among people working in emergency services. Reporter Lauren Harte added:

> But Doctor Hightet says those in the police or armed forces faced with mental illness are less likely to seek help.

In the next section (9) we examine newspaper coverage of the police, death by suicide, attempted suicide, and mental illnesses.
CHAPTER 9:
Police, suicide & mental illness

Deaths by suicides & attempted suicide by police officers

During the first half of 2007, metropolitan and regional newspapers gave prominence to the reporting of deaths by suicides, and attempted suicide, among police officers throughout Australia. In the baseline phase of the Media Monitoring Project we reported on similar incidents—in one case where it seemed that the newspaper was reluctant to use the word ‘suicide’ in its reports of the death of a female officer.

In its reporting of deaths by suicides among police officers AAP consistently provided contact details for Lifeline and SANE Helpline, which is suggestive of an editorial decision to comply with the suggestions in Reporting Suicide and Mental Illness[3]. But the Sydney Morning Herald provided helpline details only with some news stories and not other reports, suggesting either an inconsistent editorial policy or no policy on providing readers with this information.

Equally, there was no identifiable pattern in the inclusion of helpline details in the Daily Telegraph’s coverage. For example, in a report on NSW Police Commissioner Moroney’s comments urging police officers to seek help in the wake of recent suicide attempts (‘It’s OK for cops to cry—Moroney gives his advice for police as Brogden speaks out about depression’ (2007, 2 May, Daily Telegraph, p. 11), helpline details were not provided. But in a report of an officer who fell to his death after threatening suicide with a knife (‘What pushed this officer to his death’ (2007, 8 May, Daily Telegraph, p. 4), contact numbers for Lifeline were provided. Yet in another news report about another police officer’s attempted suicide (‘Officer in suicide bid’, 2007, 10 May, Daily Telegraph, p. 9), no helpline details were provided.

The following are illustrative of coverage of the police.

In January 2007, AAP reported on the death by suicide of a young police constable in Sydney’s southern suburbs (‘Dead police officer named’, 2007, 8 January, AAP). The second paragraph of the brief report said that:

“The 29-year-old man was found with a single gunshot wound to the head in the toilet of the small station yesterday afternoon.”

The report included helpline information for Lifeline and SANE Australia. Other reports on this incident included:

Distraught final acts that haunt colleagues forever (2008, 8 January, Sydney Morning Herald, p. 2).

Policeman found shot dead (2007, 8 January, Border Mail, p. 2).


The second report in the Sydney Morning Herald included helpline information for readers as did the Border Mail. The Daily Telegraph did not include helpline information nor did the...
8 January report in the *Sydney Morning Herald*. Both the *Sydney Morning Herald* and the *Daily Telegraph* repeated the original AAP description of the method of death by suicide. On 13 January, the *Daily Telegraph* reported on the funeral for the officer and noted in the last paragraph that mourners were asked to give donations to beyondblue. But no helpline information was included with the report.

A follow-up report in the *Sun Herald* was headlined:

> Tragic rookie told police he had tried to take his life (2007, 21 January, p. 13).

The report detailed how the officer had written on his original application to NSW Police that he had experienced mental health problems and had previously tried to take his own life. The newspaper noted that under NSW firearms legislation applications for gun licences were regularly rejected if the applicant had a history of self-harm or mental illness. The method of suicide was not repeated and no helpline details were provided with the report.

In March, most newspapers reported on NSW Police Commissioner Moroney’s action to train senior police to recognise psychological distress in a program aimed at reducing deaths by suicides in the force. For example:


This report noted that more NSW police had died from suicide while on duty than from any other cause.

The *Sydney Morning Herald* in a front page story headlined a report:

> Suicidal officer with a gun, but this time tragedy averted (2007, 1 May, p. 1).

The lead paragraph dramatically reported that:

> The desperate officer arrived at Earlwood police station yesterday afternoon via a rear courtyard, got his service pistol, returned to his car and put the gun in his mouth.

Was it necessary to tell this story with such a dramatic description of the attempted method of suicide?

In a similar vein, the *Illawarra Mercury* reported in a brief news story, headlined ‘Top cop acts on blues’ (2007, 2 May, p. 3), that:

> The senior constable had taken his service pistol and put it in his mouth as he sat alone inside his car.

These descriptions are graphic and, arguably, needless; used only to dramatise this incident. The *Sydney Morning Herald* story did provide contact details for Lifeline and beyondblue but no helpline information was provided in the *Illawarra Mercury* report.

*Sydney’s Daily Telegraph* gave dramatic emphasis to their report with the headline:

This page three report was accompanied by three photographs of armed police with dogs surrounding the police station. The report focused on the nearby evacuation of shoppers near the police station, and concerns for children in primary school. The report did not detail the method of attempted suicide as did the report in the Sydney Morning Herald.

Subsequent reports included:

- It's OK for cops to cry: Moroney gives his advice for police as Brogden speaks out about depression (2007, 2 May, Daily Telegraph, p. 11).
- Top cop acts on the blues (2007, 2 May, Illawarra Mercury, p. 3).
- Officers OK to cry (2007, 2 May, Newcastle Herald, p. 3).
- Police welfare checks extended after siege (2007, 2 May, Australian, p. 6).
- Police to investigate stand-off (2007, 2 May, Canberra Times, p. 2).
- Sydney police station siege highlights mental health problems (2007, 3 May, AAP).

The following week, AAP reported that a NSW policeman had died after ‘an apparent suicide attempt’ when he fell from a third storey window in a block of units in Sydney (2007, 6 May, ‘NSW policeman dies after apparent suicide attempt’, AAP). The story quoted the Daily Telegraph as reporting that the man had threatened to kill himself with a knife before falling to his death.

The Daily Telegraph’s headline was dramatically presented:

Officer plunges to death from unit. Policeman’s trauma at tragic train scene (2007, 7 May, p. 3).

The lead paragraph reported:

An off-duty policeman yesterday fell to his death from a Surrey Hills apartment block after threatening to suicide with a knife.

The story reported that the policeman had been under stress following his attendance at a death by suicide by a woman who had thrown herself under a train.

The grisly sight remained with him for almost a year.

The report did contain a contact number for Lifeline. The newspaper followed up the report the following day with a story headlined, ‘What pushed this officer to his death’. This report also included helpline information.

Amid growing calls by the NSW Police Union for more support for police and the need for an independent government inquiry, the Daily Telegraph reported on another attempted suicide by a senior police officer in Newcastle:

Officer in suicide bid: Suspended superintendent found in hotel room (2007, 10 May, p. 9).
The report was explicit about the method of attempted suicide:

The 54-year-old father had overdosed on a mixture of alcohol and prescription pills.

The story did not include helpline information for readers. The Newcastle Herald’s report was headlined:


**Police interventions**

In recent years, media and public attention has focused increasingly on police interventions involving people diagnosed with mental illness, usually in potentially violent situations. The police have come under close public and media scrutiny for their actions, some of which have resulted in the deaths of people diagnosed with mental illnesses. There has also been a growing awareness among police services that these actions often result in considerable trauma for police officers.

Typical of this type of reporting is the following:


The most prominent incident during the study’s time-frame was the hearings by Queensland’s chief coroner into the deaths of four men diagnosed with mental illnesses who were shot by police:


Coroner to look at mental patients’ shootings (2006, 8 September, Gold Coast Bulletin, p. 2).

Inquest opens into shootings by police (2006, 16 October, AAP).

Why were they shot? Four young men from very different backgrounds united by one grim fact. They were all mentally ill and shot dead by police. Now a coroner will examine their fates in a series of co-ordinated inquests (2006, 15 October, Sunday Mail, p. 60).

All of the reports are straightforward accounts of the intended or actual hearings. The Sunday Mail report included a comment from one of the men’s mother:

Mental illness has become an increasingly pervasive problem and it is crucial that society learns to deal with it. That’s what makes this inquest so extremely important.

I’m hoping it will help change the way we see and deal with mental illness in our community.

The AAP chose an arguably unnecessarily dramatic lead to its report:

A naked, mentally ill man armed with two knives was shot dead by a police dog handler after fighting off his dog, an inquest has been told.
In some of its coverage, the *Gold Coast Bulletin* sets one dominant frame—shooting justified—and used language and labelling that some might find inappropriate:

Mum forgives police: No alternative to shooting of schizophrenic, inquest told (2006, 24 October, p. 8).

The lead reported:

The mother of a schizophrenic man killed by police at Southport said she has forgiven the police officers involved and hoped the inquest into his death would find better ways of dealing with mentally ill people.

The latter part of the lead could have been an alternative way of framing this story. But this competing news frame involving the same mother emerged later in the inquest hearing:


Other similar reports following the Brisbane inquests include:


No choice but to kill. Officer's claim over shooting deaths (2006, 8 November, *Courier Mail*, p. 4).

Shooting 'the only defence' (2006, 9 November, *Courier Mail*, p. 18).


In most cases the reports are straightforward accounts but the language used to describe people can, at times, be problematic; for example, ‘paranoid schizophrenic’ used to describe one of the men shot by police reported in the *Courier Mail* coverage of the Brisbane inquests (2006, 9 November, p. 18).

More positive news stories included:


Police to alter their mindset (2007, 1 August, *Herald Sun*, p. 25).

The *Herald Sun* story reported that Victorian police would be better trained to respond to and deal with a range of mental illnesses. The new policy was in response to a 2005 Police Integrity report which found that ‘17 of the 32 people shot dead by Victorian police between 1990 and 2005 had a mental disorder’. 
CHAPTER 10:  
The ‘helpline’ funding shortfall

The Commonwealth’s resource, Reporting Suicide and Mental Illness[3], urges editors, broadcast news producers and journalists to include helpline information on news reports of suicide and mental illness. The principal newspapers in Victoria and South Australia reported news in May 2007 of the funding difficulties facing the helpline or counselling services in both states:

- Cries for help go to answering machines (2007, 30 May, Advertiser, p. 3).

The Adelaide Advertiser story was headlined an exclusive. The lead paragraphs support the dominant frame of ‘help line crisis’:

- Callers at risk of suicide are being told to ‘ring back later’ if they phone Adelaide’s Lifeline at busy periods.

UnitedCare Wesley, which runs Lifeline, is quoted as saying they had no idea how many calls for help were being unanswered and the problem was also evident in Victoria with Lifeline and Suicide Helpline. The church agency had applied for $10 million in federal funds. The story included a telephone number to attract potential volunteers to the Lifeline service.

The previous day the Herald Sun reported:


The lead paragraph said Lifeline had been forced to appeal for volunteers because of state funding cuts. Readers learn later in the story that ‘funding had been slashed by almost 20 per cent since last year’.

The story also reported that a Herald Sun survey had shown that ‘Victorians at risk of suicide were left on hold for up to 40 minutes as counsellors struggled with a surge in calls to crisis helplines’. The story included helpline information for both Suicide Help Line and Lifeline.

Both newspapers ran editorials on funding for Lifeline:

- Your call is important (2007, 29 May, Herald Sun, p. 18).

The Herald Sun editorial’s concern was for people at risk of suicide:

- In the desperate, late-night hours, a prompt reply could make the difference between life and death.

No doubt also the editorial reflected the newspaper’s keen awareness of helpline information for its readers and its consistent use of helpline information in reports of suicide and mental illness. Adelaide’s Advertiser said that Lifeline was a valuable service: ‘Whatever it takes, Lifeline must be thrown a lifeline’.
CHAPTER 11:

Attempted suicide—celebrities

The reporting and portrayal of death by suicide by celebrities is always an issue of concern for medical and health professionals, and media professionals, because of the status of the person and their influence on people. *Reporting Suicide and Mental Illness*[3] cautions against glamorising or sensationalising in news media reports of celebrity deaths by suicide. During the study's time-frame, there were several attempted suicides that were extensively covered by the news media.

Owen Wilson

The reported suicide attempt of Hollywood comedy actor Owen Wilson in August 2007 was widely reported in the Australian and international press. Most news stories described the method of the suicide attempt, some items referred to ‘suicide’ in the headline, and very few included helpline details. Headlines in initial reports included:


Each of these news stories variously referred to the method in terms of ‘cutting his wrists and taking pills’, ‘discovered with slashed wrists’, ‘had also reportedly taken an overdose of pills’, ‘had slashed his wrists and was found with an empty bottle of pills next to him’ or ‘found overdosed with both wrists cut’. Beyond this, newspapers differed in some important ways in regard to the information that was ‘played up’, the language used and, ultimately, the way the suicide attempt was framed. The inclusion of helpline information was also notable in some news stories and not others.

Most news stories included details of the method in the second or third paragraphs. However, the story in the *West Australian* promoted this information to the lead:

> Hollywood star Owen Wilson has been rushed to hospital after cutting his wrists and taking some pills during a suicide attempt at his Santa Monica house, according to the *National Enquirer and Star Magazine*.

This was the only newspaper that described the method of the suicide attempt in the lead paragraph. Furthermore, the newspaper elaborated on and repeated the information in the following paragraph:
Citing sources, the magazines said the star of *Wedding Crashers* and *Starsky and Hutch* had cut his left wrist and taken an undetermined amount of pills.

Despite the guidelines easily accessible in *Reporting Suicide and Mental Illness*[3], this news report did not include helpline information for readers.

In contrast, the six paragraph story in Adelaide’s *Advertiser* focused mainly on Wilson’s recent break up with a fellow actor and it, along with the *Herald Sun* and the *Newcastle Herald*, were the only newspapers to include contact details for Lifeline, SANE Australia and beyondblue with their news reports.

The *Courier Mail* devoted only one paragraph to the incident. The *Daily Telegraph*’s 14-paragraph story was primarily sourced to gossip magazines and it also described the method several times, which, on the face of it, does seem gratuitous. But it was also the only story to include comments from Professor Ian Hickie who said that depression is not uncommon in comedians. This story did not include helpline information.

The news story in the *Herald Sun* was the longest, at 26 paragraphs, and it focused mainly on Wilson’s acting career. Again, consistent with the newspaper’s coverage of suicide related incidents, this news item included contact details for readers for Lifeline, Suicide Helpline and Mensline. Significantly, and in contrast to the editorial practices described above, a brief three paragraph report in the *Newcastle Herald* also included the telephone number for Lifeline.

The following day, 29 August, headlines included:


The *Herald Sun* referred to the method of the suicide attempt in the 2nd paragraph and the story reported that Wilson had made a plea for privacy. In a departure, the story does not include helpline details as it did with its story of the previous day. The newspaper also published a letter to the editor headlined: ‘Actor deserves space to heal’ (2007, 29 August, *Herald Sun*, p. 16). The letter writer said that this suicide attempt ‘highlights once more how depression can affect people from all walks of life’.
The news story in the *Daily Telegraph* also referred to the method of the suicide attempt in the 2nd paragraph. The newspaper also published a 31-paragraph opinion piece on the actor, which focused on the apparent discrepancy between his on-screen and off-screen demeanour. The writer said:

*Any illusions that Wilson’s real life is as comical as one of his screen adventures have been shattered by his apparent suicide attempt this week.*

The paragraph following this referred to the method of the suicide attempt.

The lead of the news story in the *Illawarra Mercury* referred to the actor’s call for time to heal after his suicide attempt. In the 6th paragraph unnamed sources were reported as saying that:

*Wilson tried to commit suicide by cutting his wrist and taking drugs.*

The 2nd paragraph of the Hobart *Mercury*’s story said that he:

*reportedly slashed his wrists and took a large number of unidentified pills.*

The 3rd paragraph in the *Newcastle Herald* news story reported that the actor:

*tried to commit suicide by cutting his wrist and taking drugs.*

This story was sourced to Reuters and it contains the same information as that of the story in the *West Australian*.

The *Ballarat Courier* and the *Burnie Advocate* were the only newspapers that did not report the method of attempted suicide. The *Mercury* was the only regional newspaper to include contact details for Lifeline and the reachout website with its news story on 28 August.

Significantly, in its three-paragraph brief report on the actor’s calls for privacy, Adelaide’s *Advertiser* included helpline numbers for Lifeline, SANE Australia and beyondblue. Even though the newspaper downplayed the incident, clearly there was an editorial decision made to include helpline information for readers.

Coverage continued the following day, 30 August, with headlines including:

*Owen’s star still shines—As police confirm the Hollywood star attempted suicide, the movie world says it won’t affect his booming career (Herald Sun, p. 23).*

*Wilson still box office material despite suicide bid (The Australian, p. 9).*

*Wilson’s future bright (Border Mail, p. 9).*

*Falling out last straw—Suicidal actor Owen depressed for months but … (Daily Telegraph, p. 31).*

*Cops confirm suicide attempt (2007, 30 August, Northern Territory News, p. 18).*

The story in the *Herald Sun* focused mainly on the actor’s career, reporting in the lead that:

*US actor Owen Wilson’s film future remains bright despite his suicide attempt.*
It included quotes from Hollywood insiders who spoke positively about Wilson and his career prospects and expressed concern for his health and wellbeing. The story also reported that:

US reports yesterday said Wilson had struggled with depression and addiction for several years.

This information helped audiences to put the suicide attempt into some broader context. The story also included information about the 911 call and reported that the suicide attempt ‘happened shortly after a vicious quarrel with an unidentified friend’. The story included comments from a professor of psychiatry at New York University who said that celebrities do not always get the help they need, as well as comments from a professor of entertainment business at the University of Southern California. In many ways this story attempted to put a positive ‘spin’ on an otherwise tragic event. It also included contact details for Lifeline, Suicide Helpline and Mensline.

The story reported in the Herald Sun’s stablemate The Australian was identical except for two aspects. First, it is shorter. Secondly, it does not include helpline information for readers. Does the Australian have a policy of not including helpline information when reporting suicide and mental illness?

In its coverage the Daily Telegraph emphasised the possible cause of the actor’s suicide attempt, reporting in the lead that while he had been depressed for months ‘a massive blow-up with a mate’ was the last straw. The 2nd paragraph was highly problematic:

The New York Post revealed the Wedding Crashers funny-man star was discovered bloody and dazed after guzzling pills and slitting his wrist in his California home late on Sunday.

The language used in this paragraph is both graphic and insensitive. The story reported that he was discovered by his brother and was now recovering in hospital under close watch. It also reported that he ‘has a history of depression’. Again, despite the advice of Reporting Suicide and Mental Illness, the report did not include helpline details for readers.

The story in the Northern Territory News referred to ‘suicide attempt’ in the headline and lead but did not describe the method as other news stories did.

The following day, coverage of the incident continued:

Troubled star warned—Breakdown blamed on drug-taking pal (2007, 31 August, Herald Sun, p. 44).


The story in the Herald Sun was sourced to London’s Daily Mail. The lead paragraph reported that a comedian has been blamed for the ‘apparent suicide attempt’ of Owen Wilson. This is attributed in the 2nd paragraph to Courtney Love, the former lover of Steve Coogan, the person whose lifestyle she blames for Wilson’s ‘downward spiral into drugs and depression’. The 3rd paragraph reported that Wilson ‘reportedly slashed his wrists and took a cocktail of pills’. The story focused mainly on the allegations of Courtney Love against Coogan and his
defence of these allegations. The *Herald Sun* also published a four paragraph story reporting that a Sydney model who once dated Wilson was upset about his suicide attempt. Neither of these stories included helpline details.

Stories in the *Newcastle Herald* and the *Gold Coast Bulletin* were brief reports that Wilson was to withdraw from a movie following his attempted suicide. Neither included helpline details and nor did they refer to the method of his suicide attempt.

**Halle Berry**

In March 2007 there were reports of actor Halle Berry attempting suicide. Headlines included:


The brief story in the *Herald Sun* reported in the lead that:

> Halle Berry has admitted that she tried to commit suicide after her failed marriage to US baseball star David Justice.

The reported admission was sourced to the American magazine *Parade* in which Berry was quoted as saying that she had an image of her mother finding her and that to end her life would be an incredibly selfish thing to do.

The story in the *Australian* reported in the lead that:

> Academy Award-winning actor Halle Berry tried to kill herself after her first failed marriage to baseball star David Justice.

It also referred to comments Berry made to a magazine. Most of the 18-paragraph story focused on her failed relationships.

The story in the *Daily Telegraph* reported in the lead that:

> Hollywood glamour Halle Berry has admitted she tried to kill herself over a failed relationship—but backed out at the last minute.

The 2nd paragraph reported that she told a magazine she ‘tried to gas herself in her car’. The report included the same quotes from Berry as other reports. The *West Australian* story carried the same lead and also reported in the 2nd paragraph that she ‘tried to gas herself’. Stories in the *Bendigo Advertiser*, the *Burnie Advocate* and the *Launceston Examiner* also included the same lead paragraph.

The story in the *Herald Sun* was the only one to include helpline information.
Britney Spears

Newspapers were far less sensitive in their reporting of an apparent suicide attempt by Britney Spears in March 2007. For example, headlines included:

- Britney attempts suicide in rehab (2007, 5 March, Courier Mail, p. 9).

Each of these news stories contained the following lead paragraph:

Britney Spears has flipped her lid in rehab, trying to hang herself with a bedsheets after screaming ‘I am the anti-Christ’ to frightened staff.

There were some slight differences in the rest of the content of these stories. The six-paragraph story in the Courier Mail provided a straightforward account of relatives’ concerns for her safety following her recent ‘manic behaviour’. The final paragraph of the eight-paragraph Daily Telegraph story reported:

The pop star then tried to hang herself with a bedsheets was (sic) but was found before she could hurt herself.

The Gold Coast Bulletin chose to provide even more detail in its 12-paragraph story by quoting from a friend of Britney Spears:

She attached a sheet to a light and tied it around her neck.

Paramedics were called but luckily she was unhurt.

Describing an apparent suicide attempt in terms of ‘flipped out’ disregards the seriousness of the incident and the Gold Coast Bulletin’s detailed description of the method of attempted suicide in its story was gratuitous. None of these news stories included helpline details.

The story’s context serves to highlight these observations. Earlier in March, Adelaide’s Advertiser (1 March 2007, p. 21), Sydney’s Daily Telegraph (1 March 2007, p. 7) and the Gold Coast Bulletin (1 March 2007, p. 13) said that Britney Spears, reportedly diagnosed with post natal depression and suspected bipolar disorder, had been admitted to a rehabilitation clinic.
CHAPTER 12: 'Suicide sites'

Bridges

The use of bridges as sites where people jump to their deaths was the topic of a number of newspaper reports during the study's time-frame. Such sites are specifically described—sometimes as a ‘suicide site’—by the Australian news media, as research by Blood, Pirkis and Holland[18] documented.

The death by suicide, for example, of a young woman in Hobart sparked news interest in the safety of bridges known to be places where people jumped to their death. The story on the front pages of the Hobart Mercury was headlined:

Family call on bridge deaths—Plea for cameras to ease heartache’ (2006, 20 September, Mercury pp. 1 & 2).

The story’s frame is straightforward—safety cameras for Tasman bridge. The story detailed the death by suicide of a 23-year-old woman who had been diagnosed with schizophrenia and who jumped to her death from the Tasman Bridge in Hobart. The story was based on an interview with the woman's parents who had called for cameras to be installed at the ends of the bridge to assist in missing person's cases. It reported that the parents had searched for their daughter for two weeks before she was found washed up on a beach. The third paragraph reported that:

They are urging the Health and Human Services Department to improve its support network for young people with mental illness.

The story reported that the woman's parents knew she was at increased risk of suicide ‘because she was a schizophrenic’. The story also reported that the woman did not take her medication the night before she disappeared, and that when this happened the ‘nasty voices’ that told her she was worthless would affect her. The story reported that her parents had struggled to get support for their daughter:

Mr Smith said once people who had a mental health crisis were medicated and released, the level of ongoing support was inadequate.

News stories about individual suicides often focus on the person who has died, what they were like, the things they enjoyed doing, and what their talents or achievements have been. Sometimes, news stories speculate as to why the person took their own life, what made them do it, and could their family and friends have seen the signs and prevented it from happening. This news story, however, provided very little information about the young woman, which serves to create the impression that her diagnosis of schizophrenia alone was the reason for her death; especially given comments from her mother about the distress that the ‘voices’ had caused her daughter.

In this sense, the story provides an insight into how distressing voices—voices that are telling you that you are worthless—might affect someone, even leading them to take their own life. On the one hand, many health professionals might find this description simplistic and raise
concern about the use of language. But, on the other hand, the news story is framed in such a way as to try and make something good come from this tragedy—more support for people diagnosed with mental illnesses and the call for safety cameras on Tasman Bridge. The story included helpline details for Lifeline and the website address of reachout.

The next day the Hobart Mercury reported:


The lead reported:

Police Minister David Llewellyn says he will look at installing surveillance cameras on Tasman Bridge walkways to help missing person searches.

This story referred to the claims made by parents in the newspaper the day before and, perhaps, demonstrates the impact of a front-page news story in a relatively small community. The news story reported that cameras were installed on the bridge to monitor traffic flow and that the minister will look into how they may assist in missing persons cases. The minister is also reported as acknowledging the underlying causes of suicide and the health aspects. Helpline information for Lifeline and reachout was provided.

Melbourne’s West Gate Bridge—which has been named in the news as a ‘suicide site’[18]—was on the news agenda in November 2006. The Herald Sun reported:

Police risk lives on death bridge: Authorities ignore calls for safety fences (2006, 9 November, Herald Sun, p. 3).

In contrast to the Hobart Mercury’s coverage of Tasman Bridge, this news story’s frame is not about the safety, or concern for people diagnosed with mental illnesses. The lead paragraph supports the dominant frame—police at risk:

Police are risking their lives to stop people jumping from the West Gate Bridge.

The news story described two recent incidents and said that authorities had ignored recommendations for safety fences and emergency telephones to be installed on the bridge. The remainder of the story focused in detail on one of the incidents in which police saved a man from jumping to his death. This story included helpline details.

Another story in the Herald Sun (2006, 9 November, p. 18) was headlined:

Death cut measures ignored.

The lead paragraph reported:

Up to half the lives lost in suicides on West Gate Bridge could be saved if authorities followed recommendations from the State Coroner’s office.

The news story reported that evidence, in part from a 2004 coroner’s report, showed that fencing of bridges and other buildings has been linked to a drop in suicide rates. The Grafton Bridge in New Zealand, the Empire State Building in New York City, and the Eiffel Tower were cited as examples of places where ‘suicide barriers’ had been introduced with a resultant fall in the suicide rates. The director of the Australian Institute for Suicide Research and Prevention, Professor Diego De Leo, was quoted as supporting preventive measures. Psychiatrist
Dr David Horgan was also quoted on the need for governments to consider measures at public structures to reduce suicide rates. But Dr Horgan added that access to antidepressant medication and counselling had led to the decline in suicide rates. No helpline details or information about counselling were provided to readers.

A striking contrast from a very personal angle was published later that same day in the Herald Sun—readers were referred to this article and an editorial in the news item mentioned above, ‘Police risk lives on death bridge’. The opinion piece took a very personal news angle as the headline signals:

A sad step that went too far (2006, 9 November, Herald Sun, p. 22).

The writer, Matthew Kitchin, one of the newspaper’s assistant editors, described his normal Sunday morning activities with his children as he drove across the West Gate Bridge. Ahead, a man stopped his car, closed the door, and then jumped off the bridge:

My hands are weak and I can’t grip the steering wheel. I choke down the yell that’s building in my throat.

Once off the bridge, I pull over. I tell the kids to stay in the car. I call the police.

This was a moving opinion piece that provided insight into the impact that suicide can have on those who witness it. It is an angle that is rarely explored in news and features about suicide. The piece included suicide helpline information for readers.

On the same day the Herald Sun published an editorial with the headline that echoed news coverage of that day in the three news items:


The editorial pointed to the ‘inexcusable official neglect of a warning from the Victorian Coroner’s office’ for the need for fencing or barriers at the West Gate Bridge to prevent suicides. The headline came from a quote from Professor Diego De Leo: ‘Our moral obligation is to prevent the preventable suicides’.

In 2007, similar issues were canvassed by metropolitan newspapers. Brisbane’s Story Bridge, for example, was on the news agenda in April in the Courier Mail:

Call to fence Story Bridge—Traffic brought to a standstill as man threatens to jump (2007, 4 April, Courier Mail, p. 5).

The double news frames of ‘traffic chaos’ and ‘fence the bridge’ are evident in the news lead:

A suicide prevention expert yesterday called for the Story Bridge to be fenced after an all-day standoff with a man who climbed the structure and threw traffic into chaos.

In the 5th paragraph the story reported that:

Griffith University psychiatry professor Diego De Leo said studies had shown that fencing bridges could halve the suicide rate.

A picture of the bridge where three negotiators had negotiated with the man was included with the story. Much of the story contained comments from motorists about the delays they
experienced.Included in the news story were some details about the man at the bridge—then unidentified—who had been negotiating with police. But no suicide helpline details were provided with this individual attempted suicide news story.

A far more positively-handled attempted suicide news items was reported in the Herald Sun more than three months later with the headline:

**Catch of a lifetime—Big thanks for bridge rescue** (2007, 6 July, p. 25).

The lead reported that:

*A man who tried to take his life by jumping from a freeway overpass has thanked the two police officers who came to his aid.*

The story focused on the incident and the man’s gratefulness to the police officers for saving him. It quoted from a letter the man wrote to the two officers. This story included telephone details for readers for Lifeline, Victoria Statewide Suicide Helpline, and Mensline Australia.

Bridge safety issues were also topical in the US, which was reported in a story in the *West Australian* headlined:

**After 1,300 suicide jumps, they want to fence bridge** (2007, 1 August, p. 24).

The lead paragraph reported that:

*For decades, Marin County Coroner Ken Holmes preached against publicising suicides from San Francisco’s Golden Gate Bridge.*

The coroner’s reasons were that ‘media tallies’ of the number of deaths by suicide created a ‘circus atmosphere’, and that media reports encouraged some people to take their own lives. No mention was made in the news items about research on media imitation or ‘copycat’ suicides—information easily accessible in *Reporting Suicide and Mental Illness*. The news story revealed that the coroner had this week ‘defied his own wisdom’ by publishing a 10-year study of bridge suicides to call attention to the problem and to pressure officials to create fences or barriers at the famous bridge. The story was accompanied by a photograph of the bridge with the caption ‘Iconic view: The Golden Gate Bridge is well known for suicides’. Despite the reference to copycat or imitative suicidal behaviour in the second paragraph, no helpline information was provided to *West Australian* readers.

Earlier in the year, the *Australian* published a feature about the controversial documentary by Ric Steel about suicides at the bridge—‘Troubling image of Golden Gate Bridge’ (2007, 21 February, Arts & Entertainment, p. 12). The film includes actual scenes of people jumping off the bridge.

### The Gap in Sydney

The Gap in Sydney’s eastern suburbs—frequently labelled in the news media as a suicide site—was mentioned again in suicide news items during the study’s time-frame.

The most prominent and widely reported news centred on the committal hearing in relation to the death of Caroline Byrne, which was widely reported during the first half of 2007. Two further cases, one involving the death of another young woman and the other that of a man,
were also identified. In the majority of these news stories The Gap was consistently referred to as a ‘notorious suicide spot’ or a ‘suicide spot’, even though the incidents reported in the news stories were not believed to have involved suicide.

Reports about the death of Caroline Byrne revolved around evidence given at the committal hearing to determine whether her ex-boyfriend should face trial for her murder. Her ex-boyfriend, Gordon Wood, had been charged with her murder. AAP (2006, 5 October) led the way in reporting that her body ‘was found at the bottom of the notorious suicide spot, The Gap’.

A report in the Australian (2006, 6 October, p. 8) said in the 6th paragraph that ‘it is alleged he killed the 24-year-old model at Sydney suicide spot The Gap’.

Newspapers across the country continued to report the case in early 2007. In reporting on evidence given about where the body was found, the issue of suicide itself did arise. In particular, the evidence was reported to suggest that Byrne could not have taken her own life in a story in the Daily Telegraph (2007, 3 February, p. 8). This story also reported that:

Based on the position where Ms Byrne's body was found on rocks under notorious suicide spot The Gap, two academics said she must have been thrown to her death.

The story reported that initial measurements were consistent with suicide while later measurements were consistent with murder. The story in the Weekend Australian (2007, 3 May, p. 3) told readers that ‘Byrne’s body was found at the notorious suicide spot in Sydney’s east’. Adelaide’s Advertiser published a brief two paragraph report on the case, in which it said that evidence proved that Byrne did not commit suicide. In general, the stories were framed around whether the expert evidence from physicists supported the view that Byrne’s death was by suicide or that she was pushed to her death.

In its coverage, the West Australian headlined a report:

Police work questioned in model’s murder case (2007, 3 February, p. 54).

The lead paragraph reported:

Lawyers for the man accused of murdering Caroline Byrne have questioned police measurements which indicate she did not commit suicide by jumping from a Sydney cliff top.

The news story also reported in the 3rd paragraph that Byrne was ‘found dead at the bottom of The Gap, a notorious suicide spot at Watson’s Bay in Sydney’s East’.

The remainder of the story focused on the court proceedings but, given that the evidence that provided the substance for the story proved that Byrne did not commit suicide, it seems unnecessary for the newspaper to have referred to a method of suicide in the lead.

Both the Weekend Australian (2007, 10 February, p. 5) and the Canberra Times (2007, 10 February, p. 13) referred to a ‘notorious suicide spot’ in news reports that were focused on the magistrate, who was hearing the case against Gordon Wood. She withdrew from the case because she had once worked for Byrne’s parents.
The court case continued to be reported in June 2007. Sydney’s *Daily Telegraph* (2007, 13 June, pp. 3 & 6) in a story headlined ‘Caroline’s final days—Model feared her ‘furious’ boyfriend would kill her’ reported in the 6th paragraph that:

> The Crown case was that Ms Byrne could not possibly have jumped to her death in a suicide from the cliff at Watsons Bay.

The news report detailed evidence before the court that suggested Ms Byrne was thrown from the cliff forcefully.

In a front-page story headlined ‘Wood killed Byrne to hide his lies’ the *Australian* (2007, 13 June, p. 1) reported in the 2nd paragraph that:

> Mr Wood allegedly threw Byrne over a cliff at the Sydney suicide spot known as The Gap.

The *Age* (2007, 13 June, p. 4) also referred to The Gap as a ‘notorious suicide spot’ in the 2nd paragraph of its news report.

But significantly, news stories in the *Canberra Times* (2007, 13 June, p. 4) and the *Newcastle Herald* (2007, 13 June, p. 25) did not describe The Gap as a ‘suicide spot’, though they did report that the death was originally treated as a suicide.

The *Canberra Times* (2007, 14 June, p. 10) also refrained from referring to The Gap as a suicide spot in a report on the case the following day. But the *Daily Telegraph* (2007, 14 June, p. 7), on the other hand, described The Gap as a ‘well-known suicide spot’ in the 10th paragraph of its report. This story was also accompanied by a photograph of The Gap.

Throughout coverage of the case, many metropolitan newspapers continued to refer to The Gap as a ‘suicide site’. For example, the *Daily Telegraph* (2007, 15 June, p. 11; 2007, 16 June, p. 9; 2007, 22 June, p. 15) and the *Weekend Australian* (2007, 16 June, p. 3) labelled it again ‘a notorious suicide spot’. The *Sydney Morning Herald* (2007, 15 June, p. 2) and (2007, 23 June, p. 10) reported it was ‘the city’s most notorious suicide spot’.

At times, though, as the case continued, the *Age*, the *Courier Mail* and the *Gold Coast Bulletin* did not describe The Gap as a suicide spot, although they each reported that the death was originally treated as a suicide based on where the body landed. The *Canberra Times* (2007, 19 June, p. 7) refrained from referring to The Gap as a suicide spot and simply reported a ‘cliff at Watsons Bay, in Sydney’s east’.

Given the differences in how The Gap was labelled by different metropolitan newspapers during coverage of the court committal proceedings, it is clear that some editors chose not to repeatedly refer to the site as a suicide site—and could easily tell the story without doing so.

A similar issue was raised in newspaper reports about the suspicious death of a young woman at The Gap in January 2007. AAP headlined its report:

> Police investigating if woman was murdered at suicide spot.

The news lead paragraph reported:

> Police are investigating whether a Sydney woman was murdered near a notorious suicide spot in Sydney’s eastern suburbs.
The news story in *The Australian* was by far more certain about the circumstances surrounding the death:

**Daughter ‘killed for crime links’**.

The lead paragraph reported:

The distraught parents of an attractive young woman found dead near a notorious Sydney suicide spot said yesterday they were convinced she had been murdered after being caught up with criminal elements.

The 2nd paragraph referred to the murder of Caroline Byrne at the same location. Later in the story readers learnt that the young woman’s parents were adamant she did not commit suicide and quoted them as saying their daughter ‘wouldn’t have had the guts’ to kill herself.

The story in the *Daily Telegraph* (2007, 12 January, p. 7) headlined ‘We don’t believe our little girl killed herself’ reported in the 2nd paragraph that:

*So after her body was found washed up near a notorious suicide spot in Sydney’s east, her parents refused to believe their 25-year-old daughter had taken her own life.*

This report also quoted the woman’s father as saying that ‘she wouldn’t have the guts to take her own life’.

The following day a report in the *Daily Telegraph* (2007, 13 January, p. 5), headlined ‘Death case tide study’, reported that tide charts will help police determine whether the woman committed suicide or was murdered. The 5th paragraph of this six-paragraph story reported that:

*Police urged two people seen walking from the notorious suicide spot about 12.45 am on December 18 to contact them.*

Later reports on the police investigation also included the phrase ‘suicide spot’—for example, the *Daily Telegraph* (2007, 19 January, p. 15), and ‘notorious suicide spot’—the *Australian* (2007, 25 January, p. 3).

*Sydney’s Daily Telegraph* (2007, 26 January, p. 15) added a new news frame to the story with the headline:

**Katrina spoke about suicide—Gap woman depressed: Ex-lover.**

Included with the story was a photograph of the deceased woman with the caption ‘Troubled … Ms Ploy’. The story was based on claims made by a friend of the woman, Joel Hollings, who said (2nd paragraph) that she had ‘mentioned suicide six weeks before she died’. In the 11th paragraph it was reported:

*Her car and some personal effects were found at the top of notorious suicide spot The Gap.*
Even when The Gap itself is not the scene of a death, there is a tendency for newspapers to mention it—it has an iconic status. For example, a story in *The Australian* (2007, 21 August, p. 9) about a missing man reported that:

Ljubic, 44, never returned home after telling his wife he was going to see a man about a Ferrari on the night of March 23, 2005. The Porsche he was driving was found in a street near notorious suicide spot The Gap, in Sydney's East, and his body was retrieved from waters off Kurnell, to the south, five days after his disappearance.

The fact that the man's car was found near The Gap provided a strong enough editorial reason for a reference to ‘suicide spot’ to be made. Yet the next paragraph reported that someone has been charged with the man’s murder.

Seven days later, Sydney’s *Daily Telegraph* (2007, 28 August, p. 15) reported in the 3rd paragraph of a report:

It is alleged Mr Ljubic was driven to The Gap—a notorious suicide spot—where Jason Clive McCall and another man, identified only as X, walked him up a dirt track to the rockface and threw him into the sea.

The remainder of the story focused on evidence presented to the court and the motives for the murder. The 3rd paragraph of a report in *The Australian* (2007, 28 August, p. 5) also described The Gap as a ‘notorious suicide spot’.

*Reporting Suicide and Mental Illness*[3] cautions media professionals against reporting in detail the location of a suicide. While it is not clear the effect that doing so might have, the guidance is clearly underpinned by the view that such detail could put vulnerable people further at risk. The above news stories and features, however, are not about an actual individual suicide and, at one level, media professionals might be excused from not strictly complying with the suggestions in the resource kit. At another level, it can be argued that repeatedly referring to The Gap, for example, as a ‘suicide spot’ or ‘notorious suicide spot’ is unnecessary, especially when death by suicide is not involved. But how do we know about The Gap or similar suicide sites? The Gap’s claim to notoriety is partly a direct result of media status conferral—that is, the site owes its status or ‘notoriety’ because of past news media coverage. In this sense, it could be argued that media professionals have a special duty of care to report any incidents involving the site with special care and to avoid such simplistic media labelling as ‘suicide spot’ or ‘notorious suicide spot’. Such media labels also run the risk of serving as directions to the location.
CHAPTER 13:
Mental illness on the radio

Talk about mental health issues, including mental illness and suicide, is prominent on Australian radio. The baseline phase found that radio accounted for about 61% of all media items on suicide and mental health/illness. About 60% of mental health and illness radio items were classified as ‘current affairs’ (as distinct from traditional news items) and these were mostly talkback radio. Individual experiences with mental illness accounted for about 16% of all radio items. The quantitative component of the follow-up phase of the Media Monitoring Project found that radio items about suicide and mental health/illness had dropped to about 46% of all items. About 54% of all radio items on suicide and mental health and illness were news items, with about 44% categorised as current affairs and these would mostly be talkback radio.

Certainly, radio programs often provide a forum for people to talk about their experiences of a mental illness or mental health services. Radio is also often used as a forum by consumers, carers, advocacy groups, health professionals and members of the general public to convey their perspectives and concerns about salient issues and events in the mental health field. There are a number of catalysts for radio segments and what follows is a sample of some segments of interest that we have identified.

Special days, for example White Wreath Day, and weeks, for example Carers Week, serve as catalysts or ‘news pegs’ for radio stations to interview those bereaved by suicide, and those who care for a person with a mental illness. Other catalysts include the publication of new research, government announcements, the release of books dealing with mental health and related issues, and campaign launches such as that of the beyondblue rural depression awareness campaign, which was prominently discussed on radio over the course of the Media Monitoring Project.

On other occasions the catalyst is something that the host of a particular radio program has found interesting and invites listeners to call into a talkback segment. This was the case with a young girl who called a radio station to talk about her personal experience of the eating disorder anorexia nervosa. No matter what the catalyst, radio is a powerful medium for people to convey specific messages about mental health, mental illness and suicide, as is demonstrated by the following identified examples.

Encouraging talk and help-seeking

Stigma is a recurring issue raised in radio segments dealing with suicide and whether talking about suicide will have a positive or negative impact. Some of these segments show the importance that people who have been personally affected by suicide place on talking openly about it in the name of education, and with the hope of prevention. The sample of radio items discussed here suggests that radio stations are not afraid to take up the issue of suicide. Certain advocacy groups and others are active in contributing to raising awareness of the complex issues involved. For many, radio is a very direct, and often personal, way of reaching a wider audience.
On 28 May 2007, the founder of White Wreath Day, Fanita Clark, was interviewed on ABC Gippsland (7:15 am) and discussed her reasons for initiating the special day. The segment illustrates the way in which families, particularly parents, of people who have died by suicide can give voice to their experiences.

The host began by saying that suicide is difficult to talk about, and he invited listeners to make themselves more aware on this day:

It's a day that aims to remember and honour all victims of suicide in Australia

The host asked Fanita to recount her own experience with the death by suicide of her 19 year-old son. She described how her son had been diagnosed with schizophrenia, paranoia and severe depression for five-and-a-half months before his death. At that time, they experienced a lack of mental health services, understanding and communication. She said they knew nothing about mental illnesses and she and her son needed help. She described how her son had tried to take his life on two previous occasions—‘first by connecting a hose to the exhaust pipe of his car, which didn’t work and secondly by taking an overdose of prescribed medication’. She said after about two or three days in hospital the medical profession deemed him well enough to be discharged, even though he wanted to stay in hospital. She said that about four weeks later he laid himself on train tracks.

The host asked her about the origin of White Wreath Day. She said she was astounded at the number of people who had been touched by suicide and subsequently decided to promote a national day of remembrance. She described how many families wanted their loved ones to be part of the special day because it was the first time they were able to freely admit losing a loved one through tragic means like suicide. The host asked her about the significance of 29 May and she answered that it was the date that her son took his life. She discussed some of the events that occur around Australia on this day.

The host then shifted the conversation to the issue of talking about suicide:

Suicide is not an easy subject to talk about, um, even those of us that aren’t affected by it but also those obviously that are. How do we go about overcoming that from your experience—obviously your, well comfortable is not the right word, you’re able to talk about it quite openly—what advice would you give to others in the community about raising the awareness of suicide and having the ability to chat about it?

Fanita Clark took the opportunity to draw attention to the broader agenda of the White Wreath Association and, in particular, its concern about the state of the mental health system:

Well, firstly and foremost, even though we hold National White Wreath Day and it is the most extensive part of what the White Wreath Association does, it really is only a small part. We’re here to keep the living alive and I’m afraid that with the closure of our mental health system that Australia has no medium- and long-term beds left in this country—people are placed in community care—what’s community care? Community care is you and I. You and I who do not have the vaguest idea of what we’re supposed to be dealing with …

She said people with a mental illness who are experiencing suicidal ideation should be treated in the same manner as cancer patients but instead the medical profession treats most of these people as attention seekers. She emphasised that ‘we are dealing with an extremely serious life-threatening illness and people are dying from it’.
The host then sought to bring the conversation back to the issue of talking about suicide and its potential impact—especially the dangers of talking about suicide and imitative or ‘copycat’ suicidal behaviours:

Fanita, one of the concerns in talking about suicide and bringing it out into the public arena is that we could be tempting people into copycat situations, and given that National White Wreath day—part of the remembrance there is the display of photos and telling the story of how victims died—how do you respond to that situation in terms of copycat?

Fanita replied:

That is definitely incorrect—there is no evidence whatsoever that there is a copycat and when our son took his life we thought we were the only ones not only in Australia but the whole world that such a tragedy hit our family, that our son suicided …

She went on to say that, after speaking to hundreds of families across Australia, the experiences of people feeling alone after the tragedy of suicide, she believed, is widespread.

Fanita Clark’s comments suggest that not talking about suicide can contribute to the loneliness already felt by families of those who have lost a loved one to suicide. Similar claims were made by two people bereaved by suicide who were interviewed in the wake of the publication of a new book that tells the stories of survivors of suicide.

A segment on 936 ABC Hobart and Northern Tasmania Statewide (2007, 18 January) examined the experiences of the bereaved—not a topic normally discussed in the media. One of the guests on the program, Belinda Woolley, lost her husband to suicide while she was seven months pregnant. She said she wanted to write about her husband so that their daughter could learn about him. The other guest, Rod Hughes, lost his wife, who had been diagnosed with schizophrenia. He said writing about his experience was therapeutic. They were both contributors to a book titled *If Only: Personal Stories of Loss Through Suicide*. In the interviews they spoke about the need to talk about suicide from the perspective of those who have experienced this kind of loss. In doing so, they broke down some of the taboos surrounding the topic. For example, Belinda said:

People do tend to avoid the very subject of suicide when they even acknowledge the fact that you’ve actually lost someone, which is one thing, but to actually acknowledge that you’ve lost them through suicide is something that people rarely mention and to be honest its something you really want to talk about, you know, you want it aired, you want people to approach you on the subject …

Rod agreed and added that mental illness also tends not to be talked about. Both program guests were keen to say that there was hope for people who had lost someone to suicide, and it was possible to move forward. They also said how important and helpful it has been to hear other people’s stories and to know that they were not alone. This is one of the aims of the new book.

A radio program on 612 ABC in Brisbane (2007, 26 September) interviewed three expert guests who dispelled some of the widely held myths about suicide. Guests in this segment included a clinical psychologist from the Australian Institute for Suicide Research and Prevention, a researcher and psychologist from Griffith University, and the Chair of Community Action for Prevention of Suicide (CAPS), Richard Roberts. The discussion covered issues
including risk factors and possible warning signs, suicide statistics, help-seeking information, myths about suicide, stigma, and the role of the media.

The highly informative segment ran for 21 minutes. Richard Roberts, who lost his 15-year-old daughter by suicide seven years ago, said that his daughter had indicated that she was suicidal but that they ‘were under the illusion of the myth that if people talk about it they don’t do it’. He disclosed that this deeply personal tragedy was the reason for his interest in suicide prevention and recommended that people who were worried about a loved one should take them to the emergency ward of a hospital.

The host asked the other guests about how many young Australians take their lives each year. She contrasted the media attention given to the road toll compared to discussion of suicide prevention, even though there were more deaths by suicide than road traffic deaths.

One of the guests said that depression is a significant risk factor for suicide but was not the whole story. Roberts said that suicide prevention needs a holistic approach: ‘It’s just not a mental health issue in all cases’ and that many people easily enter into a ‘suicidal funk’. He said it is not uncommon but he stressed that the good news was that people can survive with help.

The discussion touched on the complex and multidimensional nature of suicide and, in response to the host’s question of whether there is a genetic component to suicide, the researcher from Griffith University said that while it may run in families or be related to genetic transmission of impulsivity, depression and alcoholism, nobody has discovered a ‘suicide gene’. She added:

I think it is one of the most harmful myths about suicidal behaviour—that people are born with a gene to suicide.

The view that talking about suicide in radio segments such as this may function as a lifeline for some listeners was reflected in the following comment from the host:

If you’re listening to this, you want to know how to protect someone you love from committing suicide, how do you do that, can you do that? If you’re at home what kind of advice do you give to people? Richard gave us that advice a little bit earlier about look out for warning signs and if you are really concerned go to a hospital—don’t, you know, stuff around ...

Roberts also said that a real myth about suicide was that people are fully intent on dying. He said research showed that people are ambivalent and that early intervention can save their lives.

Significantly, later in the discussion the host suggested that suicide seemed to be a topic that people are scared to talk about publicly and asked if this adds to the stigma. She said that if we take the media out of it, would talking about it as a community, around the dinner table, help or not. The clinical psychologist said we need to educate people about the facts of suicide because usually stigma relates to myths about suicide, which need to be dispelled. The host asked what some of the myths are and this was the focus of the rest of the conversation.

Roberts identified two of the myths: people who talk about suicide don’t do it; and people who do it were fully intent on dying. Research indicated that another myth was that suicide happens without warning signs. The clinical psychologist said the assumption that a person was ‘crazy’ for feeling suicidal was also a myth, which she described as the stigma of mental illness.
The conversation also discussed the potential positive role the media can play in its reporting of suicide so as to contextualise the incident rather than glamorise it. The host asked whether saying that someone’s death is by their own hand in the media was sensational, or if the suicide was not reported whether it was sweeping the issue under the carpet. The clinical psychologist from the Australian Institute for Suicide Prevention and Research said:

...one thing we do know is that appropriate and responsible reporting by the media is something that can have a positive influence on people's responses, particularly where—the term 'suicide' or ‘take his own life’ can be used in the context that's quite educational about the fact of the underlying problems that the person suffered, the risk factors involved...

The host asked Roberts, as a parent of a child who committed suicide, about his perspective. He said the problem will only be addressed if people talk about suicide. He spoke positively about Raelene Boyle’s bravery in talking about being suicidal on Andrew Denton’s television show Enough Rope the previous evening. He added:

That’s one aspect but I think that if more people can say, ‘Look I was suicidal and I got through it’, as she said last night very well, I got through it because I thought my way through it and I got some help from the people around me...

Roberts also stressed the importance of finding a health professional with which the suicidal person feels comfortable and has rapport. The host asked about numbers that people can call for more information or if they were worried. One of the guests provided numbers for Lifeline and Kids Helpline, and referred listeners to the CAPS website.

A significant aspect of this radio segment was that it discussed suicidal ideation in such a way to convey the message that many people do have these feelings but having them does not mean that people have to act on them. It also provided a good balance of statistical and clinical information, and, importantly, the lived experience of a suicide survivor. Potentially the program informed people on a number of levels. The catalyst for the segment seemed to be the host’s interest in wanting to have a responsible and accurate discussion about suicide.

Using news for discussion of mental illnesses

A little less than a year later, on Heart FM (Charles Wooley Show, Hobart, 2007, 30 August; broadcast nationally Macquarie Regional Radio) the suicide attempt of a Hollywood actor prompted a discussion of suicide. The presenter of the regular ‘Movie Minute’ segment devoted her part of the program to promote awareness of suicide prevention strategies. The presenter lamented that in Australia and other countries suicide was never talked about and said it was ‘so important to get it out in the open’. Her guest was Martin Harris, a university lecturer and member of Suicide Prevention Australia. Harris addressed the question of what people should do if they were worried that someone may be suicidal:

Quite often the person is really looking for an alternative to those suicidal thoughts and suicide is not constant—there’s a fair bit of ambivalence involved and by that I mean you’re not suicidal all the time—24 hours a day—it’s a passing thing so while somebody might be in a bad place perhaps that inquiry might actually be the only time they have been asked the question and that’s a way in which they can actually relieve that tension.
Harris said he thought it right to talk to someone who might be at risk:

By asking them—one of the myths of suicide is that by asking someone you'll plant that seed or you'll plant that thought in their mind and we need to move passed that—that's not the case. I mean you can imagine being asked that question yourself and if it’s not true you’re more likely to correct the questioner and say ‘no I don’t feel that way’. But if you are feeling suicidal it might be that that’s the only time that it’s been asked and you’re the only person that’s asked them and by shifting it from an emotional feeling to a cognitive process you actually begin that process of change so for them to actually respond gives them a chance to vent and for someone to listen…

On stigma attached to suicide, Harris said it made it difficult for those bereaved by suicide to grieve. The host said:

So if any of our listeners are having maybe suicidal thoughts or they know someone in their family who even has committed suicide and they’re having trouble dealing with it, what advice would you give them? Where can they go?

In response, Harris said there were a number of organisations that have telephone contacts, such as Lifeline and Men’s Helpline, in addition to contacting their local general practitioner. The presenter also provided details of World Suicide Prevention Day and gave the numbers for Lifeline and the beyondblue helpline and said:

I’d just like to encourage any of our listeners out there, if you are feeling depressed please call someone or talk to someone immediately. I mean you’re not alone, your life is important, even if you don’t think it is.

These comments are illustrative of the sensitivity with which the presenter dealt with suicide in this segment and in doing so she may well have had a positive effect on people’s thoughts on this topic, especially given the recent news of Hollywood actor Owen Wilson’s attempted suicide. (See Chapter 11)

The program’s host, Charles Wooley, then referred to a controversial documentary about people jumping from the Golden Gate Bridge. (See ‘Suicide Sites’, Chapter 12.) The documentary was an attempt to say publicly that this was happening and that it should be talked about. Host Wooley said:

The media do not cover, and we do that in Australia, we don’t cover suicides on the Sydney Harbour Bridge unless they really in some way have an impact on society but on the whole we’ve always had a media agreement the whole time I’ve been in journalism that you don’t report that stuff… And maybe that’s not the best way to do it… Maybe people should know that it’s happening. Australia has one of the highest suicide rates in the world…

The ‘Movie Minute’ presenter said:

Well that’s what Martin Harris was talking about; he said there was a stigma attached and people don’t realise, they think by talking about it it’s more sort of encouraging people but it’s actually creating that cognitive recognition—making it a thought process instead of an emotion and it actually does help people to come to terms with what they’re about to do and perhaps prevent it…

The presenter acknowledged that the media do not report every suicide because there were far too many. But, mentioning suicide every once and a while and having World Suicide Prevention Day were important for creating awareness, she said.
It is significant that this radio segment was prompted by the suicide attempt of a Hollywood actor and would normally have been devoted to movies. Instead, the presenter used the incident as an opportunity to create a dialogue about suicide. In doing so, some important questions were raised about what people can do, especially if they were concerned for someone close to them. It also served as a reminder that not all media reports of suicide need to be viewed negatively or as potentially dangerous. By talking about suicide sensitively and responsibly there was a sense in which it was made tangible—something that people could address rather than ignore. Listeners were also given contact details for helplines.

Promoting mental health awareness

Carers Week in October 2006 provided radio hosts with a ‘news peg’ to discuss mental illnesses. On ABC 720 Mornings in Perth (Geoff Hutchison & Rowan Davidson, 2006, 12 October) the guest, Patrick Hardwick, discussed how his family’s life changed overnight because of his wife’s depression, which followed a traumatic incident. He said at the time their two children were starting high school and it was very difficult for them as their relationship with their mother changed. He said he needed a lot of help and was confused about what to do, eventually giving up work to care for his wife. He said he needed someone to explain to him what was happening to his wife but that this was not available. He said it was four years before he found out about the Association of Relatives and Friends of the Mentally Ill or ARAFMI. The remainder of the conversation focused on how ARAFMI helped him and his family. He said 10 years later his wife’s condition had improved. His challenge now was to deal with the grief of what they had lost and what will never be.

This was a sad story but it provided a positive depiction of the strength of families that enabled them to cope with the serious distress of a loved one. The program guest said his primary reason for getting involved with ARAFMI was to help families of people with a mental illness:

The person with the illness gets lots of help but you’re isolated as a carer, as a family. The treatment is for that person, the treatment is not for including the family and how, what to do when the person might come home from a stint in hospital—something like that—and that was difficult for us as a family.

The host asked him how ARAFMI helped him and his children. Patrick said:

It was just a complete load off my mind when I actually went in to see them about my feelings, what was happening with the kids, what was happening, you know, just within the family, and they understood and I could go and see them as often as I liked. They set me up with other people in a support group, then I heard other stories about the same thing happening in other families and that was just a great relief for me and it shouldn’t have taken four years...

The host asked him about any coping mechanisms that he learnt from other people and ARAFMI ‘because there might be people out there who, you know, because it’s often issues of commonsense and it’s not until we hear them that we realise why they’re so effective’. Patrick said the first thing was to learn about the actual mental illness that the person has—places like ARAFMI can help teach you about what is happening with the person. He said another important thing was looking after yourself. He said he was depressed and that many people in his position get depression themselves, which is why they need support as early as possible. He also said his son received a lot of support from ARAFMI. He described how they lost some good friends partly because of fear and also that they were confused about changes in the
family's behaviour. But he emphasised that their story is a positive one and, in this sense, that mental illness need not be a life sentence:

We are a success story, we have come through it. We've got life back on track, it's not the life that we dreamed of but we've come through it.

A similar positive message was heard on local ABC radio in Canberra during 2006 Carers Week (666 ABC, Breakfast, 2006, 17 October) in an interview with a mother, Andre Walsh, who has been a carer for her son who was diagnosed with bipolar disorder. She discussed some of the difficulties she had faced and the support she received from the Mental Illness Fellowship and Carers ACT who, she said, she would not have survived without. She spoke with pride about her son's recovery and his career success as a computer scientist, referring to the 'creative genius' of the mentally ill person. She talked about how her son always seemed different as a child but that he was not diagnosed until he was 34. She said when he was younger they used to excuse his behaviour because they ‘knew nothing about mental illness’. She also spoke about how carers can become isolated and need all the help and community support they can get. She urged people who are carers to get in touch with Carers ACT and the website address for Carers Australia was provided by the host.

These interviews were significant because not only did they draw attention to the care and support that many people diagnosed with a mental illness receive from their families and the importance of this care, but also because they drew attention to the mental health needs of carers themselves. There was a strong sense in both of these interviews of the importance of carers taking care of themselves in order to be able to care for a loved one with a mental illness.

A segment on Adelaide's Fresh FM (2007, 1 March) was illustrative of the power of the first-person voice in discussing mental illnesses. The segment focused on young people's eating habits, and a 21-year-old woman who called in to the program provided a very lucid account of her experience of anorexia. The hosts asked her a range of questions about the experience and their interaction with her suggested that they were keen to understand what they acknowledged for many people was a difficult issue to understand. They did not gloss over the experience of mental illness and the caller was given the opportunity to reflect. The caller’s name was Victoria and she said she had an eating disorder since she was 14 but that it was not diagnosed until she was 17.

The host asked her if she has recovered and she said she had not:

I’m at a healthy weight now but it’s still there… yeah, I don’t, I haven’t eaten for three days and stuff like that…and it’s not through will power or anything, it’s just I don’t want to type thing—it’s just easier not to.

One host asked her if she got really sick when she did not eat. She said that her body is kind of used to it and it gets to a stage where it has to cope because it has no choice. One host picked up on the casual way in which she seemed to talk about not eating for three days, comparing this with his own regular eating habits because of his diabetes. He asked her if she found it scary that she talked about her condition so casually. She said it is kind of scary. She also talked about how she was a dancer but had to quit because she didn’t want to put herself in that position anymore. She said it was common among dancers and described the pressures on them to be thin and have the perfect body:
I don’t think that it’s something that people can grow out of that easily, like you can’t just, it’s not something that you do fully recover from. I think it’s always there at some stage—whether it’s like I know of, not a community or whatever, but I know like on the internet and everything there’s sort of forums where you can get support on and I know people who’ve had babies and are going through eating disorders or are currently pregnant and have an eating disorder...and there’s a lot like—oh there’s like I’m not pregnant or anything but [inaud.] that’s just bizarre and you’ve got to be really really affected by the disorder to be putting your child through that and everything—there’s got to be something seriously wrong there...

One of the hosts asked her about the impact it had on her family and friends. She said her family did not cope well and she acknowledged that she was starting to get emotional. She said it took her friends a while to understand and that they still ask her questions and monitor if she’s eating:

It’s a good thing to know that they are there for me but sometimes I just wish that they would mind their own business and everything, but, you know, you can’t do something like this and not expect a reaction.

One of the hosts thanked her for calling in and said it has been enlightening. The hosts gave listeners the phone number and website address of the Eating Disorders Association of South Australia.

Radio is perhaps an interesting medium for the discussion of eating disorders because visual imagery is usually the most powerful means by which the effects and the reality of anorexia are conveyed. This was certainly the case of widespread coverage of fashion models during the study’s time-frame. Without these visual elements listeners are exposed to the thoughts and behaviours that characterise the experience and that are central for understanding what it is like, what it means to the person living with it and, in turn, how it might be helped and or treated.

Discussing depression

Depression is by far the most commonly discussed mental illness in the media but one aspect of the experience of illness that is not as often heard about is the treatment and the effects of this treatment. This was the topic of the Conversation Hour on 702 ABC Sydney (2007, 5 April) which included an interview with a young woman, Rebekah Beddoe, about her recovery from depression and the effects of antidepressant medication. The segment also included psychiatrist Jon Juredeini, head of psychological medicine at Adelaide’s Women and Children’s Hospital.

The host began by stressing that this was one person’s story but he thought it ‘very real’ and ‘deeply shocking’. He introduced his guest Rebekah and said she was a young mother when she was diagnosed with post-natal depression. He said:

What followed was years of inexplicable behaviour, self-harm and addiction, which led to electric shock therapy and higher and higher doses of prescription drugs.

The host mentioned Rebekah’s book, Dying for a Cure, in which she tells her story and questions the safety of antidepressants. She described to ABC radio listeners how she had an unsettled baby and felt isolated. She began to withdraw from friends, none of whom had children, and went to a GP in tears saying she was not coping. She was referred to a Mother and Baby Unit facility by the GP, which she welcomed. But, she said ominously:
…at the same time he opened his desk drawer and handed me a trial packet of antidepressants—one of the SSRIs—the new type Prozac-type antidepressant. It wasn’t Prozac but a Prozac cousin. And um…he said take this right away. Now he didn’t know me all that well. We’d only moved into the area not that long ago. He’d only seen me a handful of times and I was really really uncomfortable with the nature that he was wanting to medicate me…

She said the GP reassured her that the antidepressants were not addictive and that she could stop taking the medication whenever she wanted. The host referred to US evidence and FDA warnings that SSRIs can adversely effect a small percentage of people. Rebekah said she was not given any warning nor did she undergo a blood test:

How come I wasn’t being tested? Everyone was so certain that these biochemical imbalances exist. Why was there no test for it? That always bugged me a little.

The conversation then shifted to what happened when Rebekah started taking the SSRI. She vividly described her first panic attack after a week, which led to her doctors giving her an anti-anxiety medication. She talked about her psychiatrist’s ‘very Freudian’ interest in her childhood and her relationship with her mother. She also discussed her first episode of self-harm—‘I actually cut myself,’ which led to her being ‘shipped off’ to a psychiatric unit. Of the self-harm she said:

It was an impulse to hurt myself…I can just remember having a yearning for blood—um, I mean to do something like that to myself was just completely inconceivable and I horrified myself even doing it if that can make any sense.

She described being ‘riddled with depression’ and said ‘I wasn’t trying to kill myself. I was just trying to hurt myself and see blood’. At the psychiatric unit her antidepressant dose was doubled and her anti-anxiety medication was changed to a more potent type. She said that, shortly after, true suicidal thinking and tendencies began to plague her while she was an in-patient. She said a second antidepressant was added to her medication regime and that she was discharged leading to her first suicide attempt.

By this time, she said, she had cycled through various diagnoses, including post-natal depression, adjustment disorder and was on the border of being diagnosed with a personality disorder. She said she was eventually diagnosed with borderline personality disorder as well as diabetes, which she attributes to some of the medications she was prescribed. Her weight had increased by 30 kilograms.

The conversation then shifts to when Rebekah realised that the antidepressants might be the cause of her behaviour and it is this realisation that seems to have provided the impetus for her to write a book about her story. She described missing a couple of doses of antidepressants and starting to feel physically ill and her mood spiralling down. When she went to get more prescription drugs, the pharmacist told her she was suffering from withdrawal:

I couldn’t believe what I was hearing. I’d been assured over and over again that there would be no withdrawal. It was the very first thing to make me think, um, perhaps my doctor didn’t know everything, so it set me on a path of research.

A few weeks later she saw a BBC documentary about people with similar experiences with antidepressant medication. She made the decision to wean herself off the medication, which she said she had to keep a secret from her family, including her husband, and doctors and nurses, for fear that they would make her continue the medication. She said she improved
significantly after doing this and has now been off the medication for a number of years. She also said that writing her story has been very therapeutic.

Psychiatrist Jon Juredeini contributed to the radio segment by noting that warnings about SSRIs issued in Australia were not as strongly worded as those issued in the US. Juredeini said:

As a public health issue, if we define more and more people as being depressed and we know that one response to depression is to medicate and we know that a small minority of people who are medicated are severely harmed by that process, then unless we improve the quality of our prescribing then diagnosing more and more people with depression is actually going to be doing harm rather than good.

Rebekah agreed and said that patients must be made ‘super aware’ that this can happen.

There are few radio programs that allow for such an in-depth exploration of a person’s experience as the ABC Conversation Hour did on this occasion. Rebekah’s articulate description of the effects of medication on her state of mind and behaviour was highly successful in bringing the listener into her experience. Rebekah’s first-person account was allowed to emerge with very little prompting from the host and this also helped to give a sense of continuity to her story. It was significant also that, although a medical professional was included in the segment, he was not the primary actor and nor was he used by the host to ‘second-guess’ Rebekah’s first-person account. Rebekah was positioned and treated as the expert in her own experience. The medical professional interviewed wrote the introduction to Rebekah’s book and thus it is understandable that his comments would support her account. Nonetheless, the producer of the program could have invited a medical professional with different views to reassure listeners about the benefits of antidepressants. The host, along with Rebekah, acknowledged that this was her story and that she could not speak for other people’s experiences. But her experience was treated as real and valid rather than some kind of anomaly. This radio segment also illustrates the way in which the release of a book that focused on a personal account can provide an important and valuable catalyst for discussion of mental health and illness issues that potentially can reach a broader mainstream media audience.

An interview on ABC 720 Perth (2007, 15 June, Afternoons) with Graeme Cowan, author of a new book about his and other people’s depression, is also illustrative of the power of first-person discussion of mental illness and suicide.

In this segment Graeme Cowan discussed his diagnosis of depression, which led him to attempt to take his own life because, as he told listeners, ‘I was a burden and didn’t see that it was possible to improve’. The interview segment was significant because the focus was on recovery, and Cowan’s book about Australians who had recovered from depression—Back from the Brink: Australians Tell their Stories of Overcoming Depression.

Cowan described to listeners activities that had helped him, including an outpatient depression management course, walking six days per week, making an effort to speak to family and friends, a meditation course and preparing the book. He also referred to research into what other people have found to be helpful such as relaxation, fulfilling work, counselling therapies, the support of family and friends and exercise. One of the objectives of the book, he said, was to let people know they were not alone. The web address of his site was given to listeners.
Cowan describes his suicide note at the beginning of the book following an episode of depression that lasted for five years:

In that time I went through 23 medications, I had ECT or shock treatment on 20 occasions, I tried Transcranial Magnetic Simulation, I had psychologists, I had kinesiologists, I had an accupuncturer, I felt that I had tried everything, I just didn’t believe that it was possible to get better again …

He described previous impulsive suicide attempts but that the last attempt was a ‘very deliberate act’. On his recovery, he told listeners:

There was no one magic thing, it was more a series of things that ultimately led to my recovery. My last episode in hospital I came out and I participated in an outpatient depression management course and in that course they encouraged us to set some weekly goals in areas such as exercise, contact with family and friends, leisure activities …

He also revealed that he did some online research through depressionNet in which he asked people what helped them most. He described the top five—exercise was first but antidepressants did not make the top five. He said the Black Dog Institute has also found that people rate exercise more highly than antidepressants.

Cowan spoke about how courageous the people whose stories are included in the book were for ‘opening their soul’. The host asked him about high-profile people publicly admitting to their illness:

It does a lot and that’s one of the reasons I’ve tried so hard to get some high-profile people in the book because there’s a bit of the Australian psyche that says ‘Well, if the former Premier of Western Australia has depression, well maybe it’s okay for me to admit that I have it too. If the former gold medallist swimmer Petria Thomas and John Conrads did it, well maybe it’s okay if I did it as well’. It does a lot for the cause.

He also referred to the stigma of depression that continues in the workplace in spite of the progress made by beyondblue and the Black Dog Institute.

While this interview included comments about suicide, suicidal ideation and attempted suicide, it was primarily about how people can recover from depression, even though the illness was so severe as to lead someone to attempt to take their own life. The segment did not frame antidepressant medication as some kind of magic bullet but discussed the importance of a range of other activities that people could find helpful in their recovery. This interview also provides another example of how the release of a new book often provides the catalyst for these types of radio discussions.


CHAPTER 14:
The death of a young Canberra boy

The Canberra Times (2007, 24 March, p. B1) published a feature length 47-paragraph story about a teenage suicide in March 2007. The story, headlined ‘Losing Daniel’, took up an entire broadsheet front page of the newspaper’s Saturday Forum section and included photographs of Daniel, his siblings and his father. The photograph of Daniel was positioned as a memorial alongside flowers and some of his prize belongings. The sub-headline read ‘Suicide is rising among young Australians. Some blame the hidden dangers of cannabis’.

The story was focused on Daniel, a 17-year-old boy, who took his own life and, as the sub-headline suggested, his father’s concern that his use of cannabis may have been a contributing factor. The dominant news frame was the ‘dangers of cannabis’.

Details of the method of suicide were not provided until the fourth paragraph, which reported that:

While they ran errands, Daniel found the key to his father’s gun cabinet, went to the cabinet in the wine cellar, took out a rifle and, with the skills he’d learned on the family’s old sheep property, shot himself in the head.

It is reported that Daniel’s father found him and yelled for someone to call triple 0. But the feature is centred on the father’s reflections on the ‘waste’ of his son’s young life. The feature story reported that Daniel had four sisters, all of whom loved him, and that Daniel’s mother ‘remembers her son as a wise and aware person’. It also included comments from his mother to the effect that she believed her son had had a good lifetime and had made the decision to move on.

The focus of the feature then shifted to cannabis. In the 12th paragraph it was reported that:

But his father says recently the good-natured child had been replaced by a teenager who closed himself in his room, listened to loud music through the night, stopped submitting his school assignments, got a job then stopped turning up to that, and regularly smoked cannabis.

This supported the dominant framing of the story at the level of the headline, namely concerns about the ‘hidden dangers of cannabis’. The feature included comments from the boy’s father that cannabis had poisoned his brain but that the tragedy was that he had not recognised it until it was too late.

The feature story also discussed statistics on the average age at which children start taking drugs and included comments from a spokesperson from the Mental Health Council of Australia. The story discussed the risks of cannabis, particularly the hydroponically-grown variety that is popular today. It reported that, according to a recent statement issued by the Mental Health Council of Australia, cannabis use ‘makes almost any mental illness worse’. The 21st paragraph reported:

But while the experts agree cannabis can detrimentally affect the growing brains of children, they say there is no proof it causes suicide.
The story reported that more research needed to be undertaken for a causative link to be proven. The head of Lifeline Australia commented on ABS suicide statistics, saying that they are inaccurate and that the suicide rate is much higher. She was quoted as saying that there are many reasons why people suicide. The feature story then returns to Daniel’s story and comments from a childhood friend that he was unable to communicate his emotions. The story reported that:

Daniel’s parents separated when he was six and he moved around in the following years, spending time in the homes of his mother and father. Reaching his mid-teens, he withdrew as he struggled to cope with the expectations of adulthood.

His friend was quoted as saying that he wanted to please so many people, to make them happy, but that sometimes he struggled to see the point.

Significantly, moving away from Daniel’s story the focus shifted to a Lifeline program designed to help people to recognise the warning signs of suicide. The ‘Buddy’ program partners people at risk with a buddy, according to Dawn Smith from Lifeline:

Smith says funding is required to bring the program to the ACT because a proportion of the population has moved here for employment and those at risk of suicide may not have close personal networks.

The story reported that Daniel’s father wants to get the message out there so that lives can be saved, so that other parents can recognise when their children are at risk and referred to other parents whose grief over a child’s suicide has led them to try and prevent deaths. This included the founder of the OZHelp Foundation, whose son killed himself in his early 20s. It is reported that this Canberra-based program is to be expanded to Tasmania and regional NSW. The story also referred to a University of Canberra suicide intervention program that has been funded by two ACT families bereaved by suicide.

A telephone number for Lifeline accompanied the report. Overall, this feature story is an example of the responsible reporting and portrayal of suicide. While reported, the method of suicide is by no means sensationalised or glamorised, and it is not given prominence. If anything, by focusing on the father’s grief about his son’s death the story successfully illustrates the impact of suicide on the bereaved. While discussing Daniel’s use of cannabis the story is careful not to frame this as the single cause of his death by suicide. The feature does, however, report comments from his father about the change he witnessed in his son, which in hindsight he can now see as symptomatic of his cannabis use. The inclusion of comments from the Mental Health Council of Australia and the head of Lifeline also help to put the story into a broader social context. Finally, it is easily argued that the issues discussed in this feature story are clearly in the public interest, and of special interest to parents and others in the Canberra and surrounding communities.

Finally, early the following week the Canberra Times (2007, 27 March, p. 10) published a letter from Daniel’s father who praised the newspaper on the sensitive and thoughtful coverage of his son’s death. The letter stated that the most obvious reason why Daniel took his own life was:

… from deep depression, a fatal depression he hid from us, his college teachers, and presumably all of his friends.

The father concluded by referring parents to sources about the risks to their children of alcohol and drugs.
CHAPTER 15:
Deaths by suicides by military personnel

Deaths by suicide among members of the military were the topic of news reports during the study's time-frame. Some of these news reports were prompted by statistics released by the Australian Defence Force. These news items included:

- Military suicide figures released—Armed forced reforms under Opposition scrutiny (2007, 4 October, Age, p. 10).
- Labor blames culture in defence force for high number of suicides. (2007, 4 October, Canberra Times, p. 3).
- Military keeps its sex culprits (2007, 4 October, Herald Sun, p. 31).
- ADF suicide rate revealed (2007, 4 October, Launceston Examiner, p. 10).
- Labor makes suicide attack—ADF well under national figures (2007, 4 October, Border Mail, p. 15).

Only the report in the Age newspaper included helpline details. The Herald Sun deemed the suicide rate in the military to be less newsworthy than the military's response to cases of sexual harassment. In the last two paragraphs of this item, the newspaper referred to the released statistics showing that the suicide rate among military personnel was less than that in the civilian population.

In January 2007, the Sydney Morning Herald published a front-page news feature with the headline:


The feature detailed accounts by families of soldiers who had died by suicide and who were seeking some form of compensation and recognition from the government. The body of the story referred to the method of suicide for some of the soldiers and, for one in particular, the following was reported in the 14th paragraph:

John, she believes, was abused—verbally, physically and sexually—because of his ethnic background. He was found hanged by a cord tied to a tree, with a moustache and beard drawn on his face and the words ‘spiros’ on his forehead and ‘spic’ on his arm.

No helpline details were included for readers. No other metropolitan newspapers reported this story.

In March 2007, reports of deaths by suicide among soldiers continued in some newspapers. For example, a story in the Herald Sun was headlined:

Our lost diggers—Hidden casualties of war on terror (2007, 20 March, p. 3).
The lead paragraph reported that:

Two Australian soldiers who served in Iraq and Afghanistan have committed suicide after returning from the war zones.

The story reported that these soldiers are among numbers of soldiers who have been discharged with psychological problems and mental illnesses, such as post-traumatic stress disorder (PTSD), depression and anxiety. Nothing more was reported in the article about the two men who had taken their own lives. The number for Lifeline was included with this story and the newspaper also ran an editorial on the issue headlined 'The real cost of war' (Herald Sun, 2007, 20 March, p. 20).

On the same day, Adelaide’s Advertiser headlined its report:

Enemy you can’t see takes its toll (2007, 20 March, Advertiser, p. 5).

The Advertiser’s story is almost identical to that of its Melbourne stablemate the Herald Sun (with the omission of a couple of paragraphs). But there was no helpline information for the Advertiser’s readers as there was for readers of the Herald Sun report.

Rather than focus on the deaths by suicides, Brisbane’s Courier Mail examined the psychological effects:

Worn out diggers—Soldiers mentally scarred by tours of duty (2007, 20 March, p. 3).

The lead paragraph set this different news frame:

Debate on the war in Iraq is set to erupt in Federal Parliament today, the fourth anniversary of the war, following revelations that 121 soldiers have been discharged with serious psychological problems.

This story did not include helpline details.

A little more than a month later the psychological effects of war and the deaths by suicides of soldiers continued to gain news momentum. The Sun Herald (2007, 29 April, p. 16), in a story headlined, ‘Our suicide soldiers: the hidden casualties’, reported in the lead that:

Families, war veterans and MPs are demanding an independent inquiry into the mental health of soldiers returning from Iraq and Afghanistan after suicides believed to be caused by post-traumatic stress.

The story focused on one soldier in particular who after being involved in a firefight in Afghanistan that left civilians dead had suffered nightmares since his return home. It reported that he was discharged in 2004 with PTSD. The story reported that the soldier’s family was calling for an investigation into the way their son was treated because they believe that the army deserted him on return. The story also included comments from a Vietnam veteran who had tried to help the soldier. The story also included a response from the Veterans Affairs Minister attesting to the comprehensive mental health support available to veterans. This story did include helpline details for Veterans Line, Mensline Australia, beyondblue and the website of Suicide Prevention Australia.
The following day the *Herald Sun* (2007, 30 April, p. 12) story headlined ‘Vets demand action on Digger suicides’ reported in the lead paragraph that:

*Suicide by returned Australian soldiers may be rising and needs urgent government action, an Australian medical association says.*

The story reported that veteran activists say that up to five soldiers have committed suicide. The claim in the lead is sourced to the Medical Association for the Prevention of War. The story reported that the head of the Defence Force said there were programs in place to monitor and help soldiers and he is quoted as imploring returned soldiers to access the services available. This story included helpline details for Lifeline, Victorian Statewide Suicide Helpline and Mensline Australia.

A story in the *Canberra Times* (2007, 30 April, p. 4), headlined ‘Soldiers face suicide risk once home’, was similar to the report in the *Herald Sun*.

A brief story in the *Daily Telegraph* (2007, 3 May, p. 3), headlined ‘Support for veterans’, reported that the forthcoming federal Budget was to include new funding for a veterans support program.

The defence writer for Adelaide’s *Advertiser* (2007, 3 May, p. 20) took up the issue in a feature headlined ‘Veterans do battle in mental health minefield’ in which he reflected on the topicality of the issue:

*The issue is back in the news this week after it was revealed Afghanistan veteran Geff Gregg, from Ballarat, had taken his own life. There could be up to five veterans from recent conflicts who have committed suicide.*

No helpline details were included with this story.

The following day the *Canberra Times* (2007, 4 May, p. 4) published a story headlined ‘Psychological help is “second to none”’ in which a Major in the defence force was reported as defending the psychological support available to soldiers. No helpline details were included with this story.

Later in the month, the death by suicide of Geff Gregg was again in the headlines. The AAP headlined its report:

*Soldier took own life after discharge with PTSD (2007, 31 May).*

The lead paragraph reported:

*A soldier initially assessed as unsuitable for special forces was deployed to Afghanistan but then committed suicide after being discharged from the army.*

The information was sourced to a Senate estimates committee. No helpline details were included with the story.

Almost two weeks later, the *Courier Mail* (2007, 13 June, p. 11) reported on a new angle to the story headlined ‘Alert on suicide Digger ignored’. The lead paragraph reported that:

*Authorities ignored two dire warning about the mental state of a soldier who later killed himself.*
The story reported that two psychiatrists had assessed the man as being suicidal and unfit to work in the SAS. These psychiatric reports, the story said, were not passed on to the Department of Veterans Affairs and that:

Gregg ended his own life in the garage of his Perth apartment last September.

No method of death was described and no helpline contact details were provided. Other News Limited newspapers also reported the story:

Suicidal Digger’s symptoms ignored (2007, 13 June, Advertiser, p. 29).

System failed him—Suicidal ex-Digger’s torment was ignored (2007, 13 June, Daily Telegraph, 19).

Only the report in the Daily Telegraph included helpline information for readers.
CHAPTER 16:
Murder-suicides

There were a number of murder-suicides, both in Australia and overseas, which were reported in newspapers during the study's time-frame. In reporting and portraying these incidents, news professionals are frequently faced with difficult and complex questions about what to report in ‘the public interest’, and how the incident should be portrayed.

A NSW inquest, which involved a man who killed his wife and two children before killing himself, was typical of this type of reporting. The initial report by AAP was headlined:

Antidepressants may have agitated homicidal dad, court hears (2006, 31 October).

The lead paragraph set the frame of laying blame on antidepressant medication:

A farmer who killed his wife and two children before turning a gun on himself may have been agitated by the antidepressants he was prescribed, an inquest has been told.

The story reported in the 5th paragraph that the man shot himself in the head with his rifle and that he had ‘previously lost his four guns and his shooter’s license after trying to kill himself with bird poison’. The story said that this decision was reversed a year later on the advice of the man's GP and counsellor. The story also reported in the 8th paragraph that:

Both families have raised concerns that Mr Richardson did not receive adequate treatment or follow-up from Newcastle’s Mater Hospital after his suicide attempt.

The story reported that the court heard the psychiatric registrar who treated the man did not identify depression or that the man was at risk of suicide. The story then returned to support the dominant news frame:

An autopsy revealed that at the time of his death Mr Richardson had a higher-than-therapeutic dose of the antidepressant citalopram in his system than that prescribed by Dr Ross, and that this may have caused serotonin toxicity.

The headline did not state that a higher than normal dose of the prescription drug was found in the man’s system. This case is not unique. There have been other similar incidents both in Australia and overseas. Previous research identified the dominant framing of ‘blaming the antidepressant’, in press coverage of a NSW Supreme Court case involving a man found guilty of manslaughter after murdering his wife of more than 50 years. Yet the suggestion in the headline is that antidepressants per se may have made the man homicidal. The psychiatric registrar was quoted as telling the court that this level of serotonin may have made the man more agitated and irritated. The story also included comments from the psychologist who was treating the man’s wife attesting to her husband’s increased agitation in the weeks before the murder. The chief investigating police officer was also reported to have told the court that his wife’s romantic involvement with her husband’s best friend ‘pushed him to crisis’.

The following day the Illawarra Mercury (2006, 1 November, p. 13) focused on depression rather than antidepressants in a story headlined ‘Depression link to triple murder’.
The *Newcastle Herald* (2006, 1 November, p. 4) headlined its report ‘Spiral into murder—Inquest hears of violence, jealousy’ and reported in the lead that the mother was out shopping when her estranged husband ‘placed one last entry in his diary’.

The story focused on the man’s diary entries and details of the crime, including a ‘distraught phone call’ from the man’s father to the police after finding the bodies. It also focused on the relationship difficulties the couple had been having, reporting that:

> The inquest heard the deaths had followed months of marital problems, including both psychological and physical violence, and of the hold Richardson had over his wife (para. 10).

The story reported on the man’s earlier suicide attempt after which his guns were taken away from him only to be returned ‘after his GP and his counsellor wrote references to the firearms registry about his state of mind’. The story reported evidence given by the psychiatric registrar that the antidepressants the man was taking may have agitated him further.

The *Sydney Morning Herald* framed its story around the phone call between the man’s dad, who found the bodies, and the police officer. The story was headlined:

> Wife’s warning could not save family (2006, 1 November, p. 9).

The lead paragraph reported:

> On the cold winter’s morning Detective Sergeant Peter Fox assured the grandfather at the end of the phone that ambulances and police were on their way to the home in East Gresford, in the Upper Hunter.

The story said:

> Firearms, domestic violence, and the provision of mental health services are being canvassed at the inquest.

In support of the headline the story also reported that:

> About a month before the family was killed she had confided to family that, during a recent car trip, she feared he was going to steer the car off the road and kill them both.

The AAP (2006, 1 November) headlined its story with a different news frame:

> Suicidal man should not have been given his guns back: NCGC.

The claim was sourced to gun control advocates and the story reported that doing so ‘was likely to be a death sentence for his family’. The following day the *Sydney Morning Herald* (2006, 2 November) reported in a news brief: ‘Suicidal farmer given gun back’.

As the ‘local’ newspaper closest to this tragic incident, the *Newcastle Herald* (2006, 4 November, p. 1, 4 & 5) published an in-depth account of the inquest in a story headlined:

> Deep in the heart—Inside a Hunter family tragedy.
The story lead by reporting on the impact that the deaths had on the wider community, including members of the police force, who have since left the service, and the two families involved:

Four people dead. Eight police officers lost to the force. Dozens of relatives continuing to grieve and several hundred townsfolk still with questions going unanswered.

The following year the Newcastle Herald (2007, 27 April, p. 4) offered another news frame with a headline ‘Family tells of the pain that never ends’. The story reported on evidence given to the court about the murders and suicide. In the 8th paragraph it was reported:

Professor Jones said Mr Richardson had experienced ‘violent episodes’ before he was given citalopram but it did not preclude that the drug ‘could have worsened such behaviour’.

This coverage is interesting because of the many news angles—or news frames—available to editors and journalists: the antidepressant angle, the gun angle, the mental health services angle, and the relationship angle. While none of the above news reports could be said to be overly sensational, none included helpline details for readers. This practice is consistent with most news stories and features about murder-suicides.

The impact of this case continued to be reported in the Newcastle Herald (2007, 14 June, p. 1 & 2) more than a month later in a front-page story headlined ‘Harms way—Family killing leads to call for gun license change’. The lead paragraph reported that the Deputy State Coroner has recommended changes to gun license applications, including a comprehensive psychiatric assessment for people with a history of self-harm. The story also reported that the coroner recommended that further research into the effectiveness and side effects of the antidepressant Citalopram be undertaken.

The following day (2007, 15 June, p. 14) the Newcastle Herald published another story and an editorial on this case and the coroner’s recommendations. The news story focused on the coroner’s recommendations about gun licenses in a story headlined ‘Gun access ban backed—system went “terribly wrong”’ The editorial of the same day was headlined:

Pointers to a tragedy (2007, 15 June, Newcastle Herald, p. 8).

The leader described the way in which the man killed his wife and two children before killing himself. The final paragraph said that:

Sometimes nothing will stop a determined killer. But we will never know ... whether Richardson would have killed his family without a rifle to give him an easy escape.

A Queensland murder-suicide also received national coverage. The incident involved a man who killed his partner, shot her lover and killed himself. Headlines included:


Police waiting to interview man after murder-suicide (AAP, 20 November).


None of these reports were problematic but simply straightforward accounts of events and primarily sourced to police. But the feature story in the *Courier Mail* included the number for Lifeline, which is an unusual inclusion in news reports about murder-suicides. The story also referred to the killer’s ‘psychotic rage’ and that both the killer and one of the victims were sexually abused as children; the implication being that this may have had some bearing on the murder-suicide, though in what way it was not clear.

An attempted murder-suicide in Sydney that involved two parents poisoning their children and then failing to take their own lives was extensively covered by the news media. At the trial the court was told that the parents were mentally ill. The AAP reported:

**Parents charged with attempted murder ‘mentally ill’: trial (2006, 17 October).**

The report said that the couple pleaded not guilty of attempting to murder their daughters on the grounds of mental illness. The parents had allegedly planned to take their own lives after their daughters had died but the plan was interrupted when one of their daughters began having fits, which led them to take her to the hospital.

*Sydney’s Daily Telegraph* report was headlined:

**Parents’ death pact—Daughters fed 120 sleeping pills, court told (2006, 18 October, p. 6).**

The news story reported in the 7th paragraph that the couple were defending the charges of attempted murder ‘on the grounds that they were suffering significant depression at the time’.

The *Courier Mail* (2006, 18 October, p. 17) headlined their report ‘Daughters survive murder bid’ and reported that the couple ‘pleaded not guilty by reason of mental illness’. The *Sydney Morning Herald* (2006, 18 October, p. 3) headlined its report ‘Parents sought death to end financial, legal woes—prosecutors’ and reported in the 8th paragraph that:

**Yesterday the 37-year-old parents, who cannot be named, pleaded not guilty to attempted murder on grounds of mental illness. Their lawyers told the court they had both suffered severe depression with psychotic features. The mother had stopped taking medication for depression when she left Singapore.**

Reports of the judge’s ruling in this case were published in newspapers in December 2006. Each of these stories reported that the judge had accepted the relevance of the mother’s history of mental illness but rejected the father’s defence that depression made him unable to tell right from wrong. None of these stories included helpline details.

With the exception of prominent news stories in Brisbane and Perth, and the Newcastle story analysed earlier, most murder-suicides were not reported on the front pages of metropolitan newspapers. The events in Brisbane and Perth were headlined:


**Innocent young mum dies over rent mixup (2007, 12 January, *Courier Mail* (p. 1).**

These two events attracted many follow-up news stories and attracted national media coverage:


Other identified murder-suicides items included:

Mum's bail appeal fails. Suicide attempts detailed to court (2007, 14 February, Courier Mail, p. 16).


Suicide inquest; Risk warning was not received (2007, 24 March, Advertiser, p. 28).


Most murder-suicides news stories and features give prominence to the murders—especially when parents are involved in alleged murders of their children. Such news is easily accessible by the news media through routine monitoring of police and emergency services. None of the items retrieved during the time-frame of the study included graphic imagery or detail about the method of suicide. Normally, these types of news stories do not include information about where readers could access mental health services, reflecting the emphasis given in news accounts to the murder or murders; that is the dominant news frame.
CHAPTER 17:
Suicide-attempt court case

In April 2007 a court case involving a man whose suicide attempt left him seriously ill and a quadriplegic was reported in some metropolitan newspapers. Coverage included:

- Tree fall victim sues (2007, 17 April, *Daily Telegraph*, p. 5).

The *Sydney Morning Herald*’s headline was less dramatic than the reports in Hobart and Wollongong. The newspaper reported:

- Hospital failed to treat patient at risk of harm (2007, 17 April, *Sydney Morning Herald*, p. 5).

The lead paragraph reported that:

- A man who was discharged as a teenager from a psychiatric unit without treatment or medication after a suicide attempt, only to try again days later, is suing an area health service for negligence.

The news story focused on the man’s history of mental health problems, his contact with mental health services from age 14, and his previous attempts to kill himself, including trying to jump out a window and lying on train tracks.

As we have mentioned earlier in this report, news coverage of individual suicide is uncommon in Australia unless there are compelling news values that prompt the editorial decision to cover the death. News accounts of attempted suicide are extremely rare unless, again, there are compelling news values. This event—sourced to court proceedings—would be seen by journalists as an unusual, even bizarre, incident. It is also easily accessible to news organisations because of official legal proceedings. One might question whether the use of the words ‘suicide bid’ or ‘aborted suicide’ were necessary to inform readers of this court action, but one could certainly ask why none of the news reports included helpline details for readers.
CHAPTER 18:
Suicide statistics

The baseline phase of the Media Monitoring Project identified that a significant type of news about suicide was coverage of statistical data released by government, health agencies or researchers. The current phase identified quantitatively that statistical overviews (as a type of news item) accounted for about 17% of all newspaper items on suicide, for about 15% of all television items on suicide, and for about 20% of all radio items on suicide. Statistical overviews accounted for about 10% of all newspaper items on mental health/illness, about 9% of all television items on mental health/illness, and for about 10% of all radio items on mental health/illness. The baseline phase identified that in some news reports longer-term trends were noticeably absent with the item lacking contextual information by focusing on the ‘just released’ data.

The release of statistical data is often a useful way for the news media to explore issues leading to deaths by suicide, and mental health issues. The routine release of data, such as that from the Australian Bureau of Statistics (ABS), on suicide rates is the obvious example. The Sunday Telegraph, however, published a very different news report, in December 2006:


The lead set the news frame:

Six young women in NSW attempt suicide every day.

The report was a factual account of statistical data published in the 2006 NSW Chief Health Officer’s report, and the news story contained comment on the data from Amanda Gordon, President, Australian Psychological Association and Professor Bruce Armstrong, Chair, Population Health Priority Task Force for NSW Health. While the news report does include the word ‘suicide’ in the headline and lead paragraph, this news report did provide considerable contextual information and comment about the data. The report concluded with helpline information for Sunday Telegraph readers. No other metropolitan newspapers covered this story and the data in the Chief Health Officer’s report.

In contrast, the routine release of ABS data on suicide rates in September 2006—published in the Medical Journal of Australia—received widespread news coverage. Newspaper coverage included:

Suicide rate drops but message stays (2006, West Australian, 23 September, p. 57).
Territory’s suicide rates on the rise (2006, 18 September, Border Mail, p. 12).
Suicide rates tumble (2006, 18 September, Herald Sun, p. 22).
Rise in suicide by hanging (2006, 18 September, Australian, p. 3).
NT suicide rates more than double the national average: study (2006, 18 September, *Canberra Times*, p. 4).

Suicide rates climb in NT as the rest of Australia slides (2006, 17 September, AAP).

The news reports in the *Sydney Morning Herald* and Adelaide's *Advertiser* were brief and followed the original AAP report. The *Advertiser*'s coverage included a brief comment from Professor Robert Goldney from the Adelaide Clinic who had commented on the suicide rates data in a separate article in the same edition of *MJA*. Neither news story included helpline information for readers. Coverage in the *Canberra Times* was more extensive with comments from SANE Australia and Professor Goldney. The *Australian*’s story also included comment from Professor Goldney. Neither of these reports included helpline information for readers. The *West Australian* used a slightly different news frame with a warning from a former WA Australian Medical Association president Dr Paul Skerritt that while suicide rates had fallen it would be a mistake to become complacent. The story did not contain helpline information. The *Border Mail*’s news frame was similar to that in the *Canberra Times* with emphasis given to the NT data. This report included comments from Professor Goldney and included helpline information for readers.

Consistent with its normal treatment of news about suicide, the *Herald Sun*’s report included helpline information for its readers. The story also included comments from SANE Australia and Professor Goldney.

The *Weekend Australian*’s feature used the latest suicide rate data to explore concerns about increasing deaths by suicide among young to middle-aged men. This extensively researched news feature included interviews with Mensline, the Australasian Men’s Health Forum, and Suicide Prevention Australia. The news feature included helpline information for Mensline Australia, Crisis Support Service, SANE Helpline and Lifeline.

While news reports do examine national and statewide trends in deaths by suicide, it is rare to see coverage of local and regional data. A good example of this type of reporting was a report in the *Australian* examining suicide rates among young Aboriginal men in the NT. The news report was based on research and a paper presented by Dr Tony Mordini, Registrar, Batchelor Institute of Indigenous Tertiary Education, to the International Association for Suicide Prevention meeting in Dublin.

(Another good example of local statistical reporting with contextual comment fell outside the study’s time-frame: an examination of suicide rates in the NSW Hunter Region—‘Fall in suicide rates’, 2007, 23 November, *Newcastle Herald*, p. 13.)

Statistics about the rate of death by suicide of Australian farmers was extensively covered by the Australian news media—despite the fact that the statistic most often quoted reported-on data from some years ago. This aspect is examined in the next Chapter 19.
CHAPTER 19:  
Deaths by suicides of farmers

The effects of the drought on people’s mental health and the risk of suicide for Australian farmers was the topic of numerous reports in both metropolitan and rural and regional newspapers during the study’s time-frame.

The catalyst for some of these reports was the announcement of government drought assistance funding, while for other reports, it was comments made by Jeff Kennett, the Chair of the National Depression Initiative, beyondblue. Mr Kennett made many of these comments at depression forums he attended around the country. The widespread press coverage of such forums suggests that this may constitute a successful strategy by beyondblue to raise awareness of depression.

But it was comments made by Jeff Kennett in a beyondblue media release and the subsequent reporting of these comments in newspapers that caught the attention of the ABC’s media watchdog Media Watch on 12 March 2007. In particular, Media Watch was critical of the media’s use of old statistics in reports about deaths by suicide among farmers (‘The Decade Old Headline’). The claim that one farmer commits suicide every four days was of particular concern because, as Media Watch revealed, these statistics were between one and two decades old and had nothing to do with the current drought:

To link it to the current drought is hopelessly flawed. There was no similar drought in that period (Media Watch).

Media Watch claimed that the story came from a media release from the National Depression Initiative, beyondblue, when launching its rural advertising campaign and information line. The media release dated 29 June 2006 led with a quote from Jeff Kennett:

In Australia, approximately one male farmer dies from suicide every four days. Depression is a high risk factor for suicide. Let's get the message out to the country that it’s an illness, not a weakness, and men shouldn’t be ashamed to ask for help.

The study that Kennett referenced was published in the Australia and New Zealand Journal of Psychiatry in 2002 and its results related to suicide in Australian farming in the period 1988 to 1997. This was a fact that neither beyondblue nor Australian media outlets bothered to mention in their use of this statistic in news reports about the current drought throughout 2006 and 2007.

Media Watch noted that the outdated statistic was repeated in television news and radio programs, and overseas media including The Times of London. As Media Watch pointed out, Professor Gordon Parker in Australian Doctor (17th November, 2006) said the statistic was based on old research and that the fall in the national suicide rate in the past two to three years was likely to be replicated among farmers. Despite this, many newspaper reports presented the statistic as though it related to the current drought conditions being experienced by farmers. None of the news reports (except one report) mentioned the source of the data. The statistic on suicide rates was positioned as an objective measure of present rates of suicide in the bush.
Prior to the study’s time-frame, the Age reported in a story headlined ‘Beating the bush blues’ (2006, 29 June, p. 10) on the launch of the beyondblue rural advertising campaign and new helpline. This story repeated claims by Jeff Kennett in the media release that one male farmer commits suicide every four days. It provided contact information for beyondblue’s helpline and website and numbers for Suicide Helpline Victoria and Lifeline.

Sporadic coverage of a connection between the drought and depression and suicide continued over the course of the monitoring project.

Adelaide’s Advertiser (2006, 12 September, p. 22) published a brief two-paragraph report headlined ‘Look after your mates: Kennett’, which reported on comments that Jeff Kennett made in Adelaide about the need for families and communities to watch for mental illness in farmers who are ‘vulnerable to depression after the lack of winter rain’. As with this story, many reports were framed as warnings to farmers and others affected by the drought to seek help. This was linked to claims that ‘Depression and anxiety is growing as drought conditions worsen for farmers’, as was reported in the lead paragraph of a story in the Bendigo Advertiser (2006, 29 June, p. 6) headlined ‘Rural families struggle to cope’. The claim that farming families were suffering from stress was sourced to a rural councillor.

Jeff Kennett’s guest appearance at the Elmore Field Days was the catalyst for a story in the Bendigo Advertiser:

Seek help, says Kennett (2006, 5 October, p. 2).

The news story included a direct quote from Mr Kennett that ‘One male farmer will commit suicide every four days in Australia … and that to me is an absolute tragedy that it got that far’. The story reported that Mr Kennett made the comment in a speech he gave about depression and its effect on rural communities. The story in the Bendigo Advertiser did not include helpline information.

A story in the Campaspe News (2006, 10 October, p. 2) headlined ‘Focus on depression’ included the same comments made by Mr Kennett but it led with the confusing claim that:

One in four Australians commit suicide every four days.

This was the disturbing statistic former Victorian premier Jeff Kennett told visitors to Elmore Field Days on Wednesday.

This story included the website address and phone number for beyondblue.

The next event to bring this issue onto the media agenda resulted from comments made by then Treasurer Peter Costello and Parliamentary Secretary for Health and Ageing, Christopher Pyne. The AAP story was headlined ‘Drought crisis could push up farmer suicide rates: MP’ and the item reported that the drought could increase the suicide risk to farmers. The body of the story included the number for Lifeline.

Headlines of news reports on 13 October 2006 included:

Costello urges farmers to get financial counselling (AAP).

Battle stations on drought problems—Suicides feared to rise as crops fail (Age, p. 2).
Rescue package to fight rural recession (*Australian*, pp. 1 & 4).

Drought raises rural suicide worry (*Canberra Times*, p. 5).

The *Age* story reported in the lead on ‘warnings that suicide among farmers could increase’ as a result of the drought, although it also reported in the 2nd paragraph that:

While suicide rates have fallen since their peak in 1997, Australia Bureau of Statistics figures show more than 2,000 Australians took their own lives in 2004.

The remainder of the story focused on political comments about the severity of the drought and the government’s injection of funding. Helpline details were also included. The story in the *Australian* focused on government assistance to struggling farmers. Suicide was not prominently reported and no helpline details were included. The AAP story also did not report suicide prominently in its story, instead focusing on Mr Costello’s comments. The story in the *Canberra Times*, while sourced to AAP, reported in the lead that ‘suicide among farmers could increase as the drought continues’. No helpline details were included with this story. It seems that the *Age* and the *Canberra Times* opted for the ‘suicide warning’ frame over possible alternatives. Significantly, on the same day, the *Age* also published an opinion piece by Jeff Kennett headlined ‘Mental health is no longer the issue that no one will talk about’ (2006, 13 October, p. 15).

The following day the *Herald Sun* reported on comments made by Jeff Kennett in a story headlined:


This story included the following quote from Mr Kennett in the 8th paragraph:

Right now in this country we have one male farmer every four days ... taking his life.

The story did not include helpline information, which is uncommon for this newspaper.

The *Sunday Mail* (2006, 15 October) in both Adelaide and Brisbane published stories that were framed around the increasing mental health problems associated with the drought. Headlines included:

Big dry to hit health—Doctors’ warning (Adelaide, p. 30).

Our big depression—Anxiety grips farmers struggling to survive drought (Brisbane, p. 37).

Despite elevating the risk of mental health problems to the lead paragraphs, these reports focused mainly on the financial pressure that people faced as a result of the drought. Neither story included helpline details.

News reports about the suicide risk to farmers because of the drought continued on 18 October, with headlines including:

Farmers focus of anti-depression campaign (AAP).

Bitter harvest (*Herald Sun*, p. 1).
Keep an eye on struggling mates (Daily Telegraph, p. 9).

Distress signals of a mental health crisis (Sydney Morning Herald, p. 7).

The front-page story in the Herald Sun reported in the lead that:

Farmers are taking their lives and children are being given free food at school as the drought tightens its grip on the Mallee.

The story reported on a Herald Sun investigation, which found that three farmers have taken their lives in the past six weeks and two have attempted suicide. The story also reported that:

One middle-aged farmer took his life after returning home to a ruined crop. His family was too distraught to speak to the Herald Sun.

The story referred to a network that has been set up to raise awareness and provide support in some rural areas. Helpline numbers were provided with this story on page four. Interestingly, the story did not report the outdated statistic that one farmer is taking their life every four days.

The 5th paragraph of the story in the Daily Telegraph repeated the figure of one farmer committing suicide every four days, which it sourced to beyondblue. The story also reported in the 2nd paragraph that clinical depression is ‘an increasingly common diagnosis in the bush as the nation’s worst drought continues’. The report included comments from a farmer urging others to seek help and contact numbers for Lifeline and beyondblue were provided.

The Sydney Morning Herald story reported that a review into rural mental health services has been ordered by NSW Health in preparation for a surge in demand as a result of the impact of the drought. The 2nd paragraph reported that:

As the land dies, the farmers are dying with it, with male farmers and farm workers committing suicide at double the rate of other Australian men.

This statistic was not referenced to any particular source. The story reported in the 3rd paragraph that, while depression and other mental illness were ‘crippling rural communities’, access to mental health services was poor. No helpline details were included.

News reports on 19 October were headlined:

Beyond Blue calls for rural counselling (AAP).

Black dog emerges as drought’s companion (Sydney Morning Herald, p. 1 & 6).

Five years on, drought brings even the hardest men to tears (Sydney Morning Herald, p. 7).

Drought lifts suicide rates (Golden Plains Miner, p. 10).

The AAP story reported in the lead:

Drought-plagued male farmers, who are committing suicide at a rate of one every four days, desperately need professional help to deal with depression, says Jeff Kennett, chairman of the national depression initiative beyondblue.

Mr Kennett was the only source mentioned in the news story and no source was given for the suicide statistic referred to in the lead paragraph.
The front-page story in the *Sydney Morning Herald* focused on the experience of one farmer and it reported in the 3rd paragraph that he ‘thought of killing himself many times, convinced in those dark moments that death was a better option than life’. The 2nd paragraph also referred to the suicide of one of his long-time farm colleagues. This story goes behind the statistics to focus in depth on the experiences of a couple of farming families. It included helpline information.

The page seven *Sydney Morning Herald* story began with reference to one farmer and included comments from him about the drought. In the 10th paragraph the story reported:

> Distress is in the minds of many. *Beyondblue*, the national depression initiative, says one farmer commits suicide every four days.

The story included comments from farming families about the effects of the drought but it did not provide helpline information.

The two paragraph story in the *Golden Plains Miner* reported in the lead that:

> The chairman of anti-depression organisation *beyondblue*, Jeff Kennett, has confirmed the drought is increasing farmer suicide rates.

The story quoted Jeff Kennett as saying that one farmer every four days is taking their life.

In the midst of reports that simplistically framed the drought as the cause of increasing depression and suicide, the *Age* ran a 23-paragraph feature story headlined:

> Cry from the beloved country (2006, 21 October, *Age*, p. 6).

The story focused on the effects of the drought for one farming family and reported:

> Nobody knows how many desperate, lonely farmers have ended their lives. A precise figure is impossible because lives are lost in head-on collisions where there are no skid marks, or in accidental shootings. For the men, the prospect of having to start over again can be too much to contemplate...

In contrast, the *Northern Territory News* (2006, 21 October) published two stories on the drought with the following headlines:

> Drought is killing our farmers (p. 24).

> MP fears farmer suicide increase (p. 24).

The first of these reports focused on the financial costs of the drought and the other, as the headline suggests, the mental health costs. This second story reported the Parliamentary Secretary for Health and Ageing’s comment that suicide among farmers could increase as a result of the drought. Neither of these stories included helpline information.

The *Daily Telegraph* (2006, 22 October, p. 84) also published a feature story headlined ‘The Egans were burnt by drought, so now they help others’ about one farmer who it reported ‘twice tried to kill himself’ and the charity that he and his wife have established. The lead paragraph raised an important point that had not been acknowledged fully in newspaper stories that simplistically linked the drought to depression and suicide:
Drought and depression almost killed Brian Egan. He isn’t sure about cause and effect. Was the drought responsible for his depression, or did depression render him incapable of coping with the drought?

The story reported that he now tries to help others who are in a similar situation through the rural charity AussieHelpers. Brian Egan was interviewed on the ABC Landline program—see below. The story did not include helpline information.

The following day the Daily Telegraph (2006, 23 October, p. 24) ran a story headlined ‘No rain but there’s help for the pain’, which included comments from farmer, Mark Pickford, who it also sourced in an earlier report (‘Keep an eye on struggling mates’, 2006, 18 October). The story referred to ‘estimates from beyondblue’ that one male farmer dies from suicide every four days. No helpline details were provided.

The headline in the South Gippsland Sentinel Times set the dominant frame and a call for action:


The headline’s news frame was supported with the following quote:

Male farmers are taking their own lives at a rate of one every four days—this is an alarming statistic, said Dr Tony Hobbs.

Helpline numbers were included with this report.

On 25 October 2006 two metropolitan newspapers reported on drought assistance and the economic costs of the drought, while a small regional newspaper again reported the outdated statistics:

Anxious farmers urged to seek help (AAP).

More than half of farmland in need of relief (Australian, p. 7).

$560m drought aid as your food costs soar (Daily Telegraph, p. 7).

Stats alarm (Swan Hill Guardian, p. 6).

Significantly, the 8th paragraph of the AAP story reported:

‘Some people have lost the lot, and they don’t know where to go,’ Mr Laurie said as he acknowledged new figures indicating a suicide every four days in hard-hit rural communities.

The main source of the story was Jock Laurie, who is the head of the NSW Farmers Association. Had the journalist investigated the statistic of ‘one suicide every four days’ they would have found, as Media Watch did, that this was not in fact a new figure.

The story in the Australian reported on government assistance for farmers affected by the drought and included the following paragraph:

Eligibility requirements have been eased and $9 million has been provided for family and emotional counselling in an attempt to cut the farmer suicide rate of one death every four days.
No helpline details were included for readers. Similarly, the *Daily Telegraph* story focused mainly on the increasing food costs as a result of the drought and the funding to be received by farmers. It also reported that:

> Eligibility requirements have been relaxed and $9 million provided for counselling in an attempt to cut the appalling farmer suicide rate of one death every four days.

No helpline details were provided. We note that neither the *Australian* nor the *Daily Telegraph* deemed it necessary to provide a source for the statistic about one farmer committing suicide every four days—the problematic statistic had now become accepted fact.

The three paragraph story in the *Swan Hill Guardian* reported in the lead that ‘farmers are taking their lives at a rate of one every four days’. This claim was sourced to the Australian Divisions of General Practice, who it would appear had followed the press in taking this statistical claim at face value rather than investigating its source, its validity and its relevance to the current drought conditions.

The following day a story in the *Golden Plains Miner* (2006, 25 October, p. 2), headlined ‘Farmer suicide rates worry GPs’, also sourced the claim to the Chair of the Australian Divisions of General Practice:

> ‘On average, one male Australian farmer is taking their lives every four days or so,’ he said.

In the following paragraph Dr Hobbs said the statistic was based on 2003 data but no specific source for the data was provided.

A front-page story in the *Daily Telegraph* on 31 October, headlined ‘Iemma Kicks In For Farms—Mental health the focus in $30m drought crisis boost’, reported that one male farmer dies every four days from suicide. No helpline information was provided.

As some of these examples show, newspapers were quick to pick up on Jeff Kennett’s comments and to use them to frame their news reports.

Again, the *Mildura Midweek* (2006, 31 October, p. 2) in a story headlined ‘Depressed farmers need help: Kennett’ reported in the lead that:

> Drought-plagued male farmers who are committing suicide at a rate of one every four days, desperately need professional help to deal with depression, says Jeff Kennett, chairman of the national depression initiative beyondblue.

Mr Kennett was reported to have made the comments on ABC Radio and the story used comments from Mr Kennett to challenge the recent announcement of government assistance. The story reported that Kennett said farmers needed more than just income protection and that if it were up to him he would be funding more psychologists. No helpline details were included. This story was based on the AAP report discussed above—‘Beyond blue calls for rural counselling’, 2007, 19 October).

The issue of reporting suicide rates among farmers was the topic of an opinion piece in the *Weekly Times* headlined:

> Suicide stories take their toll (2006, 22 November, p. 61).
The author discussed how stories of suicide among farmers travel along the ‘bush telegraph’, taking on a life of their own. She referred to some of the horrific stories that farmers had told her about nameless and faceless farmers taking their lives. She described the powerful nature of stories like this in the current drought climate in that ‘we can see how possible these scenarios are’. She wrote:

But we need to check the reality of the stories before we take them on as fact. And when it comes to rumours about suicide brought on by drought-induced despair, fact would be helpful. That’s why I’m suggesting we keep a suicide toll as part of a campaign against suicide, just as we run road tolls in campaigns to reduce road deaths.

Perhaps, it is equally important for the news media to go beyond the façade of statistics and to recognise that emphasising the risk of suicide is by no means the only or the most responsible means by which to alert people to the stresses and strains that drought conditions place on farmers, their families and rural communities. As some of the news reports below identify, there are other ways of bringing the reality of the drought experience to audiences.

In the midst of many news reports and commentary about farmers being at suicide risk, the *Sun Herald* (2006, 29 October, p. 72) published a feature story by the daughter of a farmer, which was headlined:

*Shadow of death lingers over a parched land—Anna Lisle’s father is one of a growing number of farmers battling depression. She tells his story. (sic).*

The writer included suicide statistics and information from a range of sources including beyondblue, the NSW Farmers Association and the Chair of Suicide Prevention Australia. These are interspersed with her own personal reflections and observations of her father. In the lead paragraph she wrote:

Looking down at his rough, callused hands, he stood in front of us. His eyes scanned each finger, noticing for the first time the dirt that had been ground into the wrinkles. Even a scrubbing brush couldn’t remove the grime. Shame prevented him from meeting our gaze or speaking.

She wrote that the day her father told the family he had depression ‘was the best day of my life’. They had thought it was their fault that he was drinking. This feature article provided moving personal insights into what it might be like to be a farmer who is experiencing the effects of the drought, as well as providing contextual information about the factors impinging issues of suicide, depression and mental health in rural communities. The writer was identified as a first-year journalism student at the University of Technology, Sydney. Significantly, while she sourced statistics from beyondblue, she made no reference to the statistic about one farmer committing suicide every four days.

The *Illawarra Mercury* (2006, 1 November, p. 6) in a story headlined ‘State Govt kicks in $14m for drought-hit farmers’ reported that the funding was ‘primarily focused on boosting mental health services’. The NSW Farmers Association was reported to have responded positively to the increased funding while the NSW Opposition was reported to have said it is too little too late.

A page four story in the *Ballarat Courier* on 1 November, however, was headlined:

*Taking steps to cope—A male farmer suicides every four days (p. 4).*
It does not provide a source for this statistic. But it does report that the Australian Divisions of General Practice and beyondblue are calling for practical solutions to save lives. Helpline details are provided.

Some newspapers published stories about the relationship between the drought and suicide, which did not include the statistic about one farmer dying by suicide every four days but were, nonetheless, somewhat sensationalistic in tone. For example, the Border Mail (2006, 4 November, p. 7) in a story headlined ‘The worst is yet to come—Counsellors warn of the despair sweeping through rural areas’ carried the dramatic lead:

In a bare, cracked paddock, a cattleman shoots his starving livestock before turning the gun on himself.

No helpline details were included with the story.

Often, newspaper reports and features were noteworthy because of the personal insights contained in the item. These personal and, sometimes, first-person accounts, were noticeable in follow-up data compared to baseline data. For example, the personal account of a grain grower who had recovered from depression was published in the Weekly Times (2006, 8 November, p. 17):

Find time for help—Seeking help is vital in pulling back from the brink of despair, says John Sudholz.

As the headline and frame of ‘seeking help’ suggest, Sudholz wanted to convey to readers the vital importance of getting help for depression. He wrote about how depression led him to being suicidal before he eventually sought help and was hospitalised in a psychiatric unit for 13 weeks. He also referred to things that helped him in his recovery, including spending some time away from the farm, getting in a sharefarmer, getting involved in the church and playing lawn bowls. Sudholz was also one of three men whose experience was profiled in the ABC Landline program, ‘Don’t beat about the bush’—see below.

A very similar theme was evident in a story published in Adelaide’s Advertiser:


This feature story was written by the newspaper’s medical reporter and it focused on one farmer who had been ‘battling depression for the past 10 years’. The 3rd paragraph reported that the farmer, Kym Fromm, had told his story to a beyondblue mental health forum in Adelaide. The story also included comments from Jeff Kennett who spoke at the forum and was reported as saying that the drought was placing enormous pressures on farmers.

News stories continued in December with illustrative headlines including:

Drought, despair and the farmer (2006, 3 December, Sunday Herald Sun, p. 82).

GPs here to help (2006, 6 December, Wimmera Mail Times, p. 12).

Stressed or depressed?—your local doctor can help (2006, 16 December, Hamilton Spectator, p. 14).

Don’t wait to seek help from your GP (2006, 16 December, Bendigo Advertiser, p. 25).


Rural doctors: there to help with depression (2006, 19 December, Northern Times, p. 9).

Fight to beat bush depression (2006, 19 December, Border Mail, p. 8).

Farm depression campaign (2006, 19 December, Geelong Advertiser, p. 11).

Doctors issue plea to worried farmers (2006, 20 December, Herald Sun, p. 28).


Training to spot depression (2006, 20 December, Ballarat Courier, p. 2).

Rural doctors—There to help with depression. (2006, 20 December, Mallee Ag News, p. 2).

Tackling depression during the drought—beyondblue and Incitec Pivot Join Forces (2006, 21 December, Mallee Ag News, p. 2).

The vast majority of these news stories provided helpline information and, as some of the headlines suggested, the public call to farmers was to seek help from the local medical community. Clearly, editors in smaller and regional centres had the mental health and wellbeing of their communities firmly on their news agenda.

Nonetheless, inaccurate statistical reporting had continued. The Herald Sun reported that one male farmer commits suicide every four days in Australia, a statistic which is sourced to beyondblue. A column in the Sunday Herald Sun (2006, 3 December, p. 82) reported:

Depending on who you talk to, the figures for farmers driven to end their lives because of this degree of despair is running alarmingly high, as many as four a week across the nation.

Was it the case that the ‘one farmer committing suicide every four days’ claim had been inadvertently transformed into ‘as many as four a week’?

The Sun Herald (2006, 17 December, p. 7) published a news story with the dramatic headline ‘Concern grows over farmers pushed to edge—Fears depression will skyrocket’. These concerns were sourced to rural doctors, Jeff Kennett, and the NSW Farmers Association. The lead reported:

Suicide, anguish and chronic disease are reaching alarming levels among the Hunter’s drought affected farmers.
The chief of the Hunter Rural Division of General Practice was reported as saying that levels of psychological distress in various regions of the Hunter were 10 per cent above the national average and that suicide rates were higher in the region than in the rest of Australia. This story was framed with a certain degree of alarmism, as in the reference to ‘pushed to the edge’ in the headline and ‘alarming levels’ of suicide in the lead. It included the beyondblue helpline.

News stories about the drought continued in 2007 with extensive coverage in the metropolitan, regional and rural press. The following headlines are illustrative:

- Farmers keen to tap into drought support (2007, 10 January, Ballarat Courier, p. 36).
- Depression resource a phone call away (2007, 10 January, Weekly Times, p. 27).
- Depression warning resurfaces (2007, 10 January, Cobden Times, p. 1).
- Farmers pay a tragic price as the big dry drags on (2007, 19 January, AAP).
- Blokes beating the blues (2007, 23 January, Midland Express, p. 6).
- Tackling depression during the drought (2007, 23 February, Buloke Times, p. 6).
- Feeling sad? Forums on depression to help (2007, 10 March, Border Mail, p. 52).
- Depression info night (2007, 12 March, Ballarat Courier, p. 3).
- Statewide forums to tackle drought-induced depression (2007, 17 April, Burnie Advocate, p. 31).
- Forum focuses on farmers’ health (2007, 17 April, Burnie Advocate, p. 22).
There were many news reports of a similar nature—reflecting both local rural community concerns, the forums being conducted by beyondblue, and assistance being provided by state and federal governments to the rural sector.

The AAP report above—'Farmers pay a tragic price as the big dry drags on' (2007, 19 January)—included the following paragraphs:

Beyondblue CEO Leonie Young said their figures showed that one farmer committed suicide every week in Australia.

‘There are disturbing numbers of suicides in rural areas, it roughly equates to one farmer every four days,’ Ms Young said (paras 12–13).

The story in the Australian Financial Review—‘The saddest day in the country’ (2007, 20 January, p. 26)—reported that:

According to the New Zealand Journal of Psychiatry (2002), an Australian farmer commits suicide every four days.

This was the only newspaper to refer to the original journal article even though it does not provide the correct title of the journal and, significantly, it goes on to report that:

Figures are not available here but that number is believed to have increased and doesn’t include the cases where accidental death rather than suicide is recorded due to lack of evidence.

On the whole, however, this story was well researched and included a range of sources that brought different points of view to bear on the issues facing rural communities, particularly men, as a consequence of the drought. It also included helpline information.

The news story in the Midland Express reported on the ‘Blokes Beating the Blues’ program, which is run by counsellors and aims to provide men with strategies to manage depression and anxiety. It included testimonial-type comments from those who had participated in the program and provided readers with contact information about the program in addition to the website address of beyondblue.

‘See beyond statistics’ was published in the Shepparton News (2007, 27 March, p. 4) and the primary source, a counsellor, emphasised the importance of concentrating on the ‘issues behind the numbers rather than statistics themselves’. Helpline details were provided for readers.

These news reports in the Midland Express and the Shepparton News were indicative of the community support and awareness that local newspapers can provide their communities. New programs in mental health, announcements of forthcoming forums, and signalling ways people can access mental health services, are significant services provided by the local and regional press.

The Sun Herald (2007, 4 February, p. 51) published a feature article headlined:

Men of the bush—Farmers are a resilient mob. But with their suicide rates regularly double that of other Australian males, every man on the land risks becoming another statistic. Now they’ve started talking, Frank Walker writes.
The lead paragraph reported that:

Rugged Selwyn Job was not going to take any chances when he killed himself. The 33-year-old NSW farmer planned it in great detail. He would attach a hose to his car, take an overdose of sleeping pills and then shoot himself in the head.

Despite the dramatic, sensationalised lead paragraph, and its inappropriate use of language, especially about the intended method of suicide, the feature story was about recovery and how other people could find help. The feature included comments from the farmer about his depression and how it led him to the point of suicide. It reported that, two years after recovering, Job wanted to tell his story to warn other farmers. The story also reported that he did not wholly blame the drought because he believed depression had been with him since his 20s. The story shifted focus to a more general examination of suicide rates among farmers:

The statistics were chilling even before the drought. A 2002 study found that every four days one Australian farmer committed suicide. Every day five Australian men committed suicide and every week 20 people in rural areas took their own lives. The Bureau of Statistics recorded 2,098 suicides in 2004, the third year of the drought.

The story reported that Job had found help at the beyondblue website and his doctor, and that he recently spoke at a community meeting, organised by his wife, to discuss mental health issues. Similar meetings had been organised throughout NSW. The story included a list of helpline contacts and a list of signs and symptoms of depression, sourced to beyondblue.

Similarly, the Warrnambool Standard (2007, 22 March, p. 7), in a story headlined, ‘Country men focus of depression initiative’, reported on a new campaign aimed at reducing levels of suicide and depression in rural Australia.

**ABC Landline program**

The ABC’s popular Landline television program, aimed at rural and regional audiences, explored the ‘Black Dog’ of depression through a series of interviews compiled in a report for the program (ABC TV—Landline, 2006, 26 November). Subsequently, the segment has been used in a DVD as part of beyondblue’s ‘Don’t beat about the bush’ advertising campaign.

ABC reporter Sally Sara explored the stories of three men who had each experienced depression and had followed different paths to recovery. What each of the men shared was the decision that they made to seek help, which Sara emphasised as a key message of the program.

The DVD also included interviews with Professor Ian Hickie from the Brain and Mind Institute about the symptoms of depression, Gennie Gittoes from the NSW Farmers Association, Professor Fiona Judd from the Centre for Rural Mental Health in Bendigo about farmers being reluctant to seek help, Professor Graham Martin about the importance of talking openly and honestly and asking people if they are suicidal, a rural doctor, and Jeff Kennett who urges people to seek help.

The stories of Darren, Brian and John were interspersed with comments from these sources. The men talked openly about what they were feeling and the circumstances surrounding their realisation that something might be wrong. Darren’s depression followed grief of the death of his wife. He described his initial reluctance to see a counsellor. Brian described becoming
depressed after losing his farm and being helped by medication and counselling. He said that he began to help other farmers living with depression following his doctor’s advice. John described his symptoms, which eventually saw him taken to a psychiatric hospital. He described how it then took him a lot of courage to show his face in town. He now urged other people to talk and to seek help.

The CEO of Crisis Support Services, which runs Mensline, was interviewed and she talked about how the service often gets calls from farmers who have reached a crisis point and are in the midst of the act of taking their own lives. She said that they wanted someone to pull them back from the edge.

The numbers for the beyondblue information line and Mensline were presented on the screen.

The ABC Landline program was later judged the winning broadcast entry in the 2007 Mental Health Services Mental Health Achievement Awards.
CHAPTER 20:
Community mental health news & features

As shown in the previous chapters, the news media play a significant role in surveillance of community issues and concerns, and, in particular, in creating awareness about mental health issues. The following news stories and features that we have identified give some perspectives on these roles.

Support for the ‘Stop the Stigma’ campaign
A news story about a mother and son who were supporting a campaign to stop the stigma of mental illness was published in the *Star (Dandenong)* with the headline ‘In the shadow of the black dog’ (2006, 28 June, p. 8). The story reported on Jo Buchanan’s experience with mental illness—first that of her sister’s diagnosis of schizophrenia in the 1970s, then her nephew who took his life at 19, and then her own son who developed clinical depression with suicidal tendencies. The story quoted Ms Buchanan about feeling alone as a parent and not getting the same support that a parent might get if their child had cancer. It reported that the campaign is an initiative of the Eastern Regions Mental Health Association in conjunction with *Star*, the newspaper. The story attributed Ms Buchanan as saying that one of the biggest obstacles to raising community awareness about mental health is that it is not a vote winner. The story also reported that Ms Buchanan has written a book titled *Wings of Madness* about her experience of being a carer. It reported that she will be selling the book at the Mental Illness Doesn’t Discriminate What About You community festival and Walk for Mental Health beginning at Dandenong.

This news story was typical of community newspaper involvement in creating community awareness of mental health issues.

Coverage of Mental Health Week
Many regional newspapers published news stories in recognition of Mental Health Week. The following are just some examples. In a story headlined ‘Flagging Awareness’ the *Maroondah Leader* (2006, 3 October, p. 8) reported that clients and staff from a local support service, Ringwood’s Lifeworks, would be walking around the lake to ‘kick off’ Mental Health Week. The item reported that they will carry 90 hand painted silk flags that had been created in mental health programs in schools. The story reported that it is hoped the walk will ‘increase community understanding of mental health issues and break down the stigma’. This story reported that the walk was just one among many activities, including an art exhibition and book launches. The story also focused on the work of Lifeworks, including art and music programs. A story about this event was also published in the *Lilydale & Yarra Valley Leader* (2006, 9 October, p. 9).

Art was identified as a popular topic in news stories involving mental illness in small community and regional newspapers. A story in the *Stonnington Leader* headlined ‘Expressive recoveries’ (2006, 3 October, p. 4), for example, focused on the way in which art and painting had helped one woman in her recovery from depression. It reported that Linda Kaiser paints at the Prahran Mission’s Stables Art Studio in South Yarra and that her work is to be part of the
Qualitative analyses of selected Australian news media coverage of suicide, mental health and mental illness

Mission’s annual art exhibition. The story quoted Kaiser as talking about how the studio and the other people who attend have helped her by providing a supportive and loving place. The story was accompanied by a photograph of Kaiser and another artist.

A front-page news story in the Hastings Independent (2006, 3 October, p. 1) was headlined ‘A stamp of approval’ and reported on an exhibition of stamps that had been designed by people with a mental illness as part of Mental Health Week. It provided details about where in Mornington the exhibition was held and also included comments from one of the artists who had been diagnosed with schizophrenia. She was quoted as crediting art and music with much of her recovery. This story was also published in the Mornington-Southern Peninsula Mail (2006, 5 October, p. 65).

The importance of art in the life of another person with a mental illness was also reported in a story in the Geelong Advertiser (2006, 4 October, p. 8) headlined ‘Painter carries on work’, which reported that Trish Mulcahy’s artistic streak had not been dampened by her ‘struggle with mental illness’. The story reported in the 2nd paragraph that:

While many would find it difficult to cope with both depression and schizophrenia, Trish manages to create serene works of art.

The story reported that her work has won a number of awards and was accompanied by a photograph of the artist.

Numerous stories were framed around the theme of Mental Health Week in 2006, which was ‘Mental Health: What Do You Know?’. The Bendigo Weekly (2006, 6 October, p. 31), for example, used this to headline a story in a Mental Health Week supplement in its newspaper. The story reported in the 2nd paragraph that the supplement ‘aims to inform the community about services and supports that are available to people who have experienced mental illness and their families and carers’. The story also reported that it was important to make people aware that people ‘can and do recover from mental illness’. One story included in the supplement was about the services offered by the Richmond Fellowship of Victoria. It focused on one program—the Solomon Street Program—which it reported ‘aims to provide young people, who are recovering from the disruptive effects of psychiatric illness, with flexible and supportive residential services which facilitate growth, enhance relationships and quality of life in order to nurture hope for a more positive future’. The story included a paragraph written by a resident of the Solomon Street facility about what it means to them. They write that the Richmond Fellowship has saved their life:

When I came to live here at the start of the year, things weren’t too good for me. I was still pretty unwell, suffering from schizophrenia. My life was a mess, until I got accepted to live at a rehabilitation program for young people with a mental illness...

They write that they are now starting to get their life back together and can see a positive future ahead. Certainly, these first-person accounts, and the editorial decision to include them as an integral part of the story, add to the potency of the report.

The Warrnambool Standard (2006, 11 October, p. 22) also published a special feature for Mental Health Week, which included a section headlined ‘Mental illness: the facts’. It provided definitions of mental health and mental illness, and included specific sections detailing information about depression and psychotic illnesses, a section on depression in the workplace, preventive measures and treatment. The story also provided contact details for
websites, Lifeline and psychiatric services. The newspaper also published a story by the Mental Health Foundation of Australia (Victoria), which discussed signs to look for when someone we know was not coping. This report also included helpline information.

Artistic endeavours are often important to people in their recovery from mental illnesses. Another important aspect of recovery is having a safe place to go and this was the focus of a story in the *Star* (Hume) headlined ‘Centre a haven for mentally ill’ (2006, 10 October, p. 3). The report discussed a 35-year-old woman’s positive experience with a support service. It reported that she experienced depression and anxiety and felt isolated prior to finding the support service. The story reported that the service provides psychosocial rehabilitation programs for people with differing types of mental illnesses. The story also included quotes from the woman, Kate Weir, who referred to the lack of community understanding about anxiety disorder. The story reported that the Finchley Support Service was to hold a mental health festival, which aimed to dispel myths and stigma, as part of Mental Health Week.

A news story in the *Terang Express* headlined ‘Health awareness’ (2006, 19 October, p. 5) emphasised that mental illnesses can be a life-changing and positive experience. It reported on a social lunch organised by support organisation Aspire to raise mental health awareness. A representative of the organisation was quoted as saying that people do recover and that it is important to help each other.

The Light and Hope Clubhouse in Wollongong was the topic of a newspaper report in the *Illawarra Mercury* headlined ‘Clubhouse project sets example for the nation’. The story provided very little information about what the clubhouse offered other than that it aimed to help people diagnosed with schizophrenia. The following day a letter to the editor shed more light on the clubhouse, with the writer saying that it was important because ‘it will allow the sufferers [of mental illness] to have a place they can call their own and not feel the day-to-day pressure or discrimination’.

The few examples illustrate again the power of local and community news media in increasing awareness of mental health issues, and of providing access to support for the local community. Further examples from the broadcast media were discussed in Chapter 13, ‘Mental illness on the radio’.

**Suicide prevention**

The approach of World Suicide Prevention Day provided the catalyst for the *Courier Mail* (2006, 6 September, p. 42) to explore the issue of suicide in more detail in a 22-paragraph story headlined ‘Suicide prevention acts to stop the deadly toll’. It reported:

> Community Action for the Prevention of Suicide is determined to bring suicide in from the shadows.

The story foreshadowed a community forum to be held in Brisbane on Saturday that aimed to expose the myths surrounding ‘Australia’s biggest external killer’. Statistical information relating to suicide rates, attempted suicide and information about the Kids HelpLine were included. The two primary sources for the article were the supervisor of the telephone counselling service Lifeline and the director of programs from the Inspire Foundation. The latter of these quoted statistics on attempted suicide among same-sex attracted youths. Both of these sources provided good advice about how to approach people who might be suicidal and emphasised the importance of being open and talking.
Many rural and regional newspapers also published news stories as part of World Suicide Prevention day. Headlines included:


The first two of these stories reported on calls from Kids Help Line for the community to become more aware of youth suicide. The story in the *Bendigo Advertiser* focused on a similar issue.

Suicide prevention was also discussed in a story published in the *Launceston Examiner* (2006, 12 October, p. 80) written by Associate Professor Des Graham, head of the Tasmanian Suicide Prevention Steering Committee. The story reported that community forums were to be held in an attempt to reduce the number of people who take their own lives. The story included information about suicide rates in Tasmania and discussed a range of risk factors. It also emphasised the complex nature of suicide:

> The factors that contribute to an individual’s decision to take their life are complex and often associated with multiple life problems.

This story also included telephone numbers where people could seek help for themselves or others.

Associate Professor Graham was also the key source for a story published in the *Hobart Mercury* (2006, 21 October, p. 2) headlined:

Shutting off suicide—The state’s mental health services are preparing to reach out into the community to grapple a subject that once was taboo.

It reported that seminars aimed at creating localised suicide prevention strategies would be conducted by the Suicide Prevention Steering Committee in rural and regional centres. The story reported that Tasmania has the second highest suicide rate per capita in the country, and the decentralised population was recognised as a contributing factor. In addition to providing statistical information the story also reported:

> People with a history of attempted suicide are at greatest risk, with mental disorders such as major depression and psychotic illness associated with a much increased risk of suicide, particularly after discharge from hospital or when treatment has been reduced.

The story also included comments from the Mental Health Services chief psychiatrist, Professor Ken Kirby, who said that economic conditions could also contribute to increases in the rate of suicide. Professor Kirby was quoted as saying that depression is a factor in 70–80 per cent of people who take their own lives. The story included helpline information, beyondblue’s website address and contact details to find out about seminars on suicide prevention.

This was an informative and well-researched news feature and, even more significantly, it focused on an important community-based approach to suicide prevention. The newspaper gave the issue prominence by reporting the story on the second page.
A story about the success of a Suicide Prevention program in a small rural town in Tasmania was published in the *Sunday Tasmanian* in January 2007. Headlined ‘Town turns back rate of suicides’ (2007, 14 January, p. 16), the story reported that the program was in demand in drought-affected areas of the mainland. The report said that the community was driven to do something about the issue following a ‘spate of suicides’ between 1999 and 2003. The program involves teaching people how to identify suicidal behaviour and act to intervene. The story included a range of helpline numbers.

What is significant about these stories about suicide prevention is that suicide is framed as a whole of community issue, rather than being reduced simplistically to depression or another mental illness. Depression is reported as a significant risk factor but other factors that impact on people’s general health and their mental health are also discussed. These stories also emphasise the importance of community members looking out for and taking care of each other.

In 2007 World Suicide Prevention Day was also the topic of stories in some regional newspapers. For example, headlines included:

- Suicide focus on aged—World Day raises awareness (2007, 10 September, *Illawarra Mercury*, p. 5).

The story in the *Illawarra Mercury* focused mainly on suicide rates across different age groups and emphasised in the lead that the rate among elderly people had risen according to the International Association for Suicide Prevention. It included comments from the director of Lifeline South Coast who said that it was important to be upfront with people that might be experiencing thoughts of suicide. The story also included a list of ‘Signs of suicide’, which was sourced to Lifeline. The primary source for the story in the *Geelong Advertiser* was the Victorian Mental Health Minister and comments she made at a community forum to mark World Suicide Prevention Day. She referred to the tragic consequences of suicide and provided information on suicide rates. The main source for the story in the *Shepparton News* was the manager of Goulburn Valley Area Mental Health Service who commented on the importance of keeping involved in social activities and taking notice of friends who may be withdrawing. He also mentioned the pressures of the drought. Each of these stories provided helpline information.

**‘Coach the Coach’ program**

A story about a program aimed at educating coaches of rural football teams to recognise the signs of depression was the topic of a number of stories in regional and metropolitan Victorian newspapers in 2007. Headlines included:

- Rural footy clubs act to tackle the loss of players and mates to suicide (2007, 11 May, *Age*, p. 5).


Clubs are keeping an eye out for mates (2007, 23 May, Shepparton News, p. 26).


The first story in the Shepparton News focused on the Coach the Coach program, which began following the death by suicide of young footballer, Gary Appleby, and his mother’s pride in the program. The story provided details about the program, including that it is ‘aimed at raising awareness of depression and promoting good mental health within football clubs and the wider community they are part of’. The story included comments from one coach about what he learnt from the program. This story did not include helpline information but it provided the website address for more information about ‘Coach the Coach’.

The 22-paragraph story in the Age reported in the lead paragraph:

It rips apart families and ruptures communities, but in Victoria’s regional areas suicide remains largely a silent pain (2007, 11 May, Age, p. 5).

The story focused on football clubs in the Goulburn Valley and reported that all 12 had been affected by suicide in the past decade. The Coach the Coach training program had been launched by the regional welfare group Family Welfare and the Goulburn Valley Football League. The story was centred on the views and experiences of three men from one rural football club who agreed to talk to the Age. Each of the men had known someone, often a mate, who took their own life. The story referred to the two men who had taken their own lives but no methods of suicide were described. The story reported:

There are others whose names loved ones have asked not be publicised, but whose departure still leaves an aching sense of loss and bewilderment.

Shepparton United under-18s coach Mario De Santa-ana, 47, said the club had never really recovered from the loss of players to suicide. Comments from the footballers about how their mates’ suicides had affected them were included as well as a comment from a Shepparton social worker about how suicide was not something that rural people like to talk about. The story quoted the deputy chief executive of beyondblue, Nicole Highett, about the need to recognise the signs of depression earlier so that it could be treated. The chief executive of Family Welfare was also reported as saying that the drought is only part of the complex problem and was not the only trigger. The story included helpline details.

The Herald Sun (2007, 11 May, p. 22) story reported in the lead:

A rural football league rocked by the suicides of two players is teaching team officials to recognise signs of depression.

Unlike the Age, however, this story reported in the 2nd paragraph that one of the players ‘hanged himself’. But the story did include helpline information.

The story in the Border Mail (2007, 11 May, p. 4) followed the lead of the Herald Sun and also reported in the 3rd paragraph that one of the men ‘hanged himself’. This story contained more
information about the Coach the Coach program and comments from the general manager of the Goulburn Valley Football League. It also reported that beyondblue would fund a University of Melbourne study into the effectiveness of the campaign. However, the story did not include helpline information.

The item in the Ballarat Courier (2007, 11 May, p. 8) was an editorial that praised rural football clubs for confronting the issue of male suicide. The editor wrote:

Evidence suggests that men find it a lot harder to talk about their depression than women do. Making the subject ‘okay’ within the confines of the traditionally male-dominated domain of the football club is a further step in breaking down the walls of silence men often put up when faced with depression.

In May the Shepparton News (2007, 10 May, p. 23) reported that all 12 football clubs had now completed the program and are ‘on the path to a brighter future’. The story included comments from the program’s co-ordinator and a player who had completed the course. The tenor of the story was that the program has been a success in creating awareness.

We note that the news story in the Age by Helen Westerman received an honourable mention at the Suicide Prevention Australia annual awards.

One of the catalysts for the Coach the Coach program was the suicide of young footballer, Gary Appleby, which was itself the topic of two items published in the Shepparton News earlier in the year. One of these, headlined ‘Lost players leave legacy’ (2007, 30 January, p. 6), reported that Gary—who played in the team that won the football grand final—shot himself. It included comments from the club’s coach that there had been no warning. He also commented on how he has been emotionally affected by the death. The story also reported that two years earlier the coach had lost another player to suicide:

He [the coach] said the team wanted to make sure Appleby’s legacy would be better understanding of the devastation caused by suicide, and how friends could make a difference.

The other item included in the newspaper on the same day was a letter written by Gary Appleby’s mother, Lorraine, last year about her son’s death. She discussed how his death has not only affected their family, but also the football club, friends and the whole community. She described how her son had told her that he was ‘on top of the world’ after winning the grand final and that:

It wasn’t until we received a sympathy card from a family friend, which had a note in it about their daughter who had been suffering with depression and wanted to take her own life, that suddenly we started to wonder if this was the reason.

She explained it is not really your life that you want to end, but the unbearable pain and sadness, that feeling of being in a deep dark hole with no way out that you want to take away.

She says that after attending a suicide awareness workshop ‘everything began to fall into place’ and that the signs of her son’s depression had been there for years (para. 10). But, she wrote, they knew nothing about it. She wrote that she often wondered about her son’s behaviour:

Gary and I worked side by side every day in the milking shed and I often wondered why sometimes he would walk in with a grin and chat all through milking, then the next day appeared to be in a bad mood and not even speak.
Sometimes he would show anger for no reason at all, and other times appear to have no energy and would want to sleep half the day.

She said that people need to be made aware of depression—particularly people in rural areas. This heartfelt letter provides a perspective on the importance of creating awareness of mental illnesses. Included with these stories was a list of helpline services and websites that may be of use.

Many of these reports illustrate the ways in which the news media can discuss suicide responsibly and informatively and the role it can play as a forum for talking about suicide, as well as a medium for people to share stories about their experiences. This function takes on even greater importance, perhaps, in rural and regional communities where the local newspaper—especially coverage of local sports—is part of people’s everyday lives.
CHAPTER 21: ‘Against the grain’—opinions challenging the medicalisation of mental illnesses

One of the central tenets of newly emerging work within ‘postpsychiatry’ is to challenge the dominance of the medical model in mental health at all levels, based on the assumption that many people have been harmed by medical interpretations and treatments. One writer, Professor Bradley Lewis (2006), says that postpsychiatry requires reading psychiatric knowledges ‘against the grain’, part of which involves critiquing psychiatry’s diagnostic labels and its vocabulary of ‘mental illness’, ‘deficit’, ‘disorder’ and the like, in favour of what Professors Patrick Bracken and Phil Thomas (2005) refer to as returning the ownership of ‘madness’ to those who experience it.

These same ideas are found within the global movement of users, consumers, ex-patients and ‘survivors’ of psychiatry (those who feel they have survived the mental health system and have developed alternatives to psychiatry’s definition of their experiences), with whom writers on postpsychiatry align themselves. In particular, many members of this movement view psychiatric labelling through the lens of human rights. The movement calls for an end to human rights abuses in the mental health system, one aspect of which involves elevating the first-person voice and consumer/survivor perspectives in all aspects of mental health—services, research, treatment and professional practice. Hence the movement’s adoption of the slogan: ‘Nothing about us without us’.

It is important to recognise that users, survivors and consumers of psychiatry and mental health services adopt their own preferred vocabulary to describe their experiences and their relationships with services. For example, some people celebrate their ‘madness’ by identifying themselves as ‘mad people’, ‘lunatics’ or ‘nutters’.

We identified examples of this approach during the study’s time-frame, and the following are illustrative.

A feature story in the Sydney Morning Herald reported the comments of a performer who has been diagnosed with schizophrenia, headlined:


The story appeared in the Arts and Entertainment section and was based on an interview with poet Sandy Jeffs who was quoted as saying:

I’m not afraid to call myself a mad woman.

A friend calls me the most famous mad woman in Australia. I have been living with schizophrenia for 30 years. I’ve had a long time to consider the mad mode, to consider the consequences of what being mad means.

The story reported that Jeffs is one of the stars of a performance called ‘Mad Scenes’ and that:

All the performers either have schizophrenia or live with it daily through family or friends.
The story reported that the performance was part of the festival, For Matthew and Others: Journeys with Schizophrenia, which was initiated by Dinah Dysart, as a memorial for her son who had been diagnosed with schizophrenia and later died by suicide. The story said of Jeffs and her fellow poets:

They call themselves ‘the Loose Kangaroos’, a reference to the expression about mad people having ‘a kangaroo loose in the top paddock’.

It is reported that this kind of ‘black humour’ is common in their performances and Jeffs says that it is vital to reclaim the word ‘mad’ in the same way the gay rights movement reclaimed the word queer.

This kind of reclaiming of the language is a familiar practice by those who see themselves as part of the international psychiatric survivor movement. This story is significant because it is an example of the way in which interviews with people who see themselves in this way result in news stories that humanise people who are too often dehumanised, medicalised or criminalised in news media reports. The content of the story also highlights the way in which art and humour are important strategies for challenging stigma and discrimination. The report is careful not to use words or phrases in a derogatory manner.

Another significant news feature looking at the importance of social factors in mental health was published in a 14 paragraph report in the Age (2007, 31 July, p. 9). The story, headlined ‘Give me strength, and the rural footy club always does’ reported in the lead:

It may sound crazy, but the best mental health service in many rural communities is the local football club.

Further on, this point was expanded:

We don’t usually think of local football clubs as community mental health services. We have come to associate mental health services with professionals who provide treatment for people with mental illness.

The writers made a distinction between ‘health care’ and ‘sick care’ and argued that the latter was the focus of community mental health for the most part. They argued that this has implications for the way in which health resources are allocated in that the budget was spent mostly on sick care. They suggest that while medication in mental health is important for some people, so too are economic, social, cultural and environmental factors:

Here lies a contemporary quandary: both mental illness and mental health are now treated as medical issues. This medicalisation of mental health is utter madness. Although evidence supports mental illness being treated medically, mental health is often a social issue.

The writers suggested that the most common treatments, such as cognitive behavioural therapy and medication, ‘do not change the underlying social conditions that cause the distress’.

This feature story was co-written by a researcher and a woman whose family are members of a rural football and netball club. It is rare for perspectives such as these, which challenge medicalisation, to appear in mainstream metropolitan newspapers.

Reporter Lynne Malcolm described borderline personality disorder as a diagnosis ‘stigmatised by the very professions responsible for giving it’. The program included interviews with women who had been diagnosed as having borderline personality disorder, and with University of NSW Associate Professor of Psychiatry Carolyn Quadrio, who discussed how the diagnosis was misnamed.

Many health and medical professionals would have been concerned with the graphic accounts of self-harm and suicidal ideation given by some participants in the program. But these first-person accounts were used as a means of explaining people’s distress and opportunities for treatment.

Early in the program, reporter Lynne Malcolm introduced a consumer activist with the following words:

Mental health consumer activist, Merinda Epstein, usually introduces herself as a high profile nut case. She’s had 14 different psychiatric diagnoses but it is the label of borderline personality disorder which she chooses to politicise because of her concern about the extreme stigma the diagnosis attracts.

Later in the program, Merinda Epstein said:

While we have this thing called psychiatry that uses the diagnostic manual and is hell-bent on having a mental illness system rather than a mental health system, proof of pathology is the only way that you can get a service. And proof of pathology implies the medicalisation of people’s distress. Not all consumers are as averse to the labelling process as I am …

And on the diagnosis of borderline personality disorder, she said:

It’s an insidious damaging diagnosis and it doesn’t mean anything anymore, it just brings punishment within the system and it punishes women, and I don’t see any point in giving people a label that brings disgrace and punishment.

Significantly, all three identified examples do not comply with the suggested guidelines of Reporting Suicide and Mental Illness[3], primarily because of the language used. Yet, it is this very language usage that the consumer survivor movement seeks to reclaim.
CHAPTER 22:
Deaths by suicides at Telstra

In April 2007, the deaths by suicides of two Telstra employees were the topics of news stories in metropolitan newspapers. There was nothing problematic about the way in which these events were reported—none described the method of suicide. But there were differences across metropolitan newspapers in terms of including helpline information for readers.

The news reported that the family of a young woman who took her life want to sue Telstra for allegedly contributing to her death:

- Family blames burnout (2007, 4 April, Herald Sun, p. 1 & 3).
- Suicide anger (2007, 4 April, Advertiser, p. 9).

The 32-paragraph story in the Herald Sun provided a detailed report on the woman’s work experience with Telstra and the change in her mood as a result of work pressures, which was allegedly linked to her suicide. As the headline suggests, the story was framed around family blame, which is emphasised in the first two paragraphs:

The family of a young call centre worker wants to sue Telstra for allegedly contributing to her suicide.

Sally Sandic, 21, took her life in January after months of mounting pressure on staff at the Telstra facility in South Yarra.

The story reported that her family and colleagues saw her turn into a ‘nervous wreck by unrealistic performance targets’. Later in the story, it is reported that Sandic had attempted suicide last year and also resigned from Telstra. She was on medication for depression. A large photograph of the 21-year-old woman, Sally Sandic, appeared on the front-page of the newspaper with the caption ‘Did Sally work herself to death? The family of call centre worker Sally Sandic, 21, say work pressure contributed to her death and want to sue Telstra to stop it happening to others’. The full story was reported on page three, which also included a photograph of her parents and of Sally in her work place.

The story did not refer to the method of her suicide and nor did it include helpline details, which is unusual given that the Herald Sun had consistently included helpline details in its reporting of suicide. The story was clearly framed in such a way as to blame Telstra for the young woman’s death and reported in the final paragraph that:

A Telstra spokeswoman said the company was gravely concerned that the facts of the story that had been put to them did not fit their knowledge of the events.

The two paragraph brief report in the Adelaide Advertiser consisted of the first two paragraphs from the Herald Sun story.

The following day newspapers reported on further developments:

Sally’s win—Telstra orders call centre probe after tragic death (2007, 5 April, Herald Sun, pp. 1 & 4).
Suicide sparks review—Telstra to investigate (2007, 5 April, *Advertiser*, p. 11).

The 29-paragraph *Herald Sun* story contained details about the work stress faced by the young woman and reported in the lead:

Telstra will investigate its call centre operations across Australia after the suicide of former employee Sally Sandic.

As with the story of the previous day, a photograph of the young woman appeared on the front-page of the newspaper. The 3rd paragraph reported:

The probe follows a report in yesterday's *Herald Sun* that pressure of work may have contributed to Ms Sandic's suicide.

The story included comments from the customer sales director from Telstra who described the death as a tragedy, but that suicide was a complex issue. He was also quoted as saying that Sandic had been offered changes to her work hours after Telstra received communication from her psychiatrist, but that she had chose not to make those changes. Comments from her mother were also included as well as comments from a former Telstra worker who confirmed that Sandic had been offered help. Another former employee, however, was quoted as saying that bullying was also an issue in call centres. Comments from a spokesperson from the relevant union are also included. The story includes helpline details.

The nine-paragraph story in the *Daily Telegraph* and the four-paragraph story in the Adelaide's *Advertiser* are based on that of the *Herald Sun*. Unlike the *Herald Sun*, though, these newspapers did not include helpline information with their reports.

About two months later on 18 June 2007 the death by suicide of another Telstra employee was reported in many newspapers:

Telstra faces compo claim (*Herald Sun*, p. 7).
Work demands killer: family (*Daily Telegraph*, p. 11).
Telstra targets blamed for suicide (*Canberra Times*, p. 2).
Killer work pressure—Claims that Telstra culture led to suicide (*Geelong Advertiser*, p. 9).
Pressure beats Telstra worker (*Ballarat Courier*, p. 4).
Work caused suicide of Telstra worker (*Launceston Examiner*, p. 8).
Telstra worker’s suicide tragedy (*Hobart Mercury*, p. 6).
Second staff death puts Telstra under pressure (*Northern Territory News*, p. 10).

The 18-paragraph story in the *Herald Sun* reported in the lead paragraphs that:

Telstra is facing another legal claim involving an employee suicide.

The family of Telstra Linesman Leon Dousset believe pressures at work contributed to his decision to take his own life in March.
The Hobart Mercury and the Northern Territory News followed the lead of the Herald Sun in their framing of the story—they are essentially the same as the Herald Sun report; written by the same journalist. The 4th paragraph of each of these stories reported:

Mr Dousset, 52, a father of five, was on leave because of stress and depression when he killed himself at his Somerville property.

The news stories included comments from one of his workmates and a spokesperson from Telstra. They also reported that his suicide follows that of Sally Sandic, whose parents blame work stress for contributing to her death. They report that Mr Dousset's family believes that similar pressures affected him. Unlike the other newspapers, however, the Hobart Mercury story included the following paragraph:

Mental health expert Ingrid Ozols, who is a consultant to Telstra, said suicide was a complex issue and 'we can't point the finger at one contributing factor'.

The stories in the Herald Sun and the Hobart Mercury included helpline information but the story in the Northern Territory News did not.

The story in the Daily Telegraph contained a slightly different lead:

The family and friends of a Telstra line technician who killed himself believe increasing performance targets and plans to install satellite tracking in his work van drove him to commit suicide.

The story reported that these allegations were to be examined that night on the ABC television program Four Corners, and that they followed the suicide of a Telstra call centre worker Sally Sandic. The story did not include helpline information.

In other newspaper reports the wording in the lead paragraph was slightly different to that of the Daily Telegraph even though the content of the stories was almost identical:

Increasing performance targets and plans to install satellite tracking in his work can caused a Melbourne Telstra line technician to commit suicide, his friends and family believe.

Some newspapers cite AAP as the source of their story. The Geelong Advertiser was the only one of these stories to include helpline details.

The following day, 19 June 2007, two newspapers published stories with the following headlines:

Telstra stress linked to suicides (Sydney Morning Herald, p. 2).
Telstra ‘has to be run like a dictatorship’ (Australian, p. 8).

As the headlines suggest, these stories were framed around the culture of Telstra itself and, in particular, allegations that were made against the telco on Four Corners the previous evening. The 3rd paragraph of the story in the Sydney Morning Herald reports:

It was in this work environment, with extreme pressure to meet targets and get results, that two Telstra employees committed suicide, their families told the ABC TV program Four Corners last night.
The 6th paragraph of the story in the *Australian* reported:

Telstra was accused of bullying staff and setting punishing sales targets to cut costs and increase efficiency. Family and friends of two Telstra workers alleged to *Four Corners* that pressure for increased performance targets contributed to the suicides of the pair.

Neither of these stories included helpline details. The following day the *Sydney Morning Herald* (2007, 20 June, p. 16) published four letters to the editor in relation to the suicides of these Telstra employees. The letters were headlined ‘Troubling reflections after stress led to deaths’ and each of them expressed strong criticisms of Telstra work practices.
CHAPTER 23:
Politicians and depression

A number of high-profile people disclosed that they had depression during the study’s time-frame. Some notable disclosures were those of Linda Lavarch, the Queensland Attorney General, English cricketer Marcus Trescothick, Australian golfer Steven Bowditch, television presenter Jessica Rowe (post-natal depression), and footballer Andrew Johns (bipolar disorder). Prominent people also talked about their recovery from depressive illnesses—including former WA premier Geoff Gallop and former NSW opposition leader John Brogden.

As is the case with reports of depression among sports people, the disclosure by Queensland’s Attorney-General, Linda Lavarch, saw newspapers making reference to Geoff Gallop’s depression disclosure and in the Gold Coast Bulletin (2006, 19 October, p. 5) in a story headlined ‘Political toll taken in battles with depression’ to that of John Brogden, Greg Wilton, Andrew Bartlett and Nick Sherry.

Indeed, following the initial AAP (2006, 18 October) report headlined ‘Attorney-General resigns to battle depression’, many news stories were framed in such a way as to focus on the incidence of depression among politicians, as if to suggest there may be something about the occupation itself:

Embattled Queensland Attorney-General Linda Lavarch has become the latest senior Australian politician to succumb to depression.

This story was also published the following day in the Bendigo Advertiser, the Cairns Post, the Warrnambool Standard, the Border Mail, the Canberra Times, and the Burnie Advocate. A slightly changed version of the story with the same lead was also published in the Daily Telegraph. This frame was also directly invoked in the headline of the report in the Australian Financial Review: ‘Depression claims another politician’ (2006, 19 October, p. 6). The 3rd paragraph reported that:

The senior minister’s resignation follows the high-profile case of former West Australian premier Geoff Gallop, who left politics early this year after admitting to bouts of depression.

The Sydney Morning Herald (2006, 19 October, p. 8) story headlined ‘Depression and Patel pressures claim minister’ focused on the political pressure Lavarch had been under but it also reported that:

Mrs Lavarch is the latest politician to reveal problems with depression. Geoff Gallop quit as Western Australia’s premier in January because of the illness, and the former Victorian premier Jeff Kennett, another sufferer, set up the beyondblue organisation to raise awareness about the illness.

This paragraph wrongly suggested that Jeff Kennett had been diagnosed with depression, which emerged as a common mistake made by certain sections of the media.
News stories in the *Australian* (2006, 19 October, pp. 1 & 2) also focused on the politics of the story:

Queensland Attorney-General Linda Lavarch resigned yesterday to seek treatment for depression after a week at the centre of a political storm over accusations she misled parliament about a deal over rogue surgeon Jayant Patel’s prosecution.

And, on page 2:

The political credibility of Linda Lavarch was threadbare before she walked into the Executive Building with her husband Michael yesterday to quit as Queensland’s chief law officer.

The front-page story in the *Australian* differed from other newspapers by reporting that Lavarch’s resignation ‘sparked concern’ from depression advocate Professor Ian Hickie, who is reported as saying that ‘acute stress over a short period caused acute distress, not depression’. As with the *Sydney Morning Herald*, this story also wrongly reported that Jeff Kennett suffers depression:

Ms Lavarch joins former West Australian premier Geoff Gallop and Victorian premier Jeff Kennett in revealing their battles with depression.

The *Courier Mail* (2006, 19 October, p. 2) focused on the political aspects of the story and the pressure Lavarch had been under in a straightforward report headlined ‘Lavarch quits to fight depression’. A front page story headlined ‘Depressed Lavarch quits’ does, however, contain the following paragraph:

Ms Lavarch—the wife of former federal attorney-general Michael Lavarch—is the latest of a group of politicians to reveal they suffered depression.

In another story headlined ‘Illness deserves sympathy’ (2006, 19 October, p. 2) Jeff Kennett was reported as saying that depression deserves the same sympathy as would follow if she had cancer or had been in a car accident. This story also listed a number of other politicians who had depression, including MP Greg Wilton who it reported ‘took his own life’. An editorial in the *Courier Mail* headlined ‘Regrettable decision’ (2006, 19 October, p. 28) laments Lavarch’s decision but also wrongly suggested that Jeff Kennett had acknowledged he is suffering depression.

AAP used the resignation as an opportunity to highlight a broader trend of depression among high-profile people, including politicians, artists and sports stars, in a story headlined ‘Breaking down the stigma of depression’ (2006, 19 October). The lead reported that:

It’s a disease which has plagued some of history’s most recognisable names, Hemingway and Mozart among them, yet depression has long been an illness dealt with in silence.

The 2nd paragraph dramatically and sensationaly added that:

Many sufferers prefer to deal with their depression in private fearing being labelled as a crazy person and treated like the lepers of biblical times if they opened up to others.

The primary source for this story was Jeff Kennett who said that disclosures of high-profile people are helping to break down the stigma. But it is difficult to see how the reference
Qualitative analyses of selected Australian news media coverage of suicide, mental health and mental illness

to lepers in the lead contributes to challenging stigma. This story was also published in the Bendigo Advertiser (2006, 21 October, p. 24) with the headline ‘Recognising the disease—Depressed Australians told: don’t suffer in silence’ and the Ballarat Courier (2006, 27 October, p. 9) with the headline ‘Breaking down the stigma’.

The following day the Gold Coast Bulletin chose a different news frame in a story headlined ‘Premier to be more supportive’ (2006, 20 October, p. 4) in which the lead reported that:

Linda Lavarch’s sudden resignation as Queensland attorney-general because of depression has prompted Premier Peter Beattie to do some soul searching.

The story focused primarily on the political circumstances surrounding the resignation.

In the wake of the Lavarch resignation the Courier Mail (2006, 21 October, p. 71) also ran an opinion piece by Democrat Andrew Bartlett, who had admitted to a diagnosis of depression. In the piece headlined ‘Dark side of power’ he focused mainly on the pressures of the public gaze that politicians are subjected to and he observes that:

For various reasons, my name usually gets listed whenever ‘politician with depression’ is a storyline. I don’t overly mind this, as for some time I had wanted to talk about my experience with depression because I wanted to demystify and encourage public discussion about it.

Early in the New Year, Linda Lavarch was back in the news in a story in the Gold Coast Bulletin headlined ‘Back to work for Lavarch’ (2007, 12 January, p. 12). This was a straightforward report about her return to work after being on sick leave. Less than one month later the Courier Mail also ran a story headlined ‘Support has helped Lavarch recover’ (2007, 3 February, p. 8), which was based on her ‘exclusive interview’ with the newspaper. The lead paragraph reported that she was showing signs of clinical depression eight months prior to her resignation. For the most part, depression is framed in this story in such a way as to provide an explanation for Lavarch’s inability to deal with the media during the Jayant Patel scandal, which directly preceded her resignation. No specific information is given about her recovery.

The following day AAP published a story headlined ‘Depression affected Attorney-General’s work for months’, which was based on the Courier Mail report.

None of these stories included helpline details. Perhaps the most disturbing aspect of this coverage was the incorrect claim made in some newspapers that Jeff Kennett had been diagnosed with depression, a claim that was also made by a radio host in an interview with Leonie Young from beyondblue. Young corrected the host.

Former WA Premier Geoff Gallop’s recovery from depression was widely reported in both metropolitan and regional newspapers, along with John Brogden speaking openly about his depression. The Bulletin with Newsweek carried a feature article headlined ‘Men in blue’ (2007, 12 June p. 25) about a number of famous men who had experienced depression, including John Brogden, the blue Wiggle, footballer Wayne Schwass, Olympic gold medallist John Konrads and actor Garry McDonald. Each of these men spoke to the Bulletin. The lead focused on John Brogden’s suicide attempt:

The night John Brogden decided to take his own life, he was absolutely sure he was doing the right thing. Brogden, a bright young Liberal politician who had looked destined to become the next NSW premier, went to his electoral office late on a Tuesday night, locked himself inside, drank heavily and cut his wrists.
The story discussed his undiagnosed depression and the pressure he had been under after various indiscretions. It provided statistics about the number of men with depression and discussed some of the ways in which men may mask their depression. It also included a list of warning signs, which were sourced to beyondblue and Newsweek, and included contact details for Lifeline, beyondblue, Mensline Australia, Moodgym and the Black Dog Institute. This was an informative news feature—despite the inappropriate, over-dramatic lead, that offered insights into a number of people’s personal experiences of depression and what had helped them. The editorial (p. 6) in this issue of the publication was headlined ‘Facing demons’ and the editor described the rationale for this week’s cover story:

The Bulletin’s cover story this week is published with the aim of drawing attention to an illness that hits almost one in five Australian men.

He also wrote that ‘the most important message for sufferers and their loved ones is to seek help’.

This coverage confirmed previous findings that news stories in which celebrities are the key actors can frame mental health issues in a very positive light. This was particularly relevant in the reporting of Geoff Gallop’s recovery because it provided hope to others as well as informing readers that people do overcome their experiences of depression.

A clear message from the reports was that for many people the illness is not lifelong, and people need not be defined by their mental illness.
CHAPTER 24:
Wayne Carey’s comments

In August 2007, comments made by former AFL footballer, Wayne Carey, on Channel Nine television’s Sunday Footy Show, brought the issue of depression and suicide onto the national media and public agendas. In the home of AFL, Melbourne newspapers the Age and the Herald Sun gave particular prominence to the comments. In highlighting the insensitivity of Carey’s comments, newspapers inevitably (and somewhat predictably) repeated them. This was how Carey’s comments were presented in news stories in the Age and the Herald Sun:

- He’s got depression and he’s up there punting on horses. What’s he thinking? … He’ll end up necking himself (2007, 14 August, Age, p. 1).
- It would be nice for Thommo to stay away from the Darwin Cup and concentrate on his recovery and maybe get back and get a kick. He’ll end up necking himself (2007, 14 August, Herald Sun, p. 3).

In its story the Herald Sun translated the meaning of this comment in the lead:

Wayne Carey was last night forced to apologise to depression sufferer Nathan Thompson after saying the Kangaroos star would end up committing suicide.

The story reports that Carey had apparently been unaware that the microphones were on at the time he made the remark. It also reported that the comments are believed to have followed comments by Thompson that Carey should work with the club rather than ‘shooting his mouth off’. The story quoted from a statement issued by Carey in which he apologised for possibly hurting people who suffer from mental illness. He also commented in the statement that he fully supports the work of beyondblue in educating people about mental illness. Comments from the Chair of beyondblue Jeff Kennett were also included in the story. The final paragraph of the story reported that:

- The then Hawthorn forward [Thompson] publicly revealed his illness in a bid to encourage others in a similar situation to seek help and, importantly, to further aid his recovery.

This story included helpline details for readers.

The story in the Age reported that Carey apologised for his comments last night on radio. It also reported that Carey knowingly broadcast one of his comments but not the comment about Thompson ‘necking himself’, and that he had telephoned Thompson and left a message for him. The story reported that:

- beyondblue chairman Jeff Kennett, also Hawthorn’s president, said: ‘He wouldn’t have done it if the guy had had cancer, so you shouldn’t do it with mental illness’.

Although not as prominently reported in other newspapers as they were in Melbourne, The story was reported in other Australian newspapers on 14 August but not as prominently as Melbourne coverage:

- Carey apologises for criticising Thompson (Sydney Morning Herald, p. 38).
- I need to think before I talk, says sorry Carey (Sydney Morning Herald, p. 38).
Carey says sorry for TV gaffe (*Australian*, p. 5).
Carey’s blooper beyond blue (*Daily Telegraph*, p. 58).
Carey hits sensitive nerve—Rift with old club deepens (*Canberra Times*, p. 19).
Carey says sorry to heal another rift with his former club (*Cairns Post*, p. 44).
Carey ducks for cover after tactless comments (*West Australian*, p. 59).
Carey apologises to Thompson (*Warrawong Standard*, p. 18).
Carey sorry for attack on Thompson. (*Newcastle Herald*, p. 58).
Carey’s comments condemned (*Launceston Examiner*, p. 44).
Carey’s gaffe has Roos rift widening (*Border Mail*, p. 1).
Carey sorry for depression quip (*Geelong Advertiser*, p. 3).
King of cheap shots—Carey says sorry for suicide slur (*Hobart Mercury*, p. 2).
Carey suicide gibe apology (*Advertiser*, p. 5).

The *Hobart Mercury* and Adelaide’s *Advertiser* were the only newspapers to refer to suicide in the headline and both stories also reported in the lead that Carey had apologised ‘after saying that the Kangaroos star would end up committing suicide’. Significantly, only the reports in the *Advertiser*, *Herald Sun* and the *Age* included helpline details.

The *Herald Sun* continued its coverage of the story the following day with another news story, an editorial and a series of letters to the editor. The news story in the *Herald Sun*, headlined ‘Thommo happy to live with Carey’s comments’ (2007, 15 August, p. 85), reported that Thompson bore no malice for the comments. The editorial, headlined ‘Death of shame’ (2007, 15 August, p. 20), focused on Wayne Carey and said that his comments about Thompson were the latest in a series of bad behaviour from the former player.

The letters to the editor of the *Herald Sun* was headlined ‘A gaffe common to wider community’ (2007, 15 August, p. 18). The first letter writer said that he had ‘battled depression’ for 20 years and after experiencing similar comments as those made by Carey he now only talked to fellow sufferers and his wife about it. He wrote:

> Just because you can’t see that someone is sick doesn’t mean they are not, and doesn’t make them any less deserving of your understanding and compassion.

Another letter writer was highly critical of Carey’s remarks and said that he finds Thompson ‘an inspiring role model’ in his recovery from depression.

One significant feature of these newspaper reports was that Nathan Thompson was consistently referred to as a ‘depression sufferer’—frequently in the lead paragraphs of news stories. *Reporting Suicide and Mental Illness[3]* suggests that this terminology is outdated. Yet, on a more positive note, many of the news reports were highly critical of Carey’s insensitive comments, with the *Herald Sun*’s letters to the editor making a useful contribution to public understanding of depression.
CHAPTER 25:
Attempted suicide—Steve Vizard’s bookkeeper

In September 2006 the suicide attempt of Steve Vizard’s former bookkeeper received considerable coverage in metropolitan daily and regional newspapers. Vizard, of course, has national celebrity status. The suicide attempt by his bookkeeper, Roy Hilliard, delayed court proceedings against him.

Initial reports focused on what AAP (2006, 14 September) described as Hilliard’s ‘disappearance’. This AAP story, headlined ‘Vizard halted after accused bookkeeper disappeared’ reported that he was ‘undergoing unspecified treatment at the local hospital’ and that:

Police had earlier feared for Hilliard’s welfare, given four previous suicide attempts.

But the story reported that police did not know the circumstances surrounding his hospital admission and that the chief executive officer of the hospital could not provide any details. The remainder of the story focused on the court case.

The following day there were clear differences in the way newspapers reported Hilliard’s hospitalisation.

The AAP (2006, 15 September) story, headlined ‘Hilliard wont leave hospital today, spokeswoman says’, reported in the lead that:

Steve Vizard’s former bookkeeper will remain in hospital for at least another day after his day-long disappearance yesterday stalled the multi-million dollar lawsuit against him.

As with its news story of the previous day, the wire service said that police had been concerned because of his ‘four previous suicide attempts’. The story in the Australian Financial Review (2006, 15 September, p. 4), headlined ‘Vizard bookkeeper in hospital’, also reported in the lead that he was being treated in hospital and in the 3rd paragraph reported that he had ‘tried to commit suicide four times’. The Canberra Times, the West Australian, the Cairns Post, the Ballarat Courier and the Bendigo Advertiser followed the lead of AAP. Each of these stories reported that Hilliard had attempted suicide four times and focused predominantly on details of the court case against him.

A story in the Herald Sun (2006, 15 September, p. 5), headlined ‘Money man in hospital—Vizard case halted’, contained the same information as most other news stories, with the addition of further speculation as to what led Hilliard to be in hospital. In particular, the Herald Sun reported:

There were reports Hilliard visited a chemist in the morning to fill a prescription.

The source of these ‘reports’ was not identified. The story also described what was at the man’s home when the newspaper visited. It also provided details of the content of a suicide note that Hilliard had left in one of his previous attempts to take his own life.
News stories in the *Australian Financial Review* and the *Australian* both focused on the court proceedings and included a brief reference to his previous suicide attempts.

In stark contrast, stories in the *Age* and the *Sydney Morning Herald* reported in the lead and second paragraph that:

*Roy Hilliard’s first suicide note did Steve Vizard no favours.*

‘I have been caught in the machinations of an evil and deceitful man,’ Hilliard wrote, ‘and I don’t think I have a chance’.

Both stories then reported that:

*In the first of four suicide attempts, he washed down a handful of pills with several glasses of cognac and addressed a 29-page note to his de facto of 15 years, Margaret McCready.*

The following paragraph contained another quote from his suicide note. The inclusion of quotes from a suicide note from a previous suicide attempt as well as describing the method of one of these attempts seems gratuitous and not of immediate relevance to the current story. Only these two Fairfax broadsheet newspapers framed the story in this way—a sensational lead with a blame frame implicating Steve Vizard—thus adding to the dramatic appeal of the story. The remainder of each of these stories focused on the court case and Hilliard’s involvement. They also reported that he was being treated in hospital but no further details are given.

Three days later an AAP report (2006, 18 September) headlined ‘Hilliard case adjourned after suicide attempt’ confirmed the reason for Hilliard’s hospitalisation. This story focused on the court case and its primary source was Hilliard’s lawyer.

On the same day *MX* (Melbourne) in a four paragraph story headlined ‘Vizard case adjourned’ reported that Hilliard tried to commit suicide. This story included helpline details.

The following day the *Herald Sun* (2006, 19 September, p. 16) in a story headlined ‘Fifth suicide bid stalls suit—Hilliard needs a week to recover’ reported in the lead that ‘an apparent suicide attempt’ has stalled the lawsuit. It also included a quote from his lawyer confirming that he had made attempts on his life and had taken himself to hospital. The report included helpline details.

Other headlines on 19 September, 2006 included:

*Hilliard suicide bid stalls lawsuit (Canberra Times, p. 5).*

*Hilliard case delayed for 10 days (Australian Financial Review, p. 7).*

*Suicide try halts lawsuit (Border Mail, p. 11).*

*Suicide attempt stalls case (Ballarat Courier, p. 11).*

*Hilliard suicide bid stalls $3m theft charge hearing (Launceston Examiner, p. 23).*

*Absent again (Burnie Advocate, p. 10).*

*Hilliard suicide bid delays Westpac case (West Australian, p. 18).*
Hilliard case stalls (*Warrnambool Standard*, p. 2).

Suicide bid delays $3m lawsuit (*Bendigo Advertiser*, p. 5).

The *Border Mail* was the only newspaper among the above to include helpline details.
CHAPTER 26:  
First-person accounts

The quantitative component of the follow-up phase identified an increase in personal and first-person accounts of suicide and mental illnesses, since the baseline phase was conducted. In this chapter we offer two striking examples.

Suicidal ideation

The *West Australian* (2006, 2 September, p. 2) published in its ‘Weekend Extra’ section a first-person account of ‘How it feels…to be suicidal’, which was sourced to Grace, 36, as told to journalist Michelle Hamer. It is an extremely moving account with vivid descriptions of the pain of depression and feeling suicidal and it takes the reader into the depths of this experience.

The feature described how ‘depression robs you of the ability for positive thoughts’ and Grace tells how her husband cut a tendon in his finger once and almost fainted when he realised he had no control over the finger. She said:

... his brain was sending commands but the connections were gone. That’s how being suicidal feels to me. My brain logically knows all the positive stuff; but somehow the message doesn’t get through.

If the connection was working properly I wouldn’t be suicidal. If I’d said to my husband: ‘If you just think positive your finger will be OK,’ the hospital staff would have laughed at me.

Yet weekly I’m encouraged to think positive, not give up, count my blessings and look on the bright side. I do, I do, I do—but my illness is as real as his cut finger and with all the will in the world I can’t make it better by putting on a happy face.

These excerpts are illustrative of the depth of emotion in the news feature that provided readers with a real experience of suicidal ideation. The feature included helpline details.

Depression

The *Herald Sun* (2006, 2 October, p. 19) published a 43-paragraph first-person account of depression by a Melbourne writer, James McCausland, in which he described his 10-year struggle with the ‘black dog’. He discussed going to a psychiatrist, being prescribed antidepressants, blaming himself and feeling worthless. He also described the physical toll it took:

I could barely move. To turn over in bed became a near impossible chore, never mind getting up (para. 16).

He talked about how he did get up, though, and continued to work as if there was nothing wrong. He described feeling better once he took the medication but:

Unfortunately, after a few months of wellbeing, the clouds in my brain started to darken again (para. 23).
He said that each time he changed his medication the depression grew deeper and more painful. He described depression as ‘a cruel master’ and his journey into self medication about which he said:

That resulted in the first of two stays in a hospital. It was a bizarre but edifying experience. Being with other people suffering from the same, or similar, conditions imparted a sort of wisdom (para. 30).

He described how during this time he started writing and making plans for the rest of his life. He also described feeling ‘branded’ when he returned to work even though his colleagues were supportive. He also referred to having thoughts of death but never considered taking his own life. He added:

I started wishing I had a disease people could understand and be sympathetic. If I were suffering from cancer or had a heart attack I would have no need to explain a disease that did not seem a disease.

This is an in-depth personal account of how it feels to be depressed. The first-person feature describes a person’s journey to a place where they are now more understanding of other people’s pain, and of the importance of sharing experiences with others through writing. As he said in the final paragraph:

And I want people to know about the sheer agony of living with wounds they think will not heal. So, occasionally, I write about it.

The story also included helpline details.
CHAPTER 27:
‘Crisis’ in the mental health system

News stories that explicitly link mental illnesses to crime and violence are often framed around one-off events, especially court proceedings, which are often used by the news media as exemplars of a mental health system in crisis. In this type of story little attention is given to systemic and mental health policy issues. This kind of coverage is often left to specialist reporters and investigative news writers.

In a news story in the *Sydney Morning Herald* (2006, 29 December, p. 3) headlined ‘Mentally ill jailed longer, lack rights’ the newspaper’s medical editor Julie Robotham focused on an aspect of mental health that does not receive a lot of attention. She wrote in the lead that:

> People who are mentally ill when they commit a crime serve longer stints in detention and lack the appeal rights and other safeguards granted to healthy prisoners, according to the chairman of a review of the treatment of people with psychiatric problems.

The story reported that a former Supreme Court judge was examining whether a health minister or a dedicated court or mental health review tribunal should have the final say on releasing people from custody who had been detained after being judged as mentally unfit to stand trial. The story contrasts the judge’s concerns about the rights of psychiatric patients against the emphasis the health minister placed on community safety in a statement to the newspaper. The story reported that:

> The review, which will accept public submissions until March 31, comes amid mounting concern that patients’ detention is being continued unfairly to allow the Government to sidestep public concerns about potentially dangerous past offenders ahead of the state election.

The story reported that the judge has said that the system could breach international human rights obligations.

The *Weekend Australian* published a well-researched item about the crisis in mental health care in a 21 paragraph feature story, headlined:

> Disturbing neglect visible only when the mentally ill turn to crime—The lack of mental health services remains a scandal (2007, 20 January, p. 23).

The feature was primarily framed around the suggestion that mental health policy was driven more by government fears about headlines than it was about an understanding of the many complex aspects of the mental health ‘crisis’. The journalist’s story was on NSW in particular although she also referred to recent incidents in Victoria. The story provided statistical information about government spending on mental health as a percentage of the health budget and compared this with New Zealand and Canadian experience. The journalist, Elisabeth Wynhausen, wrote:

> But the scandalous lack of mental health services resulting from years of chronic underfunding creates headlines only when another deranged person commits another violent crime.
She also referred to the 2004 report, ‘Tracking Tragedy’, which found that during three years only five per cent of murderers in Australia were considered mentally ill. She referred to the responsibility of the minister who had to ‘sign off’ on a psychiatrist’s recommendations that a forensic patient be given ground leave. The feature noted that in NSW these decisions are not the domain of the Health Minister but the Housing Minister.

The feature also reported that many people in Australian prisons have a diagnosable mental illness and have been ‘affected by the critical shortage of in-patient places and community-based mental health services’. She highlighted some of the potential consequences of a prison system that is ill-equipped to deal with people with mental health problems:

From time to time this writer has reported on the case of Scott Simpson, a highly delusional paranoid schizophrenic who spent the last years of his life in solitary confinement for 22 hours a day. In 2004 he committed suicide.

Wynhausen reported that after the inquest into his death the coroner recommended that solitary confinement only be used in cases of last resort but she acknowledged that the practice continues throughout Australia.

She also referred to people with mental illnesses presenting at hospital emergency wards because they could not access a mental health bed. The final paragraph included a quote from someone who was identified as an advocate for the mentally ill, who said that many people who are agitated and paranoid often just walk away from hospital emergency wards.

The content of the story suggests that Elisabeth Wynhausen, an award-winning journalist, has a personal interest in this area and this may help to explain the sensitivity and responsibility with which the feature is reported. Throughout the feature, she does refer to a recent case involving a ‘ghastly crime’ committed by a ‘violently disturbed person’ who ‘proves to have been released from hospital or turned away from a mental health unit’. But although she refers to recent cases involving men with histories of psychiatric illnesses, she acknowledges that ‘as it happens the percentage of murders committed by mentally unbalanced individuals is probably lower than most people imagine’.

As a contrast to the West Australian’s feature, the Sun Herald headlined a report:

Ice linked to rise in killings by mentally ill (2007, 18 February, p. 19).

The story reported that there had been an increase in crime committed by people with mental illnesses and referred to the recent case of a man accused of the murder of a nine-month old girl who ‘had a history of pre-existing mental problems’. This case was also reported in the West Australian feature. But the lead in the Sun Herald news story emphasised the link between mental illness and murder:

Fewer Australians are being murdered but the number of killers with a pre-existing mental illness has more than doubled in a year, latest figures reveal.

The West Australian’s feature sought to make the point that community perception of the link between murder and mental illnesses is likely to be higher than the actual incidents of murder among such people. The statistics reported in the Sun Herald story are sourced to the Australian Institute of Criminology Annual Report. The author of the report was quoted as saying that the finding represented a ‘noticeable increase’ and that:
Dr Mouzos said the increasing prevalence of mentally ill killers might be due to society’s growing awareness of illness and willingness to report it.

The news story also quoted the chief executive of the NSW Mental Health Association who said that the drug ‘ice’ may be a ‘frightening new potential trigger’. She said that according to conventional wisdom people with a mental illness are no more violent than anyone else. But added that the mix of alcohol and drugs was a ‘recipe for disaster’.

Whether people diagnosed with mental illnesses are more likely to take illicit drugs was unexplored. Significantly, the statistic that one in five of the ‘homicide victims in Australia in 2004/05 were the victims of a mentally disturbed perpetrator’ (reported in the 2nd paragraph) was given prominence in the news story, while the statistic that ‘more than half of all people arrested and charged with murder during the study period had consumed alcohol or drugs at the time’ was reported in the 10th paragraph. Information to support this framing of the story was also included in the final paragraph, which referred to a case last year involving a man accused of killing a war veteran and who was ‘found to have been suffering schizophrenia’.

In September 2006 reports about the number of people in jails who were experiencing mental illnesses were reported in some metropolitan and regional newspapers. AAP reported in its headline:

Prisons the new mental institutions, says prison chaplain (2006, 17 September).

The lead paragraph of the newswire story reported that:

People who in previous decades were housed in asylums and mental institutions are now filling the nation’s jails, says a Melbourne prison chaplain.

The source for the AAP report was Father Joe Caddy, Chair of Catholic Social Services Australia, who called for more acute care facilities and for a ‘large chunk’ of the $1.8 billion the federal government had pledged to address the mental health crisis to be directed to new initiatives and reform of the justice system. The story was also covered by other newspapers:

Prisons home for mentally ill, says priest (2006, 18 September, Ballarat Courier, p. 4).

Jails are the new mental institutions: priest (2006, 18 September, Geelong Advertiser, p. 11).

The previous day, the Sunday Canberra Times newspaper headlined a report:


The source for this report was the chief executive of the Mental Health Council of Australia, John Mendoza, and the newspaper quotes him as stating that the $128 million ‘earmarked by the ACT government’ for a new prison should have been spent on mental health services. The newspaper followed up the story the next day with the headline:

Prisoner mental health aid ‘limited’ (2006, 18 September, Canberra Times, p. 4).
The story reported in the lead paragraph that more mental health services were needed for prisoners and ex-prisoners and sourced the story to a peak doctors group, and a prison chaplain. The report also referred to White and Whiteford’s paper in a recent issue of the Medical Journal of Australia. Brisbane’s Courier Mail reported a similar story using these sources:

Prison services fail mentally ill (2006, 18 September, p. 10).

One theme of this ongoing story emerged later in the year:

‘Half of remand prisoners mentally ill’ (2006, 30 October, Age, p. 5).


The Age story was sourced to the acting clinical director of the Victorian Institute of Forensic Mental Health, Dr Douglas Bell. The Canberra Times story was sourced to John Mendoza, the chief executive of the Mental Health Council of Australia.

Related news reports included:

Chief hits at mental after-care (2006, 1 November, Mercury, p. 13).


The report in the Mercury quoted the chief of the Tasmania’s Mental Health Tribunal as saying that mentally ill Tasmanians were being released from hospital without adequate follow-up care. The tribunal’s annual report had criticised the state government for lack of action on mental health. She said that:

Orders that restrained patients were not protecting patients or the rest of the community.

The Canberra Times report was sourced to the annual report of the Australian Institute of Health and Welfare. The report said that in a four-year period the number of hospital beds had declined from 47 to 44 and that fewer patients were being treated. The number of psychiatrists working the in the ACT had also declined.

Well-known writer and broadcaster, Professor Ross Fitzgerald, challenged the claim that jails were becoming the new mental asylums in his regular column for the Australian. Fitzgerald is a member of the NSW Parole Board and of the NSW Government’s Expert Advisory Committee on Alcohol and other Drugs. The column was headlined:

Claims of jails choked with the mentally ill don’t add up: Modern correctional methods are bringing greater hope for the seriously afflicted (2007, 12 March, Australian, p. 8).

Fitzgerald wrote that the claims that jails were becoming asylums exaggerated the prevalence of serious mental illness in prisons:

Concerns about incarcerating the mentally ill fail to acknowledge that prisons have changed, that the acutely mentally ill can be stabilised on psychotropic medication and they underestimate the effectiveness of community-based mental health services.
CHAPTER 28: Language use in mental health news and features

Reference to eating disorders—labelling

*Reporting Suicide and Mental Illness*[3] cautions against using language that describes people by a diagnosis. Much of the concern normally focuses on the out-of-context use of ‘schizophrenia’ or ‘schizophrenic’ (See below). But other uses of language are also evident in the Australian press:

- Bid to aid sick slimmers—GPs are learning to hold out hope to anorexics (2007, 2 April, *Newcastle Herald*, p. 54).

The story in the *Advocate* was about the need for specialised units for teenagers with eating disorders. It is unfortunate that its major source was quoted as referring to ‘young anorexics’ and ‘anorexics as young as 12’. The story reported that the comments were made following the Advocate’s coverage last week of a 12-year-old girl hospitalised with anorexia. The story referred in the 12th paragraph to calls for the government to fund the ‘treatment of Tasmanian anorexics at specialist units like the Bronte Foundation in Melbourne’.

The story in the *Sun Herald* was about the rights of people with anorexia and bulimia and a new bill that called for doctors to stop using forceful techniques in their treatment.

The *Newcastle Herald’s* story was about a new package that has been developed to provide information to GPs about detecting eating disorders. The main part of the report does use people-first language, such as ‘people with an eating disorder’.

These examples are important news stories but they insensitively describe people who have been diagnosed with anorexia—suggesting that they are defined by this diagnosis. While it may be the case that descriptions such as ‘people with anorexia’ or ‘people with an eating disorder’ are considered to be too long for the purposes of a news headline. Such practical considerations must also be weighed against people’s right to be addressed as people first, rather than a diagnosis. As is often argued, we do not refer to people as ‘cancers’, for example, so why should people be referred to as ‘anorexics’?

In contrast, in 2007 the *Burnie Advocate* (22 May, p. 21) published a story headlined ‘Support for eating disorder sufferers’. While it could be argued that describing people in this way is no better than referring to them as ‘anorexics’, it does show that there are alternatives available. The Commonwealth’s media resource kit suggests that referring to people as ‘sufferers’ is outdated. Yet, in this case, it could be argued that this language is preferable to describing people by their diagnosis.
Metaphoric uses of ‘schizophrenia’ & ‘schizophrenic’

The media resource, *Reporting Suicide and Mental Illness* [3], cautions media professionals about sensationalised, inflammatory headlines or broadcast leads about mental illness that can reinforce popular myths. As indicated above, the resources cautions against the use of psychiatric and medical terminology out of proper contexts, in such phrases, for example, as ‘psychotic dog’ and ‘schizophrenic city’. This inaccurate usage creates associations that can be harmful. People diagnosed with schizophrenia may find the inappropriate use of their illness in non-medical contexts particularly offensive.

The baseline phase of this study identified consistent widespread use of ‘schizophrenia’ and ‘schizophrenic’ in non-medical contexts in differing media and across varied media genres. Blood, McCallum, Pirkis, Martin, Holland, & Williams (2005) also identified a similar pattern of usage in Australian metropolitan newspapers in a follow-up study based on data from 2002 to 2004. The current quantitative study also identified widespread usage of ‘schizophrenic’ in non-medical contexts. From our qualitative analyses the following are illustrative of this language usage.

An article comparing ‘drug running’ and terrorism in the *Geelong Advertiser* (2007, 14 September, p. 19) reports in the 2nd paragraph:

> The bad news for the Howard knockers and Peter Costello fans is that the Prime Minister’s views on capital punishment aren’t symptomatic of an onset of schizophrenia.

The lead paragraph in a news story on horse racing in the *Australian* (2006, 16 January, p. 21) stated:

> Neither a schizophrenic horse nor a jockey who had not previously experienced Group I success could stop Bart Cummings from winning Saturday’s feature race at Caulfield, the $1 million Caulfield Guineas.

In an opinion piece on John Howard’s political career in the *Australian* (2006, 25 October, p. 14) the columnist wrote:

> As with the attack on political correctness and the more recent history wars, Labor may be left behind, defending the indefensible, paralysed once again by its schizophrenic support base of well-to-do progressives and the working class.

Interestingly, the author of this opinion piece has been contacted by SANE Australia’s ‘StigmaWatch’ on several occasions about her use of the word ‘schizophrenic’ and has previously defended her use of the word in several columns. (See, Blood, McCallum, Pirkis, Martin, Holland, & Williams, 2005, p. 15.)

In a travel feature on Cambodia in the *Australian Financial Review* (2006, 3 November, p. 12) the author wrote:

> It’s a slightly schizophrenic feeling: outside all is bustle and poverty, inside it is quiet, luxurious and private.

The headline of a story in *The Age* (2006, 30 November, p. 19) about a new play was ‘Tilting at a schizophrenic state’ and it included the following quote from the artistic director:
‘What does the body do when you’re in that slightly schizophrenic state, of saying everything’s OK, but you’ve got to be scared of everybody and everything? It makes this dissonance in the body,’ says Pledger.

A news story in the *Australian Financial Review* (2007, 13 January, p. 21) referred to conflicting views on economic growth:

> Commentators exhibit a form of schizophrenia on the Middle Kingdom.

An opinion piece in Sydney’s *Daily Telegraph* (2007, 15 January, p. 17) on Carl Scully’s departure from the NSW Parliament included the following comment:

> Cunning and ambitious to the last the former police minister was still publicly pretending on Friday to harbour a love of ‘public life’, while at the same time seeking to carve out a career in the private sector.

> So what was going on in Comeback Carl’s head? Was he liberal a liar, or just schizophrenic?

An album review in the *Canberra Times* (2007, 1 March, p. 5) included the following comment:

> Recorded on cheap samplers, old Casio keyboards and rickety guitars, the album has the schizophrenic and unpredictable feel of a classic Beck record.

But such usage also appears among writers of letters to the editors of newspaper. For example:

> If the Federal ALP could be defined in human terms then I believe ‘schizophrenic’ would be the most appropriate term (2007, 6 December, *Newcastle Herald*, letter to the editor, p. 10).

> All the brouhaha surrounding the Australian flag and its use or misuse shines an interesting light on the schizophrenic tensions produced in our society by the simultaneous advocacy of a truly globalised economy, with all that it implies, and of a strident nationalism leavened with a bit of religion (2007, 25 January, *Australian*, letter to the editor, p. 10).

These letters from members of the public suggest that many people do believe that this is an acceptable way to use the word ‘schizophrenic’. The problem is that for many people—including media professionals—‘schizophrenic’ (or ‘schizophrenia’) has two commonly accepted meanings—its medical, psychiatric use as a diagnosis, and its colloquial meaning. *The Macquarie Dictionary* (3rd Edition) (Delbridge, Bernard, Blair, Peters, and Yallop, 2001) refers to the colloquial meaning as ‘unable to choose between two courses of action’, but adds a cautionary note about this usage: ‘The non-technical use of this word causes some concern to those who are trying to increase community knowledge of the technical meaning’. We return to this argument in the Conclusions (Chapter 30).

**Reference to ‘schizophrenia’—labelling**

Debates about inappropriate language in the news media do take on a sharper tone when the words ‘schizophrenia’, ‘schizophrenic’ and ‘schizo’ are used to identify or label people. Other similar media labels such as ‘mentally ill killer’ are also problematic.
Most often this media labelling occurs in the context of police and court reporting in which a person who has been charged is described, for example, as a ‘paranoid schizophrenic’ or references are made to a ‘schizophrenic’ man.

Even when the person with a diagnosis of schizophrenia is not the person charged with the crime, they are often described by their diagnosis. For example, a story in the *Gold Coast Bulletin* (2007, 29 March, p. 9) was headlined:

**Witness tells of bikie’s bus blab—Bakir admitted shooting, claims schizophrenic.**

The news lead reported:

An ice-addicted schizophrenic who admits to hearing voices has told a court he heard Finks bikie Yassar Bakir admit to shooting a man at The Sit while they were travelling together on a prison bus.

In the 9th paragraph readers learnt that:

**Mr Braddock had been on the prison bus after being sentenced to 14 days’ jail in July last year for obstructing police.**

This person was reported to be the prosecution’s key witness, and the story reported that in cross examination defence teams had raised doubts about ‘his history of drug addiction, criminal history and psychological problems’. The story also reported that he denied defence claims that he was hearing voices at the time he heard Mr Bakir’s alleged confession. The remainder of the story reported on other evidence given to the court, none of which was apparently deemed by the journalist to be as newsworthy as the evidence given by ‘an ice-addicted schizophrenic who admits to hearing voices’, as the lead paragraph reported.

While the diagnosis of schizophrenia is that most commonly reported in this way, it also happens with other diagnoses. A story published on the front page of the *Geelong Advertiser*, for example (2007, 17 July, p. 1), reported the headline:

**Twins caught in drug bust—Anorexic sisters face charges.**

This extraordinary headline suggested that because a person (or persons) has been associated with a crime, they relinquish their entitlement to be treated as a person first—at least in the eyes of some media professionals.

The baseline study showed that some of the most problematic reporting of mental illness involved criminal cases in which people had been found not guilty on the grounds of mental illness, mental impairment or mental incompetence. It is not uncommon in cases such as these for the person found not guilty to be described by their diagnosis and, more often than not, it is ‘schizophrenic’ or ‘paranoid schizophrenic’. The release of these people back into the community is often reported with a sense of outrage.

The Adelaide *Advertiser*’s reporting of the case of Joshua Scalzi toward the end of 2006 and into the first month of 2007 was one example.
One story, headlined ‘Stabbing attacker freed 11 months after horrific attack—Two victims warn: lock your doors’ (2006, 5 October, p. 5), reported in the lead that residents in the community into which Scalzi was to be released had been warned by his victims to lock their doors. The 2nd paragraph reported that:

As they continue to struggle with a difficult recovery, Steven Jobson and Adam Rayner yesterday slammed a court’s decision to allow paranoid schizophrenic Joshua John Scalzi, 21, to live with his parents at their Thebarton home.

The news story reported that he was found not guilty after stabbing the men about 50 times and in the 3rd paragraph that:

He had randomly knocked on their front door and after asking for directions he began stabbing and slashing their heads, necks, and bodies, which has left visible scarring and permanent injuries.

The news story said that doctors had found him fit to re-enter the community, and that he has been released into the care of his parents. It also included a comment from one of his victims that he had been in the care of his parents at the time of the attack. The final paragraph included a quote from his father that he will be keeping a close eye on his son. The focus of the news report is not on the process that led to Scalzi being found fit to re-enter the community and the basis on which doctors made this decision. Arguably this alternative framing would not make for a straightforward news story that appeals to the news value of community outrage and fears of the ‘other’—in this case the ‘paranoid schizophrenic’.

More than two months later, Scalzi was back in the headlines. The Adelaide Advertiser reported:


The lead paragraph reported that:

A paranoid schizophrenic who avoided jail after two frenzied stabbings has asked the Supreme Court for more freedom.

The story reported that his lawyer said Scalzi deserved to be ‘rewarded’ for his good behaviour during his two months in the custody of his parents, and that she had asked that he be allowed to attend a TAFE course and other activities without supervision.

Joshua Scalzi was back in the Adelaide Advertiser in January 2007 in a story headlined:


While earlier reports described the man as a ‘paranoid schizophrenic’ it is significant that the language in the headline, at least, has shifted to ‘mentally ill man’. But the lead paragraph continued the earlier language:

A paranoid schizophrenic man, released back into the community after committing two frenzied stabbings, has breached his custody conditions by being found roaming the city streets alone.

The 3rd paragraph reported that the man’s victims were devastated that Scalzi had broken his detention and called for him to be locked up. The final paragraph reported comments from
the Health Minister who says that the Forensic Community Team visited Scalzi earlier on the day that they were alerted that he might have left the family home by himself.

On the same day the Adelaide Advertiser (2007, 8 January, p. 18) published an editorial emphasising ‘growing community concerns’ that was headlined:

Protecting community a priority.

The lead paragraph said:

The State Government must take definitive action to address growing community concerns over mentally ill people released after committing violent crimes.

The editorial referred to warnings from the State Coroner’s office that ‘patients are either going to kill themselves or hurt other people’ if more secure beds are not provided for the ‘acutely mentally ill’. The editorial said in the 3rd paragraph:

Recent inquests into murders and suicides committed by the mentally ill have heard there is a paucity of resources within the community to supervise criminal offenders who, because of mental illness, have been found not guilty of violent crimes.

The focus then shifted to the case of Joshua Scalzi, whom the editor described as a ‘paranoid schizophrenic’. His case is used as an exemplar of the lack of resources—the case was ‘the latest example of a system which has become dysfunctional through lack of planning, adequate funding and proper resourcing’. The editor referred to ‘dozens of cases of mentally ill criminal offenders’ breaching court orders after their release from forensic psychiatric facilities, which have become ‘revolving doors’ as a result of pressure to clear beds. The editorial called on the ‘supervision of mentally ill people who have committed violent crimes’ to be given top priority in the government’s review of the mental health system.

On the one hand, the Advertiser must be free to editorialise on whatever subject matter the editors deem worthy of attention. Clearly, the issues raised in the editorial are important for the Adelaide and South Australian community. But, on the other hand, the references to ‘mentally ill’ in this editorial and ‘paranoid schizophrenic’ in news copy are problematic, primarily because they suggest that all mental illnesses are the same. The references do not allow for a distinction between different types of diagnoses and nor do they mention that most people who have been diagnosed with a mental illness are not violent criminals. Such observations are not to deny understandable community outrage at the failures of the health system. But what is missing from this coverage, it can be argued, is sensitivity to the use of language and a broader context. ‘Playing up’ community outrage is but one aspect.

Subsequent news coverage included the following headlines—and the reports again referred to Scalzi as a ‘paranoid schizophrenic’:

Key mental health report held back despite crisis (2007, 9 January, Advertiser, p. 11).

Victims new terror as mentally ill attacker’s lies, drinking exposed (2007, 12 January, p. 17).

A court case involving the murder of a World War II veteran illustrates the different ways in which a news story may be framed. In its initial report on the case, Sydney’s Daily Telegraph headlined its report:

Survived the war, shoved to his death (2006, 2 October, p. 3).
The report focused on the details of the crime and the deceased. But it was not until the 17th paragraph of this 20-paragraph news story that readers learnt that the man that police allege was responsible for the crime was ‘believed to be schizophrenic’.

But subsequent coverage revealed significant differences in the way the case was framed by AAP and other metropolitan newspapers.

- Man alleged to have murdered old digger is refused bail (2006, 3 October, AAP).
- Bail refused (2006, 4 October, Canberra Times, p. 6).

Compared to:

- War veteran’s accused killer a schizophrenic (2006, 4 October, Daily Telegraph, p. 4).

The Daily Telegraph supported the chosen news frame—‘schizophrenic killer’—in the lead paragraph:

The man accused of killing a World War II veteran in an alleged unprovoked attack has been suffering from schizophrenia for 21 years, a court heard yesterday.

The AAP story, on the other hand, reported in the lead paragraph:

A man accused of murdering a war veteran by pushing him in the path of an oncoming car in Sydney’s south-west has been refused bail.

This story did not report until the 4th paragraph that the man had ‘been diagnosed with schizophrenia’. Similarly, the Northern Territory News and the Canberra Times simply reported that the man ‘had been diagnosed with schizophrenia’.

‘Mentally ill killer’ is another media label that is used by Adelaide’s Advertiser. For example, on two separate occasions in 2007 it used this terminology in headlines of news stories about court cases:

- Old, mentally ill killer rejects aged care unit (2007, 1 August, p. 10).

The first of these stories reported in the lead paragraph that:

Prison authorities have defended themselves against Supreme Court criticism over the remand of a suicidal gay man who killed his lover.

The news story reported that the man was ‘chronically depressed’ and the claim in the headline was sourced to a judge who in sentencing the man criticised the fact that he was remanded for two years without appropriate mental health services. The Department of Correctional Services had defended their action.
The second of these news stories reported in the lead paragraph that:

An aggressive and controlling killer who sought to be released has changed his mind and asked to remain in a secure mental hospital.

The news story described the man’s crime and reported his fears that his health would worsen if he moved to an aged care facility. It reported that prosecutors said he was too frail to remain at the mental health facility. The story also reported that the man’s chronic schizophrenia had ‘resisted medication’ and that his physical health had deteriorated.

Given the content of both of these stories, the reference to ‘mentally ill killer’ in the headlines seems highly problematic and it could be argued that they are unnecessary references. Why was it deemed necessary to frame these reports by playing up the ‘mentally ill killer’ label? References such as these are likely to contribute to community stereotypes and misunderstandings about the nature of mental illnesses and the danger posed by members of the community. Both cases could have been reported without such language in the headlines (Reporting Suicide and Mental Illness[3]).

News stories about the forensic mental health system are often the source of some of the most problematic uses of language in relation to mental illness. The Courier Mail in Brisbane headlined a report:

Killers face day release revamp (2006, 12 January, p. 2).

This prominently reported news story reported in the lead paragraph that:

Mentally ill killers are likely to face tough new restrictions on their access to community day release.

The phrase ‘mentally ill killers’ is problematic—especially in the leading paragraph. The story was based on a report by the Crime and Misconduct Commission about new conditions to be placed on the Mental Health Review Tribunal. The story also reported in the 5th paragraph that:

It followed revelations in Parliament of numerous mentally ill killers being let out on day release, including Claude John Gabriel, who killed a teenager in 1998.

The remainder of the story focused on the recommendations made by the author of the report about the release of violent offenders.

The story in the Gold Coast Bulletin based on the report was headlined ‘Mum’s hopes dashed—Victims still have no voice, says fighter’ (2006, 12 December, p. 7), which focused specifically on the case of Claude Gabriel. The lead reported:

The woman who spent almost a decade fighting for justice over the stabbing death of her daughter feels let down by a review into Queensland’s mental health system.

The woman referred to is Robyn Clarke and the story reported that:

She said she was angry the Government’s policy on victims speaking out had remained unchanged. Victims will still be threatened with jail if they talk to the media about the mental health system and specific patients.

This significant angle to the story was not followed up in subsequent reports.
A classic example of differences in news framing decisions can be seen in a comparison of reports involving a Sydney court case. *Sydney's Daily Telegraph* had this headline:

**Mother praises murder ruling (2007, 11 August, p. 11).**

In a brief six-paragraph report, the story told readers that the parents of a teenager who had been ‘bludgeoned to death with a piece of timber by his friend’ said the judge’s ruling was ‘unusually profound and compassionate’. In the second-last paragraph of this straightforward account of the court decision readers learnt that the man found guilty of the murder was ‘severely affected by mental health issues linked to schizophrenia and drug abuse’. There is nothing problematic about this report.

In sharp contrast, the *Northern Territory News*—far from the court case and the crime—chose a very insensitive headline in its coverage:

**‘Schizo’ teen jailed 10 years (2007, 11 August, p. 15).**

The lead paragraph supported this dominant news frame:

*A schizophrenic teenager who battered his friend to death with a lump of timber has been jailed for 10 years by a Sydney court.*

In this case, the mental illness has been played up to support the news frame decision—and the judge’s comment about drug abuse has been omitted.

**The ‘escaped’ psychiatric patient**

When patients go ‘missing’ from mental health facilities, or from hospitals, care must be exercised by the news media not to over-dramatise or sensationalise by giving unwarranted emphasis to community fears.

The reporting of a case of a psychiatric patient who went missing from a hospital in Melbourne illustrates the way in which newspapers use the stereotype of the ‘mentally ill killer’ to frame their reports. Differences in language used to frame the event across newspapers also reveal the choices in news frames that are available to journalists when reporting these types of events.

The brief AAP (2006, 11 November, 2006) story was headlined ‘Mental patient found by police’ and it reported in the lead paragraph that:

**A mentally-ill Melbourne man, who killed his mother in a frenzied attack 18 years ago, is back in custodial care after going missing for a week.**

The story reported that the man was found asleep in a park and taken back to hospital by police without incident. The final paragraph reports that:

**Debruyn stabbed his mother to death while suffering delusions and hallucinations. He was found not guilty of murder due to mental impairment.**

In contrast, on the same day, reports in both the *Age* and the *Herald Sun* reported that the man was still missing. There were, however, differences in the way these news stories were framed. The story in the *Age* (p. 5) headlined ‘Mental patient missing’ reported in the lead that:
A man who was acquitted of killing his mother during a hallucination 18 years ago has been missing from a Melbourne mental hospital for more than a week.

It described the man as a ‘schizophrenia sufferer’ and reported that he was found not guilty of his mother’s murder because of mental impairment. It also reported that the patient had left the hospital on a number of occasions and had always returned within a couple of days of his own accord. This information is sourced to the clinical director of the hospital, Professor Paul Mullen.

The _Herald Sun_ (p. 3), on the other hand, framed the event as an ‘escape’ in a story titled: 

Dad’s plea to killer—Alarm after escape on day release.

This story was longer than that of AAP and the _Age_, mainly because it included comments from the man’s father. It reported in the lead paragraph that:

The father of a missing mental patient who committed a horrific knife killing has urged his son to turn himself in.

Unlike the lead paragraphs in the _Age_ and AAP stories, the _Herald Sun_ chose to emphasise the ‘horrific’ nature of the crime and elevated the man’s status as a ‘killer’ to the headline to support the alarmist ‘escape’ frame. It did not emphasise that the man was acquitted of the murder on the grounds of mental impairment, that he had left the hospital on a number of other occasions without incident, or the fact that the crime for which he was acquitted occurred 18 years ago. Readers learnt in the 4th paragraph that the man was found not guilty on the grounds of mental impairment. Like the _Age_, it reported that the man was on day release to do assembly work. In this sense, he did not ‘escape’—he failed to return. The story included comments from the opposition police spokesperson saying that he did not understand why the patient was allowed day release when he had breached the system on a number of occasions. It also included comments from Professor Paul Mullen who expressed concern that the man could start hallucinating without his medication. Professor Mullen was also quoted as saying that the man was not considered any threat to the community—an alternative news frame that was not given salience in the news report.

It may be that at the time the stories in the _Age_ and _Herald Sun_ went to print the patient had been found and returned to hospital, which may explain the AAP’s report. Regional newspapers followed the lead of the two metropolitan dailies, some describing the man as a ‘patient’, others a ‘killer’ and one a ‘killer patient’. Headlines included:


Each of these stories carried the following lead:

A mental patient who stabbed his mother to death in a frenzied attack 18 years ago has disappeared while on leave from a Melbourne psychiatric hospital.
In each of these stories the patient was described as a ‘schizophrenic’.

The following day the *Sunday Herald Sun*, *Sunday Age* and the *Sunday Telegraph* reported that the man had been found. Headlines included:

- Patient is found (*Sunday Herald Sun*, 2006, 12 November, p. 13).

These were straightforward reports about the man’s return to hospital. They reported that he was found not guilty of his mother’s murder on the grounds of mental impairment.

It is interesting to note the differences between describing the event as a patient going missing as compared to a patient escaping—and a ‘killer patient’. This latter phrasing feeds into existing fears in the community about psychiatric patients and the need for the community to be protected from them. It is also significant that claims by the psychiatrist from the hospital that the man did not pose a threat to the community were buried in news stories. Such information would have been incongruous with the alarmist frame of the escaped killer employed by the *Herald Sun*, for example. (For an analysis of similar types of newspaper coverage, see Blood and Holland[25].)
CHAPTER 29: Helpline data analyses

The qualitative analyses have identified what appears to be some systematic differences between metropolitan newspapers in the inclusion of helpline information enabling readers to access mental health services, especially emergency counselling services. The inclusion of this information is a useful indicator of the compliance by the press with the suggested guidelines in the Commonwealth’s media resource kit, *Reporting Suicide and Mental Illness*.[3] Of course, there are many reasons why editors may choose not to include this information in news reports and features. These could include reports that do not involve an individual’s suicide. In other cases, the editorial decision not to include this information appears almost universal. In Chapter 16, for example, we identified that most murder-suicide news reports, where the focus is on the murder, do not include helpline information.

But we also noted earlier in this report that, at times, a news item with helpline information covered in one News Limited Newspaper will be covered by other News Limited newspapers but without the helpline information. Similarly, AAP appears to consistently include helpline information in reports about suicide and mental illness. Yet, newspapers using the AAP report—sometimes as the sole source—will not include the helpline information.

The parallel follow-up quantitative study found that for all rated items (newspapers, television and radio) the inclusion of helpline information for suicide items had increased significantly since the baseline study—from 6.5% to 17.7%. Similarly, for all mental health/illness items, there had been a significant increase in the inclusion of helpline information—from 6.6% to 19.8%.[68]

To further explore these inter-newspaper differences, we analysed the available data from the quantitative content analysis.

Table 1 shows the percentage of suicide, and mental health/illness, items that included helpline information for selected metropolitan newspapers. These data include only those items that were rated for ‘quality’ or compliance with the suggested guidelines in the Commonwealth’s media kit. The items contain all suicide, and mental health/illness, items—that is, there may be items where the use of helpline information is inappropriate. Nonetheless, these data do give some indication of the relative use of helpline information among newspapers.

Overall, 19 suicide items (or 11.2%) included helpline information. As Table 1 shows, Adelaide’s *Advertiser* included helpline information with nearly a quarter of all items it reported on suicide (23.5%), compared to the *Australian* which only included this information with 4.8% of items it covered on suicide. The *Courier Mail*, the *Mercury* (Hobart), and Melbourne’s *Herald Sun* and the *Age* all included helpline information with between 10% and 17% of suicide items reported.

Thus, it appears that these data reveal systematic differences within the News Limited and Fairfax groups of newspapers. That is, the *Advertiser*, *Herald Sun*, and *Courier Mail* are more likely to include helpline information with suicide items than the *Australian* or *West Australian*. The *Age* is far more likely to include helpline information for suicide items than the *Sydney Morning Herald*. 
This table shows the percentage of suicide, and mental health/illness, items that included helpline information for each of the selected metropolitan newspapers for those items randomly selected for analysis. Thus, for the *Australian*, about 4.8% of all items on suicide included helpline information, and 5.6% of mental health/illness items included helpline information. N is the total number of suicide, and mental health/illness, items chosen to be rated in the 5% random sample selected for analysis.

A somewhat similar pattern in the data is evident for mental health/illness items, as shown in Table 1.

Overall, 39 items (or 7.5%) included helpline information. Recall that all mental health/illness may include items where the inclusion of helpline information is inappropriate. The *Advertiser*, *Herald Sun* and the *Age* appear more likely to include helpline information than other newspapers analysed.

As with suicide items, there are differences within the News Limited and Fairfax groups. The *Age* is more likely to include helpline information with mental health/illness items than the *Sydney Morning Herald*. The *Advertiser* and *Herald Sun* are more likely to include this helpline information than the *Australian*, *West Australian* or *Courier Mail*—although the differences are not as strong as with suicide items.

Table 2 examines differences in reporting by identifying the proportion of the total suicide, and mental health/illness, items that included helpline information that were reported by an individual newspaper. Of the total sample of 691 items, comprising 169 suicide items and 522 mental health/illness, 19 suicide items and 39 mental health/illness items contained helpline information.

The data in Table 2 show that suicide items containing helpline information in the *Herald Sun*, Adelaide’s *Advertiser* and the *Age* accounted for 26.3%, 21.0% and 26.3% of all suicide items with helpline information reported in the selected metropolitan newspapers. Put another

<table>
<thead>
<tr>
<th>Selected Newspaper:</th>
<th>Suicide items:</th>
<th>Mental health/illness items:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Australian / Weekend Australian</td>
<td>4.8</td>
<td>(21)</td>
</tr>
<tr>
<td>Daily Telegraph / Sunday Telegraph</td>
<td>5.9</td>
<td>(17)</td>
</tr>
<tr>
<td>Courier Mail / Sunday Mail</td>
<td>10.5</td>
<td>(19)</td>
</tr>
<tr>
<td>Adelaide Advertiser / Sunday Mail</td>
<td>23.5</td>
<td>(17)</td>
</tr>
<tr>
<td>Mercury / Sunday Tasmanian</td>
<td>16.7</td>
<td>(6)</td>
</tr>
<tr>
<td>West Australian / Sunday Times</td>
<td>0.0</td>
<td>(19)</td>
</tr>
<tr>
<td>Herald Sun / Sunday Herald Sun</td>
<td>16.1</td>
<td>(31)</td>
</tr>
<tr>
<td>Age / Sunday Age</td>
<td>16.7</td>
<td>(24)</td>
</tr>
<tr>
<td>Sydney Morning Herald</td>
<td>6.7</td>
<td>(15)</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td><strong>(169)</strong></td>
<td><strong>(522)</strong></td>
</tr>
</tbody>
</table>
way, more than two-thirds (68.3%) of all suicide items with helpline information were reported in the Herald Sun, Adelaide’s Advertiser and the Age; whereas suicide items with helpline information in the Australian (5.3%), Sydney’s Daily Telegraph (5.3%), the West Australian (0%) and the Sydney Morning Herald (5.3%) together account for only about 16% of all suicide items with helpline information.

**Table 2: Selected metropolitan newspaper items rated for ‘quality’ by inclusion of helpline information.**

<table>
<thead>
<tr>
<th>Newspaper</th>
<th>Suicide Items</th>
<th>Mental Health/Illness Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian / Weekend</td>
<td>5.3%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Daily Telegraph / Sunday</td>
<td>5.3</td>
<td>5.2</td>
</tr>
<tr>
<td>Courier Mail / Sunday</td>
<td>10.5</td>
<td>5.2</td>
</tr>
<tr>
<td>Adelaide Advertiser /</td>
<td>21.0</td>
<td>10.2</td>
</tr>
<tr>
<td>Sunday Mail</td>
<td>5.3</td>
<td>5.2</td>
</tr>
<tr>
<td>Mercury / Sunday Tasmanian</td>
<td>0.0</td>
<td>7.7</td>
</tr>
<tr>
<td>West Australian / Sunday</td>
<td>26.3</td>
<td>30.8</td>
</tr>
<tr>
<td>Herald Sun / Sunday</td>
<td>21.0</td>
<td>25.6</td>
</tr>
<tr>
<td>Herald Sun / Sunday Age</td>
<td>5.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Sydney Morning Herald</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0 %</strong></td>
<td><strong>100.0 %</strong></td>
</tr>
<tr>
<td>(19)</td>
<td>(39)</td>
<td></td>
</tr>
</tbody>
</table>

This table compares the inclusion of helpline information between selected metropolitan newspapers. In the total sample of 691 items (169 suicide + 522 mental health/illness) 19 suicide items overall included helpline information, and 39 mental health/illness included helpline information. Thus, of all suicide items that included helpline information, 5.3% appeared in the Australian compared to 26.3% in Melbourne’s Herald Sun/Sunday Herald Sun, and 21% in Adelaide’s Advertiser. Of all the mental health/illness items that included helpline information, 10.2% appeared in the Australian compared to 30.8% in Melbourne’s Herald Sun and 25.6% in the Age.

As revealed in the analysis in Table 1, differences within the News Limited and Fairfax groups are evident in Table 2. The Herald Sun, Adelaide’s Advertiser, and Brisbane’s Courier Mail account for more suicide items with helpline information than the Australian, West Australian or Daily Telegraph. A similar difference is clearly seen between the Age and the Sydney Morning Herald.

Despite the obvious limitations of these data, the analyses are suggestive of intra-media group differences—within News Limited and within the Fairfax morning broadsheets.

First, the analyses demonstrate that there are no clear analytical distinctions to be made between so-called quality broadsheets and so-called tabloid newspapers. For example, Melbourne’s Herald Sun does lead the way in providing readers with helpline information about mental health issues.

More importantly, the differences within groups may provide opportunities for improving reporting of mental health issues.
CHAPTER 30:
Conclusions:
The reporting & portrayal of suicide & mental illness

The quantitative content analysis[68] found that the ‘quality’ or compliance—individual dimensions of the suggested guidelines in Reporting Suicide and Mental Illness[3]—had significantly improved between 2000/01 and 2006/07. Overall, there was improvement or, at least, no change, on individual dimensions of compliance. There had also been a 2.5-fold increase in the volume of media items on suicide and mental / health illness between the two phases.

While the nature and quality of suicide and mental health/illness reporting had improved across all media—newspapers, television and radio—there are still opportunities for improvement.

The current qualitative analyses identified several areas of improvement in reporting since 2000/01, exemplars of quality reporting and portrayal, and areas where news professionals could make improvement in practice.

Newspaper and broadcast news reports on individual suicides and attempted suicides in Australia remain relatively uncommon in comparison to the number of actual suicides. The news values operating to bring an individual suicide or suicide attempt onto the news agenda can be seen from the people and topics covered by the news media and analysed in this report:

- the deaths by suicides of two young Melbourne girls, where the internet and youth subculture were initially seen by most news media as the likely cause
- the death by suicide of a prominent police chief who was under intense media and public scrutiny
- deaths by suicides, or attempted suicides, of Australian police officers
- deaths by suicides of Australian farmers blamed on the continuing drought and financial pressures
- deaths by suicides of Australian military personnel
- deaths by suicides by employees of Australia’s largest telecommunications company, following allegations of improper work practices at call centres
- attempted suicides by internationally known film, television and movie celebrities
- attempted suicide by a bookkeeper under court investigation who advised a well-known Australian celebrity—who himself had previously been found guilty of financial misdemeanours
- a series of murders, followed by the deaths by suicides of the alleged murderers, where often children had been killed by their parents
Qualitative analyses of selected Australian news media coverage of suicide, mental health and mental illness

- a court case where a person, diagnosed with a mental illness, was seeking compensation for inadequate medical and psychiatric care following injuries he sustained in an attempted suicide attempt.

These news values of status, status as celebrity, conflict, unusualness, deaths of innocent children or innocent children at risk, and the ‘public interest’ were primarily the dominant reasons why an editorial decision was made to publish or broadcast the above news stories. The concern, however, from a qualitative perspective, is the quality of that reporting and portrayal.

The most extensively covered incident during the study was the deaths by suicides of the two young girls in Melbourne (Chapter 5). Coverage by Australia’s media was variable with some news media playing up an ‘internet fear news frame’ coupled with ‘risks of youth subcultures’. Far too many news stories and features sought to provide simplistic answers to why the two girls had taken their own lives. The labelling of this event by the Sydney Morning Herald (2007, 24 April, p. 2) as the ‘MySpace suicide girls’ was particularly insensitive. Exemplars were identified where discussion focused on the complex risk factors associated with youth suicide. We noted coverage by Australia’s largest circulation newspaper—Melbourne’s Herald Sun (2007, 24 April, p. 3)—that prominently informed readers, especially parents, about the complex risk factors for teenage suicide. Only a few news reports focused on the potential imitative suicide threat to the girls’ peers and school colleagues following the deaths.

Other significant concerns about this coverage of the deaths of the two girls included the detailed and at times graphic description of the method and scene of the deaths, and interviews with the bereaved parents and the girls’ friends. We noted the formal complaint led by the NSW Hunter Institute for Mental Health to the Australian Communications and Broadcasting Authority about a 60 Minutes television segment (2007, 20 May) that graphically depicted the method of suicide and the scene (see Chapter 5). Radio coverage available to us for analysis revealed that programs made good use of experts in the field—particularly Jeff Kennett and Dr Michael Carr-Gregg of beyondblue.

We identified (Chapter 6) a feature story—headlined ‘a special report’—in the Age (2007, 4 February, p. 61) that investigated risk factors and teenage deaths by suicides in Australia.

What is missing from our analysis is any systematic investigation of the internet. Although researching portrayal of mental health issues by internet sites is a highly complex, time-consuming and expensive task, it should be a priority for future research.

It is rare for newspapers to debate media reporting of suicide and mental health/illness but during the study’s time frame we identified examples (Chapter 7). The Advertiser in Adelaide published two separate reports that did add to public understandings about media resource kits and guidelines. The Gold Coast Bulletin entered into the debate with two opposing opinion pieces (2007, 5 September, p. 25 and 6 September, p. 34).

The death by suicide of ACT Chief Police Officer, Audrey Fagan (Chapter 8) understandably received prominent news coverage in Canberra and nationally. The Canberra Times coverage was noteworthy because of the absence of the word ‘suicide’ in any of its reports—a point taken up by rival newspaper, the Australian. The Australian also detailed the Canberra Times’s previous criticism of Ms Fagan and ACT policing. But what was missing from coverage in both newspapers was context, demonstrated clearly by the lack of any helpline information for
readers. In this case, a simplistic ‘blame game’ by one newspaper against another overrode more complex causes and issues behind death by suicide.

Nationally, deaths by suicides and attempted suicides by police officers received prominent news coverage (Chapter 9). Most reports were focused on NSW Police. But in terms of Reporting Suicide and Mental Illness[3] this coverage was often marred by unnecessary detail about the method of suicide or attempted suicide, and by inconsistent policies on the inclusion of helpline information for readers. AAP consistently provided such helpline information but the Sydney Morning Herald and Daily Telegraph were inconsistent in including this information.

Deaths by suicides by employees at Australia’s largest telecommunications company, Telstra, also received national news coverage—primarily because of allegations of unfair work practices at call centres. Reports in most newspapers included helpline information for readers. In this coverage, we identified an inconsistent pattern in providing helpline information within newspaper groups. For example, the Herald Sun’s report included helpline information but this was omitted when other News Limited Group newspapers published the same report.

Media and public attention in recent years has focused increasingly on police interventions involving people diagnosed with mental illnesses, who were either acting violently or threatening violence. We identified several news media reports involving police shootings of people diagnosed with mental illnesses (Chapter 9). The main concern with these news stories—which were frequently sourced to coroner’s courts—was the inappropriate use of language; for example, ‘schizophrenic man’, ‘paranoid schizophrenic’.

The attempted suicides of internationally known celebrities Owen Wilson, Halle Berry and Britney Spears (Chapter 11) received prominent coverage in the Australian press. In many respects, this coverage was among the worst in terms of complying with the suggested guidelines in the Commonwealth’s media resource kit. Explicit, often graphic, detail and, arguably, sensationalist headlines, were prominent in this coverage. The Gold Coast Bulletin, by any standard, was particularly offensive in its coverage of Britney Spears (2007, 5 March, p. 7).

In the Australian context, news about politicians and depression was far more sensitively handled (Chapter 23). Minister Linda Lavarch’s resignation, recoveries of former WA premier Geoff Gallop, and former NSW opposition leader John Brogden, were used to spark wider debate about depression and high-profile people. Overall, our analysis added further evidence to previous findings that news stories in which celebrities are the key actors can frame mental health issues in a very positive light. This was especially the case in the reports of Geoff Gallop and John Brogden because the focus on recovery provided hope to others, as well as informing readers that people do overcome their experiences of depression.

But coverage of the attempted suicide of celebrity Steve Vizard’s bookkeeper was less positively handled (Chapter 25). While most news stories focused on court proceedings, reports in the Age and Sydney Morning Herald (2006, 15 September) included extracts from a previous suicide note by the man, and described the method of another previous suicide attempt.

Newspaper coverage of sites frequently used by people to take their own lives involves difficult decisions for editors. On the one hand, it clearly is in the public interest to report on safety concerns at well-known bridges, buildings and other sites, such as The Gap in Sydney’s eastern suburbs. On the other hand, it is important for the press not to report or portray these sites
in such a way that they promote them as ‘suicide sites’. We identified several stories about ‘suicide sites’ during the course of the study (Chapter 12). Herald Sun journalist and editor Matthew Kitchin’s very personal column (2006, 9 November, p. 22), and related news stories in the newspaper, illustrate responsible reporting of these sites. In contrast, the Sydney Morning Herald, Daily Telegraph and the Australian frequently referred to The Gap in Sydney as a ‘notorious suicide spot’ or ‘the city’s most notorious suicide spot’.

In 2000/01, we noted that talk about suicide and mental illness was prominent on Australian radio. The quantitative component of the current phase found that radio coverage had dropped since the baseline phase in 2000/01. Nonetheless, medical and health professionals, consumers, carers, advocacy groups, and members of the general public use radio to convey their perspectives and concerns about salient issues and events in the mental health field.

In Chapter 13 we identified some examples of positive discussion involving help-seeking, suicide, antidepressant medications, personal experiences of others with mental illnesses, especially depression, and promotion of mental health awareness. Discussions about Mental Health Week and Carers Week were prominent. Publications of new books involving personal accounts can provide an important and valuable catalyst for radio discussions of mental health issues that potentially reach broader audiences, as can planned events such as Mental Health Week. Metropolitan and regional media reported many news stories and features that focused on suicide risk factors, help, advice, and suicide prevention and communication campaigns. Newspapers and broadcast media continue to perform a useful surveillance function for their audiences, and provided information about access to mental health services. In Chapter 20 we identify some specific instances where newspapers supported the ‘Stop the Stigma’ campaign, promoted Mental Health Week, suicide prevention, and the ‘Coach the Coach’ program aimed at football clubs and coaches. Regional and rural newspapers played a significant role in this type of reporting. These reports illustrate the ways in which the news media can discuss suicide and mental illness responsibly and informatively, and the role the media can play as a forum for talking about suicide and mental illness. In the rural press, this function was particularly noticeable.

Deaths by suicides by Australian military personnel (Chapter 15) were extensively covered by the Australian news media during this study’s time-frame. For the most, these events were sensitively handled but the inclusion of helpline information for readers was markedly inconsistent across metropolitan and regional newspaper reports.

Australian media reported on several murder-suicides during this study’s time-frame (Chapter 16). With the exception of three prominent news stories in Newcastle, Brisbane and Perth) most murder-suicides were not reported on the front pages of metropolitan or regional newspapers. Normally, the focus of the reports is on the murder, especially when children are involved, and helpline information is generally not provided to readers in these reports.

News about mental illness, as we identified in the baseline phase, can be framed by the oddity or unusualness of the event. We identified in Chapter 17 a court case involving a man whose suicide attempt left him seriously ill and a diagnosed quadriplegic. The man was seeking compensation for his injuries because of lack of adequate psychiatric care. This event, sourced to court proceedings, would have been seen by journalists as unusual, even bizarre. The use of language in the news reports—‘suicide bid’ and ‘aborted suicide’—were unnecessary and inappropriate in informing readers of the court action. No helpline information was included with most reports.
In 2000/01, we identified that a significant type of news about suicide was coverage of statistical data released by government, health agencies or researchers. The current study identified a number of these news reports (Chapter 18). In September 2006, most newspapers covered the release of suicide rate data and, in contrast to the practice found in 2000/01, most metropolitan newspapers added useful contextual information and expert comment. The inclusion of helpline information, however, was inconsistent—except for the *Herald Sun* that normally provides this information for its readers.

But the use of statistical information in news reports and features about deaths by suicides by Australian farmers was poorly handled, and was the subject of an item on the ABC’s television program *Media Watch* (2007, 12 March). In Chapter 19, we identified many news stories about declining rural economies, the drought, and the plight of farmers—including news reports of suicide and depression. Most of this coverage provided newspaper readers in metropolitan, regional and rural markets with valuable information about help-seeking and mental health issues. Many news reports focused on initiatives of the National Depression Initiative, *beyondblue*, and we noted (Chapter 19) that an award winning ABC *Landline* program had been used by *beyondblue* as part of its rural campaign on depression. Occasionally, some headlines and lead paragraphs departed from the suggested guidelines of *Reporting Suicide and Mental Illness*[3] but, for the most part, news stories and features framed mental health issues in terms of help-seeking and recovery. It is clear that editors and journalists saw the drought and deaths by suicides by Australian farmers as a major issue and provided valuable information for their readers.

Of significance in this coverage of farmers was the widespread use of personal and first-person accounts in news features. Metropolitan readers, for example, would have gained a much deeper and richer insight into the problems facing farmers.

News features that are told from a deeply personal perspective can offer readers valuable insights into suicide and mental illness. Australia’s metropolitan press published some significant features during the study’s time-frame. We identified an example in the *Canberra Times* (2007, 24 March, p.B1) that sensitively and accurately investigated youth suicide, drug abuse and depression (Chapter 14). The feature did involve talking to a young boy’s father but long after his son’s death by suicide. We identified in Chapter 26 two positive exemplars of first-person accounts—one from the *West Australian*, and the other from the *Herald Sun*.

Significantly, we also identified a couple of news reports and a specialist national radio program that fell outside the normal range of reporting suicide and mental illness. These items, sourced to users, survivors and consumers of psychiatry and mental health, were identified in Chapter 21 and exemplify the main tenets of the postpsychiatry movement. On the one hand, proponents of the Commonwealth’s guidelines and SANE Australia’s *StigmaWatch* would be concerned at these reports because of the language used and the implied position—an oppositional voice against the dominant bio-medical discourse. But, on the other hand, these reports simply report people speaking—people who see themselves as survivors. The result is news stories that humanise people who are too often dehumanised, medicalised or criminalised in news media reports.

Language use in news reports, as identified in the baseline study, remains a concern in the current study. In Chapter 24, we examined the widespread news coverage of insensitive and inappropriate comments made by AFL footballer Wayne Carey on the Channel 9 television program *Sunday Footy Show* in August 2007. The news coverage brought the issues of suicide...
Qualitative analyses of selected Australian news media coverage of suicide, mental health and mental illness and depression onto the national media and public agendas and most reports were highly critical of Carey's comments. But the target of Carey's remarks, footballer Nathan Thompson, was consistently referred to as a 'depression sufferer'—frequently in the lead paragraphs of news stories. This terminology is referred to in Reporting Suicide and Mental Illness[3] as outdated.

Inappropriate language remains a central concern in the reporting and portrayal of mental illnesses, especially in court and police reports. Particular framing devices and inappropriate language may together contribute to the stigma associated with mental illness. At an arguably less serious level, across a variety of news genres and news types (sport, cinema and book reviews, for example), the study identified inappropriate language about mental illnesses, especially the inappropriate contextual use of the word schizophrenia or schizophrenic (Chapter 28).

Of more critical importance was the identified continued media labelling of people diagnosed with mental illnesses (Chapter 28). The use of media labels such as ‘anorexics’ or ‘schizophrenic killer’ or ‘paranoid schizophrenic killer’ or ‘mentally ill killer’ perpetuate stereotypes and can be particularly offensive to consumers. Coupled with news framing devices that position these people as violent adds to community stigma and misunderstandings about mental illnesses (Chapter 28). The ways in which the public label or categorise individuals or groups are primarily determined by the ways the news media frames those events. News stories about extreme or rare cases, such as linking mental illness to violence, tend to stigmatise mental illness, and generate fear in the community of people diagnosed with mental illnesses.

In this respect, in Chapter 28 we identified a classic example of competing news frames. An unproblematic report in Sydney's Daily Telegraph headlined ‘Mother praises murder ruling’ (2007, 11 August, p. 11) was dramatically re-framed by the Northern Territory News (2007, 11 August, p. 15) as: ‘Schizo’ teen jailed 10 years.

Other mental health and illness news reflected national, state or regional issues or concerns. News frames revolved around government funding issues and the ‘crisis’ in the mental health system. In Chapter 27 we examined some useful and informative reports by specialist journalists, including assessment of the claim that ‘our jails are becoming the new asylums’. Some news features challenged the widespread simplistic community beliefs of direct links between mental illnesses and violence.

On a positive note, both the Advertiser and the Herald Sun took up the cause of funding for helpline and counselling services in news reports and editorials (Chapter 10). Clearly, both newspapers saw the funding shortfalls as a significant issue of public concern. Interestingly, both newspapers include helpline information in reporting suicide and mental health/illness for their readers—far more than other metropolitan newspapers (with the exception of the Age).

There are many reasons why editors may choose not to include helpline information in news reports and features, especially when the report does not involve an individual's suicide, such as suicide statistics and government initiatives. But we identified (Chapter 16) other cases where the editorial decision not to include this information appears almost universal. Most murder-suicide news reports, where the focus is on the murder, do not include helpline information. In Chapter 29 we analysed the inclusion of helpline information with suicide and mental health/illness items in selected metropolitan newspapers. There are suggestions
of systematic differences within the News Limited and Fairfax groups of newspapers. The 
Advertiser, Herald Sun, and Courier Mail are more likely to include helpline information with 
suicide items than the Australian or West Australian. The Age is far more likely to include 
helpline information for suicide items than the Sydney Morning Herald. The Age is more likely 
to include helpline information with mental health/illness items than the Sydney Morning 
Herald, and the Advertiser and Herald Sun are more likely to include this helpline information 
than the Australian, West Australian or Courier Mail. These differences may provide 
opportunities for editors and journalists to compare their reporting practices within their 
newspaper group in line with the suggested guidelines of Reporting Suicide and Mental Illness.
References


THE MEDIA MONITORING PROJECT
Changes in media reporting of suicide and mental health and illness in Australia: 2000/01–2006/07

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with
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