



WHITE WREATH ASSOCIATION Ltd® Action Against Suicide
A.C.N. 117 603 442 Head Office: PO Box 1078 Browns Plains QLD 4118
Web: www.whitewreath.com Email: white.wreath@bigpond.com
Tel: 1300 766 177 | Mobile: 0410 526 562

IN THIS EDITION:

- Director's Report
- Important Notice
- Peter Neame
- Treatment for Addiction
- Xmas Wishes
- Coming Events
- AGM
- World News - Japan
- World News - Alaska
- World News - India
- World News - USA
- World News - Kenya
- World News - New Zealand
- World News -Australia
- World News - Ireland
- World News - Korea
- World News - Slovakia
- SSRI Stories
- Humour
- Wish List

DIRECTORS REPORT

30 years ago anyone who was depressed and suicidal, anyone who mentioned that they were suicidal would have immediately been admitted to a "Place of Safety"/Hospital environment. Suicide was once recognised as a life-threatening emergency. Thousands of people die needlessly in Australia because "Suicidal people are being cared for in the Community" We have taken the approach for the past few years of just talking and nothing has improved infact suicide numbers are increasing.

Caring for in the community simply means that everyone is put at risk. Mental Health disasters happen many times a day in Australia and the World. A good example is the murder/suicide recently in an affluent area of Brisbane Qld.

In more than 80% of completed suicides and other mental health disasters someone close to the patient and or the patient themselves have tried, in good faith, to get help from professionals but been turned away.

Threats of suicide and self-harm including actual self-harm should be treated as if they were actual attempted suicides. In simple terms people are either suicidal or not suicidal. Personal judgments' about highly moderately, vaguely, possibly suicidal, should not be used/they are dangerously misleading.

If an individual or his family says they are suicidal he/she is treated as suicidal.

No one grandiose professional can make an arbitrary decision that a patient who was seriously suicidal one day is no longer suicidal the next.

Fanita Clark
Director

EXCITING NEWS NEW WEBSITE

Our long waited new website www.whitewreath.com is now up and running.

“Thank You” to Steve Doig from Perth Western Australia who spent many hours voluntarily developing our new site. Steve will remain as our Technical Support Officer/Webmaster and updating our website regularly. So if you have any technical questions do not hesitate in emailing steve@doig.com.au or White Wreath Assoc. Peruse our new website and give us some feedback as it would be very much appreciated.

MORE EXCITING NEWS GAMBLING COMMUNITY BENEFIT FUND

(Office of Liquor and Gaming)

Gambling Community Benefit Fund approved a grant for us to purchase a new car. Our sincere “Thanks” and grateful appreciation. White Wreath Assoc desperately tries to keep all ongoing costs to a minimum, which in these tough times can be very difficult with daily expenses soaring out of our control. We are all experiencing tightening of our belts however White Wreath does not and has never received Government Financial Assistance. We rely wholly and solely on public donations. We have endured extremely tough times over the years like when we lost everything we owned indirectly due to fire. We still have not recouped from this but we are a resilient group of volunteers and forge on regardless servicing those in need. A new car means at least for the next three years we know that we will not have to spend unnecessary monies on repairs, maintenances, tyres etc that in turn will save White Wreath Assoc a lot of money over this period of time. Once again our grateful “Thanks” to Gambling Community Benefit Fund.

INTERESTING WHY CAN'T WE DO THIS?

A week ago I caught the tail end of one of those Christian American TV shows early on a Sunday morning. What caught my attention is when I heard the hosts of the show asking for 3,000 people to donate \$1,000 each, as they need three million dollars to keep up the good work they do. I thought to myself what an excellent marketing ploy. I understand there are many more religious followers than there are White Wreath Assoc followers. But how about we have ago. If this did eventuate we could have our Centre's up and running sooner rather than later. It would be exciting for all of us. If you feel you would like to assist with this campaign please contact White Wreath Assoc white.wreath@bipond.com and lets discuss this together of how to get this started.

SUPPORTING WHITE WREATH ASSOC

My name's Josh Lynagh from Mt Gambier South Australia. I go by the name Streamlyne, and have been recording music for a few years now.

Not too long ago, I started realising that the things I had to say regarding youth suicide, and opening up about your feelings and depression, people were actually listening to.

My thoughts, were shared thoughts, just - nobody was talking about it. So that's why I'm pushing this, and people are really starting to listen.

I lost a mate of mine when we were 15, and the effects from that have been devastating. Now I'm doing my part, not only with my music, but also now in a financial way, through the release of the first single from my album "Fly Away" featuring vocals from local singer Josh Cory (who's only 15 years old..)

All proceeds from the sale of the single will go to the White Wreath Association. Okay, so here's the link to the song <http://streamlyne.bandcamp.com/track/fly-away> Please support.

PLEASE HELP ME BRING THIS TO THE ATTENTION OF ALL

Dear Staff at White Wreath Association,

I am a dedicated reader to your website for several years now. You always have interesting articles about people who experienced such difficult situations. I know you are very much against suicide. Well, I come to you because an over the counter stimulant sold in stores took my boyfriend's life. Deric Quesenberry was a second year medical school student at West Virginia School of Osteopathic Medicine. He was an amazing dedicated person to the community. His mission was to help others in need. He had volunteered at clinic's since high school, wanting to become a doctor. But to get to the point, the man who wanted to marry me and start a family had a psychotic break down. It was September 13, when he started to act different. The things he said didn't add up. We were bickering until he started mentioning death. He had become suicidal. As I was on the phone, he shot himself in the head. I blamed myself for several days and ended up being admitted into the hospital for a couple of days. Just on the weekend of his funeral the autopsy report came in. The detective informed his family of a over the counter supplement that many college students were using to keep awake for exams. The supplement had caused 12 suicides in Lewisburg already and most had died by hanging themselves according to the detective. 12 suicides in one town alone? Please speak out about this. I lost the man I loved to this stimulant. He was 22 years old and had so many aspirations to help the community. He was such a positive influence that the school is planting a tree and making a plaque in his honor. The new york times ran an article on this which was recently found by his family. There are others out there using these 'bath salts'. Spread the word before it's too late for other people.

<http://www.nytimes.com/2011/07/17/us/17salts.html>

Thank you for your attention.

If you would like to know more on the situation, don't be afraid to call me.

Sincerely,

Stacy Rivera

PETER NEAME RESEARCH OFFICER WHITE WREATH ASSOC LTD

The below list shows 328 killed in 16 mass killing throughout the world yet the psychiatrist Bible the DSM1V ie the Diagnostic and Statistical Manual of Mental Disorders number 4 says of amok(mass killings) that it is a "Culture Bound Syndrome" and later downplays the dangerousness of paranoid schizophrenia. I have been talking about preventing mass killings for thirty years.

The reason why mass killings happen on average one every two weeks somewhere in the world is that the Mental Health Profession can no longer recognise paranoia/paraphrenia. Paranoid people who can live independently in society are just regarded as eccentric until the next mass killings. Thus Anders Behring Breiviks was just eccentric.....his freedom was full-on and the young people he slaughtered had the freedom to be slaughtered.

Behind paranoid peoples ideas is the desire to kill as many other before dying themselves usually by their own hand. Their paranoid believes are just the outward mask or rationalisation of the desire to kill as many people as possible.

I have been talking about preventing such things for thirty years. To date I have never had a commonsense reply from any politician. Mass killers copy one another and so the toll grows. These things are never out of the blue, with 81% giving at least two years warning.

Deadliest Shootings

<http://www.iafrica.com>

Friday's shooting on the Norwegian island of Utoeya in which at least 68 people were killed is the deadliest of recent times.

Before that, the worst shooting massacre was in 1996 when 35 people were killed in Australia. Here is a list of the deadliest shootings of the past 25 years:

July 22, 2011 - NORWAY: A bomb attack on government buildings in Oslo that kills seven is followed by a shooting at a summer holiday camp organised by the ruling Labour party on the island of Utoeya, near to the capital. A man is arrested for carrying out both attacks and 85 people are so far listed as dead.

January 8, 2011 - UNITED STATES: Six people are killed and 12 injured including Democratic congresswoman Gabrielle Giffords in an attack in Tucson, Arizona.

June 2, 2010 - BRITAIN: A taxi driver kills 12 people in Cumbria (north-west England) before committing suicide.

November 5, 2009 - UNITED STATES: An army psychiatrist kills 13 on a military base in Ford Hood, Texas.

April 3, 2009 - UNITED STATES: A man runs amok at a welcome centre for immigrants in Binghamton (New York state), killing 13.

March 11, 2009 - GERMANY: Fifteen people, including nine students and three teachers, are killed by a 17-year-old in a high school in Winnenden, near Stuttgart. He later commits suicide.

September 23, 2008 - FINLAND: A 22-year-old student commits suicide after killing nine other students and a teacher in a school in Kahajoki.

April 16, 2007 - UNITED STATES: A student originally from Korea kills 32 people at Virginia Tech university, Blacksburg, Virginia. The 23-year-old then commits suicide.

April 26, 2002 - GERMANY: Sixteen people are killed (13 teachers, two high school students and a policeman) at a school in Erfurt in central Germany by a 19-year-old who then commits suicide.

March 27, 2002 - FRANCE: A man kills eight local councillors in the middle of a meeting and injures 19 others, 14 seriously. He later commits suicide in custody.

27 September, 2001 - SWITZERLAND: Fourteen members of parliament and local government are killed as they meet in Zug, near Lucerne. The killer then turns the gun on himself.

April 20, 1999 - UNITED STATES: Two high school students go on the rampage at Columbine High School, Littleton (Colorado), killing 12 students and a teacher before committing suicide.

April 28, 1996 - AUSTRALIA: A gunman kills 35 at Port Arthur, on the island of Tasmania.

March 13, 1996 - BRITAIN: Sixteen children and their teacher are gunned down in Dunblane, Scotland. The killer commits suicide.

September 24, 1995 - FRANCE: A teenager kills 16 people in the towns of Cuers and Sollies-Pont in south-east France before committing suicide.

December 6, 1989 - CANADA: A man wanting to exact revenge on feminists kills 14 young women at a college in Montreal and then commits suicide.

TREATMENT FOR ADDICTION INFORMATIVE AND IN-DEPTH INFORMATION WEBSITE

<http://www.Treatment4Addiction.com/> (T4A) is an in-depth information resource regarding addiction treatment and mental health. Our staff of addiction professionals and experts have contributed a wealth of information, with the hope of providing a quality website for individuals seeking addiction treatment programs, drug interventions, drug detox facilities and recovery information.

AGM BOARD OF DIRECTORS

Our elected Board Members have been with White Wreath Assoc from its beginnings. Together we have faced it all, difficult times, sad times but most importantly good times that we have seen each other through, sometimes crying, sometimes laughing. White Wreath Assoc Board is built on trust, respect, support and love for one another that reflects on the work we do for the community. I am very pleased to announce the following elected Board Members and together we will serve you to the best of our ability.

Fanita Clark, Craig Gillespie, Mark Knipe, Peter Neame, Ruth Avenell, Karen Smyth, Tina Knipe & Peter Clark.

MERRY XMAS

As this is the last issue of our newsletter for 2009 we would like to wish our members, volunteers, supporters and readers a Very Merry Xmas & A Happy and Prosperous New Year.



COMING EVENTS

NATIONAL WHITE WREATH DAY – IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE

TUESDAY 29 MAY 2012

POST OFFICE SQUARE

BRISBANE (CBD)

DISPLAY ON VIEW ALL DAY

OFFICIAL CEREMONY 12.30PM – 1.30PM

SERVICES HELD ACROSS AUSTRALIA TO BE LISTED IN FOLLOWING NEWSLETTER (MAY 2012) AND WEBSITE

WORLD NEWS

JAPAN

Chair of the Japanese Association for Suicide Prevention Yukio Saito
<http://search.japantimes.co.jp>

By JUDIT KAWAGUCHI

Yukio Saito, 75, is the Chair of the Japanese Association for Suicide Prevention and CEO of the Japanese Federation of Inochi-no-denwa (Lifeline), Japan's first and largest telephone counseling service. For the past five decades, Saito has been educating the public and lobbying relentlessly to bring an end to Japan's shockingly high suicide rate, which is one of the highest among developed countries. From 1977, the number of suicides in Japan increased steadily until 1998, when suicides claimed one life about every 20 minutes. It took Saito four decades and the publication of more than 40 books on suicide to convince the Japanese government to start paying attention to these numbers. Finally in 2001, Japan's first national suicide-prevention policy was enacted. Still, 2003 turned into an especially tragic year as 34,427 people- about 70 percent of them men — took their own lives, bringing the nation's suicide death toll to a new peak, with one about every 15 minutes. As time is running out for more and more people, Saito does everything in his power to keep reaching out.

ALASKA

<http://www.ktva.com>

Alaska's Youth Committing Suicide At Rates Triple That Of National Average
UAA highlighting suicide prevention efforts with exhibit

By Lauren Maxwell Bio | Email

Story Created: Sep 6, 2011 at 7:53 PM AKDT

Story Updated: Sep 6, 2011 at 9:37 PM AKDT

ANCHORAGE—Alaska has one of the highest suicide rates, per capita, in the country. But experts say the issue of suicide among college students doesn't get the attention it needs.

At the University of Alaska Anchorage campus there are no specific statistics on suicide, but officials say they lose one or two students every year.

Those numbers are part of the national figure—an estimated 1,100 students die from suicide on college campuses every year.

According to UAA behavioral health studies, Alaska's suicide rate among young people is three times the national average.

More of this story at above website

INDIA

Suicides go up by 10% in state

<http://timesofindia.indiatimes.com>

HYDERABAD: The suicide rate seems to be consistently on the rise in Andhra Pradesh. Despite the efforts of various organisations to check this trend, suicides in the state, even this year, has witnessed a jump of over 10%. Disturbingly, most of these cases involve youngsters in the age group of 15-30 years, with more than 50% of them being men.

These statistics were brought to light by city-based NGOs on 'Suicide Prevention Day' that was observed on Saturday. Pointing out how AP was only behind West Bengal in suicides, these groups noted that the state registers as many as 43 suicide cases every day. The Cyberabad police alone record two-three such cases daily. "Most of these are students or young professionals from the 'migrant' population that has settled in the city for work," said Ranjana Haladker, director of Roshni, a suicide helpdesk.

Read more at the above website

USA

Army Suicides Hit Highest for July

<http://www.ibtimes.com>

The U.S. Army released its monthly press report on suicide statistics with July's count at a record high.

A reported 32 suicides and potential suicides took place last month, which tops the charts since they've been made available 2 ½ years ago.

Gen. Peter Chiarelli, the Army vice chief of staff, commented "Every suicide represents a tragic loss to our Army and the Nation. While the high number of potential suicides in July is discouraging, we are confident our efforts aimed at increasing individuals' resiliency, while reducing incidence of at-risk and high-risk behavior across the Force, are having a positive impact."

Currently 151 soldiers have been reported by the Army as having committed suicide this year, but CNN reports that the number is higher at 163. This is due to how the Army handles its investigations of incidents, in which a potential suicide is a death suspected as being such, and the time it takes to determine the cause.

The Army is the only branch of service that reports their suicide count without being asked and they are looking into just why their numbers are so high even while factoring in the branch size as compared to the others. Currently the Air Force has had 28 suicides, the Marines 21 and the Navy 33.

Gen. Chiarelli concluded saying: “We absolutely recognize there is much work to be done and remain committed to ensuring our people are cared for and have ready access to the best possible programs and services.

NAIROBI, KENYA

Experts raise alarm over rising cases of suicide

<http://www.standardmedia.co.ke>

In recent months, the media have been awash with reports of cases of people taking their lives. Common forms of suicide that have been featured include individuals shooting, hanging, burning and stabbing themselves, with others taking poison, jumping from high points, drowning or even crashing their cars.

But this is just the tip of the iceberg. A series of surveys conducted by the Africa Mental Health Foundation and the University of Nairobi over the last two years reveal shocking statistics on this social malady.

Reports from the surveys document alarmingly high levels of suicidal behaviour in schools and hospitals, which incidentally go unnoticed resulting in suicide.

He terms it wrong for the Government to punish those who attempt suicide, saying this is a medical condition that should be treated.

He calls on the Government to invest in the training of more psychiatrists, saying this is feasible within the country’s financial and human resources, and also sustainable.

He further proposes that nurses be trained also as psychiatrists to handle mental ailments.

NEW ZEALAND

Figures showing young New Zealand women have the highest rate of suicide in the OECD don’t come as a surprise to one specialist psychiatrist.

Although suicide rates have fallen dramatically over the past two decades, figures released yesterday by the Mental Health Commission show that Kiwi women aged 15-24 top the list, followed by Japan and Finland. Their male counterparts have the third worst suicide rate in the OECD, behind Iceland and Finland. Child and adolescent psychiatrist Dr Sally Merry told TV ONE’s Breakfast that the statistics were not surprising to her. “We’ve had high rates for some years now,” she said. “And although they are at the top this year, they have been pretty high for several years now.” Merry said the suicide statistics were just part of a bigger picture that shows New Zealand needs to do better for children and youth. “We are not doing well on a number of fronts,” she said.

Over the weekend Prime Minister John Key told Q+A his Government was concerned about the issue of youth suicide. “Youth suicide is an issue I’m particularly interested in trying to address, and if we get a second term, I’m going to throw resources as a department, Prime Minister and Cabinet to try and resolve or at least lower the youth suicide rate in New Zealand,” Key said. Mental health and mental illness specifically needed to be tackled, she said, however high rates of poverty, high rates of abuse, high teen pregnancy rates, and high rates of substance abuse were all linked.

Statistics show that 2.3% of youth in New Zealand access mental health services, but that 15-20% needed it. Merry said the huge gap showed that there were not enough services and not enough

funding to tackle mental health issues. “Young people are getting a poor cut of the whole cake, they make up a quarter of the population but get about 10% of the funding.

“What we know from research is that we get much better return when we invest earlier.”

She said parents needed to be supported in their child’s first few years of life and that in her opinion mothers should not be forced back into work, when their babies needed them. “The seeds for social and emotional competence in life are laid down very early, in the first couple of years,” she said. The commission said there were 11.2 suicide deaths per 100,000 New Zealanders in 2008 (the latest figures available), down from 15.1 in 1998 - placing the country toward towards the middle of the OECD table.

USA

Treatment Advocacy Centre

<http://www.treatmentadvocacycenter.org>

HOPEFULLY YOU CAN VIEW THE FOLLOWING LINKS AS IT IS A MUST VIEW

Groundbreaking video featuring consumers and families telling their own heartbreaking and hopeful stories about court-ordered treatment for severe mental illness.

Stopping the Revolving Door - A Civil Approach to Treating Severe Mental Illness Click here to watch the video (30:11). Or <http://www.vimeo.com/26171883>

Subsidising Mental Illness by Placing Boondoggles Ahead of Treatment

Not a day passes without a new headline about devastating cuts to mental health budgets by states that say they can no longer afford to take care of the mentally ill in the aftermath of the great near-depression. Now the Bay Area News Group reports that California has funneled \$7.4 billion intended for mental health services to high-priced consultants and frivolous programs.

“Mental health spending creating haves and have-nots” (June 26) by Karen de Sá looked at what California has done with the billions generated by a mental health tax passed by voters in 2004. Among the findings: It has funded a cottage industry of consultants earning up to \$200 an hour.

- It has financed new programs that “in many cases are only loosely linked to (mental illness) prevention, treatment and recovery.”
- Its policies violate the law, according to the law’s co-author.
- It has created a “Cadillac system for selected new clients and a dysfunctional, deteriorating system for those already inappropriately served.
-

State mental health officials never responded to de Sá’s requests for an explanation.

Among the infuriating and indefensible ironies of this situation is that California supervisors routinely use the “we-can’t-afford-it” excuse for not implementing the state’s assisted outpatient treatment law (AOT), known there as “Laura’s Law.” But the Mental Health Services Act (MHSA) funds could be used to fund Laura’s Law - instead of things like a “Hip-Hop Car Wash” for juvenile offenders in need of independent living skills in Contra Costa County.

The Treatment Advocacy Center has said from the outset of the current state budget crisis that life-saving court-ordered outpatient treatment for people with severe mental illness is affordable to state governments if lawmakers just start looking at the higher cost of non-treatment. De Sá’s report suggests they should also be looking at just how legitimately the money they do have is currently

being spent.

Read “Mental health spending creating haves and have-nots.”

SLOVAKIA

Number of suicides in Slovakia rises in 2010

<http://spectator.sme.sk>

As many as 631 Slovaks committed suicide last year, representing a year-on-year rise of 30 people – and up 120 compared to 2007, the Statistics Office (ŠÚ) announced, as reported by the TASR newswire.

According to the Statistics Office, the most common methods of suicide are hanging and suffocation (with poisonous gas, such as car gases, for example) with 443 people using these forms of suicide.

The statistics also reported that 44 people jumped out of a window or another high spot, 31 people killed themselves with a pistol and 14 people used hunting rifles or other types of rifles. Another 27 people overdosed themselves with pharmaceutical drugs, 20 people cut themselves with a sharp tool or object such as a blade, knife or glass, while 15 people opted for jumping under the wheels of a car or train and eight people deliberately drowned themselves.

The Statistics Office said the most common reason for suicide in the EU is depression. Alarmingly, suicide is the third most common cause of death among young people in the EU. The most frequent reasons for suicide include problems in family and other interpersonal relations.

JAPAN

Releasing 70,000 Psychiatric Patients Shows Japan Debt Task

<http://www.businessweek.com>

Facing the world’s largest public debt and the fastest aging society, Prime Minister Yoshihiko Noda is trying to curtail growth in the country’s 34.8 trillion yen-a-year health bill.

“The only thing the government has in mind is cutting medical costs,” said Yugo Miyata, who runs Yokohama Camellia Hospital on the outskirts of Tokyo. “If hospitals force out 70,000 patients immediately, we must be ready for several thousand of them to be homeless on the street.”

Psychiatric patients in Japan are hospitalized for 307 days on average, compared with just over a week in the U.S. and about 11 weeks in the U.K., according to government figures.

While the U.S. and Western Europe began closing asylums and integrating patients into the community in the 1960s, in Japan the stigma of mental illness has ensured that the nation’s 1,076 psychiatric hospitals maintain a 90 percent occupancy rate. Japan has 13.5 times more psychiatric beds per 100,000 people than the U.S. and 4.5 times more than the U.K., according to OECD data.

Read more at the above website

USA

<http://www.treatmentadvocacycenter.org>

For Every Lost Psych Bed, Two People Get Committed

The theory behind deinstitutionalization was that if psychiatric patients were treated in the community instead, there no longer would be much need for hospital beds. On this premise, 90% of America's state hospital beds have vanished since 1960.

Now comes a report in the British Medical Journal that there is a clear and predictable relationship between a decrease in the number of psychiatric beds and an increase in court-ordered hospitalization. In other words, eliminating involuntary inpatient treatment increases the number of involuntary patients. In England between 1988 and 2008, mental illness beds decreased by 62% and involuntary admissions increased by 64%, according to the authors. They also note in passing that psychiatric hospitals have become "more disturbed and even more stigmatized" as admitting patients have arrived in a more acute state of illness.

"Mental illness beds and rate of involuntary admissions" (July 5, 2011) is based on data in England for the two decades between 1988 and 2008. "Closure of beds for people with mental illness in high income countries has been part of policies to deinstitutionalize the care of people with mental illness..." according to authors Patrick Keown, Scott Weich and others. "However, the rates of involuntary admissions have been increasing This trend has continued despite the development of a range of community based services such as community mental health teams, assertive outreach, crisis resolution home treatment, and early intervention services. Most of these probably reduce voluntary rather than involuntary admissions."

If you live in one of the (many) states where hospital beds are being eliminated in the name of fiscal austerity (say, Massachusetts, where 120 hospital beds were eliminated last year, or New Jersey, where the only hospital for elderly patients was just axed), this would be a good study to print out and send to your lawmakers. As the authors conclude with characteristic British understatement, "Ultimately this study provides important evidence for the need to anticipate the effects of bed closures."

AUSTRALIA

<http://www.smh.com.au>

Mental health scheme is 'welfare for wealthy'
Mark Metherell

THE mental health activist, Neil Cole, says he knows a couple with a \$14 million mansion and two Mercedes cars who still claim from Medicare for counselling from a psychologist they don't really need.

"It is the worst form of middle-class welfare I have ever seen," Associate Professor Cole said of the Better Access mental health scheme for consultations.

The former Victorian MP has joined the fierce debate which has erupted over the Gillard government's plans to reduce such payments to doctors and psychologists, which blew out to \$1.4 billion during four years. This figure is nearly three times the original budget.

The proposed cuts have angered the Australian Medical Association and this week prompted a Brisbane general practitioner, Christine McAuliffe, to resign from a government-appointed mental

health advisory group.

Associate Professor Cole, who is with Melbourne University's Mental Health Research Institute, is a former consumer adviser to the federal government on mental health.

The Better Access scheme should be renamed "open access", he said. Medicare pays patients \$122 towards the fee for doctors to prepare mental health treatment plans. The resulting sessions with psychologists attract a Medicare contribution of up to \$78 - a level of payment on which psychologists add an extra \$35 on average.

The payments had fuelled a huge expansion to a scheme that favoured not very ill people who could afford the gap payments while there were many low-income people with serious mental illness who could not afford the \$200 gap fees they needed to see a psychiatrist, Associate Professor Cole said. General practitioners were receiving much higher Medicare payments for doing little more than what they would do when referring a physically ill patient to a specialist, he said. "We have a Rolls-Royce scheme when a Holden would do."

The federal president of the Australian Medical Association, Steve Hambleton, has rejected Associate Professor Cole's arguments, saying the preparation of a mental health plan and assessment of the patient's condition typically took more time with the patient than did the referral of physically ill patients.

"We can't equate it to a simple referral," Dr Hambleton said. It is someone taking responsibility for writing a GP mental health plan and it is fairly complex."

IRELAND

Many think depression is a 'state of mind'
by Deborah Condon www.irishhealth.com

While awareness of depression has grown in recent years in Ireland, there is still a degree of ignorance surrounding the condition, with one-quarter of people believing that it is not an illness but a 'state of mind', new research has shown.

According to the 2011 Lundbeck Mental Health Barometer, while 93% of people believe that it is important that depression is discussed openly, 70% admitted that they would find it difficult to discuss the issue with their doctor.

Furthermore, at least four in 10 (42%) people said they would not want to know if a loved one was experiencing depression.

The Lundbeck Barometer provides insights into Irish people's attitudes towards mental health. It is based on a survey of almost 1,000 adults nationwide.

This year's findings indicate that depression has become more visible over the past six years. In 2006, 18% of those who personally had depression, or who had a family member with depression, said that many or some people would have been aware of this. This year, that number has grown to 53%, which appears to illustrate a greater degree of awareness around the condition.

However 60% of people still believe there is a stigma attached to the condition, while 23% believe that it is a 'state of mind' rather than an illness.

Commenting on the findings, Louth-based GP, Dr Harry Barry, described it as ‘worrying’ that 42% of people would not want their friend or family member to discuss their depression with them.

“Sometimes people just need to talk. It can be the first step towards recovery. By providing a sympathetic ear and encouraging them to get professional help they could be making a real difference in their friend’s life,” he explained.

However, he described it as ‘reassuring’ that 77% of people said that their GP would be the first person they would contact for information about depression.

“While there is still a reluctance to discuss it, at least people know where to go. Mental health difficulties can be very distressing, not just for the person experiencing them, but for their loved ones. Approaching a healthcare professional for assistance is one of the most important steps a person can make in taking responsibility for their mental health,” Dr Barry said.

An estimated 400,000 people experience depression at any one time in Ireland. Symptoms may include feeling unhappy most of the time, a loss of interest in life, feeling anxious, agitated or irritable, feeling guilty, changes to sleeping patterns, change in appetite, feeling tired a lot of the time or low energy levels.

KOREA

<http://www.koreaherald.com>

Highest suicide rate in the developed world

Alarm bells are ringing loudly over the rapidly growing number of suicides among aged Koreans. Figures from Statistics Korea show the number of suicides per 100,000 people aged 65 or over increased 5.38 times from 14.3 in 1990 to 77 in 2009. In comparison, the figures for age groups of 15-34 years and 35-64 years rose by 2.49 times and 3.41 times to 23.2 and 35.9, respectively, over the same period.

In 2009, people aged 65 or older accounted for 11 percent of the total population but their share of suicides exceeded 32 percent.

South Korea has been far ahead of other member countries of the Organization for Economic Cooperation and Development in suicide tallies, with the rate of suicides per 100,000 persons aged 65-74 reaching 81.8 in 2005, compared to the OECD average of 16.3.

Experts note an increasing number of elderly Koreans are being driven into corner as they become economically incompetent with no one to rely on amid the rapid dissolution of families. Unless effective measures are taken, they warn, suicides among elderly people would reach a catastrophic level as a larger number of Koreans, including most of about 7.2 million baby boomers born between 1955 and 1963, are aging without having properly prepared for their later life.

According to state figures, the ratio of elderly people aged 65 or above, which climbed from 7 percent in 2000 to 11 percent in 2009, is estimated to exceed 14 percent by 2018.

Lee Myung-kun, a consultant at the Korean Senior Citizens Association, indicates persons living alone are exposed to higher possibility of committing suicide. “Old people who feel deserted by

their family members, in particular, come under more stress, which might lead them to an extreme choice,” he said.

By Kim Kyung-ho (khkim@heraldm.com)

SSRI STORIES

Antidepressant Nightmares

<http://www.ssristories.com/index.html>

With permission from SSRI Stories <http://www.ssristories.com/index.html> we will publish in each Quarterly Newsletter disastrous stories. We will not name names or places. On this site there is literally hundreds of stories from around the world with 122 Australian Stories. We will only publish the Australian Stories.

The site commences with a “Warning” Withdrawal can often be more dangerous than continuing on a medication. It is important to withdraw extremely slowly from these drugs, usually over a period of a year or more, under the supervision of a qualified specialist. Withdrawal is sometimes more severe than the original symptoms or problems.

THE wife of a mentally ill man shot dead by police said yesterday her husband was “the most gentle human being I have ever known”.

And she said police should be “ashamed of themselves” for killing her beloved EH, gunned down after being cornered in a laneway in A on Tuesday.

Just hours earlier police had driven the 24-year-old to A Hospital for treatment as a psychiatric patient after he was reported missing by his parents in northern NSW. He had not taken his medication for two days.

In a letter to The Daily Telegraph, Mr H wife, who did not want to be named, outlined the events which led to her husband’s death.

She said his parents had repeatedly warned police their son - who suffered from depression to the point he had become “mentally unsound” - had developed a fear of officers and pleaded with them that he not be approached.

Mr H who was studying philosophy, was left in the care of A Hospital but without adequate supervision managed to leave before a doctor could assess him.

Officers only learned of his release after they went to the hospital to return his car keys.

A short time later he was spotted by undercover police in a local shopping mall.

“The police started to follow my husband which made him scared and he began to run,” the wife said.

“The police then ran after him, scaring my husband even further”.

During the chase he grabbed a kitchen knife from a cafe before he was cornered in C Lane, where he was shot in the chest.

Mr H wife said her husband did not deserve to die, describing him as “the most gentle human being I have ever known”.

“He was confronted by police about an incident and got confused and scared. He has never ever hurt anyone,” she said.

“Even if police thought shooting him was necessary, why wouldn’t they shoot him in the leg or the arm or in the shoulder?” the wife asked.

“They had him cornered in an alley. Shooting him was utterly unnecessary and the police should be ashamed of themselves.”

His wife was unaware investigations are now focusing on the circumstances of the victim’s admission to hospital after police had initially done all they could to ensure his care.

Five years ago J M, the only psychiatrist employed to teach trainees at the Police Academy at G... how to deal with mental health patients, was forced to take redundancy after 15 years in the job.

BRAIN TEASER

Think of a number

Double it

Add 10

Divide by 2

Subtract the first number you thought of

Answer...5

JOKE

NO SPEAKAH DE ENGLISH

A bus stops and 2 Italian men get on. They sit down and engage in an animated conversation. The lady sitting next to them ignores them at first,

But her attention is galvanized when she hears one of them say the following:

Emma come first. Den I come.

Den two asses come together. I come once-a-more! .

Two asses, they come together again.

I come again and pee twice.

Then I come one lasta time.’

The lady can’t take this anymore, “You foul- mouthed sex obsessed pig!” She retorted indignantly. ‘In this country, we don’t speak aloud in public places about our sex lives!’

'Hey, coola down lady,' said the man, 'Whoosa talkin' about sex? I'm a justa tellin' my frienda how to spell ' Mississippi '..
\$5.00 says you're gonna read this again!

WISH LIST

Petrol Gift Cards, Stamps, Copy Paper, DL Envelopes, A4 Envelopes, Volunteers Aust/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

WHITE WREATH ASSOCIATION Ltd® Action Against Suicide
A.C.N. 117 603 442 Head Office: PO Box 1078 Browns Plains QLD 4118
Web: www.whitewreath.com Email: white.wreath@bigpond.com
Tel: 1300 766 177 | Mobile: 0410 526 562