

White Wreath Association Ltd[®]

"Action Against Suicide"

White Wreath Association Ltd

ABN 50 117 603 442

DIRECTOR'S REPORT

"Despite the efforts of many committed politicians, government officials, service providers and community advocates, we do not have a system of effective or accessible mental health care."

At all levels of government, within some of the professions and out in the wider community, there is a perception of general apathy, lack of accountability and lack of commitment to real change.

While public understanding of mental health has begun to improve, the wider community remains relatively ignorant of the service crisis.

Only when a family member needs care are they made aware of the gross deficits in care. People with mental disorders, and their families, feel frustrated and let down by the system.

Their goodwill, patience and support for the protracted nature of genuine health care reform have been dissipated."

Are these the quotes from a recent report on Australia's mental health system?

No! They are taken from the 2002 Mental Health Council's review of the actions by Australian governments in the 10 years following the 1993 Burdekin Report.

In 1992, Australian health ministers committed their governments to correcting decades of neglect in mental health.

Fast-forward to 2015 and the Federal Government's response to the findings of the National Mental Health Commission's (NHMC) 2014 review.

The NMHC review, chaired by Professor Alan Fels, was conducted under terms of reference provided by the Federal Government.

From more than 2000 submissions, the NMHC made 25 recommendations covering nine strategic directions. Its 700-page review was handed to the government early this year for its consideration.

The NMHC believes the review provides a "strong, achievable and practicable plan for modernising and reforming Australia's mental health system".

Rather than implement reform, the government has turned the clock back 23 years and formed yet another committee (working group).

I am saddened and disappointed in the government's reluctance to proceed with the NMHC's recommendations and revert to a retrograde review system which has proved to be a failure.

Meanwhile, thousands of Australians with mental disorders, their families and friends are condemned to continued pain and suffering.

Every year during "Sock It To Suicide Week" (third week in October) we encourage everyone to wear bright coloured Socks/Stockings to their workplace, school etc and raise funds in support of White Wreath Association and help us combat our high suicide rate.

To help you can invite friends, family and colleagues to wear coloured socks or stockings and raise funds by creating an Online Fundraising Page through our Partners Everyday Hero.

This lets you email Facebook or Tweet regarding details of your activity and allows people who can't come to still sponsor your important efforts.

Fanita Clark
CEO



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Only when a family member needs care are they made aware of the gross deficits in care. People with mental disorders, and their families, feel frustrated and let down by the system.

Australia

Poor planning hurts people and economy

The effect of our poorly planned mental health system is a massive drain on the wellbeing of people and families, and on Australia's productivity and economic growth.

This is the main finding of the review by the National Mental Health Commission of the nation's mental health programs and services.

Professor Allan Fells, chair of the commission, said the economic cost of mental ill-health was enormous.

"Estimates range up to \$28.6 billion a year in direct and indirect costs, with lost productivity and job turnover costing a further \$12 billion a year - collectively \$40 billion a year or more than two per cent of GDP," he said.

"Australia has a transformational opportunity to tackle the individual, social and economic costs of mental ill-health if it makes mental health a priority.

"This means investing in things that make a difference and empowering the sector to work with governments of all levels to rebuild a system around the needs of individuals and their families.

"Despite many virtues and much dedicated and skillful effort by individuals and organisations, the system is in need of substantial redesign and repair.

"We can and must get better at catching people before they fall, so they are able to participate as fully as possible in their communities, in employment, and in stable accommodation, and avoid a lifetime of disability and poverty.

"Worthwhile, productive reform will take time, and consultation and a collaborative approach between federal and state and territory governments, and NGO and community organisations is essential, yet it should not be daunting.

"The reality is that there's been broad agreement across the sector for decades that change is urgently needed, and broad agreement that a greater focus on early intervention is the key to reducing the need for crisis care and helping people live their lives to their potential."

The National Review of Mental Health Programmes and Services (the Review) was conducted by the Commission in response to Terms of Reference provided by the Australian Government in 2014 and it received more than 2,000 submissions.

The Review provides 25 recommendations across nine strategic directions which guide a detailed implementation framework of activity over the next decade.

The Commission has recommended a major overhaul of the mental health system to shift the focus of the system from crisis and acute care to community based services, primary health care, prevention and early intervention; and to better focus services on supporting individuals and families.

It also proposes specific actions to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander people and the mental health and wellbeing of people living in regional, rural and remote Australia.

PETER NEAME

**Research Officer
White Wreath
Assoc Ltd**

We welcome *Alan Fells* report



Alan Fells

review looking into suicide and mental health. Like so many other reports there will be further delay before any real action will be taken. The major, urgent immediate need is accurate front line assessment, and when someone is suicidal immediate admission to hospital. Mouthing worn out phrases about community care is quite unsafe when an individual is suicidal.

“We can and must get better at catching people before they fall, so they are able to participate as fully as possible in their communities, in employment, and in stable accommodation, and avoid a lifetime of disability and poverty.”

Australia

continued

"Our recommended approach is to spend more money on services which prevent illness, support recovery, keep people well, and enable them to lead contributing lives. This will drive long-term savings by minimising the pressure on the hospital system and by increasing economic productivity through greater participation in education and employment. This shift towards prevention and early intervention is absolutely vital in driving sustainable, long term change.

"We are also proposing a realignment of the system on a regional basis to promote local planning, decision making, purchasing and delivery of services. This is not about taking money out of hospitals, and particularly not about taking money out of vital mental health services in hospitals, but rather about building up those services which prevent hospitalisation or enable people to be discharged earlier from hospitals into community based care.

"This is particularly important to our recommendations and proposed actions to prevent suicide through local community partnerships which co-create solutions using collaborative and integrated approaches. It is unacceptable that more than 2,500 people die from suicides each year, and these rates have not been coming down. We need sustainable, comprehensive, whole-of-community approaches aimed at halving suicides and suicide attempts over the next 10 years," Prof. Fels said.

Prof. Fels said the Review also proposes funding outcomes rather than activity to ensure the Australian Government maximises value for taxpayers' dollars within existing resources.



"Despite almost \$10 billion in Commonwealth and nearly \$4.5 billion in state and territory spending on mental health every year, the system still suffers from duplication, gaps in access and there are no consistent, agreed national measures of whether people's lives are being improved", he said.

The Federal Health Minister Sussan Ley is, in response to the Review, working with the Council of Australian Governments to establish a COAG working group on mental health reform.

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Australia **continued**

The Federal Government is also establishing an Expert Reference Group to develop strategies based on the findings and recommendations of the four main areas of the review.

They are:

5. *Suicide prevention*
6. *Promotion, prevention and early intervention of mental health and illness*
7. *The role of primary care in treatment of mental health, including better targeting of services*
8. *National leadership, including regional service integration.*

“This further work is necessary because, ultimately, there is no easy fix to this problem,” she said.



Today, I realized the people that smile and laugh the most are the ones who are suffering the most. Because laughter isn't only the best medicine, it's also the best disguise.

CORRESPONDENCE

Hi Fanita,

I wrote my concerns about our Sons death to the Mental Health System Australia and their response sorry to hear about your loss Sons Story, I voiced my opinion to no avail and said the Mental Health System let our Son down as so many other families I voiced my opinion to no avail, and wrote about my concerns to the Mental Health in WA Helen Morton to no avail, I was very angry, as the Mental Health System Australia is trying to raise awareness to raise funds where is all the funding going to? They could not answer? Just sent me message sorry to hear U feel the way I do, so angry, voiced my opinion in honour of our Son Jerry to no avail what do we have to do to raise awareness,? I am with you 100% Fanita will march on Parliament to make a Stance? Our children lost their lives we trusted the professionals not involved in treatment, etc have been spreading the word around about www.whitewreath.com.au as a mother will do anything as still today trying to raise awareness so one wants to listen, suicide is still such a tabu subject will do anything, to raise awareness, in honour of our Sons who deserve the respect and dignity and loved will camp in Parliament anything to raise awareness, just let me know a time and place will make sure I am there as I know and experience our pain in honour of all loved ones who lost loved ones to suicide, we must continue to raise a stance no matter as the Mental Health System does not understand at all what we are going through just the statistics we must stand out loud voice our opinions, make us stand out loud voice our opinions otherwise they will walk all over us, Fanita in honour your loving Son, continue your legacy, speak loud I am with you always in honour of our Son will camp on the lawn do anything to raise awarenessxxxx

WORLD NEWS

University staff-students scared to get mental-health treatment.

British university staff and students with mental health difficulties are not seeking help for fear of receiving unfair treatment, according to a survey.

The Equality Challenge Unit, which promotes diversity at universities, questioned more than 2000 staff and 1400 students about whether they have disclosed their mental health problem and received any support.

Some 38 percent of staff said they had not told colleagues, with many fearing that they would be treated differently or thought less of, while 40 percent said they had received support.

One staff respondent said: "Mental difficulties remain a taboo in British employment. Many are happy to discuss long-term illness but shy away from mental health discussions. This is not necessarily the fault of the individual, but rather the general context generated by the working environment."

Another said: "The problem is that there is always someone who is completely insensitive, judgemental and ignorant of mental health issues in any group of people and such a person is always going to discourage openness. Staff should do their best to educate such people and make it known that their attitudes are unacceptable."

On the whole, staff who did disclose had a positive experience, with 84 percent saying colleagues were supportive. Only 3 percent said people were unsupportive.

The survey revealed similar trends among students. More than half of students (54 percent) with mental health difficulties said they had not received or spoken to anyone about getting help.

Most respondents thought they would not get the support they need or would receive unfair treatment. Of those students who did seek support, 78 percent found it had a positive effect on their studies, while 5 percent had a negative experience.

The survey found that receiving support can also lead to students feeling like they are a burden. One student said:

"The only negative effects are the ones that I feel always, the guilt of feeling like I am a burden, which does not come from anyone else apart from myself, but it makes me feel like I need to prove myself more and overcompensate for my condition.

Chris Brill, senior policy adviser at Equality Challenge Unit, who led the research, said that although support was available, many people weren't accessing it.

"We need to focus on developing environments that not only make it more acceptable and comfortable to disclose mental health difficulties, but also translate this into encouraging people to access vital support," he said.

WORLD NEWS

Australia

Rural death rate higher than cities.

The rate of suicide in rural areas is 66 per cent higher than in major cities - stark proof that many people are not getting the mental health support they so desperately need.

Gordon Gregory, Chief Executive, of the National Rural Health Association (NRHA) said the tragic suicide rate in rural areas was in part attributable to the fact that there are fewer GPs and mental health professionals available.



“They are typically the first port of call for people experiencing mental illness,” he said.

“For example, the number of psychiatrists and psychologists in rural areas is, respectively, 40 per cent and 60 per cent of what it is in major cities.

“Where help is available, it is not always taken up. People in rural areas are more likely to hold back from seeking help for fear of the stigma sometimes associated with mental illness, and their 'rural stoicism'.

“As a consequence, mental illness may be diagnosed and treated later in its course, potentially increasing the risk of self-harm.

“The disparity in the rate of suicide between city and country people is particularly marked among some population groups.

“Farmers, for example, are twice as likely to die by suicide than the general employed public.”

Mr Gregory said the rate of suicide among young men living outside major cities was twice as high as it is in major cities.

He said the the suicide rate among young Aboriginal and Torres Strait Islander people was five times higher than that for young non-Indigenous Australians.

“These data strongly suggest that action is required to address the problem.”

The Rural Health Alliance (NRHA) is seeking action on proposals that will help to turn things around for these vulnerable groups.

The proposals are to:

- * introduce Medicare rebates for telehealth services delivered by psychologists;
- * continue mental health first aid training for Rural Financial Counsellors;
- * in consultation with Indigenous experts, speed up the availability of culturally-appropriate online mental health resources specifically for Aboriginal and Torres Strait Islander people, perhaps using Aboriginal Health Workers with special training in e-mental health.

“As a consequence, mental illness may be diagnosed and treated later in its course, potentially increasing the risk of self-harm.

WORLD NEWS



Australian Government
Australian Institute of
Health and Welfare

Australia

Suicide main cause of death in young people

Suicide is the leading cause of death among people aged 15-44 according to figures released in March by the Australian Institute of Health and Welfare (AIHW).

The data looks at differences among population groups.

“Chronic disease continues to be the major cause of death among people aged over 45,” said AIHW spokesperson Louise York.

Coronary heart disease was the most common underlying cause of death in Australia for people aged over 45, followed by cerebrovascular disease, cancers, dementia and Alzheimer disease and respiratory conditions.

The AIHW is a major national agency set up by the Australian Government to provide reliable, regular and relevant information and statistics on Australia's health and welfare.

Source AIHW 13 March 2015

Rural death rates...continued

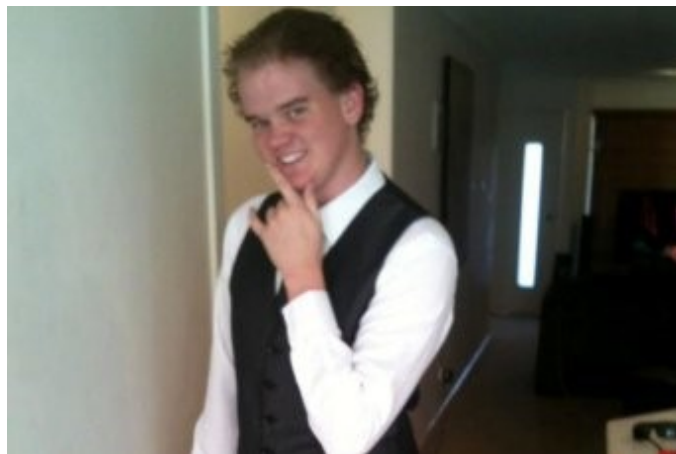
Mr Gregory said these proposals were cost-effective and practical measures that would make a real difference to the health and wellbeing of people living in rural and remote Australia.

The NRHA and Mental Health Australia held a series of meetings in February with Federal Parliamentarians to raise concerns regarding rural and remote mental health services, and urge continued action on mental health.

Source: NRHA media release February 10.

Man recounts frantic phone call from brother shot during central Queensland murder-suicide

By Marlina Whop, staff / Updated 8 Apr 2015, 3:46pm



Douglas Hart's brother Lindsay had been recreational shooting with his friend and Royal Flying Doctor Service (RFDS) colleague Greg McNaughton at Douglas' 50-acre property at The Caves on Tuesday night.

Douglas was supposed to be there too, but got held up in town.

Greg's son Tim, 24, was also there. He was an apprentice engineer on leave from the RFDS base in Alice Springs.

“When someone sends you a message 'I'm bleeding to death, come get me quick' you don't worry to much about yourself, do you?”

Lindsay's brother Douglas Hart

Man recounts frantic...continued

Tim had been in a motorbike accident last year and occupational therapists suggested he returned to sports he used to do as part of his rehabilitation.

Mr Hart recounted the events, which he learnt from Lindsay who is still recovering in hospital.

He said the men were target shooting when the mood suddenly changed.

He said at around 4.40pm Tim shot dead his father, shot Lindsay in the arm and then turned the gun on himself.

"It was happy until the young fellow suddenly swung the gun on his father and reloaded," Mr Hart said.

"It was round about then Lindsay took off and realised the guy was serious and realised he'd been shot himself.

"He rang me to come in via the neighbour's place and rescue him.

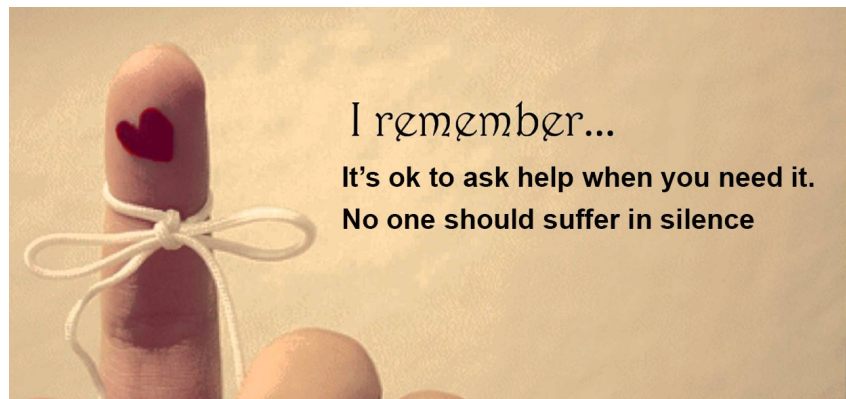
"He said: 'Don't go near the place, this guy's a nutter, he's gone mad he'll shoot you. Come and rescue me from over via next door'."

When Mr Hart arrived to help, he said his brother stood up from behind a tree.

He was covered in blood, with his shirt wrapped around his right arm.

"I wanted to get him to an ambulance as quick as possible, regardless of where the gunman was," Mr Hart said.

"When someone sends you a message 'I'm bleeding to death, come get me quick' you don't worry too much about yourself, do you?"



Mr Hart said his brother was holding up well and would no longer have to be transferred to Brisbane for further operations.

Antony Yoffa knew Tim McNaughton in Alice Springs and said the outback town was shocked.

"I find it hard to understand what that must feel like for the family," he said.

"People of that age have the world in front of them, the opportunities that abound for young people these days, I just can't understand the circumstances they found themselves in."

WORLD NEWS

Australia

\$2.5M plan to seek schizophrenia cure

A \$2.5 million four-year program to support development of new treatments and possible cures for schizophrenia was announced in May by the NSW Minister for Medical Research, Pru Goward.

The program will see the amalgamation of the Schizophrenia Research Institute (SRI) into Neuroscience Research Australia (NeuRA)

“Schizophrenia is a devastating mental illness that ranks among the top 10 causes of disability in developed countries worldwide,” she said.

“With symptoms including profound withdrawal from family and friends, a decrease in intellectual abilities, hallucinations and delusions, sufferers’ lives are significantly impacted –in some cases forever.”



Prof. Peter R Schofield

Professor Peter Schofield, NeuRA’s CEO said the new opportunities to tackle schizophrenia would be significant.“

“The government’s support will also strengthen collaboration with researchers at the University of New South Wales,” he said.

“The funding allows researchers to fast track the early stages of discovery in the laboratory, to widespread translational and clinical research and clinical trials.

“These assets will now be integrated into NeuRA’s operations, creating a centre of excellence in medical research.”

“NeuRA is world renowned for its schizophrenia research so consolidation will greatly enhance SRI’s research and give increased impetus to efforts to find better ways to treat and cure schizophrenia,” said SRI’s Chairman Norbert Schweizer.

WEAR BRIGHT COLOURED SOCKS
...during the 3rd week of October



The WHITE WREATH ASSOCIATION creates awareness about the misunderstandings relating to mental illness and provides community education concerning the lack of appropriate treatments. Our objective is to raise sufficient funds to establish safe haven centers for those who want a 'place of safety' at times when suicide threatens. With your help we'll achieve our goals and together reduce the frightening suicide figures growing at a staggering rate.

DONATE A GOLD COIN

TO SUPPORT THE ORGANISATION'S WORK WITH FAMILIES AFFECTED BY SUICIDE AND MENTAL ILLNESS





White Wreath
Association Ltd®

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"Action Against Suicide"

IMPORTANT NOTICE

ANNUAL GENERAL MEETING

OF BOARD MEMBERS

WHITE WREATH ASSOCIATION LTD

Monday 7 September 2015 - 7PM

41 MARKWELL STREET

**AUCHENFLOWER QLD 4066
(B.Y.O)**

WORLD NEWS

USA

MEDICATION COULD HAVE SAVED HER SON, MOTHER SAYS

(Apr. 2, 2015) Jeffrey Taylor, a 53-year-old diagnosed with bipolar disorder and schizophrenia, was shot and injured by police after he struck two pedestrians and a responding officer during a car chase in Ohio last week ("[Suspect shot by police had mental issues, mother says](#)," Toledo Blade, Apr. 1).



Taylor's mother, Nettie Taylor, said the incident would never have happened if her son regularly took medications to treat his serious mental illness. Nevertheless, Ms. Taylor said that Toledo police knew about her son's condition and could have found an alternative to shooting him.

"I know he was wrong to drive like that, but to get shot like that — he hadn't robbed anybody, he hadn't killed anybody," said Ms. Taylor.

Taylor's mother explained that she had fallen and hit her head the morning of the incident and her son became upset when she would not go to the hospital. This event, combined with the recent passing of his father and the fact that he was off his medication, likely precipitated a psychotic break for Taylor, his mother said.

"Now that he's in trouble...if he lives, I want him to be treated right," said Taylor's mother.

As of Tuesday, Taylor remains in critical condition and the three victims are expected to recover.

Taylor is lucky to be alive. "[At] least half of the people shot and killed by police each year in this country have mental health problems," according to [a joint report by the Treatment Advocacy Center and National Sheriffs' Association](#).

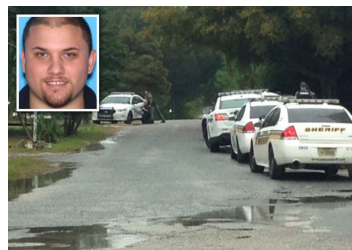
The transfer of responsibility for individuals with serious mental illness from mental health professionals to law enforcement officers is incompatible with good psychiatric care. The current situation is victimizing both the patients and the law enforcement officers.

But the situation could be improved by making more widespread use of [assisted outpatient treatment \(AOT\)](#) in the 45 states where it is authorized and enacting AOT laws in the five states without them.

"THE FATAL CONSEQUENCES OF NEGLECTING MENTAL HEALTH ISSUES"

(March 30, 2015) Diagnosed with paranoid schizophrenia, Jason Rios, 24, had been involuntarily committed to a psychiatric hospital in Florida three times before beating his disabled mother and 9-year-old niece to death with a crowbar last month ("[Editorial: The fatal consequences of neglecting mental health issues](#)," The Tampa Bay Times, Mar. 24).

Following each of his psychiatric crises, Rios returned home from the hospital and "resumed his role as a dedicated, helpful family member," his family said.



But on the morning of February 5th, Rios killed his wheelchair bound mother and young niece. Rios had no prior history of violence and his family had no reason to suspect that he was dangerous.

"That violent slide by Rios illustrates the unpredictable nature of mental illness and the dangers of an underfunded state mental health system that fails to provide adequate follow-up care," the Times reports.

"We see so often that a lot of people that do commit some pretty violent crimes have a long history of mental illness," said Judge Thomas McGrady, the chief judge for Pinellas and Pasco counties. "The state has to be committed to having treatment facilities for them."

When people with severe mental illness receive appropriate and effective treatment, their risk of committing violent acts is no greater than that of the general population.

But when they do not receive treatment, [multiple studies on serious mental illness and dangerousness](#) have found their risk of violent behavior, including homicides, to be significantly elevated.

So, how do we treat people who, because of their illness, are too sick to recognize their illness? We improve the laws that are roadblocks to treatment. Policies that prevent people with severe mental illnesses from receiving treatment contribute to tragic acts of violence like this.

Rios' case is further evidence of the need for mental health reform, both in Florida and across the nation.

A FRIEND 4 ME - MY STORY



Kelly's Journal continued.....

I think back to when I first left my ex-husband and he ended up in mental health for a few hours before his sweet talking had gotten him out the door. I was upset about him being there and was told by a friend not to worry. That he was getting the help he needed. You here those words all the time. It's a good thing to be locked in mental health. You will get the help you need and come out a more stable person.

Those words are so not true and my past experience tells me that I will be walking out those doors no better off. After complaining to my self that no one comes near me while in here a second nurse comes up for a chat and will be the second time a nurse comes near me during for 5 night stay.

Those nurse have a maximum of 4 people to care for. They don't have to feed me or shower me. I do everything for myself so what they get paid for I do not know. Two chats from them in 5 days. The system is just so wrong. This nurse seems nice and I tell him all I told the other nurse. He listens and spends the time with me but he can't help. Once again I'm told the social worker will help put me out. Once again I'm told he will put me down to see them. My hope lies with this one person. Lunch today was good, Spaghetti Bolognese but I wonder if anyone here didn't like it. I guess they don't have a choice. It was all that was on offer. I heard a doctor in the next room. They have not seen me today and I wonder if they will come for me or if I'm forgotten. My wait lasts all day. The waiting game begins. At this stae I'm in the dark as much as you. At this moment, none of us knows that the rest of the day will bring us. The waiting game continues all days. Someone else is currently in control of my life. I feel I'm lucky in a way. At least I don't have to ask permission to fart and shit.



HUMOUR

Jack strode into 'John's Stable'



looking to buy a horse. "Listen here" said John,

"I've got just the horse



you're looking for, the only thing is, he was trained by an

interesting fellow. He doesn't go and stop the usual way. The way to get him to stop



is to scream

'HEY HEY'

the way to get him to go



is to scream

"THANK GOD."

Jim nodded his head, "fine with me, can I take him for a test run?" Jim was having the time of his life, this horse



sure could run he thought to himself. Jim was speeding down

the dirt road when he suddenly saw a cliff up ahead "stop" screamed Jim, but the horse kept on going. No matter how

much he tried he could not remember the words to get it to

stop "YOYO" screamed Jim but the horse kept on speeding

ahead. It was 5 feet from the cliff when Jim suddenly remembered

'HEY HEY'

Jim screamed,

The horse skidded to a halt just 1 inch from the cliff. Jim could not believe his good fortune, he looked to the sky,

raised his hands in the air, breathed a deep sigh of relief and said with conviction

"THANK GOD."

FUNDRAISER OPTIONS

Dustin Old raised \$2823.25

shaving his dread locks off and raising money for White Wreath Assoc. He did this after losing a good friend to suicide.



Thanks Fanita, I'm pretty proud of myself and my family and friends. Wasn't expecting even close to that amount. All for a great cause. I actually like my shaved head now, except for

being cold and my motorbike helmet not until me anymore haha. Nice to speak to you again, and here are a couple of photos. Not very good ones!

Take care

Dustin

WISH LIST
YOU CAN HELP
You can do your part to help
White Wreath Association

You can give in kind

Petrol Gift Cards

Stamps

You can be a volunteer

We need volunteers Australia Wide

OR YOU MAY LIKE TO DONATE

DONATIONS TAX DEDUCTIBLE

1. Via our credit card facility posted on our Website www.whitewreath.com then follow the instruction.

2. Directly/Direct Transfer into any Westpac Bank
Account Name White Wreath Association Ltd
BSB No 034-109 Account No 210509

3. Cheque/Money Order to White Wreath Association Ltd
PO Box 1078
Browns Plains Qld 4118

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www.whitewreath.com

