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

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IN THIS EDITION:

DIRECTORS REPORT

At State and Federal level there is an agreement with Governments, Media Chiefs, Coroners and other responsible authorities not to publicise suicide. When everything else is publicised one has to ask, "Whose interest is this really serving?" Also if this 40year old policy was working why has suicide risen so dramatically particularly in men?

In the 1960's a process on a large scale began with closure of places of Safety for the Mentally ill. A mass program of "re-education" began of propaganda or politically correct, philosophically pure gender and commonsense neutered information because of the "official line". As a result suicide fell under the banner of "modern stress" not mental illness and the "mentally ill were not dangerous".

What was the reason for mentally ill having places of safety or Asylums?

Was it:

To lock up and throw away the key of those whom society "shunned"
The sensitive claptrap of the anti physical, de-institutionalised environment. No.

Historically most mentally ill people stayed only 6 months – 2years in institutions, but the facts never stood in the way of a good story

Throughout history there has always been places of safety for the

mentally ill be it monastery to hospitals. It is only in the past 30years that we have believed we can do away with these places of safety or Mental Hospitals.

DIRECTORS REPORT (cont'd)

The reasons for Asylums were:

- A place of safety or protection for the patient.
- Peace and quiet ora reduction in sensory stimulus (stress), which tended to agitate the patients.
- Return to of normal sleep patterns. (no sleep at all, sleep disturbance, sleeping all day and up and agitated all night – sleep reversal, commonly occur in mental illness)
- Return to a healthy diet: - not eating, poverty, over-eating or just very poor diet are common in serious mental illness.
- Return to a normal daily work/rest pattern.
- Basic level of physical health, diet, hygiene, treatment of mental problems all of which are neglected in mental illness.
- Protect suicidal patients from themselves.
- Protect society from dangerous patients.
- Establishment of a therapeutic community.

Nightly we are treated to TV adverts of the dying moments of accident victims to discourage people from driving whilst tired, drunk or speeding, nothing is said about privacy or confidentiality. Yet when a person attempts or talks of suicide in a treatment setting, his family is often not told.

We are treated to every aspect from conception to birth to surgical separation of Siamese twins but when a suicide-mentally ill patient is discharged into his parents or families care they are often told nothing on the grounds that it would breach the patients right to confidentiality.

The handful of prison suicides, get massive publicity but the 18 or more suicides per day get no publicity. When a suicidal patient is refused care and subsequently suicides it is seldom publicised, yet heart disorder, aides, cancer, epilepsy everything but suicide gets masses of publicity and funding – awareness campaigns.

The deliberate Official and media blind spot on suicide-mental illness must be the greatest public hypocrisy of the 20th century early 21st century.

Heart attack, serious injury, repository arrest, etc – all life threatening conditions are immediately admitted to hospital. Suicide-mental illness is the only life threatening condition where people are routinely turned away and this is something that has only happened in the last 30years.

Fanita Clark
Director

NEWSPAPER ARTICLE QLD TIMES FRONT PAGE

http://www.qt.com.au

Women' 34 Suicide Bids Cause Chaos

An 18 year old woman's 34 suicide bids cost Queensland Rail at least $80,000 yet when she was repeatedly re-arrested she was put on bail and refused compulsory treatment. In short the police acted to preserve life and public safety, but their actions were continually undermined by both the courts and mental health professionals.

WHITE WREATHS REPLY (LETTER TO THE EDITOR (PUBLISHED)

We are constantly concerned with similar tragic circumstances. We believe that the "Modern Approach to Suicide, Self Harm, Mental Illness is Completely and Utterly Wrong"

Here is a young woman with her whole life ahead of her who is a risk to herself and others who cannot get help when required.

The Police should be backed up by the Mental Health system, but instead their efforts to preserve life and public safety are undermined by the Mental Health System.

It's obvious that this woman needs an extended period of assessment and hospitalisation.

THIS CASE ILLUSTRATES

Why Australia has a high suicide rate.

It is common for suicidal mentally ill people to refuse care and not believe that they are ill. The safe and right approach would have been to admit her compulsorily for a period of assessment of at least two weeks.

No doubt she would have been branded…"An attention seeking PD {Personality Disorder)".. "Therefore we can't treat her" and "If we admit her she will get worse"…Self serving but ultimately death seeking dogma that ensures the completed suicide rate remains high.

We recommend that all suicidal people be admitted for a period of two weeks assessment, compulsorily if necessary, by federal law. Life threatening illnesses should not be left to subjective judgment of ill prepared professionals. This one approach would reduce completed suicides by 50%

Early intervention reduces suicide.

PETER NEAME
RESEARCH OFFICER WHITE WREATH ASSOC LTD

Coroners Prevention Unit

Deaths in mental health are in my opinion, experience (40yrs) and research are related to the following issues respectively.

Frontline and ongoing assessment. This has deteriorated because of the death seeking dogma of deinstitutionalisation/care in the community /the recovery model.

Closure of all medium and long term beds down from 300 beds per 100,000 population, or 32,000 beds in 1960 to no medium and long term beds. The assumption being that no matter how great a risk you are to yourself and others you are better off in the community.

Serious changes in the training of mental health professionals so that they are now only orientated to the worried well/anxiety and depression. Combine this with the fact that mental health, stand alone /specialised training for nurses has been closed down in favour of generic training and post graduate courses.

Mental health care particularly for the seriously mentally ill has been, transferred to the prison system. The result of this is that it may be up to 15years before an individual gets and accurate diagnosis and there will be no follow-up on release from prison.

The repeated well publicised dogma that there is an epidemic of depression whereas schizophrenia not depression is the main cause of suicide.

The almost total denial by the psychiatric profession that mental illness like parkinsonism and Alzheimers disease is a neurological illness. Mental Illness is a I. Neurological Disorder, that is ii.Progressive, iii. Chronic, affecting the iv.Structure, v.Function, vi Chemistry and vii. the Electricity of the brain. Seven points ignored and seven points also of assessment.

Peter Neame author of Suicide and Mental Health in Australia and New Zealand, and Profile of the Mass Killer amok,murder, madness and badness mental health nurse of 40 years.

I THANK WHITE WREATH ASSOC

My sincere thanks to the White Wreath Association for showing such kindness and generosity during a difficult period in my life. You have made a real difference and I truly appreciate all you have done.

CHANGE FOR A BETTER TOMORROW

"Feature Writer"
Juanita Shepherd
I have completed a degree in Journalism and Politics at Notre Dame Western Australia and look forward to writing articles for the White Wreath Assoc's Newsletter.

As he lay on a straw mattress in a small cottage, he looked at his brother and said in French, 'la tristesse durera toujours' – the sadness will last forever. These were the final words of Vincent Van Gogh, one of the greatest painters the world has ever known, who took his own life at the age of 37, on a hot day in 1890.

He gave generations to come inspiration and beauty, the joy of life through sunflowers, silvery moons and twinkling stars, yet at the time of his death he was a virtual unknown selling only one painting to a family member, he was regarded as erratic and 'possessed by demons.'

Although many argue that Van Gogh's death was an accident, there is no denying the fact that he battled mental illness for a majority of his life.

The people were blind to the mental torture Van Gogh suffered; they did not feel his tormented soul which cried out for help. Neither did they realise that severe depression was a mental illness not a sign of the devil.

Unfortunately this attitude, although less medieval is still prevalent in today's society, many people still view mental illness and acts of suicide as marks of evil rather than a disease that needs battling just as much as cancer, asthma and diabetes does. One is not possessed if one takes their own life, the person simply could not deal with the pain and anguish which they suffered silently.

Despite the fact that Van Gogh chopped his own ear off as a sign of frustration and sadness, many mentally ill people do not exhibit physical signs of the pain that they feel. In fact many are expert master of disguises and seem the opposite of the agony that they are experiencing within their heart and soul. To them the pain is unbearable, and there is no outlet, death seems like the only way out.
In today's society, although very different from Van Gogh's world, the social stigma associated with mental illness and suicide has seeped into our frame of mind.

This stigma stems from the fear of the unknown, an illness that shows no physical disability but results in death and pain is hard to grasp, and someone who is not mentally ill simply cannot comprehend or understand how a mentally ill person feels. Perhaps, they understand in theory, but they cannot experience what the ill person is feeling.

There is no easy or definite solution in dealing with suicide and mental health issues but one thing is certain, society's mentality on the subject needs to change. As a community we need to band together to aid those in need of help, not shun them and use phrases such as 'it's all in his/her head.' The community needs to be made aware of the efforts of associations like White Wreath, so that together we can aim to achieve a better tomorrow.

References

- *Vincent Van Gogh: The Starry Night, by Richard Thompson*
- *Suicide related behavior: understanding, caring and therapeutic, by Columba McLaughlin*
- *At eternity's gate: the spiritual vision of Vincent Van Gogh, by Kathleen Powers Erickson*
- *Suicide: individual, cultural and international perspectives, by Antoon A Leenaars, Ronal W Maris, and Yoshomito Takashi*
- *Making sense of death and dying by Andrew Fagan*
- *The best Australian essays 2001 by Peter Craven*
- *Adolescent Suicide by Andre Haim*

IMPORTANT REMINDER

Please don't forget Membership Renewals are due on the 28 February 2012

EMAIL CONTACT

My name is JP from New Zealand, and for a while now have been having suicidal thoughts. I have attempted to do so a couple times but then have thought about what my family would go through if I went through with it. I don't know what to do with these thoughts and would really like some help? Thanks.

REPLY: Please go and see your doctor first and foremost. Yes, you are right about hurting other people and even though you are down now, these things pass. We take thoughts of suicide very seriously so we can't over exaggerate or express our viewpoint that you must immediately right now go to see your doctor.

I stumbled across your website this evening, whilst browsing the Internet for information on the various methods of suicide. I have suffered with depression and anxiety for around fifteen years now. I am now 28 years old. I lost my Mother to breast cancer three years ago, and was her carer. I have been on every anti depressant out there, and am currently on one of the newer ones, called Pristiq. I have been on this drug for a few months now, and it has not helped me in the slightest. I rarely go out of the house, I have general anxiety and social anxiety. I reside in a rental house with my stepfather who is an alcoholic - he also has prostate cancer. I take Lorazepam, Xanax and Valium to try and manage my anxiety. I have tried cognitive behaviour therapy many times in the past, with no results. I have seen several psychiatrists, who have put me on various drugs. I have even tried Hypnodorm, otherwise known as Rohypnol with no luck. I have thick scars littering the insides of my arms - these were done six months ago, and still have not healed. I take 900mg of Seroquel, an anti-psychotic every night, so I can sleep. Nothing helps me, no matter whom I go and see, nothing gets through to me. I am in so much emotional pain, I cannot verbalise it. I have no family, and no friends, in other words no one to help me, and no one to miss me if I were gone. I just wanted to say, sometimes, no matter how hard you try, there are people out there, who you just can't help. Perhaps they're in the minority, but I feel that I am one of them. Did you ever consider that perhaps the people who have committed suicide on your website - are in a better place now? Would you want them to still be here, and still be in so much anguish? Some say suicide is selfish, but isn't it just as selfish to want that person to be alive just for you?

A friend of mine gave me your details and I really am begging for help. I am just about to give up on my daughter even though I really don't want to. I love her so very much but she has been going down hill for the past 2 weeks to the point where she is turning on me. She has Borderline Personality Disorder and self harms. She was at N F C going through ECT and DBT. ECT was abandoned because she severed two tendons and dislodged her cast after an ECT session - not at all caused by the session but the ER doctors advised against further ECT. Due to her admission with ECT she was thrown out of her DBT group because she had missed too many sessions. So here we are going cold with nothing.

The weekend was a very hectic one as we had a wedding and my daughter became a godmother on Sunday too. I expect her to crash after 'good' events but today was out of control.
N F have no beds, our local public hospital is useless and I feel so hated.

The hatred and the downturn of the last fortnight is probably my doing though. She had a massive psychotic break a few weeks back and I lost my control and slapped her. It did bring her out of it but she now will not have a thing to do with me. *Sigh* I am lost, she is lost and there just doesn't seen to be an open door right now.
HELP PLEASE!!!!!!!!!!!!!!

To whom it may concern,

My name is SW and I am currently studying a Bachelor of Journalism at Griffith University.
As part of an assignment, we are required to write an investigation about a topic of our choice.
I decided to write about Queensland's high rate of youth suicide after reading articles about the topic and having completed research about mental health in the past.

I was wondering if you or the appropriate person could answer a few questions that I could use for the piece. The questions are listed below.

- Do you think the amount of rural area in Queensland is a factor, as people in these areas are unable or less equipped to access services to help depression/mental health issues?
- One out of four youth receive professional help for their mental health problems. Is the problem issues such as not knowing where to get help from, the expense of seeking help and thinking you can handle it on your own?
- Does the large access to technology play a part, as the bullying follows the youth into their homes through their mobiles and internet and could lead towards depression or having suicidal thoughts.
- Should there be more help available for teachers and parents, so they adequately know how to help somebody suffering from a mental health issue?
- Is reporting of mental health an issue, as between 2004 – 2007 42% of suicides for youth aged between 10 – 17 was contagion or imitative.
- What advice can be given to someone with a mental health issue, and the family/friends of someone with a mental health issue?

Thank you for your time and I look forward to hearing from you.

SW

Hi, I've been reading the stories on your site. I'm deeply touched by the stories and struggled with suicide myself, a woman who has been traumatised as a child and has been a bully magnet al her 52 years of life.
I am deeply incensed at the system and the way people get fobbed off because of understaffing, burnt out clinicians and care workers and underfunding.

I would like to get moving to start an equivalent here in NZ and would appreciate any info, sharing and mentoring. I would love to know how you got going. It's useless to rely on the bloody government and system. I share your vision. I really hope I get a reply because I would like to see this grow in Australia and here in NZ. I look forward to hearing back.

Hi,
I lost my mum to suicide in July,
She put herself in front of a train while I was overseas trying to sort out prospective marriage visas with my soon to be husband.
Our wedding is in February and can't put it off any longer, with Christmas also just around the corner I'm finding it increasingly hard to deal with.
I know being angry is normal and I know I need to work through the grieving stages, but I'm feeling pretty alone at the moment and was just wondering if there is any support groups around Brisbane/Ipswich or online where I can seek a bit of support when its needed.

Regards

YOUR FUNDRAISING SUPPORT WOULD BE GREATLY APPRECIATED

"If you are participating in any of these coming events across Australia please consider White Wreath as the beneficiary of your fundraising efforts".
http://everydayhero.com.au/charity/view?charity=904

COMING EVENTS

NATIONAL WHITE WREATH DAY – IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE
29 MAY (Yearly)
TUESDAY 29 MAY 2012
POST OFFICE SQUARE
BRISBANE (CBD)

DISPLAY ON VIEW ALL DAY
OFFICIAL CEREMONY 12.30PM – 1.30PM
SERVICES HELD ACROSS AUSTRALIA TO BE LISTED
IN FOLLOWING NEWSLETTER (MAY 2012) AND WEBSITE

After the success of the 2011 Summer Night Soiree, KPMG and Macquarie Group Limited invite you to join us for the 2012 event, a new and exciting addition to Brisbane's event calendar.

Spend a relaxing evening in a stunning venue entertained by an innovative auction to help three local and grass roots charities. Different to other fundraising events, this night adopts a casual Queensland take on what is usually a more formal occasion. Add to that quality food showcasing Queensland's best and you can't go past this as a 'must attend' event.

INTERESTING QUESTIONS THAT HAUNT ME!

Can you cry under water? How important does a person have to be before they are considered assassinated instead of just murdered? Why do you have to 'put your two cents in'... but it's only a 'penny for your thoughts'? Where's that extra penny going to? Once you're in heaven (or hell!), do you get stuck wearing the clothes you were buried in for eternity? Why does a round pizza come in a square box? What disease did cured ham actually have? How is it that we put man on the moon before we figured out it would be a good idea to put wheels on luggage? Why is it that people say they 'slept like a baby' when babies wake up like every two hours? If a deaf person has to go to court, is it still called a hearing? Why are you IN a movie, but you're ON TV? Why do people pay to go up tall buildings and then put money in binoculars to look at things on the ground? Why do doctors leave the room while you change? They're going to see you naked anyway... Why is 'bra' singular and 'panties' plural? Why do toasters always have a setting that burns the toast to a horrible crisp, which no decent human being would eat? If Jimmy cracks corn and no one cares, why is there a stupid song about him?

If the professor on Gilligan's Island can make a radio out of a coconut, why can't he fix a hole in a boat? Why does Goofy stand erect while Pluto remains on all fours? They're both dogs! If Wile E. Coyote had enough money to buy all that ACME crap, why didn't he just buy dinner? If corn oil is made from corn, and vegetable oil is made from vegetables, what is baby oil made from? If electricity comes from electrons, does morality come from morons? Do the Alphabet song and Twinkle, Twinkle Little Star have the same tune?

Why did you just try singing the two songs above? Why do they call it an asteroid when it's outside the hemisphere, but call it a hemorrhoid when it's in your butt? Did you ever notice that when you blow in a dog's face, he gets mad at you, but when you take him for a car ride, he sticks his head out the window? Why, Why, Why do we press harder on a remote control when we know the batteries are getting dead? Why do banks charge a fee on 'insufficient funds' when they know there is not enough money? Why does someone believe you when you say there are four billion stars, but check when you say the paint is wet? Why do they use sterilised needles for death by lethal injection? Why doesn't Tarzan have a beard? Why does Superman stop bullets with his chest, but ducks when you throw a revolver at him? Why do Kamikaze pilots wear helmets? Whose idea was it to put an 'S' in the word 'lisp'? If people evolved from apes, why are there still apes?

Why is it that no matter what colour bubble bath you use the bubbles are always white? Is there ever a day that mattresses are not on sale? Why do people constantly return to the refrigerator with hopes that something new to eat will have materialised? Why do people keep running over a string a dozen times with their vacuum cleaner, then reach down, pick it up, examine it, then put it down to give the vacuum one more chance? Why is it that no plastic bag will open from the end on your first try? How do those dead bugs get into those enclosed light fixtures? Why is it that whenever you attempt to catch something that's falling off the table you always manage to knock something else over? In winter why do we try to keep the house as warm as it was in summer when we complained about the heat? How come you never hear father-in-law jokes?

AND ONE MORE

Drunk Driver True story from Australia.

Drunk Driving.... THIS is absolutely brilliant! Only an Aussie could pull this one off! A true story from Mount Isa in Queensland .... Recently a routine Police patrol car parked outside a local neighbourhood pub late in the evening. The officer noticed a man leaving the bar so intoxicated that he could barely walk. The man stumbled around the car park for a few minutes, with the officer quietly observing. After what seemed an eternity and trying his keys on five vehicles. The man managed to find his car, which he fell into. He was there for a few minutes as a number of other patrons left the bar and drove off. Finally he started the car, switched the wipers on and off (it was a fine dry night). Then flicked the indicators on, then off, tooted the horn and then switched on the lights. He moved the vehicle forward a few metres, reversed a little and then remained stationary for a few more minutes as some more vehicles left. At last he pulled out of the car park and started to drive slowly down the road. The Police officer, having patiently waited all this time, now started up the patrol car, put on the flashing lights, promptly pulled the man over and carried out a random breathalyser test. To his amazement the breathalyser indicated no evidence of the man's intoxication. The Police officer said "I'll have to ask you to accompany me to the Police station - this breathalyser equipment must be broken." "I doubt it," said the man, "tonight I'm the designated deco..

WORLD NEWS
INDIA

15 commit suicide every hour in India, majority victims married:
Report Read more at: http://www.ndtv.com/article/india/15-commit-suicide-every-hour-in-india-majority-victims-married-report-144576&cp

New Delhi: Fifteen suicides take place every hour in India and a majority (69.2 per cent) of the suicide victims are married while 30.8 per cent un-married, according to latest government statistics. One suicide out of every 5 is committed by a housewife, said the statistics released today in the form of a report.

"It is observed that social and economic causes have led most of the males to commit suicide whereas emotional and personal causes have mainly driven females to end their lives," the report, released by Home Minister P Chidambaram, said.

Over 41 percent of suicide victims were self-employed while only 7.5 per were un-employed. More than one lakh persons (1,34,599) in the country lost their lives by committing suicide during the year 2010 and nearly 70.5 per cent of the suicide victims were married males while 67.0 per cent were married females, according to the report of the National Crime Record Bureau for 2010.

The highest number of mass/family suicides cases were reported from Bihar (23) followed by Kerala (22) and Madhya Pradesh (21) and Andhra Pradesh (20), out of 109 cases. 33.1 per cent of the suicide victims consumed poison, 31.4 per cent died by hanging, 8.8 per cent by fire/self-immolation and 6.2 per cent by drowning. The trend of suicide by hanging has been mixed during last three years (32.2 per cent in 2008, 31.5 per cent in 2009 and 31.4 per cent in 2010) while suicide by poisoning has shown decreasing trend in 2007 and 2008 (34.8 per cent in 2008, 33.6 per cent in 2009 and 33.1 per cent in 2010). Bengaluru (1,778), Chennai (1,325), Delhi (1,242) and Mumbai (1,192) the four cities together have reported almost 40.5 per cent of the total suicides reported from 35 mega cities.

WORLD NEWS

AFRICA

Suicidal tendencies among Ivorian youth

http://www.rnw.nl/africa/article/suicidal-tendencies-among-ivorian-youth

Although there are no official statistics for the rate of suicide in the Ivory Coast, the phenomenon has increasingly been making newspaper headlines. Allo Police, an Ivorian newsweekly, recently published a number of stories about suicide. In most cases, the stories share striking similarities. By Selay Marius Kouassi, Abidjan Martin Abo, a 24-year-old student from Abidjan, recently attempted to take his own life as an expression of anger towards his family. He described wanting to leave a world in which he felt he was misunderstood. But his attempt at suicide was unsuccessful. E.K, a hairdresser in Abidjan's Marcory district, shares a similar story.

Painkillers and bleach In the Ivory Coast, people commit suicide for different reasons. However, heartbreak, depression and the desire to escape a turbulent relationship are commonly cited causes.
"Three years ago I tried to kill myself. It was both connected to an emotional issue as well as to my family's lack of understanding. I wanted to live with a girl that I loved, but my parents disapproved of it. I was suffering terribly and I ultimately decided to leave this world, in which I felt misunderstood and neglected," says Martin.

After much hesitation, Martin finally decided to carry out his suicide plan. One Sunday, while his parents were out, he took a bunch of painkillers together with bleach and locked himself in his room.

"I don't recall what happened next. My elder sister told me that I was in a light coma when they carried me to the emergency room of the Yopougon University Hospital," says Martin. He recalls his hard time at the hospital: "The medical staff did not understand me. The nurses said to me: 'There are sick people fighting to stay alive and you are healthy, yet you want to die? You were lucky this time around. Next time we will only attend to those who want to live, and will let you die.'" Similar hardships Four years ago in Marcory, a district to the south of Abidjan, E.K. jumped

from the fourth storey of a building. “I wanted stop suffering from the fact that my husband was cheating on me,” she describes. The young hairdresser was left suffering from her injuries for weeks. E.K. went through similar hardships at the Treichville University Hospital. “Instead of supporting me, the medical staff yelled at me. As a result, I was suffered even more,” she recalls.

Psychological burden For Martin and E.K, the injuries and pain from their suicide attempts were not as difficult to bear as the treatment they received from friends and family which has been a heavy psychological burden.

Martin claims that on the one hand he now receives more attention from his parents, but on the other hand he has lost a lot of his friends. It hasn’t surprised him. “Who would be proud of having a friend who tried to kill himself?” he says. E.K. says she has lost most of her customers since her trying to take her own life.

Sociologist Fabrice Gnaklé knows why Ivorians shun people with suicidal tendencies: “According to popular belief in Ivory Coast, they are considered to be possessed by an evil spirit. Their company is best avoided.”

WORLD NEWS
UNITED ARAB EMIRATES

Beliefs hinder treatment of mental illness in UAE

Farhana Chowdhury
http://www.khaleejtimes.com

A conference of specialists in the field revealed during a discussion on Saturday that most patients suffering from mental illnesses refer to spiritual healers because their families diagnose and associate their condition with religious faults.

“This is a sensitive issue, but in our (Emirati) culture, many tend to turn to healers for mental cases because they think it may have something to do with being possessed by bad devils, having weak faith in God or being affected by black magic.

The healers are usually their first option but when they ‘fail’ to treat the patient, they come to us for treatment, but by that time, the condition of the patient becomes more unstable,” said Dr Khawla Ahmed, Senior Specialist Psychiatrist at Rashid Hospital, Dubai Health Authority.

She added that most families choose to keep the topic under wrap out of conservativeness and family members do not address mental illness as an actual medical condition.

“We want to raise awareness and we want people to know that mental illness is a serious issue here in the UAE. No one is immune to mental illness. It can affect anybody. We want people to realise that there is no shame in talking about these kinds of illnesses and to be open about it,” she said.
Dr Rosamma Abraham, Director of Nursing, Al Amal Hospital, pointed out that the introduction of more Emirati psychiatrists can help these patients relate better during their hospital visits, put their mind at ease and promote positive thinking.

According to a study conducted by the World Health Organisation (WHO) on mental health in 2005, the UAE, Kuwait and Qatar have a lower number of psychiatrists and psychologists per 100,000 people than the global average. Dr Tarek Abdulla Darwish, Consultant Psychiatrist and Medical Director, Behavioural Science Pavillion, Sheikh Khalifa Medical City, Abu Dhabi said that presently there is one doctor for 20 patients in the UAE.

He added that the common mental conditions suffered by residents in the UAE are schizophrenia, bi-polar disorder and Major Depressive Disorder (MDD) while few suffer from phobias. MDD is a chronic mental condition with symptoms such as guilt, depressive moods, anxiety, the feeling of hopelessness, suicidal thoughts and insomnia. The World Health Organisation outlines the condition to be more prominent in women than in men.

“The incident of depression in women compared to men is two to one. About 10 to 15 per cent of women suffer from depression while it is five to 10 per cent in men worldwide. While there are no exact numbers here in the UAE, the trend is the same here,” said. Dr Ahmed.

Dr Zeina Naim, Specialist Psychologist also from Rashid Hospital, further added: “Hormones and societal pressures play a big role in this. Women nowadays have a lot to balance — their work, home, and families.

They try to balance it all at the same time. In a lot of cases (of MDD), they don’t seek out help because of the stigma attached to mental illness. They don’t reach out or receive the support they need and this leads to chances of the case developing into severe depression.”

World Mental Health Day
The World Mental Health Day, recognised by the World Health Organisation (WHO), is observed on October 10 every year to raise public awareness about mental health issues through open discussion of mental disorders, as well as investments in prevention, promotion and treatment.

WORLD NEWS
AUSTRALIA

NSW mental health unit beds under pressure
http://news.smh.com.au
More than 100 mentally ill patients reportedly committed suicide between 2009 and 2010 in NSW while in hospital, on leave of one or within a week of contacting a health service.
According to The Sydney Morning Herald, of the 102 mentally ill patients who committed suicide, 86 per cent did so just days after being discharged from inpatient care.

The chairman of Suicide Prevention Australia, Michael Dudley, said hospital psychiatrists were releasing patients earlier due to the high demand for beds in mental health units.
“People are called on frequently in very high turnover units to make judgments to argue for people to leave earlier than they might otherwise wish,” Dr Dudley told the newspaper.
In 2008-2009, 90 mentally ill patients killed themselves under the same circumstances, while 99 did so in 2007-08 and 93 in 2006-07.

Dr Dudley said the increase in numbers of patients committing suicide could be due to more people coming into contact with mental health services.

The figures, which were given to the newspaper by NSW Health, only account for confirmed suicides.

They do not include mental health patients who have died as a result of violence, mishap, accidental overdose or by police shooting, the newspaper reported.

WORLD NEWS
USA

The Berkeley Daily Planet
http://www.berkeleydailyplanet.com
On Mental Illness: Children on Medication
By Jack Bragen

Have you seen the television commercial that advertises a new medication for children with hyperactivity and attention deficit? The commercial shows a well-behaved, sedated little kid doing his homework and being an angelic little boy, while at the same time a list of possible side effects is being read over the sound portion of the commercial. If you're paying any attention to those side effects, it sounds horrific. If you're paying attention to the portrayal of the child, you ought to be horrified. No child should be that well-behaved; it's not natural.

The biological model of mental illness is just fine, if it is limited to the situations in which it is accurate. The drug companies are making huge profits by selling the medication concept to more Americans. If a child really needs medicine, they should have it. However, maybe other solutions could be explored first.

I believe it is fairly rare for mental illness to have an onset at any age before seventeen or eighteen. The illnesses seem to take effect at that age when the brain makes a critical change into adulthood. The illnesses may also take effect in early twenties, which probably coincides with some other critical change in the maturity of the brain. As a child, I did not know or hear of any mentally ill kids. If they had what today is called ADHD, rather than being medicated, they would be put into a less advanced class, or might be subject to disciplinary actions. I'm not saying this is a great thing either.

This column contains the opinions of a writer with mental illness. I am not a doctor, nor am I an expert on any subject. My opinion is that it is wrong to medicate every problem in society, and especially wrong to treat all childhood behavior problems with medication. I believe medicating a child ought to be a last resort, after everything else has been tried. (This is other than for a child who is suicidal; in that case I have no opinion except to consult a doctor.)

When medication is introduced, just as with many substances that change behavior, you are inducing structural changes to the brain. The brain may adapt to the presence of the substance by creating more receptors of a certain type, or by shutting down certain receptors. Thus, if you want to withdraw the medication later, you may not be able to do that without causing the brain to go haywire from the withdrawal. When you begin medicating a person preemptively in childhood, you could be sentencing the child to an entire life of being dependent upon successively increasing amounts and types of medications.

Mental illness is a real group of diseases affecting the human brain. I believe in treating mental illness with medicine. But before you do that, maybe you should establish that the person is too far gone for use of less drastic forms of intervention. In my case, medication was and is the only thing that could liberate me from a never ending affliction with very severe psychosis, and behavior to match. Medication is not a great thing; it is an evil thing that is often made necessary by some of the worst diseases that afflict humankind. .

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Labeling tantrums a mental illness doesn't help

Dr. Claudia M. Gold is a pediatrician and author of "Keeping Your Child in Mind: Overcoming Defiance, Tantrums and Other Everyday Behavior Problems by Seeing the World Through Your Child's Eyes."

In the winter of 2010, there was a lot of talk in the news (and I wrote an Op-Ed in The Boston Globe, "Warning label on new diagnosis") about a proposed new diagnosis for children, then called temper dysregulation disorder with dysphoria, or TDD. The committee that is assigned the task of creating the new DSM-V, the diagnostic manual for mental health, got a lot of flak, so now they have changed the name to disruptive mood dysregulation disorder, or DMDD.

Many thought that including the word "temper" would make temper tantrums, a normal and healthy part of development, a disorder. So is the new label an improvement? I think the whole discussion is misguided. It diverts our energies for addressing the real problem, namely that there is not enough help in this country, in the form of primary care, mental health care or community support, for struggling parents who are on the front lines raising the next generation.

The diagnostic description created by the American Psychiatric Association states that a child must be 6 years old to receive the diagnosis. If this entity does make it into the DSM-V, I hope that clinicians respect this aspect of the diagnosis. However, with pediatric bipolar disorder, this has not been the case. Often, parents of children as young as 18 months come to my pediatric practice with the question, "Does he have bipolar disorder?" One study at Columbia University showed that prescribing atypical antipsychotics, commonly used to treat this disorder, for children ages 2 to 5 doubled from 2000 to 2007.

DMDD is being created as a new diagnosis to stem the rising tide of diagnosis of bipolar disorder in children. But I fear that this label will have the same fate, as clinicians feel helpless in the face of these troubled young families.

For the majority of these children diagnosed with some variation of mood dysregulation (it doesn't really matter what you call it - that is the underlying problem), the trouble started way before age 6. This is why, rather than devoting huge amounts of time to what to call this - and really, this discussion is driven by the health insurance industry because clinicians who treat these problems need to know what to bill for - we need to look closely at the origins of these problems. We need to focus our attention and resources on early intervention.

Here is a typical case of “disruptive mood dysregulation” that I see in my behavioral pediatrics practice at age 6 or above. Often, the pregnancy was very stressful. There may have been anxiety, depression, abuse or abandonment. There is evidence that stress in pregnancy has effects on an infant’s capacity for self -regulation and is associated with later behavior problems in childhood. Infancy is similarly described as stressful. Mothers tell me about babies who cried all the time and were difficult to feed. They speak of terrible depression and feelings of being completely alone. Having a very challenging baby can lead to feelings of inadequacy and severe sleep deprivation, both of which may exacerbate a preexisting depression.

Entering toddlerhood, a stage that under normal circumstances is challenging as children strive to assert their emerging selves, can be a nightmare when a child already has difficulty with self-regulation. These children often have a variety of sensory sensitivities. They decompensate in the grocery store, overwhelmed by all of the sounds and sights. Putting on clothes can be an hourlong ordeal if they can’t stand the feel of shirt sleeves, labels or “sock bumps.” Preschool is similarly fraught. Children may have severe separation anxiety, which is commonly associated with years of conflict and struggle between parent and child. Children often have difficulty with personal space, another manifestation of sensory processing difficulties. The explosive behavior seen at home may carry over into the classroom setting.

Parents may describe terrible marital conflict. Or mothers may be raising a child alone. Not uncommonly, mothers and fathers have themselves experienced significant traumas in their own childhoods.

I believe that an extended discussion of what to call this “mood dysregulation” at age 6 and above is completely off the mark. These children are certainly not “normal,” as is often mentioned as the alternative to giving them a diagnosis. They and their families are suffering terribly. But giving them a label does not accomplish anything. It only makes it easier to bill for services and, even worse, to justify using powerful psychiatric drugs rather than treating the underlying cause.

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