

White Wreath Association Ltd
 Newsletter 41st Edition
 August 2010



White Wreath
 Association Ltd®
 "Action Against Suicide"
www.whitewreath.com

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

IN THIS EDITION:

- Director's Report
- Thank you
- Sock It To Suicide Fundraiser
- Desertlands Aboriginal Ministries - Pastor Betty Mills (pt 3 of 3)
- Medical Profession Must Involve Families
- Peter Neame
- Humour
- SSRI Stories - Antidepressant Nightmares
- Belinda's Journal (cont.)
- Cameron's Diary (cont.)
- My Ongoing Battle (cont.)
- Just a Little Bit of my Story
- World News - USA
- World News - Canada
- World News - UK
- White Wreath Day
- Sponsorship
- Annual General Meeting
- Wish List
- Poem

THANK YOU

Kennard's Hire-Wayne McJarrow,
 Clayton UTZ Foundation &
 Clayton UTZ Lawyers, Inkhub South
 Australia.

DIRECTORS REPORT AUGUST 2010

To all our interstate volunteers who organised a Service on National White Wreath Day – In remembrance of all victims of suicide held on the 29 May. Together we bring to the attention of all "Action Against Suicide" and we "Thank You"

We all know when we hear the word Cancer it leaves an imprint in our mind. We know it's an illness and we also immediately think it can be fatal. We are sympathetic, understanding and we help and support each other.

Lately how often do we hear words such as Personality Disorder, Post Traumatic Stress Disorder, Bi-polar, Depression, Paranoia or Schizophrenia do these words leave the same imprint in our minds as Cancer. But let there be no doubt that these can also, like Cancer, become a fatal illness.

For families left behind by those tragically taking their lives the hurt is no less traumatic yet society's response in helping the surviving families is vastly different. No one seems to care or understand but yet they are as much a victim to the ills of society.

Suicide/Mental illness is shockingly common, affecting almost every Australian family directly or indirectly. It can strike a child, a mother, father, a grandparent or a co-worker. It can strike someone of any cultural background regardless of whether we are rich, famous or poor. It can strike at any stage of life, from childhood to old age. No community is unaffected, no school or workplace untouched.

Deaths by suicide out number those by Road Accidents, SIDS, AIDS and many other forms of death combined each year but because of the myths and stigmas associated with suicide/mental illness the wider community is not made aware of this tragedy.

We certainly don't want loved ones, friends, work colleagues tragic deaths to be classified as "Statistics Only" which is what is happening at present.

White Wreath Day received little or no coverage and ultimately it will be up to all of you to contact Prime Minister Julia Gillard and ask why won't the Government allow media coverage when the White Wreath Assoc estimates in excess of 8,000 deaths in Australia every year by suicide.

We will be more than happy to publish your response in our quarterly newsletter.

The Hon Julia Gillard MP
Prime Minister
PO Box 6022
House of Representatives
Parliament House
CANBERRA ACT 2600

Fanita Clark
CEO



MAJOR FUNDRAISER WE NEED YOUR HELP

"SOCK-IT-TO-SUICIDE"
Yearly - During the Third Week of October

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 you can purchase a Sock It To Suicide Pin @ \$3 each

We would greatly appreciate your support with this endeavour and hope it is a fun day for all. All are welcomed to participate.
Contact Head Office for details.



DESERTLANDS ABORIGINAL MINISTRIES

PASTOR BETTY MILLS

Part three of three

Coming from Queensland I loved Rugby League, my favourite player was Peter Jackson. He was young and good looking and was a very good football player and he had the world at his feet. I was shocked and hurt when the news flashed across our nation that Peter Jackson has taken his own life in 1997, it was unbelievable. Why did he do such a thing? We later found out it was because he had been molested and raped as a little child and he no longer could live with the shame of abuse of being molested as a child. He left behind his family, his girl friend and a little baby girl. Sadly I can relate to Peter Jackson's story as our own son whom we just lost could no longer cope with the shame and guilt of what happened to him as a little boy as well and it doesn't stop there. Now his son, my grandson is incarnated for 14 years because of what happened to him as he was a small child.

This child molestation and abuse of our innocent babies and children must be stop as it is happening in our homes by close relatives or someone close to the family. It's up to us mothers, grandmothers to come out in the open and stand up for our children's rights to be children. What has happened in my family, it could happen in any family. No one is immune but thank God today there is a lot of help and support for abused children and adults who are going though the same thing as Peter and my family went through.

People are suffering depression and going through deep trauma and heartaches from your past. There are trained counsellors and helplines that we could call and receive the help we need. Beyondblue, Children's Helpline, Suicide Prevention and White Wreath Organisation and Christian Organisations in our communities and towns that can advise and help you. So if you know someone who may need help encouragement and support then you need to call a professional, they are easily found in the phone book.

So what is grief and loss through suicide. Everyone of us had experienced loss or grief during our life. In my immediate family I have had six members of my own family take their life through suicide. It's devastating and at first you blame yourself. How we cope with its affect will either make us or break us depending on our faith as believers. Some how there is an inner strength within us that motivates us to continue to live and survive from day to day. Others try to continue in their own strength and wonder why they fall into a screaming heap and that's part of the process of grieving the loss while others play the blame game, they need to have someone to blame even if it is God that they are mad at. Others find other outlets to let out their grief and loss through addiction to alcohol, drugs even gambling or just having a good time drowning their sorrows and maybe other may have unforgiveness in their heart and are angry and resentful. All of these are factors that we experience as part of our coping with grief and loss through suicide.

I trust this letter will help someone who is going through such loss, may it bring comfort knowing there are others going through the same thing.

FOOTNOTE; THIS IS THE FINAL PART AND WE THANK PASTOR BETTY MILLS FOR SHARING HER STORY.

MEDICAL PROFESSION MUST INVOLVE FAMILIES

WHAT IS A FAMILY UNIT?

Today, as you are all well aware, a family unit maybe a gay relationship, lesbian relationship, de facto relationship, marriage relationship, but whatever the relationship is, this is the direct family unit. The person whom is most nearest and dearest. The Medical Profession must include, involve and use their knowledge and opinions when assessing their patients. Psychiatrists/doctors must stop hiding behind the confidentiality law using this as an excuse. There is no other life threatening illness that this applies.

To help curb our increasing suicide statistics lets work together as a team, and that is the Medical Profession, Family Unit and the Sufferer, and together we will combat our high suicide rate or at least reduce the alarming statistics that are plaguing our lucky country.

We know of far too many cases where families have not been told that their loved one was suicidal until after they have tragically taken their lives. There was a time when Psychiatrists' / doctors listened to families' and worked cooperatively with them. Privacy laws concocted by Mental Health Professionals and lawyers now conspire to play them off against their families and loved ones.

Fanita
Sincerely,

PETER NEAME
WHITE WREATH ASSOCIATION RESEARCH OFFICER

There is no obvious money in the budget ear marked for mental health because there are no votes in mental health. Having said that one must be totally honest as to why things continually go wrong in mental health.

From 1970-1990 all medium and long term mental health beds were closed, 32,000 beds or 300 beds per 100,000 population to no medium and long term beds. The whole mental health system was turned away from those who really need treatment (the chronically mentally ill) to the worried well.

So if you or your family try to get help if you are suffering from schizophrenia for example you will be refused treatment or mis-diagnosed for 5-10 years in which time terrible tragedies can happen from suicide and violence to murder. This inability of the sickest people to get care when they need it is also called the inverse care law of mental health.

14% or one in seven schizophrenia sufferers commit suicide. Schizophrenia, not depression, is the greatest cause of suicide.

HUMOUR
(Under age 40? You won't understand.)

'Good Night, David. Good Night, Bob.' Don't forget Skippy

My Mum used to cut chicken, chop eggs and spread mayonnaise on the same cutting board with the same knife and no bleach, but we didn't seem to get food poisoning.

My Mum used to defrost mince on the counter and I used to eat it raw sometimes, too. Our school sandwiches were wrapped in wax paper in a brown paper bag, not in ice-pack coolers, but I can't remember getting e-coli.

Almost all of us would have rather gone swimming anywhere instead of a pristine pool (talk about boring), no beach closures then.

The term cell phone would have conjured up a phone in a jail cell, and a pager was the school PA system.

We all took PE.. and risked permanent injury with bare feet instead of having cross-training athletic shoes with air cushion soles and built in light reflectors. I can't recall any injuries but they must have happened because they tell us how much safer we are now.

Failing PE was not an option even for stupid kids!

Speaking of school, we all said prayers and sang the national anthem, and staying in detention after school caught all sorts of negative attention.

We must have had horribly damaged psyches. What an archaic health system we had then. Remember school nurses? Ours wore a hat and everything.

I thought that I was supposed to accomplish something before I was allowed to be proud of myself.

I just can't recall how bored we were without computers, Play Station, Nintendo, X-box or 270 digital TV cable stations.

Oh yeah .. and where was the Benadryl and sterilization kit when I got that bee sting? I could have been killed!

We played 'king of the Castle' on piles of gravel left on vacant construction sites, and when we got hurt, Mum pulled out the three and sixpence bottle of Mercurochrome (kids liked it better because it didn't sting like iodine did) and then we got our backside smacked.

Now it's a trip to the emergency room, followed by a 10-day dose of a \$49 bottle of antibiotics, and then Mum calls the lawyer to sue the contractor for leaving a horribly vicious pile of gravel where it was such a threat.

We didn't act up at the neighbour's house either because if we did, we got our backside smacked on the spot, and then when we got home it happened all over again.

I recall Danny Andrews from next-door coming over and doing his tricks on the front veranda rail, just before he fell off. Little did his Mum know that she could have owned our house. Instead, she picked him up and smacked him for being such a fool. It was a neighbourhood run amuck.

To top it off, not a single person I knew had ever been told that they were from a dysfunctional family. How could we possibly have known that?

Obviously we needed to get into group therapy and anger management classes???

How did we ever survive?

LOVE TO ALL OF US WHO SHARED THIS ERA, AND TO ALL WHO DIDN'T; SORRY FOR WHAT YOU MISSED. I WOULDN'T TRADE IT FOR ANYTHING.

SSRI STORIES

Antidepressant Nightmares

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

With permission from SSRI Stories! we will publish in each Quarterly Newsletter disastrous stories. We will not name names or places. On this site there is literally hundreds of stories from around the world with 122 Australian Stories. We will only publish the Australian Stories.

The site commences with a "Warning" Withdrawal can often be more dangerous than continuing on a medication. It is important to withdraw extremely slowly from these drugs, usually over a period of a year or more, under the supervision of a qualified specialist. Withdrawal is sometimes more severe than the original symptoms or problems. Bear in mind the White Wreath Assoc is Not against prescribed medication. What we are against is leaving the patient in his or her own care when the Medical Profession know too well how dangerous

Antidepressants' can be. We strongly believe that Antidepressant Mediation prescribed should be under strict medical supervision in a hospital environment:- Hence our Safehaven Centres.

Summary:

First paragraph reads: "Antidepressant drugs prescribed to a mother contributed substantially to her two attempts to kill herself and her two young children by gassing them in the family car, Chief Justice DM has ruled. The 32-year-old woman, whose name is suppressed, walked free from the Supreme Court yesterday with a four-year jail term suspended for two years after pleading guilty to four counts of attempting to murder her daughters, then aged nine and two."

Paragraph 7 reads: "The court was told she had a history of depression and was prescribed high doses of Aropax (paroxetine - Paxil), a selective serotonin re-uptake inhibitor, and Efexor (venlafaxine), a serotonin noradrenaline re-uptake inhibitor, in the months before the offences."

Mum Free After Murder Bid

Antidepressant drugs prescribed to a mother contributed substantially to her two attempts to kill herself and her two young children by gassing them in the family car, Chief Justice DM has ruled.

The 32-year-old woman, whose name is suppressed, walked free from the Supreme Court yesterday with a four-year jail term suspended for two years after pleading guilty to four counts of attempting to murder her daughters, then aged nine and two. She made separate murder-suicide attempts near W... and P... on June 17 last year.

Justice M found the medication affected her mental state and "substantially contributed" to the offences. "The drug . . . impaired her capacity for rational thought to such a degree that her responsibility for her actions was substantially diminished and her capacity for rational thought and action was gravely impaired," he said.

Justice M described the woman as a loving mother who cared for her children and said her prospects of recovery were reasonably good due to the support of family and friends.

The Department of Community Development would determine whether and when she could resume care of her children, who had suffered considerable trauma. The woman has already had supervised access visits to her children, who live with her father.

She was also sentenced to intensive supervision orders and 80 hours community work. The woman, who lives near B..., wept in the dock and hugged her father in the public gallery after being sentenced. The court was told she had a history of depression and was prescribed high doses of Aropax (paroxetine), a selective serotonin re-uptake inhibitor, and Efexor (venlafaxine), a serotonin noradrenaline re-uptake inhibitor, in the months before the offences.

The doses were increased after the first of her four suicide attempts in May 2002. The drugs are also marketed under the names Prozac and Zoloft.

Renowned British critic of antidepressants David Healy, who examined the woman's case, concluded that it showed diminished responsibility resulting from the drugs.

Outside court, the woman's father said he saw a marked improvement in his daughter's health after she stopped taking the drugs. He said authorities should provide warnings on the drugs and doctors should monitor patients and make them aware of possible side effects. Patients should also question any increase in the drugs if their condition was not improving. He said he hoped she would be reunited with her children.

BELINDA'S JOURNAL

continued

18/09/98

"Shared" again at N/A meeting tonight – getting pretty used to thinking on my feet. Commonwealth Games is on at the moment – Aussies are kicking ass. Good to see some young people making the most of their formative years. If they had an event for "mixing up and shooting up" I reckon I'd be contesting a medal. Been in daily training for it. There was a guy I once knew who mixed up a shot with one hand and shot me up. Amazing stuff. Probably shouldn't be romanticising my drug use but it's good to have a laugh from time to time. Still trying to write my letter to my lost child but finding it really hard. Found a guy, at N/A meeting, from Brisbane who has invited me to come along with a group of them to Livid (when I shared I mentioned my fears of going to the festival). Said I could meet him at meeting in Brisbane tomorrow night (am going on leave) and get his phone number.

21/09/98 Monday 15.05 hrs.

Arrived back at rehab today after another weekend leave. Must say it was a fucking miracle that I stayed clean. Went to N/A meeting Friday night and shared again. Steve stayed over my place afterwards. Got my hair dyed brown and purple streaks on Saturday – don't like it very much. Went to N/A meeting Saturday night and for once didn't get asked to share. Went to see "Small Soldiers" with Damian after the meeting, which was a really good movie. On Sunday morning went to see Dave and all was well until his friend Stuart rang to organise pick up of 2-oz base. This got my addict mind working and the cravings began to set in. Dropped Dave off at Stuarts and went home. As I get urine tested here at rehab I peed into a glass bottle and saved it wrapped in alfoil down the bottom of the fridge. I went back over to Dave's as I knew he'd have some gear. When I asked him for a point "for a friend" he flatly refused. Said he didn't want to put me in a position where I might use no matter who it was for. I begged for about ½ hr but still he refused. I left really angry and on the warpath to score. I went to Steve's and begged and pleaded with him to come score but he refused as well. Tried working him for about ½ hr but he wouldn't budge. I was going to then go to Stephen's but Steve talked me out of it.

It's about 24 hours since I went to Dave's yesterday to score and the addict's thoughts are still there. I keep imagining getting in my car (drove my car down this time) and going back to Brisbane, scoring some speed, and then maybe killing myself. Doesn't sound like such a bad option to me at the moment. Anything would be better than hanging out like this. I think I am probably destined to be a fuck-up. I figure I may as well save mum and dad a week or so's worth of rehab accommodation and go fuck up now rather than wait until I hit the real world.

Wish I could be like a normal person but know that this is just not possible. What normal person would be romanticising suicide. The only thing stopping me at this stage is what it would do to my family. But even then I'm sure it wouldn't take too long for them to get over it. Better be dead than being a fucked-up junkie.

CAMERON'S DIARY

continued

Friday June 30

Bernie 2pm! Did bible study with Bruce. Went for a walk to Bro Kelly's to drop the torch off. Bro Jim was there. Saw 2 snakes. Bernie came over. Had a good talk with him. Showed him the stuff mum got off the computer. He told me to ring solicitor and ask about independent report! Paranoia still there! Have to ring Ricky and ask if the S.A.M.E. he was on was homeopathic? Or full strength?

Sunday July 2

Adri's birthday. Make sure send card and \$100! Rang Adri. She was at her mate's house. Went for a drive to Wallaman Falls. Went for a 2km walk but it ended up being too much! We didn't take water. Maybe next time we'll be ready! I rang Ricky about S.A.M.E. Had a good talk with him. I want to give it a go! I see Dr Joseph and Bernie tomorrow so we'll find out tomorrow. The psychologist was sick!

Monday July 3

Peter the psychologist is coming out at 1pm! He rang up sick and rebooked for next Monday at 1pm! I did weights! I'm going for a walk with mum. Mum tried to get my medication but they wouldn't do it! Washed my sheets and stuff. Have to ring Jeannie Stone tonight!

Tuesday July 4

Mum's birthday. Put form in at Centrelink. See Probation Officer at Court House! Mum's birthday. Save money for that! *Maybe get forms for Dept. of Transport.* Appointment with Doctor Joseph and Bernie! 10.30am. Hospital at 11.30am.

Wednesday July 5

Pay day. Organise driving school today in Townsville! *Get forms for driving test in T'ville.* Maybe make appointment for today Alf's Driving School! Ph 47239952. Go to Townsville for driving lesson.

Thursday July 6

See probation officer at Court house!

Monday July 10

Peter the psychologist came out. It was good. He gave me a lot of reading material to go through. Me and Mitchell went down to the park and kicked the soccer ball for a while.

Tuesday July 11

We got up early and took Mitchell back to Townsville and dropped his gear off at Balin's place. We met Balin's parents. They seem nice. I was pretty sad for a while. We got in touch with Bruce and he came over. We met him in town and went to the house that we are going to clean. We are going to start it tomorrow. My mood was OK. But I was a bit sad when we came home at first. It's overcast and rainy. I got a couple of books from the library on depression. I also took the med. Cert. to Centrelink.

MY ON GOING BATTLE

continued

I am purposively getting better. That's mental health's idea anyway. I have not self-harmed for a few months now. My case manager at mental health told me I was getting better after just 6 weeks and has moved me from weekly appointments to fortnightly. I was then told two weeks later that I was handling things so well that my appointments will be shifted from 3 monthly to 6 monthly with the psychiatrist.

I asked the reasoning why, It was not because I was not only not self harming, but because I was dressing better. I hate how they judge you by what you look like or behaviours. I have been telling them about all the problems I have been having which have been the same as usual. I have even had periods where I have been telling them I am suicidal and they keep telling them I am not self harming that I am getting better.

At one stage I tried to get in hospital as I was feeling very suicidal and I was refused, as once again I was not self-harming, and had not so I am better. This is why we need the White Wreath centres. If I had not had the support of friends and family, I may not have been as

fortunate as someone who was alone in my situation. It should not be left to my friends and family to try and keep me safe, when there is a Mental health facility with trained staff to do this job.

The next thing I am expecting to hear in my next fortnightly appointment is, that you have not been self harming for a while so we are not going to see you anymore and it is off to work with you. I would not mind the money from work , though I struggle to do daily tasks and keep my mind from drifting into wanting to hurt myself or even worse killing myself.

My appointments with my case manager do not result in any counseling or therapy. As they say that I am too unstable to do this. So I spend my appointments talking about the games on the internet I play. What me and my friends have been doing or about the weather. I usually leave feeling as though I had a chat with a brick wall and they usually say something that angers me and I end up in a bad mood and wanting to self-harm.

So where do I go to here. I suppose talking to a brick wall. Seeing my case manager and been ignored even if I feel suicidal and about to kill myself. All this because I have not self-harmed for a while and because I am dressing better. I have been told that I can go back to weekly appointments whenever I want. I tried to ask when I was suicidal and I was told that she had been given another client to see in my appointment space and I would be feeling better tomorrow, because. I have not self-harmed and I was dressed well. I feel like I am in a merry-go-round that I want to get off and it won't stop....

JUST A LITTLE BIT OF MY STORY

Please allow me to tell a little bit of my lost partner D.

D had a complete breakdown after swallowing drain cleaner, which resulted in half of his stomach and throat being destroyed, and he could not talk anymore. To see what he did to himself was complete horror for me seeing him suffer for eighteen months until his death.

I lost him three years ago and still miss him terribly. I suffer from depression as a result of the trauma.

I have no faith in the mental health system in Queensland; they failed to help him and I.

D was blind. We were together for twenty years.
Thank you.
J.

WORLD NEWS - USA

Suicide:

Where is the Public Reaction?

Thursday, June 10, 2010 6:26 AM EDT

By Michael Hetzman

Clinical Director Gratiot County Community Mental Health Services.

Perhaps there is no act among the animal kingdom that is so singularly human than the intentional and voluntary action of taking one's own life. And, there is probably no other human behavior that has invoked such a wide range of societal reaction across time and within different cultures. Depending on where and when an individual might have lived, reactions include indifference, acceptance, expectation, prosecution and punishment.

Although written about for approximately 4,000 years, it wasn't until 1642 that the word, "suicide," was coined. By contemporary definition, a suicide isn't ruled as such unless there is evidence that the act was intentional. Therefore, family members who hide any evidence, impulsive acts of self-violence and suicidal people who want their families to be eligible for survivor benefits make suicide one of the most underreported statistics.

In addition, it has been estimated that at least 10 percent and as high as 40 percent of all police shootings are intentionally provoked by the victim in an act known as, "Cop Assisted Suicide." Stories about suicides permeate the news. Very recently, the CEO of the Chicago Metra Train system, accused of embezzlement, stared down at the oncoming train and committed suicide on his own tracks. Earlier this year, a 15-year-old from Ireland hung herself after being the subject of school bullying and Marie Osmond's 18-year-old son jumped from the eighth floor to end his depression.

Demographically, there are four male suicides for each female; however, females attempt suicides twice as often as males and in the age group of 15 to 24 years old, suicide is the third leading cause of death. However, when considering all age groups, there are more than 30,000 suicides each year, surpasses homicide as a cause of death, even surpassing Parkinson's, meningitis, HIV infections, and accidents involving firearms, drowning, and fires combined. Yet despite being so well known to all cultures across the lifespan and occurring at a frequency that exceeds other causes of death that captures so much public attention, one must ask, "Where's the public outcry?"

Why is it that suicide risk isn't discussed openly the way we embrace other major public health issues; underage drinking, drug use, unprotected sex, flu epidemics, smoking, and seatbelts, to name a few? The public opinion holds a great deal of misinformation about suicides.

Here are a few of the more popular myths:

Myth: If people talk about killing themselves, they won't do it. **Fact:** Talking about suicide is often a clue. Always take any mention of suicide seriously. **Myth:** Suicidal people are mentally ill. **Fact:** Some mentally ill people do kill themselves. However, the majority of suicidal people are ordinary and seemingly healthy.

Myth: Asking people if they are suicidal might plant the idea in their head. **Fact:** Asking people if they are suicidal will usually lower their anxiety level and act as a deterrent by letting them talk.

Myth: Suicides occur without warning. **Fact:** Many suicidal people plan their self-destruction in advance and there are usually clues about their intentions.

It's time that we address the real issues about suicide and to do that we need to educate ourselves about suicide awareness and prevention strategies.

WORLD NEWS - CANADA

Mental Illness and Crime

01 Jun 2010

Canada needs to change its approach to mentally ill prisoners as correctional facilities worldwide contain a higher percentage of people with mental illness than the general population, states an editorial in CMAJ (Canadian Medical Association Journal).

Training of correctional staff, treatment programs for inmates and accurate data on the prevalence and consequences of mental health problems can help alleviate issues for people with mental health issues.

The higher percentage of inmates with mental health issues may be due to the fact people with significant mental health issues such as schizophrenia or personality disorders can act in socially inappropriate ways that can be misinterpreted or clash with the law. Prevention programs in the community are also needed to help address problems well before people might get in trouble with the law.

“Having people with treatable mental health disorders fall into the criminal justice system serves neither society nor the individual,” write Dr. Paul Hebert, Editor-in-Chief and Dr. Noni MacDonald, Deputy Editor, CMAJ with Dr. Stephen Hucker, Forensic Psychiatrist, University of Toronto. “That so many inmates in jails and prisons have mental health disorders - often untreated - is an indictment of society’s values and understanding of mental health disorders.”

Source:
Kim Barnhardt
Canadian Medical Association Journal

WORLD NEWS - UK

South Asia Needs to Root Out Mental Health Stigmas

Negative social attitudes towards mental illness are a problem that can’t be addressed in a purely medical framework.

Jagannath Lamichhane guardian.co.uk,
Thursday 20 May 2010

Mental health is generally excluded from the social context in developing countries. The absence of mental health policy and programmes, negligible budgets for mental health care, and routine human rights violations of mentally ill people are evidence of the need for action.

Available mental health services tend to be urban-centred and hospital-based, with the result that 80%-90% of populations have no access to treatment. People labelled as mentally ill are the worst victims of social violence; mainstream society still fails to acknowledge their suffering as a valid human experience that requires attention and support. Once people are labelled as mentally ill, as far as society is concerned, their civil and human rights are suspended for ever. They are exposed to discrimination that results in a non-human identity and damaged personality.

When, I publicly shared my experience of struggling with mental disorder since my early childhood, I had never thought that the majority of my friends would turn their backs on me instead of being supportive. These were the same people who treated me as a lifelong friend before they knew I had some mental problems.

It is sad for me, and hard to accept that my public identity of a person facing mental disorder ruined my social contacts and a sense of belonging to my society as an equal human. I don’t feel responsible for such artificial social behaviour; however, I am suffering because of that. But this experience gave me a new mission in life: to fight to ensure justice and human dignity for the mentally afflicted community across the world.

Recalling my own experience, social ostracisation is worse than the real illness. Further, I noticed that the stigma surrounding mental illness adversely affects mental health professionals as well. It creates enormous psychological burden for them while working in a socially stigmatised environment. There is more glamour working as an animal rights activist rather than as a mental health rights activist.

In south Asia, the number of people who commit suicide is higher than the number who die because of road accidents, terrorism and HIV/Aids. It is among the top three causes of death in the population aged between 15 and 34.

The World Health Organisation says that over 90% of suicide cases relate to mental disorder and that more than two-thirds of all suicides are preventable. Nevertheless, mental health support barely exists in south Asia, excepting Sri Lanka, to address the growing needs of the population.

There is huge scarcity of resources to address the mental health needs of the population in south Asia (and in the developing world more generally, as Andrew Chambers explained in a recent article for Cif). The negative social attitudes towards mental health, massive underestimation of the suffering of mentally ill people, lack of political empathy, and the lack of mental health leadership are the real challenges.

Since the publication of World Health Report 2001, WHO has published a number of reports highlighting the miserable social status of those who suffer mental illness, but WHO clearly lacks the strategy to translate these reports into action.

In 2008 it launched its most ambitious scheme – the Mental Health Gap Action Programme – but I doubt that it will achieve its goals without changing its own structure to include broader civil society aspirations beyond the medical domain.

The recommendations made in the 2001 report are still a far-off dream for developing countries. Forget change outside, even within the WHO system – there is no space for mental health activists from the non-medical profession to work together in the advocacy of mental health.

There is talk about the human rights of mentally ill people, about social inclusion and the need for resources, but the international agencies, foundations and governments are badly ignoring mental health in the developing world. There is still strong resistance from the professionals against engaging with civil society to improve the system.

These are the real issues to be debated in mental health, but they are always forgotten.

MELBOURNE WHITE WREATH DAY

29 May 2010

The service went very well, not in numbers, but in the way each of the speeches were different from one another but complemented each other beautifully. All the speeches were really moving and really struck a chord with the people who were there. The church looked lovely and had a lovely peaceful feel about it. The whole thing had really friendly, intimate feeling about it as though everyone was being supportive of one another. We had a cup of coffee at the end and everyone chatted about a number of topics, including what was spoken about in the service.

The guest speakers were all really lovely people. The speech from the Superintendent of the Diamond Valley Police, Dean Stevenson was my pick of the speeches. Very moving, some personal stuff, some stuff about what it's like for police attending suicides and attempted suicides or having to knock on someone's door and tell them a loved one is dead. He talked about how putting on the uniform doesn't make you a super-hero, you are just still Dean Stevenson, the human being who gets very affected and emotional by what he sees in his job. He briefly spoke about suicide within the force. He talked about the human side of being a police officer, how it can affect your whole life...he spoke about some difficulties he has had worrying about his children, which he attributed to what he has been through and seen in his life as a police officer and he admitted to having to have counseling himself because he wasn't 'coping'.

I got fantastic feedback at the end.

Aside from people associated with White Wreath and the running of the service, there was only one person who came 'off the street' so to speak. So for all that advertising, one person came.

It didn't matter though. We all sat in the first three rows and it had a nice, intimate feel.

One of my friends says she was so moved, that she would like to get involved. It sounds as though she wants to talk to people either one on one or in schools, church groups or something like that. I'm not exactly sure, I didn't have time to talk to her for long. I don't know if she can do that through White Wreath, but I'll find out more when I see her next.

I was very happy with the outcome.

I was feeling a bit 'flat' yesterday, I guess because of all the build up and then suddenly it's all over. I woke up with an upset stomach today, so I'm feeling a bit under the weather. Anyway, I'll just take it easy and be fine again by tomorrow.

Take care....
Sue

LOCKHART RIVER QLD WHITE WREATH DAY **29 May 2010**

Thank you so much, events over the weekend was a success, massive turn out from the community.

Again we are talking about whole family groups, from youngest to oldest came & took part in the Candle-releasing ceremony at the beach with a heart-warming finale on Sunday with a church service. Our community elders had a candle lighting ceremony remembering those that lost their lives to self-harm//suicide and also victims of Domestic Violence.

There are talks now of having this event yearly in Lockhart River..many thanks must go out to you for sending up those resources..Ta heaps Nancy,

PALMER & MURRAY BRIDGE SOUTH AUSTRALIA WHITE WREATH DAY **29 May 2010**

White Wreath Day services were really good again in Palmer with an additional one being held in Murray Bridge. There were about 25 people at each service with many people who hadn't been before, so that along with the additional people who helped organise things we have definitely increased the awareness in the local region. The Palmer service focus is very private and tries to allow people to face their grief and find support, which is different from the Murray Bridge service as it is in a larger regional centre and the fact is that the politicians and local government take more notice. Along with the added support from Centacare who took on the organisation of it and managed to get people to listen.

With a bereavement support group now established we are starting work on Sock it to Suicide week, Trevor and Cathy from Centacare, along with the other group members are really keen to have a display at the local mental health week display that is organised in Murray Bridge during mental health week in October, where will also publicise White Wreath Day for 2011.

SPONSORSHIP

Sidebar on Front Page of White Wreath Website.

Why add your site to the White Wreath Assoc homepage? The White Wreath Assoc homepage has a Google Page Rank of 6. Google assign this page rank mainly due to the fact that this site has so many links on other sites which are all linking to it. Page Rank in itself is not the secret to successful Search Engine Rankings however it does help.

Any site with a page rank of 4 or more is considered a "trusted site" by Google. By placing your link on the White Wreath Assoc homepage some of the page rank is leaked to your site which in turn helps your site to gain a higher page rank. This is especially beneficial if the correct key words are used in the link. Eg. If your site sells ink cartridges then obviously part of the keywords used would be just that "Ink Cartridges". Google counts each link that points to your website as a vote. The more votes from trusted sites means the higher your search engine rankings. When you pay out your hard earned cash to a SEO Company a large part of their optimisation is exactly this. eg. Getting as many links as possible from other trusted sites. Not only are you gaining a valuable inbound link by sponsoring White Wreath Assoc but more importantly you are helping a fantastic organisation to gain financial support which is desperately needed and its all Tax Deductible!

So grab your spot on the White Wreath Assoc homepage as sponsor numbers are limited.

BE QUICK !

IMPORTANT NOTICE

ANNUAL GENERAL MEETING OF BOARD MEMBERS WHITE WREATH ASSOCIATION LTD

Monday 6 September 2010 - 7PM
Sri Thai Restaurant (B.Y.O)
24 South Pine Road
Alderly Qld

WISH LIST

Stamps, Copy Paper, DL Envelopes, A4 Envelopes, Volunteers Aust/Wide

Or You May Like to Donate

DONATIONS TAX DEDUCTIBLE

1. Via our credit card facility posted on our Website www.whitewreath.com then follow the instruction.
2. Directly/Direct Transfer into any Westpac Bank
Account Name White Wreath Association Ltd
BSB No 034-109 Account No 210509
3. Cheque/Money Order to White Wreath Association Ltd
PO Box 1078
Browns Plains Qld 4118

THE “POSSIBLE” DREAM For Our Safehaven Centres

To dream the impossible dream
To fight the unbeatable foe
To bear with unbearable sorrow
To run where the brave dare not go
To right the unrightable wrong
To love pure and chaste from afar
To try when your arms are too weary
To reach the unreachable star

This is my quest To follow that star No matter how hopeless No matter how far
To fight for the right Without question or pause
To be willing to march into Hell For a heavenly cause
And I know if I'll only be true To this glorious quest
That my heart will lie peaceful and calm when I'm laid to my rest
And the world will be better for this
That one person, scorned and covered with scars
Still strove with their last ounce of courage
To reach the unreachable star

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