NEWSLETTER

ABN 50 117 603 442

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WHITE WREATH ASSOCIATION Ltd® Action Against Suicide A.C.N. 117 603 442

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## **Edition 52 - May 2013**



## Director's Report

Throwing a pebble into a pool creates shock ripples, which are felt by every creature living in the pond.

The same thing occurs with suicide. We all know someone who has suicided, whether they are family, friends, colleagues or acquaintances. Their passing has some affect on our lives; we will never forget them.

One way we can honour them – and help those among us who have suicidal tendencies – is to support White Wreath's fund-raising campaigns to combat the nation's high suicide rate.

Our major goal is to secure land and construct Safehaven centres, fully staffed with medical professionals to care for those when suicide threatens.

We are committed to daily providing support for anyone in need, by advocancy assistance and aiding families and individuals affected by mental illness or suicide.

You can show your support for mental illness sufferers and families of suicide victims by taking part in White Wreath Day – In Remembrance of All Victims of Suicide.

We realise that many people will be working but would like to make a donation to remember their loved ones.

They can do this through our "Wear White at Work" campaign, donating a gold coin and encouraging their work colleagues to contribute.

If you would like to get your workplace involved in the "Wear White at Work" campaign, please call us on 1300 766 177.

Your generous donations will help White Wreath provide 24-hour support for families and individuals affected by mental illness or suicide – and our goal of creating Safehaven Centres.

Fanita Clark CEO

## Peter Neame, Research Officer White Wreath Association Ltd



For the last forty years the idea has been promoted that all we need to do in mental health is treat people in the community, destigmatise, deinstituionalise and stop labelling people...

and mental illness will disappear or at least become an easy to manage problem. Even the latest edition of the psychiatrist bible the DSMV promotes this idea that managing "stress" is the key to psychiatry.

The problem with this approach and in my opinion the whole reason for this approach is that there is no money or glamour in treating the seriously mentally ill. The end result is that those people who are seriously mentally ill end up in prison or commit suicide.

More than 3,000 years ago the Greeks noted that mental illness a. runs in families and b. is related to brain function. Trying to mange people who are suicidal, homicidal, unable to care for themselves...most often all three together has led to a massive rise in suicide, murder suicide, mass killing, homelessness and an explosion in the prison population. The U. S. A. the home of "freedom" has one of the highest rates of imprisonment, murder, mass murder and suicide of any country anywhere. It is also the home of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM1V soon to become DSMV).

Trying to manage people who are a risk to themselves, a risk to others or unable to care for themselves "in the community" is the cause of multiple daily tragedies.

There are seven components to a mental illness, which in my opinion are ignored in front line assessment. They are...

- 1. A neurological disorder
- 2. That is progressive
- 3. Affecting the structure of the brain
- 4. Affecting the chemistry of the brain
- Affecting the electricity of the brain (that is why electroconvulsive therapy and deep brain stimulation work)
- 6. Chronic (serious and long term)
- 7. Affecting the function of the brain.

Most people affected by serious mental illness are not aware that they are seriously unwell yet the entire mental health system is based on voluntary compliance with treatment. Modern mental health care is at least 200 years out of date and definitely not up to date with modern brain research.

Peter Neame Research Officer



### My five days wasted



For five days in February this year, I landed up in the mental health unit in a hospital and was then transferred to a mental health hospital. I guess I know the mental health system as I have been there 11 times before with suicide attempts.

ach time I have walked out the door with no help and very little understanding of what is wrong with me, or what I must do to help myself get well again.

My latest problem started one month earlier with my exhusband who likes to play threatening mind games. I do my best to keep away from him, but he is the father of my three kids. His games, the stress of work, lack of help with money and child support landed me in hospital. I am about to get the help I need from mental health. My only hope is to talk and be heard, to make them understand that I am not a crazy person who needs to be locked up to protect myself.

After going to the hospital emergency on February 14, a doctor arrives in no time. He actually seems very nice, asks my story and spends the time to hear my problems. That's when he tells me he will be locking me up. I explain to him about my post-traumatic stress and that I cannot handle being locked up. He does not listen to me; he has it all worked out. He ends up telling me his decision is final, and he walks away. They then walk me down to the mental health ward. A nurse takes me to a single room with my own bathroom, my safe haven for a while, while I am here.

My first night being locked up does not go down well at all, the yelling and slamming of doors worries me. I don't feel safe in here and it is driving me crazy. I am then told to pack my bags as I am getting a transfer to a mental health hospital. This is a big blow to me as the mental health hospital means a shared room, to have that one safe haven taken away from you. I told the doctor this move would only make me worse. To my surprise, when I arrive at the mental health hospital, I am taken to a single room. I know this won't last as I will be moved soon to a shared room. If only they could understand that this place does not help me. My room alone only lasted a few hours. To share a room means my own needs and wants don't count.

The next day, February 16, a doctor who only believes in mental illness and drugs to make me well again sees me. Now I am just a number. All is lost and help will not come again. A nurse tells me to pack my stuff as I am moving

rooms – that is three moves in just over 24 hours. I arrive at my new room and refuse to unpack. Will they move me again soon? Four nights in mental health tonight and I have been seen my two doctors for a maximum of five minutes each. The nurses only come near me to tell me to change rooms, or that it is mealtime. The mental health system sucks big time. It really does. After my move, a nurse came to talk to me. She told me my hopes of help lie with a social worker.

No doctor or nurse comes near me today, February 17. I am told doctors and social workers will arrive tomorrow, they are the ones who might help me and let me go home. I guess it will be like other times, a quick chat and then you may go home – no help with my problems and left to sort myself out. I woke the next morning to the sound of a mop. Today might be an important day for me. Some things might change for me. Will the doctor and social worker try to help me solve my problems or will they send me out the door without any answers. The moment I have been waiting for has come and gone. Two psychiatrists and one student have been to see me. They seemed nice and treated me with the respect that I deserved. They give me pills for blood pressure, which I don't have. I wait for a social worker to help me sort out my mess. Her visit never came.

What did I get from my stay here? More bad memories to add to my life and still no one will listen to me. As we head home I think of all the problems I have and will face in the week ahead. Somehow I will get through it. I feel today is no better than when I took the overdose. I think of my last stay in mental health and White Wreath. I think of their commitment to aiding people with mental illness. Maybe my story can help.

Karen (not real name)

#### **World News**

## 'Grief and anxiety are not mental illnesses'



The forthcoming edition of an American psychiatric manual will increase the number of people in the general population diagnosed with a mental illness - but what they need is help and understanding, not labels and medication.

Peter Kinderman Professor of Clinical Psychology

any people experience a profound and longlasting grieving process following the death of a loved one. Many soldiers returning from conflict suffer from trauma. Many of us are shy and anxious in social situations or unmotivated and pessimistic if we're unemployed or dislike our jobs.

For a few of us, our experiences of abuse or failure lead us to feel that life is not worth living. We need to recognise these human truths and we need to offer help. But we should not regard these human experiences as symptoms of a mental illness.

Psychiatric diagnoses are not only scientifically invalid, they are harmful too. The language of illness implies that the roots of such emotional distress lie in abnormalities in our brain and biology, usually known as "chemical imbalances".

This leads us to be blind to the social and psychological causes of distress.

More importantly, we tend to prescribe medical solutions - anti-depressants and anti-psychotic medication - despite significant side-effects and poor evidence of their effectiveness.

This is wrong. We should not be diagnosing many more people with meaningless "mental illnesses", telling them these stem from brain abnormalities, and prescribing medication.

This is wrong. We should not be diagnosing many more people with meaningless "mental illnesses", telling them these stem from brain abnormalities, and prescribing medication.

An extremely influential American psychiatric manual used by clinicians and researchers to diagnose and classify mental disorders has been updated for publication in May 2013.

But this latest edition of the American Psychiatric Association's Diagnostic and Statistical Manual, or DSM-5, will only make a bad situation worse because it will lower many diagnostic thresholds and increase the number of people in the general population seen as having a mental illness.

The new diagnosis of "disruptive mood dysregulation disorder" will turn childhood temper tantrums into symptoms of a mental illness. Normal grief will become "major depressive disorder", meaning people will turn to diagnosis and prescription as a response to bereavement. The criteria for "generalised anxiety disorder" will be significantly relaxed, making the worries of everyday life into targets for medical treatment. Lower diagnostic thresholds will see more diagnoses of "adult attention deficit disorder", which could lead to widespread prescription of stimulant drugs

A wide range of unfortunate human behaviours, the subject of many new year's resolutions, will become mental illnesses - excessive eating will become "binge eating disorder", and the category of "behavioural addictions" will widen significantly to include such "disorders" as "internet addiction" and "sex addiction"

#### Stigma of diagnosis

Standard psychiatric diagnoses are notoriously invalid - they do not correspond to meaningful clusters of symptoms in the real world, despite the obvious importance that they should. Diagnoses fail to predict the effectiveness of particular treatments and they do not map neatly onto biological processes.

In current mental-health systems, diagnosis is often seen as necessary for accessing services. However, it also sets the scene for the misuse and overuse of medical interventions such as anti-psychotic and anti-depressant drugs, which have worrying long-term side-effects. Scientific evidence strongly suggests distressing experiences result not from "faulty brains", but from complex interactions between biological, but more importantly, social and psychological factors. But diagnosis and the language of biological illness obscure the causal role of factors such as abuse, poverty and

Continued on page 5

## Society must embrace mental illness



Carol Kivler told members of her audience to get up from their seats and give at least four hugs.

Beth Anne Heesen Reading Eagle | www. readingeagle.com

e need four hugs a day for nothing more than maintenance," she said, citing a doctor she knows. "We need eight hugs a day for growth if you don't have someone to hug you, than you need to hug yourself."

Hugs, along with medical treatment, journaling and determination, play an important role in recovering from mental illness, according to Kivler, 62, a Lawrence, N.J., resident who travels across the country to share her story of depression and recovery.

About 40 people came to hear Kivler speak Tuesday at the McGlinn Conference Center in Reading. The event was sponsored by the Greater Reading Mental Health Alliance.

Twenty-three years ago, Kivler started suffering severe bouts of depression that caused her to be psychotic and suicidal.

When she was hospitalized, many of her friends kept their distance.

"My sister had cancer," Kivler said. "When she gets sick, people bring her casseroles and brownies. But when I got sick, there were no casseroles and no brownies."

It's important to help people with mental illnesses feel

welcome, important, understood and in control, she said.

About 65,000 people in the Greater Reading community are suffering from mental health issues, according to Gary Hawkins, executive director for the mental health alliance.

Kivler said the stigma surrounding mental illnesses causes many people to keep quiet about their battles, which only makes matters worse.

"When you have a secret, what does that harbor? Shame and guilt," she said. "More people suffer from mental illness than heart disease, diabetes and cancer combined, and we don't talk about it."

Shillington resident Bobby Reisinger, 66, sat shaking his head in agreement as Kivler spoke.

"Everything that lady said, I experienced," said Reisinger, who suffers from depression.

He is open about his struggles, but used to be afraid he would lose his job and be shunned if people knew what he was going through.

"The more I kept it a secret, the more sick I was," he said.

By Beth Anne Heesen

Reading Eagle | Contact: bheesen@readingeagle.com. Source: http://readingeagle.com/article.aspx?id=464060

#### 'Grief and anxiety are not mental illnesses' continued from page 4

social deprivation. The result is often further stigma, discrimination and social exclusion.

#### Therapeutic approach

There are humane and effective alternatives to traditional psychiatric diagnoses.

It is relatively straightforward to generate a simple list of problems that can be reliably and validly defined. There is no reason to assume that these phenomena cluster into diagnostic categories or are the consequences of underlying illnesses.

We can then use medical and psychological science to understand how problems might have originated, and recommend therapeutic solutions.

This approach would yield all the benefits of the current diagnosis-and-treatment approach without its many inadequacies and dangers.

Prof Peter Kinderman is head of the Institute of Psychology, Health and Society at the University of Liverpool.

Source: http://www.bbc.co.uk/news/health-20986796

#### Correspondence



We appreciate you letting us know your thoughts and stories. We are always touched and delighted by the letters, postcards and emails we receive from our readers. Here are some we received this month

Hi Everyone,

My name is K and I'd really love to volunteer. I live on... but I have a car on the mainland. I am both a survivor of a suicide attempt, 23 yrs ago, and both my older brother, M, and boyfriend, K, completed suicide, approximately two months apart, around 18 months later. Also I survived the 2004 tsunami at Phuket in Thailand so I can relate to Natural Disaster (esp. flood) Survivors.

For the last two years I studied counseling at... However I haven't completed the Diploma yet. I have two subjects to do. I'm on a disability pension due to multiple spinal abnormalities however I'm still able to do a lot and I focus on my strengths and what I can do. I'm extremely honest and reliable and I have personal and work references. I don't drink or smoke. I did a lot of childcare work as I've got a Childcare Certificate and I've worked in many different industries with all types of people. I spent a year in Thailand teaching English in 2004/05 and my father is Russian so I'm good at relating to people with a different cultural background. I've also studied Aboriginal

and Torres Strait Islander Culture a little.

I'm currently not working, studying or volunteering however I intend to update my First Aid training soon.

If I could please chat with someone from White Wreath over the phone regarding volunteer work, even just half a day a week, that would be great:) I'd like to become a member soon too. Thank You and I look forward to your reply

Κ

\* \* \* \* \*

Hi. Would love to join the membership as my Son passed away on the 21 April 2012 I would also love to come on the 29 may please let me how to become a member.

Thank you.

Kelly (not real name)

\* \* \* \* \*

Hi! We spoke on the phone earlier and I asked about presenting one of the

stories posted on your webpage in one of my upcoming high school speech events. I will, cite this organization in the beginning of the speech. It's actually part of the rules. I must show where I got the piece I'm interpreting. I want to present this piece because unlike other pieces kids present at this events. This story had a deeper meaning and a moral, that I feel like would help and influence my audience that are struggling with depression, drugs, or alcohol to get help or if they know someone to get help. I love the sense of hope her story gives to others.

Thanks again for your time.

Victoria Student from USA

\* \* \* \* \*

Hi I just wanted to say thank you for your help during my hard times. You have helped me a lot and when times are not so tough I will repay you

Love Kacee (not real name)



## **Coming Events**

National White Wreath Day In Remembrance of all Victims of suicide

National "Wear White at Work"

White Wreath Day Service Official Ceremony 12.30PM — 1.30PM Wednesday, 29 MAY 2013 Post Office Square, Brisbane (CBD)

DISPLAY ON VIEW ALL DAY

# DVDs of memorial now available

Thousands of wreaths are laid on National White Wreath Day on 29 May at remembrance services for those who have died tragically by suicide circumstances.



White Wreath Association volunteer amateur photographer videos the main Brisbane memorial service, allowing individuals access to a lasting memorial of the day. People attending the services have

told us they much

appreciate the DVDs, which they cherish as a memento of their loved one.

To make the day even more memorable, we are now making the DVDs more personalised by including in the DVDs photos of individuals loved ones, with their Christian name and age, and any other details requested.

The photograph is included in a DVD of the whole day.

The DVDs will be available from White Wreath

Association for \$10, which covers the cost of production
and postage. It is planned to have a DVD available shortly
on our website so people can view the DVD before purchase.

### You can help

You can do your part to help White Wreath Association.

YOU CAN BE A VOLUNTEER
We need volunteers from any part of Australia.

#### YOU CAN GIVE IN KIND

- Petrol Gift Cards
- Stamps
- DL Envelopes
- A4 Envelopes

#### OR DONATE BY SELECTING ANY OF THESE OPTIONS

- 1. Via credit card then follow the instructions.
- Directly/Direct Transfer into any Westpac Bank Account Name: White Wreath Association Ltd BSB No 034-109 Account No 210509
- Cheque/Money Order to: White Wreath Association Ltd PO Box 1078 Browns Plains QLD 4118

Donations are tax deductible

# Thank you! To the Staff of Macquarie Group Foundation who raised \$5630.67 We are extremely grateful for the money raised that will assist the White Wreath Association with its aims, goals and endeavours which are close to all our members' hearts.

## A friend 4 me - my story

#### January/February 2010 - The foam Party

My sister Melissa takes me under her wing and I go out a lot with her. It's good going out with Melissa as she does your hair and makeup and you walk out looking so beautiful. I'm feeling so happy about my future and I can see great things happening for me. Melissa has a lot of gay friends so it's easy to fit in with her crowd of friends. Jo at work is not talking to me much anymore but I know in time I can turn her around. It's only a matter of time before she sees how great we would be together. I'm a good person. I never have enemies and everyone always likes me and I know that she would be so lucky to have me in her life. I make arrangements to go to the local gay club with my sister. I want to prove to Jo that I'm taking this seriously and that I can handle the gay life. I make sure I tell everyone that I'm going.

Melissa and her gay friends come with us. One of Melissa's friends brings someone new. Her name is Louise. Louise spends the night with us and we have a great time. It just felt so right to be there with all the gay people and watching the gay men dance was an experience I will never forget. Melissa takes a lot of photos for Facebook. I want to use the photos to prove

to Jo that I went and had a great night. I put the photos up on Facebook for Jo to see. Louise becomes a good friend and visits me quiet often. She even stayed the night for a saw movie night but we were only ever to remain good friends. I was just not attracted to her like I was Jo. My heart was to remain with Jo.

David visited one day and meet Louise. I had led him to believe we was a lot more than friends. He said she seems very nice. He just walked away. I was happy. I had my freedom.

#### Late February 2010 - Starting to fall

Still proving to Jo that I could handle the gay life I went to the Sydney Mardi Gra with Melissa and her friends. Louise didn't come that night. I made sure everyone at work knew that I was going. We court the train down and spend the night getting drunk.

After the Mardi Gra was over my sister took us to the gay bar. WE had a great night pole dancing and just being silly and having alot of fun. We was all smashed by the time the night was over. We had a very good night. It was the best night of my life. I took lots of photos and put them on Facebook to show Jo. Jo was now avoiding me big time at work but I was still hoping to change her

mind. I still loved her so much and could only see a future for myself with her.

Things fell apart one day when I came to work with a big hangover. I was now drinking alot because it made me feel better. I was sent out to a different unit. Jo sent me a text that said if you keep doing what you are doing you are gonna lose some really good friends. At the time I had no idea what she was talking about. I was trying so hard. I was so upset. I sat down in that unit and cried and cried. Then I sent Jo a message saying I don't want to do this anymore and I'm not going to try. Then I sent Catherine a message saying I'm scarred if I go home today I'm qoing to kill myself.

Within an hour Sue who was one of the big cheeses at work turns up. She takes me to her office and we talk. I feel alot better. After work I stop in my unit and talk to Kim. She is so good to talk to. She helps me think straight. I talk to her alot. She makes me feel better. She tells me that Jo is still a good friend but she just doesn't want to give me the wrong impression and that's why she keeps way. Catherine is waiting for me when I finish talking to Kim. She takes me out for coffee. We chat for along time. I go home feeling ok.

To be continued.

#### Humour

Dear Tech Support,

Last year I upgraded from Boyfriend to Husband and noticed a distinct slowdown in overall system performance, particularly in the flower and jewellery applications, which operated flawlessly under Boyfriend. In addition, Husband uninstalled many other valuable programmes, such as Romance and Personal Attention and then installed undesirable programs such as Cricket, Football, Golfing and Continuous TV. Conversation no longer runs, and Housecleaning simply crashes the system. I've tried running Nagging to fix these problems, but to no avail. What can I do?

Signed, Desperate

\* \* \* \* \*

Dear Desperate,

First keep in mind, Boyfriend is an Entertainment Package, while Husband is an Operating System. Please enter the

command: 'http: I Thought You Loved Me.html' and try to download Tears. Don't forget to install the Guilt update. If that application works as designed, Husband should then automatically run the applications Jewellery and Flowers, but remember... over-use of the above application can cause Husband to default to Grumpy Silence, Garden Shed or Beer. Beer is a very bad program that will download the Snoring Loudly Beta. Whatever you do, DO NOT install Mother-in-law (it runs a virus in the background that will eventually seize control of all your system resources). Also, do not attempt to reinstall the Boyfriend program. These are unsupported applications and will crash Husband. In summary, Husband is a great system, but it does have limited memory and cannot learn new applications quickly. It also tends to work better running one task at a time. You might consider buying additional software to improve memory and performance. We recommend Food and Hot Lingerie.

Good Luck, Tech Support