

**Journalism Educators Association Conference,  
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I am not here to speak on behalf of THE media. As we all know, there is no such thing. The media is a beast with so many different heads, it impossible for anyone to speak on its behalf. Just as it would be foolish for anyone to make broad sweeping statements about how the media covers any particular issue - there are so many different types of media outlets; so many different types of stories appearing within the one media outlet; and so many different attitudes and beliefs among the people who work as journalists.

So I am not here to give the media's view on how suicide should be covered. Nor can I really give the view of a mainstream news journalist on the issue. I have been covering health for so long, more than ten years, that inevitably my views have been shaped to some extent by the field that I cover. So I cannot claim to offer a generalist perspective.

The longer you cover health, the more you become aware of the many vested interests involved. And the more you become aware that everyone wants the media to cover their issue in the way they want it covered. For example...

\* Earlier this year journalists from around Australia attended a media symposium in Canberra convened by Jeff Kennett's anti-depression initiative Beyondblue. Beyondblue had paid the travel and accommodation expenses of some journalists who would not otherwise have attended. We were given mugs, T-shirts and other paraphernalia emblazoned with the Beyondblue logo - reminiscent of how drug companies woo doctors at conferences. From my point of view it was interesting because rarely do I get to meet with colleagues from Alice Springs and the Torres Strait. The main theme - apart from the fact that there seems to be huge disagreement amongst different professionals and consumers on many aspects of depression and its management, as emerged from the various presentations - seemed to be that we should all go away and do far more stories about depression.

\* Just recently, I attended the Australasian Medical Writer's Association's annual conference in Brisbane. Amongst all the other promotional gumph in our conference satchels was an announcement from the National Asthma Campaign of its award to reward quality in asthma journalism. This is not unusual. Previous and existing awards to encourage journalists to write about particular health topics include ones by the National Heart Foundation, cancer councils, an award for excellent in "women's health" journalism (sponsored of course by a menopause treatment manufacturer), and the Kellogg award for the best in nutrition journalism. It was with some concern that I recently saw an announcement that the Australian Museum's Eureka prizes, for excellence in

science journalism, would have a new category for medical and health journalism. The \$10,000 award is to be sponsored by the pharmaceutical giant Pfizer, so it will be known as the Pfizer award for medical journalism. One of the four members of the judging panel is the head of Pfizer's public affairs. Those of you who know anything about how aggressive Pfizer is at using the media to promote its interests might see some irony in the award and a potential conflict of interest for any health journalists in accepting such a large amount of money from a company they write about.

At the same conference, we heard papers presented by various experts arguing both that the media was too uncritical in covering new medical developments, specifically pharmaceuticals, and - conversely - that the media was too ready to cover "scare stories" about medical technologies, specifically biotechnology.

The point of all this is that many groups are trying to influence how the media does its job - I am not sure whether this is more evident in health than in other areas covered by the media, but it does seem that way to me.

Some are doing this for obvious vested interests; others out of what you might call a "pure" motivation. But just because something is well motivated does not mean it is the right thing to do or that it will have a desirable outcome.

I was reminded of this when I read a recent review by the Cochrane Collaboration on the impact of school-based driver education programs. On the face of it, this seems a perfectly worthy and sensible thing to do. But the review suggests such programs may do more harm than good by leading young people to get their licences earlier than they otherwise would, while not reducing the risk of accidents, and thus leading "to a modest but potentially important increase in the proportion of teenagers involved in traffic crashes".

These are the sort of things I was thinking of as I read through the materials aiming to influence how journalists cover suicide - the new journalism education resources which are being launched at this conference and the Achieving the Balance kit. Both of these projects and those behind them are obviously well motivated, and there clearly are some serious problems with the way that suicide and mental illness are covered in the media. Like other members of the community, journalists often are not well informed about these issues.

In this light I would like to raise the following questions for debate, not because I necessarily have strong views about what the answers might be.

### **1. Is there potential for such an approach to do harm?**

Journalists already are often reluctant to cover suicide. What if the production and promotion of materials aiming to influence the way journalists cover suicide means they become less likely to do so, if suicide becomes seen even more as

a taboo topic? Those who have developed the journalism education kit argue strongly that they are not trying to discourage reporting about suicide so much as to change the nature of that reporting. But that can be a subtle distinction for journalists who already are quite reluctant to cover suicide as an issue. If they become even less willing to do so, what will this mean for public debate about the best ways to prevent and respond to suicide? If there was more awareness, would people be more likely to recognise warning signs in those at risk of suicide? What if people are suiciding because they cannot get proper medical care or social support? If people are reluctant to talk publicly about suicide, what will this mean for the families and others who have lost someone to suicide and may not know where to turn for support. Will it make them feel even more isolated?

When I wrote an article on media coverage of suicide for the Walkley magazine last year, I interviewed Graham Martin, one of the co-authors of the Achieving the Balance kit. He acknowledged that media coverage of suicide can have a positive effect. His own research, investigating the impact of singer Kurt Cobain's suicide, concluded that a subsequent fall in suicide rates may have been due to the widespread reporting of Courtney Love's comments that his death was a stupid waste.

## **2. Should the media's coverage of suicide be considered separately or differently to its coverage of other violent acts, such as murder, or of other sensitive issues such as racism?**

When doing the Walkley story, I interviewed a Brisbane psychiatrist Chris Cantor, who called for guidelines covering reporting of homicides and mass killings. In a paper published in Archives of Suicide Research, Cantor and colleagues argued that media coverage of homicides played a role in triggering several mass killings in the UK, Australia and New Zealand.

The response of some journalists to such concerns might be - my job is to report the reality of the world around me, not to worry about the impact of that reportage. Most journalists are, I think, very aware of how their work can affect others. Most of us could give examples of how we have done that in good and bad ways.

But the world is often a pretty horrid place; the nature of news means that our work will more often be alarming and distressing than not.

## **3. Supposing that we accept there should be interventions to make journalists more careful about how they report suicide, what are the chances they will have any effect?**

As I said, a lot of people put a lot of effort into changing the way media reports various issues. I can't tell you how many such media awareness kits come across my desk. I can tell you how many of them I read - not many.

To be frank, if Achieving the Balance had come across my desk under normal circumstances - and not because I was writing a story about it - I probably

wouldn't have read it in great depth. And I am someone with an interest in the area, not your typical rushed chief sub or chief of staff who potentially has far more impact than any individual journalist on how the media covers suicide. Even if I had read it, it's another question as to whether that would have made any difference when I next came to write a story about suicide. And even if it did, the chances are that someone other than me - a health reporter - would have been writing the stories that cause most concern, such as the police or court reporter.

I know that those behind the two recent resources - the Achieving the Balance kit and the journalism educating resources on reporting suicide and mental illness - emphasise that they are not trying to produce guidelines for how journalists should do their work, so much as to encourage journalists to become more aware of the issues involved in their reporting of these issues and to challenge journalism students to delve into the issues as part of a problem-based learning, non-prescriptive approach.

Nonetheless there is a risk, particularly with the Achieving the Balance kit, that this is exactly how it will be perceived by working journalists - as an attempt to impose guidelines about how they do their work. And there is plenty of evidence from another field with which I am more familiar - the impact of clinical practice guidelines on doctors behaviour - that this does not work. Many doctors say they are too busy to read such guidelines; that the guidelines are often not relevant to the real world in which they work; that they are suspicious of "outsiders" telling them what to do; and that anyway they know best (even though the evidence might say otherwise). Of course, many of these comments might also ring some bells amongst journalists too.

The pharmaceutical industry well knows that educational materials alone don't work. One-on-one detailing does. So does using key opinion leaders in the profession and peers. So does - not that I am recommending this as a way of changing journalists' behaviour! - giving gifts and flying them to "conferences" at exotic destinations.

Are journalists any different to doctors? In these respects, I would guess not. So I think that SANE'S Stigma Watch project - which as part of its mandate contacts individual journalists to let them know if they have made a mistake in coverage of mental health issues - is more likely to be effective than any information kit. I also think there is no single way to influence coverage, and that a multifaced approach is necessary.

There are many players in every story we read or see in the media apart from the journalist whose name is attached to it. There is the chief of staff who wanted the story in the first place, the editorial managers who decide where and how the story will run, the sub who frames the story by writing the headline or caption, the cartoonist or illustrator who adds their perception. Everyone

involved in this process can have a substantial impact on the end result. Typically campaigns to change media coverage of health issues are directed at the journalist at the bottom of this process line. Partly because they are far more identifiable. Partly because it is far more difficult to reach and engage those other players.

I suppose this all sounds very negative. But almost twenty years ago, concerned patient groups and health professionals were hugely effective in changing how the media reported AIDS. You don't often hear terms such as "innocent victim" or "gay plague" used in the media these days, unlike the early 80s. My recollection is that personal contact with the groups affected as well a formal written campaign by health authorities lead to changes in media behaviour. The organisers of this session asked if I could discuss my personal experiences in covering mental health or suicide issues. I found it difficult to come up with any examples, partly because I don't consciously take a different approach to covering these issues than I do to any of the other issues in health that I cover; which is to try to speak to as many different types of people as possible about an issue, including a consumer perspective wherever possible, to be wary of the pitfalls of relying on any one expert's opinion, and to be aware of the implications and impact of the language that I use.

That said, I do believe a case can be made that health reporting is different in some ways to general news reporting. Because we are more likely to be writing about or interviewing people who are sick and thus particularly vulnerable. And because our stories can influence peoples personal health behaviours, in good and bad ways - for example by scaring people off vaccinating their children or by making smokers consider the benefits of quitting.

The particular responsibilities of journalists who cover health have been recognised in Sweden where the code of ethics for journalists covering health has some extra provisions to the standard journalistic code of ethics. In addition to standard journalistic ethics, journalists covering health also are obliged:

- \* not not arouse false hopes and fears
- \* try to prevent the risks and benefits together
- \* give patient sources extra protection; and
- \* emphasise the temporal nature of knowledge.

In conclusion, I think that how the media covers suicide is an important and worthy subject for examination by journalists and their educators, and I hope that the new curriculum resources will be a valuable tool for furthering that debate.

I might add that I also think it an important subject for debate by health professionals; it is their comments that have been reported in some of the articles singled out for criticism in the curriculum resources. If health professionals use emotive and sensational terms when discussing such issues,

then it seems a big ask to expect the media to do any different. I know that one of SANE's bugbears is the inappropriate use of "schizophrenic" to denote a split personality, for eg in references to schizophrenic policy making. It is not uncommon to hear health professionals use the term that way.

Which raises a broader issue for journalism educators - Is there a need for specific courses in covering health as part of undergraduate journalism education? I would argue yes. The coverage of mental illness and suicide is just one area in health where journalism could do a better job. Evaluating research is another. Some of you may be aware of a study published last year in the New England Journal of Medicine which suggests the media is way too promotional in its coverage of medicines. The authors of that study have produced a tip sheet suggesting questions journalists could consider when covering medical interventions.

There would be no shortage of issues such a course could include. And issues related to suicide and mental health would be an important aspect of that.

Thank you again for inviting me to speak today.

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