

White Wreath Association Ltd  
 Newsletter 42nd Edition  
 November 2010



White Wreath  
 Association Ltd®

"Action Against Suicide"

[www.whitewreath.com](http://www.whitewreath.com)

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## DIRECTOR'S REPORT

Sadly globalisation has taken us by storm. One world. No individual country can profess to be front runners of any change. I personally do a lot of research on what is happening world/wide regarding suicide/mental illness and my personal opinion is that most other countries are much more open on the subject than here in Australia. We have recently included World News in our Newsletters so you can form your own opinion.

Someone, somewhere has to change our present Mental Health System. Let us be the front-runners of the world and together lets build our Safehaven Centres taking care of our people who suffer this dreaded illness that White Wreath Assoc estimates over 8,000 Australians sadly lose their lives every year. Mental illness is a debilitating and devastating illness. These people need to be in a place of safety when suicide threatens. Seeing your own flesh and blood character and personality change in front of your eyes. No help, no assistance to help you cope. There is no death in society as devastating as losing a loved one by tragic means. There is nothing as devastating as a loved one finding their own flesh and blood in horrific circumstances. Yet sadly all these people cope alone in silence and the best way they can.

The present system we have in place is defiantly not working as our suicide statistics' are increasing at an alarming rate. With the birth of de-institutionalisation, care in the community, least restrictive treatment, recovery model, families find it impossible to get impatient care when their loved ones are a risk to themselves, a risk to others, unable to care for themselves and usually all three.

I formed White Wreath Assoc-Action Against Suicide after my son was newly diagnosed and after an attempted suicide was put back into the community too unwell to cope and subsequently suicided.

From 1970 Australia closed all of its medium and long term care beds, 32,000 beds or 300 beds per 100,000 population.

We the White Wreath Assoc have never professed that we will completely 100% reduce Australia's high suicide rate but we are confident that we can reduce this figure by 50%

We do not and have never received direct Government Financial Assistance. Infact we recently asked State Government for financial assistance of twenty five thousand dollars for one whole year that would have assisted with the free services we provide to all. This amount we asked for was refused yet the same Government a short few months later allocated 3.2 million dollars to a high profile organsaition. Do we dwell on this? NO. We are a resilient group that has had many hardships along the way and forge on regardless. We rely wholly and solely on "Public Donations". Our Centres are of the utmost importance assisting us to curb our high suicide rate and your support with donations is greatly appreciated.

Fanita Clark  
CEO

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## 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.

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## 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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## COMING EVENTS

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

Yearly 29th May

This year Brisbane only service will be held on Monday 30th May 2011 at:

Post Office Square  
BRISBANE (CBD)

Display on view all day  
Official Ceremony 12.30PM – 1.30PM

**PETER NEAME**  
**RESEARCH OFFICER WHITE WREATH ASSOC**

### **Coroner Calls for Publication of Suicide Toll in Newspapers.**

A STATE coroner has proposed newspapers publish suicide statistics in the same way they update the road toll.

His comment has sparked intense debate in the media and mental health communities. South Australian Coroner Mark Johns wants the media to stop worrying about copycat suicides and start reporting the truth about Australia's appalling rate of death by self-harm. "The suicide rate probably runs at roughly double the current road toll," Mr Johns said yesterday. "It seems to me that the general public isn't as aware of the frequency as it should be."

The Australian Bureau of Statistics recorded 2191 suicides in 2008. The road toll was 1463. Mr Johns said he would even consider supporting suicide tables with breakdowns of how people were taking their own lives. Media Entertainment & Arts Alliance federal secretary Chris Warren welcomed the debate and said the media needed to rethink its traditional policy of ignoring suicide except in the most compelling circumstances. "There's no evidence this approach is helping reduce suicide, and there's even some suggestion it contributes to a sense of isolation when people feel suicidal," Mr Warren said.

Herald and Weekly Times editor-in-chief Phil Gardner said while publishing regular suicide tables figures might be "a little bit ghoulish", the media's "self-imposed censorship" should end. There are times when reporting on suicide is absolutely in the public interest," he said. "There is no question that suicide, particularly among youth, is one of the greatest concerns in our community, and it behoves us as a media industry to report those matters."

But former editor of The Age Michael Gawenda was adamant suicide tables would increase the risk of copycat deaths. Australian Institute for Suicide Research and Prevention director Diego De Leo said attention should be directed at reducing the stigma of mental health issues. "Are we doing enough to make people more aware of warning signs and the reasons behind suicide? No," he said.

### **PETER'S RESPONSE**

#### **Mark Johns, South Australian Coroner**

We agree with your concerns re suicide. There is no real evidence that pretending suicide doesn't happen works. The so-called self imposed censorship is in fact a heads of agreement between government and the media. This silence on suicide has acted to cover-up the fact that suicide has increased four fold since the closure of all medium and long-term beds in mental health. John Mendoza said of 300 people who ask for mental health only 15 will be seen. Psychiatrist lobbied governments to close psychiatric hospitals and have changed their clinical training so that it is only the worried well who get rapid mental health care. People who are a serious risk to themselves and others or just unable to care for themselves...most often all three together get refused care for upwards of 15 years. The media do not cover the stark and ugly reality that letting people suicide saves everyone the trouble of looking after the seriously mentally ill.

Peter Neame, Research and Publicity officer White Wreath, author of Suicide and Mental Health in Australia and New Zealand

## CAMERONS DIARY

### Wednesday July 12

Mum went down to do some study. We are going in to start that house this afternoon. Helen rang and told us what to do to start off with. I have to ring Bernie about Friday. My mood is OK today. I am still a bit sad but I am trying to keep busy. It's still very overcast and raining on and off.

### Thursday July 13

Mood was OK. Went into town and cleaned house from 8-1.30pm. Came home, spoke to Bro Kelly about reference. Also spoke to Jeannie Stone about tax. Still thinking about Jaki all the fucken time. I'm really fucken sick of it!

### Friday July 14

Mood was OK. Still thinking about Jaki which is pissing me off! Went and saw Bernie and spoke about court and work and getting doctor's clearance for work. Went for did 2 hours at the house in town cleaning. Rang probro and Bro Kelly! And rang T'ville hospital about records for court!

### Saturday July 15

Got up about 8am. Mum went to work then we went to finish cleaning the house in town. We did the laundry and shower. My mood is still pretty much the same. Still thinking about Jaki all the fucken time. I wish it would just fuck off! I did my tax stuff but I need 3 more affidavits.

### Wednesday August 2

I Cameron Andrew Bell of 14 Beatts Road Allingham Forrest Beach 4850 ph 07 47779125 am writing this to say that I do not want my ex wife to be beneficiary to my superannuation Bert No. XXXXXX CIP No. XXXXXX Buss No. XXXXXXXX or my union BLF payout. I want my sister Shona Ingrid Bell to be beneficiary to my kids so as the money will be given to my children Adrienne and Mitchell Bell. This is extremely important as their mother JAQUELINE BELL has stolen, lied and forged my signature on legal documents and has been fraudulently claiming benefits from Centrelink since my daughter was born 14 years ago in Townsville to which I knew nothing about. And also for my son. We were together 16 years and married for 10 or 11 of those years. I knew nothing of the fact she was doing these things. The main reason for this document is to say I want my sister Shona Ingrid Bell of 72 Summerfields Drive Caboolture to be sole beneficiary of my finances and to give them to my children when needed for their education and life's necessities. Yours sincerely, Cameron A Bell.

No more was written in Cam's diary. But from talking to him on the phone almost every day, it was obvious his mind was in total torment. Sadly Cam ended his life on Friday 13th October 2006. He visited his children (his ex-wife fought with him). Then Cameron drove mum's car around till the early hours of the morning. Eventually he drove into the bushlands. Drank alcohol, took handfuls of his medication, listened to one of his favourite CD's and put the hose into the exhaust pipe. He was found by security at first light.

THE END.

WE SINCERLEY THANK CAMERON'S FAMILY FOR ALLOWING HIS DIARY TO BE PUBLISHED IN THE WHITE WREATH ASSOC'S QUARTERLY NEWSLETER OVER A FEW ISSUES.

## BELINDA'S JOURNAL ....continued

22/9/98

Was going off home today (with intentions of using) as I feel like I'm not getting anywhere by being here. Spoke to Jenny about it who convinced Dr Huntsman to let me join Tim's therapy group in the afternoon so I have agreed to stay. As a consequence have moved back into Jacaranda ward and am happy about this. Have lost my tv but have re-gained good company. I felt very isolated in Jasmine. Everyone was much older than me, not on my wavelength. Am considering doing day patient for 2 weeks after family week.

24/9/98

Shared again at N/A last night. Topic was anger – one of my specialities. Got a new room mate today, Rosanna is her name. She's an alcho, pill popper and gambler, very nice lady. Am also buddying new girl Jean- alcho, bulimia and depression. Afternoon groups with Tim are going well although feel like I'm only scratching the surface to my problems. Oh well can't expect miracles to come all at once.

Sunday 27/9/98

Drove Jenny back to Brizzie on Friday night. Went and had Thai food and sat on Storey Bridge (my old spot). Saw her off at the bus and then went to Steve's. He had been using all week, again. I had been thinking over our relationship last week and to cut a long story short I broke up with him. He was really good about it. I think it was a mutual feeling. Came back to rehab yesterday afternoon as was feeling lonely and depressed in Brizzie (mum was giving me the shits also) and I wanted to use. Nothing else exciting happening this weekend. Felt a lot better once I was back in a safe environment but also felt as if I've got no life if I'm choosing rehab over freedom for the weekend.

28/9/98

37 days clean today!! Started family week today with Jeff (psychologist). Very gruelling. Dad and I got into a bit of a slanging match, surprise surprise Jeff brought up prostitution and I denied it. For the first time I shared about the sexual abuse I endured as a child which mum and dad had thought occurred later in my life. Felt very uncomfortable sharing this. Didn't go into detail – too hard. Feeling very uptight at the moment. Don't feel like speaking to anyone about it though. Monica left today- surprised I even remembered it enough to write it down.

Shared again at N/A (Step 3)

30/9/98

Day 3 of family week. Very confronting. Did tough love lists last two days - felt good to vent anger and frustration but didn't like copping other people's criticism. Just heard ad on the radio about Livid – had kind of blocked out the fact that I gave up my ticket. Well, didn't really give it up just didn't find courage to ring back Andrew to tell him I wouldn't go. Pisses me off how I do that. Tim, Jeff and Ma and Pa are all trying to get me to consider going into long-term rehab. Really don't want to do it. Would prefer to set up a house with Scott and get back to some sort of normal life. I know I need extended therapy cause I'm pretty fucked up but I reckon I can do that with a private counsellor or something. Don't want to become institutionalised.

22.45 hrs

Went to A/A meeting instead of N/A tonight because this rehab is too scungy to pay for cab fare to Southport. Spoke to Ron about long-term rehab and my reservations. Told me about Adele House in Sydney – a halfway house. Am seriously thinking about it. Sounds much better than rehabs around here and I've really got nothing to go back to Brisbane for anyway. Also mentioned that I still had clean fits in the car and he suggested I get rid of them – which I just did with Angus.

To be continued.....

## FEATURE WRITERS (NEW)

We now have two "Feature Writers" that will have regular entries in our quarterly newsletter. Shannon from Queensland and Benjamin from Western Australia. Their views and opinions are not necessarily the views and opinions of the White Wreath Assoc Ltd. We hope it brings interesting reading to our readers as you will have opinions from both sides of Australia and we look forward to a long term relationship assisting us to bring to the attention of all "Action Against Suicide"

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### FEATURE WRITER - BENJAMIN IMAMOVIC

My name is Benjamin Imamovic, and I am a final year Professional Writing student at Curtin University, Western Australia.

#### **Mental Health: The Last Frontier?**

Suicide is the leading cause of death for Australia's young people.

In 2005, over 25% of all male, and over 15% of all female deaths in the 20-24 age group were due to suicide. The highest rates of suicide were evident in the Northern Territory, more than double the national rate, followed by Tasmania, Queensland and South Australia. Western Australia was also slightly above the national rate (Australian Bureau of Statistics, 2008).

It is easy to be discouraged by these numbers. Still, it is important to remember that youth suicide is a preventable condition and the numbers, as Research Fellow Jo Robinson from Orygen Youth Health testified in a 2010 Parliamentary Enquiry, could be greatly reduced if more funding is available (Pro Bono Australia News, 2010).

Unfortunately, the issue of suicide and mental health is still something that our politicians rarely discuss. As the nation waited for a formation of a minority government, it was clear that that many voters felt disillusioned with both parties.

Specifically, the government's National Health and Hospitals Network package has been widely criticised for not specifying how much of its \$1.42 billion funding for sub-acute services will be reserved for mental health services. We cannot be too hopeful when there are only four mentions of the words 'mental health' in the government's own 82 page report. No real policy is state, only a promise that 'Over time, the Government will build on existing investments in prevention, aged care, dental health and mental health' (Australian Government, 2010).

Unfortunately, for many everyday Australians mental health is an issue they would rather not discuss. Since birth, we have learned to view those affected by mental health problems as different to ourselves. For many, then, people affected by mental health will always be those 'others', at least until someone in their own family is affected.

The truth is that one in five Australians will experience a mental illness, and most of us will experience a mental health problem (like depression) once in our lives (Australian Government Private Health Insurance Obdusman).

Increasingly, we have been told that private health insurance is a necessary investment in our health. And yet, even for those who can afford private health insurance, mental health services are often treated as expensive, optional extras. For example, under Medibank's SmartPlus plan (\$89.10 per month for a single WA male) you are eligible for up to \$300 per year in alternative therapies, including psychology consultations. Which is really very little, compared to rates psychologists charge.

If I required the services of a psychologist, I would be parting with a large sum of money: in 2009 the standard fee for a 46 minute consultation was \$219. If we go with the quoted \$300, this translates into a 90 minute consultation with a psychologist and not a minute longer (APS

Professional Practice Advisory Group). Not to mention, most 'budget' plans more suited to younger people do not offer any mental health options. Upon hearing my age, I have personally been told by a company representative 'you probably don't need those (mental health services)' as she went through the benefits I would not be receiving.

Clearly, there is no instant fix to the mental health issue. It seems, however, that raising awareness continues to be important. We need to educate young people that mental health issues are faced by many, and try and break the stigma associated with mental health disorders. We also need to make our voices heard to the politicians that mental health is not an issue that can be put off any longer.

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### FEATURE WRITER - SHANNON PONTING

My name is Shannon Ponting, I am currently undertaking a Bachelor of Journalism specialising in Politics and Writing at Griffith University on the Gold Coast and I am due to graduate at the end of 2010.

### SILENT COUNTRY

Suicide is a huge issue everywhere and can affect anyone. But, what many fail to realise is how prevalent male suicide is, and in particular amongst farmers living in rural and northern Queensland. However, when you look at how little funding mental health facilities in northern Queensland are receiving, sadly those numbers start to make a lot more sense.

There are approximately 900,000 suicides a year world-wide and World Health Organization data show that suicide is now one of the three leading causes of death among people aged 15-34 years. When approximately 2000 Australians die from suicide every year, and it is recognised that men are four times more likely to commit suicide than women, it is obvious how severe the problem has become. Now a study by the Australian Institute for Suicide Research and Prevention has found the rate of suicide among farm workers, particularly farm owners and employees aged between 15 and 65, is more than double than that of the rest of the population.

According to a Weekly Times Now interview last month with Institute Deputy Director Jacinta Hawgood, it was found that the suicide rate of farm workers was "significantly" higher than that of the male suicide rate for Queensland in the active population, which shows that the problem of suicide in farming communities is real, and needs to be addressed. "I guess it lays the foundations for really needing to investigate more thoroughly what are the very specific risk factors for agriculture workers," she said.

Rural Environment Mental Health Coordinator of the Centre for Rural and Remote Mental Health Queensland Tim Saal said the biggest problem with the mental health system in rural Queensland is the way it is set up, with funding and staff issues from the get go. "More people take their lives in Australia than lose their lives in road accidents, and look at the difference in funding for the two issues," he said. "For every one dollar spent in prevention, we spend four dollars in treatment. So really, there needs to be more funding for suicide prevention in rural and northern Queensland."

However, Mr Saal said that the main problem in providing mental health support in northern Queensland is that all staffing agreements are based on 12 month contracts, so workers are generally unable to make any difference to the system due to the high turnover of staff. "There is no incentive of support for staff, so no one is sticking around longer than a year. What's worse is it's usually a clinician straight out of university who has no support. They are pretty much destined to fail."

In a report released by the Commonwealth Department of Health and Aged Care, it was found that there are multitudes of factors that can lead to suicide. These include social and economic disadvantage and also stress and adverse circumstances, especially loss of physical health and loss of employment, and other interpersonal loss. This can be reflected in the fact that in recent years farmers, particularly in Queensland, have had to contend with tough conditions, in particular, the drought. The impact of the drought policy has severely affected the mental health of farmers living in rural and northern Queensland and according to Mr Saal, there are just not enough people on the ground to help.

While there are already community help groups in place, there is currently just not enough funding or organisation going into the rural mental health sector. "It's improved over the last five years," Mr Saal said. "But it's still not enough. There needs to be a lot more focus on early intervention. There is very poor help seeking behaviour in the bush. Suicide is the end result of poor mental health and many farmers have the mentality that 'it'll be right', when they need more help than that." If the help isn't there to relieve the stigma surrounding mental health issues, those living with depression in rural areas will continue to suffer quietly in the silent country.

### Sources

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0400 104 332

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14 September 2010

## HUMOUR

A Banker parks his brand new Porsche in front of the office to show it off to his colleagues.

As he is getting out of the car, a truck comes speeding along too close to the kerb and takes off the door before zooming off.

More than a little distraught, the Banker grabs his mobile and calls the Police.

Five minutes later, the Police arrive. Before the Policeman has a chance to ask any questions, the man starts screaming hysterically: "My Porsche, my beautiful silver Porsche is ruined. No matter how long it's at the panel beaters it'll simply never be the same again!"

After the man finally finishes his rant, the Policeman shakes his head in disgust.

"I can't believe how materialistic you B..... Bankers are," he says. "You lot are so focused on your possessions that you don't notice anything else in your life."

"How can you say such a thing at a time like this?" sobs the Porsche owner.

The Policeman replies, "Didn't you realise that your right arm was torn off when the truck hit you."

The Banker looks down in horror.

B....HELL!" he screams....."Where's my Rolex?????...."

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A sweet grandmother telephoned St. Joseph 's Hospital, and timidly asked, "Is it possible to speak to someone who can tell me how a patient is doing?"

The operator said, "I'll be glad to help, dear.

"What's the name and room number of the patient?"

The grandmother, in her weak, tremulous voice, said "Norma Findlay, Room 302."

The operator replied, "Let me put you on hold while I check with the nurses station for that room."

After a few minutes the operator returned to the phone and said, "I have good news. Her nurse just told me that Norma is doing well. Her blood pressure is fine; her blood work just came back normal and her physician, Dr. Cohen, has scheduled her to be discharged tomorrow.."

The grandmother said, "Thank you. That's wonderful. I was so worried. God bless you for the good news."

The operator replied, "You're more than welcome. Is Norma your daughter?"

The grandmother said, "No. I'm Norma Findlay in Room 302. No one tells me sh#t."

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## MY ONGOING BATTLE

Some days I want to get better. Have a job, with money save up and buy a house and car. Be normal and do all things my friends are doing around me. Have the opportunity to travel the world. Other days I don't want to get better. The thought of going back to work, been with people, explaining what all my scars are from. That is if first they employ me. I have ravaged my body with self harm for the last 21 years.

It depends on the day. Whether I am well or not. Sometimes it feels safer been mentally ill hiding from the world. The security of having a house and a guaranteed income. I battle with this all the time. It seems my world has been built around this life of illness. I have not known anything other than it for the last 10 years. Looking back I wished I could have changed things. Gone for help sooner. Had someone sit me down and show me what the scars would do to my body and how they would look in the future. Show me all the friends, family, opportunities, experiences and life I would miss out on that others take for granted each day.

I look at other people who are in my circle of friends who have a Mental Illness and I consider myself lucky I am still alive. Also I am not so deeply engrossed in being around only people who have a Mental Illness and only doing what the services provide for me. They too are stuck. If they get better, they loose going to BBQs and groups the Mental Health put on. They seem to have made a little life for their illness like me. Without the illness it is all gone. I also consider myself lucky with the support I have from some of my friends and family, as without it I would be in hospital once again, against my will and away from life.

Even though I have battled through this illness, some days I can see I have come a long way from where I was before. Other days I feel as though I'm worse than I was before. I find myself lucky now and as a child. I could hide my illness under my close unlike others whose mental illness was so visible. People viewed me at school as a smart person with not a care in world. I was popular and classed as a "square bear" as the other pupils called me. I was a prefect, on all the committees, had a part time job, and excelled in the arts. I got that high op and went to university. People envied me at school they told me.

Many of the people I went to school with except my very close friends, never new I had a Mental Illness. They thought my life was roses. When I turned up at our 10 year reunion people were shocked at how my life had changed and the scars I had. They were shocked I had this secret I kept so well. That secret has cost me most things people take for granted like going to the beach and wearing togs. For me I consider myself lucky to be live as I said, but if I had the choice I would go back and do everything so differently in a flash.

I can't see a cure for what I have got. I am trapped in my head with my thoughts. I have tried everything possible. Where to go from here I do not know. I depends on the day, how I feel and how well I am thinking...

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## WORLD NEWS NEW ZEALAND

### **Suicide Is A Problem For Us All**

12 August 2010

The Press.co.nz

<http://www.stuff.co.nz/the-press/news/our-hidden-tragedy/4013673/Suicide-is-a-problem-for-us-all>

Today The Press publishes, for the first time ever in such detail, the statistics behind New Zealand's hidden tragedy. The Coroner has agreed to the publication of horrifying statistics that plainly show the cost in lives each year of our suicide toll. The 540-odd lives lost each year easily outpaces the road toll. Yet little mention is made publicly of our silent killer. Partly that is because of New Zealand's relatively strict laws around the reporting of suicide. Health professionals have also long argued that detailed discussion of suicide can lead to "copycat" or additional needless death. Yet given the numbers of suicides have remained high, by international comparisons, The Press believes it is time to again ask the question: Should we be more open in talking about such a deadly disease? The editor of The Press, Andrew Holden, said he welcomed the release of the suicide statistics. "Suicide is clearly

a significant health issue for New Zealand, yet the imposed silence around its coverage in the media does not appear to have reduced the problem. "This paper understands the sensitivities around reporting specific cases, such as detailing the method used by a particular person, and the worry that this can trigger copycat suicides. "But brushing the issue under the carpet clearly is not working either. As a community, we need to accept the scale of the problem, and have an open and honest debate about it."

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### SHINE LIGHT INTO A DARK CORNER

[nzherald.co.nz](http://www.nzherald.co.nz) <http://www.nzherald.co.nz/opinion/news/article.cfm?cid=466&objectid=10666080>

It is cheering to hear the Chief Coroner, Judge Neil MacLean, suggest that restrictions should be eased on the reporting of suicides, thus contradicting the established position of the Ministry of Health and of some - though by no means all - people working in the area of suicide prevention. Judge MacLean's remarks were made against a statistical background that is cause for deep concern. Our overall rate of suicide has dropped since the mid-1990s, but it is the fifth highest for males and the eighth highest for females among developed countries - higher than those of Australia, the US, Canada and the UK.

Worse, we have the dubious distinction of the second-highest rates of suicide among young people, trailing only Finland for males and Japan for females. We remain one of a very small number of countries that have higher suicide death rates at younger ages than at older ages. These sorry statistics have been compiled in an era when the restrictions on reporting about suicide in this country are among the world's most stringent. The media may not say that a death was self-inflicted before an inquest has taken place - hence the common circumlocution that "police say there are no suspicious circumstances".

And even after the coroner has returned a finding that a death was suicide, the media are banned from reporting that fact unless a coroner gives consent. That consent is given only if the coroner believes that releasing further details is "unlikely to be detrimental to public safety" and in practice it is seldom given.

In such an environment, Judge MacLean's comments this week - "probably you can gently open things up a bit ... to start the debate going" - semaphore a significant shift.

In barely a fortnight he will attend a meeting of the Media Freedom Committee of the local branch of the Commonwealth Press Union which will discuss this very subject.

The judge plainly has more sympathy for the news media's views on the matter than the Justice and Law Reform Select Committee did when, considering the 2006 amendments to the 1988 Coroners Act, it spurned the idea of freeing up reporting.

And his words count: he need only instruct his colleagues to be more open in their application of the public safety argument to create a massive shift in the discourse about suicide.

At the heart of the public safety argument, of course, is the suggestion that reporting might encourage copycat behaviour. The Ministry of Health warns against "frequent or repetitive" reporting, particularly of methods, and "[encouraging] the public perception that suicide is a reasonable, understandable and common approach to solving life difficulties".

In that matter, the ministry and the media are of one mind. The CPU submission in 2005 included draft protocols that addressed both those concerns and many more besides. Media are very sensitive to the dangers of simplistic explanations; of romanticising suicides, particularly of celebrities; and of adding to the grief of families already traumatised.

We do not seek to engage in invasive and sensationalist coverage of the acts of suicide and their immediate aftermath, not least because the public would rightly recoil from such an approach and we are not in the business of losing readers.

But many of those bereaved by suicide - in particular parents - are enthusiastic proponents of greater openness. They don't want their loved ones' last seconds anatomised in grisly detail. But they want the circumstances, the thinking, the words spoken and unspoken to be subjected to the most searching inquiry.

That's not easy to do when the very fact that the suicide occurred remains hidden from public view. It's plain that the secrecy is not working for us. It is surely well past time to shine a little light into this dark corner of our national life.

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## WORLD NEWS USA

In my practice, I have met many misconceptions about mental illness from patients and their relatives. I can't blame them. Mental illness has not been understood for a while. In fact, it has created a stigma that people dismiss its importance and its impact in their lives. Some even hide their emotional difficulties from the scrutiny of their close friends and loved ones.

Failure to recognize and address the illness though has staggering consequences. People have lost their families, their jobs, their sources of security and comfort, their present and future. Unfortunately, some even lose their lives.

In my office, I have several extra chairs intended for my patients' relatives. With my patients' consent, I educate their loved ones about the illness and treatment choices. Only through truthful understanding that mental illness can be resolved and treated.

Sad but true. Mental illness should be seen in a different light, and has to be understood using a different lens. It has to be explored with compassion and humanity, with openness and tolerance.

Myth 1: "Bad nerves" is bad

Having "bad nerves" is not necessarily being bad or that possessing it is in itself bad. It has nothing to do with your past sins, failures, or mistakes. When you have mental illness, you have a medical disorder that happens in the brain. Like any medical condition — flu, high blood pressure, or asthma — it also has physical manifestations such as poor energy or appetite loss.

Mental illness can be compared to a stroke — both affect the brain and both have harmful outcomes to the afflicted individuals and their families.

Unlike stroke however, mental illness may not easily be detected by unsuspecting eye and doesn't show weakness or paralysis in only one part of the body. It can however paralyze one's life.

Myth 2: Mental illness means being a "weak person"

Mental illness simply means having an illness in the brain. It doesn't have anything to do with your worth as a person, with your importance and place in society. It has nothing to do with your family's socio-economic status.

In fact some successful, well-known personalities — millionaires, politicians, celebrities, professionals, artists, physicians — have suffered from this illness.

Mental illness doesn't have any monopoly. It doesn't spare anyone — rich and poor, educated and uneducated, young and old, single and married, employed and unemployed, famous and notorious.

Everyone is vulnerable.

Myth 3: You can easily “snap out of it”

If you can easily shake off sadness or anxiety, it means that you're still experiencing normal emotions. Mental illness however may not easily be shaken off even when the condition is mild. It lasts for several days, weeks, or months often associated with distress and difficulty performing normal activities.

Once it worsens, it has far-reaching results such as frequent fights with loved ones, inability to hold a job, failure to function at home, and difficulty relating with others.

Some even become a threat to themselves or others; and some develop their own version of reality. At this stage, it's more difficult to control without professional help or without the use of talk therapy or medication.

In the mental health realm, myths abound propelled by lack of knowledge and information. It's about time to face mental illness as it is, not as a misfortune created by our own biases and inadequacies.

Mental illness can't be ignored or dismissed as simply part of human frailties. Like any medical problem, it should be seriously recognized and addressed.

Here is a staggering statistic; 300-400 physicians take their own lives each year—“roughly one per day”—a higher suicide rate than another other profession.

The culprit appears to be untreated depression and the stigma amongst physicians of seeking appropriate treatment.

Scientists are hard at work trying to unveil the highly complex faces of depression that affect 20 million Americans each year. What are the triggers of this biological disorder that is enveloped in emotional responses and reactions? Is it stress or a cataclysmic loss of a loved one, early life trauma, poverty, or genetic predisposition?

So why are so many doctors depressed? Are they all suffering from untreated clinical depression that is independent of their daily work? Or is the work itself riddled with challenges of a physical, emotional and spiritual nature?

Perhaps our health care system needs to provide a greater focus on relationship-centered care, making the case that a dynamic, authentic healing communication occurs when the satisfaction, health and well-being of both patient and healthcare professional are considered.

As healers, doctors spend much of their time taking care of others and teaching them the power of self-care. Health care practitioners must remember that they need to continually nurture their own minds, bodies and spirit so that they may more effectively manage their own full personal and professional lives.

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## WORLD NEWS INDIA

**HYDERABAD: Suicide is a global issue and the leading cause of death in the world claiming lives of around one million people every year.**

Suicide is a multi-dimensional disorder, which results from a complex interaction of biological, genetic, psychological and environmental factors, said a psychiatrist of Sir Cowasji Jehangir Institute of Psychiatry (SCJ) Hyderabad Dr Darya Khan Laghari on Wednesday.

In a country like Pakistan where growing economic instability, especially poverty, has forced people to sell their children and body organs, he said that the reasons behind increasing rate of suicides could be understandable.

According to data revealed by the regional directorates of the Ministry of Law, Justice and Human rights in Karachi, Lahore, Peshawar and Quetta, he informed that 50 per cent of the suicides are committed due to poverty and economic hardships.

Dr Laghari said that some psychology experts also agreed with the fact that majority of suicides are usually linked to economic difficulties but there are other reasons behind committing suicides and these can be depressive disorders, unemployment, domestic violence, parental separation, growing economic instability, child abuse, bullying, rising inflation and loss of social cohesion which force a person to end his or her life or release them from the pain they are suffering from.

Besides economic instability, factors of suicides in Pakistan by certain analysis and surveys taken by people are, psychiatric disorders, marital status (being married), unemployment and negative and stressful life events, he said.

The psychiatrist said that these were just some figures, which appeared through the media, as most cases of suicides in Pakistan are not reported.

Dr Laghari said that Pakistan has witnessed a drastic increase in the number of suicides but the problem is that it does not collect national suicide statistics nor report them to WHO (World Health Organization) so due to that it has become very difficult to compile global suicide statistics thus making the planning of prevention programmes, almost impossible.

He said that the facts revealed that suicide has become a major health problem in Pakistan, and despite this there are no official statistics. One major reason for this is that when a person attempts suicide his or her family usually tries to cover the act.

He said that suicide has become quite a delicate and multifaceted problem in Pakistan. The rate of suicide is consistently higher in men than women. In fact men outnumber women by two to one and within the men, more single people commit suicides than married ones.

He said that the surveys and analysis revealed that suicide rate has become more common in youth than in adults in many countries and Pakistan is one of them. Suicide rates among youth are increasing due to unemployment, pressure of work and studies, depression, anxiety and increasing poverty, he said.

Dr Laghari further elaborated that Pakistan's population is 162 million and ranked as the 6th most populous country in the world. The official unemployment stands at 12 per cent of the eligible workforce and health spending is only 0.7 per cent of the national annual budget, he said. He added that Pakistan is also a Muslim country and according to Islam suicide is forbidden. Islam is the only religion that has a clear scriptural ban on suicide, so, it has an independent effect on lowering suicide rates but still many people commit the act everyday in Pakistan.

Dr Laghari there is compelling evidence that the suicide ratio has gradually been increasing in Pakistan over the last few years and that the upward trend has been very dramatic with almost 3,000 cases of suicide being reported in 2001 nationally. Even this is considered to be an underestimation, as it is well known that in many developing countries suicide tends to be grossly under-reported, he added.

He said that suicide and depression are linked to each other as more than 80 per cent of people who commit suicide suffering from depression. He said studies suggest that lifetime risk of suicide in people with depression was 15 per cent, with alcoholism 7 to 15 percent and with schizophrenia, 4 to 10 per cent. However, a substantial proportion of people who commit suicide die without having seen a mental health professional, he said and added that detection, and referral and management of psychiatric disorders in primary care was an important step in suicide prevention.

## IN INDIA, STIGMA OF MENTAL ILLNESS HINDERS TREATMENT

by Miranda Kennedy

<http://www.npr.org/templates/story/story.php?storyId=129091680>

August 11, 2010

In India, people with severe mental illnesses often turn to temples and shrines, not to doctors. Some social workers are trying to change this by focusing their efforts on India's schools. At a small rural high school in Goa, along the Arabian Sea, child psychologist Prachi Kandayparker is leading a workshop to train teachers to deal with mental health issues among their students. The students here are poor, the children of miners and fishermen. They mostly speak the local language, Konkani. Kandayparker has a bright, engaging manner that draws out a dozen male teachers she is training. Soon, despite the sapping heat and humidity, there's a lively discussion in the room about how to deal with difficult teenagers. One of the teachers starts describing a problem he's having in class. A 17-year-old girl has been telling the other students that she is in love with him, he says. He worries about his reputation in this small town. The girl also says she has a brain tumor and epilepsy. The teacher doesn't know what to do. "What is happening is she's been referred to the counselor. We've decided we'll do a little bit of groundwork, get to know her friends and family, and if need be, we'll get a psychiatric evaluation," Kandayparker says.

### Seeking Family Consent

Taking her to a psychiatrist, of course, requires the consent of the girl's family. Kandayparker, who grew up near here, says the family probably will not agree to it because of the stigma of mental illness. Even though Kandayparker's organization, Sangath, offers therapy and medication for free, finances are not the biggest obstacle to treatment.

General physicians were not aware of mental illness. Initially they would say, 'Do some yoga and meditation.' - Rukmini Pillai

"Most of the time you would have parents or teachers saying it doesn't happen here. It happens to somebody with a lot of problems, and we don't face that. When it comes to anything of mental illness, it would be a big no-no ... it would be hidden," Kandayparker says.

The fact that the student is a girl further complicates the problem, Kandayparker says. Her parents will be even less willing to take action because it could scuttle her chances of marriage. Word always gets out in India, where the most private of matters are considered public domain, says Rukmini Pillai, a middle-class housewife in the capital, New Delhi. It took her more than a year to fully realize that she should seek treatment for her 16-year-old daughter. "She was not sleeping at all in the nights. If you gave her a cup of milk or something, she would just drop it. She got to the point where she would just sit on the bed. She couldn't recognize her face. Then she would start crying at times and laughing at times," Pillai says.

Pillai is educated and married to an officer in the Indian Air Force. Yet when her daughter's school principal recommended that she take her to see a mental health professional, Pillai's first thought was of the dishonor it would bring. "I got so scared. Psychiatrist? What about the rest of her life? How will I get her married? I rang up my parents, but they said, 'It's your fault, you haven't got her married. This comes with sexual frustration, this kind of behavior.' So I stopped talking to my mother after that," Pillai says.

### Little Support For Mental Health Patients

That was 15 years ago, and the grandparents haven't seen their granddaughter since. She was diagnosed with schizophrenia and dropped out of school. Pillai hasn't had much help from other quarters, either, because there are few support groups or psychiatrists in India. "General physicians were not aware of mental illness. Initially they would say, 'Do some yoga and meditation.' They would say, 'You must not have given proper food diet to your child, that's why she became ill,' " Pillai says.

Eventually Pillai began lobbying the Indian government to pay more attention to its mental health program, which she says is toothless and lacks sufficient money. India has largely succeeded in destigmatizing HIV and AIDS, she points out, but it hasn't done the same for mental illness. Pillai says she can only conclude that the government doesn't consider it a priority.

Miranda Kennedy reported from India on a grant from the International Reporting Project.

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## WORLD NEWS CANADA

### **Health Guide Fails on Mental Illness**

By Lembi Buchanan, Times Columnist, July 6th, 2010.

Re: "Mental health Has to Beg for Leftovers," July 2.

Actually, we are probably lucky to get the "leftovers" from the health-care budget for appropriate treatment and services for the seriously mentally ill. The 452-page B.C. Health Guide distributed by the Health Ministry "includes basic guidelines on how to recognize and cope with more than 200 of the most common of health problems."

And yet, there is little reference to mental illness. In the 17-page index that covers every conceivable medical complaint, there is not a single reference to serious chronic life-threatening illnesses such as schizophrenia and bipolar disorder that affect close to five per cent of the population.

The long list of medications does not include antipsychotic medications, or any psychiatric drugs for that matter. Not even antidepressants.

There is a section on mental health and addictions that covers some mental disorders, including depression, anxiety, panic disorder and suicide, that might require the services of a "health professional." However, there is no sense of urgency as far as getting professional treatment with the exception of someone who is contemplating a suicide attempt.

It's hardly surprising that the needs of the mentally ill remain buried at the bottom of the priority list of health spending. And governments won't change until they get the message loud and clear that mental illness needs to be treated with the same urgency and respect as other medical conditions.

Read more: <http://www.timescolonist.com/opinion/Health+guide+fails+mental+illness/3240557/story.html#ixzz0swIHv2RE>

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## 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.

White Wreath Assoc is Not against prescribed medication. What we are against is leaving the patient in his or her own care (Community Care) when the Medical Profession know to well how dangerous Antidepressants' can be. We strongly believe that Antidepressant Medication Prescribed should be under strict Medical supervision in a hospital environment: Hence our Safehaven Centres.

Paragraph 12 reads: "The move comes after an investigation by The Weekend Australian revealed several hundred thousand scripts for anti-depressants such as Zoloft and Prozac were last year prescribed to children and subsidised through the Pharmaceutical Benefits Scheme, despite the TGA and Pfizer, the company that markets Zoloft in Australia, recommending they not be prescribed to anyone under the age of 24 for the treatment of depression."

<http://www.theaustralian.news.com.au/story/0,25197,24584116-23289,00.html>

Probe into Anti-Depressants Being Conducted 'In Secret'  
Julie-Anne Davies | November 01, 2008

THE Therapeutic Goods Administration is investigating the adverse effects of SSRI anti-depressants, a widely prescribed group of drugs that includes the well-known brands Prozac and Zoloft.

The TGA confirmed in a statement to The Weekend Australian that it had established a special expert panel of psychiatrists and epidemiologists to review a number of cases involving patients who had had adverse reactions to these drugs. It is believed hundreds of cases will be reviewed.

"Although there has not been a jump in adverse events from SSRIs, there has been community concern about potential overuse," the TGA said.

Medicare figures show that, since 1990, when Prozac first appeared on pharmacy shelves, there have been almost 10,000 reports of suspected adverse reactions to SSRIs received by the TGA's Australian Adverse Drug Reactions Advisory Committee.

More than 12 million SSRI antidepressant scripts were subsidised by the Pharmaceutical Benefits Scheme last year.

Sydney psychiatrist Y.L who has reported between 300 and 400 cases to the TGA in which she claims patients have had serious reactions to the anti-depressants, including some who had committed suicide, said the inquiry must be made public.

"This is being done in secret," Dr L said. "We have no terms of reference, no opportunity for people to make submissions; it's a scandal."

Federal Health Department secretary J.H wrote to Dr L recently, informing her the inquiry was under way and the panel would report back at the end of this year.

"This only happened after," Dr L said. "In frustration at being fobbed off by the TGA, I personally sent the head of the department 100 cases detailing what had actually happened to people who went from being fully functioning members of the community to patients with serious mental health problems and some who in fact killed themselves after being put on these drugs for stress-related disorders."

The TGA has also asked all drug companies that market SSRI anti-depressants in Australia to update the wording of their suicide warnings concerning children and young people under 24 years in the information provided to patients.

"The TGA is working with other sponsors to ensure that the wording in the CMLs clearly reflects the issues contained in the product information for their products," it said.

The move comes after an investigation by The Weekend Australian revealed several hundred thousand scripts for anti-depressants such as Zoloft and Prozac were last year prescribed to

children and subsidised through the Pharmaceutical Benefits Scheme, despite the TGA and Pfizer, the company that markets Zoloft in Australia, recommending they not be prescribed to anyone under the age of 24 for the treatment of depression.

Significant discrepancies in the information given to parents about the potential dangers of the drugs to children were also uncovered.

Two weeks ago, Melbourne mother N.M reached a confidential court settlement with her 16-year-old daughter's GP, who she had sued for prescribing Zoloft to the teenager for depression.

Ms M claimed the drug made her daughter suicidal and said she was not advised of the risks associated with the drug.

In another case detailed in The Australian and now being followed up by Pfizer, a 14-year-old girl became suicidal after taking Zoloft. Her parents said they were not warned this might happen nor told to monitor her for symptoms of suicidal thoughts or self-harm.

David K, from the Royal Australian and New Zealand College of Psychiatrists, said his organisation was unaware of the inquiry and had not been approached by the TGA to contribute.

"But in the general setting I would say that nothing new in the literature suggests we need to be any more vigilant than we already have been when it comes to documenting the side effects of this class of drug," Dr K said.

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## MY OPINION (Anonymous)

### Four Corners: Hidden Voices Broadcast (9th August, 2010)

This is what it was about "Typical of many regional centres around Australia, Mackay in Queensland is a place that appears to have it all - tourism, lucrative mines and lush farmlands. But like so many other places, it struggles to properly take care of members of the community who are mentally ill. Now reporter Quentin McDermott asks, why have Australia's Governments deserted those who need their help most?" From four 4 corners website.

With election coming up this report was more words than story. It highlighted the need for more mental health beds and facilities in regional areas though many truths behind what is going on in Mackay were left out.

The reasoning behind the Private hospital closing was simply it was not making money, due to another newer Private facility been made available. True, it may not take the Mentally ill, the old private hospital tried to get other people to occupy its facilities to no avail. Even with the New public hospital been built another 12 beds will not help the region due to area of service stretching over the Whitsunday's out to the coal field inland. Also the public sector is servicing the Private patients as well.

What stories the program neglected to expose was, public workers within the area leaving work early or arriving late. The fact that many people who are in the Acute Unit are there for longer than the one month that is the maximum for the unit. These people are very unwell and some are serving a forensic order from the courts. It would be better if these people were treated at long stay facilities and free up beds for those in the community. It may benefit the community if there was a longer stay Mental Health facility in the area, or maybe even convert the old private unused hospital into this.

Also the fact that the actual system of Mental Health does not allow the workers to admit people who are seriously ill as they do not meet the requirements set out by a certain criteria they must follow on a piece of paper. The workers themselves feel as though they are let down by the system because of this and because of the bed shortage. They cannot possibly do anything if the system does not allow them to. A follow up story should be provided on this once the new hospital has been built and I am afraid to say the situation will not have improved at all.

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