



WELCOME TO OUR NEW ENEWSLETTER

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DIRECTOR REPORT NOVEMBER 2009

The White Wreath Association does not accept censorship of suicide information. Censorship of suicide information serves the self interest of the Psychiatric Profession, defensive Health Administrators and Government who closed all Mental Health beds. There use to be 300 per 100,000 medium and long term beds and now there are NO medium or long term beds in Australia. Suicide remains the only life threatening condition where people are routinely refused hospital admission. There is no shame in having a mental illness or being a relative of a person with mental illness but ignoring the reality of mental illness/suicide is a tragedy and censoring suicide information is the first step in censoring all news.

"The time for excuses has expired"

In an era when timely and effective treatment is often unavailable for those in need making our Safehaven Centres a reality is of the utmost importance. We require generous donations and encourage all to donate assisting us to save lives and bring to the attention of all "Action Against Suicide"

Fanita Clark

THANK YOU

Kennard's Hire-Wayne McJarrow, Clayton UTZ Lawyers, Jupiters Casino Community Benefit Fund, Woolworths Supermarkets Morningside, Albion Comedy Club & Restaurant.

WHITE WREATH ASSOCIATION Ltd® Action Against Suicide

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HUMOUR

How To Call The Police If You're Old

George Phillips age 82 of Meridian, Mississippi was going up to bed, when his wife told him that he'd left the light on in the garden shed, which she could see from the bedroom window. George opened the back door to go turn off the light, but saw that there were people in the shed stealing things.

He phoned the police, who asked 'Is someone in your house?' He said 'No.' Then they said 'All patrols were busy. You should lock your doors and an officer will be along when one is available.' George said, 'Okay'. He hung up the phone and counted to 30.

Then he phoned the police again.

'Hello, I just called you a few seconds ago because there were people stealing things from my shed. Well, you don't have to worry about them now because I just shot them.' and hung up.

Within five minutes, six Police Cars, a SWAT Team, a Helicopter, two Fire Trucks, a Paramedic, and an Ambulance showed up at the Phillips' residence, and caught the burglars red-handed.

One of the Policemen said to George, 'I thought you said that you shot them!' George said, 'I thought you said there was nobody available!'

(True Story)

NEWS RELEASE

WHO/37

MILLIONS WITH MENTAL DISORDERS IN THE DEVELOPING WORLD ARE DEPRIVED OF NECESSARY TREATMENT AND CARE

WHO calls for urgent scaling up of services for mental disorders

9 October/Geneva:

More than 75% of people suffering from mental disorders in the developing world receive no treatment or care. A new WHO programme launched today, on World Mental Health Day 2008 highlights the huge treatment gap for a number of mental, neurological and substance use disorders. Across Africa for example, nine out of ten people suffering from epilepsy go untreated, unable to access simple and inexpensive anticonvulsant drugs which cost less than US\$5 a year per person.

WHO is now calling on governments, donors and mental health stakeholders to rapidly increase funding and basic mental health services to close this huge treatment gap. The programme, Mental health Gap Action Programme (mhGAP): Scaling up care for mental, neurological and substance use disorders asserts that with proper care, psychosocial assistance and medication, tens of millions could be treated for diseases such as depression, schizophrenia, and epilepsy and begin to lead healthy lives— even where resources are scarce.

"Governments across the world need to see mental health as a vital component of primary health care. We need to change policy and practice. Only then can we get the essential mental health services to the tens of millions in need", said Dr Margaret Chan, Director-General of the World Health Organization. The mhGAP focuses on the gap between what is needed to treat a range of priority disorders and what is actually available worldwide. In the majority of countries, less than 2% of health funds are spent on mental health. In any one year, one-third of people living with schizophrenia, more than half of those suffering from depression, and three-quarters of those with alcohol use disorders are unable to access simple and affordable treatment or care.

Worldwide, every 40 seconds, one person dies of suicide that is one of the leading causes of death among young adults. Suicide is a condition that is preventable.

It does not have to be this way. In Chile, the national primary care programme now includes treatment of depression for all who need it bringing much needed care to hundreds of thousands of people. An epilepsy project in China which integrated a model of epilepsy control into local health systems achieved excellent results. This confirmed that epilepsy could be treated with an inexpensive anti-convulsant medicine by health professionals who had undergone basic training. The project which started in six provinces has now been extended to 15 provinces and tens of thousands of sufferers have been treated.

The extra cost to scale up services for mental disorders is not too large. A study conducted by WHO¹ showed that in low-income countries, scaling up a package of essential interventions for three mental disorders – schizophrenia, bipolar disorder and depression – and for one risk factor – hazardous alcohol use – requires an additional investment as low as \$US 0.20 per person per year.

People with mental disorders are stigmatized and are subject to neglect and abuse. “The proper care of mental, neurological and substance use disorders should not only be evidence based but also value based,” said Dr Benedetto Saraceno, Director of WHO’s Mental Health and Substance Abuse Department.. “We need to ensure that people with these disorders are not denied opportunities to contribute to social and economic life and that their human rights are protected.”

The programme sets out a number of cost-effective strategies to tackle the treatment gap for mental, neurological and substance use disorders. These include: assessing countries needs and resources; developing sound mental health policy and legislation; and increasing human and financial resources. The programme relies on partnerships to scale up services with the objective of reducing the burden of mental, neurological and substance use disorders.

Useful links:

http://www.who.int/mental_health/mhGAP/en/index.html

Links to country specific information on mental health and substance abuse situation:

http://www.who.int/mental_health/evidence/atlas/en/

http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

http://www.who.int/substance_abuse/en/

WHITE WREATH ASSOC -- THANK YOU

Dear Fanita

I am so grateful to you for finding my granddaughter K.L.H.

My son Graham suicided on the 17 June 1986 and it’s been 24 years since he left us and we never saw his three children again.

Now “Thanks” to the White Wreath Assoc and you, it was the best news I’ve had for a very long time, finding one of his children (granddaughter) and hopefully this will lead to the other grandchildren.

I looked at my sons photo and I cried we have found K. his little princess. I’m over the moon.

I’ve written to K. and hoping to hear soon. We will start from whatever she wants to do. The last time I saw K was when she was six and a half when her daddy left us and now she is a young woman.

Once again “Thank You” White Wreath Assoc and you Fanita for making it possible as I know you have very strict policies and confidentially rules.

(Dreams do come true)

Sincerely M.A.H.

COMING EVENTS



THIS EVENT IS VERY IMPORTANT AS IT IS OUR MAJOR FUNDRAISING EVENT AND YOUR HELP WOULD BE GREATLY APPRECIATED. MAYBE YOU COULD INVOLVE YOUR WORKPLACE, LOCAL SCHOOL, COMMUNITY CENTRE ETC.

Holding the event involves workplaces, schools, social clubs, senior citizen clubs etc to wear (self supplied) coloured socks or stockings during one day of the week, and making a donation of a gold coin for the privilege.

Alternatively they can purchase a Sock It To Suicide Pin for \$3.00 plus postage.

If you wish to purchase 20 or more pins they will come in a very well, brightly presented box of 20.

We would greatly appreciate your support with this endeavour and hope it is a fun day for all.

Contact Head Office for more details.

WISH LIST

Stamps, Copy Paper, DL Envelopes, Volunteers Aust/Wide
OR YOU MAY LIKE TO DONATE

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

WE ARE NOW TAX DEDUCTIBLE

Be Prepared

Being well prepared to address a crisis for a loved one suffering with mental illness is important. One step you can take is to build a CARE Kit (Critical Advocacy Resources for Emergency) that contains a ready file of materials that can be shared with treatment professionals and others. These materials may be assembled in a three-ring binder, a file box, or other easily-transportable storage system.

Psychiatric history summary.

A one-page summary of your loved one's psychiatric history can be very useful for professionals who may not have time to review a complete set of medical records. Keep at least five copies of this important document in your CARE kit, so it can be easily and quickly shared with more than one person in a short span of time. Keep it current (update it regularly) and short (one page is best) but be sure it contains the most critical information, including the following:

- Full name
- Current age
- Psychiatric diagnosis
- Age at diagnosis
- Town or city of residence
- Current symptoms and concerns (suicidal, homeless, missing, vulnerable, violent, abusing substances, other)
- Psychiatrist's name and number
- Local service provider's name and provider
- Dates of previous hospitalisations and locations
- Dates of previous arrests or jailings and charge(s)
- Current medication name(s)
- Past medication(s) that have helped
- Past medication(s) that have not helped
- Past history of symptomatic behaviours (e.g., running up huge debt, getting into car accidents, threatening family members, failing to care for basic needs)
- Full name, contact numbers, and address for emergency contact person

Recent picture and description.

Keep a recent picture of your loved one, a list of vital statistics (such as height, age, weight, hair colour), and any pertinent physical medical conditions (such as allergies or diabetes). Ideally, keep these in a format that allows them to be easily faxed or emailed to police and mental health agencies. Leave space to add a description of clothing last worn in case that information is needed.

List of emergency numbers.

Create, and periodically update, a comprehensive list of emergency numbers, including:

- Psychiatrist
- Case manager
- Community mental health centre
- Mobile crisis team
- Crisis intervention team
- Police department
- Local hospital;
- Local emergency room
- Court
- Homeless shelter(s)
- Friends of family member

BOOK REVIEW by Peter Neame

"Undiagnosed Until Now"

By Rod Groenhuizen

This book was put together by (Rod's mother) Editor Val Groenhuizen from Rod's writings discovered following his suicide at age 33 in 2004. A sad but unfortunately typical tale of a young man who struggles with mental illness for virtually as long as he can remember but does not get the help to prevent him from taking his own life.

His struggles and his families love come through loud and clear.

Footnote:- Val Groenhuizen asked the White Wreath Assoc to do a book review and if anyone wishes to purchase "Undiagnosed Until Now" please contact Val directly

email: undiag.upuntilnow@hotmail.com

All profits from orders placed from this newsletter, will be donated to White Wreath.

Please quote White Wreath when ordering to receive discount price.

AGM

AGM was held on Monday 7 September and Board Members as follows:-

1. Fanita Clark :- Re-Appointed
2. Peter Neame :- Re-Appointed
3. Mark Knipe :- Re-Appointed
4. Mabel Ruth Avenell :- Re-Appointed
5. Karen Smyth:- Re-Appointed
6. Tina Knipe:- Re-Appointed
7. Peter Clark:- Re- Appointed
8. Craig Gillespie:- Re-Appointed

Together we will do our best to serve.

LESSON IN SUICIDE PREVENTION: Community Education

Article from - The Australian Approval from the Australian and Dr Graham Fleming have been granted to re-publish article

AT THE COAL FACE: Dr Graham Fleming | August 08, 2009

THE suicide of a 15-year-old in 1986 shocked me and devastated the whole community. It seemed so unexpected, but on reflection there were warning signs of depression. Unfortunately, no suicide prevention resources were available from the government or academic communities. I knew that 50 per cent to 80 per cent of suicides were associated with a depressive illness so I embarked on an education program to help my community understand depression, what the treatment options were and where to seek help locally. In our community of 3000 there had been 12 suicides from 1986 to 1995. After the subsequent suicide of a popular teacher, I seriously questioned my future in general practice. I was persuaded by the school principal and the director of nursing to try harder, and we three became a team.

With no outside help we decided to broaden the community approach to cover all forms of poor mental health and to increase the range of mental health services available by training community members, nurses, doctors, teachers and retired professionals.

We used a strategy of early identification and intervention. Most important, with the co-operation of teachers and parents, we started a program for schoolchildren and adolescents. Suicides were reduced to three in the following 15 years, two of whom were patients with terminal illnesses. Above all, we had an effective program that was independent of government resources, locally based and cost little to maintain.

Compare this with broader-scale institutionalised efforts to deal with suicide.

In South Australia I'm aware of three extensive, and expensive, inquiries that have been undertaken. Yet nothing changed. We have had millions of dollars of federal funding, yet minuscule amounts, if any, have dripped down to rural communities.

The most tragic omission has been the neglect of child and adolescent mental health problems. Research shows that one in five children suffers emotional problems and 75per cent of adults trace their poor mental health back to childhood or adolescence.

The new mental health institutions _ jails _ are the repositories of those who have not had their problems identified, much less addressed. They overflow with sufferers of mental illness. But, sadly, children and young adolescents don't vote, so they don't count in political terms. Isn't it time for a change?

Graham Fleming is a GP in Tumby Bay, South Australia, and founding member and fellow of the Australian College of Rural and Remote Medicine.

MY ONGOING BATTLE continued.....

Life is looking pretty bleak...I haven't self harmed in three weeks and I am been pushed back into the workforce. I am not ready, I think of the future and it is so scary for me I just want to die. It sounds pretty silly to the normal person. I don't have the confidence to go back to work as I have been out of the workforce for so long. I would rather hurt myself than been thrown out into the world.

I look back on my past ten years I have been unwell. I have lost so much, my career, money, life, and friends. Mental illness takes a lot from people lives and not many people think of that when they see someone mentally unwell. They think they are just crazy, an outcast from society. We are normal people with feelings, hopes and dreams.

Unlike other mental illnesses I have physical scars from my illness. Sometimes I wish all the scars on my body were not there. I have to watch what I wear when I am in public. I have had strangers grab my arms while I was shopping and call me a freak. When I am unwell, the wishes not to have scars go away. I cut my own body without any thought of the consequences to it. I don't think about the scars or the fact the next cut I do could be my last. It is like it overwhelms me and takes over my whole being. I lose control of any rational thought patterns.

I wish I could go swimming or sunbake on the beach. However, I put myself at risk to others comments which make me feel so ashamed of my body, my life and my illness. I have been asked to leave a swimming pool before as I was upsetting other people there because of my scars.

I know I have done to myself, the outside scars to my body. I cut myself to stop all the thoughts that swirl and consume my mind. The pain allows everything to stop as it is my only focus. I wish there was a magic pill to stop it all. I have tried taking as many pills as I can to stop the crazy thoughts inside but it still consumes my every thought, action and dream.

Going to the emergency ward with self inflicted wounds can be traumatic in itself. Firstly you will get a triage nurse who will make you repeat why you are there as a way of shaming you not to do it, everyone in the waiting room can hear. It is quite embarrassing, you feel like a total freak, a crazy person. You then have to sit with those people in the waiting room with their stares and remarks. You then can be lucky if you will get a doctor that will give you anesthetic to stitch you up. It is their way of punishing you so you won't do it again. It is not successful with me as the more pain I have the lesser the thoughts and feelings and emotions become inside my mind.

Other people think that people who hurt themselves are attention seekers. What kind of attention do you get with a room full of people making you feel ashamed of what you did or the extreme pain and misunderstanding you get from the doctors and nurses, the ones that are supposed to be helping you.

I have friends that are too embarrassed to be around me without my scars on my body covered. I know you are thinking, they are not friends. I can't be picky or choosy about this because friends are far and in-between when you have a mental illness. When some people find out even your family they can wipe you. They never want to hear or see you again. It is very lonely path to be one in this big wide world.

We need to support White Wreath. We need a place in every town where people with mental illness or suicidal people can go. Be accepted, supported and helped to live a normal life. Not treated like second class citizens. Without these safe places we can go to, the death toll is only going to rise and the heart ache of those left behind will be wide spread. I like so many others in the world need safe places to go, to hold our hands, wipe away our tears and help us sought out the crazy thoughts inside.

JH

PETER NEAME

Research Officer
WHITE WREATH ASSOC

We welcome the acknowledgment that suicide is a leading cause of death amongst Australian in the government's new health reforms. However "Rapid response outreach teams" is utter nonsense. Suicide is the only life threatening condition where people are routinely refused hospital admission or discharged within hours or just a short few days. Medium and long term mental health beds are required and suicidal people need immediate admission to a place of safety. Eighty one percent of suicidal, homicidal and seriously violent people give years of warning but are left in the community until there is a loss of life.

All the publicity about depression and anxiety glosses over the fact that in Schizophrenia one in seven people suicide and Schizophrenia NOT depression accounts for thirty percent of all disability spending.

CORRESPONDENCE

Dear Ms Clark

I'm not sure if this is the best way to contact you, but my name is CY and I am a second year medical student at The University of I have been selected to represent Australia as one of many delegates to attend the Asian Medical Student's Conference which will be held in Taiwan later in the year. The theme of the conference is "Stigmatised Illness - To understand, accept and change". Together, a group of medical students and I will be putting together a short 8-12 minute film which will focuses on raising the awareness of young adults in Australia and their battle with depression. The aim of the film is to increase the awareness and understanding of youth suicide on an international level not only to medical students from Australia, but to other medical students from all across the world as well ie from the United Kingdom, New Zealand, Korea, Japan, Hong Kong, China, Taiwan, Vietnam, Thailand, Cambodia and Malaysia just to name a few.

So the reason I am writing to you today is that as part of the film, we would like to interview you, both as the founder and chair of White Wreath and also the parent of a young boy who has suffered from depression and suicide. We are hoping to gain an understanding of the impact of this on you and your loved ones, the events leading up to it and how people around him felt during and after the incident. Setting up White Wreath and some of the positive stories that have arose from the organisation. We would like to gain a deeper understanding and insight into your personal experience as well as your perception on youth suicide and depression.

I think this film would be a wonderful opportunity to help promote White Wreath as well as the awareness of youth suicide and depression in Australia on a national and international level. Half of the filming team is currently in Queensland at the moment so it would be great if you can advise us whether you are interested in participating in the interview. Please feel free to contact me via email or on my mobile any time to discuss this matter further.

I look forward to hearing from you and to working together to help promote youth suicide and depression in Australia.

Yours sincerely,

CY
Bachelor of Medicine / Surgery II
The University ...

Hi,

My name is JK and I am emailing to inquire about a possibility in joining your workforce. I am currently completing a bachelor of Health Science (Health Promotion) degree and am very interested in the field of mental health. I would really like to gain an insight and experience in this field which is why I am asking about any vacancies that I can apply for in your organisation. If there aren't any then I would really like to join as a volunteer if it is at all possible. I am very keen and am hoping I can be a part in the mental health field because it sparks my interest and I feel I can be a positive addition and make a difference. Please consider my request and I hope to hear from you soon.

Regards
J

Hi Fanita,

I'm celebrating my 30th B'day in September and I'm wanting to make a donation to a charity in lieu of receiving any gifts. Can you please advise me on the best option for doing this please? I wanted to have a box on the night for anyone wishing to make a donation or transfer their donation straight to your bank account.

Although I'd like to track how much money will be raised in total (to advise my friends afterwards via a thank you note). I'm not sure if you can set up something that can track the donations made upon my request.

Any further information you can give me I'd be very grateful.

Thank you
Kind Regards
SC

Hi there,

My name is N..and I was wondering how I access your services or if you have support groups. I am in a desperate situation and trying to hold on but I am on the precipice.

Would you please be able to help me help myself? My mobile phone number is but I left it at home today and won't have access to it until 6pm so if you could email that would be great.

Thank you for your generosity of spirit.

N

Hello

I am a badge collector particularly interested in the important initiatives and work of Australia's community organisations, as well as the preservation of our whole Australian history more generally.

I was wondering if you would have any badges or pins – past or present – promoting your community organisation or any of your special events, anniversaries, conferences or initiatives that you could send to me and add to my collection?

Thanks for your time.

Regards

Hi there

Can one travel abroad while on probation I have been thinking about this for a while and was hoping you might be able to shed some light on the subject any info much appreciated thank you very much sincerely? I don't know if you are the right person to ask, but any advice/pointers you might have would be very much appreciated.

Please help.

Thank you in advance. Thank you,

K

Dear White Wreath Association,

Brazzaville in Congo

I am 32 years of age living in Brazzaville Congo. Mother of a 4 year girl. I suffer from mental health disease since 1997. I am continuing treatment using prescription medication received from Hospital Psychiatric services in Brazzaville. I have received baccalaureate diploma in 2000 but I could not keep up studies because of this disease. I am writing to you with my husbands help, the father of my daughter. I am currently a bit delusional but will understand any help you can give. I am not kept in the psychiatric centre so my family does not have to bear the hospital expenses.

What really pushed me to write to you is to explain something about my case, and where possible ask you for a little help.

My doctor asked me to continue taking medicines (Artane, Largactil, Haldol etc.) Until he told me to stop. I often relapse if I cut the treatment and especially now as I'm currently carrying a pregnancy. I would like to know if your organization can do something for me.

Please help.

I look forward to hear from you soon.

Best regards

Hi,

I live in WA and I am interested in volunteering to help out. I lost my best friend to suicide and have been visiting your site for a while now. I do not have a lot of spare time but I am interested in finding out what you need help with to see if I can help in any way possible.

Thank you very much for such a wonderful website.

Regards,
HC

Hi Fanita,

My name is A, I'm involved in a public evangelism outreach program called thefocused on the ministry of music, which invites all those in music ministry once a year every November, to come together and share their passion to others and also young people are involved in this inspirational program. There are other topics involved according to the theme of the day which attracts many, so music is the main ministry of this program.

This year we had a meeting with some young people of the church and have asked them if there are other things that they would like to include in this years event.

Surprisingly they came up with this topic Suicide to be discussed or have a more open debate caused they have experienced the situation in their school, especially in Geelong and I was shocked when I read the article in the Grazia Magazine monthly issue 55, August 31, 2009 that talks about Suicide Watch and what happened in Geelong.(page 38) and that's where I got your website.

I believe that God made my wife to buy this magazine, because I was looking for someone who can relate and talk about this topic on the 14th of November this year.

Our theme for this year is OUR GOD IS ABLE. Suicide and Depression will be discussed in the first half of the program by a quest speaker hopefully from your side and a Minister of the Gospel (quest speaker) for the Spiritual side.

This is why I am sending you this message if you can contact me on my email may be then we can negotiate if possible that you can do this part for us on the day, so that I can promote this around our churches in Victoria earlier before the time of the event.

Thanking you for your time.

Yours Faithfully,
A.

Hi Fanita

I would like to run this letter through you first:-

Chance of doing a Cage Crusade?

If I recall correctly you have previously supported Beyond Blue in raising awareness of about mental illnesses such as depression. I wanted to bring to your attention another organisation called White Wreath. They are a voluntary organisation run by Fanita Clark who started her awareness campaign after her teenage son committed suicide in 1999.

My brother recently committed suicide which was a total shock to our family as it was so sudden and unexpected. Unlike many many other families we didn't have the struggle of having to find care or help for him but there are so many out there who do have this struggle, some times on a day to day basis and ongoing for years.

My brother was a police officer and on speaking to a number of his colleagues they tell their stories of taking a suicidal person to hospital only to have the person released before they get back to the patrol car.

White Wreath are aiming to raise sufficient funds for Safehaven Centres where people can go and get the proper help and support they need and hopefully stop them from being a danger to others and themselves. They are completely self-funded with no government assistance.

My reason in writing is to tell you about White Wreath's 'Sock it to Suicide' campaign which is run in the 3rd full week of October and encourages people to wear bright coloured socks to work and school etc, and donate a gold coin to White Wreath to help raise funds to build the Safehaven Centres. It is a light hearted way of raising awareness for a very serious problem in our society.

I appreciate that you are bound by guidelines and such but would really appreciate your consideration of this worthy cause for a 'Cage Crusade' as you have done such great work with raising awareness of various topics in the past and this is one I truly believe needs to be in the public eye and have much greater media attention than it currently receives.

I would urge you to check out the White Wreath website and contact Fanita for more information. (www.whitewreath.com or ph: 1300 766 177)

G

BELINDA'S JOURNAL CONTINUED

Have moved location once again but for a much nicer reason this time.

My psychiatrist Dr M has ceased my anti-psychotic Mx so I've moved in to Jasmine (looney-bin) ward for observation in case the voices come back. Still no sign of them though. Got my own TV (yeah!) I forgot to mention the other day how great my over-night leave was. There was one hitch though, Steve failed to show up to the wedding on Sunday, like I half expected him to. I went around to see him on Sunday night after giving him a half hr. lecture on the phone on Saturday night. I also went on a bit about continually letting me down. I guess I shouldn't expect too much from a junkie. I used to let people down all the time. I didn't get too angry at him but I guess I did kind of act a bit high and mighty about the matter. Oh well, can't be perfect right? Anyway, went over to see him after the reception and had a rather lovely night. I knew it was hard for him not to use that night but I spent a lot of time building his ego and trying to strengthen him a bit to want to go clean. Lead by example they say so I tried to explain to him my giant leap into "real" life and how great it was. He still thinks he can go clean on his own though I guess he's got to hit his own rock bottom before he admits the truth to himself. Maybe it's not enough for him to have just witnessed me hitting mine. I got through the night however without picking up which was a pretty good achievement although I know that if I had suggested it Steve would have said "no" and probably lost a bit of respect for me so it wasn't really hard. Due to his continued drug use I feel as though I have to pull away from him a bit. I want to be there to support him in his struggle but I don't want to be dragged back down to where I've already been so many times.

TO BE CONTINUED....

CAMERON'S DIARY CONTINUED

Monday May 29

Stayed home with the flu. Mum got me some medication.

Tuesday May 30

Stayed home again with flu still! Rang Bernie and probo! Bernie is coming Thursday about 1pm!

Wednesday May 31

I have to ring GE Finance to find out what's owing! I have to go to Centrelink and get the right forms! Also get script for Avanza!

Tuesday June 13

Went and saw Bernie at his office and had a phone conference with Dr John O'Reilly. He started me back on Ephexor 75mg once a day. My mood is slowly lifting. I'm glad I sorted things out with Dr Reilly.

Wednesday June 14

I rang Dept of Transport about my driving test and booked it for Wed 12th July at Garbutt Townsville. Went to the doctor at the hospital and got a script for Ephexor and Diazepam. Bruce is coming out at about 1.30pm. The psychologist Peter rang and made a time for Monday 26th June at about 1pm. My mood is good and I'm feeling pretty positive! Tarnia is back in touch. I don't know where to go with that, I want to see her but I don't want dramas with Brownie!

Thursday June 15

Probation officer at Course House went OK. Booked driving lesson for Wed 21st June 12.30pm. Bernie rang and made appointment for him and Dr Joseph at 10.30 4th July. Rang hospital about records for court! Rang Virgin Records about Evanescence CD. Should get it 2 weeks at the latest! Rang GE Finance about money owing and they will get back to me today or tomorrow!

Tuesday June 20

Centrelink form and probation officer at Court House. Went to Centrelink, put form in. Went to Court House and waited till 9.30am. Kerry didn't turn up. They rang Townsville and said come back Thursday. Watched TV till 3pm and then went to Bro Kelly's for the night to watch the dog! Going to Townsville tomorrow early to clean Robina's daughter's house and to do driving lesson at 12.30pm!

Wednesday June 21

Payday. Pay mum money and send Adri (2nd July) \$100 for her birthday! And save money for mum's birthday on the 4th July. *Get on to Bro Kelly about references!* Book in for driving lesson 12.30pm. Green lancer \$55. ALFS Driving School Ph 47239952. Cleaning house today! Cleaned house. Went for driving lesson. Went OK. Need to concentrate on a few things. Saw the kids. Gave Adri birthday card and \$. And Mitchell \$ as well. Was nervous. But as day went on things got better.

TO BE CONTINUED....

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.



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