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## DIRECTORS REPORT

For many years now we are told to talk about suicide especially to the person when suicide threatens. Has talking changed anything? No. Suicide statistics are on the increase. The only most sensible approach is a place of safety for those when suicide threatens. White Wreath since inception classifies suicide/mental illness as a life threatening condition and people must be hospitalised in exactly the same way a cancer, heart disease, heart attack, stroke etc patient is. All other life threatening conditions are treated medically with dignity and respect and are taken very seriously by all concerned but not so for those that attempt suicide.

I myself recently experienced the indifference of the hospital system. I thought I was having a heart attack. My husband rang the ambulance and within a short few minutes the ambulance arrived. I was experiencing terrible pain on my left hand side. The ambulance officer tried to put me at ease and told me that I wasn't having a heart attack but because of the sever pain and for precautionary measures they were going to take me hospital. I was in hospital for a few days with many tests done. From the emergency services to doctors, nurses etc all were wonderful and treated me with the utmost respect and concern with their main intention of getting me better before releasing me.

My question is: Why aren't people that attempt suicide treated in the same manner? For some reason we are told to talk to a suicidal person and everything will be OK. Would we do this to a person that is suffering a heart attack and just talk to them and tell them we love them and everything will be OK. No. We immediately call 000 and they are rushed off to hospital receiving the best possible medical treatment for their life threatening condition like I did.

White Wreath Assoc has been trying to raise funds for many years now to build Safehaven Centres for those when suicide threatens. It has been a very difficult and long road as we have never received Government Financial Assistance, do not advertise because of cost involved and have been working tirelessly and continually for all these years. We rely wholly and solely on public donations.

We must band together and together lets raise the much-needed funds and help those that need a place of safety when suicide threatens.

## THANK YOU



Thank you to all those that participated in our major fundraising campaign Sock It to Suicide. We truly appreciate your support.

## THANK YOU FOR DONATIONS

**SOCK IT TO SUICIDE**  
Wear bright coloured socks during the third week of October and donate a gold coin to support the organisations's work with families affected by suicide & mental illness.

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

WHITE WREATH ASSOCIATION LTD

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PO Box 1078 Browns Plains BC Qld 4118  
ABN: 50 117 603 442

**CONTACTABLE 24 HOURS A DAY**

White Wreath Assoc fully understands that times are tough and we truly appreciate your kind donations supporting our cause. As a result we are able to continue the good work we do within the wider community and still keep all our services free. We are one step closer to our main objective of building Safehaven Centre/s. However there are many many more steps to go before we achieve our ultimate goal and your continued support whether through donations, volunteering or helping us in other ways - no matter how small - is of the utmost importance so we can continue.

## MERRY XMAS



As this is the last issue of our newsletter for 2012 we would like to wish our members, volunteers, supporters and readers a Very Merry Xmas & A Happy and Prosperous New Year.

## **AGM BOARD OF DIRECTORS**

I am very pleased to announce the following elected Board Members and together we will serve you to the best of our ability. Peter Neame who has been a Board Member with White Wreath Assoc since our inception is relocating permanently overseas and is unable to continue in this role as a Board Member. However Peter will remain, as White Wreath Assoc Research Officer and will retain this position including his regular Newsletter Articles.

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

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

**Archive: West Coast Times NZ**

**Neame says suicide benchmark for judging mental health services**

Lowering standards and increasing bureaucracy meant most mental health patients, including those extremely violent, were not under compulsory treatment orders. This meant the psychiatric profession had to start accepting responsibility for increasing death rates from mass killings and suicide. It is their decreasing standards of care that are responsible for these young deaths. We can't just blame it on the Minister of Health even though the Minister is there on behalf of the

public taking public money, so is the psychiatric profession and in particular psychiatrists. The suicide rate was a damning indictment on the counties mental health services. The figures show a 600 per cent increase in suicide among young men aged 20-24 since 1972.

Suicide is entirely a mental health problem and has nothing to do with employment or anything like that. Suicide is a thought disorder that overcame the basic instinctive reflex to survive, a powerful enough to cause most people to fight through horrific accidents or illness. Deinstitutionalisation meant most people were not being admitted to hospital, instead they are being sent to see councilors. Suicidal people used to be admitted to hospital. It was regarded as a seriously as a heart attack.

Now you are called mildly suicidal and you go to councilors. There is no such thing as mildly suicidal, you are either suicidal or you are not... Councilors have no affect whatsoever on serious mental illness the adverse change to the health system involves ceiling on hospital stays and diminishing numbers of available beds. For the past number of years no patient is allowed to be in hospital more than 21 days... most serious mental illness takes months to come right. Patients are being discharged rapidly, sometimes after only a couple of days, sometimes they leave more unstable than when admitted. An acute unit with only ten or so beds means you will have to get rid of people when they are not well because you have more unwell people waiting. Community housing can't act as a replacement for people who needed psychiatric supervision. A person who is chronically ill needs special care, it is as simple as that. I'm not against adequate community care, but you have to have long-term beds as well.

## TREATMENT ADVOCACY CENTRE USA

<http://treatmentadvocacycenter.org>

### **"Forced Medication Saved My Life" - personally speaking**

I once believed that thoughts of suicide were common, plans typical, and success inevitable. My schizophrenic auditory hallucinations (hearing things that aren't there) filled my ears with voices saying things like "Die, girl, die!" I was immersed in delusions that there was a mysterious, ultimate deep meaning that required my suicide. In September of 2001, I almost succeeded in hanging myself. Yet, I did not want to die. It was the voices and the deep meaning that drove me towards death, promising me that this was the right thing to do. On many occasions, while delusional, I believed that I had to die for a greater cause.

The neuroscience research I performed when well (I have a Master's degree in the field) would be twisted when I was ill. Most commonly, my delusional mind would think that tiny rats were eating my brain, but that my brain regenerated — a "neuroscientific" conclusion that my brain invented to explain how it could be eaten without me dying. I would, in excited cohorts with the deep meaning and voices, determine to kill myself so that other neuroscientists could research my phenomenal brain and thus cure central nervous system disease and injury. My death would give those paralyzed the ability to walk, stroke victims their language back. If my death could accomplish all this, it was surely a small price to pay, the deep meaning told me. Whenever I came close to suicide, I was declared a danger to myself

and was admitted to hospital. There, I was treated against my will. Eleven times over five years, I was involuntarily hospitalized. Also out of my control was medication with sedatives and anti-psychotics. I regularly refused to take the pills they determined I needed, believing they had rats in them. But refusal was simply met with injections. I hated it, fought back and screamed with all of my might. I felt I was a victim of a harsh and cruel mental health system. I had no hope, no wish but to end it all.

The system and its psychiatrists had the power to take that wish away from me. Despite my resistance, hospital staff kept me safe from myself when I could not do so on my own. Those whom I thought were my jailers were actually my caregivers. The insight into all of this eluded me; anosognosia — the inability to recognize one's own disease — plagued me, as is the case for many others who suffer from schizophrenia. As I recovered, however, I could start to see that I had been protected from myself. I was still alive.

Being involuntarily hospitalized and medicated against my will saved me from my suicidal self. The voices and deep meaning were silenced with mere little pills. Once stable, I could continue in recovery with psychotherapy and metacognitive training, having learned — the hard way — the positive power of anti-psychotic medication.

I now hear people lobbying for the end of involuntary treatment for people such as myself who suffer from a severe mental illness. It is a personal journey, they say, and everyone should be free to reject hospitalization and medication. It is a right, they say, to be ill; even, that there is no such thing as being “ill.”

So should I have had the right to refuse life-saving treatment? Would I have had a better life if I had not been admitted into a safe place and medicated toward death-defying insight? I am certain beyond a doubt that had I not been treated, I would have succeeded in suicide, joining the 10% of people with schizophrenia who kill themselves.

The right to live supercedes the “right” to not be involuntarily treated for mental illness. Those who are suicidal when ill but want to live when not, should have the safety of having another person decide to give us the chance to return to our lives and be well.

ERIN L. HAWKES Author of *When Quietness Came: A Neuroscientist's Personal Journey with Schizophrenia* "Forced Medication Saved My Life" previously was published in the National Post.

## **WORLD NEWS AUSTRALIA**

<http://au.ibtimes.com>

### **Australia Suicide Rates still Growing; Health Experts Debunk ABS Claims of a Dip**

Contrary to government claims, suicide rate in Australia could be in the upswing, at least in the past few years, according to a number of mental health experts.

Professor Ian Hickey, executive director of the Brain and Mind Research Institute at Sydney University, debunked the recent report issued by the Australian Bureau of Statistics (ABS) showing that deaths attributed to suicides have gone down by 17 per cent over the past decade.

In 2001, the rate was 12.7 per cent per 100,000 deaths and was whittled down to 10.5 per cent in 2010, the ABS reported on Tuesday. But Professor John Mendoza, former chair of the National Advisory

Council on Mental Health, dismissed the latest ABS figures as product of government spin and "a dishonest representation," of what actually transpired especially in cases of suicide rates in New South Wales. Prof Mendoza scored the ABS report for presenting NSW as having only suicide rates of 8.6 per cent in every 100,000 deaths between 2005 and 2010, which he claimed overlooked "the fact that NSW has the worst record for reporting suicide deaths in a timely way." The new ABS media release, however, presented declining suicide incidences in long-term and in national scale, according to ABS spokesman James Hinkins.

No distorted facts were carried by the new ABS study, Mr Hinkins stressed, which also highlighted the reality that suicide indeed is the leading cause of death among Australian in the 15 to 34 age bracket. "We have a very robust cause of death collection. And while there may be challenges in terms of determining causes of death, especially suicide deaths, we have a very consistent process to ensure that we can capture the coroner's findings when they're made," ABC reported Mr Hinkins as saying on Wednesday.

Yet the ABS report outlining suicide rates in the country was not straightforward enough, according to Prof Hickey.

He is firmly convinced that "there's a trend towards the number increasing at the moment," especially from 2005 onwards with bit of slides in between.

Prof Hickey agreed with assertions coming from Prof Mendoza that the NSW has underreported its suicide rates largely because of personal and cultural considerations.

"Many situations with families and culturally sensitive situations, young people, the coroner and particularly those that are affected are very reluctant to come to the conclusion, even when it's fairly obvious that there has been an actual suicide," he explained.

He also conceded that there was an inherent hurdle to achieve a well-coordinated national data in collecting and reporting suicide incidences since "coroner practices are different in each state. The timing of reporting is different. And the final conclusion of cases is different."

In spite of such issues, Prof Hickey stressed that "you don't need spin ... you don't need a Pollyanna approach," when reporting and presenting actual suicide rates.

"You need accurate reporting in order that there can be the appropriate public policy responses, politicians can make investments, health services can respond, communities can put together supportive action that's required to reduce suicide," he added.

Federal authorities need to view mental health in equal standing with other cases of alarming health conditions such as HIV infections and outbreaks of transmittable diseases, Prof Hickey said.

## **WORLD NEWS**

<http://beatmag.com>

### **Australian man commits suicide**

The body of an Australian man was found in his car on Sunday after an apparent suicide in his home in Jimbaran at approximately 6.30pm. The man has been identified as CEW (68), had been suffering depression and was found dead in his car parked in the garage.

Authorities found a hose connecting the car's exhaust to the interior of the car and believe the man died of carbon monoxide poisoning. The man wrote a final text message to his wife who he had reportedly been quarrelling with. "We found dozens of bottles of alcoholic beverages on the empty seat next to the driver and the victim's cell phone," said Denpasar Police Chief Wayan Sunartha. The body was discovered by his wife and son. Police do not suspect any foul play and have ruled the death a suicide.

<http://www.upi.com>

### **Anorexic twins die in house fire**

GEELONG, Australia, Aug. 28 (UPI) -- Two Australian women, anorexic twins with a volatile history of suicide attempts and violence, died together in a house fire, fire fighters said.

Clare and Rachel Wallmeyer, in their 40s, died Monday in a blaze that was confined to the lounge room of their unit of a housing complex. The fire is being treated as non-suspicious, Acting Fire inspector Gary Coombes said.

The sisters achieved notoriety for telling their story of anorexia on the Australian version of the television program "60 Minutes" and on American television. With gaunt faces and thin bodies, Clare spoke of 38 stress fractures to her bones and the bone density of a 100-year-old. Rachel said, "We live to die. Everything's a struggle and there's no point," the Geelong Advertiser reported Tuesday.

They took comfort in knowing they would die together, the newspaper said, adding the sisters were regular visitors to Geelong court on charges of drug use, assault, theft, a 2010 charge of attempted murder when Rachel allegedly attempted to kill her sister, and most recently Saturday morning, when Rachel assaulted Clare.

When police arrived Saturday "they found Rachel Wallmeyer sitting on top of her sister with both hands around her neck. Both women were extremely intoxicated. Both are alcoholics and have an extremely volatile relationship," said Sgt. Peter Beard, Geelong police prosecutor, adding a charge of attempted murder would likely have been reduced to a lesser charge.

Their deaths in the fire Monday ended their long battle with anorexia, which, Rachel admitted, validated her painful life. "You take away anorexia and I am nothing. I don't even know who I am," she told the newspaper in 2004.

### **COMMUNITY COLUMNIST — Mentally ill deserve same love, empathy we give all who suffer**

**By Todd Leva**

**Community columnist <http://www.hollandsentinel.com>**

For this column, I was going to try and woo you all with my research and fact-finding abilities. I have thrown that aside and instead will write from the heart. This piece is about mental illness, a subject very near and dear to me. We have all seen various forms of mental illness in the movies, the news, in our daily lives. Normally it's very easy for the majority of us to feel empathy in that moment when we see a schizophrenic or someone suffering from depression, bipolar disorder, etc. But it's equally easy to turn cold in an instant, blaming the person

for their particular ill. If we can find a reason to blame the person in question, we can feel good about not helping them: “It was their choice to do “\_\_\_\_\_” (fill in the blank). Bad parenting, poor personal choices, socioeconomic issues, cultural issues, etc.: All can lead us to turn yet another blind eye to those who suffer. It’s our out.

I am not blind to the dilemma of drug use and mental illness. This connection is a lot like the chicken-and-egg argument. Which came first? Some camps believe drugs can cause mental illness; others believe people turn to drugs because of mental illness, looking for a reprieve, however momentary. A recent study suggests that excessive drug use leads to about a 20 percent higher chance of a mood disorder compared to non-drug users. OK. I don’t believe that in itself is overwhelming evidence. Also I would submit the vast majority of people who suffer from some form of mental illness have little to nothing to do with drugs.

I am speaking mainly about those out there who, through no fault of their own, developed some form of mental illness. The stigma that is attached to mental illness is still there. Tell your neighbors your kid broke his leg and look at their reaction. Tell them your kid is schizophrenic and I guarantee the reaction is going to be markedly different. We all, every one of us, in some way shape or form are broken and imperfect. We live to the best of our abilities, but there are moments when we have all needed an outstretched hand, a gentle touch, and a voice that said, “I love you” and “I am here for you.” The power of love is a unique feature of being human. Love’s power is almost limitless. However our collective love for one another gets muddled to say the least. Sure we want to help — we want others to be well. Feeling empathy, even fleetingly, is good, but does it ever equate to collective action? Funding for any type of research and treatment of mental illness is dismal and sad. Just read the report from the National Alliance on Mental Illness entitled “State Mental Health Cuts: A National Crisis.” The saddest part is that if we caught and treated cases of mental illness shortly after their onset, the people suffering would suffer less long term, and long term it would be cheaper for the taxpayer. But no, we wait until the person is in a full-blown psychotic breakdown before action is taken, and then it’s just a stabilization approach.

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I want people who suffer from mental illness to get better, to get adequate treatment, and to know that there are people who care. I want those people to know that the voices they may hear, the dark cloud that may hover over their heart, and the loneliness they may feel are only temporary.

We have so many issues that face us today. Yes, money is always a factor. Yes, personal choices play a part in mental illness. The fact that these issues are there doesn’t matter. What matters is that we love each other enough to help our fellow man any way we can. What we can do, what is completely free for everyone, is to be that outstretched hand, to be that voice that says, “I love you” and “I am here for you.”

— — Todd Leva is a resident of Zeeland. He can be contacted at toddleva@att.net.

<http://www.cdapress.com>

### **Mental illness deserves compassion**

As I write this Monday, it is exactly one week after our son committed suicide. I hope readers will forgive me for writing about it; I tried other subjects, but writing is of a personal nature and this dominates our state of being, for now. It's too soon to push it into the background of my thoughts, but life - and work - go on.

I have written about suicide before and will from a deeper personal perspective another day. Today I can only write about pain. Not my own, but Jay's. Jay was mentally ill life long.

For those like him with severe clinical depression and obsessive tendencies, each day is a tortuous struggle, and that's putting it mildly. For this reason no one in our family who knew and loved Jay is feeling that very common, understandable reaction to suicide: anger. We are sad, we miss him, we feel empty inside, and above all we wish he hadn't succeeded this time, had called any of us in his anguish, again; but we can't be angry with him. Because we understand too well what it was to be Jay, every day. Pain permeated each moment of his existence.

The mentally ill do not fall into one category. Some are severe cases, some rather episodic, and some function quite well. Some are happy. Rare, however, is a mentally ill person who does not require compassion. This is why I write today. If you know or come to know someone who is mentally ill, keep compassion at the forefront. The mentally ill may not behave like most of us. They may not react as expected; they may not think as expected. Or, like Jay whose intelligence was well above average, they may know exactly what they should think or do, but not be capable of doing it. He felt as if a puppet-master controlled his body and mind, acting against his will. As a result of these phenomena, others often feel frustrated, puzzled, inconvenienced, exhausted, fraught with worry, and even angry. This is why compassion is so important. The experience is often exponentially harder for the mentally ill person.

Sometimes simply expressing this compassion can improve things, at least temporarily. Sometimes it doesn't. "Easy" isn't part of the vocabulary in the life of the mentally ill, and that can make it a challenge for those who care about them. But isn't that what love is about?

Sholeh Patrick is a columnist for the Hagadone News Network and may be contacted at sholehjo@hotmail.com.

## **CORRESPONDENCE**

I have been looking over your website with interest. We are a concerned group of people in HB New Zealand who would like to raise awareness and prevention of suicide and we formed a committee last night! So it's all very new indeed. One of our concerns is that desperate people have nowhere to go and yes, the hospitals are turning people away with very sad consequences so I

read about your "Safe Havens" with particular interest. How did you start? It's all a bit daunting and we are not sure how to begin. Any advice / ideas would be gratefully received. With many thanks. AB  
(Secretary ..... Suicide and Prevention

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It doesn't stop people killing themselves. For a person like me there is nothing but death will release me from all the shit I have endured for 48 rotten hopeless years of my life.

Footnote: Tried to contact this person but to no avail.

Hi how are you? I am a 19 year old male. I am turning 20 soon. I have been suffering from manic depression, OCD, anxiety disorder, atypical psychosis, magical thinking and self-mutilation for the past four years. I have attempted suicide twice and I have been seeking treatment since February 2009. I have been on many different medications. I have been on citaloperam, ecitaloperam, zoloft, xanax, diazepam, clonazepam, lorazepam, temazepam, zyprexa, haloperidol, abilify, Dexamphetamine, sodium valproate and a few other medications that I can't remember. Over 10 different psychologists, psychiatrists here in Australia and overseas, have diagnosed me with many different syndromes. They include bipolar disorder, a typical psychosis, major depression, anxiety disorder, OCD, AADD (Adult attention deficiency disorder), self-mutilation, depersonalization disorder. I am currently taking 40 mg Ecitaloperam and it's not doing much for me, all it does it just numbs me to emotional pain me, overall it's effects are nowhere near enough to get rid of my symptoms. I take 5mg of Valium at night before sleep. I also just recently started taking 400 mg of sodium valproate a day. I am also taking 10 mg of dexamphetamine everyday to help me concentrate but its effects are too little to make a big difference, I need to concentrate to do my school work and the current dose hasn't increased my concentration anywhere near the level it was before. I am writing you guys this email asking for help, me and my psychiatrist both suspected that my main problem is OCD. I have lack of concentration and I'm not doing so good in my studies and my parents and family friends who I'm staying with are not very understanding about my condition, complete lack of concentration which stops me from studying. I can't study and this makes them very angry, they used think I was lazy but now they are more understanding but still they are still living in denial and trying to avoid the subject. All of this is increasing my stress levels. My OCD is killing me. I am extremely sensitive to numbers and certain things, which has completely destroyed my life in the past for years. The only reason I'm still taking ecitaloperam is because since it numbs me it prevents me from committing suicide or cutting myself. The Valium also helps me to relax. I need instant help. I don't want to die, My parents prefer that I don't get the ECT or receive psychosurgery since my grandfather received ECT when he was in his 70s and he lost a lot of his memory and it affected his short term memory, he also took haloperidol and I was told that he was slightly paranoid and was extremely confused exactly me, he had become extremely sensitive to certain subjects. For me treatment is the ultimate priority, I will do everything in my power to fight this illness. I need cooperation. I just hope I receive the ECT or psychosurgery to relieve me from my symptoms and literally save my life and the people around me. Me, my parents, my family friends and my family have suffered too much in the past four years. I have seen people who made a full recovery after receiving multiple

ECT treatments. I have read of cases where psychosurgery had completely destroyed the OCD symptoms. ECT and psychosurgery are my final hopes. I have been on SSRRI antidepressants for over 3 years; I have been on and off antipsychotics and anti anxiety medications in this time frame. I have been given psychotherapy from psychologists, psychiatrists. All of this has barely helped my condition; unfortunately I have been getting worse and worse. I get constant suicidal thoughts and occasionally plan to commit the act. My life is at risk, my parents life is at stake. I do not want to leave this world by committing suicide, I do not want to devastate my parents, family, family friends and friends. I am living day by day. I am holding on for an effective treatment to come. I have my knife ready and I have the place to cut my wrists, I am ready to this and I'm not scared but I don't want to this. I am writing this email to request further research into my conditions, whether there are new medications out there or some sort of psychosurgery, I am more than willing to try them since my condition has destroyed my life and I have nothing to lose. Please save my life :)

Regards

DS

Footnote: Permission was granted to publish. Advised person to immediately make an appointment with treating Psychiatrist and take email along. Appointment was held the same morning of receiving correspondence. A second opinion was sought by treating Psychiatrist with other methods of treatment to be trialed.

## **CESSNOCK NSW SURVIVORS OF SUICIDE SUPPORT GROUP**

### **About**

Our meetings run from 7pm on the first Tuesday of every month. Held at the Real Life Church (next to the cinema) in Cessnock NSW 2325

### **Description**

We are not a formal counselling service, we are a group of people who come together monthly for an hour to eat cake, drink tea and support each other.

Everyone who attends the group has been bereaved by suicide, parents, grandparents, siblings and partners... everyone is welcome. We talk, we support, we eat cake and most of all.... we are there for each other

Contact us on 0407001525 or 49402005.

## **ARE YOU LOOKING FOR A.....**

**"I am an experienced website developer with strong design, content management, search engine optimisation, hosting and web consulting skills. If you are looking for someone reliable, creative and highly motivated, please call on 0435 310 899 and we can discuss how I can help you create a dynamic website that meets your needs and make your business grow..."**

## COMING EVENTS

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

&

### NATIONAL “WEAR WHITE AT WORK”

Yearly 29 May

#### WHITE WREATH DAY SERVICE

WEDNESDAY 29 MAY 2013

POST OFFICE SQUARE

BRISBANE (CBD)

DISPLAY ON VIEW ALL DAY

OFFICIAL CEREMONY 12.30PM – 1.30PM

## WHITE WREATH DAY FLYER



The flyer features a dark blue header with a wreath logo on the left and the text "White Wreath Association Ltd® 'Action Against Suicide'" and "National White Wreath Day, 29th May" on the right. Below the header, the text is organized into sections: "National White Wreath Day, 29th May In Remembrance of All Victims of Suicide", a paragraph about the association's mission, a quote from the association, a section titled "How to get involved?", and another titled "How you can help?". A photograph of a public display of wreaths is shown in the bottom right corner, and the association's logo is repeated in the bottom right corner of the flyer.

**White Wreath Association Ltd®**  
"Action Against Suicide"

**National White Wreath Day,  
29th May**

**National White Wreath Day, 29th May  
In Remembrance of All Victims of Suicide**

White Wreath Association have established National White Wreath Day, 29<sup>th</sup> May in remembrance of all victims of suicide. All around Australia, services will be held nationally to commemorate this important event, where thousands of white wreaths are laid in remembrance of each individual who have died tragically by suicide circumstances.

In Australia, we have to come to terms with the trauma of thousands of our fellow citizens (men, women and children) suiciding every year. For those left behind by these tragedies, the hurt is no less traumatic and yet society's response to these surviving families and friends is vastly different from the help offered in other kinds of medical and social tragedies. It seems that no one cares or understands that the families and friends of suicide victims are in as much need of help and support as of other associations and are just as deserving of our understanding and respect. We have been creating in the wider community - awareness of the misconception relating to suicide/mental illness and the lack of appropriate treatment readily available related to people feeling suicidal.

Our objective is to raise the much needed funds to build centres around Australia - places of safety for those when suicide threatens. We wish to bring awareness to the Australian society that these people are not statistic figures but dearly loved human beings loved by their family, carers and friends. Together, we can combat this epidemic and reduce these frightening figures.

**How to get involved?**

This year, on 29<sup>th</sup> May, we wish to welcome the public to lay photographs, flowers, wreaths, poems and sentimental memorabilia for those who loss a loved one or close friend by the tragic means of suicide. White wreaths and tags will be available at the services in your state.

**How you can help?**

We are contactable 24 hrs a day for anyone who is in need of assistance Australia wide on 1300 766 177. Visit website, [www.whitewreath.com](http://www.whitewreath.com) or email, [www.whitewreath@bigpond.com](mailto:www.whitewreath@bigpond.com) if you wish to make a donation. With your help and support, together we can fight reduce the number of suicidal deaths.

“Our objective is to raise the much needed funds to build centres around Australia - places of safety for those when suicide threatens. We wish to bring awareness to Australia society that these people are not statistic figures but dearly loved human beings loved by their family, carers & friends”

**White Wreath Association Ltd®**  
action against suicide

## WEAR WHITE TO WORK FLYER



**'Wear white at work'** 29 May

and donate a gold coin to  
show your support for  
mental illness sufferers and  
families of suicide victims

**Get your workplace involved! Call us today on 1300 766 177**

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

[http://www.whitewreath.com/FLYER\\_WWDAY\\_WEAR\\_WHITE\\_TO\\_WORK\\_APRIL\\_2012.pdf](http://www.whitewreath.com/FLYER_WWDAY_WEAR_WHITE_TO_WORK_APRIL_2012.pdf)

## A FRIEND 4 ME MY STORY

### KELLY's JOURNAL CONTINUED

November 2009- It begins

The last few months I have taken notice of David's behaviour towards me. He returns from work and I'm so happy to see him. I run to him and ask him how his day was. He says "I need time to unwind" He does not wanna talk to me so I wait and give him time. By then he is playing the computer or watching TV. I try to talk to him and he says "shhh" I tell him that is like saying shut up. He ignores me. I spend my time alone these days. He comes into the bed room and it's late at night. He finally shows me some attention but it is short lived. It ends up that he only wanted sex. I give it to him then he goes straight to sleep. Tomorrow will be a new day but every day it is the same thing over and over again. The last few months I have been feeling abused. I go to work nearly every day. I have a full time job that I love dearly. I look after People with intellectual disabilities. At work I have been getting upset easy. I just want to be happy again. I watch two work mates play. They are best friends. Their names are Jo and Kim. They always look so happy. They are both gay. Kim has a partner but Jo doesn't. Jo has had it hard. She reminds me of myself. I start to find myself watching her all the time. I picture myself with her. We would make each other so happy. I don't know what I'm thinking. I have never looked at another person before and this was a female. I am not gay. I realise I'm attracted to her. I want her really bad. I go home and shake it off. I can't stand being near David anymore. He does not make me happy. I head to the doctors and get some antidepressants. I have never needed them before. I know I'm very unhappy so I have to do something. I return to work every day and watch Jo. My feeling are becoming too strong for her. I return home to David. I'm feeling really bad. David has always made me happy. What the hell am I thinking? I can't stand being around him anymore. He is my problem. He is the reason I'm so depressed. I need to change my life. I want to be happy. What will I do History is about to change for the worse.

Early December 2009- Telling David

I can't do this any longer. I'm really struggling. David finds my antidepressants and wants to know what is wrong. I tell David he does not make me happy anymore and that I'm attracted to women and want to follow that path. David is devastated. He ends up going to Maitland Mental Health and getting some medication for himself. David is not handling this very well. I can't help him. I just don't love him anymore. I'm so depressed and he's the reason why. I need to be happy again. I go to work and I'm so upset. Jo offers me a cigarette. I've never smoked in my life but I know it helps carm's people so I said yes. My mouth felt so dirty after it but it did make me feel better. I returned home from work and David is waiting on the bed for me. He has written a letter for me. I read it. It begs me to give him another chance. The letter upsets me big time. Why can't he just leave me alone? I grab the kitchen knife and walk down to the local garage. I buy myself a packet of smokes and some aspirin then head out to the local dam. I take around 6 of the tablets. I want to make sure my blood is thin. I have plans to cut my wrist. I decide to smoke the cigarettes first. I smoke about 6 of them. They have a soothing effect on me. I feel a lot better. I could tell my blood pressure was low because I was feeling faint. I head home. David asks if I went to my mums and I say no. He says he can smell smoke on me so I breathe in his face. He realises I've been smoking. He is so upset and so am I. Why can't he just leave me be. I realise this day that David has to go. I'm not safe with him being around me anymore. I tell him he has to leave. My brother Des owns the house we live in so I get to stay there. He will go live in his mother's granny flat. I can keep the furniture. Most of it is old. David wants me to get a loan out in my name to pay off his car. I agree. He walks away owning his car which was valued at around \$15000 and I'm left with a \$21000 loan on a \$13000 car. It does not worry me. I'm happy I have my freedom. David takes the TV we just paid \$2500, the surround sound we just paid \$1300 for and agrees to pay the loan for them. He also takes the computer, Printer, camera, DVD recorder, blue ray player, all his camping gear and all his tools which add up to a lot of money. We finally sit the kids down and tell them what is happening. I give them the choice of who they want to live with. Dylan and Jennifer are going to live with their dad. Dean says he wants to stay with me. Dean misses Dylan a lot as they are very close so after a few weeks Dean moves out too. I'm now all alone.....to be continued

## CORRESPONDENCE

Dear Fanita,

As a mother of a moody teenager, and knowing someone who committed suicide, I see your charity as so very important. It is wonderful what you are doing. I often think someone should do something here in China as the kids are all under so much pressure to try to compete for school spaces and no one addresses Suicide here. They just don't talk about it.

Warmest regards,

J

## GUESTBOOK ENTRIES

I lost my father to suicide when I was 15, a week before my 16th birthday. It has been 9 years and for myself personally, I feel the pain of the loss of my dad has grown stronger. I was in a deep depression for many years, contemplating suicide frequently. It changed my life forever. The pain will never go away. I pray that someone who feels like they don't want to live anymore can read this and know that you aren't just ending your life, the people that love you will be devastated and the pain is forever.

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I lost my father to suicide he was 28 years old and I was only 4 years old, I have no memories and I have a younger sister who was just 2.5 years old at the time, when we were younger she used to be jealous of me as I had more time with him.

BUT

I don't remember my time with him so it's no different.

All I can say from experience, if you are thinking about suicide think about the people you are leaving behind who love you and please just talk to someone about how you feel. There is help everywhere; you just have to reach out.

## HUMOUR

### THREE ENGINEERS

There are three engineers in a car: an electrical engineer, a chemical engineer and a Microsoft engineer. Suddenly the car engine shuts off, leaving the three engineers stranded by the side of the road. All three engineers look at each other wondering what could be wrong. The electrical engineer suggests stripping down the electronics of the car and trying to trace where a fault might have occurred.

The chemical engineer, not knowing much about cars, suggests that maybe the fuel is becoming emulsified and getting blocked somewhere.

Then, the Microsoft engineer, not knowing much about anything, comes up with a suggestion, "Why don't we close all the windows, get out, get back in, open the windows again, and maybe it'll work!?"

### RETIREE

An elderly gentleman had serious hearing problems for a number of years. He went to the doctor and the doctor was able to have him fitted for a set of hearing aids that allowed the gentleman to hear 100%. The elderly gentleman went back in a month to the doctor and the doctor said, "Your hearing is perfect. Your family must be really pleased that you can hear again."

The gentleman replied, "Oh, I haven't told my family yet. I just sit around and listen to the conversations. I've changed my will three times!"

## WISH LIST

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

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